MEASURING COMMUNITIES SPOTLIGHT REPORT

The Health, Legal and Educational Landscape of Military and Veteran Families in the United States

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The Military Family Research Institute (MFRI) at Purdue University conducts research and outreach for communities and professionals who serve military and veteran families.

Our mission is to identify the unique challenges faced by military-connected people and to shape policies, practices and programs to improve their overall well-being. Through rigorous research and outreach efforts, we seek to illuminate the needs of military families and provide actionable insights to those who serve them.

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We are excited to share the Measuring Communities spotlight report: The Health, Legal and Educational Landscape of Military and Veteran Families in the United States, in which we examine the domains of Medical Care, Behavioral Health, Legal, K-12 Education and Post-Secondary Education.

In this Report

Amid increased tension due to global economic uncertainty, continuing conflicts (including those in the Gaza Strip and eastern Europe) and the shift to a new administration here in the United States, military-connected families continue to face new challenges and changes. A strong, resilient military force depends on the well-being of its members and their families; *this report explores how these five key domains influence the quality of life for military-connected families.*

Within each of the domains covered, the **What We Know** section presents key points, followed by the body of each section, which provides more detailed information. Each area concludes with a **Call to Action**, which makes specific suggestions about actionable ways to address challenges related to each domain.

Key Findings

Several notable findings stand out in this year's report:

- **Increased Need for Medical Care:** The number and percentage of veterans with a service-connected disability (SCD) rating is growing, representing an increased need for specialized care.
- **Suicide Remains a Major Concern:** Suicide is the leading cause of death for active-duty service members, and veteran suicide rates continue increasing at a faster pace than non-veteran suicide rates.
- **Non-Routine Discharge Statuses:** Some service members are at increased risk for receiving a non-routine discharge, which may later leave them with significant barriers in accessing care.
- **The Wellbeing of the Whole Military Family:** A military-connected child's well-being is directly impacted by the well-being of their parent or caregiver with instances of elevated risk.
- **Benefit Use in Higher Education:** Many veterans cite Post-9/11 GI Bill (PGIB) benefits as a reason for entering the military, but only about half of enlisted benefits-eligible veterans take advantage of these benefits.

THE MEASURING COMMUNITIES SPOTLIGHT REPORTS

This report is the second installment in our new reporting structure, the Measuring Communities Spotlight Reports, following the 2024 release of Measuring Communities Spotlight Report: The Financial Well-Being of Military and Veteran Families in the United States. These Spotlight Reports allow us to focus in-depth on five out of the 10 key domains that shape the military experience. Over a three-year cycle, we will analyze five domains each year, offering targeted insights and actionable data. Next year, the third year of the cycle, our comprehensive Measuring Our Communities report will cover all 10 domains, providing a complete picture of the state of military and veteran families in the United States.

Get Connected to the Data

We encourage you to explore the findings in this report and dive deeper into the data using the Measuring Communities Data Portal. This free tool is designed to help military-connected leaders, advocates and professionals understand evolving trends and needs, shaping informed policy programming and funding decisions. Visit www.measuringcommunities.org to create a free membership profile. All questions can be directed to MFRI Senior Community Outreach Specialist Katie Walter at schmit59@purdue.edu.

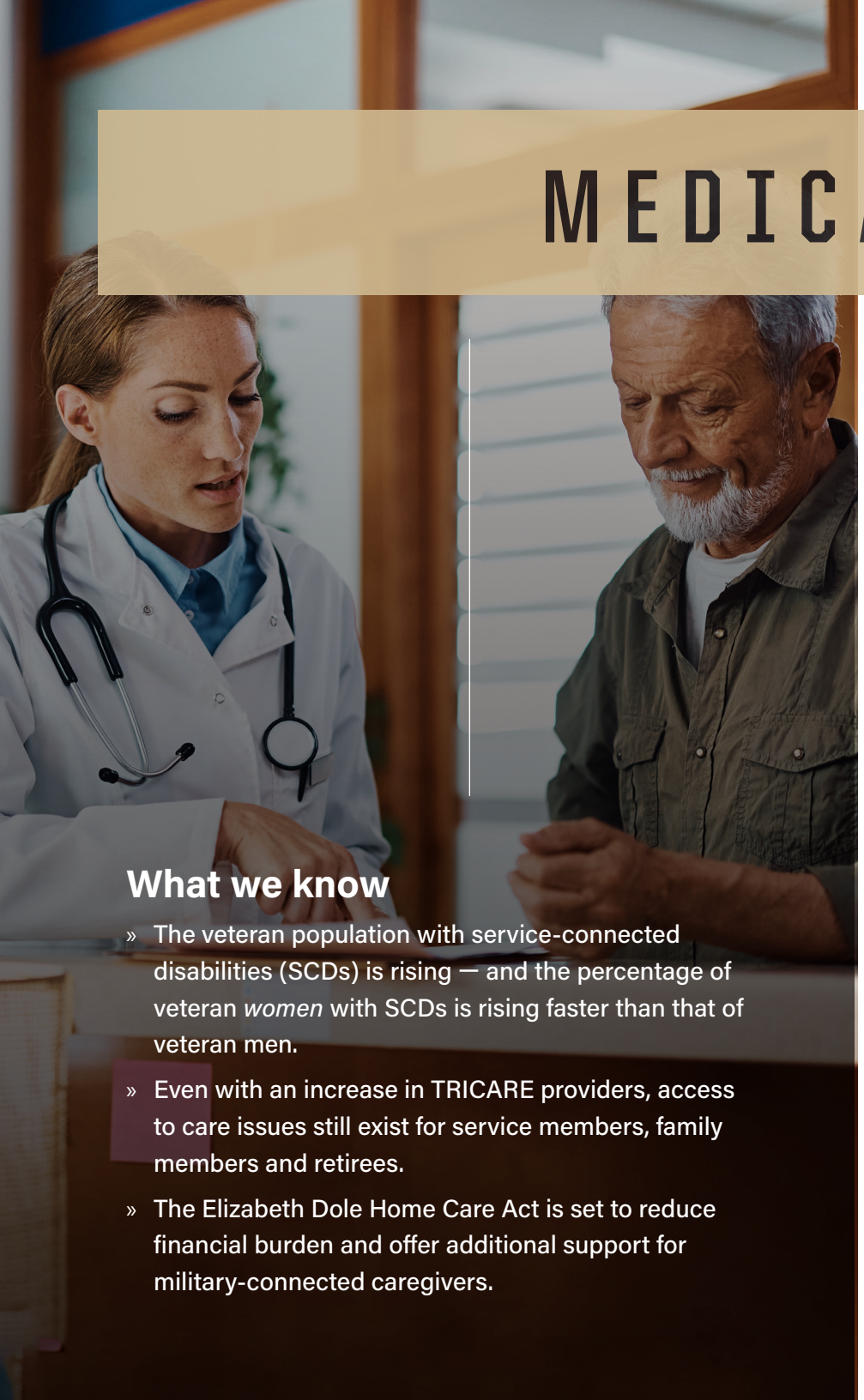
COMMONLY USED ABBREVIATIONS IN THIS REPORT

AFQT: Armed Forces Qualification Test
DCN: Date Care Needed
DOD: Department of Defense
EDF: Elizabeth Dole Foundation
EFMP: Exceptional Family Member Program
JROTC: Junior Reserve Officers' Training Corps
MOC: Military Occupational Code
OEF: Operation Enduring Freedom
OIF: Operation Iraqi Freedom
PACT Act: The Sergeant First Class Heath Robinson Promise to Address Comprehensive Toxics Act of 2022
PCM: Primary Care Manager
PCS: Permanent Change of Station
PGIB: Post-9/11 GI Bill
PSS: Purple Star Schools
PTSD: Post-Traumatic Stress Disorder
SAMHSA: Substance Abuse and Mental Health Services Administration
SCD: Service-Connected Disability
SMVF: Service Members, Veterans and their Families
SQUARES: Status Query and Response Exchange System
TBI: Traumatic Brain Injury
VA: Department of Veterans Affairs
VCL: Veterans Crisis Line
VHA: Veterans Health Administration
VJA: Veterans Justice Act
VTC: Veterans Treatment Court

MAJOR DEFINITIONS

- **Metropolitan (metro) communities:** Defined by their population size, coded 1-3 by the USDA
- **Military dependents:** Spouse, child and/or family members who are eligible, according to the DOD definition
- **Military population:** Members who are on active duty or part of the selected reserve
- **Non-routine discharges:** Military discharges that include other than honorable discharge, bad conduct discharge, dishonorable discharge, dismissal for officers, uncharacterized or other types of discharges
- **Nonmetropolitan (nonmetro) communities:** Defined by their degree of urbanization and adjacency to a metro community, coded 4-9 by the USDA
- **Nonveteran:** Those who are not currently serving in either active duty or selected reserve and have never served in the military
- **Primary care manager:** The primary health care provider in charge of routine care for military-connected clients, automatically assigned to TRICARE Prime plan members
- **Selected reserve:** Members who are part of the National Guard or Reserve
- **Service-connected disability ratings:** Ratings assigned based on the severity of a service member's or veteran's service-related condition which determines benefits and compensation

MEDICAL CARE



What we know

- The veteran population with service-connected disabilities (SCDs) is rising — and the percentage of veteran *women* with SCDs is rising faster than that of veteran men.
- Even with an increase in TRICARE providers, access to care issues still exist for service members, family members and retirees.
- The Elizabeth Dole Home Care Act is set to reduce financial burden and offer additional support for military-connected caregivers.

Service-Connected Disability Ratings

While the overall veteran population in the United States declined from 18.6 million in 2018 to 16.6 million in 2023*,[1] the number of veterans with a service-connected disability (SCD) rating** increased over the same period. The percent of the veteran population with a SCD rating rose from 21.8% in 2018 to 28.1% in 2023.[2]

This growing number of veterans with SCDs has contributed to a greater demand for care and support services. Two key trends appear to explain this rise in SCD rates: i). the continued aging or otherwise declining veteran population, and ii). an increase in the number of Gulf War-era veterans, who tend to have a higher number of disabilities per individual.[3] Only two states — Rhode Island and West Virginia — were exceptions to this trend, with both seeing a decline in veterans with SCD ratings.[2]

Many veterans with SCDs also have a high disability rating,[1] and that number has been steadily increasing.[2] In 2023, 41.5% of veterans with SCDs have a rating of 70% or higher, representing a 30.9% increase since 2018. This trend points to a growing need for advanced or complex care for veterans with disabilities.

Women veterans with a SCD rating is a rising population. Between 2018 to 2023, the percent of women veterans with SCDs increased by 35.5%, while the percent of veteran men with SCDs increased by 15.1%. In 2023, 30.3% of women veterans had a SCD rating, compared to 26.3% of men. In 2023, 49.5% of women had a rating of 70% or higher, compared to 42.8% of men.[2]

Among the 4.6 million veterans with a SCD rating, the most prevalent disability was hearing-related: nearly 3 million veterans received a SCD rating for tinnitus, and 1.5 million were rated for hearing loss.[3] Post-traumatic stress disorder (PTSD) was also widespread, with more than 1.4 million veterans receiving a rating for it.

Traumatic brain injury (TBI) is also a major concern among veterans and has long been considered the "signature wound" of veterans who served during Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Between 2000 and 2024, more than half a million cases of TBI worldwide were reported among individuals with some level of military service.[4] According to the Millennium Cohort Study, enlisted service members face a greater risk of sustaining a service-related TBI than officers.[5] Specifically, 28% of enlisted service members reported a service-related TBI, compared to 24% of officers. Of the enlisted-specific military occupational codes (MOCs), those serving in "Infantry, Gun Crews, and Seamanship" were at greatest risk for experiencing a TBI.

VA Disability Claims and the PACT Act

In fiscal year 2024, the Department of Veterans Affairs (VA) processed more than 2.5 million claims — a record high and a 27% increase over the previous year.[6] The VA also provided 127.5 million health care appointments, a 6% increase from the prior year, likely driven by recent legislation.[7]

The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act (PACT Act) was passed in 2022. The PACT Act is presumptive, meaning that eligible veterans only need to show service in a designated location and time period — along with a diagnosis of one of 11 cancers or 12 respiratory illnesses — to qualify for care.

As of February 2025, more than 1.5 million PACT Act-related claims had been submitted, with approximately 75% approved.[8] Over 394,000 veterans who were not previously enrolled in Veterans Health Administration (VHA) care have now joined the system. PACT Act-related claims now account for nearly 39% of all VA claims. The VHA has also conducted more than 6 million toxic exposure screenings; among those screened, nearly half were identified as having at least one potential exposure.

Medical Care for Service Members and Their Families

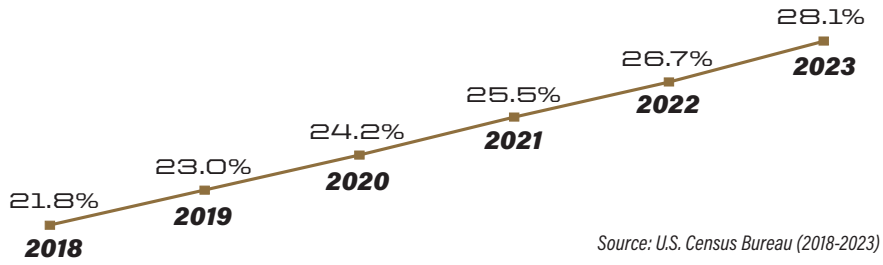
Due to the high-risk nature of military service, the Department of Defense (DOD) provides medical care to help service members and their families maintain readiness and overall health.

BREAKDOWN OF SERVICE-CONNECTED DISABILITY RATINGS BY AGE

Age range	2018	2023	% increase
18-34	424,897	464,287	9.27%
35-54	1,021,880	1,333,122	30.47%
55-64	673,968	766,690	13.77%
65-74	1,084,396	1,062,309	-2.04%
75+	471,611	698,040	47.99%

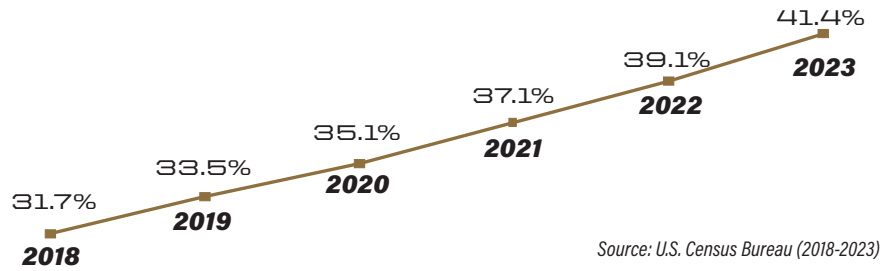
Source: U.S. Census Bureau (2018-2023)

VETERANS WITH A SERVICE-CONNECTED DISABILITY RATING



Source: U.S. Census Bureau (2018-2023)

VETERANS WITH A SERVICE-CONNECTED DISABILITY RATING OF 70% OR HIGHER



Source: U.S. Census Bureau (2018-2023)

VETERANS WITH A SERVICE-CONNECTED DISABILITY RATING BY SEX



Source: U.S. Census Bureau (2018-2023)

The VA is expanding benefits and care with the PACT Act

TOTAL PACT ACT CLAIMS APPROVED

1.5 MILLION

8/10/2022 - 02/15/2025

AVERAGE DAYS FOR PACT ACT RELATED CLAIM COMPLETION

167 DAYS

APPROVAL RATE FOR PACT ACT RELATED CLAIMS

74.4%

TOTAL NEW VHA ENROLLEES

394,000

02/12/2024 - 02/13/2025

Source: VA PACT ACT Performance Dashboard (Issue 46, February 21, 2025)

Active-duty service members account for only 16% of those eligible to receive care at DOD medical facilities worldwide, with the majority of beneficiaries being family members and retirees.[8] Both access to and continuity of care remain a concern, particularly when it comes to seeing one's assigned primary care manager (PCM). In 2016, beneficiaries attended preventive care visits with their own PCM approximately 60% of the time; by 2023, that number dropped to around 50%.[9]

National Guard and Reserve families specifically face distinct challenges in medical care, with access and availability frequently cited as major stressors.[10] TRICARE eligibility varies based on deployment status and whether a deployment is classified as a federal or state-level. Families may also face a lack of TRICARE providers, insufficient provider capacity, or difficulty getting appointments scheduled in certain areas.[11]

In fiscal year 2023, 9.4 million individuals were eligible for DOD medical care — a 2% decrease from fiscal year 2021.[9] This included a 5% decline in active-duty service members and a 7% decline in their family members. In contrast, the number of retirees and family members under age 65 increased by 1% and those aged 65 and older increased by 2%. Despite these shifts in eligibility and enrollment, access to care has improved in some areas. The total number of TRICARE providers grew by 17% and network providers in Prime Service Areas‡ increased by 22%.

Military families raising children with special needs also have unique concerns regarding medical care, particularly around how a permanent change of station (PCS) can impact access to and continuity of care. To help address these challenges, the DOD's Exceptional Family Member Program (EFMP) is designed to support families with children who have special needs. Children may qualify for EFMP if they have chronic medical conditions requiring ongoing treatment, receive regular care from a medical specialist, have significant behavioral health concerns, or require special education services and are under the age of 21.[12]

In 2024, the DOD released its first-ever study on the Exceptional Family Member Program. Among the more than 100,000 military families served by the program, 70% have children with special needs, while the other 30% have a spouse, parent or other family member with special needs.[13] Most families (74%) are enrolled for medical needs only, while 27% are enrolled for both medical and educational needs. The most common educational support categories include early intervention services and special education needs in schools.[14,15]

The survey also examined "geobaching" — when families stay behind while the service member moves to a new duty station. Among families enrolled in EFMP, 21% reported relocating without their families due to EFMP-related needs. Of these, 20% had relocated once or twice and 1% relocated as many as three to five times.[13] Continuity of care remains a concern for many families when they move. While most reported being able to access care at their new duty station, about one-third said they experienced delays or were unable to access medical services during the transition.

The impact of EFMP enrollment on military retention appears mixed. Nearly half (49%) of service members reported that EFMP enrollment had no effect on their decision to remain in active duty. Among the rest, 25% said the program had a positive influence on retention, while 26% reported a negative impact.[13]

Military-Connected Caregivers

The VA supports caregivers through the Program of Comprehensive Assistance for Family Caregivers. The program provides eligible caregivers and veterans with a monthly stipend, health care benefits, caregiver training, mental health counseling, and financial assistance for travel and lodging when accompanying a veteran to receive care.

The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act and the Elizabeth Dole Home Care Act — a bill within the larger package — also expanded support for caregivers.[16] Prior to this legislation, the VA only covered 65% of the cost of non-institutional care alternatives. The new law allows these options to be funded up to 100% of the cost of VA nursing homes, with some exceptions permitting even higher reimbursement. This change enables the VA to expand non-institutional alternatives through partner organizations, increase access to home health aid services, and better serve Native American veterans — ultimately reducing the financial burden on caregivers and veterans.

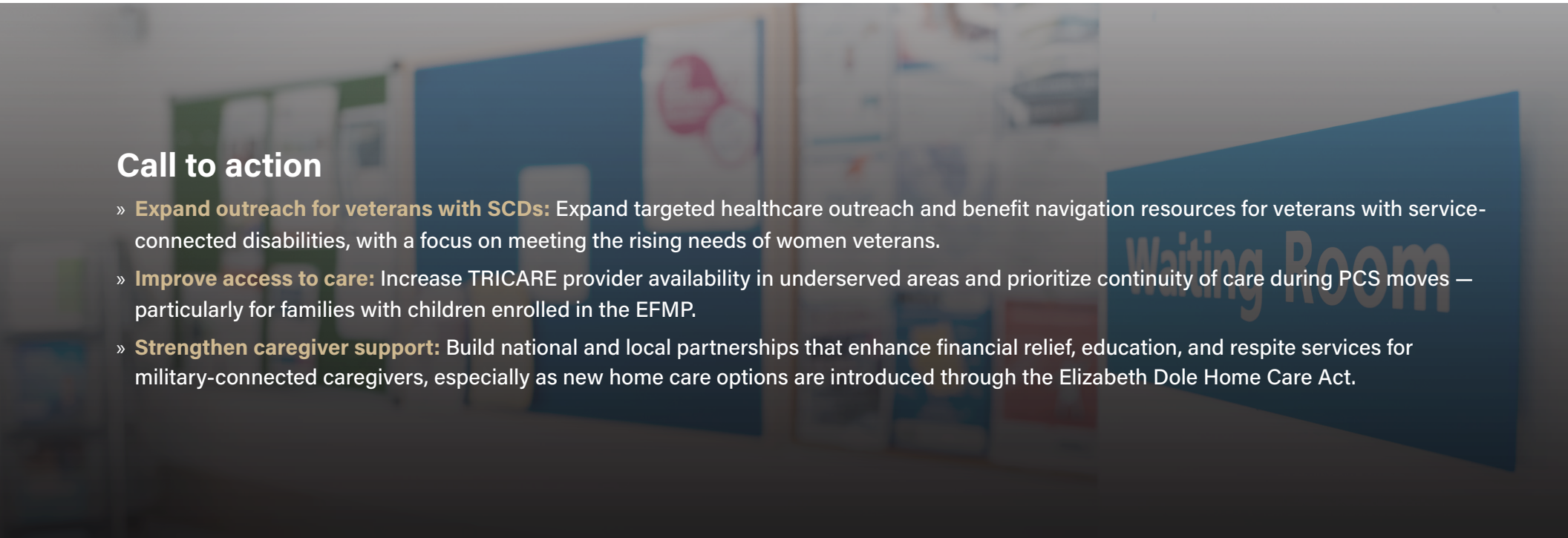
Another proposed bill, the Credit for Caring Act of 2025, could benefit the broader caregiver community, including those not connected to the military. If passed, the legislation would offer eligible caregivers a tax credit of up to $5,000, covering 30% of the cost of long-term care expenses that exceed $2,000 in a given tax year.[17] As of this report's publication, the bill has been introduced in the House of Representatives and referred to the Ways and Means Committee.

*This data comes from the U.S. Census Bureau and may not match VA veteran population data.

** This data for service-connected disability ratings comes from the U.S. Census Bureau. Note that a rating between 0%-100% is identified as a disability rating, which means that a veteran with a 0% disability rating is still categorized in this data as a veteran with a service-connected disability rating.

†Service-connected disability ratings: These ratings are assigned based on the severity of the service-connected condition, which determines monthly compensation and eligibility for VA benefits.[18] A 'high rating' in this statement refers to a rating of 70% or higher.

‡TRICARE Prime service areas are geographic areas where TRICARE Prime is offered, usually near military instillations; the program seeks to help active duty service members be medically ready for service.[19]



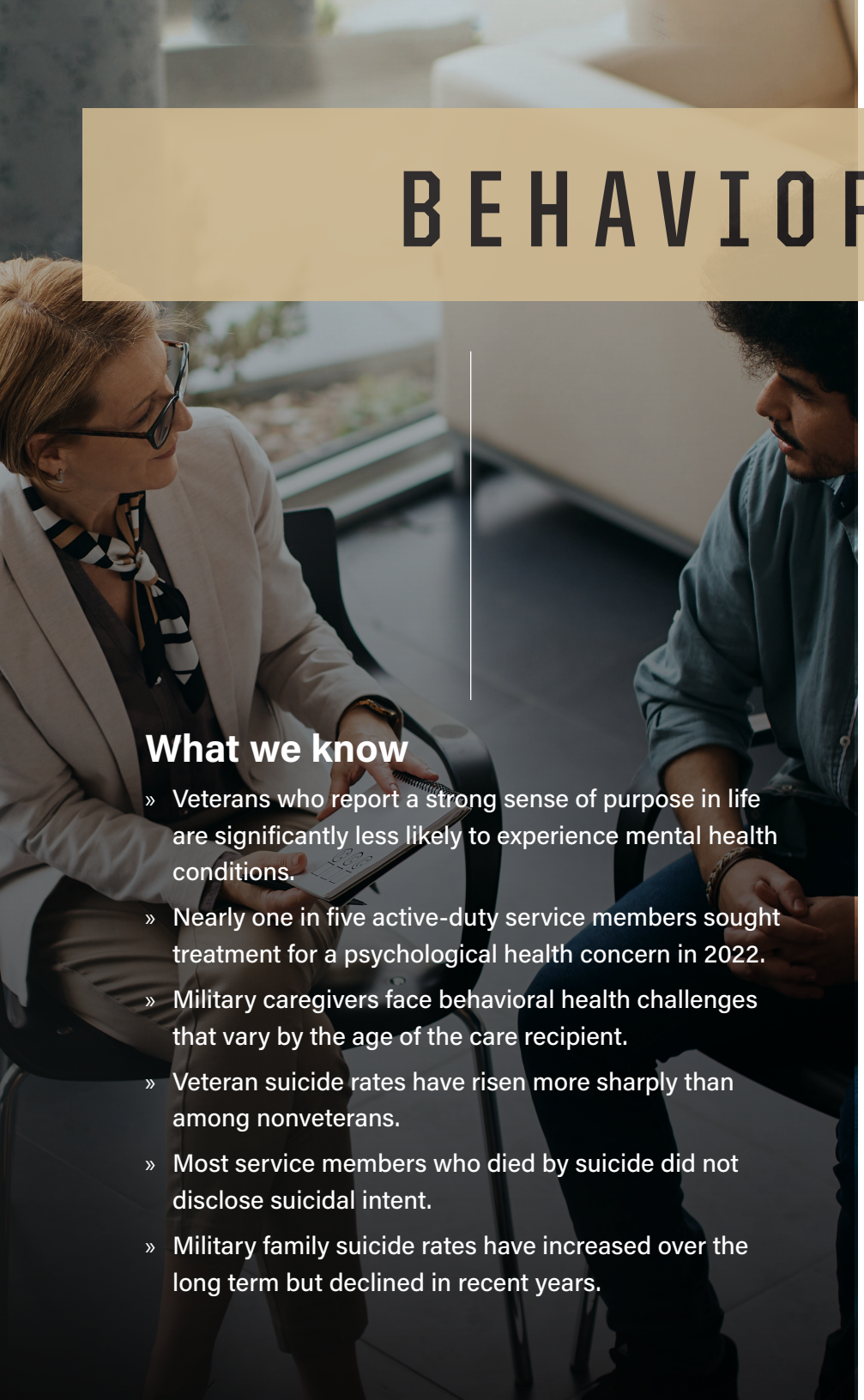
Call to action

» **Expand outreach for veterans with SCDs:** Expand targeted healthcare outreach and benefit navigation resources for veterans with service-connected disabilities, with a focus on meeting the rising needs of women veterans.

» **Improve access to care:** Increase TRICARE provider availability in underserved areas and prioritize continuity of care during PCS moves — particularly for families with children enrolled in the EFMP.

» **Strengthen caregiver support:** Build national and local partnerships that enhance financial relief, education, and respite services for military-connected caregivers, especially as new home care options are introduced through the Elizabeth Dole Home Care Act.

BEHAVIORAL HEALTH



What we know

- Veterans who report a strong sense of purpose in life are significantly less likely to experience mental health conditions.
- Nearly one in five active-duty service members sought treatment for a psychological health concern in 2022.
- Military caregivers face behavioral health challenges that vary by the age of the care recipient.
- Veteran suicide rates have risen more sharply than among nonveterans.
- Most service members who died by suicide did not disclose suicidal intent.
- Military family suicide rates have increased over the long term but declined in recent years.

Mental Health of Veterans

Caring for veterans and their families goes beyond just suicide prevention efforts. As mental health remains a top concern, nationwide efforts continue to focus on promoting the mental well-being of entire families.

A sense of purpose in life and feelings of loneliness both significantly affect veterans' mental health. Veterans who reported a high sense of purpose in life were significantly less likely to screen positive for major depressive disorder, generalized anxiety disorder, PTSD or substance use disorder.[20] Yet loneliness remains common: over half of veterans reported experiencing it, with 37.2% feeling lonely sometimes and 19.7% feeling lonely often.[21]

Mental Health of Service Members

From 2019 through 2023, approximately 541,672 active component service members had at least one diagnosed mental health disorder.[22] The most prevalent diagnoses were adjustment disorders, followed by anxiety and depression.

Combat exposure has a significant impact on the behavioral health of service members, particularly in relation to PTSD, suicide risk, sleep issues and alcohol misuse.[23] For example, research has found that regardless of occupational specializations, service members who experience high levels of combat are more likely to develop a mental health disorder or misuse alcohol. Those who deployed and were battle-injured had the greatest decline in both mental and physical quality of life over time.[24]

Mental Health of Military Family Members and Caregivers

The mental health of military family members and caregivers is closely linked to the unique challenges presented by military life.

Research indicates that, overall, military-connected children do not experience poorer well-being than their non-military peers. There are some exceptions, however. For example, children of deployed parents or siblings are more likely to experience depressive symptoms and significantly higher levels of PTSD symptoms than those whose family members served but were not deployed.[25]

Military caregivers face their own mental health challenges which often vary depending on the age of the care recipient. Those caring for individuals aged 60 and younger are at a higher risk for depression and are less likely to seek care than non-caregivers.[26] In fact, 75% of these caregivers reported not having time for behavioral health treatment. Among caregivers supporting individuals over age 60, 16% reported needing — but not receiving — mental health treatment, often citing cost as a major factor.

One of the most significant stressors for military caregivers is supporting a care recipient at risk of suicide. Among caregivers of service members at risk, 65% reported experiencing a high level of caregiver burden, compared to just 28% of those caring for non-suicidal service members.[26] Over half of caregivers caring for a suicidal service member have depression, compared to just 19% of those caring for non-suicidal service members. Additionally, 65% of caregivers for suicidal service members reported alcohol misuse, compared to 24% of their counterparts.

Military and veteran caregivers often experience challenges when trying to access care for their loved one, with many reporting feeling unvalued or hassled by healthcare providers.[26] Between 2020 and 2023, the VA reported an average cancellation rate of 10.6% for mental health appointments.[27] However, an investigation by the Americans for Prosperity Foundation through an ongoing Freedom of Information Act lawsuit found the actual cancellation rate was closer to 21% — nearly double the reported rate.[28]

Veteran Suicide

The transition from military to civilian life presents significant challenges for many veterans.[29] During this reintegration period, veterans often report difficulties across many aspects of life, with mental health — and suicide in particular — remaining a serious concern.

SUICIDE RATES FOR SERVICE MEMBERS, VETERANS, AND FAMILIES

Active Duty*	Reserves*	National Guard*	Military Family Members**	Veterans**	Nonveteran**
28.2	20.9	21.2	5.8	34.7	17.1

Sources: **DOD Annual Report on Suicide in the Military (2023), **VA Suicide Prevention Report (2024)*

Since 2001, suicide rates have increased for both veterans and nonveterans, but the rate among veterans has grown more significantly.[30] In 2001, the veteran suicide rate was 23.3 per 100,000; by 2022, it had risen to 34.7 — a 49% increase. Over the same period, the general population's rate rose from 12.6 to 17.1 per 100,000, a 36% increase. While many states saw year-to-year fluctuations in suicide rates, some experienced steady declines. In Massachusetts, the veteran suicide rate decreased each year from 2019 to 2022, falling from 21.5 to 18.5 per 100,000. Nebraska followed a similar pattern from 2020 to 2022.

The Department of Veterans Affairs has identified several key risk factors for veteran suicide based on its analysis of recent users of the Veteran Health Administration (VHA) system:[30]

- **Homelessness:** In 2022, veterans experiencing homelessness had suicide rates 110% higher than those without indicators of homelessness.
- **Mental health diagnoses:** From 2001 to 2022, approximately 60% of veterans who died by suicide had a diagnosed mental health or substance use disorder.
- **Military sexual trauma:** Veterans with a positive screen for military sexual trauma had suicide rates 75% than those without.
- **Legal system involvement:** In 2022, VHA users who received Veterans Justice Program services had suicide rates 264.6% higher than those who did not.
- **Additional risk factors:** Other contributors to suicide risk include chronic pain, sleep issues, worsening health, loss of physical ability, relationship strain, hopelessness, impulsivity, and access to unsecured firearms.

PERCENT OF RECENT VHA VETERANS WHO EXPERIENCED RISK FACTORS PRIOR TO SUICIDE DEATH (2020-2022)

PAIN ***54%***

SLEEP PROBLEMS ***51%***

INCREASED HEALTH PROBLEMS ***43%***

RECENT DECLINES IN PHYSICAL ACTIVITY ***34%***

RELATIONSHIP PROBLEMS ***33%***

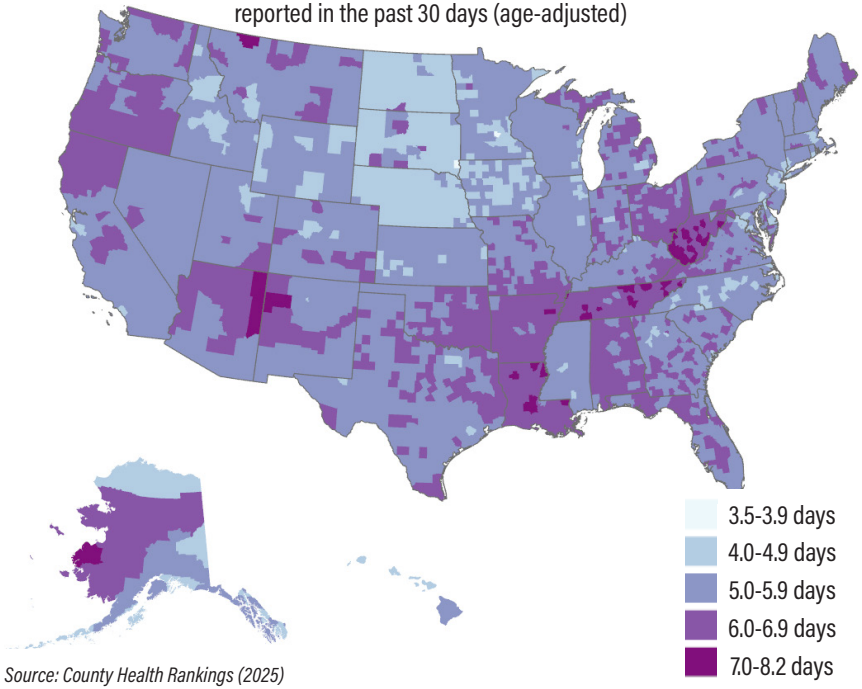
UNSECURED FIREARMS IN THE HOME ***27%***

Note: Data in this figure represents recent VHA veterans whose suicide deaths occurred between 2020-2022 and were reported to the VA behavioral health autopsy program.

Source: VA Suicide Prevention Report (2024)

POOR MENTAL HEALTH DAYS

Poor mental health days are defined as the average number of mentally unhealthy days reported in the past 30 days (age-adjusted)



Source: County Health Rankings (2025)

Service Member Suicide

Suicide also remains a top concern for the Department of Defense (DOD), as it is the leading cause of death for active-duty service members.[31] In 2023, 523 service members died by suicide, including 363 active-duty members, 69 reservists and 91 members of the National Guard.[32] Common stressors among those who died included mental health diagnoses and relationship problems, as well as legal issues, workplace challenges, financial strain, and experiences of assault.

Among active-duty service members, suicide rates gradually increased from 2011 to 2023, mirroring trends among the general population. The highest rate was observed among divorced enlisted men under the age of 30. Only 28% of those who died by suicide had communicated intent for self-harm to a mental health professional, friend, spouse, or partner.[32]

Although suicide prevention messaging emphasizes seeking help, many service members report fear of negative consequences. For example, some worry that pursuing mental health care could jeopardize their security clearance or military career.[33] However, research indicates that of 7 million clearance denial or revocation actions between 2012 to 2023, just 178 were related to mental health concerns only — typically involving failure to follow medical guidance or refusing care despite a clear need.[34]

Military Family Member Suicide

Suicide isn't just a concern for those who have served and those who are currently serving — it's also a concern for the members of military families. Reporting on military family suicide data is complex and at times incomplete, so there is a one-year lag time on the data, with the most recent numbers being from 2022.

The DOD began systematically tracking suicide among military family members in 2017. The 2023 Annual Report on Suicide in the Military provided the first reliable look at long-term trends, using data going back to 2011.[32] From 2011 to 2022, military family member suicide rates trended upward. However, in 2022, the rate declined to 5.8 per 100,000 — lower than in both 2020 and 2021. That year, 146 military family members died by suicide: 93 were military spouses and 53 were child dependents.

While military spouses are more likely to be women, male military spouses face a higher suicide risk.[32] This may be linked to differences in military service history: 85% of male military spouses had previously served, compared to 31% of female military spouses.

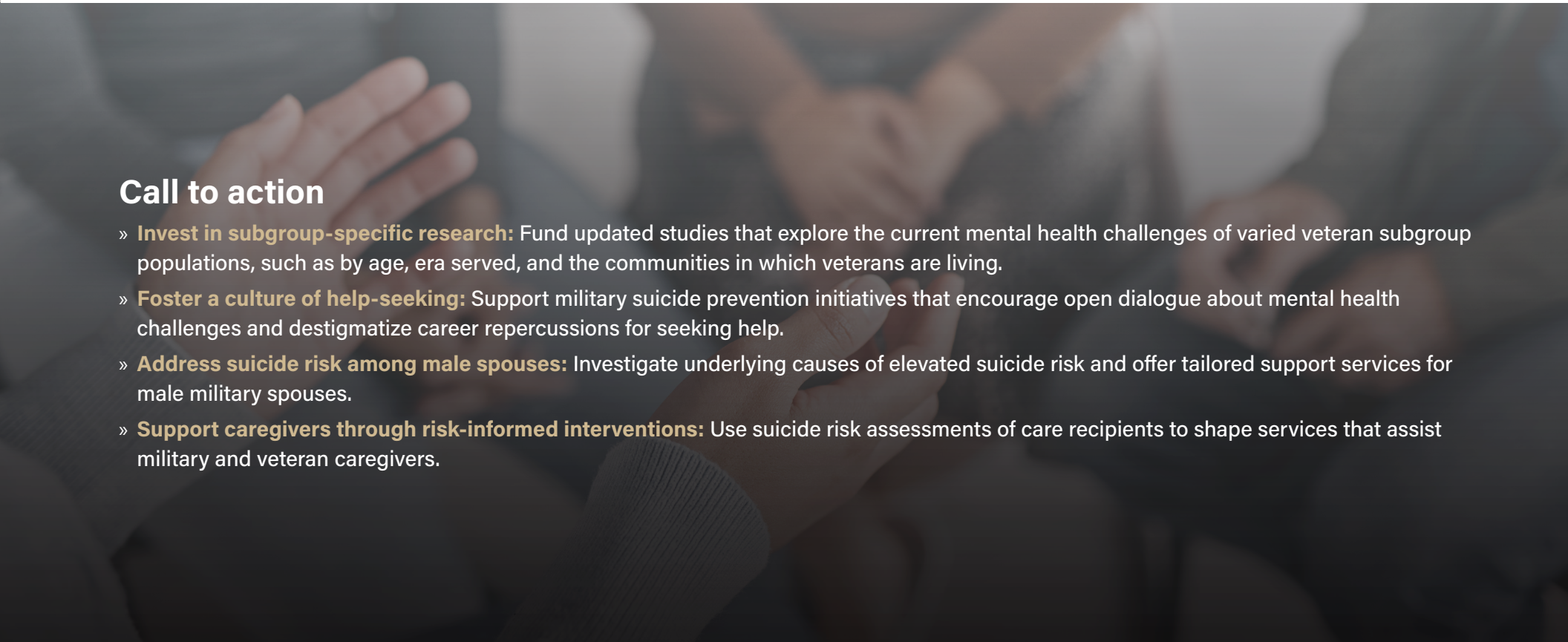
Suicide among military children has also shown a long-term upward trend, with short-term variability between 2020 and 2022. In 2022, more than 70% of military children who died by suicide were male, and approximately 55% were under the age of 18.[32]

Suicide Prevention Efforts

In response to rising suicide rates, organizations and agencies nationwide have launched coordinated efforts to support prevention. One example is the partnership between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the VA to implement the *Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans and their Families (SMVF)*. These initiatives have expanded access to services and support, with all 50 states and five territories engaged in the challenge.[35]

The 988 Suicide and Crisis Lifeline launched in July 2022 and has since responded to more than 10 million calls, texts and chats. Of those, 1.2 million calls were answered by the Veterans Crisis Line (VCL) through 988's "Press 1" option.[36] Overall, veterans and their supporters have contacted the VCL through call, text and chat over 2 million times.

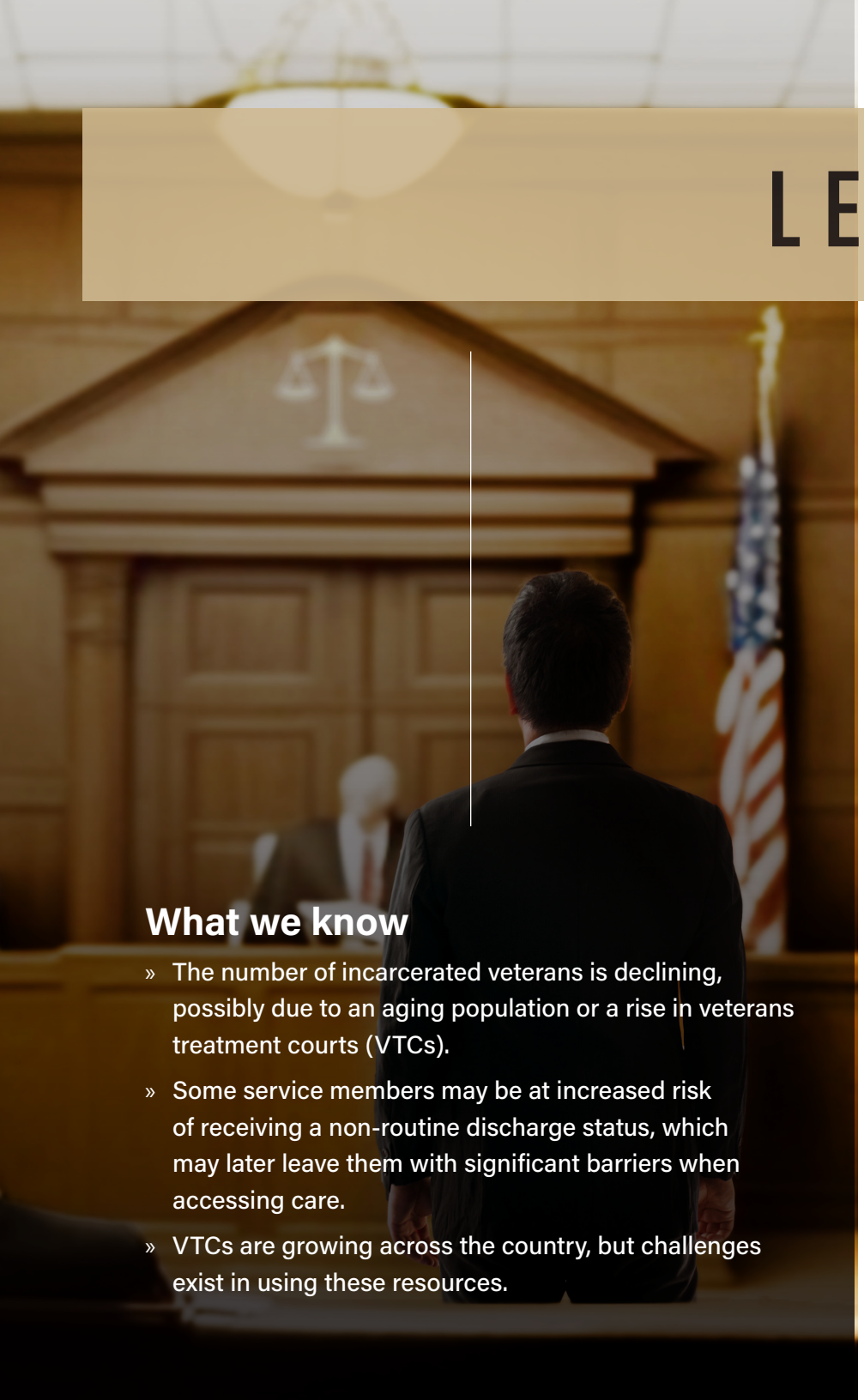
A predictive model using Defense Department data found that approximately 25% of service members at the highest risk for suicide accounted for 70% of six-month suicide attempts.[37] This model uses nine predictive variables: mental disorders, self-injurious thoughts and behaviors, physical health problems, chronic stressors, adverse childhood experiences, other lifetime traumatic events, personality characteristics, military career, and socio-demographics. These findings highlight an opportunity to proactively identify and connect high-risk service members with mental health care, particularly in environments where stigma or fear of repercussions may discourage service members from seeking help.



Call to action

- **Invest in subgroup-specific research:** Fund updated studies that explore the current mental health challenges of varied veteran subgroup populations, such as by age, era served, and the communities in which veterans are living.
- **Foster a culture of help-seeking:** Support military suicide prevention initiatives that encourage open dialogue about mental health challenges and destigmatize career repercussions for seeking help.
- **Address suicide risk among male spouses:** Investigate underlying causes of elevated suicide risk and offer tailored support services for male military spouses.
- **Support caregivers through risk-informed interventions:** Use suicide risk assessments of care recipients to shape services that assist military and veteran caregivers.

LEGAL



What we know

- The number of incarcerated veterans is declining, possibly due to an aging population or a rise in veterans treatment courts (VTCs).
- Some service members may be at increased risk of receiving a non-routine discharge status, which may later leave them with significant barriers when accessing care.
- VTCs are growing across the country, but challenges exist in using these resources.

Criminal Justice System Involved Veterans

In 2023, approximately 82,000 veterans were incarcerated in adult correctional facilities across the United States, including Washington, D.C. and Puerto Rico — accounting for about 8% of the total incarcerated population.[38] It is important to note, however, that this number is declining, with a 27% decrease in this number since 2018, when it stood at approximately 113,000. This decline may be due to demographic shifts such as the aging and declining population of veterans, or to the expansion of veterans treatment courts (VTCs), which provide specialized support for veterans and offer alternatives to incarceration.

Unfortunately, the most recent demographic data for incarcerated veterans comes from 2016. At that time, nearly all incarcerated veterans (98%) were male. Approximately half were white, nearly one-quarter were Black, and about one in ten were Hispanic.[39] While race was not a strong predictor of involvement in the criminal justice system, Black veterans were more likely to be incarcerated for drug-related offenses compared to veterans of other racial backgrounds.[38]

Incarcerated veterans tend to be older than their nonveteran counterparts. In state prisons, the average age of male veterans is 53, 14 years older than the average nonveteran male inmate. In federal prisons, the average age of male veterans is 51, compared to 40 for their nonveteran peers.[39]

Veterans in prison generally exhibit different behaviors and have different experiences when compared to nonveterans. They are less likely to receive disciplinary infractions, including for violent or disorderly misconduct.[40] In fact, inmates with prior military service are 61% less likely to receive any type of disciplinary infraction compared to their nonveteran counterparts.

Non-Routine Discharges and Life After

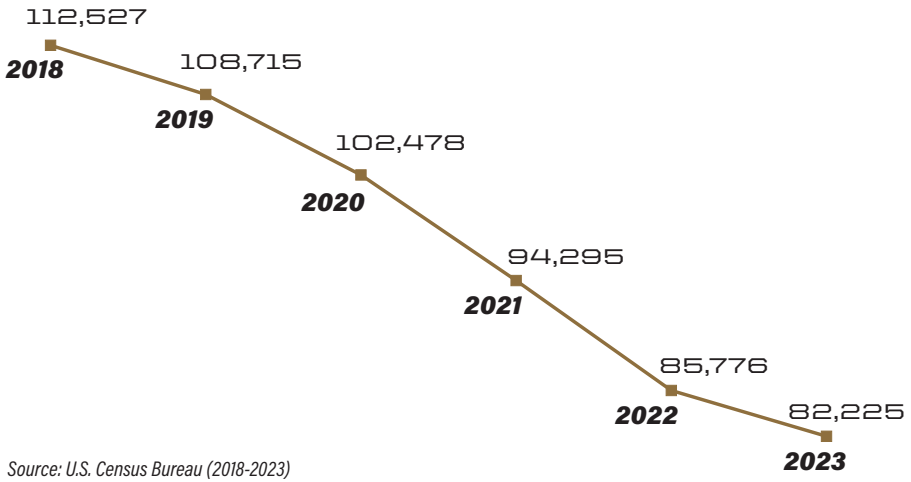
Approximately 15% of service members receive a non-routine discharge from military service. Non-routine discharges include other than honorable, bad conduct discharge, dishonorable discharge, dismissal for officers, uncharacterized or other. These discharges typically result from engaging in various forms of misconduct while in the military, including criminal behaviors.[41]

Neuropsychological issues — such as PTSD, traumatic brain injury (TBI) and depression — are likely contributors to criminal behaviors in service members. Certain service members are at a higher risk of being arrested *while in the military* due in large part to these neuropsychological problems. For example, 47% of veterans with a non-routine discharge reported a TBI diagnosis while serving, compared to just 15% of those with a routine discharge.[42] Similarly, 75% of veterans with a non-routine discharge screened high for hazardous alcohol consumption while serving, versus 32% of their routinely discharged peers. PTSD and depression had the largest gap: 94% of veterans with a non-routine discharge reported having PTSD and depression during service, compared to 47% of those routinely discharged.

While neuropsychological issues contribute to misconduct during service, recent research has explored how different behavioral patterns *before* and during military service relate to discharge outcomes. One study grouped veterans into three categories: those with no difficulties (low arrest risk pre- and in-service), consistent difficulties (relatively high arrest risk in both periods), and escalating difficulties (low pre-service but high in-service arrest risk).[42] Veterans in the escalating difficulties group had the highest risk of non-routine discharge — 45% compared to 35% for the consistent difficulties group and just 6% for the no difficulties group. This finding challenges the assumption that in-service misconduct stems from pre-service behavior and underscores the importance of recognizing how military experiences may trigger first-time criminal justice involvement.

Veterans with non-routine discharges have worse mental and behavioral health outcomes than those who were routinely discharged.[43] They are over-represented among veterans experiencing mental health problems and suicidality.[44] Despite these heightened needs, they are often disqualified from the key veteran benefits they need, including health care, economic assistance, and other support services provided by the Department of Veterans Affairs.[42]

VETERANS IN ADULT CORRECTIONAL FACILITIES IN THE U.S.



Source: U.S. Census Bureau (2018-2023)

SERVICE MEMBERS' RISK FOR ARRESTS AND NON-ROUTINE DISCHARGES

47% with a non-routine discharge reported a **TBI** diagnosis while serving

75% with a non-routine discharge screened **HIGH** for hazardous alcohol consumption while serving

94% with a non-routine discharge had **PTSD** while serving

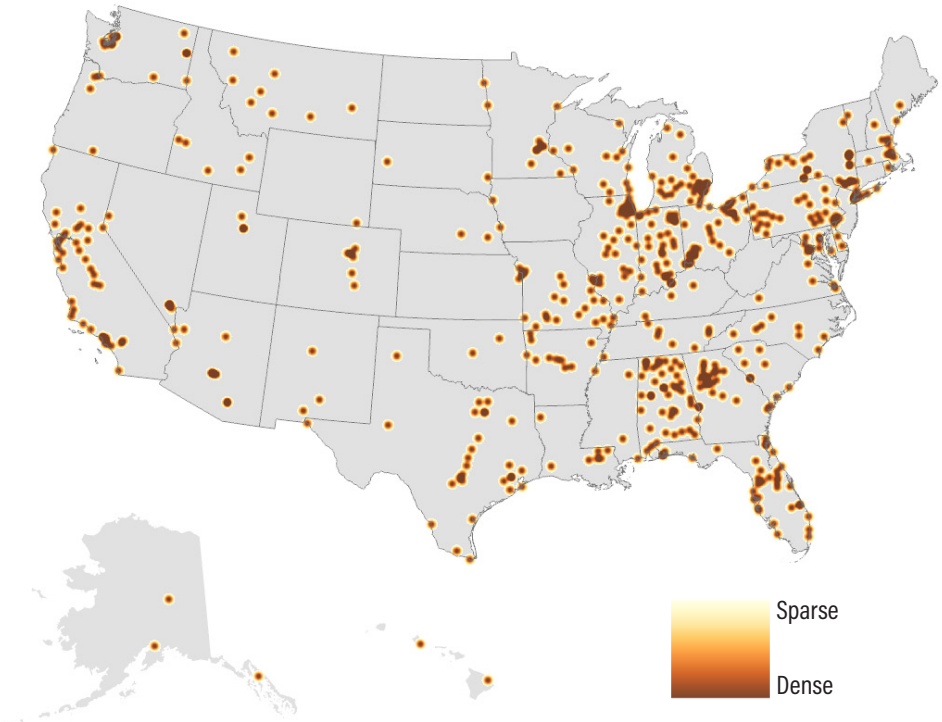
Source: Barr et al. (2024)

SERVICE MEMBERS' PRE-SERVICE VS IN-SERVICE ARRESTS AND NON-ROUTINE DISCHARGES

Group	Definition	Non-routine discharge
Consistent Difficulties	Those with a high probability of arrests pre-service and in-service (consistent risk for arrest)	Moderate risk
Escalating Difficulties	Those with with a low pre-service, but high in-service arrest risk (escalating risk for arrest)	**Highest risk**
No Difficulties	Those with a low probability of arrests (no risk for arrest)	Low risk

Source: Barr et al. (2024)

VETERANS TREATMENT COURTS



Source: Each state's justice department website and Justice for Vets (2025)

Veterans Treatment Courts (VTCs)

Veterans treatment courts (VTCs) provide veterans with access to specialized mental health and drug treatment services as an alternative to incarceration.[45] As of March 2025, the Department of Veterans Affairs (VA) reported more than 700 VTCs across the country — an increase of over 100 since 2021.[46] Estimates from 2019 suggest that more than 10,000 veterans have used these services, with participation continuing to grow.[47]

The program's success lies in its use of volunteer peer mentors who work one-on-one with veterans.[48] Research suggests that VTC participants have lower recidivism rates than those in traditional court systems and were better equipped to find stable housing.[49]

Despite their benefits, VTCs are not accessible to all veterans. About half of these courts require VA service eligibility, which excludes veterans with a non-routine discharge and those not yet connected to the VA.[50] This eligibility barrier leaves some of the most vulnerable veterans without access to needed services, further increasing their risk for criminal justice involvement.[51] However, qualitative interviews suggest that judges can play a role in closing this gap by requiring veterans to establish VA eligibility as part of their sentence or court plan.[50]

Identifying veterans involved in the legal system who would benefit from VTC services also poses a challenge. Even when veterans are identified, it is also difficult to determine if the veteran is eligible for VA services.[50] Some VTC specialists feel like they aren't connecting with most veterans in their county because jails aren't always screening for veteran status or passing that information along.

One potential solution is the Status Query and Response Exchange System (SQUARES), which provides VA and external organizations with information on veteran eligibility. Because SQUARES uses official records rather than self-reported information, it could improve accuracy in identifying incarcerated veterans if adopted more widely across the legal system.

Many VTCs also face challenges with coordinating services and ensuring continuity of care.[50] In some cases, communication between the VA and the court system is inconsistent, particularly when sharing information or connecting veterans to healthcare. However, courts that established a system of communication alleviated the delays in service delivery and coordination.

Military-Connected Legislation

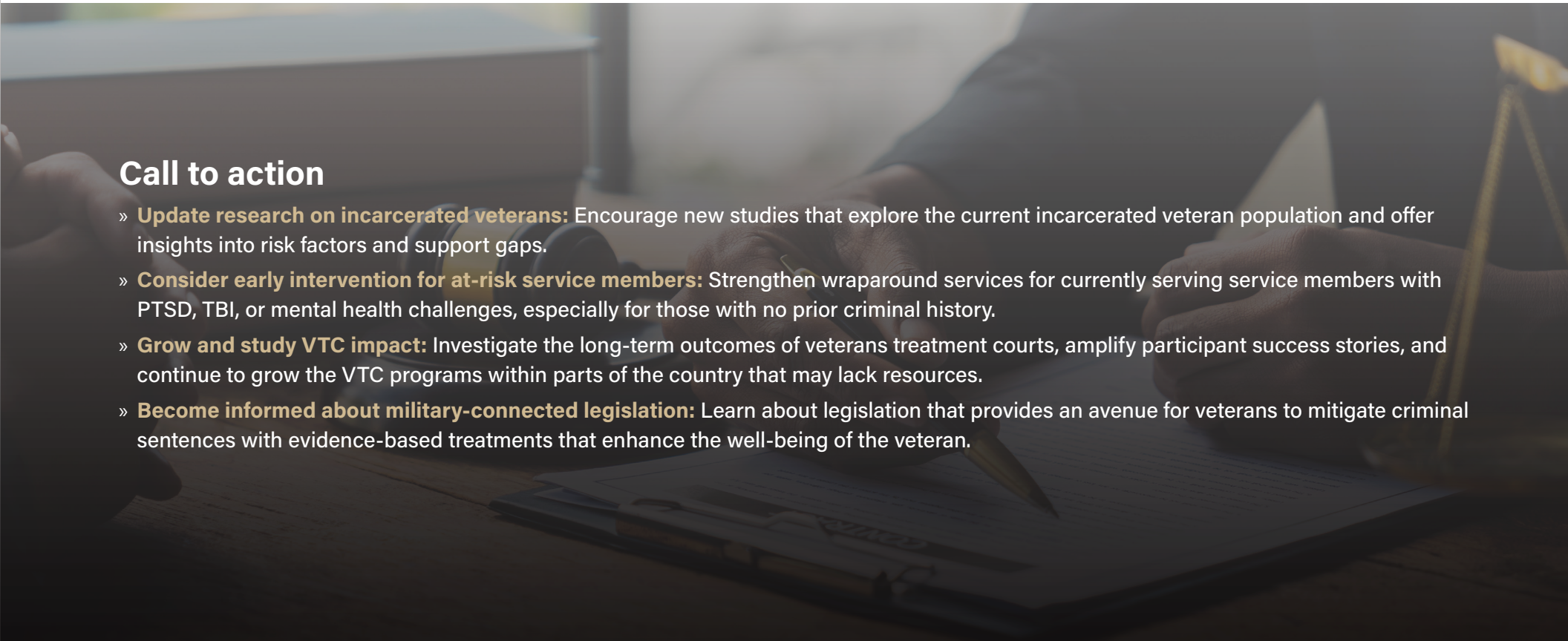
Although veterans continue to face challenges with representation, benefits access, and navigating support systems, there has been recent progress in legislation advocating for the military-connected community.

Notably, in January 2025, former President Biden signed the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act into law, which protects older veterans by funding noninstitutional alternatives to nursing home care at levels equivalent to VA care. It aims to expand access to more affordable home- and community-based services and provide additional support for caregivers.[16]

In February 2025, lawmakers introduced the bipartisan Veterans Mental Health and Addiction Therapy Quality of Care Act. The bill would require research and assessment of the quality of care received by veterans from the VA for mental health and addiction services.[52]

At the state level, the model Veterans Justice Act (VJA) is being considered. VJA provides for "alternative sentencing options for U.S. veterans charged with certain crimes that recognize their service to the country and that their criminal behavior may derive from their military service." [53]

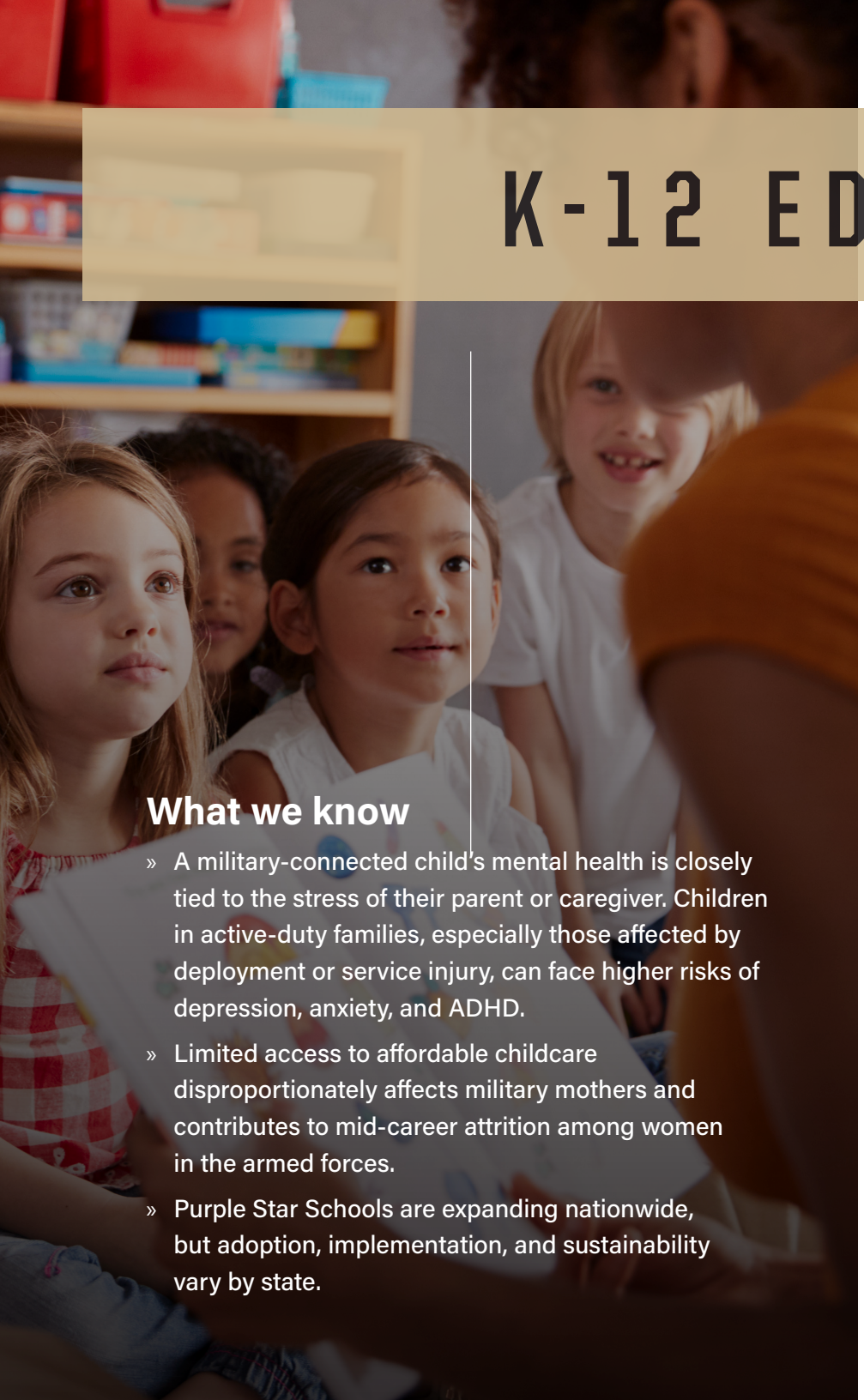
Veterans are making history through civic leadership. One hundred veterans currently serve in the 119th Congress, including nine women — the largest number of women veterans in congressional history. Increases in veteran representation in Congress have only occurred four times in the past 50 years, marking an opportunity to draft and influence legislation that improves the quality of life for the military-connected population. That momentum is already underway: since January 2025, 169 bills have been introduced or referred to the House Committee on Veterans Affairs.[54]



Call to action

- **Update research on incarcerated veterans:** Encourage new studies that explore the current incarcerated veteran population and offer insights into risk factors and support gaps.
- **Consider early intervention for at-risk service members:** Strengthen wraparound services for currently serving service members with PTSD, TBI, or mental health challenges, especially for those with no prior criminal history.
- **Grow and study VTC impact:** Investigate the long-term outcomes of veterans treatment courts, amplify participant success stories, and continue to grow the VTC programs within parts of the country that may lack resources.
- **Become informed about military-connected legislation:** Learn about legislation that provides an avenue for veterans to mitigate criminal sentences with evidence-based treatments that enhance the well-being of the veteran.

K-12 EDUCATION



What we know

- A military-connected child's mental health is closely tied to the stress of their parent or caregiver. Children in active-duty families, especially those affected by deployment or service injury, can face higher risks of depression, anxiety, and ADHD.
- Limited access to affordable childcare disproportionately affects military mothers and contributes to mid-career attrition among women in the armed forces.
- Purple Star Schools are expanding nationwide, but adoption, implementation, and sustainability vary by state.

Military Children in the United States

Approximately 1.4 million children in the United States have parents who are currently serving, including nearly 855,000 children in active-duty families and 571,000 in selected reserve families.[55] Additionally, another 2.5 million veteran households include children.[56]

Military-connected children experience both the benefits and challenges of military life. For example, many children in veteran families serve as caregivers to a parent with a service-connected disability, with the Elizabeth Dole Foundation (EDF) estimating that approximately 2.3 million children live with a disabled veteran .[57] While these children gain resilience and adaptability through these experiences, they also face increased stress. Data from the National Survey of Children's Health show that children in military or veteran families are more likely to experience family disruptions such as parental divorce, substance misuse, or domestic violence, compared to children in civilian households.[58] However, it is important to note that while parents' military service exposes children to separations and transitions, those experiences alone do not lead to these instabilities.[59]

A child's well-being is directly impacted by their parent's well-being. Data from the Millennium Cohort Family Study show that as stressors increased for military parents — such as deployments, injuries, or frequent relocations — so did the likelihood of children experiencing depression or anxiety also increase.[60] The more stressors a parent faces the greater the likelihood of their child being diagnosed with depression or anxiety. Children in active-duty families appear particularly vulnerable to these diagnoses.

Parental stressors related to service-connected injuries can also impact a child's well-being. According to the Millennium Cohort Family Study, as parents' stress from service-related injuries

increased, children were more likely to exhibit behavioral or conduct issues.[60] Children whose parents deployed for combat had significantly higher odds of having ADD/ADHD than children whose parents had not combat deployed. However, strong family communication and parental social functioning can serve as protective factors for the family and may reduce the likelihood of these challenges.

Despite the challenges they face, military children also benefit from more financial stability and higher rates of continuous health insurance coverage compared to their civilian peers, according to data from the National Survey of Children's Health.[61] However, access to care can still be a barrier. Some military families are less likely to attend preventive well-child visits despite families on active duty being universally insured through TRICARE.[62] Factors such as access to TRICARE providers, frequent relocations, and single-parent responsibilities during deployments may contribute to these gaps in care.

Childcare for Military Children

Access to affordable, high-quality childcare is a persistent concern for all families, and military families are no exception. The Department of Defense (DOD) Child Development Program provides care for approximately 200,000 eligible children annually, at an estimated cost of over $1 billion.[63] However, demand continues to exceed supply, and costs continue to influence care options. Many families may seek care in the community where costs might be lower but quality may be in question.

Many active-duty families with children under 13 years old experience challenges accessing quality care. A survey of active-duty Air Force parents found that 20% reported problems accessing childcare, with the most common wait time exceeding one year.[64] The DOD has implemented a pilot program through September 2027 to offer travel reimbursement for a designated person to provide childcare for families who PCS and childcare is unavailable within 30 days of the date care needed (DCN).[65] Additionally, childcare problems were particularly pronounced for military mothers: new military mothers experienced twice as many unmet childcare needs as new military fathers, and women in the military report childcare access issues at twice the rate of their male counterparts.[64] These barriers may contribute to higher rates of mid-career separation among women service members, those serving between 4 and 10 years.[66] In addition, single military parents and dual-military households — both demographics disproportionately represented by women — also face heightened childcare burdens.[67]

CHILDREN IN MILITARY FAMILIES

	Active Duty	Selected Reserve
Aproximate number of children, aged 0-18	855,000	571,000
Aged 0-5	40%	31%
Aged 6-11	33%	33%
Aged 12-18	23%	28%
Average age of children	7.8 years	9.5 years

Source: DOD Demographic Profile Report (2023)

HEALTH AND WELL-BEING OF CHILDREN IN MILITARY FAMILIES

Children with a caregiver who has ever served on active duty are more likely to have

FINANCIAL STABILITY

CONTINUOUS HEALTH INSURANCE COVERAGE

MENTAL HEALTH NEEDS

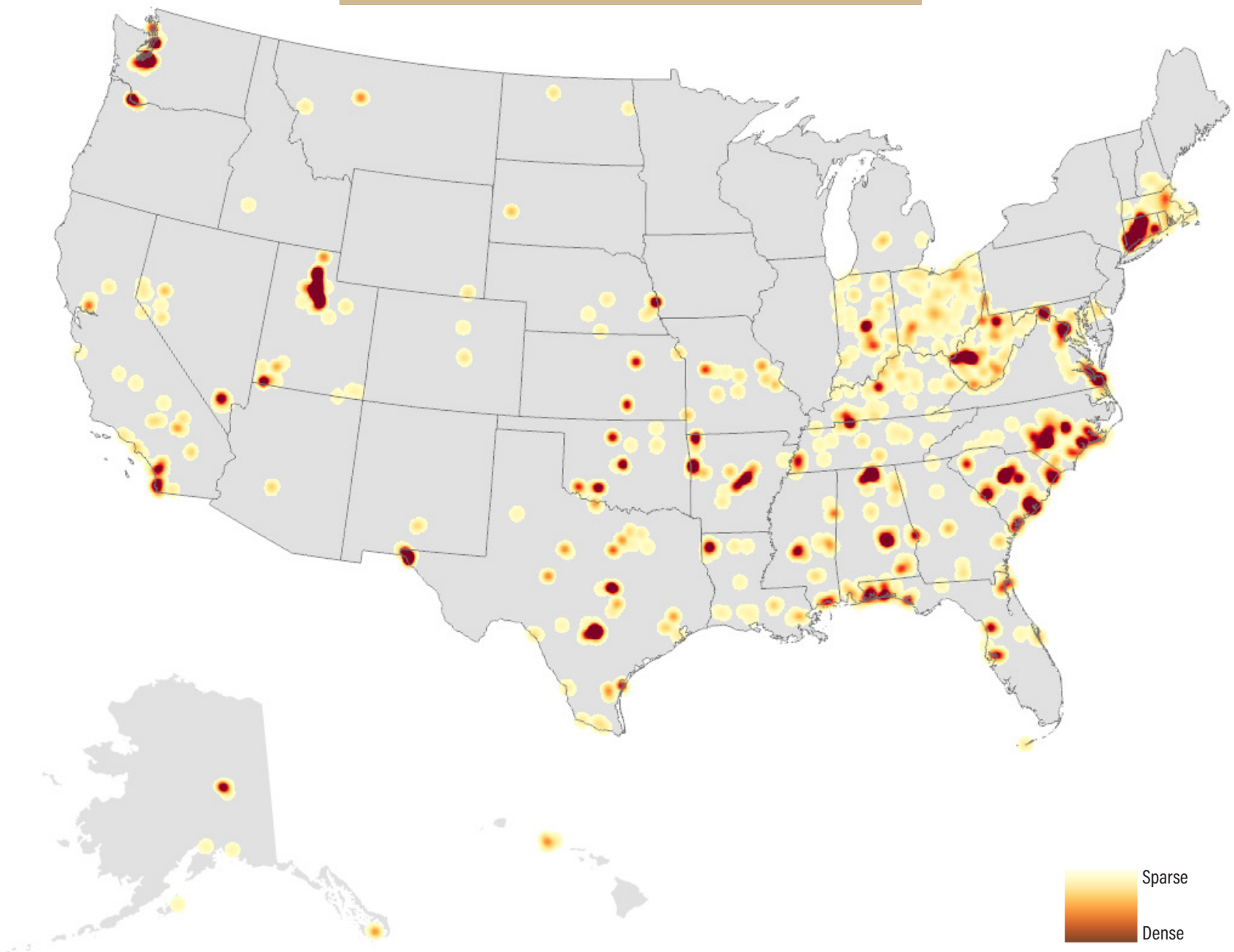
SPECIAL HEALTH CARE NEEDS

RESIDE ABOVE THE POVERTY LINE

than children with a civilian caregiver.

Source: Crouch et al. (2024)

PURPLE STAR SCHOOLS



Source: Compiled from school district websites from across the U.S. (2024)

Military-Connected Education and Training Experiences for Children

In response to the unique educational transitions and challenges military children face due to frequent relocations, family separations, and service-related stressors, a variety of programs are available to support their academic success, social-emotional well-being, and personal growth. Two such programs — Purple Star Schools and Junior Reserve Officers' Training Corps (JROTC) — offer structured support systems that help students build resilience, maintain continuity, and thrive in both civilian and military-connected school environments.

Purple Star Schools

One key initiative is the Purple Star Schools (PSS) program, a nationwide, grassroots initiative that recognizes K-12 schools that provide dedicated support for military-connected students, such as counseling services, peer mentorship programs, and military family support networks.[68] As of January 2025, there are nearly 4,000 PSS-designated elementary, middle and high schools in 43 states, signaling growth among states since we last reported PSS-designated states at 29 in 2023. Notably, California recently codified Purple Star Schools into state law through CA SB920 in 2024, using data from the Measuring Communities data portal as supporting evidence .[69] This milestone underscores the growing policy-level support for military-connected students and provides a framework for other states to follow. Ohio, Virginia, and Texas, the first states to implement PSS, continue to grow their efforts as well, as Ohio has 600 designated schools and Virginia has designated nearly 500 schools since 2022.[68]

While PSS continues to grow and evolve, challenges arise in implementing and continuing these military-connected support systems.[68] First, consistency in criteria across states creates variations in the quality of support provided. Without a national standard, student and family experiences may differ based on where they live. Second, sustainability remains a concern. The program began as a grassroots effort without dedicated funding, and long-term support often depends on how individual state agencies structure their designation processes, training, and resources. Third, awareness and adoption vary. Schools may feel unprepared to apply or renew without clear criteria or top-level support from state education agencies or legislatures.

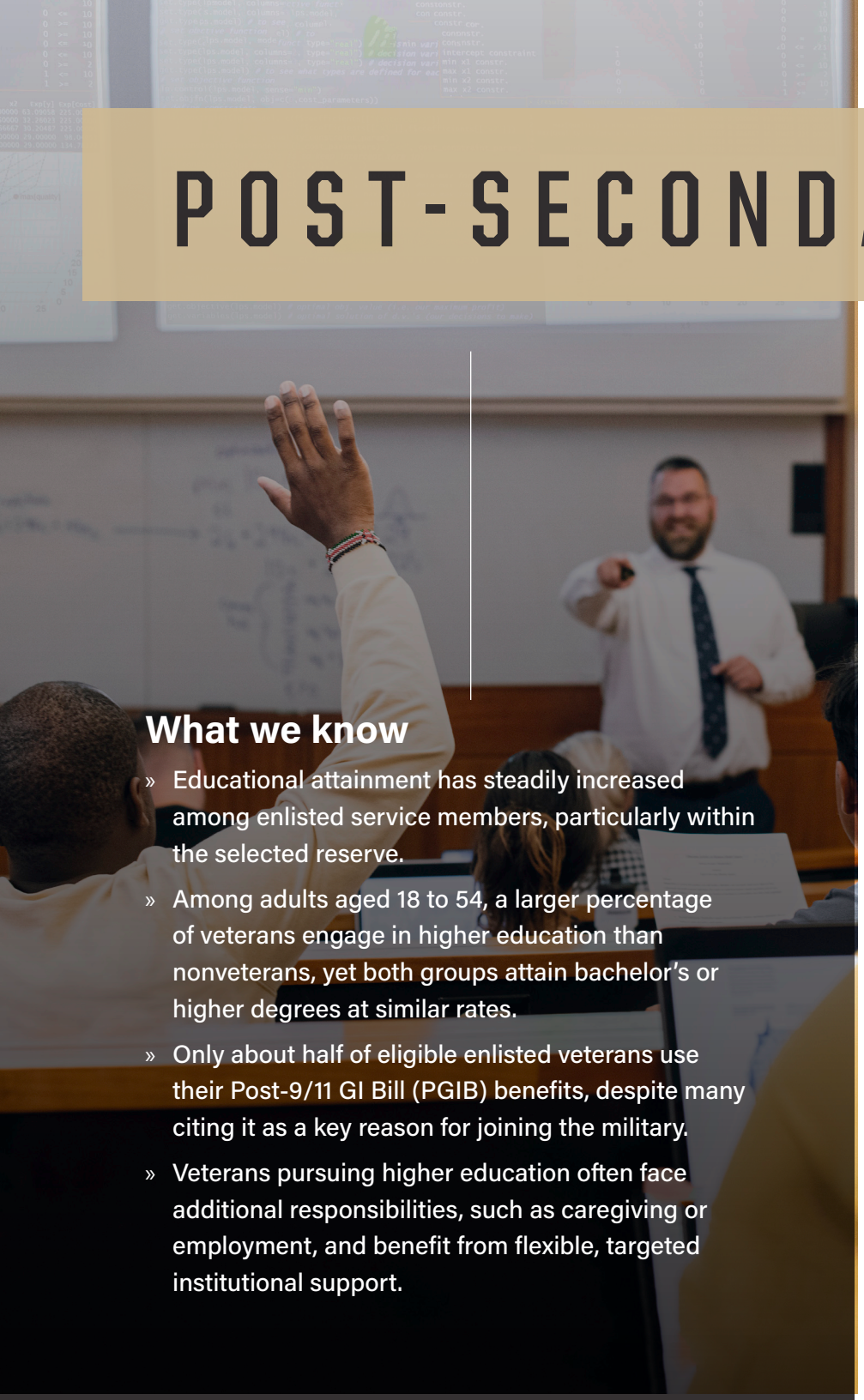
Junior Reserve Officers' Training Corps (JROTC)

Another key support program for military-connected youth is the Junior Reserve Officers' Training Corps (JROTC). As one of the largest youth development programs in the country, JROTC serves over half a million students across more than 3,400 high schools.[70] Participation has been associated with improved educational outcomes: Rand recently reported that students involved in Army JROTC for all four years of high school are more likely to graduate than their peers. While not explicitly a recruitment program, a recent Military Times report found that 20 to 25% of JROTC participants eventually enter military service. [71]

Call to action

- **Support parental well-being to promote child resilience:** Strengthen stress-related well-being initiatives for service members, recognizing that supporting parents and caregivers supports children.
- **Expand access to quality childcare:** Increase investment in affordable, high-quality childcare options for military families, particularly for military mothers, to improve family readiness and retention.
- **Explore opportunities for consistent Purple Star School implementation:** Encourage voluntary state collaboration to identify common criteria and share best practices while evaluating program effectiveness.
- **Increase awareness of and participation in JROTC:** Encourage access to JROTC programs and promote them as positive opportunities for leadership development, structured engagement, and graduation support.

POST-SECONDARY EDUCATION



What we know

- Educational attainment has steadily increased among enlisted service members, particularly within the selected reserve.
- Among adults aged 18 to 54, a larger percentage of veterans engage in higher education than nonveterans, yet both groups attain bachelor's or higher degrees at similar rates.
- Only about half of eligible enlisted veterans use their Post-9/11 GI Bill (PGIB) benefits, despite many citing it as a key reason for joining the military.
- Veterans pursuing higher education often face additional responsibilities, such as caregiving or employment, and benefit from flexible, targeted institutional support.

Educational Attainment Among Currently Serving Members

Military service plays a significant role in fostering an educated workforce, as many active-duty and selected reserve service members pursue higher education during or after their service.

Since 2010, educational attainment among enlisted active-duty members has steadily increased, with a greater proportion now completing middle-range post-secondary education. In contrast, officer attainment levels have remained relatively stable.[55] The selected reserve population — both enlisted and officer — has also seen increases in post-secondary degrees over this period. Selected reserve members tend to be more educated than their active-duty counterparts, possibly due to specialized roles or age differences, as selected reserve members are typically older and may have had more opportunities to complete education during or prior to their military service.

Veteran Participation and Success in Higher Education

According to 2023 U.S. Census Bureau data, veterans continue to demonstrate a strong commitment to higher education, often tending to *engage** in post-secondary education — defined as reporting some college experience, an associate's degree, a bachelor's degree, or a higher degree. Adjusting for age†, 75% of the veteran population had engaged in post-secondary programs, compared to 63% of nonveterans ‡ — a 12 percentage point difference.[1] However, comparison between veteran and nonveteran populations can be complex, as veterans tend to be older, less racially and ethnically diverse, and more likely to be male.

While veterans were more likely to *engage* in higher education than nonveterans, both groups had similar degree *attainment* rates — defined as completing a bachelor's or higher degree — at approximately 33% when adjusting for age.[1] This suggests that, despite strong enrollment, degree completion may still be a challenge for many veterans, or veterans may wish to earn an associate's degree only. This data is also limited to categories defined by the U.S. Census Bureau, which does not specifically segment out associate degree attainment or explore trade or other technical degree programs.

Understanding these trends is critical to developing targeted support and resources for veterans from diverse backgrounds — support that not only encourages enrollment but also promotes degree completion.

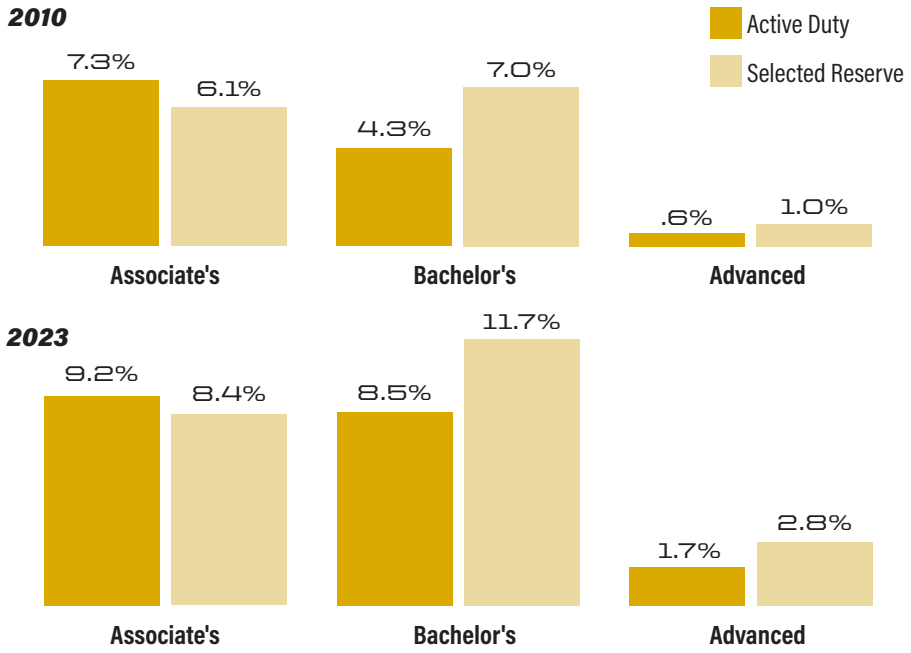
SEX Among veterans, 80% of women and 66% of men have engaged in higher education, a 14 percentage point difference.[1] For degree attainment, 40% of veteran women have earned a bachelor's or higher degree, compared to 30% of veteran men.

RACE AND ETHNICITY Nearly 75% of veterans who identify as Asian or multiracial engage in higher education, compared to about two-thirds of veterans who identify as Native Hawaiian or Pacific Islander, or as American Indian or Alaskan Native.[1] For degree attainment, 42% of Asian veterans have earned a bachelor's or higher degree, compared to just 22% of American Indian or Alaskan Native veterans and 23% of Native Hawaiian or Pacific Islander veterans.

AGE Among veterans, 76% of those aged 35 to 54 have engaged in higher education, compared to 70% of those aged 18 to 34.[1] While engagement among both groups remains high, the number and share of veterans aged 18 to 34 participating in higher education declined by 5.4% between 2018 to 2023. In contrast, engagement among veterans aged 35 to 54 increased by 4.1% during the same period — possibly reflecting a more educated, aging veteran population influenced by the Post-9/11 GI Bill. In terms of degree attainment, 36% of veterans aged 35 to 54 have earned a bachelor's or higher degree, compared to 23% of those aged 18 to 34. While both groups have seen growth in degree attainment since 2018, the percent of veterans aged 35 to 54 is growing at a faster rate.

DISABILITY The proportion of veterans with a service-connected disability (SCD) rating who have engaged in higher education is 73%, while the proportion of veterans with no SCD rating[§] is 66%.[1] Additionally, 33% of veterans with an SCD rating earned a bachelor's or higher degree, compared to 30% of those without a rating. One possible explanation is that veterans who interact with the VA, whether for medical care or other services, may also learn about and access education benefits. Additional research could explore this relationship.

EDUCATIONAL ATTAINMENT OF ENLISTED SERVICE MEMBERS



Source: DOD Demographic Profile Report (2023)

VETERANS ENGAGEMENT IN HIGHER EDUCATION BY SEX



Source: U.S. Census Bureau (2018-2023)

VETERAN ENGAGEMENT IN HIGHER EDUCATION BY AGE

2018	2023
74% Aged 18-34 · 73% Aged 35-54	70% Aged 18-34 · 76% Aged 35-54

Source: U.S. Census Bureau (2018-2023)

ENGAGEMENT IN HIGHER EDUCATION BY SERVICE-CONNECTED DISABILITY RATING



Source: U.S. Census Bureau (2018-2023)

ENGAGEMENT IN HIGHER EDUCATION BY FAMILY STATUS

2018

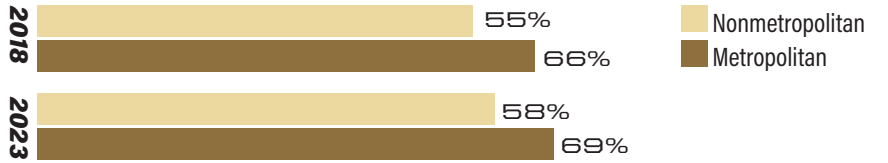
66% With a Child or Spouse • **63%** Without a Child or Spouse

2023

69% With a Child or Spouse • **66%** Without a Child or Spouse

Source: U.S. Census Bureau (2018-2023)

ENGAGEMENT IN HIGHER EDUCATION BY COMMUNITY



Source: U.S. Census Bureau (2018-2023)

FAMILY STATUS Family status plays a role in veterans' engagement in higher education. In 2023, 69% of veterans with a spouse or child had engaged in higher education, compared to 66% of those without dependents.[1] Similarly, 32% of veterans with dependents attained a bachelor's or higher degree, while 28% of those without dependents did the same. From 2018 to 2023, both groups saw gains in degree attainment, but the increase was greater among veterans with dependents (10.3% vs. 7.7%). These findings suggest that many student veterans in higher education are managing academic goals alongside family priorities that bring busy schedules, limited time, or other commitments beyond school — emphasizing the need for flexible and family-friendly supports.

RURALITY The communities in which veterans live, work, and play influence higher education engagement and degree attainment. In 2023, 69% of veterans living in metropolitan communities** engaged in higher education, compared to 52% of those in nonmetropolitan areas — a 17 percentage point difference.[1] Similarly, 32% of metropolitan veterans attained a bachelor's or higher degree, while only 20% of nonmetropolitan veterans did so. These gaps highlight potential access and support disparities in rural communities.

Use and Impact of Veteran Education Benefits

Educational benefits like the Post-9/11 GI Bill (PGIB) are often cited as a key motivation for joining the military. However, only 54% of the more than 2.7 million enlisted, benefits-eligible veterans†† have used those benefits to enroll in higher education.[72] PGIB benefits can also be transferred to spouses or children, yet only 21% of these PGIB users were spouses or children in 2023.[3] Some subgroups of the enlisted, benefits-eligible veteran population are more likely to use their PGIB benefits, including those with high Armed Forces Qualification Test (AFQT) scores, women, veterans who are part of racial and ethnic minority groups unmarried veterans, veterans with a VA disability rating, and those who live in metropolitan areas — many of whom also have varied rates of higher education engagement and degree attainment, as reported above.[72]

Among PGIB enlisted users, 47% complete a degree within six years. Veterans with higher AFQT scores, women, and those with a VA disability rating of 10-50% are more likely to graduate within this timeframe. However, some groups with higher enrollment rates, such as Black, Hispanic, and American Indian veterans, as well as those with higher disability ratings, are less likely to complete degrees in this timeframe.[68]

Some veterans may be saving their PGIB benefits for other purposes, such as for family members or for more costly advanced degrees. They may choose to pay out-of-pocket for associate's degrees due to their generally lower costs.

Among student veterans who take out loans, the average debt upon earning a bachelor's degree ranges from $24,960 to $29,220 in student loan debt,[73] indicating that some may be utilizing both loans and benefits to supplement their educational expenses.

Among enlisted veterans who used PGIB benefits, income increases with educational attainment: those with an associate degree earn an average of $44,300 annually, those with a bachelor's degree earn $55,900, and those with a graduate degree earn $69,900.[72] While these income trends align with national patterns across sex, race and rurality, marital status appears to have a distinct influence within the veteran population.

Student Veteran Experiences on Campus

Veterans bring unique strengths and challenges to higher education institutions. While they share many common experiences with their nonveteran classmates, many veterans report obstacles such as cultural differences (an "us vs. them" mentality), difficulty adapting to academic environments, and barriers to networking.[74] Additionally, student veterans are far less likely than nonveterans to participate in internships (5.3% vs 30.4%), potentially due to the parameters or constraints regarding PGIB housing allowances.[75]

Student veterans are less likely to utilize some campus services, like libraries and computer labs, than nonveteran students. Interestingly, student veterans who reported more frequent use of campus services or viewed them as important also reported a higher likelihood of withdrawing from school, suggesting that increased engagement may not always reflect a positive campus experience.[76]

Colleges and universities can better support student veterans by fostering a sense of identity and belonging through peer support programs, military culture competency training for faculty and staff, and tailored services to help veterans navigate academic, career, and personal challenges.[77-79] Student veterans suggest that straightforward communication, genuine interest, guidance on building support systems, and treating them as human and not just veterans can be key to ensuring they thrive in higher education.[80]

*The term 'engage' refers to any level of engagement in higher education, including: some college, an associate's degree, a bachelor's degree, or higher degree. This term does not exclusively differentiate between trade or other technical schools.

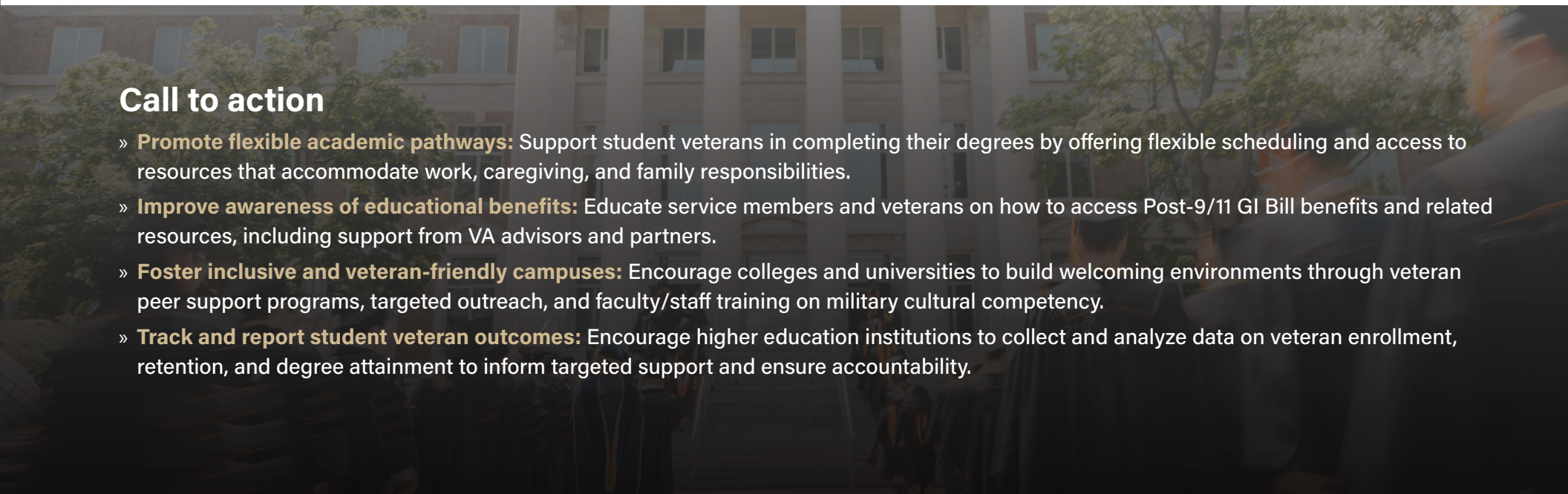
†This statement is adjusting for age (aged 18-54).

‡Nonveteran populations are defined as those who are not currently serving on active duty or selected reserve, and those who have never served in the military.

§This data for service-connected disability ratings comes from the U.S. Census Bureau. Note that a rating between 0%-100% is identified as a disability rating, which means that a veteran with a 0% disability rating is still categorized in this data as a veteran with a service-connected disability rating.

**Metro or nonmetro communities are defined by the 2023 USDA Rural Urban Continuum.[81]

††Veterans who are considered 'enlisted, benefits eligible veterans' in this research are eligible for Post-9/11 GI Bill benefits, are 65 years or younger, and had a pay grade of 'enlisted' as their final rank.[72]



Call to action

- **Promote flexible academic pathways:** Support student veterans in completing their degrees by offering flexible scheduling and access to resources that accommodate work, caregiving, and family responsibilities.
- **Improve awareness of educational benefits:** Educate service members and veterans on how to access Post-9/11 GI Bill benefits and related resources, including support from VA advisors and partners.
- **Foster inclusive and veteran-friendly campuses:** Encourage colleges and universities to build welcoming environments through veteran peer support programs, targeted outreach, and faculty/staff training on military cultural competency.
- **Track and report student veteran outcomes:** Encourage higher education institutions to collect and analyze data on veteran enrollment, retention, and degree attainment to inform targeted support and ensure accountability.

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ABOUT THE MEASURING COMMUNITIES DATA

The Measuring Communities data portal acts as both the framework for this report and as a free resource for military-connected thought leaders to explore on their own.

The data in Measuring Communities comes from over 30 credible national and local data sources. This data can be viewed at the state, congressional district and county level for U.S. states and territories, and across time. Users can interact with this data via maps, tables, graphs and snapshots, and download data into spreadsheets for future use or additional analysis.

Measuring Communities is in many ways a hub to learn more about our military-connected neighbors; the communities in which they work, live and play; and the issues they may face. Thought leaders can apply this data to identify gaps in support or services; build or adjust programming to better serve the community; and make evidence-informed decisions at state and local levels.

Data domains and topics

Data is housed in one of ten domain topics: behavioral health, community, demographics, employment, financial, housing, k-12 education, legal, medical care, and post-secondary education.

For example, users can view both the number of veterans who live in their community and the digital divide index score for their community. Users can also learn more about this veteran population, including: the age ranges of veterans; the educational attainment of veterans; the veteran unemployment rate; and the diversity among their community.

Data sources and credibility

Data in Measuring Communities is mined and compiled from a variety of sources. Major data sources include, for example: the U.S. Census Bureau, the Department of Veterans Affairs (VA), the DOD's Defense Manpower Data Center (DMDC) and the National Guard Bureau, the Department of Agriculture (USDA), the Department of Housing and Urban Development (HUD), the Department of Health and Human Services (HHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

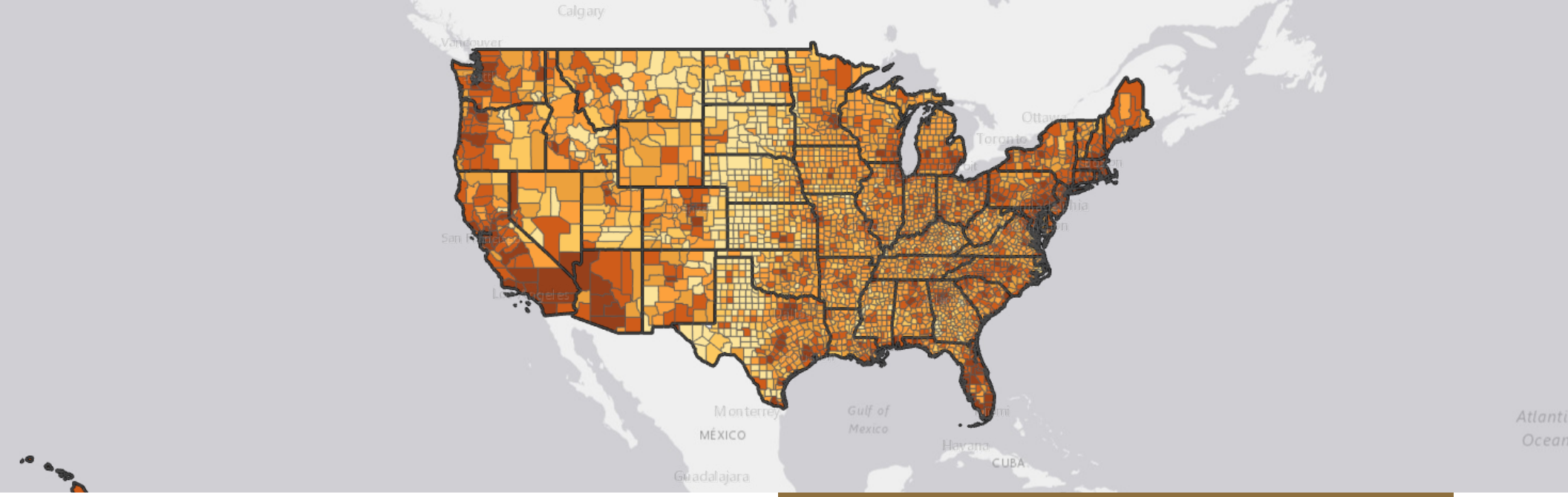
Because data sources vary in quality or data collection methods, MFRI created a "Confidence Index" to assess the data in Measuring Communities. This tool is a scoring index, with a range of scores from one to five. It serves as a reminder that not all data can be used in the same manner. Generally, higher scores (such as a 5-out-of-5-star score) implies higher quality data, because the source uses each one of the scoring criteria: random or probability sampling methods; validated and reliable instruments; established norms for the instrument; a large and diverse sample; and when appropriate, a weighted sample.

Users can feel most confident using five-star data when making organizational and strategic decisions. When confidence index scores are low, such as two stars, users can consider the information in an advisory capacity, but may wish to verify that information in their local area or with other sources.



MEASURING COMMUNITIES

Mapping Progress for Military & Veteran Families



HOW TO ACCESS LOCAL DATA IN MEASURING COMMUNITIES

Access to the Measuring Communities site is free. To sign up, contact Katie Walter, MFRI senior community outreach specialist, at schmit59@purdue.edu. You will be provided with a member ID.

One you're logged in with your member ID, you may explore data at the state, congressional district and county level. Use the data for:

- propelling community action
- tracking local progress
- sustaining attention to issues
- advocating for policies and programs

- Navigate to **www.measuringcommunities.org**
- Click **Explore Web Based Data**
- Enter your name, email and member ID
  - Use Report25 if you do not have a member ID
- On the landing page, click the **Topics** tab
- Choose one of 10 topics
- Click **View Data**
- Select an indicator
- Refine your results by state, county and year
- Choose up to five data fields
- Click **Submit**
- View data in table, graph or map form

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PURDUE UNIVERSITY
Center for Regional Development

ABOUT THE PURDUE CENTER FOR REGIONAL DEVELOPMENT (PCRD)

PCRD seeks to pioneer new ideas and strategies that contribute to regional collaboration, innovation and prosperity. Founded in 2005, the center partners with public, private, nonprofit and philanthropic organizations to pursue applied research and engagement activities. Its key goals include: developing and strengthening access to high quality data and visualization tools to guide the development of local and regional plans; advancing the capacity of regions to pursue programs and projects that embrace the principles of collaboration, broad-based engagement and sound planning; developing and promoting the of programs and projects that build on the existing economic assets and emerging business development opportunities of regions; and exploring the mix of factors shaping the overall well-being of people and the local/ regional places in which they live.

PURDUE UNIVERSITY
Military Family Research Institute

ABOUT THE MILITARY FAMILY RESEARCH INSTITUTE (MFRI) AT PURDUE UNIVERSITY

MFRI conducts research on issues that affect military and veteran families and works to shape policies, programs and practices that improve their well-being. Founded in 2000, MFRI envisions a diverse support community that understands the most pressing needs of military and veteran families. To achieve this, MFRI collaborates to create meaningful solutions for them. This internationally recognized organization is located at Purdue University's College of Health and Human Sciences, in the Department of Human Development and Family Science.

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