Veterans of recent conflicts in Iraq and Afghanistan are at notably high risk for numerous mental health disorders. Research suggests that psychological resilience, or the capacity to successfully adapt in the face of adversity, may protect against such conditions. The present study explored differences in resilience levels and associated psychosocial factors among racial groups in a large and relatively diverse sample of Iraq and Afghanistan veterans. Although minorities make up a significant portion of the military, little work has investigate resilience in minority veterans.

Data from 1,886 veterans enrolling for Veterans Affairs health care in San Diego were gathered. Veterans reported demographic and physical and mental health information, including resilience (measured using the 10-item Connor-Davidson Resilience Scale) and factors associated with resilience (emotional support sources and education level). Statistical analyses included between-groups analysis of variance and Pearson Chi-square to examine differences in resilience scores, educational level, and sources of emotional support based on racial group. Veterans were on average 31.7 years of age; 63.6% self-identified as White, 17.4% as Black, and 11.7% as Asian. Other racial groups were dropped from analysis due to small sample sizes. Over half the sample (52.1%) was married or in a relationship and 74.1% had at least some college education. All of the following differences described are statistically significant (p < .05) unless otherwise stated. Asian veterans reported lower resilience compared to both White and Black veterans. There was no significant difference in resilience between Black and White veterans (p = .289). Compared to their White peers, Asian veterans were less likely to report emotional support from their parents and more likely to report emotional support from their children. Black
veterans were more likely to report emotional support from a spiritual or religious advisor compared to Asian veterans. Black veterans also reported lower levels of education compared to Asian and White veterans, while there was no significant difference in education level between White and Asian veterans (p = .744).

Although greater educational attainment has been widely linked to positive mental health outcomes, Black veterans did not have lower resilience despite lower education levels and Asian veterans had lower resilience in spite of relatively high education levels. This finding suggests that education and resilience may not be as closely linked as previously thought. Reduced rates of parental support among Asian veterans are consistent with literature that suggests the presence of pervasive intergenerational cultural conflict among Asian families. Lack of support from parents may play a role in the relatively low resilience of Asian veterans. Likewise, relatively high rates of religious and spiritual involvement, which have been linked to positive mental health outcomes, among Black veterans may be related to protective factors of resilience. In conclusion, we found evidence for racial disparities in levels of resilience and sources of support among Iraq and Afghanistan veterans. Together these findings suggest that Asian and Black veterans may benefit from differing strategies to foster resilience, for example, including children into treatment plans when working with Asian veterans or supporting spiritual involvement when working with Black veterans.

These findings suggest that Asian and Black veterans may benefit from differing strategies to foster resilience. 

Future research can focus on further delineating the racial disparities that may exist in the relationship between social support, resilience, and mental health in veterans. Additional research can examine specific social support factors in building resilience which may then inform future mental health care policy. Further resilience research might also be beneficial in helping individuals effectively deal with challenging life circumstances.