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The State of the American Veteran: The Chicagoland Veterans Study

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THE STATE OF THE AMERICAN VETERAN:

The Chicagoland Veterans Study

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USC School
of Social Work

*Center for Innovation and Research
on Veterans & Military Families*



LOYOLA
UNIVERSITY CHICAGO

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We salute you!

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Many men and women returning from service need help navigating a complicated federal and state aid system, support with health and family issues, and career employment that continues veterans' commitment to lives of purpose and service. With responses from nearly 1,300 Chicagoland veterans, we will now be able to gain a better understanding of the needs and challenges our veterans are facing during and after this critical transition period. This survey is the first step in crafting strong policy and programs to enable veterans and military family members to reach their full potential.

The McCormick Foundation applauds the University of Southern California in collaboration with Loyola University Chicago and Deloitte Consulting for their work supporting veterans and their families. We are thrilled to partner with them in the creation of this report that outlines Chicagoland's first-ever comprehensive veterans' needs assessment. In keeping with Col. McCormick's legacy as a citizen soldier with a deep respect for Chicagoland, I challenge all of us to use these results to create lasting impact for the veterans and military family members in our community.



David D. Hiller
President and Chief Executive Officer
Robert R. McCormick Foundation

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Executive Summary

The State of the American Veteran: The Chicagoland Veterans Study, conducted by the University of Southern California (USC) School of Social Work Center for Innovation and Research on Veterans & Military Families (CIR) and in partnership with Loyola University Chicago School of Social Work, is an effort to provide data-driven recommendations for serving the large population of veterans residing in Chicago and the surrounding area. Service members encounter a series of needs as they transition out of the military. These include securing employment and housing, addressing physical or mental health issues and adjusting to civilian culture. The ease through which this transition is made has a profound impact on post-service well-being. In an effort to examine how Chicagoland veterans have managed this transition as well as the current state of their overall needs, the Chicagoland Veterans Study surveyed 1,294 veterans living in Cook, DuPage, Lake and Will counties. In addition, focus group interviews were conducted to supplement the findings from the survey.

The findings from the current study closely mirror those observed from similar studies conducted in Southern California in Los Angeles and Orange counties (Castro, Kintzle, & Hassan, 2014). That many findings and recommendations are similar across cities and states is critically important as it indicates a national veteran transition effort is needed and that veteran transition is not just an issue for a single city or state. Further, commonalities across cities and states indicate a broader systemic issue, which will require systemwide changes.

Many service members leaving the military and relocating to Chicagoland are not prepared for the transition, and as a result struggle during the transition processes. This lack of preparation when leaving the military was also seen among veterans in Los Angeles County. While most Chicagoland veterans leave the service without a job (65% for post-9/11 veterans), slightly lower to what was seen in the Los Angeles County Veterans Study (nearly 80% for post-9/11 veterans) and there were fewer Chicagoland veterans seeking employment compared to veterans in Los Angeles County, 13.1% versus 28%, respectively, Chicagoland veterans reported earning significantly less pay than veterans from Los Angeles County. Thus, it is important to go beyond whether a veteran is or is not employed, but to consider whether the veteran is employed in a well-paying job.

Chicagoland veterans also reported significant housing distress and food insecurity. That 19% of post-9/11 veterans reported being homeless in the past year was surprising. In addition to the housing distress of post-9/11 veterans, food insecurity was also reported by one out of every 10 post-9/11 veterans. Together, housing and food distress might serve as an indicator for the relatively low earnings reported among Chicagoland post-9/11 veterans.

Chicagoland veterans have a positive assessment of their overall health, with over three-quarters of both pre- and post-9/11 veterans reporting good to excellent health. However, post-9/11 veterans are more likely than pre-9/11 veterans to report moderate to severe health concerns. This pattern of post-9/11 veterans reporting poorer physical health concerns than pre-9/11 veterans was also seen among veterans from Los Angeles and Orange counties, indicating that this is not a unique pattern among Chicagoland veterans. Further, well over a third of Chicagoland veterans have probable PTSD and depression (40% and 36%, respectively), lower than the PTSD and depression rates seen in Los Angeles (46% and 46%, respectively). Perhaps most alarming is the percent of Chicagoland veterans who are at risk for suicide, with nearly one-third of post-9/11 veterans meeting the diagnostic criteria for suicide risk. The suicide risk for pre-9/11 veterans was half that of post-9/11 veterans. Thus, despite their overall high positive assessments of their health, post-9/11 veterans have significant mental health challenges, including high risk for suicide.

In Chicagoland there is a wide range of veteran support organizations to support veterans. However, the veteran support organizations are not organized to provide holistic support to current or returning veterans. In particular, the Chicagoland veteran support organizations lack a collaborative in which to work to create a system of veteran support. A collaborative is particularly important as most veteran support organizations, governmental and non-governmental, tend to focus on one or two veteran needs. Thus, the only means by which veterans will receive a holistic support network is through all the veteran support organizations working together.

As we have found in Los Angeles, most Chicagoland veteran support organizations tend to focus entirely on meeting acute and chronic needs of veterans, such as homelessness, immediate or severe health care issues, or acute or chronic unemployment. Very little attention is given to preventing these conditions or proactively intervening early to prevent them from becoming chronic. Clearly, if government and communities want to get ahead of many of these military transition issues, much more attention will need to be placed on better preparing the separating service member for success. A holistic approach focused on prevention and early intervention with both governmental and non-governmental agencies working together will be required.

To better serve new veterans, community non-governmental veteran support agencies need to continue to press for access to and awareness of separating service members who will be joining their communities. Bringing awareness of separating service members joining local communities, and effective outreach efforts targeting family members, friends and employers of separating service members and veterans should be undertaken. Finally, the veteran support agencies within Chicagoland need to organize and integrate their activities to meet the most pressing needs of the veteran. The results of this study can be used to improve services, create policy, and build and sustain a community coalition aimed at systematically addressing the challenges that affect the well-being of Chicagoland veterans.

Background

According to the Department of Defense (2013), between 240,000 and 360,000 service members leave the U.S. military each year, transitioning from military life and returning to our communities. These service members join the almost 22 million veterans with a history of service in the U.S. Armed Forces. Numerous concerns have been raised surrounding the well-being of today's veterans, including reintegration into civilian life, employment challenges, physical and mental health issues, and homelessness. Many communities are beginning to examine how they might take ownership in providing services that adequately address the needs of veterans within their community. As these community programs, services and supports continue to roll out to meet the emerging needs of the veteran, all will be ineffective without a comprehensive model, a convening of community organizations and leaders, driven by local veteran data, resulting in targeted intervention that can lead to collective impact. By funding the first Chicagoland Veterans Study, the McCormick Foundation has led the way in taking the first step for creating opportunity for collective impact for Chicago, Illinois, veterans.

Led by the University of Southern California (USC) School of Social Work Center for Innovation and Research on Veterans & Military Families (CIR) and partnered with the Loyola University Chicago School of Social Work, this initiative was brought to the Chicagoland Area in an effort to understand and address the needs of the over 300,000 Chicagoland veterans. The results of this study will be disseminated into the community and used to improve services, create policy, and build and sustain a community coalition aimed at systematically addressing the challenges that affect the well-being of Chicagoland veterans.

The Chicagoland Veterans Study utilized military transition theory to identify specific outcomes that could evaluate the state of Chicagoland veterans. A component of the military transition theory describes the process through which service members transition from military to civilian life. Transitioning out of the military often includes a series of adjustments, i.e. geographic location, career, relationships, family roles, support systems, social networks, community and culture may all change (Castro, Kintzle, & Hassan, 2014). The military environment experienced by a service member is structured to provide many fundamental needs such as housing, healthcare, employment, and community, while also providing a sense of identity rooted in what it means to serve the nation. As service members transition from the military community, they are faced with the challenge of finding new avenues for meeting these needs while also navigating a civilian community unfamiliar to them and often ill-equipped to receive them. This transition has tremendous implications for post-service well-being and functioning.

Military transition theory (Figure 1) is defined by three interacting and overlapping components. The first theory segment, *Approaching the Military Transition*, outlines the personal, cultural and transitional factors that create the base of the transition trajectory. These include military cultural factors such as

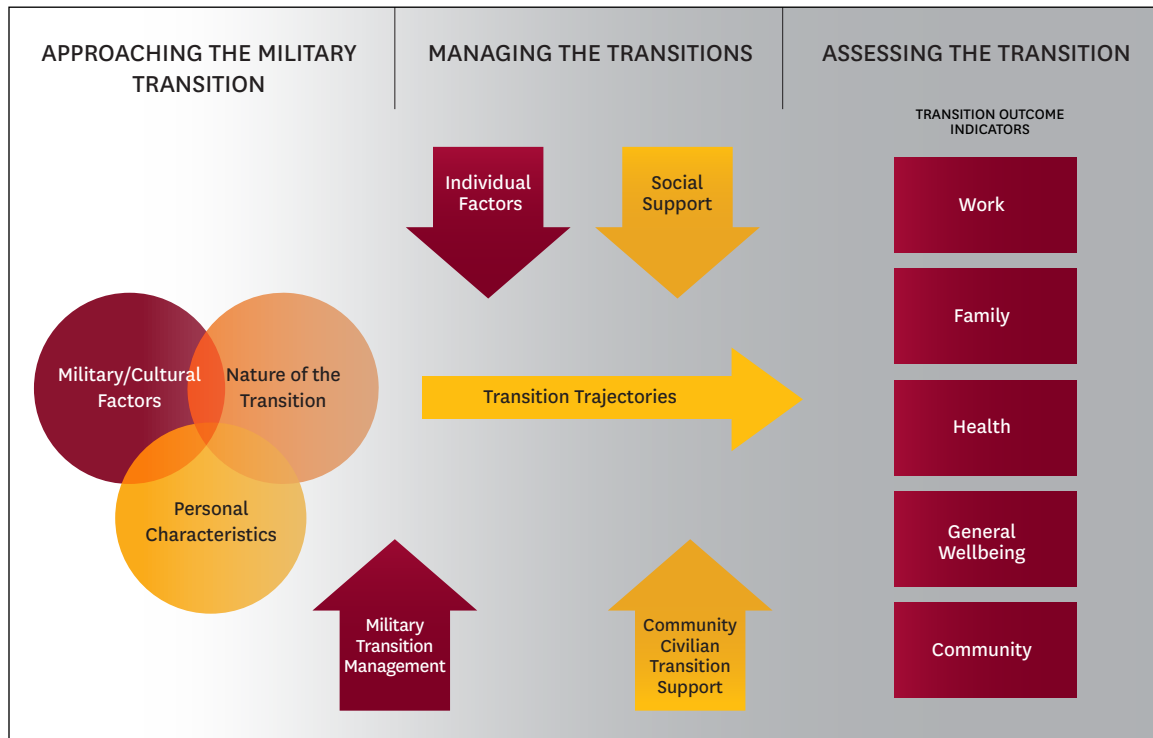


Figure 1. Military transition theory

type of military discharge and combat history, personal characteristics such as health, expectations and personal preparedness, and lastly, factors describing the nature of the transition, i.e. predictable or unpredictable, positive or negative.

The second segment, **Managing the Transition**, refers to factors impacting the individual progression from service member to civilian. Individual adjustment factors, such as coping styles, attitudes and beliefs, all impact how transition is managed. Social support in varying forms such as family, friends, community and society may also effect transition. Military transition management includes navigating the resources provided by the military, i.e. Veteran Affairs (VA) benefits, education benefits and career planning. Finally, community and civilian transition support describes those factors the civilian population can utilize in supporting transitioning service members.

The final segment, **Assessing the Transition**, describes outcomes associated with transition. These outcomes are measured through the categories of work, family, health, general well-being and community. More specifically, these include whether the transitioning service member secured adequate employment, the re-acclimation to family life and adjustment to new family roles, physical and psychological health, adaption of new social networks and engagement in the community. Outcomes are interconnected as they impact one another. For example, challenges to physical health may create challenges in finding employment. However, success or failure in one outcome does not indicate success or failure in overall transition.

Study Overview and Findings

Data Collection Procedures

Veterans represent a hidden population in America. Thus, a targeted recruitment strategy was used to achieve maximum representativeness of the veteran population in Chicagoland. First, the sampling frame was defined by identifying the parameters of what is included in Chicagoland. Through advisement from Chicago area experts, Chicagoland was defined as Cook, DuPage, Will and Lake counties. Two-thirds of the 309,675 Chicagoland veterans were identified as Cook County residents, with 13% living in DuPage County, 11% living in Will County and 11% living in Lake County (U.S. Census, 2016). As such, efforts were made to have the study sample mirror these same proportions. Several sampling strategies were used to recruit Chicagoland veterans.

The first strategy involved partnering with agencies which serve Chicagoland veterans, as well as college veteran agencies. Two methods were used to collect agency data. The first method utilized an online survey approach by which the agency would send out an invitation and survey link to veterans within their database. The second method used an on-the-ground survey approach by which agencies would work with the researchers to organize data collection events within their agencies. Those who agreed to participate were sent either a paper survey copy or the online survey link. The second approach utilized a national veteran organization which identified Chicagoland veterans from their email lists. Members living within the sampling area were emailed by the organization and invited to complete the survey using an online survey link. The final sampling strategy used print advertisements and social media to build a presence within the Chicagoland community. Avenues such as Facebook, Twitter, LinkedIn, mass emails and the survey website promoted the survey opportunity to potential participants. The survey took approximately 30 to 90 minutes to complete. All participants received a \$15 gift card. When available, instruments with established validity and reliability were used to measure survey constructs (see Appendix B).

In an effort to supplement the findings represented in the survey data, four focus group interviews were conducted comprising 20 total veterans. Participants were recruited from the pool of survey respondents who agreed to be re-contacted regarding future research. Focus group interviews lasted approximately 1.5 hours. Participants were asked a series of questions regarding their transition out of the military and their experience as a veteran. Quotes from these focus interview groups are presented throughout the report. All data collection procedures were approved by the University of Southern California Institutional Review Board.

Sample Demographics

In total, 1,824 individuals responded to the survey. Of those, 265 were not eligible to complete the survey. Forty-eight percent lived outside the sampling frame, 43% were still serving in the military and 9% had not served in the military. Another 274 respondents did not continue the survey after the initial demographics. The remaining sample included 1,294 Chicagoland veterans who completed the survey.

Participants in the sample were identified for comparison as having served before or after the September 11, 2001 terrorist attack. Within the sample, 63% identified as serving before 9/11 (pre-9/11 veterans) while 38% identified as having served after 9/11 (post-9/11 veterans). All service branches were represented in the sample. The Army was the most represented branch for both pre-9/11 (54%) and post-9/11 (48%) participants. The largest group of pre-9/11 participants were male (92%) and 60 years or older (62%). The majority of post-9/11 participants were also male (76%) and were aged between 18 and 39 (71%). Forty-eight percent of pre-9/11 participants and 55% of post-9/11 participants reported having at least a four-year degree. **Table 1** presents the sample characteristics for both pre- and post-9/11 participants. **Table 2** presents the number of veterans from each county.

Table 1. Sample Characteristics

		PRE-9/11	N	POST-9/11	N
AGE	18-29	0.0%	0	24.7%	114
	30-39	5.0%	38	46.1%	213
	40-49	14.0%	107	15.2%	70
	50-59	18.0%	137	9.3%	43
	60-69	37.3%	284	3.5%	16
	70 AND OLDER	25.7%	196	1.3%	6
SEX	MALE	91.6%	709	76.2%	352
	FEMALE	8.4%	65	23.8%	110
MARITAL STATUS	SINGLE	14.2%	110	32.9%	152
	MARRIED	66.7%	516	49.6%	229
	DIVORCED	10.2%	79	8.4%	39
	SEPERATED	3.5%	27	2.6%	12
	WIDOWED	3.6%	28	0.4%	2
	DOMESTIC PARTNER	1.8%	14	6.1%	28
RACE / ETHNICITY	AMERICAN INDIAN OR ALASKA NATIVE	0.3%	2	0.4%	2
	ASIAN	1.3%	10	2.8%	13
	BLACK	16.2%	125	15.6%	72
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	0.1%	1	0.2%	1
	WHITE	74.3%	574	54.7%	252
	HISPANIC/LATINO	6.1%	47	21.3%	98
	OTHER	1.3%	10	3.0%	14
MIXED RACE	0.5%	4	2.0%	9	

		PRE-9/11	N	POST-9/11	N
EDUCATION	SOME HIGH SCHOOL	1.4%	11	0.2%	1
	GED	4.3%	33	1.1%	5
	HIGH SCHOOL DIPLOMA	8.8%	68	5.6%	26
	SOME COLLEGE	25.9%	200	25.8%	119
	ASSOCIATE DEGREE	9.3%	72	10.0%	46
	BACHELOR'S	24.5%	189	34.6%	160
	MASTER'S	19.7%	152	19.7%	91
	DOCTORATE	3.4%	26	1.1%	5
	OTHER	2.7%	21	1.9%	9
SERVICE BRANCH	U.S. AIR FORCE	14.2%	110	11.0%	51
	U.S. ARMY	54.1%	419	48.3%	223
	U.S. COAST GUARD	0.4%	3	1.3%	6
	U.S. MARINE CORPS	13.7%	106	18.0%	83
	U.S. NAVY	17.6%	136	21.4%	99
DISCHARGE STATUS	HONORABLE	93.4%	712	88.6%	395
	GENERAL, UNDER HONORABLE CONDITIONS	3.8%	29	5.2%	23
	OTHER THAN HONORABLE	1.2%	9	2.7%	12
	BAD CONDUCT DISCHARGE	0.4%	3	0.9%	4
	DISHONORABLE DISCHARGE	0.3%	2	0.2%	1
	DISMISSAL (OFFICER)	0.1%	1	0.7%	3
	UNCHARACTERIZED	0.4%	3	0.0%	0
	OTHER	0.3%	2	0.4%	2
	CHOSE MORE THAN ONE	0.1%	1	1.3%	6

Table 2. Percent of Sample by County

		PRE-9/11	POST-9/11
COUNTY	LAKE	11.0%	13.9%
	COOK	47.9%	66.0%
	DUPAGE	34.2%	11.5%
	WILL	6.8%	8.7%

TRANSITIONING OUT OF THE MILITARY

Post-9/11 veterans reported difficulty adjusting to civilian life, with 61% of them reporting adjustment challenges compared to 33% of pre-9/11 veterans. Veterans from both eras indicated that part of this adjustment included figuring out what they would do post-service (see Figure 2). Nearly 43% of pre-9/11 veterans and 68% of post-9/11 veterans reported they needed time to figure out what they wanted to do with their life. Thirty-two percent of pre-9/11 veterans and 46% of post-9/11 veterans reported they planned to take time off after their transition from the military. Participants were asked to indicate regardless of their plans, how much time they took off after transition. Over half (55%) of pre-9/11 veterans took less than a month break with another quarter (26%) taking one to three months. Thirty-six percent of post-9/11 veterans took less than a month, with another third (33%) taking one to three months. A little less than 10% of pre-9/11 veterans took more than a six-month break after transition while almost 20% of post-9/11 veterans took more than a six-month break.

Focus groups revealed that many veterans felt that upon leaving the military they had to start over with their lives, most notably with regards to their careers and in relating to non-military family and friends. In many respects, veterans expressed superiority to their civilian counterparts in terms of values, work ethics, and life experiences, but at the same time felt that their service left them years behind their peers in terms of career and professional development.

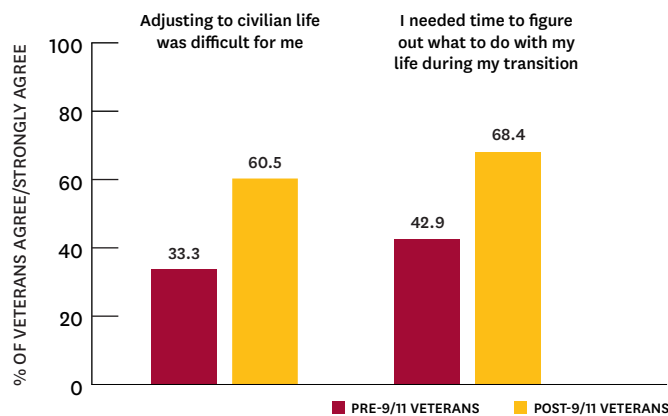


Figure 2. Percent of pre-9/11 and post-9/11 veterans reporting transition difficulties

“*My military experience, I think, has made my family, professional and other aspects of my life more positive or better ... so it's been good.*”

Life Satisfaction

The majority of both pre- and post-9/11 veterans reported low to moderate levels of life satisfaction, with approximately 47% of pre-9/11 veterans and 33% of post-9/11 veterans reporting being satisfied with their life, and with only 46% of pre-9/11 and 34% of post-9/11 veterans agreeing that they have gotten the important things they wanted in life (see Figure 3).

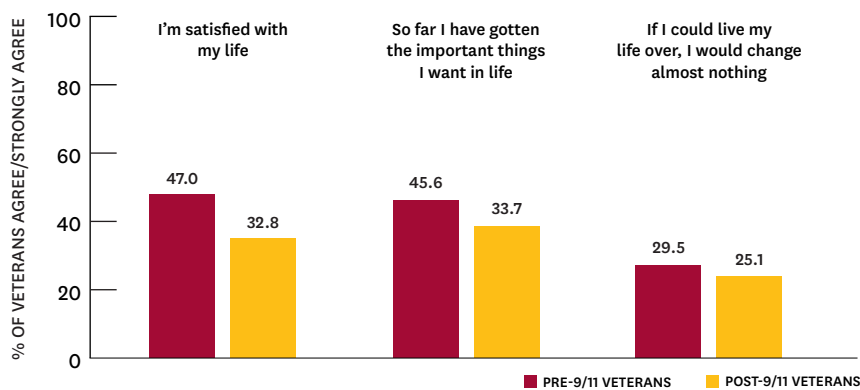


Figure 3. Percent of pre-9/11 and post-9/11 veterans reporting life satisfaction

“*When I got back home it was like starting all over again.*”

“*When I first got out, it got darker. And then I said, ‘You know what? Go forward,’ and I kept going ... because you can either fall off the face of the earth with that rage and get you sidelined, or you either focus or fold. I chose to focus.*”

Internal and External Perceptions of Veteran Status

Overall, veterans had positive perceptions of their status as veterans. Over 80% of both pre- and post-9/11 veterans agreed that being a veteran has had a positive impact on their life (Figure 4). When asked if they would be better off had they never joined the military, only 6% of pre-9/11 and 8% of post-9/11 agreed with that statement. However, when asked how they feel they are viewed by civilians, veterans reported some negative perceptions. Two-thirds of participants reported that civilians do not understand the problems faced by veterans (66% pre- and 69% post-9/11). Over half of both groups (55% pre- and 51% post-9/11) reported that civilians do not appreciate the sacrifices that veterans made for them. Forty-five percent of post-9/11 veterans reported feeling as though their military skills and experience are often dismissed. These survey findings are consistent with comments made by veterans who took part in the focus groups. Related to the negative perceptions by civilians described above, many reported not disclosing their veteran status to civilians, whether to employers or peers, for fear of being judged. Despite this, almost all veterans who participated in the focus groups said they would join the military again. This is supported by the positive perception of military service reflected in the survey results.

“*I really enjoyed most of the time [in the military] ... I took it well then, but later I didn't ... It was hard to come back to the real world.*”

“Then I was always saying, ‘sir,’ and ‘ma’am.’ So I had to retrain myself... ‘cause it was just something that was ingrained. But I enjoyed that, because it made me a better person and it made me have respect for people around me.”

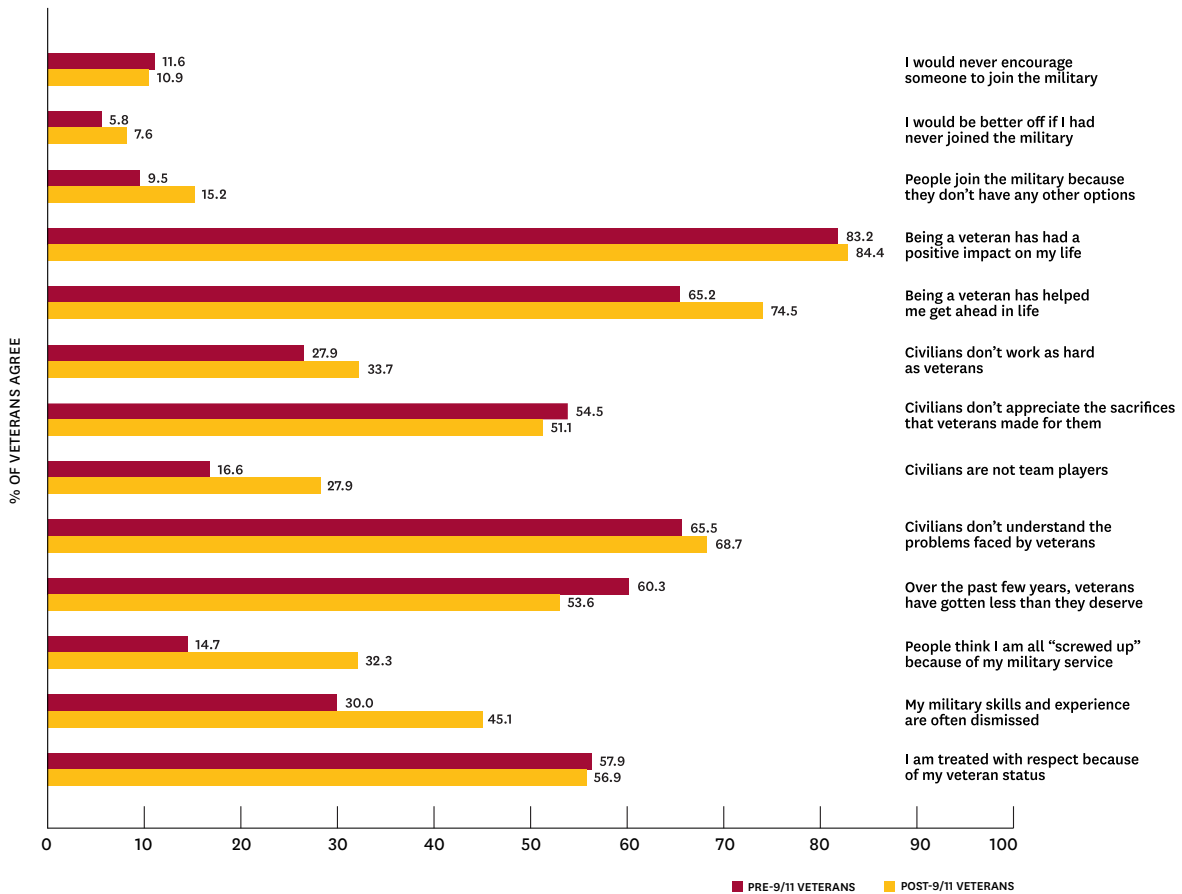


Figure 4. Pre-9/11 and post-9/11 veterans' perception of veteran status

Social Connectedness

Social connectedness, or the degree to which someone feels connected to their social environment, is an important element of service member to civilian transition. Respondents who reported agreeing or somewhat agreeing were considered as endorsing the item. Almost half of post-9/11 veterans (49%) and 23% of pre-9/11 veterans reported feeling disconnected to the world around them. Similarly, 48% of post-9/11 veterans and 23% of pre-9/11 veterans indicated feeling distant with their peers and as if they do not belong, even around people with whom they were close. Reports of feelings of social connectedness can be seen in Figure 5.

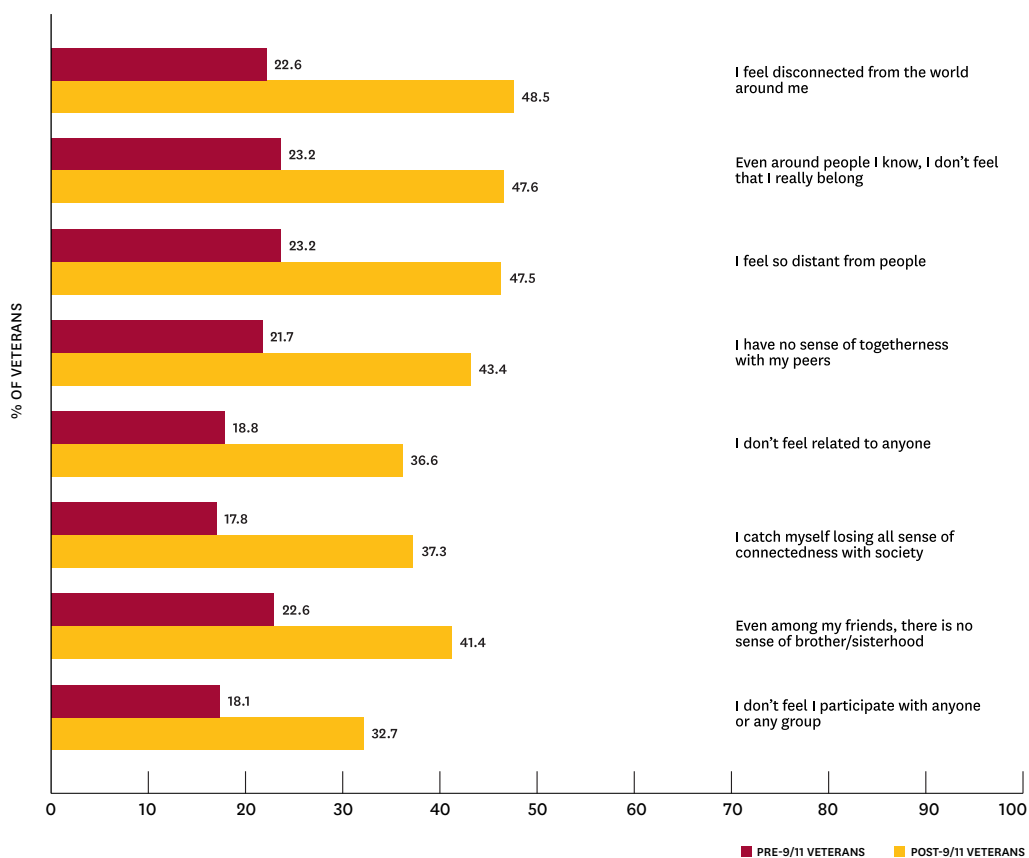


Figure 5. Pre-9/11 and post-9/11 veterans' perceptions of social connectedness

“It was just like I was lost. I had no transition help at all, so I had to do all the footwork myself.”

EMPLOYMENT AND FINANCES

Employment

Sixty-one percent of pre-9/11 veterans and 65% of post-9/11 veterans did not have a job when they left the military (Figure 6). There was no difference between pre-9/11 and post-9/11 veterans in civilian job status when leaving the military. In regards to current employment status, post-9/11 veterans were more likely to be employed full-time than pre-9/11 veterans, with a little over half of post-9/11 veterans surveyed reported working full-time (see Figure 7). While 54% of post-9/11 veterans were employed full-time, only 30% of pre-9/11 veterans were employed full-time. Post-9/11 veterans were also over twice as likely to be working part-time (15%) as pre-9/11 veterans (6%). It should be noted that pre-9/11 veterans were eight times more likely to report being retired (48%) than were post-9/11 veterans (6%). Post-9/11 veterans had higher rates of being unemployed and looking for work (13%) in comparison to pre-9/11 veterans (8%); and were also more likely to be unemployed and NOT looking for work (7%) compared to pre-9/11

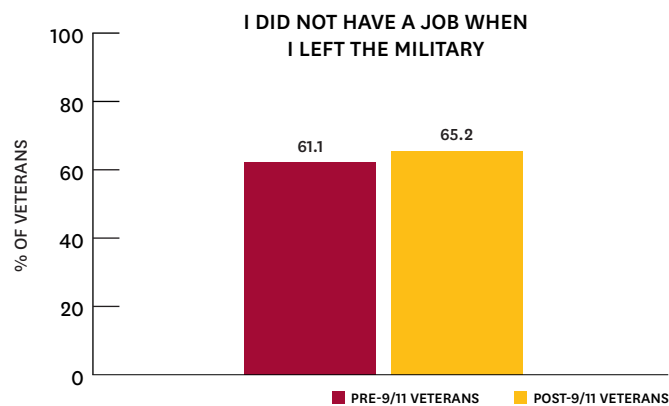


Figure 6. Percent of pre-9/11 and post-9/11 veterans reporting they did not have a job when they left the military

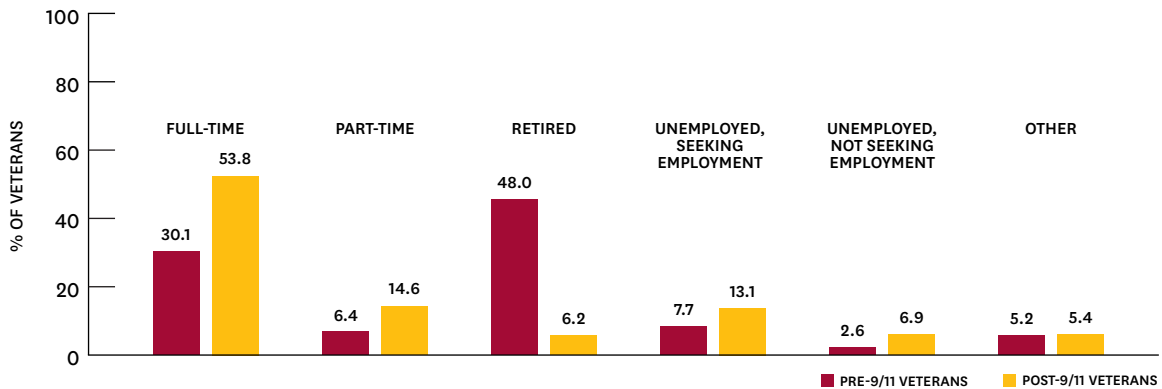


Figure 7. Percent of pre-9/11 and post-9/11 veterans reporting working full-time, part-time, retired, unemployed, seeking employment, unemployed and not seeking employment or other

veterans (3%). In order to examine a more exact rate of unemployment status, only those currently in the workforce were included in a new analysis (those not looking for work, those who reported being retired and those who answered “other” were excluded from the analysis). When adjusting for this analysis, little difference in rates of unemployment emerged, with 17% of pre-9/11 veterans and 16% of post-9/11 veterans reporting being unemployed (see Figure 8). For both groups, veterans who indicated their military occupation to be combat support/combat arms support roles were more likely to report unemployment (19% vs. 12%).

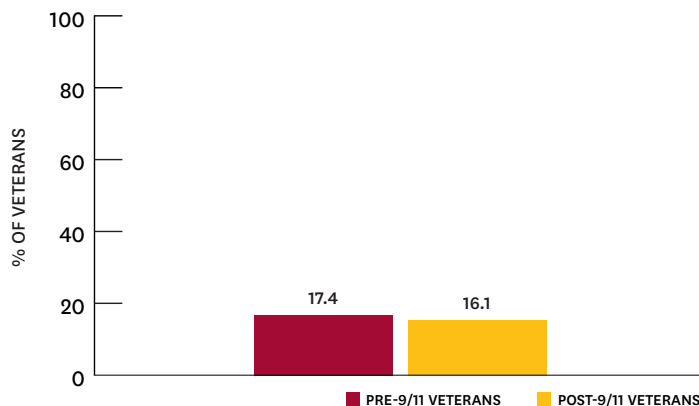


Figure 8. Percent of pre-9/11 and post-9/11 veterans unemployed (includes only those currently in the workforce)

During focus group discussions, many veterans reported having expected little difficulty in finding a job and were generally surprised when they encountered employment struggles. Many veterans reported that military leaders, during recruitment to the military and throughout their military career, had told them that they would be highly sought after by civilian employers. This unexpected difficulty often caused feelings of rejection, anger and, in some cases, resentment.

Veterans also expressed frustration with the process of applying for jobs where they were required to use online applications and unable to talk to employers face-to-face. Veterans wanted to speak directly with employers, as opposed to continually being referred to websites focused on hiring veterans. Veterans quickly became discouraged after spending hours filling out countless online applications and still not being able to find adequate employment. Many veterans reported feeling betrayed by countless veterans' employment initiatives that ultimately did not lead to any substantial job prospects. A frequently reported challenge was that despite completing education and retraining, veterans were told they did not have the practical experience required for employment.

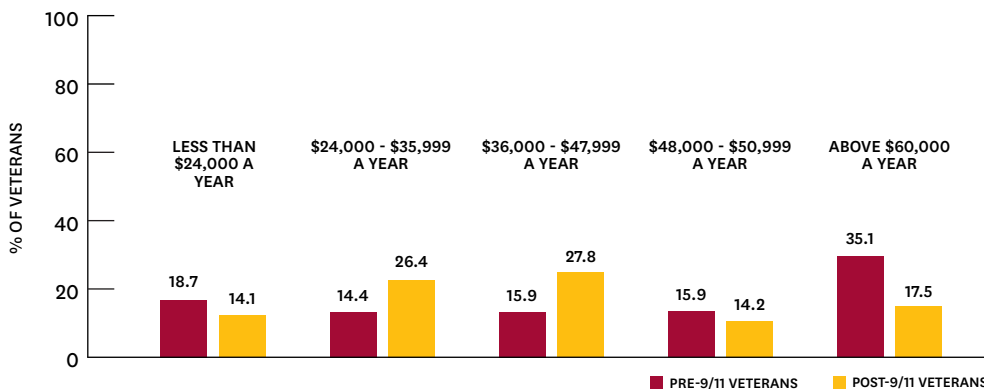


Figure 9. Median monthly household gross (before taxes) income for pre-9/11 and post-9/11 veterans working full-time

Veteran Median Income

The earnings picture of veterans in Chicagoland is mixed. For those veterans working full-time, 35% of pre-9/11 veterans have an annual salary of over \$60,000, with only 18% of post-9/11 veterans falling in that same income category (see Figure 9). Nineteen percent of working pre-9/11 veterans and 14% of working post-9/11 veterans earned below \$24,000 a year. For 83% of post-9/11 veterans working full-time, the annual salary is below the Chicago median income level of approximately \$61,598. Sixty-five percent of pre-9/11 veterans earn below the Chicago median income level. One in six veterans has an annual income below or near the U.S. national household poverty level guidelines for 2015 (\$24,250).

Finances

Seventeen percent of pre-9/11 and 32% of post-9/11 veterans indicated they had gotten into financial trouble in the past 12 months (see Figure 10). Some participants indicated they had gambled with money they could not afford to lose over the past year (7% pre-9/11 and 13% post-9/11). Post-9/11 veterans were twice as likely as pre-9/11 veterans to have taken out a payday loan (15% vs. 7%). During the focus group interviews, many veterans reported realizing that they had previously held unrealistic expectations about their earning potential in the civilian job market. Many veterans also reported finding managing their finances since leaving the service to be challenging. A large proportion of veterans suggested that service members need more training and awareness of everyday expenses and how to manage their money, something that many service members have little experience doing while on active duty.

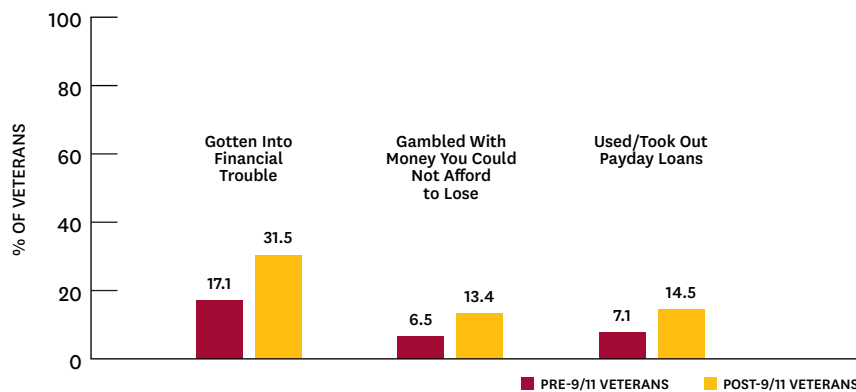


Figure 10. Percent of pre-9/11 and post-9/11 veterans reporting financial difficulties in the past year

“I think anybody who goes through war will come home changed. I’ve heard it from my family ... ‘You’ve changed.’ Well it was seeing a lot of death. When you witness it up close and personal, it takes a toll because at the time there’s no time for grieving.”

“ I was 25 when I got out ... At that age... you just want to go out and you want to drink and just get away and just wipe all memory of the day's events away and that's what we were doing then. ”

HOUSING

Upon military separation, many veterans did not have a permanent place to live when they transitioned out of the military (see Figure 11). Half of pre-9/11 veterans and 57% of post-9/11 veterans had lined up housing. Even for those veterans who “had a permanent place to live,” it was revealed in the focus groups that many veterans moved back home with their parents or a family member. Several veterans also reported moving in with their girlfriends. They were nearly unanimous in their views that if it were not for family, relatives or friends, they would have been homeless. Many veterans commented that they find the way organizations define “homelessness” to be outdated; many veterans are told that they are not eligible to receive housing support because they reside in family homes, despite them sleeping on couches and not having their own space.

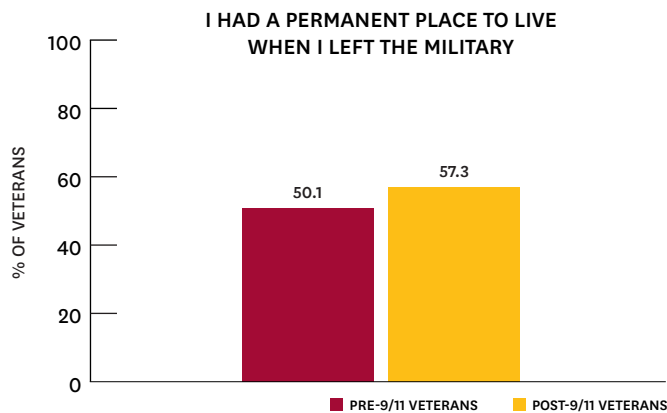


Figure 11. Percent of pre-9/11 and post-9/11 veterans reporting permanent housing arrangements upon leaving the military

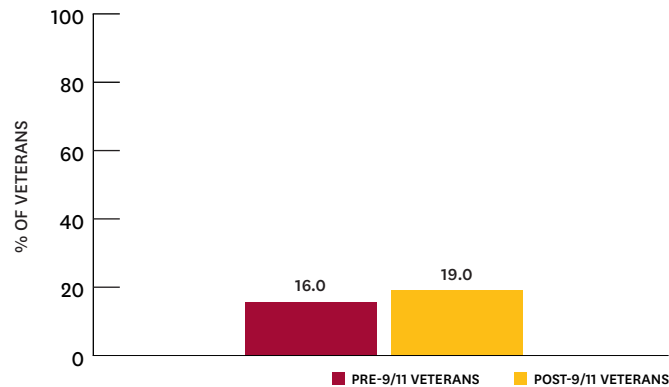


Figure 12. Percent of pre-9/11 and post-9/11 veterans indicating being homeless in the past three months

Nineteen percent of post-9/11 veterans reported being homeless in the past three months, compared to 16% of pre-9/11 veterans (see Figure 12). For this report, a veteran was considered homeless if at any time they slept in a shelter, sober living facility, transitional living facility, public place, abandoned building, garage or shed, in their car or truck, outside (e.g., in a park or under a bridge), or with a stranger. Fifteen percent of both pre- and post-9/11 military veterans reported that they lacked consistent housing during the past two months (see Figure 13) and approximately 20% of participants self-reported being homeless at least once over the past three years. Ten percent of post-9/11 veterans and 13% of pre-9/11 veterans reported being evicted at least once since leaving the military.

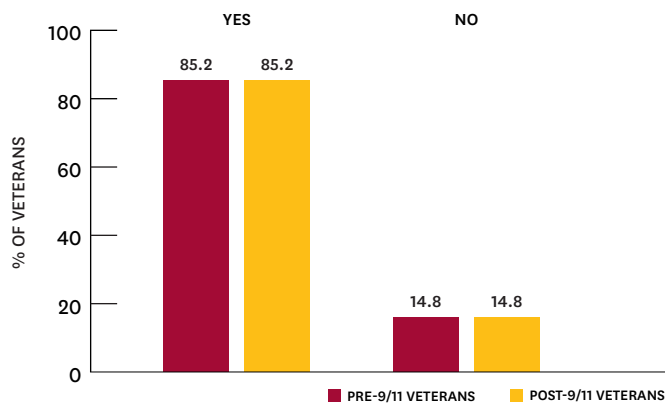


Figure 13. Percent of pre-9/11 and post-9/11 veterans reporting stable housing in the past two months

“I just felt like I didn’t belong when I came back because people were intimidated by me. I didn’t even talk to people about being a veteran after a point because back then it wasn’t a good thing.”

FOOD SECURITY

Many veterans reported food insecurity concerns. When asked whether they were worried their food would run out before they received money to purchase more, 15% of pre-9/11 reported this is sometimes true for them, with 7% reporting it is often true. These numbers were higher for post-9/11 veterans, with 30% indicating this is sometimes true for them and 12% indicating it is often true. Participants were also asked to indicate whether when they bought food, it just did not last and they did not have the money to get more. For pre-9/11 veterans, 14% reported this as sometimes true and 7% as often true. Twenty-one percent of post-9/11 veterans indicated this is sometimes true for them and 10% said it was often true.

“The general public ... they’re just afraid of us. They think we’re all killers.”

HEALTH AND WELL-BEING

Physical Health

A majority of veterans reported their health status to be good or excellent (see Figure 14). Nearly 80% of pre-9/11 veterans reported good or excellent health and 76% of post-9/11 veterans reported their health to be good or excellent. Surprisingly, post-9/11 veterans reported more physical health problems than did pre-9/11 veterans (see Figure 15). Thirty-two percent of post-9/11 veterans and 20% of pre-9/11 veterans indicated moderate to severe physical health symptoms. The most frequently reported physical health symptoms reported by post-9/11 veterans included difficulty sleeping (34%); pain in arms, legs, or joints (31%); back pain (30%); and feeling tired/having low energy (26%). Pre-9/11 veterans reported the same top four physical health symptoms, with the most frequently reported symptom being pain in arms, legs, or joints (27%); followed by difficulty sleeping (19%); back pain (19%); and feeling tired/having low energy

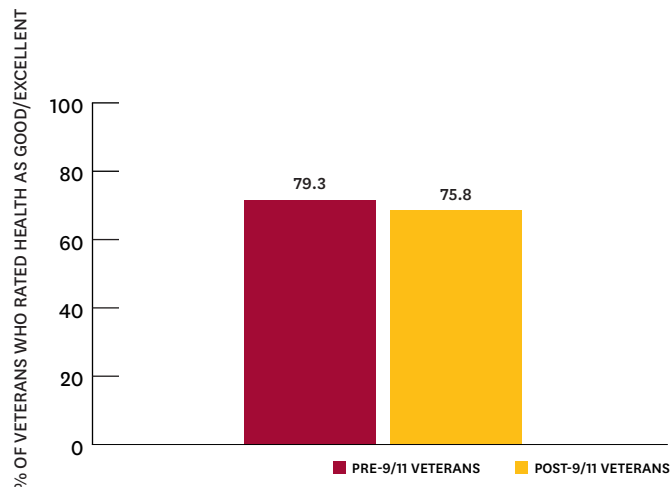


Figure 14. Pre-9/11 and post-9/11 veterans self-rating of overall health

(16%). For every somatic symptom, post-9/11 veterans reported similar or increased concerns, including pain or problems with arms, legs, or joints; trouble sleeping; back problems; feeling tired; headaches; nausea; bowel problems; stomach problems; heart racing; chest pain; dizziness and fainting; and, for female veterans, menstrual cramps and difficulties. The higher reports of physical health problems by post-9/11 veterans were present despite the fact that these veterans were significantly younger than the pre-9/11 veterans; post-9/11 veterans were mostly aged between 18 and 40 years old (71%), while pre-9/11 veterans were aged over 60 (62%). An important topic of considerable discussion which emerged during the focus groups was that many veterans reported being physically and emotional exhausted when they left the military and simply needed to time to rest and recover. These findings, relating to the physical health status of post-9/11 veterans, suggest that many service members are leaving the military today with significant unmet physical health issues. For many veterans, the extent and/or severity of their physical health needs are often not appreciated until after they leave the military.

“ I just liked the military... If I could have, I would have stayed in. ”

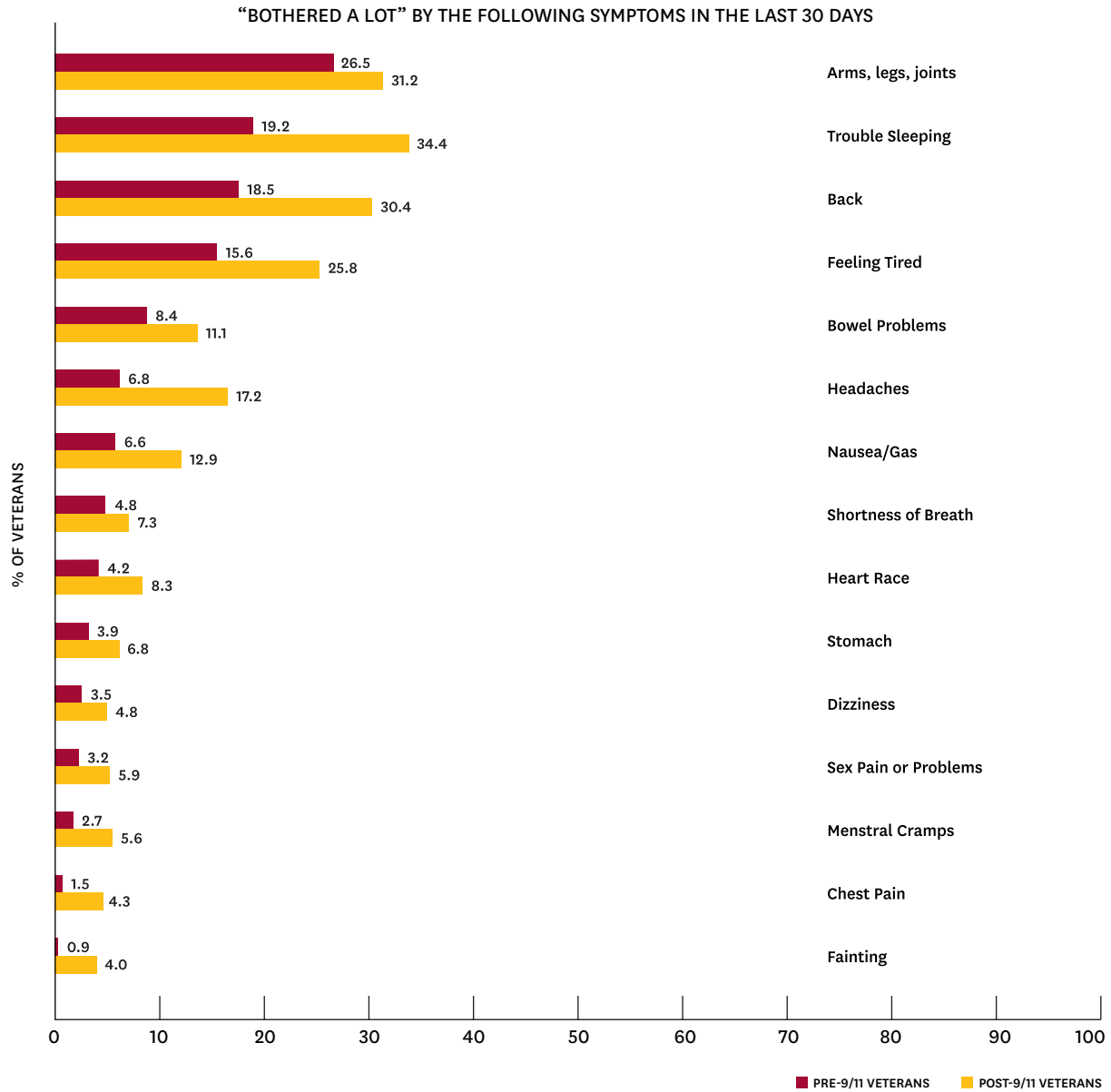


Figure 15. Pre-9/11 and post-9/11 veteran physical health symptoms in the past 30 days

“The first job that I applied for when I got out of the service the guy who was interviewing me, he said, and I quote, ‘I’m not going to hold it against you ...you’re a Vietnam vet.’ ... It was kind of an earth-shattering event because I’m thinking here that I’m a veteran, they’re going to respect me and honor the fact that I served my country for four years. It never happened.”

Psychological Health

Post-9/11 veterans were more likely than pre-9/11 veterans to screen positive for PTSD and depression (see Figure 16). While 40% of post-9/11 veterans screened positive for PTSD, only 20% of pre-9/11 veterans screened positive for PTSD. Similarly, while 36% of post-9/11 veterans screened positive for depression, 19% of pre-9/11 veterans screened positive. Although risk for suicide rates were concerning for both groups, post-9/11 veterans were significantly more likely to meet the criteria indicating risk for suicide. Thirty-three percent of post-9/11 veterans in the sample met the suicide risk criteria and 15% of pre-9/11 veterans also met that criteria. When asked if they had thoughts about, or made attempt(s) at, killing themselves in the past 12 months, 68% of pre-9/11 veterans and 51% of post-9/11 veterans responded never. Twenty-one percent of pre-9/11 veterans and 27% of post-9/11 veterans indicated having a brief passing suicidal thought over the past year. Sixteen percent of post-9/11 and 7% of pre-9/11 veterans indicated having a plan to take their life during the last 12 months (see Figure 17). A large proportion of veterans who took part in the focus groups reported that they only noticed and acknowledged mental health symptoms after leaving their transition from the military, with many reporting feeling that they had ignored the signs of their health challenges. A large majority of them expressed the opinion that all service members leaving the military today should “get checked.”

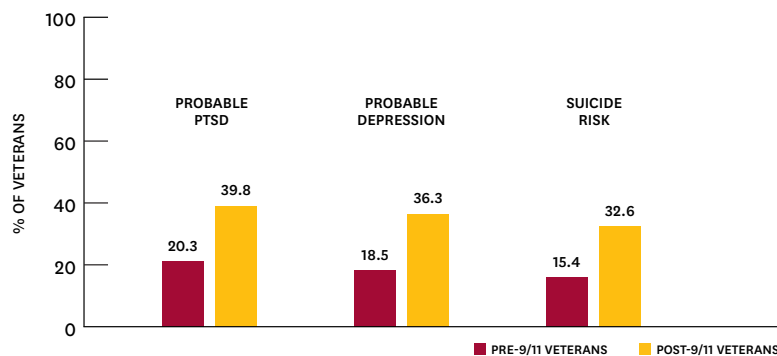


Figure 16. Percent of pre-9/11 and post-9/11 veterans who screened positive for PTSD depression, and risk for suicide

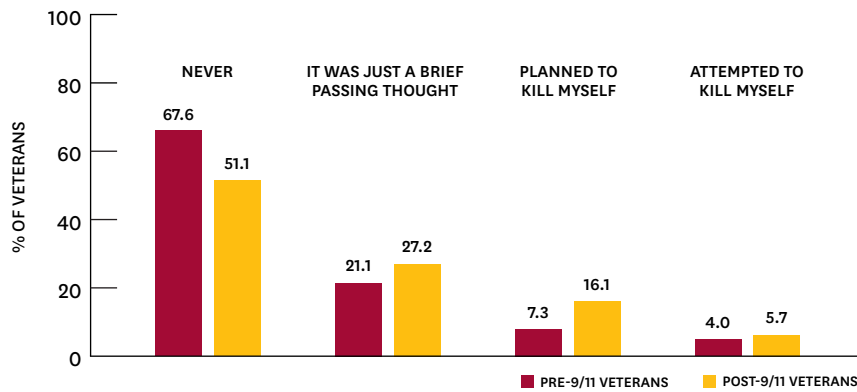


Figure 17. Percent of pre-9/11 and post-9/11 veterans who considered suicide in the past year

Risk-Taking Behaviors

Overall, post-9/11 veterans compared to pre-9/11 veterans were more likely to engage in a wide variety of risk-taking behaviors in the past year (see Figure 18). Post-9/11 veterans were twice as likely as pre-9/11 veterans to carry a weapon outside of work duties (20% vs. 11%), and were over three times as likely to report looking to start a fight (21% vs. 6%). Post-9/11 veterans were also much more likely than pre-9/11 veterans to engage in sexual activities with high risk of contracting a sexually transmitted disease (20% vs. 6%), as well as take unnecessary risks to their health (23% vs. 13%) and life (21% vs. 10%). Post-9/11 and pre-9/11 veterans had similar rates of driving after drinking (26% vs. 19%).

When looking at alcohol consumption, post-9/11 veterans were more likely to screen positive for significant alcohol use (31%) compared to pre-9/11 veterans (17%) (see Figure 19). Drug and alcohol use was raised by several veterans in the focus groups as having impaired their initial transition; many attributed their “self-medication” as reaction to previously unacknowledged mental health symptoms.

“*Socially, employment-wise, family, friends, you know, pretty much everything has been positive for me, but I try to keep a positive spin on just about everything.*”

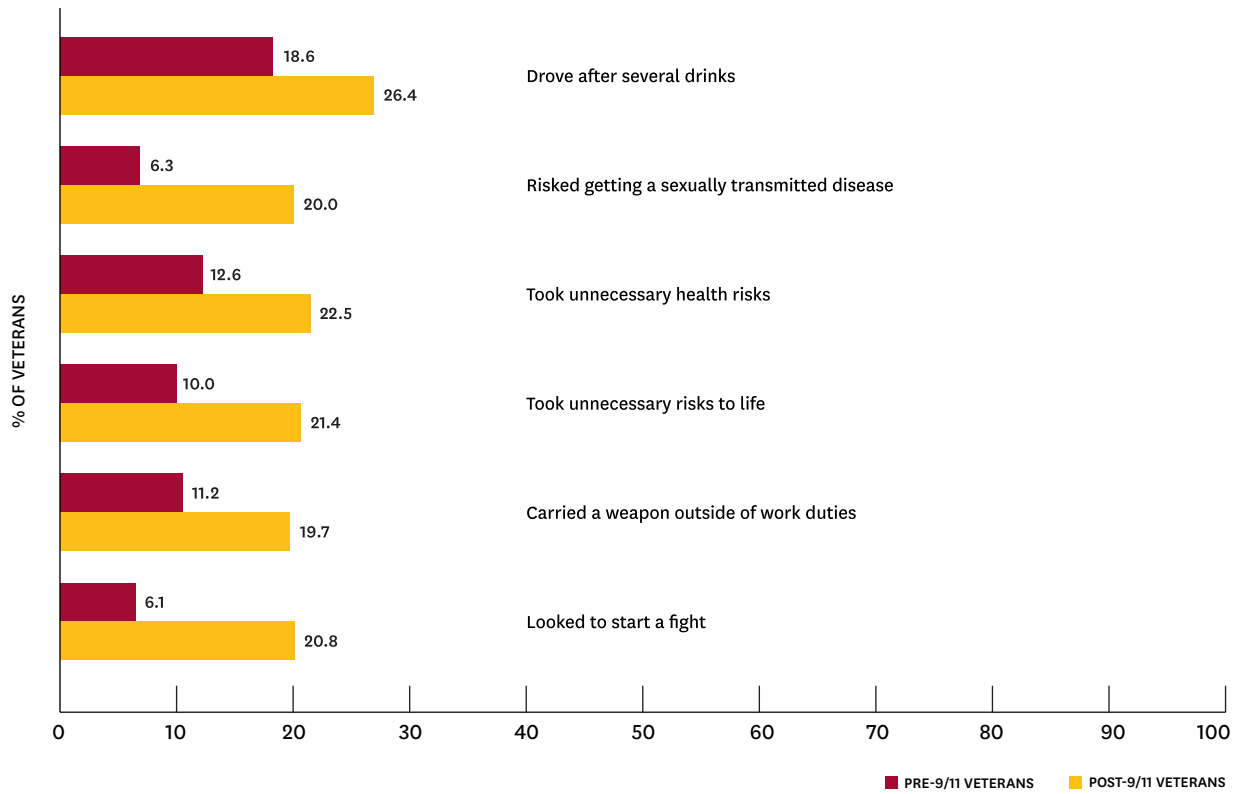


Figure 18. Percent of pre-9/11 and post-9/11 veterans who engaged in various risk-taking behaviors in the last 12 months

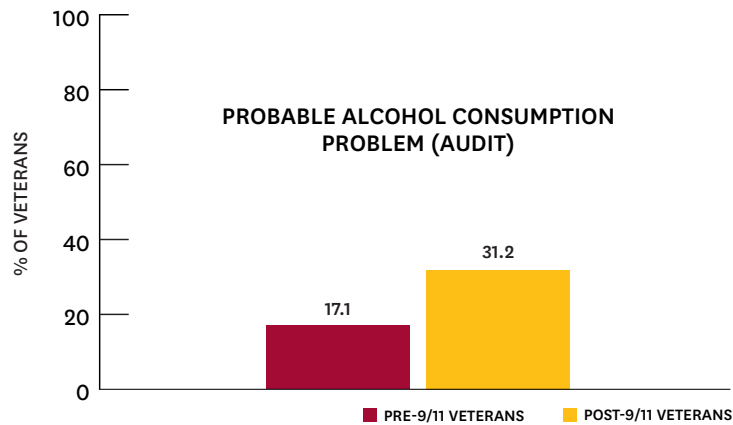


Figure 19. Percent of pre-9/11 and post-9/11 veterans who screened positive on the Alcohol Use Disorders Identification Test (AUDIT) alcohol consumption scale

Military Sexual Trauma (MST)

Military sexual trauma included instances of sexual harassment, stalking and sexual assault.

Approximately 78% of female pre-9/11 veterans and 73% of female post-9/11 veterans reported experiencing someone repeatedly making sexual comments, gestures or body movements. Over half of post-9/11 males also reported these experiences (56%) with pre-9/11 males reporting the least frequent (32%). Participants were also asked if they experienced someone displaying, showing or sending sexually explicit materials such as pictures or videos (46% pre-9/11 females, 48% post-9/11 females, 20% pre-9/11 males and 49% post-9/11 males) and someone repeatedly asking them questions about their sex life or sexual interests (60% pre-9/11 females, 62% post-9/11 females, 20% pre-9/11 males and 46% post-9/11 males).

Stalking was most frequently reported by pre-9/11 female veterans with 64% indicating experiencing these behaviors. Half of post-9/11 female veterans and 45% of post-9/11 male veterans reported experiencing stalking. A quarter (25%) of pre-9/11 veterans indicated they dealt with stalking behaviors.

Female veterans were almost three times as likely as male veterans to report experiencing sexual assault. Forty-five percent of post-9/11 female veterans reported experiencing some form of sexual assault during their military service (see Figure 20). Only slightly lower were the reports of pre-9/11 female veterans at 40%. Post-9/11 male veterans were 2.5 times more likely than their pre-9/11 counterparts to indicate being the victim of sexual assault in the military (16% vs. 6%).

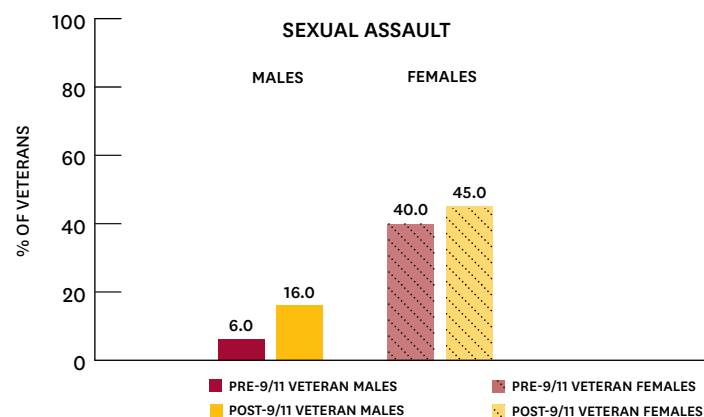


Figure 20. Percent of male and female pre-9/11 and post-9/11 veterans who experienced sexual assault during military service

Disability and Functioning

Thirty-six percent of pre-9/11 veterans and 51% of post-9/11 veterans indicated they had filed a claim for disability compensation. Of those pre-9/11 veterans who filed, 62% were granted benefits, with 19% denied benefits and 13% with claims still pending. Of the post-9/11 veterans who filed, 64% were granted benefits, with 13% denied benefits and 17% with claims still pending. When assessed by the World Health Organization Disability Assessment Schedule Short Form (WHODAS 2.0), post-9/11 veterans were more likely to report moderate and severe functioning difficulties than pre-9/11 veterans (see Figure 21).

Forty percent of post-9/11 veterans and 26% of pre-9/11 veterans reported moderate or severe functioning difficulties.

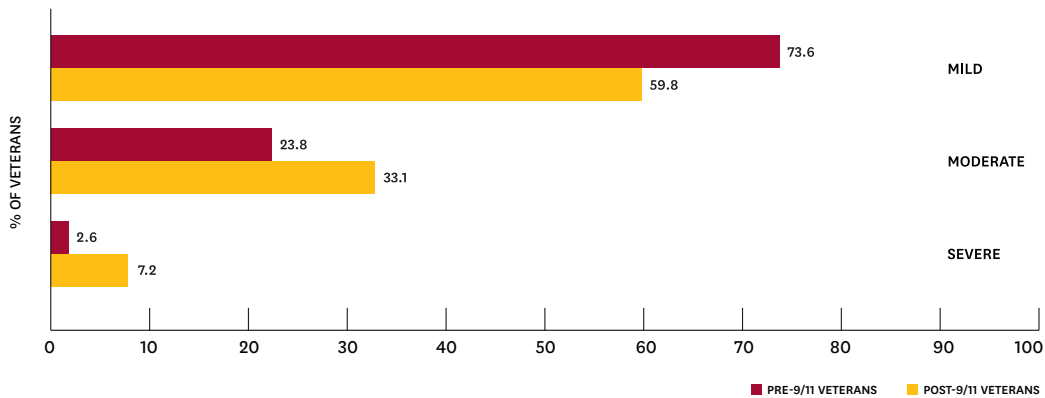


Figure 21. WHODAS Functioning Impairment rating for pre-9/11 and post-9/11 veterans

“Getting out of the Marine Corps I felt empty ... No matter what I did, no matter who I was surrounded with, I just felt empty.”

“When I was applying for jobs, I would not put down that I was a disabled vet.”

POSITIVE LIFE EVENTS

Veterans in the sample reported experiencing a number of positive life events since leaving the military. Eighty-nine percent of pre-9/11 veterans and 80% of post-9/11 veterans reported making new friends since their transition out of the military. Eighty-three percent of pre-9/11 veterans and 71% of post-9/11 veterans reported encountering obstacles and overcoming them. Many also indicated getting involved in their community through volunteer work (66% of pre-9/11 and 50% of post-9/11). Over two-thirds of participants in both groups reported enrolling in college, with 40% of those graduating with a degree. Pre-9/11 veterans were more likely to have experienced buying a home (72% vs. 32%), getting a promotion at work (76% vs. 45%) and having a significantly improved financial status (71% vs. 38%).

“For me, looking back, I think it was pretty easy because the job that I was applying for, it was doing the same thing that I had just gotten done doing in the Navy. So I knew that well. And then, the person that was interviewing me, he was a Navy veteran. So I felt kind of at ease and he made me feel at ease, so it was kind of easy.”

“Looking back, I would have asked a whole lot of questions and did a lot of research and put my priorities in order ... first of all housing and employment, and then everything else falls in place.”

“... I developed certain skills dealing with people in general, so that eventually when I finished school and I was able to find more opportunities on the web, I found some great jobs and I have not looked back. I’ve been always looking to move forward each time, and I’m happy where I’m at now.”

VETERAN SERVICE UTILIZATION AND NEEDS

Help-Seeking Behavior

Seventeen percent of pre-9/11 veterans and 27% of post-9/11 veterans indicated receiving counseling or mental health services in the last year. In general, veterans were more likely to receive care for their physical health. Almost half of pre-9/11 veterans (47%) and 38% of post-9/11 veterans received medical care over the past year. However, a considerable number of veterans with significant mental and physical health needs were not receiving care (see Figure 22). Thirty percent of post-9/11 veterans who met the diagnostic criteria for PTSD and 27% who met the diagnostic criteria for depression had not received mental health care over the past year. The number of pre-9/11 veterans who indicated mental health needs but had not received care was lower for both PTSD (12%) and depression (13%). The results were similar for those at risk for suicide. Twenty-four percent of post-9/11 veterans and 11% of pre-9/11 veterans who met the criteria for suicide risk had not received mental health care in the last year. Twenty-one percent of post-9/11 veterans and 15% of pre-9/11 veterans who met the criteria for moderate to severe physical health ailments had not received medical care in the past 12 months.

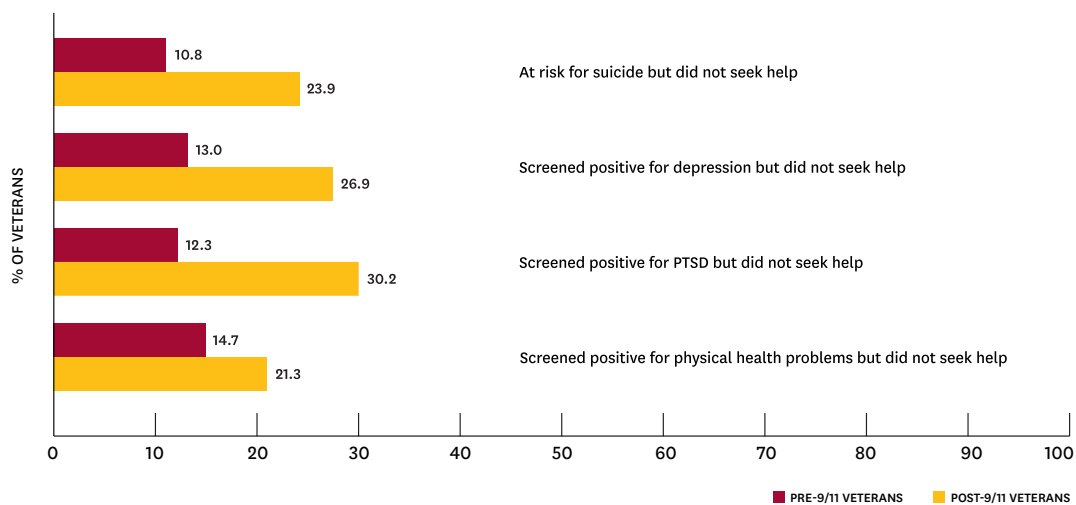


Figure 22. Percent of pre-9/11 and post-9/11 veterans who screened positive for a mental or physical health issue and did not seek care in the past year

Barriers to Care

Veteran participants endorsed significant barriers that prevent them from receiving help. Over half of pre- and post-9/11 veterans reported knowing how to help themselves (55% of pre-9/11 and 52% of post-9/11) and that they prefer to manage their problems on their own (56% of pre-9/11 and 51% of post-9/11). Fifty-two percent of pre-9/11 veterans and 42% of post-9/11 veterans indicated that they would rather get information on how to deal with problems on their own. The full list of reported barriers can be seen in **Figure 23**. While the top barriers were similar for both pre- and post-9/11 veterans, post-9/11 veterans were more likely to report additional barriers of not trusting mental health professionals (20%) and having difficulty scheduling an appointment (27%). Both pre- and post-9/11 veterans indicated that strong people can resolve psychological issues on their own (28% pre-9/11 and 30% post-9/11).

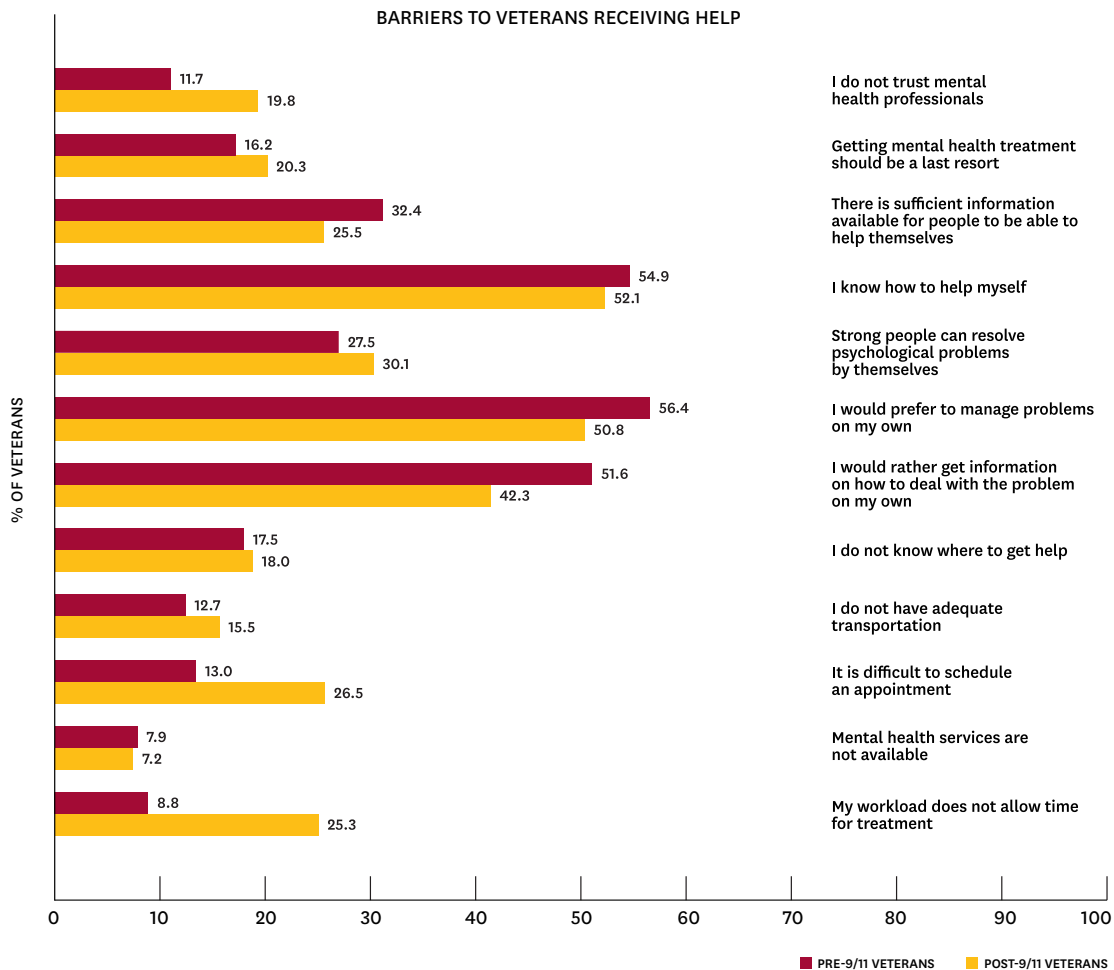


Figure 23. Barriers reported by pre-9/11 and post-9/11 veterans that prevent them from seeking care

“ I think if you’ve been a combat veteran the best advice is to address your mental health ... We work hard pushing it into the back of our minds and it lingers and it’s damned influential on everything in your life.”

Service Needs

Veterans were asked to indicate whether they would like to receive help with any of the following issues: physical health, mental health, relationship, family/child, legal, transition, financial and employment. The highest reported need was financial assistance, with a quarter of post-9/11 veterans and 15% of pre-9/11 veterans indicating that they would like help. The next most frequent needs were physical health issues (18% pre-9/11 and 20% post-9/11) and employment issues (10% pre-9/11 and 19% post-9/11). Seventeen percent of post-9/11 veterans and 11% of pre-9/11 veterans indicated they would like help with mental health issues. The rest of the outlined needs were reported by less than 10% of veterans from each group, with the exception of relationship issues reported by 11% of post-9/11 veterans.

“ In my era, we have an expression: If you’ve been through it, you don’t talk about it.”

“ We were the first Marines who went to the invasion of Iraq. I came back ..., talked to the psychiatrist, “the wizard”, and you get labeled. You don’t want to get labeled as being weak-minded.”

“ There were a lot of benefits I could have had access to that I knew nothing about.”

Discussion of Key Findings and Recommendations

It has become common for those conducting surveys of veterans to avoid providing recommendations for how to improve the transition process of veterans back to civilian life. Instead, these surveyors of veterans mistakenly believe that simply providing a “data dump” will be sufficient for those concerned about veterans to discern the implications of these data and develop the appropriate policies and programs to support veterans and their families. Admittedly, developing a set of actionable recommendations is no easy feat. It requires a deep and nuanced knowledge of the veteran transition process, a theoretically sound framework for understanding the important constructs around military to civilian life transition, and courage to propose innovative and creative solutions that might upset the current establishment, yet are necessary to improving the health and well-being of the veteran. We believe it would be an injustice to our nation’s veterans not to undertake the difficult task of translating our findings from our veterans’ studies into concrete actions. After all, many veterans took the time to complete our surveys and share their military and transition experiences with us. We trust that many others hold the same view. Thus, below are the first set of recommendations that the findings from the Chicagoland Veterans Study support. Most certainly other recommendations exist that readers of this report will identify.

The findings from the current study closely mirror those observed from the Los Angeles County Veterans Study and the Orange County Veterans Study (see Castro, Kintzle, & Hassan, 2014). For comparison purposes, the detailed findings and recommendations from the Los Angeles County Veterans Study can be found in **Appendix A**, and will not be restated here. Instead, the broader findings from the Chicagoland Veterans Study will be presented, along with a broad set of recommendations. In many instances, the recommendations based on the Chicagoland Veterans Study will be similar to those suggested from the Los Angeles County Veterans Study. That many findings and recommendations are similar across cities

and states is critically important, as it indicates a national veteran transition effort is needed and that veteran transition is not just an issue for a single city or state. Further, commonalities across cities and states indicate a broader systemic issue, which will require systemwide changes.

Many service members leaving the military and relocating to Chicagoland are not prepared for the transition and, as a result, struggle during the transition processes. This lack of preparation when leaving the military was also seen among veterans in Los Angeles County. While most Chicagoland veterans leave the service without a job (65% for post-9/11 veterans), slightly lower to what was seen in the Los Angeles County Veterans Study (nearly 80% for post-9/11 veterans) and there were fewer Chicagoland veterans seeking employment compared to veterans in Los Angeles County, 13% versus 28%, respectively, Chicagoland veterans reported earning significantly less pay than veterans from Los Angeles County. Thus, it is important to go beyond whether a veteran is or is not employed, but to consider whether the veteran is employed in a well-paying job.

Chicagoland veterans also reported significant housing distress and food insecurity. That 19% of post-9/11 veterans reported being homeless in the past three months was surprising. In addition to the housing distress of post-9/11 veterans, food insecurity was also reported by one out of every 10 post-9/11 veterans. This was the first time food insecurity was assessed among post-9/11 veterans so comparisons between cities cannot be made. Together, housing and food distress might serve as an indicator for the relatively low earnings reported among Chicagoland post-9/11 veterans.

Chicagoland veterans have a positive assessment of their overall health, with over three-quarters of both pre- and post-9/11 veterans reporting good to excellent health. However, post-9/11 veterans are more likely than pre-9/11 veterans to report moderate to severe health concerns. This pattern of post-9/11 veterans reporting poorer physical health concerns than pre-9/11 veterans was also seen among veterans from Los Angeles County and Orange County, indicating that this is not a unique pattern among Chicagoland veterans. Further, well over a third of Chicagoland veterans have probable PTSD and depression (40% and 36%, respectively), lower than the PTSD and depression rates seen in Los Angeles (46% and 46%, respectively). Perhaps most alarming is the percent of Chicagoland veterans who are at risk for suicide, with nearly one-third of post-9/11 veterans meeting the diagnostic criteria for suicide risk. The suicide risk for pre-9/11 veterans was half that of post-9/11 veterans. Thus, despite their overall high positive assessments of their health, post-9/11 veterans have significant mental health challenges, including high risk for suicide.

In Chicagoland there is a wide range of veteran support organizations to support veterans. However, the veteran support organizations are not coordinated to provide holistic support to current or returning veterans. In particular, the Chicagoland veteran support organizations lack a collaborative in which to work to create a system of veteran support. A collaborative is particularly important as most veteran support organizations, governmental and non-governmental, tend to focus on one or two veteran needs. Thus, the only means by which veterans will receive a holistic support network is through all veteran support organizations working together.

As we have found in Los Angeles, most Chicagoland veteran support organizations tend to focus entirely on meeting acute and chronic needs of veterans, such as homelessness, immediate or severe health care issues, or acute or chronic unemployment. Very little attention is given to preventing these conditions or proactive early intervention to prevent conditions from becoming chronic. Clearly, if government and communities want to get ahead of many of these military transition issues, much more attention will need to be placed on better preparing the separating service member for success. A holistic approach focused on prevention and early intervention, with both governmental and non-governmental agencies working together, will be required.

To better serve new veterans, community non-governmental veteran support agencies need to continue to press for access to and awareness of separating service members who will be joining their communities. These support agencies should then undertake efforts to raise awareness of separating service members joining local communities, and extend outreach efforts, targeting family members, friends and employers of separating service members and veterans. Finally, the veteran support agencies within Chicagoland need to organize and integrate their activities to meet the most pressing needs of the veteran. While veteran bike rides, expeditions to the North Pole and athletic competitions might appeal to fundraisers and generate “feel-good” reactions among participants and civilians, these types of activities do very little to address many of the more serious issues impacting military transitions.

TRANSITIONING OUT OF THE MILITARY AND BACK TO CIVILIAN LIFE

Chicagoland Findings:

- Post-9/11 veterans reported difficulty adjusting to civilian life, with 61% of veterans who served after 9/11 reporting adjustment challenges compared to 33% of pre-9/11 veterans.
- Nearly 43% of pre-9/11 veterans and 68% of post-9/11 veterans reported they needed time to figure out what they wanted to do with their life.
- More than half of post-9/11 veterans indicated that civilians do not appreciate the sacrifices that veterans have made, with over two-thirds indicating that civilians do not understand their problems.
- Over 80% of both pre- and post-9/11 veterans indicated that being a veteran has had a positive impact on their life.
- Just under half (49%) of post-9/11 veterans felt disconnected from the community around them, even with people they knew (48%).

DISCUSSION AND RECOMMENDATIONS:

Similar to findings from the Los Angeles County Veterans Study, veterans from Chicagoland report difficulties in adjusting to civilian life and needing time to figure out what they want to do with their life after service, with post-9/11 veterans particularly struggling with these issues. Several recommendations for similar findings from the Los Angeles County Veterans Study are also applicable for Chicagoland

(see Appendix A, Recommendation 1). An assumption that many people make regarding separating service members and veterans is that veterans want to do the same or a similar job that they performed in the military. While this might be true for many separating service members and veterans, for others this is not the case. Many veterans might be looking to explore their options. Veteran support organizations should determine if such is the case, avoiding the assumption that all veterans wish to continue performing a job similar to what they did in the military.

For the first time, how connected veterans felt to their community was assessed. Not surprisingly, many post-9/11 veterans believed the civilian members of their community did not understand them or appreciate their sacrifices, yet at the same time a vast majority of veterans believed that their military service has had a positive impact on their life. The lack of connectedness to one's community and those around them can sometimes lead to feelings of isolation and thoughts of dying by suicide. The implications of this lack of community connectedness among veterans and suicidality will be discussed below; however, communities must do a much better job of reaching out to veterans to ensure that they are welcomed back into their communities and integrated into community activities.

EMPLOYMENT AND FINANCES

Chicagoland Findings:

- Nearly 61% of pre-9/11 and 65% of post-9/11 veterans did not have a job when they left the military.
- While 54% of post-9/11 veterans are employed full-time, only 30% of pre-9/11 veterans are employed full-time. Post-9/11 veterans are also over twice as likely to be working part-time (15%) as pre-9/11 veterans (6%).
- There was also a difference between pre- and post-9/11 veterans in terms of being unemployed and looking for work, 8% compared to 13%. Further, over twice as many post-9/11 veterans were unemployed and NOT looking for work compared to pre-9/11 veterans, 7% and 3%, respectively.
- For 83% of post-9/11 veterans who work full-time, the annual salary is below the Chicago median income level of approximately \$61,598.
- Fourteen percent of post-9/11 veterans have an annual income below or near the U.S. national household poverty level guidelines for 2014 (\$23,850).
- Thirty-five percent of pre-9/11 veterans and 18% of post-9/11 veterans earn above \$60,000 a year.
- More post-9/11 veterans than pre-9/11 veterans reported having financial difficulties in the past year, with 32% of post-9/11 veterans and 17% of pre-9/11 veterans reporting financial trouble.

- Over 45% of post-9/11 veterans and 30% of pre-9/11 veterans reported that their military skills and experiences are dismissed by employers.

DISCUSSION AND RECOMMENDATIONS

Overall, the employment status of Chicagoland veterans is better than that of Los Angeles County veterans, yet much remains to be done. In particular, post-9/11 veterans appear to be having difficulty finding well-paying employment, with many veterans feeling employers do not appreciate their military experiences and skills. A recommendation that we made previously, and one that is applicable here, is the need for veteran employment retraining programs that allow veterans to move into higher-paying occupations. We have also called for the expansion of the GI Bill educational benefits to include post-graduate education support.

HOUSING AND FOOD INSECURITY CONCERNS

Chicagoland Findings:

- Fifty percent of pre-9/11 veterans and 57% of post-9/11 veterans had lined up housing when they left the military.
- Nineteen percent of post-9/11 veterans reported being homeless in the past three months, compared to 16% of pre-9/11 veterans.
- Food insecurity was reported as a concern for both pre- and post-9/11 veterans, with 7% of pre-9/11 veterans and 12% of post-9/11 veterans reporting it was often a problem.

DISCUSSION AND RECOMMENDATIONS

The homelessness rate of post-9/11 veterans exceeds that of pre-9/11 veterans, 19% compared to 16%. The high rate of post-9/11 homelessness is alarming. In this regard, post-9/11 veterans have a much more comprehensive need than do pre-9/11 veterans for housing, employment and health, all of which have been shown to be significantly related to homelessness. A number of aggressive and innovative steps can be taken to address veteran homelessness, and have been recommended previously (see Appendix A, Recommendations 3 and 4). Regardless of the actions adopted to address the veteran homelessness issue, until steps are taken to prevent homelessness from occurring in the first place, veteran homelessness will continue.

HEALTH AND WELL-BEING

Chicagoland Findings:

- Approximately 79% of pre- and 76% of post-9/11 veterans reported their perception of their health was good or excellent.
- Nearly one-third of post-9/11 veterans reported that people think they are “screwed up” because of their military service.
- Both pre- and post-9/11 veterans reported the same top three physical health problems: pain or problems with arms, legs, or joints (27% and 31%, respectively), back problems (19% and 30%, respectively) and trouble sleeping (19% and 34%, respectively).
- For every somatic symptom, post-9/11 veterans reported more concerns than pre-9/11 veterans.
- Post-9/11 veterans were more likely to screen positive for PTSD and depression than pre-9/11 veterans.

While 40% of post-9/11 veterans screened positive for PTSD, only 20% of pre-9/11 veterans screened positive for PTSD. Similarly, while 36% of post-9/11 veterans screened positive for depression, just 19% of pre-9/11 veterans screened positive.

- In terms of suicidality, post-9/11 veterans were twice as likely to be at risk for suicide compared to pre-9/11 veterans, 33% versus 15%, respectively.

DISCUSSION AND RECOMMENDATIONS:

Perhaps the most pressing issues facing Chicagoland veterans involve their physical and psychological health. For instance, nearly one-third of all veterans surveyed screened positive for probable PTSD and/or depression, with post-9/11 veterans more likely to screen positive for both PTSD and depression. These high rates of mental and behavioral health issues are alarming and should represent the highest priority to address among veterans within Chicagoland. Numerous actions exist that can be taken to begin to address this issue (see Appendix A Recommendations 5 and 6). Importantly, it should be noted that mental and behavioral health care issues exist for all veterans. Addressing the mental and behavioral health issues of Chicagoland veterans could also serve to identify veterans with suicidality issues. Post-9/11 veterans reported relatively high rates of suicidality, with one-third reporting thinking about dying by suicide or making a plan to die by suicide. The high number of veterans, primarily post-9/11 veterans, at risk for suicide is likely due to their lack of connectedness to the community, close family members and friends. Lack of connectedness has been identified as one of the major contributors to death by suicide among military personnel and veterans. Here local communities can play a leading role in reaching out to veterans to ensure they are connected to community activities.

VETERANS SERVICE UTILIZATION AND NEEDS

Chicagoland Findings:

- Post-9/11 veterans were less likely than pre-9/11 veterans to seek treatment for physical or psychological issues.
- Nearly 6% of post-9/11 veterans and 4% of pre-9/11 veterans attempted suicide, with over 16% of post-9/11 and 7% of pre-9/11 veterans planning to kill themselves. Nearly one-quarter of post-9/11 veterans who are at risk of suicide have not received help.
- Post-9/11 veterans were more likely than pre-9/11 veterans to report barriers to care.
- Eighteen percent of pre- and post-9/11 veterans reported that they do not know where to go to get help. More than half of both groups believe they can handle their mental health problems on their own.
- One-quarter of post-9/11 veterans indicated that it was difficult to schedule an appointment (27%) and/or their workload did not allow them time for treatment (25%).

DISCUSSION AND RECOMMENDATIONS:

Chicagoland veterans have significant health care, employment and educational needs that are not being met. In particular, post-9/11 veterans report significant unmet health care needs.

While most know where to go to get help, the majority of veterans prefer to handle their own problems. This belief among veterans that they can handle their own problems, while positive in the sense of self-reliance and resiliency, is alarming because many veterans do not possess the necessary skills or engage in behaviors that actually do improve their well-being, as evidenced by their continued poor mental health, high risk-taking behaviors and high risk for suicides.

While it is certainly true that many veterans can handle their personal problems, it is also true that many require assistance from peers or mentors, and even from professional health care providers. Overcoming the barriers to using mental and physical health services needs to be a top priority. In particular, one-quarter of Chicagoland post-9/11 veterans reported difficulty scheduling an appointment or taking time off from work to attend an appointment. Efforts should be undertaken to provide support to post-9/11 veterans using telehealth, in-home or community-based approaches. Requiring veterans to have access to care solely through clinic-based visits needs to end.

RISK-TAKING BEHAVIORS

Chicagoland Findings:

- Post-9/11 veterans were twice as likely as pre-9/11 veterans to engage in high risk-taking behaviors, including driving after drinking alcohol, carrying a weapon and looking to start a fight.
- Nearly one-third (31%) of post-9/11 veterans have a probable alcohol drinking problem, compared to 17% of pre-9/11 veterans.

DISCUSSION AND RECOMMENDATIONS:

Similar to many other studies, including the Los Angeles County Veterans Study, post-9/11 veterans continue to engage in a wide range of unnecessary risk-taking behaviors. While many of these behaviors are understandable, they represent a maladaptation of skills and behaviors learned while in the military, or attempts of veterans to self-treat for mental or physical health issues. Perhaps most alarming, however, is that engaging in most of these risk-taking behaviors will result in run-ins with the law and could lead to financial crisis. Thus, it is imperative that all veteran service organizations recognize this issue and take actions to educate and refocus veteran behaviors into positive behaviors.

APPENDIX A

RECOMMENDATIONS FROM THE LOS ANGELES COUNTY STUDY

Many of the findings from the Chicagoland Veterans study are similar to the results of those in Los Angeles County. The following recommendations, as reported in *The State of the American Veteran: The Los Angeles County Veterans Study*, are offered here as also relevant to holistically meeting the needs of transitioning veterans. Additional discussions regarding each finding and recommendation can be found in the Los Angeles County report.

FINDINGS AND RECOMMENDATIONS

The transition from military to civilian life can be precarious for service members and is not always negotiated successfully. This study of veterans tells us that we have not effectively engaged them early enough in their transition process. It has become increasingly clear that there is a dire need for support services, employment assistance, and health treatment options that engage the veterans early in the transition from military to civilian life.

Below are key findings from the Los Angeles and Chicagoland Veteran Studies with specific recommendations for addressing each finding. It should be noted from the outset that for many of the recommendations presented, efforts have already begun and significant progress is being made in assisting service member transitions. For these efforts, we call for an expansion and acceleration so more veterans might benefit from the programs. For other efforts, however, success in meeting the needs of veterans remains elusive. Here, we provide suggestions for changing the process and/or procedures for how support is provided to the service member or veteran in order to meet documented existing needs. For other programs we might be even more critical, calling for a complete overhaul or dissolution of the program. Throughout, the sole focus of the recommendations is to identify ways to meet the needs of veterans, appreciating that there are tremendous ongoing efforts to achieve the same goals.

Civilian Transition Difficulties

FINDING 1

Over two-thirds of today's veterans reported difficulties adjusting to civilian life, and reported that they do not know where to go or who to contact to get help.

RECOMMENDATION 1

Establish a mechanism that enables support agencies to be aware of service members planning on transitioning into their communities so a proactive outreach plan can be established with service members before they leave active duty. Several strategies exist for establishing this critical connection:

1A. The Department of Labor or the Department of Defense can collect contact information from each separating service member, inform them of how the information will be shared with the local communities in order to assist them in their military-to-civilian transition, and then provide the information to veteran support agencies residing in the local communities in a timely fashion so they can conduct an active outreach to the separating service member.

1B. Early during the mandated military Transition Assistance Program (TAP)/Transition, Goals Plan and Success (GPS), service members can opt to share their contact information with the local community to which they plan to move, to proactively plan for assistance with employment, housing or other needs.

1C. Each community can conduct a public information awareness campaign targeting the family, relatives and friends of service members separating from the military, encouraging them to contact a local veteran support agency so they can assist the separating service member in finding employment, housing or meet other needs before they leave active-duty service.

Employment Status

FINDING 2

Nearly eight in 10 service members leave the military without a job, expecting to quickly find meaningful employment that provides adequate remuneration once they leave the military. Many veterans in Chicagoland with jobs are earning at or below the poverty level (19% pre-9/11 and 14% post-9/11). Over three-quarters of those veterans without a job are not receiving assistance in finding a job. At the same time, veterans also report needing time to figure out what they want to do in life once they leave the military.

RECOMMENDATION 2A

Establish having a legitimate job offer as the primary outcome of the new military TAP/Transition GPS program. This can be accomplished if the TAP/Transition GPS program works with local communities where the separating veteran plans to live. While separating service members may engage in the TAP/Transition GPS program 12 to 24 months prior to separation, such engagement may need to be mandated in order to provide sufficient time to identify meaningful employment that provides sufficient remuneration.

RECOMMENDATION 2B

Provide the separating service member enhanced opportunities, including additional leave, to conduct in-person interviews with prospective employers in their new community before they separate from military service. Where possible provide the separating service member access to virtual interviewing capabilities that involve VTC technologies. Local communities should encourage employers to accept virtual interviews for separating veterans.

RECOMMENDATION 2C

Provide separating service members with a formal course that reorients them to the realities of civilian employment throughout the transition process. Embed this discussion in the larger framework noting differences between military culture and civilian culture, without denigrating either of them.

RECOMMENDATION 2D

Provide separating service members/veterans opportunities to work in a variety of jobs facilitated by local communities. For example, a community employment strategy for returning veterans should consider leveraging community temporary employment agencies and alternative staffing agencies to enable veterans to work in a variety of positions to help them identify future career opportunities and interests, build skills, and provide income.

RECOMMENDATION 2E

Develop innovative employment strategies for difficult to employ military veterans, especially veterans with enduring physical and psychological health injuries.

Living Arrangements Post-Military Service

FINDING 3

A significant number of service members (at least 40%) leave the military without having identified permanent housing.

RECOMMENDATION 3A

Use the new military TAP/Transition GPS program to verify that separating veterans have permanent and sustainable housing when they leave the military. That is to say, provide counseling to the separating service member about the suitability and sustainability of their post-military housing plans.

RECOMMENDATION 3B

Connect the separating service member with the local community where the separating service member plans to live to identify suitable housing options.

RECOMMENDATION 3C

Set realistic expectations about the type of housing a military veteran is likely to be able to afford as a civilian.

RECOMMENDATION 3D

Provide transitional housing for separating service members through both public and private partnerships until they obtain permanent housing. Unlike the Veterans Affairs Supporting Housing (VASH) program for which a veteran must be homeless to qualify, this is a prevention strategy to support veterans in transition as a means of preventing homelessness and housing distress associated with separating from military service. In particular, transitional housing would be extremely valuable to single female separating service members and service members with children.

Prevention of Homelessness

FINDING 4

Many veterans have unstable living arrangements, yet do not meet the Department of Housing and Urban Development (HUD) definition of homelessness.

RECOMMENDATION 4A

Provide housing support to veterans under housing distress (in a holistic framework so they can continue to focus on employment and health) prior to receiving an eviction notice or an eviction. Consideration should be given to extending the military housing allowance for separating service members up to 12 to 24 months post-military service.

RECOMMENDATION 4B

Expand the definition of veteran homelessness so that it encompasses veterans under housing distress or who lack permanent housing.

Physical and Psychological Health

FINDING 5

Many service members leave active duty with untreated mental and physical health issues. Five out of 10 military veterans report a significant physical or mental health issue for which they are not receiving care. One out of 10 veterans has considered suicide or made a plan to end their life by suicide.

RECOMMENDATION 5A

Mandate complete psychological and physical health evaluations for all separating service members, regardless of stated health and health screening results, particularly for veterans of the

Iraq and Afghanistan wars. Eliminate the optional physical health exam. Ensure that all physical and psychological health needs are documented in service members' medical records to increase likelihood they are service connected.

RECOMMENDATION 5B

Conduct outreach to veterans, encouraging biannual checkups following military separation.

RECOMMENDATION 5C

Provide a military transition mentor for active-duty separating service members who can guide them through the physical and mental health evaluation, documentation and care process.

RECOMMENDATION 5D

Establish civilian military transition mentors within local communities prior to separation to guide the separating service member/veteran through the VA health care system, as well as provide assistance for employment and housing, if needed. Utilize experienced and trained military veterans as military transition members when possible.

VA Disability Ratings

FINDING 6

Pre- and post-9/11 veterans reported significant physical and psychological health concerns, as well as impaired functioning, yet appear not to have obtained a commensurate VA disability rating.

RECOMMENDATION 6A

Encourage pre- and post-9/11 veterans to consult with a VSO to advise them in the development of their VA disability application plan.

RECOMMENDATION 6B

Encourage pre- and post-9/11 veterans to utilize veteran service officers in the preparation of their VA disability application, and to provide assistance in appeals and reconsideration.

RECOMMENDATION 6C

Ensure that every separating service member obtains a complete copy of his/her medical record regardless of separation status. Add it to the mandatory clearing check list. Incorporate it into the TAP/Transition GPS program.

Barriers and Access to Care**FINDING 7**

Significant barriers to receiving help exist for pre- and post-9/11 veterans, with post-9/11 veterans reporting higher perceptions of barriers; resulting in five out of 10 veterans not accessing care for needed services. Many veterans indicate preferring to handle problems on their own.

RECOMMENDATION 7A

Tailor community public awareness campaigns that target post-9/11 veterans. Utilize civilian military transition mentors.

RECOMMENDATION 7B

Develop outreach and services that are sensitive to the needs of female veterans.

RECOMMENDATION 7C

Develop outreach approaches that are sensitive to race and ethnicity, in particular African Americans and Hispanics.

RECOMMENDATION 7D

Develop a communication strategy to address the concerns regarding barriers and stigma around mental health utilization and benefits. Embed

psychoeducation training in the TAP/Transition GPS program and include psychoeducation in local community transition programs to address stigma and barriers to care.

Veteran Service Needs**FINDING 8**

Veterans identified a wide range of services needed during transition, including employment, healthcare, mental health, housing and education, among others.

RECOMMENDATION 8A

Establish a veteran community support network that can provide a comprehensive and holistic plan to engage and support veterans in transition, recognizing that successful military transitions can take up to two years.

RECOMMENDATION 8B

Utilize a peer-to-peer strategy through the creation of civilian military transition mentors.

Financial Issues**FINDING 9**

Over one-third of veterans report financial troubles, many of which began during military service.

RECOMMENDATION 9A

Assess the financial health of service members on an annual basis to enable sufficient time to restore financial health, if needed, prior to military separation.

RECOMMENDATION 9B

During TAP/Transition GPS, conduct detailed financial analyses of separating service members' financial health utilizing trained financial consultants.

Military Identity

FINDING 10

Today's military veterans have very strong personal and social military identities that while admirable and desirable can interfere with a successful civilian transition. While the insularity of military culture promotes unity and resilience for the rigors of war, it can also leave service members less equipped and less comfortable in a civilian environment.

RECOMMENDATION 10A

Develop a comprehensive reorientation program for separating service members that focuses on differences and similarities between the military culture and the civilian culture. Provide realistic employment and housing expectations. Use a peer-to-peer approach as separating service members are more likely to listen to other service members who have been there and done it.

RECOMMENDATION 10B

Structure local community veteran support services so they are integrated to begin where the TAP/Transition GPS program leaves off.

RECOMMENDATION 10C

Encourage and support veterans building new networks and connections with civilians while they are on active military service.

APPENDIX B

STUDY MEASURES

Alcohol Use

Measured by the consumption subscale of the Alcohol Use Disorders Identification Test (AUDIT), a brief screening tool for assessing alcohol misuse. The consumption subscale consists of three items. A score of six or above indicated significant consumption (Barbor et al., 2001).

Barriers to Care

Measured by the treatment-seeking attitudes developed by Adler et al. (2015). Twelve items measure internal and external barriers to seeking treatment.

Depression

Measured using the Patient Health Questionnaire-9 (PHQ-9), a brief self- or interviewer-administered instrument measuring the nine diagnostic criteria for DSM-IV depressive disorders (Spitzer et al., 1999). A score of 10 or above indicated a probable diagnosis of depression (Kroenke, Spitzer, & Williams, 2001).

Functionality

Measured using the World Health Organization Disability Assessment Schedule 2.0., a 12-item instrument assessing disability across six domains, including understanding and communicating, getting around, self-care, getting along with people, life activities, and participation in society (World Health Organization, 2004).

Homelessness

Participants were considered having been homeless in the past 12 months if they answered yes to spending a night in the following places during the past year: shelter, sober living facility, transitional living program, hospital or rehabilitation facility, in a public place, in an abandoned building, outside, with a stranger and/or a group home.

Life Satisfaction

Measured by the five-item Satisfaction with Life Scale designed to measure global cognitive judgments of one's life satisfaction (Diener, Emmons, Larson, & Griffin, 1985). This report documents participant responses to three life satisfaction items.

Military Sexual Trauma

Military sexual trauma included the assessment of sexual harassment, stalking and sexual assault. Items were adapted from the Department of Justice Special Report on Rape and Sexual Assault Victimization among College Females (2014) and the Uniform Code of Military Justice. These included nine sexual harassment and gender discrimination items, four items related to stalking behaviors and six sexual assault questions.

Physical Health

Measured by the Patient Health Questionnaire-15 (PHQ-15), a 15-item self-report questionnaire assessing physical health by measuring the prevalence and severity of common somatic symptoms. A score of 15 or above indicated significant symptom severity (Kroenke, Spitzer, & Williams, 2002).

Posttraumatic Stress Disorder (PTSD)

Measured by the PTSD Checklist, the scale is a brief, self-report inventory for assessing the 20 symptoms of PTSD outlined in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders. A score of 33 or above indicated a probable diagnosis of PTSD (Weathers et al., 2013).

Risk Behaviors

Potential risk behaviors were identified by the Centers for Disease Control and Prevention Youth Risk Behavior Surveillance Morbidity and Mortality Weekly Report (2014). The report identifies behaviors that contribute to risk to mortality.

Social Connectedness

Social Connectedness was measured by the Social Connectedness Scale, an eight-item scale that measures how connected individuals feel to the world around them. Higher agreement with items indicates greater challenges to social isolation (Lee and Robbins, 1995).

Suicide

Suicide risk was measured using the Suicide Behaviors Questionnaire-Revised (SBQ-R). The four-item scale taps into lifetime suicide ideation or suicide attempt, frequency of suicidal ideation, assessing the threat of suicide attempt and evaluates self-report likelihood of suicidal behavior in the future. A score of seven or above is used to identify at-risk individuals.

APPENDIX C

REFERENCES

- Adler, A., Britt, T., Riviere, L., Kim, P., & Thomas, J. (2014). Longitudinal determinants of mental health treatment-seeking by US soldier. *The British Journal of Psychiatry*, 207(4), 346-350.
- Barbor, T. F., Higgins-Biddle, J. C., Saunders, J.B., & Monteiro, M. G. (2001). *AUDIT The alcohol use disorders identification test: Guidelines for use in primary care, 2nd ed.* World Health Organization. Retrieved September 15, 2014 from http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf
- Castro, C. A., Kintzle, S., & Hassan, A. (2014). *The State of the American Veteran: The Los Angeles County Veterans Study.* Los Angeles, CA: USC CIR.
- Centers for Disease Control and Prevention (CDC). (2014, June 13). YRBS 2013 Report, Youth Risk Behavior Surveillance. *MMWR. Morbidity and Mortality Weekly Reports*. Retrieved from <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49, 71-75.
- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9. *Journal of General Internal Medicine*, 16, 606-613.
- Lee, R. M., & Robbins, S. B. (1995). Measuring belongingness: The social connectedness and the social assurance scales. *Journal of Counseling Psychology*, 42(2), 232-241. doi:<http://dx.doi.org/10.1037/0022-0167.42.2.232>
- Sinozich, S. & Langton, L. (2014). *Rape and sexual assault victimization among college-age females, 1995-2013.* U.S. Department of Justice. Retrieved from <http://www.bjs.gov/content/pub/pdf/rsavcaf9513.pdf>
- Osman, A., Bagge, C. L., Gutierrez, P. M., Konick, L. C., Kopper, B. A., & Barrios, F. X. (2001). The suicidal behaviors questionnaire-revised (SBQ-R): Validation with clinical and nonclinical samples. *Assessment*, 8(4), 443-454. doi: 10.1177/107319110100800409
- U.S. Census. (2016). Data on veterans. Retrieved from <http://www.census.gov/hhes/veterans/data/index.html>
- Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD checklist for DSM-5 (PCL-5). Retrieved from <http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>
- World Health Organization. (2009). *Measuring health and disability: Manual for WHO Disability Assessment Schedule (WHODAS 2.0).* Retrieved from <http://site.ebrary.com/lib/uscisd/detail.action?docID=10411809>

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