

THE STATE OF THE AMERICAN VETERAN:

The San Francisco Veterans Study

Carl A. Castro

Sara Kintzle

USC
Suzanne
Dworak-Peck
School of Social Work
*Center for Innovation and Research
on Veterans & Military Families*

Acknowledgements

We are truly grateful for the talents that were convened to make this work possible. First, we must acknowledge the exceptional work of the Deloitte team, in particular Lisa Newman-Wise, who coordinated these efforts in San Francisco. Special thanks also to Deloitte team members Sarah Hardin, Zach Wolf, Michael Taylor, Makenzie O’Meara and Russell Gong. We’d also like to acknowledge the USC Suzanne Dworak-Peck School of Social Work Center for Innovation and Research on Veterans & Military Families team, who made valuable contributions to this project, including Sara Ozuna, Gisele Corletto, Eva Alday and Claudia Bustamante. Special thanks to Kimberlee Kelley, whose work on the ground in San Francisco was vital to the project.

We’d like to acknowledge and thank those San Francisco partners and agencies who advised our work on this project and supported our study efforts. Please know your collaboration was essential to the success of the project. We are also especially grateful for our generous foundation and corporate sponsors: Wells Fargo, Deloitte and Prudential. Without them this project is not possible.

Finally, we are indebted to the veterans of San Francisco who participated in the study, who opened up their lives to us, and through their self-disclosure enable us to help other veterans.

We salute you!

This study and report were made possible by the generous support of



Our veterans may confront many challenges as they re-integrate into society, be it a transition from the ongoing conflicts in the Middle East or Vietnam-era veterans seeking assistance. This study, with responses from over 700 veterans, both highlights particular needs of those men and women, and provides a critical analysis manifesting in prioritizations and key recommendations for impactful programmatic, societal and policy-targeted execution. These men and women, along with their families have given so much, and often still carry both physical and mental burdens. It is our privilege to work with the local community stakeholders, including Wells Fargo and USC, along with government, not-for-profits and other interests to make an impact that matters for our veterans of today and tomorrow. It's our time to make a difference!



Philip V. Brozenick
Principal, Deloitte Consulting
Veteran, Captain, United States Air Force

Table of Contents

Executive Summary	6
Background	12
Study Overview and Findings	14
Transitioning out of the Military	18
Employment and Finances	24
Housing	28
Food Insecurity	30
Health and Well-Being	30
Positive Life Events.....	38
Veteran Service Utilization and Needs	40
Discussion of Key Findings and Recommendations.....	44
Appendix A: Study Measures	57
Appendix B: References.....	59

Executive Summary

The San Francisco Veterans Study represents the fourth overall study—and third in the state of California—in the State of the American Veteran research series conducted by the USC Suzanne Dworak-Peck School of Social Work Center for Innovation and Research on Veterans & Military Families. After surveying more than 700 San Francisco veterans, emerging as a theme across the various studies is that veterans throughout the state and the nation encounter significant transition issues. The transition from military to civilian life can be challenging for many service members and the transition is not always negotiated successfully nor does it always proceed as smoothly as envisioned by the transitioning service member. The San Francisco Veterans Study tells us that we have not effectively engaged separating service members 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 veterans early in the transition from military to civilian life.

GENERAL FINDINGS AND RECOMMENDATIONS

Civilian Transition Difficulties

FINDING 1

Nearly three-quarters of San Francisco veterans reported difficulties adjusting to civilian life, and one-third reported that they do not know where to go or who to contact to get help. Further, a significant number of veterans reported the need to take time off to figure out what they wanted to do.

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. Objections to sharing this information based on “privacy issues” need to be overcome. Several strategies exist for establishing this critical connection:

- 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 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.
- Early on 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.

- CalVet also collects this information and can provide it to local veteran support agencies and should develop a process for doing so.
- 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 meeting other needs before they leave active-duty service.
- During TAP, separating service members need to be taught the financial implications of taking significant time off before seeking employment.

Employment Status

FINDING 2

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 San Francisco with jobs are earning at or below the poverty level. Veterans report significant financial difficulties.

RECOMMENDATION 2A

Establish having a legitimate job offer as the primary outcome of the 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 video teleconferencing 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.

Financial Issues

FINDING 3

Nearly half of veterans report financial troubles, many of which began during military service.

RECOMMENDATION 3A

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 3B

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

RECOMMENDATION 3C

In general, service members require significant financial planning education. This is best delivered throughout the service member's military service, yet needs to be a significant part of the TAP.

Housing Post-Military Service

FINDING 4

Veterans living in San Francisco encounter a formidable challenge in obtaining affordable housing. No doubt this is due to the relatively high cost of living in San Francisco, coupled with the relatively low-paying jobs veterans obtain.

RECOMMENDATION 4A

Use the 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 4B

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

RECOMMENDATION 4C

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

RECOMMENDATION 4D

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, veteran transitional housing would be extremely valuable to single female separating service members and service members with children. Until such a program is established, veteran homelessness will continue in America.

Prevention of Homelessness

FINDING 5

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

RECOMMENDATION 5A

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. Expand the GI Bill to provide military housing allowance for separating service members up to 12 to 24 months post-military service.

RECOMMENDATION 5B

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

Physical and Psychological Health

FINDING 6

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 three veterans have considered suicide or made a plan to end their life by suicide.

RECOMMENDATIONS 6A

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 6B

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

RECOMMENDATION 6C

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 6D

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.

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 Utilization and 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.

Risk-Taking Behaviors

FINDING 9

Risk-taking behaviors, including dangerous alcohol drinking behaviors, remains a significant concern for many veterans.

RECOMMENDATION 9A

Risk-reduction training and prevention needs to be incorporated into TAP.

RECOMMENDATION 9B

Risk-reduction training and prevention needs to be part of the California TAP.

RECOMMENDATION 9C

Service providers as well as veteran families should be educated on how to recognize and respond to risk-taking behaviors for early intervention.

Military Sexual Trauma

FINDING 10

Military sexual trauma may impede a successful transition back to the civilian community.

RECOMMENDATION 10A

All separating service members should be assessed for military sexual trauma prior to separating from the military. This assessment should be conducted as part of the recommended mandated physical and psychological health evaluation.

RECOMMENDATION 10B

The Department of Veteran Affairs should expand their military sexual trauma screen to be more comprehensive than the currently used two-item screen.

RECOMMENDATION 10C

All non-VA agencies who provide behavioral health support to veterans should include military sexual assault assessments as part of their intake battery.

Non-Honorable Discharges

FINDING 11

Non-honorably discharged veterans have an extremely difficult time transitioning back to their civilian community.

RECOMMENDATION 11A

Expand the definition of a ‘veteran’ to include anyone who has served honorably for one day of military service, thereby making them eligible for VA benefits.

RECOMMENDATION 11B

Change the state of California’s definition of a ‘veteran’ to anyone who has served honorably for one day of military service.

RECOMMENDATION 11C

All nonprofits who support veterans, likewise, should adopt a definition of a ‘veteran’ to include anyone who has served honorably for one day of military service.

Background

Upon leaving U.S. military service, separating service members must navigate the transition back to civilian life. This transition is often referred to as military transition and is characterized by a series of adjustments. The structured environment of the military provides active-duty members with many fundamental needs such as housing, employment, healthcare, sense of purpose, and community. Leaving the military therefore requires transitioning members to find new accommodations, a new job, a new purpose, and adapt to and find a place in a new community. 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. The transition to civilian life may include exciting changes and new opportunities, but it may also create a series of challenging adjustments. New initiatives from local communities are beginning to explore how they might work to provide services that adequately address the needs of veterans within their community. These needs may include reintegration into civilian life, employment challenges, physical and mental health issues, and homelessness. The effectiveness of these community programs, however, are dependent on having local veteran data that can assist in the development of targeted interventions. Utilizing data, organizations within local communities can work together to address the most pressing needs of veterans within their community. The San Francisco Veterans Study is the first step for creating opportunity for collective impact for San Francisco Bay Area veterans as well as the organizations working to serve them.

Led by the University of Southern California (USC) Suzanne Dworak-Peck School of Social Work Center for Innovation and Research on Veterans & Military Families (CIR), this initiative was brought to the San Francisco Bay Area in an effort to understand and address the needs of San Francisco 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 local veterans.

The San Francisco Veterans Study utilized military transition theory to identify specific outcomes that could evaluate the state of San Francisco 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 that 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.

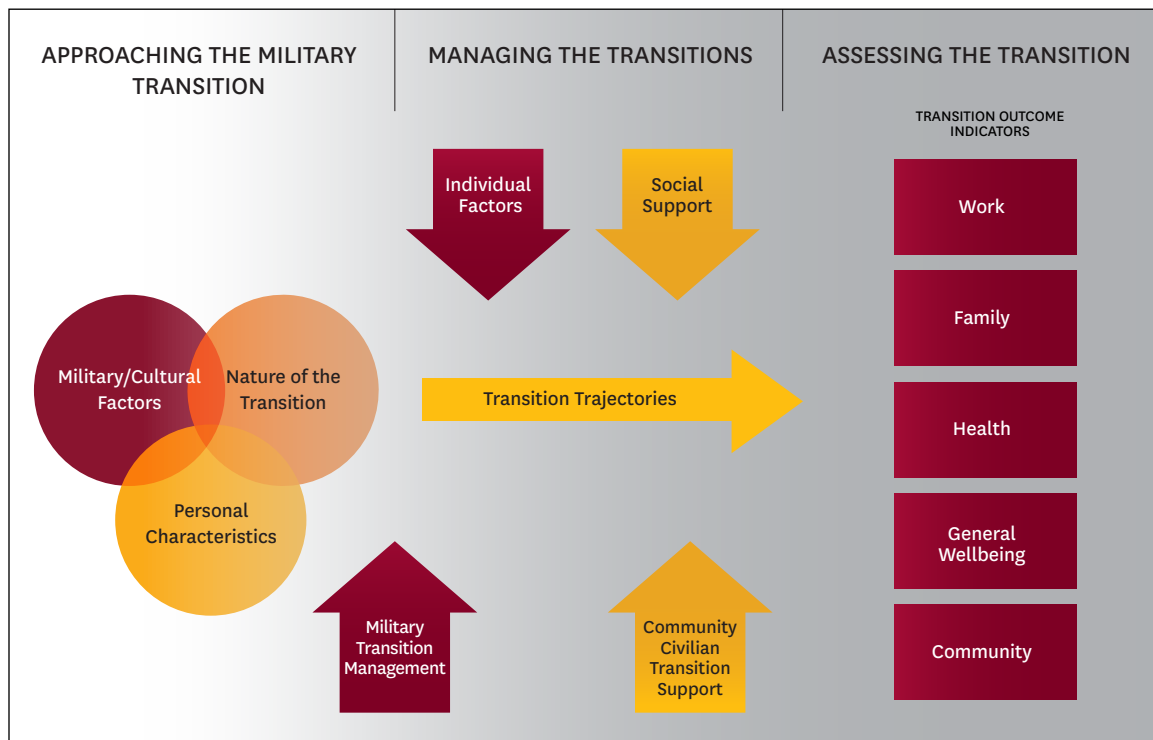


Figure 1. Military transition theory

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 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, multiple recruitment strategies were used to achieve maximum representativeness of the veteran population in the San Francisco Bay Area. The first strategy involved partnering with higher-learning institutions and local agencies which serve veterans in the San Francisco Bay Area. Two methods were used to collect 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 researchers to organize data-collection events within their respective organizations. Those who agreed to participate were sent either a paper survey copy or the online survey link. The final sampling strategy used print advertisements and social media to build a presence within the San Francisco 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 **Appendices A and B**). All data-collection procedures were approved by the University of Southern California Institutional Review Board.

Sample Demographics

In total, 722 individuals 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, 46.5% identified as serving before 9/11 (pre-9/11 veterans), while 53.5% 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 (49%) and post-9/11 (58%) participants. The largest group of pre-9/11 participants were male (86%) and 60 years or older (49%). The majority of post-9/11 participants were also male (76%) and were aged between 18 and 39 (75%). Thirty-nine percent of pre-9/11 participants and 49% 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.

Combat Exposure

Important to note in this study sample are the high rates of combat experience and combat exposure. Fifty percent of pre-9/11 veterans and 70% of post-9/11 veterans reported serving in combat. Sixty-eight percent of pre-9/11 veterans and 91% of post-9/11 veterans reported at least one deployment. For post-9/11 veterans, 28% indicated being deployed twice and an additional 19% reported three deployments. Elements of combat exposure were also high in the sample. Forty-eight percent of post-9/11 veterans and one-third of pre-9/11 veterans indicated being directly responsible for the death of an enemy combatant, with 31% and 20%, respectively, being directly responsible for the death of a non-combatant. Seventy-one percent of post-9/11 veterans and 59% of pre-9/11 veterans reported knowing someone seriously injured or killed. Over sixty-percent of both groups experienced feelings of being in great danger of being killed. High exposure to other items such as handling human remains, seeing Americans injured or killed, receiving arms fire, and being attacked or ambushed were also reported.

Discharge Status

Seventy-five percent of pre-9/11 veterans and 67% of post-9/11 veterans in the sample received an honorable discharge status from the military. Unique in this study is that veterans with a non-honorable discharge status were overrepresented in the sample. Almost 30% of participants who completed the study indicated receiving a non-honorable discharge. These non-honorable discharges include general under honorable conditions, other than honorable, bad conduct discharge, dishonorable discharge, dismissal (officer), uncharacterized or other. Previous community veteran studies in Los Angeles County, Orange County and Chicagoland had non-honorable discharge status percentages of 9%, 10% and 12%, respectively. Due to this overrepresentation, the findings of those participants with a non-honorable discharge are presented separately throughout the report. This was done for two reasons. First, service members who leave the military without an honorable discharge have a distinct transition disadvantage. The benefits service members receive after leaving the military will depend on their discharge status. Those military members who do not receive an honorable discharge are not eligible for the same benefits as those who receive other discharge statuses. This may introduce variability into the level of service support available to, and received by, transitioning service members, and therefore impact the transition outcomes. Secondly, the sample provides an opportunity for us to look at the specific outcomes for those participants who receive a non-honorable discharge status. Veterans who did not receive an honorable discharge status are an understudied population. This sample provides an opportunity to examine the transition experiences of this group. For these reasons, those veterans with non-honorable discharge are presented separately from those with an honorable discharge.

Table 1. Sample Characteristics

		PRE-9/11	N	POST-9/11	N
AGE	18-29	0.0%	0	16.1%	62
	30-39	12.2%	41	59.2%	228
	40-49	14.3%	48	17.9%	69
	50-59	24.8%	83	2.6%	10
	60-69	29.3%	98	3.9%	15
	70 AND OLDER	19.4%	65	0.3%	1
SEX	MALE	86.0%	288	75.8%	292
	FEMALE	13.4%	45	23.9%	92
	TRANSGENDER	0.6%	2	0.3%	1
MARITAL STATUS	SINGLE	32.2%	110	23.9%	92
	MARRIED	34.9%	117	59.5%	229
	DIVORCED	17.9%	60	11.7%	45
	SEPARATED	5.1%	17	1.8%	7
	WIDOWED	6.3%	21	0.5%	2
	DOMESTIC PARTNER	3.6%	12	2.6%	10
RACE / ETHNICITY	AMERICAN INDIAN OR ALASKA NATIVE	3.0%	10	2.6%	10
	ASIAN	3.6%	12	8.8%	34
	BLACK	24.6%	82	10.9%	42
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	1.8%	6	3.1%	12
	WHITE	50.0%	167	58.2%	224
	HISPANIC/LATINO	10.8%	36	12.7%	49
	OTHER	6.3%	21	3.6%	14

		PRE-9/11	N	POST-9/11	N
EDUCATION	SOME HIGH SCHOOL	3.0%	10	1.6%	6
	GED	5.7%	19	1.6%	6
	HIGH SCHOOL DIPLOMA	11.9%	40	57.0%	27
	SOME COLLEGE	25.7%	86	27.3%	105
	ASSOCIATE DEGREE	12.5%	42	12.5%	48
	BACHELOR'S	22.4%	75	24.2%	93
	MASTER'S	14.0%	47	22.1%	85
	DOCTORATE	2.1%	7	2.9%	11
	OTHER	2.7%	9	1.0%	4
SERVICE BRANCH	U.S. AIR FORCE	13.1%	44	9.6%	37
	U.S. ARMY	49.3%	165	57.9%	223
	U.S. COAST GUARD	1.8%	6	7.8%	30
	U.S. MARINE CORPS	10.4%	35	12.5%	48
	U.S. NAVY	25.4%	85	12.2%	47
DISCHARGE STATUS	HONORABLE	75.0%	249	67.2%	258
	GENERAL, UNDER HONORABLE CONDITIONS	14.2%	47	12.5%	48
	OTHER THAN HONORABLE	3.3%	11	7.8%	30
	BAD CONDUCT DISCHARGE	4.2%	14	5.7%	22
	DISHONORABLE DISCHARGE	2.4%	8	4.9%	19
	DISMISSAL (OFFICER)	0.0%	0	1.0%	4
	UNCHARACTERIZED	0.6%	1	0.3%	1
	OTHER	0.3%	1	0.5%	2

TRANSITIONING OUT OF THE MILITARY

Pre- and post-9/11 veterans reported difficulty adjusting to civilian life, with 48% of pre-9/11 veterans and 71% of post-9/11 veterans reporting adjustment challenges. Veterans from both eras indicated that part of this adjustment included figuring out what they would do post-service (**Figure 2a**). Sixty-five percent of pre-9/11 veterans and 82% of post-9/11 veterans reported they needed time to figure out what they wanted to do with their life. Forty-three percent of pre-9/11 veterans and 66% 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 a third (37%) of pre-9/11 veterans took less than a month break, with another quarter (25%) taking one to three months. Eighteen percent of post-9/11 veterans took less than a month, with 23% taking one to three months and 27% taking four to six months. Over one-fifth (22%) of pre-9/11 veterans took more than a six-month break after transition, while almost a third (32%) of post-9/11 veterans took more than a six-month break.

NON-HONORABLE DISCHARGE STATUS

Veterans in the sample without an honorable discharge status also reported high levels of difficulty adjusting to civilian life. While post-9/11 veterans with a non-honorable discharge status reporting adjustment difficulty was similar to their honorable discharge status counterparts (71% for both), a significantly higher number of pre-9/11 veterans with a non-honorable discharge status reported difficulty adjusting to civilian life than those pre-9/11 veterans with an honorable discharge status (77% vs. 48%) (**Figure 2b**). Sixty-five percent of pre-9/11 veterans and 76% of post-9/11 veterans reported they needed time to figure out what they wanted to do with their life. Over half (54%) of pre-9/11 veterans and 39% of post-9/11 veterans with a non-honorable discharge status reported they planned to take time off after their transition from the military. Only 12% of these pre-9/11 veterans and 1% of post 9/11 veterans took less than a month break. The most frequent reported break time for those with non-honorable discharge status was one to three months for pre-9/11 veterans (29%) and four to six months for post-9/11 veterans (33%). Veterans with a non-honorable discharge status were more likely to take more than a six-month break after service, with 36% of pre-9/11 veterans and 50% of post-9/11 veterans reporting a more than six-month break.

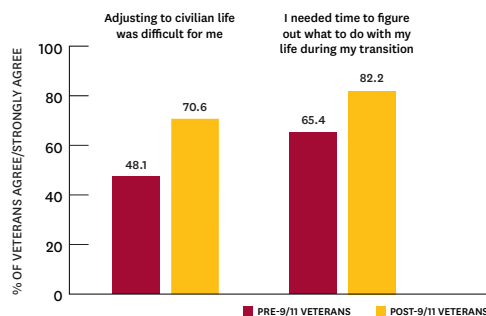


Figure 2a. Percent of pre-9/11 and post-9/11 veterans reporting transition difficulties

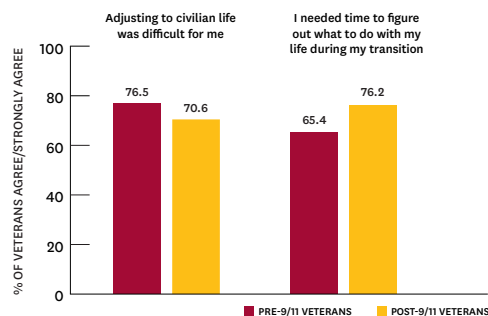


Figure 2b. Percent of pre-9/11 and post-9/11 veterans with non-honorable discharge reporting transition difficulties

Life Satisfaction

The majority of both pre- and post-9/11 veterans reported low to moderate levels of life satisfaction, with approximately 38% of pre-9/11 veterans and 29% of post-9/11 veterans reporting being satisfied with their life, with only 37% of pre-9/11 and 33% of post-9/11 veterans agreeing that they have gotten the important things they wanted in life (**Figure 3a**).

NON-HONORABLE DISCHARGE STATUS

Those with a non-honorable discharge status tended to report slightly higher satisfaction with their life, with approximately 36% of pre-9/11 veterans and 39% of post-9/11 veterans reporting being satisfied with their life, and with 33% of pre-9/11 and 44% of post-9/11 veterans agreeing that they have gotten the important things they wanted in life (**Figure 3b**).

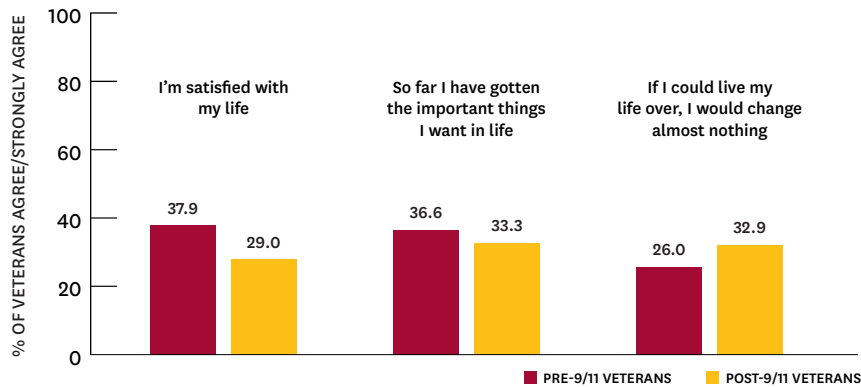


Figure 3a. Percent of pre-9/11 and post-9/11 veterans reporting life satisfaction

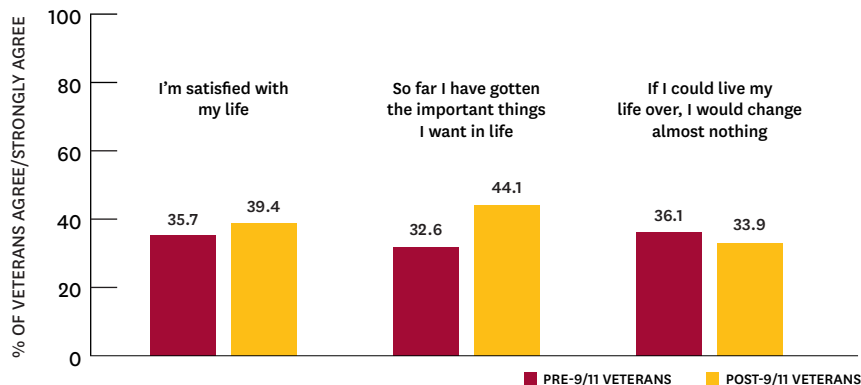


Figure 3b. Percent of pre-9/11 and post-9/11 veterans with non-honorable discharge reporting life satisfaction

Internal and External Perceptions of Veteran Status

Overall, veterans had positive perceptions of their status as veterans. Approximately three-quarters of both pre- and post-9/11 veterans agreed that being a veteran has had a positive impact on their life (Figure 4a). When asked if they would be better off had they never joined the military, 10% of pre-9/11 and 14% of post-9/11 agreed with that statement. However, when asked how they feel they are viewed by civilians, veterans reported some negative perceptions. Almost two-thirds (63%) of pre-9/11 participants and 83% of post-9/11 participants reported that civilians do not understand the problems faced by veterans. A majority of both groups (59% pre- and 64% post-9/11) reported that civilians do not appreciate the sacrifices that veterans made for them. Fifty-seven percent of post-9/11 veterans reported feeling as though their military skills and experience are often dismissed.

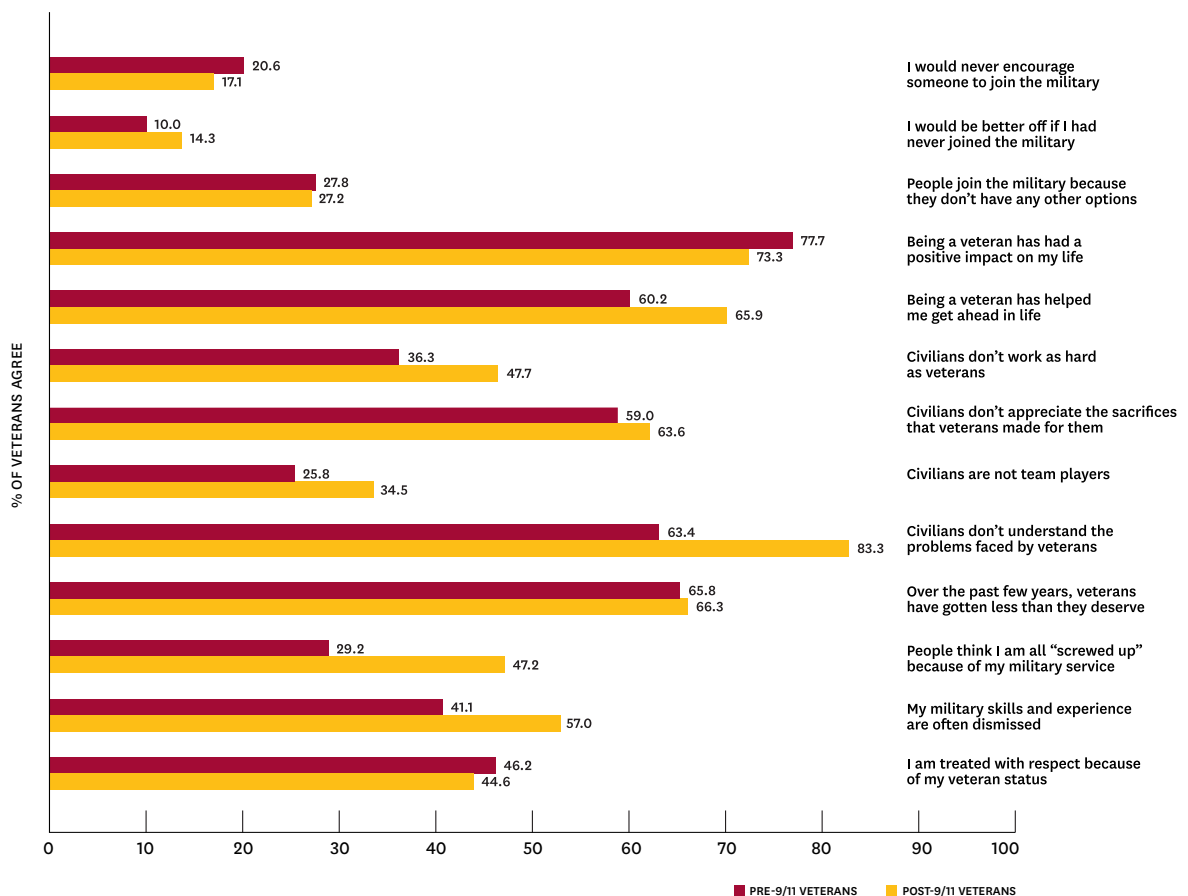


Figure 4a. Pre-9/11 and post-9/11 veterans' perception of veteran status

NON-HONORABLE DISCHARGE STATUS

Veterans with a non-honorable discharge status reported some different perceptions about their military status. While those with a non-honorable discharge status are still likely to report that being a veteran has had a positive impact on their life (62% pre- and 58% post-9/11), 29% of pre-9/11 and 43% of post-9/11 veterans report they would be better off if they had never joined the military (**Figure 4b**). One-third (33%) of pre-9/11 veterans and 43% of post-9/11 veterans with a non-honorable discharge status report they would never encourage someone to join the military. These veterans also report similar negative perceptions from civilians. Fifty-seven percent of pre-9/11 participants and 61% of post-9/11 participants reported that civilians do not understand the problems faced by veterans. A majority of both groups (54% pre- and 62% post-9/11) reported that civilians do not appreciate the sacrifices that veterans made for them. Seventy-four percent of post-9/11 veterans reported feeling as though their military skills and experience are often dismissed.

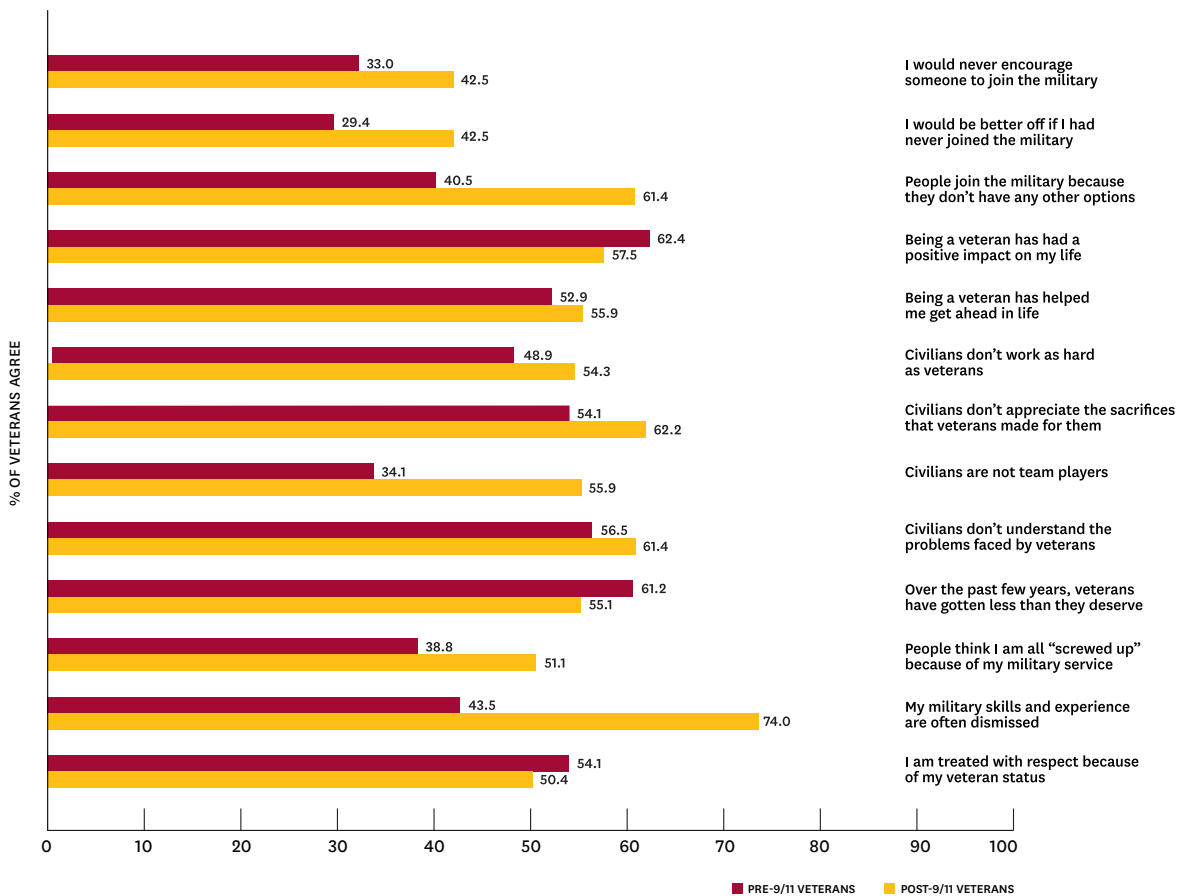


Figure 4b. Pre-9/11 and post-9/11 veterans' with non-honorable discharge perceptions of veteran status

Social Connectedness

Social connectedness, the degree to which someone feels connected to their social environment, is an important element of service member-to-civilian transition. Over half of pre-9/11 veterans (57%) and 34% of post-9/11 veterans reported feeling disconnected to the world around them. Fifty-eight percent of pre-9/11 veterans report feeling as if they do not really belong, and 57% feel distant from people. Forty-one percent of post-9/11 veterans report feeling as if they do not belong, with 47% reporting feeling distant from people. Reports of feelings of social connectedness can be seen in **Figure 5a**.

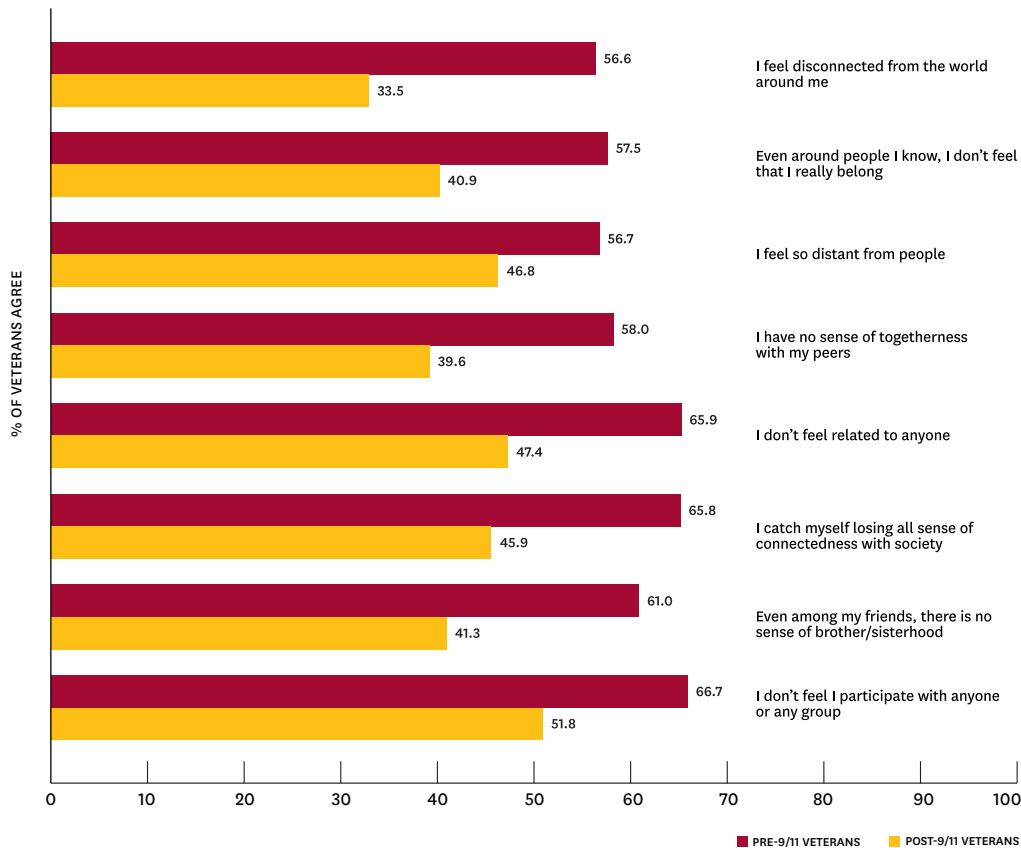


Figure 5a. Pre-9/11 and post-9/11 veterans' perceptions of social connectedness

NON-HONORABLE DISCHARGE STATUS

Veterans with a non-honorable discharge status reported higher levels of social connectedness than their honorable discharge status counterparts. In particular, post-9/11 veterans with a non-honorable discharge status reported markedly high levels of social connectedness. One-third of pre-9/11 veterans (33%) and 19% of post-9/11 veterans reported feeling disconnected to the world around them. Forty-eight percent of pre-9/11 veterans report feeling as if they do not really belong, and 43% reported feeling distant from people. Only 14% of post-9/11 veterans report feeling as if they do not belong, with one-fourth reporting feeling distant from people (Figure 5b).

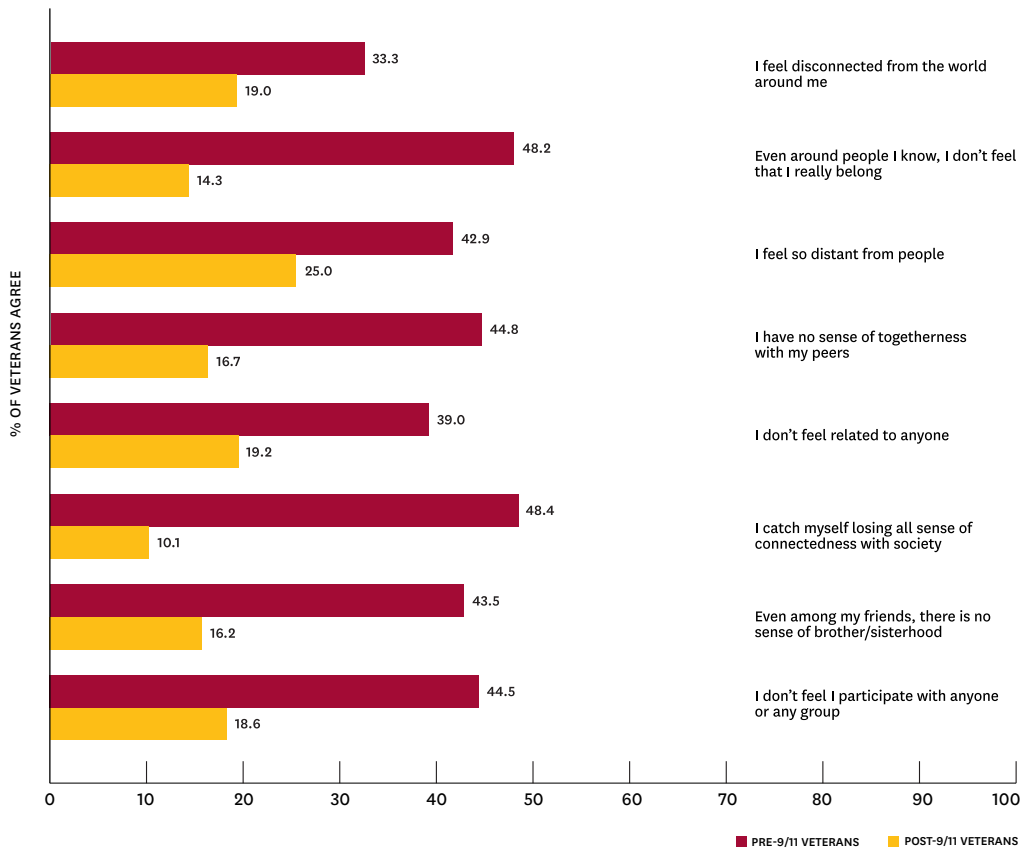


Figure 5b. Pre-9/11 and post-9/11 veterans with non-honorable discharge perceptions of social connectedness

EMPLOYMENT AND FINANCES

Employment

Sixty-seven percent of pre-9/11 veterans and 81% of post-9/11 veterans did not have a job when they left the military (Figure 6a). In regards to current employment status, post-9/11 veterans were more likely to be employed full-time than pre-9/11 veterans, with half of post-9/11 veterans surveyed reported working full-time and 22% of pre-9/11 veterans reporting a full-time work status (Figure 7a). Post-9/11 veterans were also twice as likely to be working part-time (23%) as pre-9/11 veterans (12%). It should be noted that pre-9/11 veterans are twelve times more likely to report being retired (37%) than are post-9/11 veterans (3%). There was little difference between pre- and post-9/11 veterans who were unemployed and looking for work (9% pre- and 11% post-9/11) or were unemployed and NOT looking for work (9% pre- and 11% post-9/11). 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, a difference in rates of unemployment emerged, with 20% of pre-9/11 veterans and 13% of post-9/11 veterans reporting being unemployed (Figure 8a). For both groups, veterans who indicated their military occupation to be combat support/combat arms support roles (22%) were more likely to report unemployment than combat arms (9%).

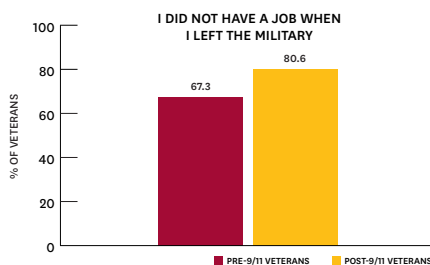


Figure 6a. Percent of pre-9/11 and post-9/11 veterans reporting they did not have a job when they left the military

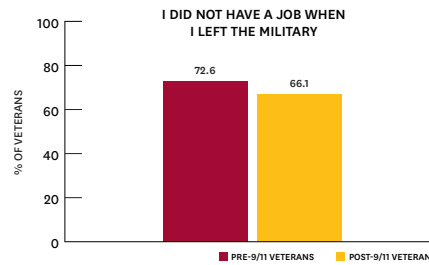


Figure 6b. Percent of pre-9/11 and post-9/11 veterans with non-honorable discharge reporting they did not have a job when they left the military

NON-HONORABLE DISCHARGE STATUS

Seventy-three percent of pre-9/11 veterans and 66% of post-9/11 veterans with a non-honorable discharge status did not have a job when they left the military (Figure 6b). Veterans with a non-honorable discharge status were more likely to be employed full-time than those with an honorable discharge status, with 65% post-9/11 veterans and 34% of pre-9/11 veterans working full-time (Figure 7b). Pre-9/11 veterans with a non-honorable discharge status were less likely to be retired than their honorable discharge status counterparts (18% non-honorable vs. 38% honorable). Looking at the adjusted rate for unemployment,

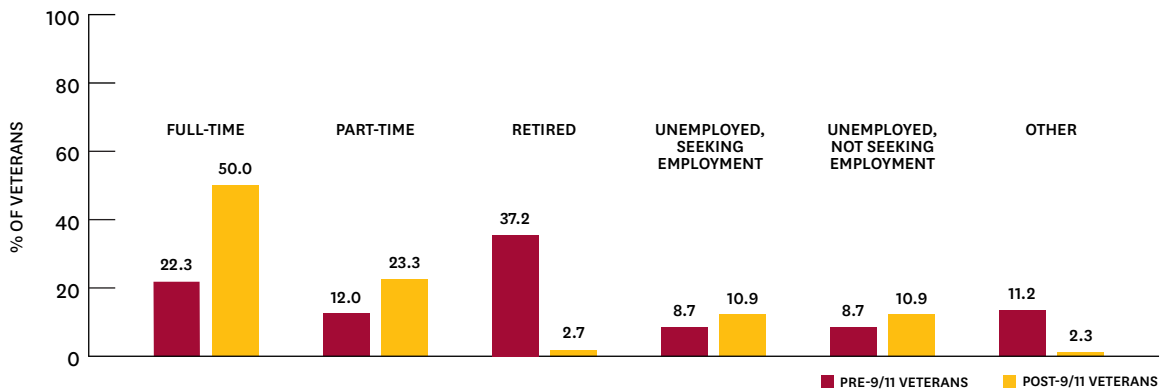


Figure 7a. Percent of pre-9/11 and post-9/11 veterans reporting working full-time, part-time, retired, unemployed seeking employment, unemployed and not seeking employment, or other

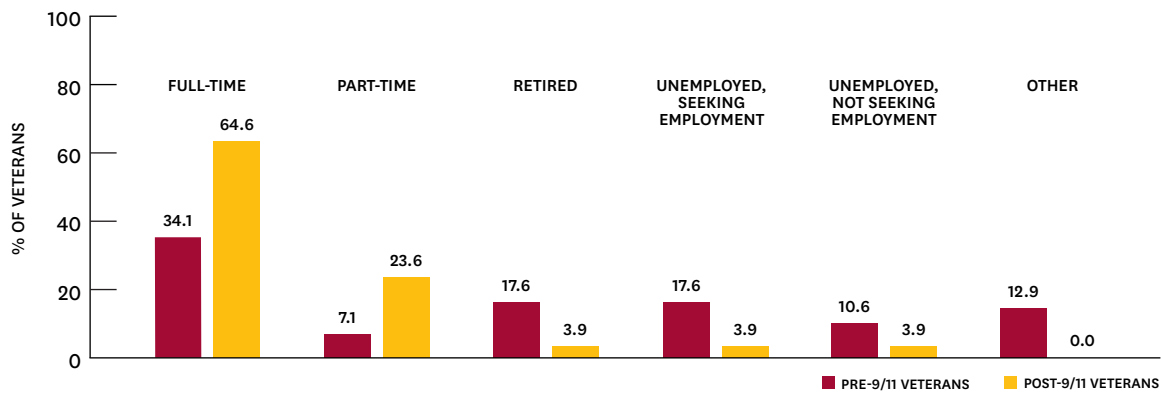


Figure 7b. Percent of pre-9/11 and post-9/11 veterans with non-honorable discharge reporting working full-time, part-time, retired, unemployed seeking employment, unemployed and not seeking employment or other

pre-9/11 veterans with a non-honorable discharge status were more likely to be unemployed (30% non-honorable vs. 20% honorable) (Figure 8b). Post-9/11 veterans with a non-honorable discharge status, however, were less likely to be unemployed (4% non-honorable vs. 13% honorable). Again, veterans who indicated their military occupation to be combat support/combat arms support roles were more likely to report unemployment than combat arms (19% vs. 7%).

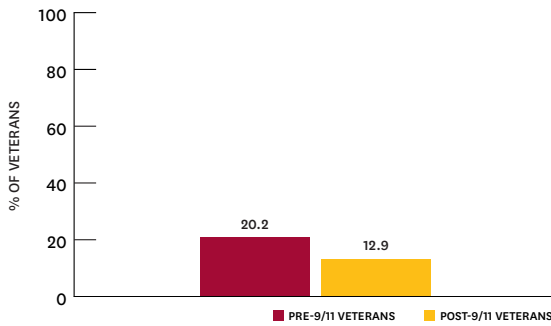


Figure 8a. Percent of pre-9/11 and post-9/11 unemployed veterans (includes only those currently in the workforce)

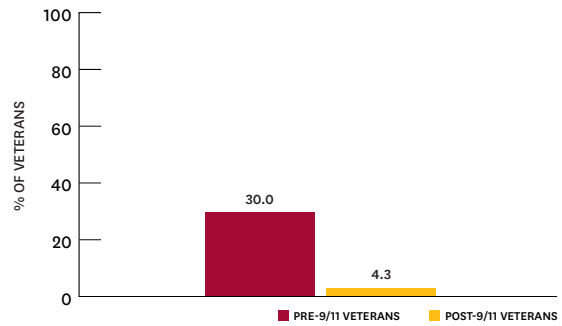


Figure 8b. Percent of pre-9/11 and post-9/11 unemployed veteran with non-honorable discharge (includes only those currently in the workforce)

Veteran Median Income

For those veterans working full-time, 35% of pre-9/11 veterans have an annual salary of over \$60,000, with only 17% of post-9/11 veterans falling in that same income category (Figure 9a). Thirty-nine percent of working pre-9/11 veterans and 40% of working post-9/11 veterans earned below \$36,000 a year. Eleven percent of pre-9/11 veterans and 6% of post-9/11 veterans had an annual income below the U.S. national household poverty level guidelines for 2015 (\$24,250).

NON-HONORABLE DISCHARGE STATUS

For those veterans with a non-honorable discharge status working full-time, 50% of pre-9/11 veterans have an annual salary of over \$60,000, with only 17% of post-9/11 veterans with a non-honorable discharge status reporting making this salary (Figure 9b). Twenty-two percent of working pre-9/11 veterans and 46% of working post-9/11 veterans earned below \$36,000 a year. Four percent of pre-9/11 veterans and 2% of post-9/11 veterans had an annual income below the U.S. national household poverty level.

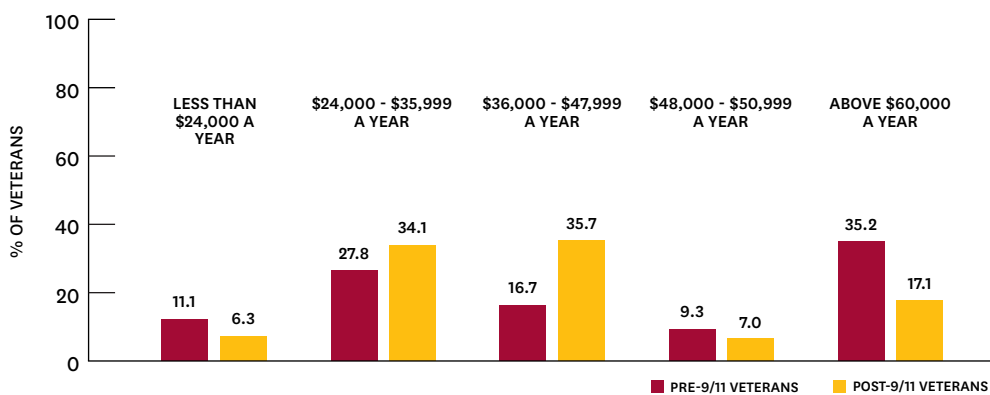


Figure 9a. Median annual household gross (before taxes) income for pre-9/11 and post-9/11 veterans working full-time

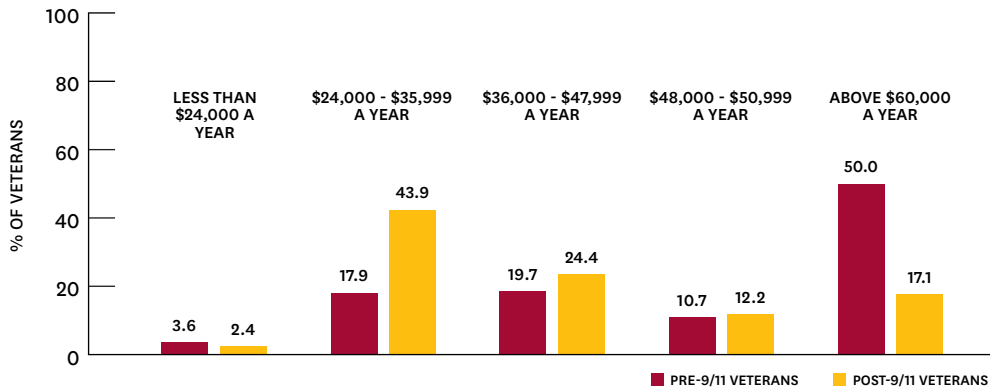


Figure 9b. Median annual household gross (before taxes) income for pre-9/11 and post-9/11 veterans with non-honorable discharge working full-time

Finances

Twenty-eight percent of pre-9/11 and 47% of post-9/11 veterans indicated they had gotten into financial trouble in the past 12 months (Figure 10a). Some participants indicated they had gambled with money they couldn't afford to lose over the past year (11% pre- and 15% post-9/11). Post-9/11 veterans were twice as likely as pre-9/11 veterans to have taken out a payday loan (28% vs. 14%).

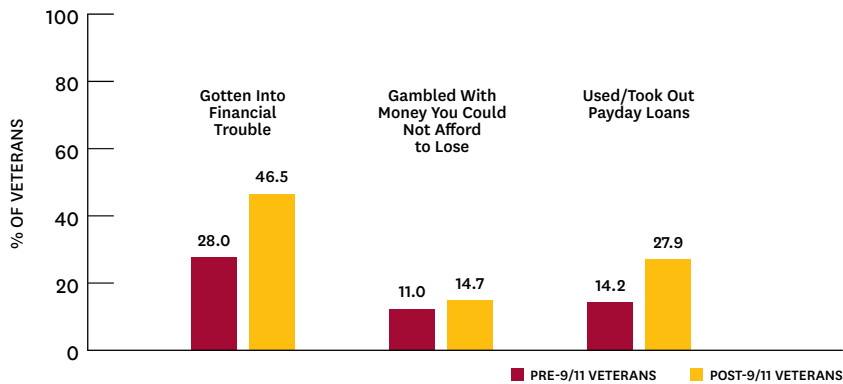


Figure 10a. Percent of pre-9/11 and post-9/11 veterans reporting financial difficulties in the past year

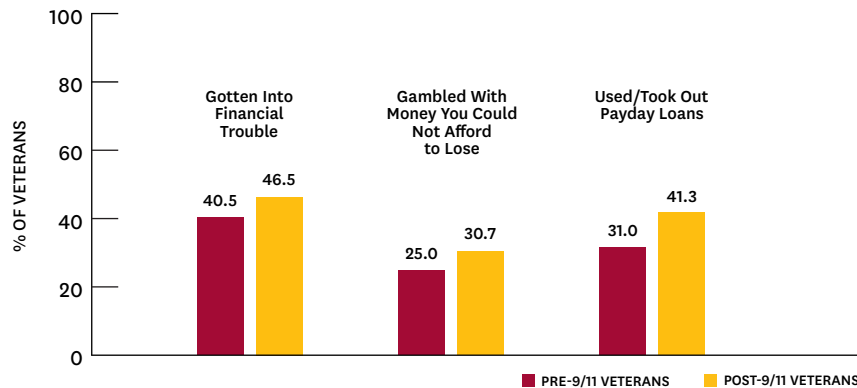


Figure 10b. Percent of pre-9/11 and post-9/11 veterans with non-honorable discharge reporting financial difficulties in the past year

NON-HONORABLE DISCHARGE STATUS

While post-9/11 veterans with a non-honorable discharge status had similar rates of reporting financial difficulty in the past 12 months as their honorable discharge counterparts (47% for both groups), pre-9/11 veterans with a non-honorable discharge status were 1.5 times more likely to report financial difficulty in the past 12 months than those with an honorable discharge status (41% non-honorable vs. 28% honorable) (Figure 10b). For both pre- and post-9/11 veterans with a non-honorable discharge status, reports of gambling and use of payday loans were 2 to 3 times higher than those with an honorable discharge status. One-quarter of pre-9/11 veterans and 31% of post-9/11 veterans with a non-honorable discharge status indicated gambling with money they could not afford to lose, while 31% of pre-9/11 veterans and 41% of post-9/11 veterans with a non-honorable discharge status reported taking out payday loans.

HOUSING

Upon military separation, many veterans did not have a permanent place to live when they transitioned out of the military (Figure 11a). Only half of pre-9/11 veterans (54%) and 35% of post-9/11 veterans had lined up housing. Twenty percent of pre-9/11 veterans and 41% of post-9/11 veterans reported experiencing at least one homeless night within the past year (Figure 12a). Twenty-four percent of pre-9/11 veterans and 40% of post-9/11 veterans reported concerns about having housing in the next two months (Figure 13a). Twelve percent of post-9/11 veterans and 24% of pre-9/11 veterans reported being evicted at least once since leaving the military.

NON-HONORABLE DISCHARGE STATUS

Forty percent of pre-9/11 veterans and 45% of post-9/11 veterans with a non-honorable discharge status reported having a permanent place to live after leaving the military (Figure 11b). Pre-9/11 veterans with a non-honorable discharge status were more than 2.5 times more likely to report experiencing at least one homeless night within the past year than pre-9/11 veterans with an honorable discharge status (55%

non-honorable vs. 20% honorable) (Figure 12b). Post-9/11 veterans with a non-honorable discharge status were almost twice as likely to report a homeless night as post-9/11 veterans with an honorable discharge status (74% non-honorable vs. 41% honorable). For those veterans with a non-honorable discharge status, 21% of pre-9/11 veterans and 39% of post-9/11 veterans reported concerns about having housing in the next two months (Figure 13b), and 31% of pre-9/11 veterans and 39% of post-9/11 veterans reported being evicted at least once since leaving the military.

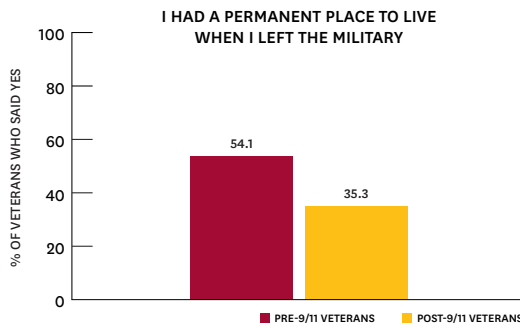


Figure 11a. Percent of pre-9/11 and post-9/11 veterans reporting permanent housing arrangements upon leaving the military

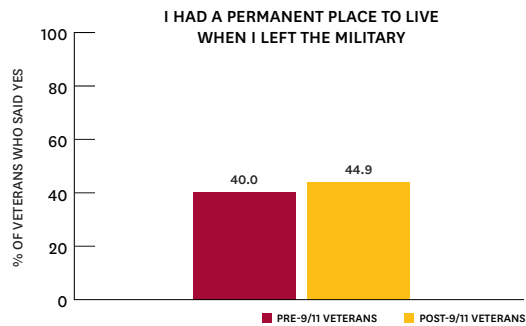


Figure 11b. Percent of pre-9/11 and post-9/11 veterans with non-honorable discharge reporting permanent housing arrangements upon leaving the military

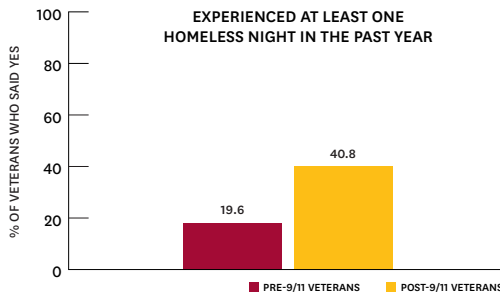


Figure 12a. Percent of pre-9/11 and post-9/11 veterans indicating experiencing at least one homeless night (not had a place to live/sleep) in the past year

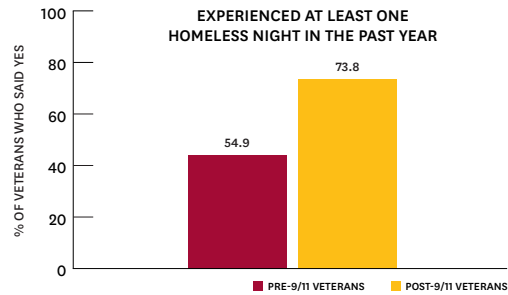


Figure 12b. Percent of pre-9/11 and post-9/11 veterans with non-honorable discharge indicating experiencing at least one homeless night (not had a place to live/sleep) in the past year

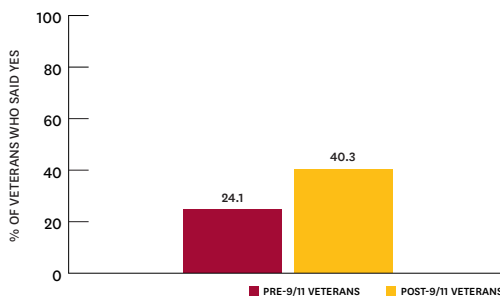


Figure 13a. Percent of pre-9/11 and post-9/11 veterans concerned about having housing in the next two months

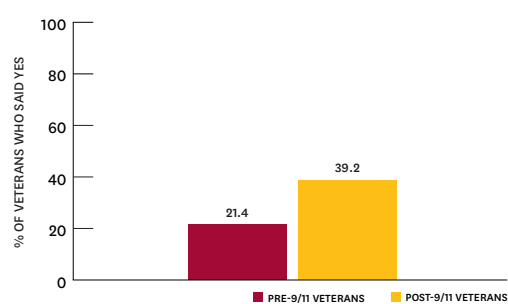


Figure 13b. Percent of pre-9/11 and post-9/11 veterans with non-honorable discharge concerned about having housing in the next two months

FOOD INSECURITY

Many veterans reported food insecurity concerns. Two questions were asked to measure food insecurity. These included concerns about whether their food would run out before they received money to purchase more and indicating whether when they bought food, it just did not last and they did not have the money to get more. Participants who endorsed either item were considered as having food insecurity. Forty-five percent of pre-9/11 veterans and 62% of post-9/11 veterans met the criteria for experiencing food insecurity.

NON-HONORABLE DISCHARGE STATUS

Veterans with a non-honorable discharge status reported much higher rates of food insecurity. Seventy-six percent of pre-9/11 veterans and 93% of post-9/11 veterans met the criteria for experiencing food insecurity.

HEALTH AND WELL-BEING

Physical Health

More than two-thirds of veterans reported their health status to be good or excellent (**Figure 14a**). Sixty-seven percent of pre-9/11 veterans reported good or excellent health and 66% of post-9/11 veterans reported their health to be good or excellent. Surprisingly, but consistent with previous veteran studies, post-9/11 veterans reported more physical health problems than did pre-9/11 veterans (**Figure 15a**). Forty-eight percent (48%) of post-9/11 veterans and 32% of pre-9/11 veterans meet the diagnostic criteria for moderate to severe physical health symptoms. The most frequently reported physical health symptoms of post-9/11 veterans included difficulty sleeping (48%); pain in arms, legs, or joints (39%); back pain (38%); headaches (31%); and feeling tired/having low energy (30%). Pre-9/11 veterans reported the same top five physical health symptoms, with the most frequently reported symptom being trouble sleeping (32%); followed by pain in arms, legs, or joints (32%); feeling tired (26%); back pain (26%); and headaches (14%). For every somatic symptom except chest pain and shortness of breath, 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; dizziness and fainting; and, for female veterans, menstrual cramps and

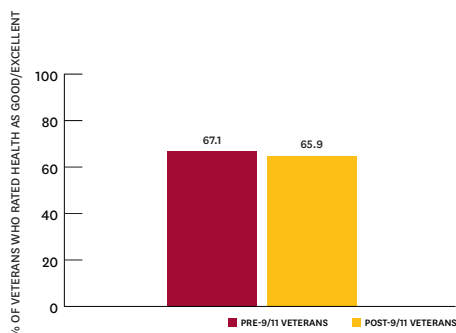


Figure 14a. Pre-9/11 and post-9/11 veterans' self-rating of overall health

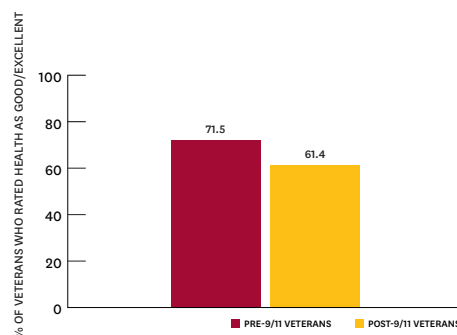


Figure 14b. Pre-9/11 and post-9/11 veterans with non-honorable discharge self-rating of overall health

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.

NON-HONORABLE DISCHARGE STATUS

Veterans with a non-honorable discharge status had significantly higher rates of physical health difficulties. Seventy-two percent of these pre-9/11 veterans and 61% of post-9/11 veterans rated their physical health as good or excellent (Figure 14b). Seventy-seven percent (77%) of post-9/11 veterans and 55% of pre-9/11 veterans met the diagnostic criteria for physical health difficulties. The most frequently reported difficulties for post-9/11 veterans with a non-honorable discharge status were headaches (42%); trouble sleeping (35%); pain

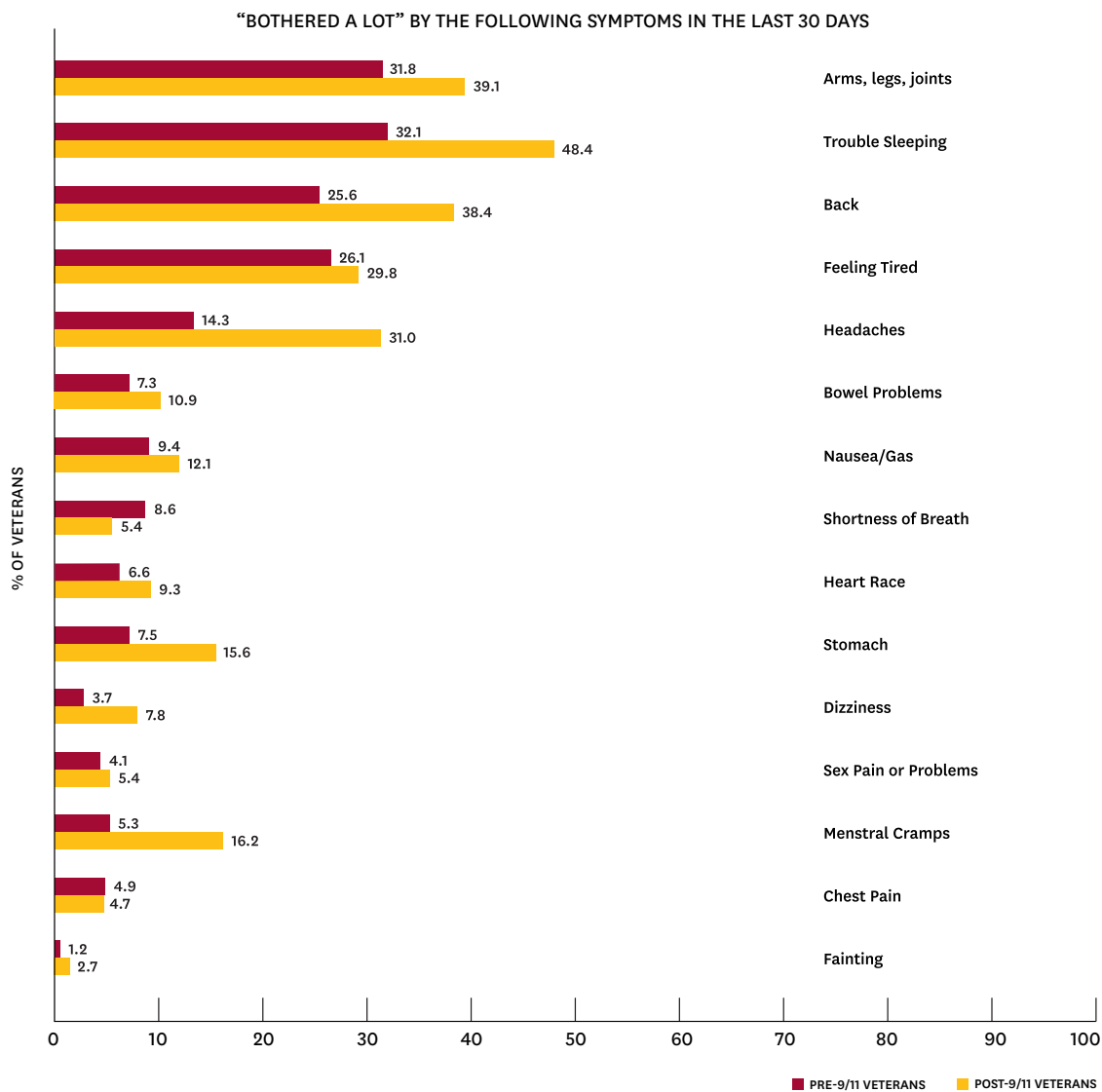


Figure 15a. Pre-9/11 and post-9/11 veteran physical health symptoms in the past 30 days

in the arms, legs, or joints (34%); and back pain (27%). The most frequently reported difficulties for pre-9/11 veterans with a non-honorable discharge status were trouble sleeping (35%); back pain (28%); feeling tired (23%); and pain in the arms, legs, or joints (22%) (Figure 15b).

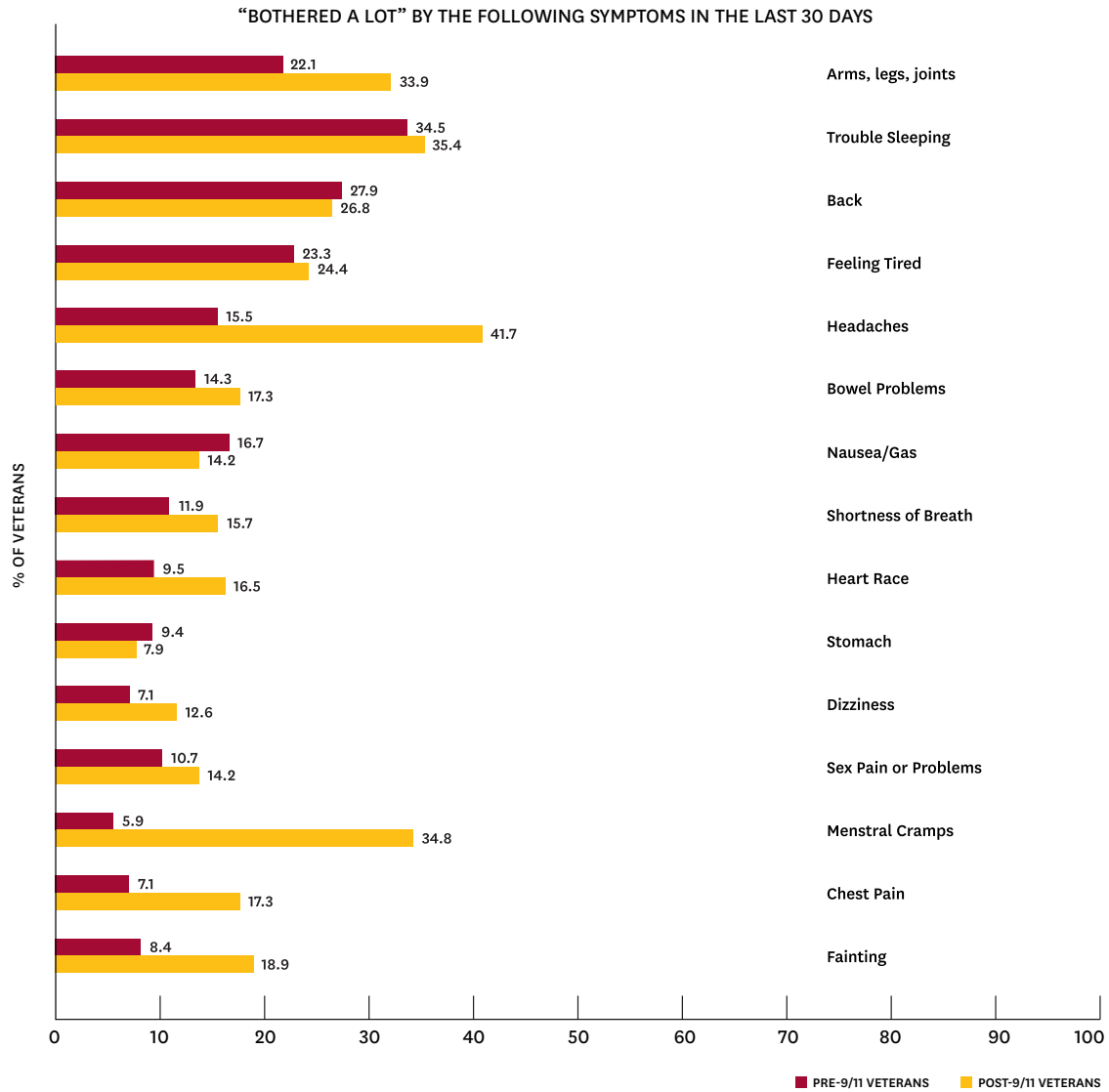


Figure 15b. Pre-9/11 and post-9/11 veteran with non-honorable discharge physical health symptoms in the past 30 days

Psychological Health

Results demonstrated significant levels of psychological health challenges for both pre- and post-9/11 veterans. Post-9/11 veterans were more likely than pre-9/11 veterans to screen positive for PTSD and depression (Figure 16a). While 53% of post-9/11 veterans screened positive for PTSD, 41% of pre-9/11 veterans screened positive for PTSD. Similarly, while 64% of post-9/11 veterans screened positive for depression, 35% 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. Forty-six percent of post-9/11 veterans in the sample met the suicide risk criteria and 28% 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, 53% of pre-9/11 veterans and 46% of post-9/11 veterans responded never. Twenty-two percent of pre-9/11 veterans and 17% of post-9/11 veterans indicated having a brief passing suicidal thought over the past year. Sixteen percent of pre-9/11 and 30% of post-9/11 veterans indicated having a plan to take their life during the last 12 months (Figure 17a).

NON-HONORABLE DISCHARGE STATUS

Veterans with a non-honorable discharge status demonstrated even higher rates of psychological health challenges. Eighty-eight percent (88%) of post-9/11 veterans and 65% of pre-9/11 veterans with a non-honorable discharge status screened positive for PTSD, while 84% of post-9/11 veterans and 63% of pre-9/11 veterans screened positive for depression (Figure 16b). Risk for suicide rates also increased in veterans with a non-honorable discharge status with 70% of post-9/11 veterans and 55% of pre-9/11 veterans meeting the suicide risk criteria. When asked if they had thoughts about, or made attempt(s) at, killing themselves in the past 12 months, 31% of pre-9/11 veterans and 26% of post-9/11 veterans with a non-honorable discharge status responded never. Seventeen percent of pre-9/11 veterans and 20% of post-9/11 veterans without an honorable discharge status indicated having a brief passing suicidal thought over the past year. Also within this group, 35% of pre-9/11 and 52% of post-9/11 veterans indicated having a plan to take their life during the last 12 months (Figure 17b).

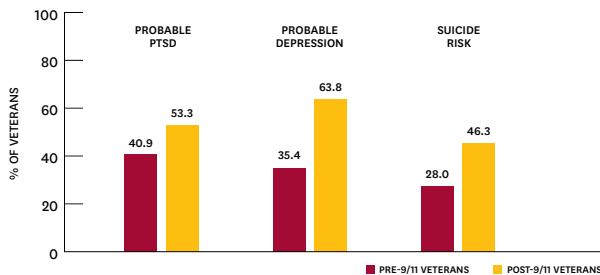


Figure 16a. Percent of pre-9/11 and post-9/11 veterans who screened positive for PTSD, depression, and risk for suicide

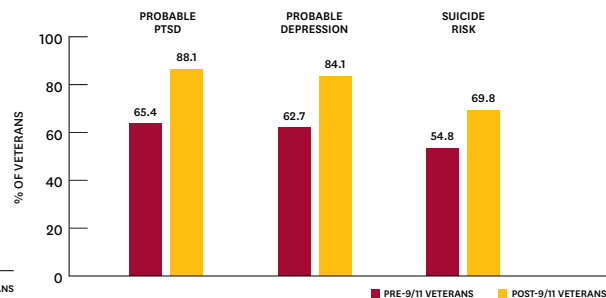


Figure 16b. Percent of pre-9/11 and post-9/11 veterans with non-honorable discharge who screened positive for PTSD, depression, and risk for suicide

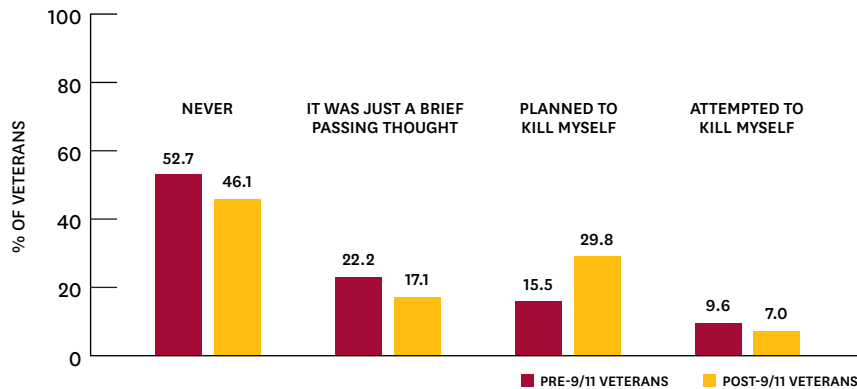


Figure 17a. Percent of pre-9/11 and post-9/11 veterans who considered suicide in the past year

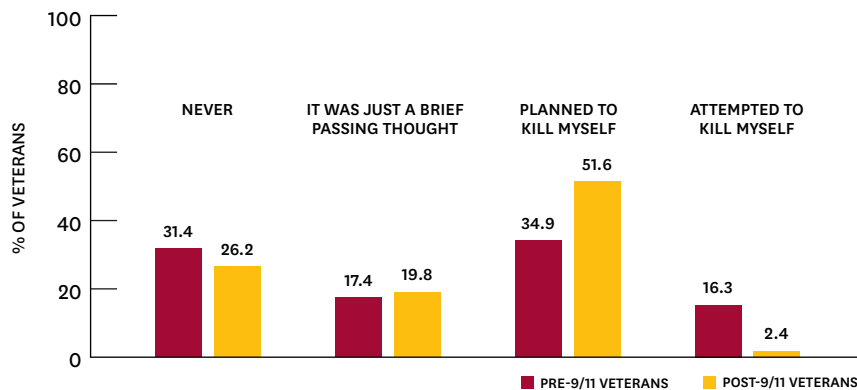


Figure 17b. Percent of pre-9/11 and post-9/11 veterans with non-honorable discharge who considered suicide in the past year

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 (Figure 18a). Post-9/11 veterans were approximately twice as likely as pre-9/11 veterans to look to start a fight (25% vs. 13%); to take unnecessary life risks (35% vs. 18%); to drive after several drinks (32% vs. 15%); and to take unnecessary health risks (36% vs. 19%). Post-9/11 veterans were only slightly more likely to engage in the following compared to pre-9/11 veterans: carry a weapon outside work duties (13% vs. 12%) and risk getting a sexually transmitted disease (19% vs. 13%).

When looking at alcohol consumption, veterans in the sample reported high rates of consumption. However, post-9/11 veterans were more likely to screen positive for significant alcohol use (58%) compared to pre-9/11 veterans (32%) (Figure 19a).

NON-HONORABLE DISCHARGE STATUS

Overall, veterans with a non-honorable discharge status were more likely to engage in risk-taking behavior. Post-9/11 veterans in this group were again more likely to engage in these compared to pre-9/11 veterans, including to look to start a fight (36% vs. 25%); to take unnecessary health risks (44% vs. 41%); to drive after several drinks (47% vs. 20%); to take unnecessary life risks (39% vs. 29%); to carry a weapon outside work duties (28% vs. 17%); and to risk getting a sexually transmitted disease (35% vs. 33%) (Figure 18b).

When looking at alcohol consumption, veterans with a non-honorable discharge status reported higher rates of consumption than those with an honorable discharge status. Seventy-four percent of post-9/11 veterans and 62% of pre-9/11 veterans screened positive for significant alcohol use (Figure 19b).

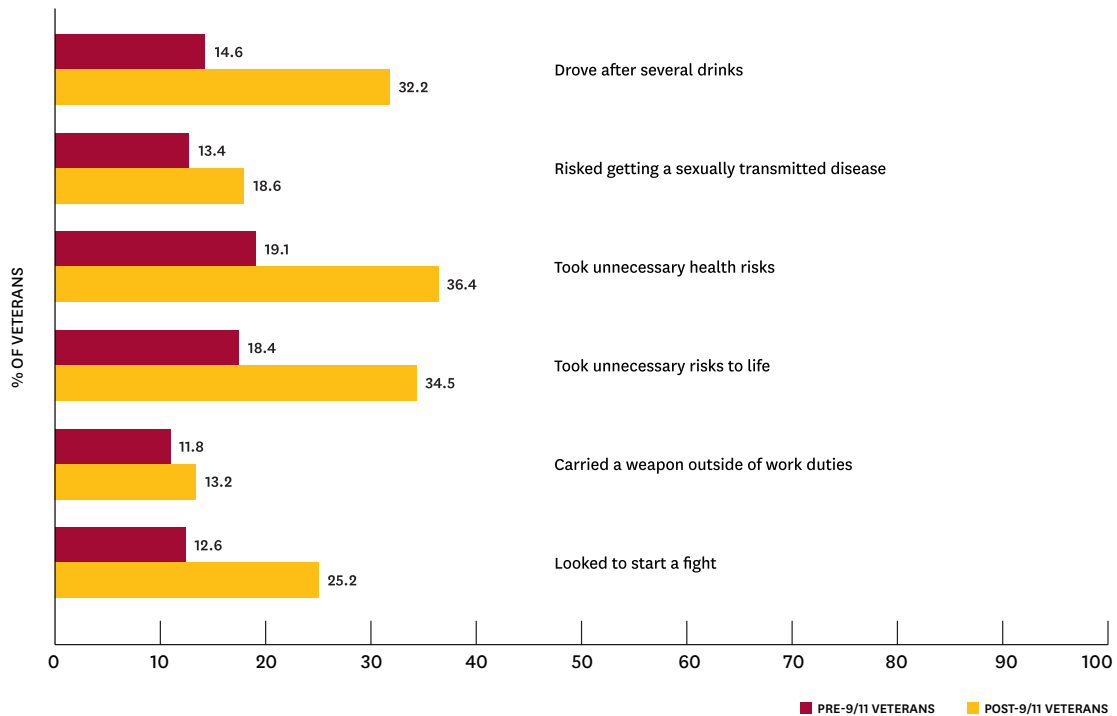


Figure 18a. Percent of pre-9/11 and post-9/11 veterans who engaged in various risk-taking behaviors in the last 12 months

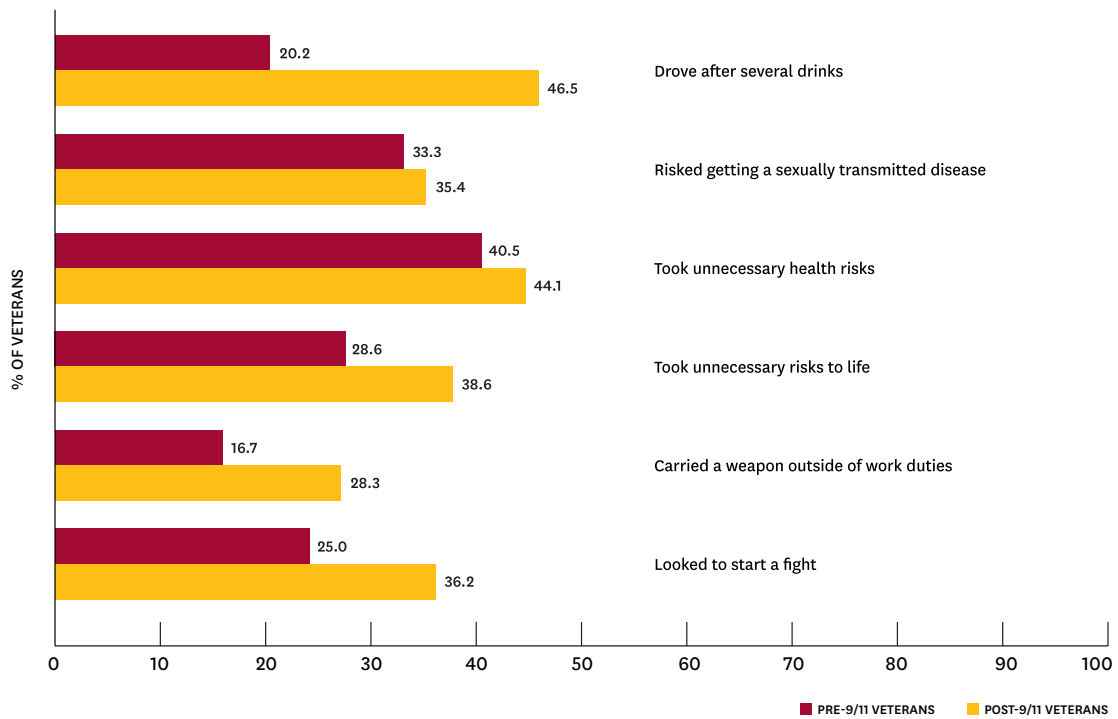


Figure 18b. Percent of pre-9/11 and post-9/11 veterans with non-honorable discharge who engaged in various risk-taking behaviors in the last 12 months

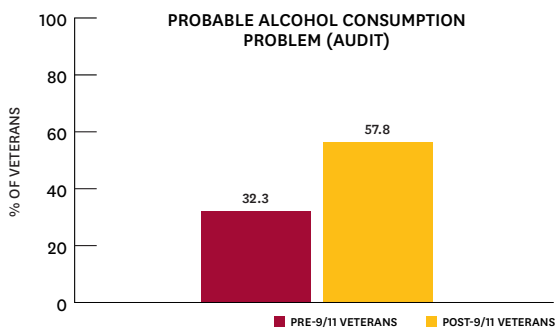


Figure 19a. Percent of pre-9/11 and post-9/11 veterans who screened positive on the Alcohol Use Disorders Identification Test (AUDIT) alcohol consumption scale

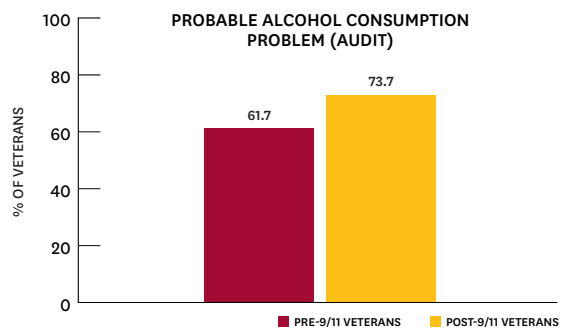


Figure 19b. Percent of pre-9/11 and post-9/11 veterans with non-honorable discharge who screened positive on the Alcohol Use Disorders Identification Test (AUDIT) alcohol consumption scale

Military Sexual Trauma (MST)

Military sexual trauma included instances of sexual harassment, stalking and sexual assault. Eighty-six percent of female pre-9/11 veterans and 92% female post-9/11 veterans reported experiencing someone repeatedly making sexual comments, gestures or body movements. Seventy-eight percent of post-9/11 males also reported these experiences with pre-9/11 males reporting them least frequent (48%). Participants were also asked if they experienced someone displaying, showing or sending sexually explicit materials such as pictures or videos (57% pre- and 79% post-9/11 females; 42% pre- and 64% post-9/11 males) and someone repeatedly asking them questions about their sex life or sexual interests (69% pre- and 79% post-9/11 females; 37% pre- and 66% post-9/11 males).

Stalking was most frequently reported by pre-9/11 female veterans with 78% indicating experiencing these behaviors. Fifty-nine of post-9/11 female veterans and 57% of post-9/11 male veterans reported experiencing stalking. Thirty-eight percent of pre-9/11 male veterans indicated they dealt with stalking behaviors.

Female veterans were more likely than male veterans to report experiencing sexual assault. Thirty-five percent (35%) of post-9/11 female veterans reported experiencing some form of sexual assault during their military service with 20% of post-9/11 males reporting sexual assault (**Figure 20a**). Sixty-one percent of pre-9/11 females reported experiencing sexual assault with 37% of pre-9/11 males also indicating experiencing sexual assault.

NON-HONORABLE DISCHARGE STATUS

Seventy-eight percent of female pre-9/11 veterans and 83% female post-9/11 veterans with a non-honorable discharge status reported experiencing someone repeatedly making sexual comments, gestures or body movements. Over three-fourths of post-9/11 males (76%) and 61% of pre-9/11 males also reported these experiences. Participants were also asked if they experienced someone displaying, showing or sending sexually explicit materials such as pictures or videos (67% pre- and 93% post-9/11 females; 51% pre- and 79% post-9/11 males) and someone repeatedly asking them questions about their sex life or sexual interests (78% pre- and 90% post-9/11 females; 56% pre- and 75% post-9/11 males).

Surprisingly, lower levels of stalking were reported by female veterans with a non-honorable discharge status, with 33% of pre-9/11 and 17% of post-9/11 veterans indicating experiencing stalking. Eighty-five percent of post-9/11 male veterans with a non-honorable discharge status and 59% of pre-9/11 male veterans reported they dealt with stalking behaviors.

Both male and female veterans with a non-honorable discharge status report higher rates of sexual assault than their honorable discharge counterparts (**Figure 20b**). Fifty-nine percent of post-9/11 female veterans reported experiencing some form of sexual assault during their military service with 81% of post-9/11 males reporting sexual assault. Sixty-seven percent of pre-9/11 females reported experiencing sexual assault with 62% of pre-9/11 males also indicating experiencing sexual assault.

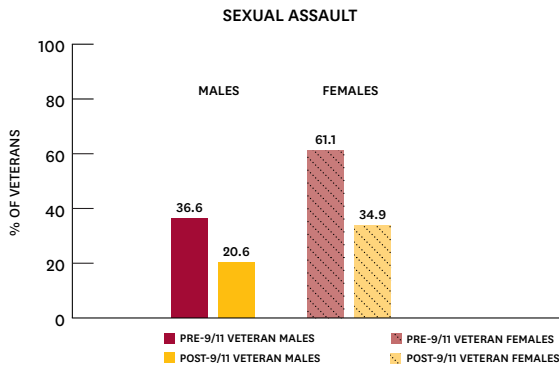


Figure 20a. Percent of male and female pre-9/11 and post-9/11 veterans who experienced sexual assault during military service

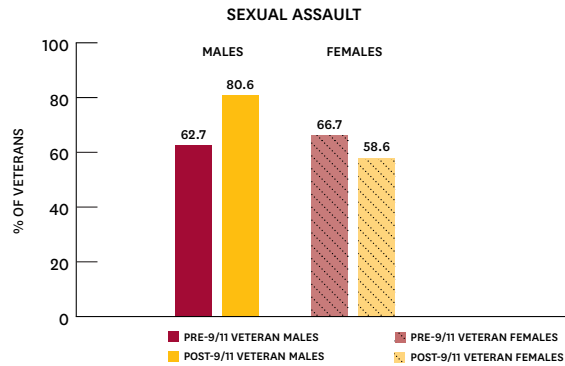


Figure 20b. Percent of male and female pre-9/11 and post-9/11 veterans with non-honorable discharge who experienced sexual assault during military service

Disability and Functioning

Forty-nine percent of pre-9/11 veterans and 46% of post-9/11 veterans indicated they had filed a claim for disability compensation. Of those pre-9/11 veterans who filed, 56% were granted benefits, with 20% denied benefits and 15% with claims still pending. Of the post-9/11 veterans who filed, 63% were granted benefits, with 18% denied benefits and 12% with claims still pending. When assessed by the World Health Organization Disability Assessment Schedule Short Form (WHODAS 2.0), pre- and post-9/11 veterans reported similar levels of mild, moderate and severe functioning difficulties (Figure 21a). Thirty-one percent of pre-9/11 veterans and 32% of post-9/11 veterans reported moderate or severe functioning difficulties.

NON-HONORABLE DISCHARGE STATUS

Thirty-four percent of pre-9/11 veterans and 32% of post-9/11 veterans with a non-honorable discharge status indicated they had filed a claim for disability compensation. Of those pre-9/11 veterans with a non-honorable discharge status who filed, 32% were granted benefits, with 32% denied benefits and 25% with claims still pending. Of the post-9/11 veterans with a non-honorable discharge status who filed, 43% were granted benefits, with 34% denied benefits and 7% with claims still pending. When assessed by the WHODAS 2.0 form, unlike those veterans with an honorable discharge status, pre- and post-9/11 veterans with a non-honorable discharge status reported differences in level of functionality. Almost 20% of post-9/11 veterans with a non-honorable discharge status reported severe disability, with an additional 61% and 19% at moderate and mild levels, respectively. Only 4% of pre-9/11 veterans indicated severe disability, with 49% reporting moderate and 48% reporting mild disability (Figure 21b).

Positive Life Events

Veterans in the sample reported experiencing a number of positive life events since leaving the military. Eighty-five percent of pre-9/11 veterans and 76% of post-9/11 veterans reported making new friends since their

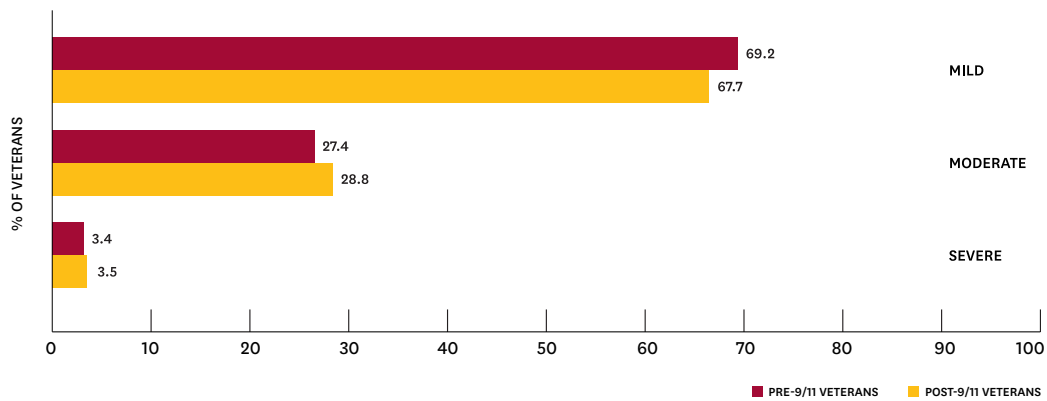


Figure 21a. WHODAS Functioning Impairment rating for pre-9/11 and post-9/11 veterans

transition out of the military. Seventy-six percent of pre-9/11 veterans and 65% of post-9/11 veterans reported encountering obstacles and overcoming them. Many also indicated getting involved in their community through volunteer work (60% pre- and 54% post-9/11). Sixty percent of pre-9/11 veterans and 61% of post-9/11 veterans reported enrolling in college, with 35% of pre-9/11 veterans and 38% of post-9/11 veterans graduating with a new degree. Pre-9/11 veterans were more likely to have experienced buying a home (43% vs. 12%), getting a promotion or raise at work (55% vs. 25%), and having a significantly improved financial status (53% vs. 27%).

NON-HONORABLE DISCHARGE STATUS

While veterans with a non-honorable discharge status did report positive life events, in some cases they were less likely than their honorable status counterparts to report experiencing such events. Of those with a non-honorable discharge status, two-thirds of both pre- and post-9/11 veterans reported making new friends since their transition out of the military. Sixty-two percent of pre-9/11 veterans and 49% of post-9/11 veterans reported encountering obstacles and overcoming them. Approximately 44% of pre- and post-9/11

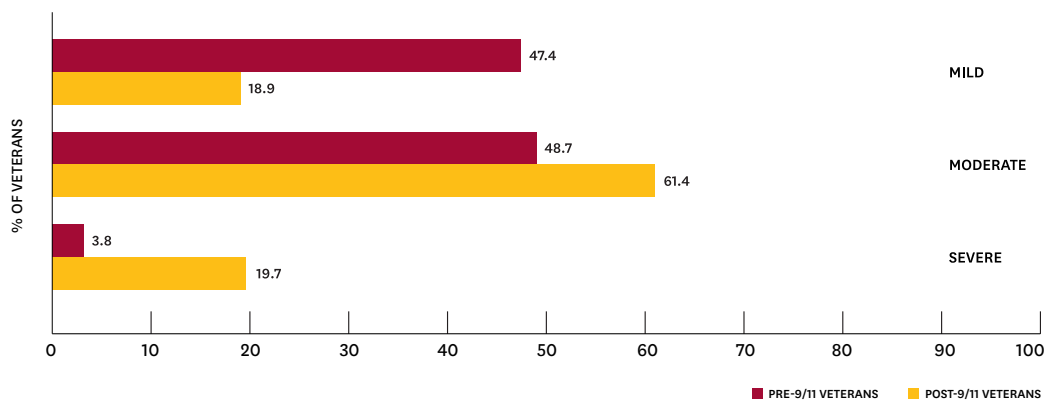


Figure 21b. WHODAS Functioning Impairment rating for pre-9/11 and post-9/11 veterans with non-honorable discharge

veterans with a non-honorable discharge status indicated getting involved in their community through volunteer work. Similarly to those with an honorable discharge status, 59% of pre-9/11 veterans with a non-honorable discharge status reported enrolling in college. Post-9/11 veterans with a non-honorable discharge status, however, were less likely to have enrolled in college (41% non-honorable vs. 61% honorable). Twenty-seven percent of pre-9/11 veterans and 24% of post-9/11 veterans with a non-honorable discharge status indicated graduating with a new degree. Twenty-six percent of pre-9/11 veterans and 35% of post-9/11 veterans with a non-honorable discharge status experienced buying a home, with 51% of pre-9/11 and 27% of post-9/11 getting a promotion or raise at work, and 45% of pre-9/11 veterans and 31% of post-9/11 veterans reporting having a significantly improved financial status.

VETERAN SERVICE UTILIZATION AND NEEDS

Help-Seeking Behavior

Fifty-nine percent of pre-9/11 veterans and 63% of post-9/11 veterans indicated receiving counseling or mental health services in the last year. Fifty-seven percent of pre-9/11 veterans and 54% 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 are not receiving care (**Figure 22a**). Thirty-eight percent (38%) of post-9/11 veterans who met the diagnostic criteria for PTSD and 55% 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 (24%) and depression (22%). The results were similar for those at risk for suicide. Forty-six percent (46%) of post-9/11 veterans and 20% of pre-9/11 veterans who met the criteria for suicide risk had not received mental health care in the last year. Thirty-two percent of post-9/11 veterans and 11% 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.

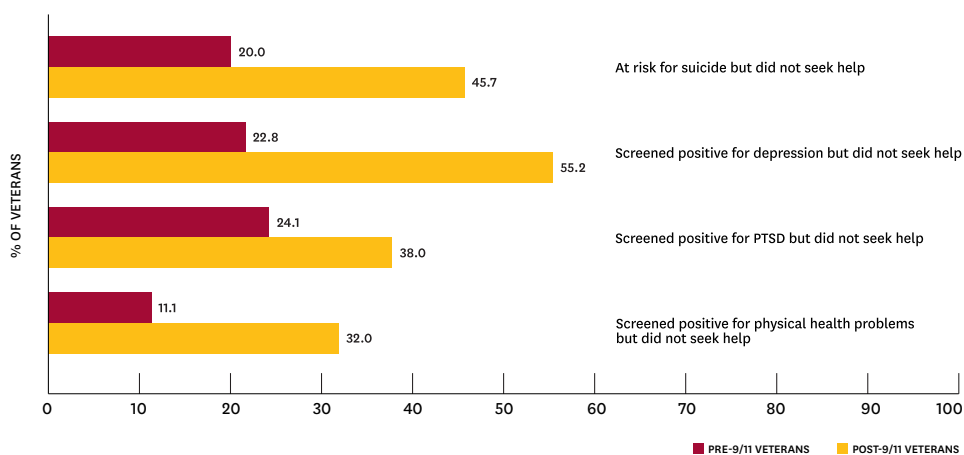


Figure 22a. Percent of pre-9/11 and post-9/11 veterans who screened positive for a mental or physical health issue and did not seek care in the past year

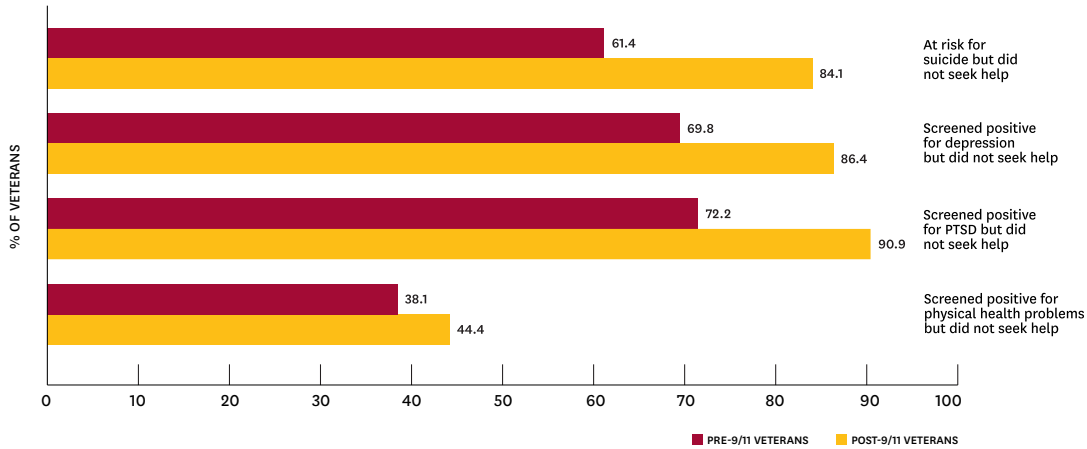


Figure 22b. Percent of pre-9/11 and post-9/11 veterans with non-honorable discharge who screened positive for a mental or physical health issue and did not seek care in the past year

NON-HONORABLE DISCHARGE STATUS

Veterans with a non-honorable discharge status were less likely to have received care. Thirty percent of pre-9/11 and post-9/11 veterans with a non-honorable discharge status indicated receiving counseling or mental health services in the last year, with 38% of pre-9/11 and 35% of post-9/11 receiving medical care. Veterans with a non-honorable discharge status with significant mental and physical health needs were even less likely to be receiving care than those with an honorable discharge status (**Figure 22b**). Ninety-one percent (91%) of post-9/11 veterans with a non-honorable discharge status who met the diagnostic criteria for PTSD and 86% who met the diagnostic criteria for depression had not received mental health care over the past year. Pre-9/11 veterans who indicated mental health needs but had not received care was 72% for PTSD and 70% for depression. Eighty-four percent of post-9/11 veterans and 61% of pre-9/11 veterans who met the criteria for suicide risk had not received mental health care in the last year. Forty-four percent of post-9/11 veterans and 38% of pre-9/11 veterans who met the criteria for physical health ailments had not received medical care in the past 12 months.

Barriers to Care

Veteran participants endorsed significant barriers that prevent them from receiving help. The most frequently endorsed barriers included knowing how to help themselves (53% pre- vs. 32% post-9/11); preferring to manage problems on their own (51% pre- vs. 35% post-9/11); not knowing where to get help (26% pre- vs. 34% post-9/11); and rather get information on how to deal with the problem myself (45% pre- vs. 35% post-9/11). The full list of reported barriers can be seen in **Figure 23a**. While the top barriers were similar for both pre- and post-9/11 veterans, post-9/11 veterans were more likely to report barriers of a workload that does not allow time for treatment (37%) and difficulty scheduling an appointment (50%).

NON-HONORABLE DISCHARGE STATUS

Veterans with a non-honorable discharge status were more likely to endorse barriers to receiving help. Sixty-five percent of pre-9/11 veterans and 48% of post-9/11 veterans with a non-honorable discharge

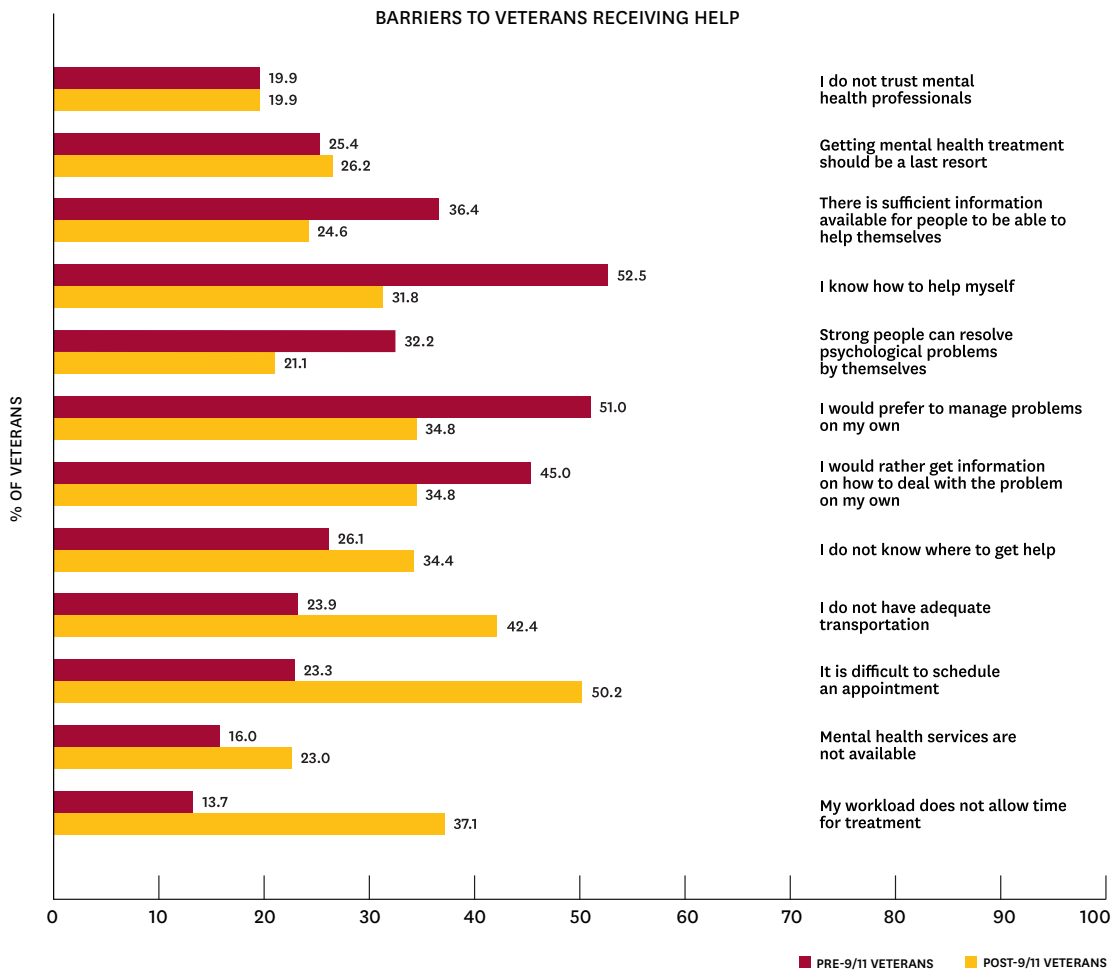


Figure 23a. Barriers reported by pre-9/11 and post-9/11 veterans that prevent them from seeking care

status reported knowing how to help themselves. Also highly endorsed were not knowing how to get help (34% pre- vs. 48% post-9/11); preferring to manage problems on their own (51% pre- vs. 46% post-9/11); sufficient information is available to help myself (46% pre- vs. 47% post-9/11); difficulty scheduling an appointment (35% pre- vs. 57% post-9/11); mental health services are not available (29% pre- vs. 44% post-9/11); and workload does not allow time for treatment (28% pre- vs. 48% post-9/11). The full list of reported barriers can be seen in **Figure 23b**.

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. Post-9/11 veterans were more likely to indicate they would like to receive assistance. The highest reported

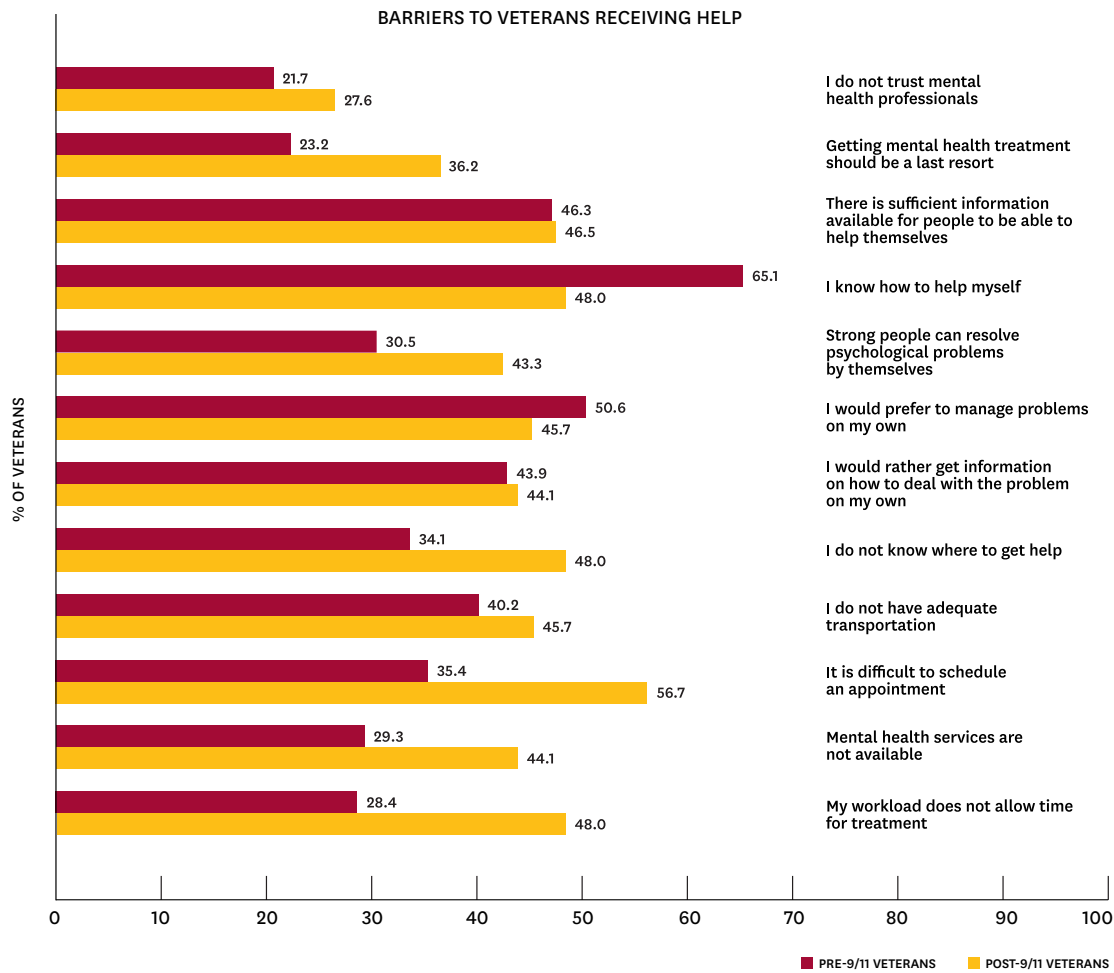


Figure 23b. Barriers reported by pre-9/11 and post-9/11 veterans with non-honorable discharge that prevent them from seeking care

needs for post-9/11 veterans were financial assistance (63%), employment assistance (48%), mental health (45%), physical health (43%), relationship issues (39%), legal issues (38%), transition (38%), and family/child issues (34%). Pre-9/11 veterans were much less likely to endorse wanting assistance. The highest reported needs were financial assistance (39%), physical health (27%) mental health (22%), employment (21%), and legal issues (15%).

NON-HONORABLE DISCHARGE STATUS

Post-9/11 veterans with a non-honorable discharge status reported similar needs, with higher rates in several categories. The highest reported needs were employment assistance (79%), legal issues (70%), financial assistance (50%), mental health (47%), relationship issues (38%), physical health (37%), and transition (37%). Pre-9/11 veterans with a non-honorable discharge status reported the following needs: mental health (33%), legal issues (30%), financial assistance (24%), and employment (21%).

Discussion of Key Findings and Recommendations

The San Francisco Veterans Study represents the fourth study in the State of the American Veteran research series conducted by the Center for Innovation and Research on Veterans & Military Families, and the third in the state of California (Castro, Kintzle, & Hassan, 2014; Castro, Kintzle, & Hassan, 2015; Kintzle, Rasheed, & Castro, 2016). What is emerging as a theme is that veterans throughout the state and the nation encounter significant transition issues. The transition from military to civilian life can be challenging for many service members and the transition is not always negotiated successfully nor does it always proceed as smoothly as envisioned by the transitioning service member. The San Francisco Veterans Study tells us that we have not effectively engaged separating service members 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 veterans early in the transition from military to civilian life.

In keeping with the spirit of our reports, we provide a detailed discussion of the major findings from our San Francisco Veterans Study, along with a set of actionable recommendations to improve the health and well-being of Bay Area veterans. While we realize that not every organization that surveys veterans about their health and well-being adopt such an approach, we believe that it is essential that clear recommendations that consider the data at hand in relationship to other veteran findings from the scientific literature are provided to those who have dedicated their lives to serving our nation's veterans.

Many service members leaving the military and relocating to San Francisco 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, Orange County and Chicago. While most San Francisco veterans leave the service without a job (81% for post-9/11 veterans), the same percentage as was seen in the Los Angeles County Veterans Study (nearly 80% for post-9/11 veterans), there were fewer San Francisco veterans seeking employment compared to veterans in Los Angeles County, 11% versus 28%, respectively. San Francisco veterans reported earning significantly more pay than veterans from Los Angeles County. However, over 40% earned less than \$36,000 per year.

San Francisco veterans also reported significant housing distress and food insecurity. That over 40% of post-9/11 veterans reported being homeless in the past year was surprising, given that just over 15% of Los Angeles County post-9/11 veterans reported being homeless in the past year, as it is well accepted that Los Angeles County has the highest rate of homeless veterans in the nation. In addition to the housing distress of post-9/11 veterans, food insecurity was also reported by 62% of post-9/11 veterans. Together, these data on housing and food security indicate that post-9/11 San Francisco veterans struggle to meet basic subsistence needs. Of all the State of the American Veteran studies conducted, the state of the veteran in San Francisco is the most alarming.

Despite these daily concerns surrounding housing and food security, San Francisco veterans have a positive assessment of their overall health, with 67% of pre- and 66% of 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 San Francisco veterans. Alarmingly, well over half of post-9/11 San Francisco veterans have probable PTSD, with nearly two-thirds having probable depression. The probable PTSD rates seen among San Francisco veterans were nearly 10% higher compared to those seen in Los Angeles veterans (53% vs. 45%) and the probable depression rates of San Francisco veterans were 20% higher compared to those seen among Los Angeles County veterans (64% vs. 46%). Perhaps most alarming is the percent of San Francisco veterans who are at risk for suicide, with just under half (46%) of post-9/11 veterans meeting the diagnostic criteria for suicide risk. The suicide risk for pre-9/11 veterans was almost 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 San Francisco, there is a wide range of veteran support organizations to support veterans; however, these organizations are not coordinated to provide holistic support to current or returning veterans. In particular, the San Francisco veteran support organizations lack a collaborative that works 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 County, most San Francisco 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. However, as discussed above, these basic needs are ongoing. 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 member and veterans. Finally, the veteran support agencies within San Francisco 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.

Below are key findings 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 on-going efforts to achieve the same goals.

In many instances, the recommendations based on the San Francisco Veterans Study will be similar to those suggested from the Los Angeles County Veterans Study, as well as from the Chicagoland 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 system-wide changes.

TRANSITIONING OUT OF THE MILITARY

SAN FRANCISCO FINDINGS:

- Post-9/11 veterans reported difficulty adjusting to civilian life, with nearly 71% of veterans who served after 9/11 reporting adjustment challenges compared to 48% of pre-9/11 veterans.
- Just over 65% of pre-9/11 veterans and 82% of post-9/11 veterans reported they needed time to figure out what they wanted to do with their life.
- Nearly two-thirds of post-9/11 veterans indicated that civilians do not appreciate the sacrifices that veterans have made, with over 80% indicating that civilians do not understand their problems.
- Three-quarters of pre- and post-9/11 veterans indicated that being a veteran has had a positive impact on their life.
- A third of post-9/11 veterans felt disconnected from the community around them, with 41% feeling they don't belong even with people they know.

DISCUSSION

Similar to findings from the Los Angeles County Veterans Study, veterans from San Francisco 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 San Francisco. 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 in a California study of veterans, 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.

Finally, many veterans report the need to take time off before looking for employment. While it might seem like a good idea to take some time off during a transition to figure out what one wants to do in the next phase of their life, such thinking is best done before the service member leaves active duty. The cost of living in San Francisco, and other areas within the United States, should not be underestimated. Veterans who take significant time off before seeking employment place themselves at extreme financial risk.

Civilian Transition Difficulties

GENERAL FINDING 1

Nearly three-quarters of San Francisco veterans reported difficulties adjusting to civilian life, and one-third reported that they do not know where to go or who to contact to get help. Further, a significant number of veterans reported the need to take time off to figure out what they wanted to do.

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. Objections to sharing this information based on “privacy issues” need to be overcome. Several strategies exist for establishing this critical connection:

- a. 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 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.
- b. Early on 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.

- c. CalVet also collects this information and can provide it to local veteran support agencies and should develop a process for doing so.
- d. 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 meeting other needs before they leave active-duty service.
- e. During TAP, separating service members need to be taught the financial implications of taking significant time off before seeking employment.

EMPLOYMENT & FINANCES

SAN FRANCISCO FINDINGS:

- Over 67% of pre-9/11 and 81% of post-9/11 veterans did not have a job when they left the military, with nearly one-third of post-9/11 veterans taking more than six months off before getting a job.
- While 50% of post-9/11 veterans are employed full-time, only 22% of pre-9/11 veterans are employed full-time. Post-9/11 veterans are also almost twice as likely to be working part-time (23%) as pre-9/11 veterans (12%).
- There was also a difference between pre- and post-9/11 veterans in terms of being unemployed and looking for work, 9% compared to 11%.
- For 83% of post-9/11 veterans who work full-time, the annual salary is below \$60,000 a year. The median household income for San Francisco is \$77,734 per year.

- Thirty-five percent of pre-9/11 veterans and 17% 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 47% of post-9/11 veterans and 28% of pre-9/11 veterans reporting financial trouble.
- Well over half (57%) of post-9/11 veterans and 41% of pre-9/11 veterans reported that their military skills and experiences are dismissed by employers.

DISCUSSION

Overall, the employment status of San Francisco veterans is similar to that of Los Angeles County veterans, which is not promising. 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. In areas like San Francisco, education level will be critical in terms of affordability for veterans who plan to live and work there.

Employment Status

GENERAL FINDING 2

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 San Francisco with jobs are earning at or below the poverty level. Veterans report significant financial difficulties.

RECOMMENDATION 2A

Establish having a legitimate job offer as the primary outcome of the 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 video conferencing 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.

Financial Issues

GENERAL FINDING 3

Nearly half of veterans report financial troubles, many of which began during military service.

RECOMMENDATION 3A

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 3B

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

RECOMMENDATION 3C

In general, service members require significant financial planning education. This is best delivered throughout the service member's military service, yet needs to be a significant part of the TAP.

HOUSING & FOOD INSECURITY CONCERNS

SAN FRANCISCO FINDINGS:

- Only 54% of pre-9/11 veterans and 35% of post-9/11 veterans had lined up housing for when they left the military.
- Over 40% of post-9/11 veterans reported being homeless in the past year, compared to 20% of pre-9/11 veterans.
- Twelve percent of post-9/11 veterans reported being evicted since they left the military.
- Food insecurity was reported as a concern for both pre- and post-9/11 veterans, with 45% of pre-9/11 veterans and 62% of post-9/11 veterans reporting difficulty having enough money for food.

DISCUSSION

The extremely high rate of pre- and post-9/11 homelessness is alarming, especially the number of housing evictions. In particular, 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. 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.

Housing Post-Military Service

GENERAL FINDING 4

Veterans living in San Francisco encounter a formidable challenge in obtaining affordable housing. No doubt this is due to the relatively high cost of living in San Francisco, coupled with the relatively low-paying jobs veterans obtain.

RECOMMENDATION 4A

Use the 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 4B

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

RECOMMENDATION 4C

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

RECOMMENDATION 4D

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, veteran transitional housing would be extremely valuable to single female separating service members and service members with children. Until such a program is established, veteran homelessness will continue in America.

Prevention of Homelessness

GENERAL FINDING 5

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

RECOMMENDATION 5A

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. Expand the GI Bill to provide military housing allowance for separating service members up to 12 to 24 months post-military service.

RECOMMENDATION 5B

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

HEALTH & WELL-BEING

SAN FRANCISCO FINDINGS:

- Just over 67% of pre- and 66% of post-9/11 veterans reported their perception of their health was good or excellent.
- Over 47% 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 five physical health problems: trouble sleeping (32% and 48%, respectively); pain or problems with arms, legs, or joints (32% and 39%, respectively); back problems (26% and 38%, respectively); headaches (14% and 31%, respectively); and feeling tired (26% and 30%, 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 over 50% of post-9/11 veterans screened positive for PTSD, just over 40% of pre-9/11 veterans screened positive for PTSD. Similarly, while 64% of post-9/11 veterans screened positive for depression, 35% of pre-9/11 veterans screened positive.
- In terms of suicidality, 46% of post-9/11 veterans were at risk for suicide compared to 28% for pre-9/11 veterans.

DISCUSSION

The health issues facing San Francisco veterans are alarming. Over two-thirds of 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 the highest we have observed in all of the State of the American Veteran studies. Numerous actions exist that can be taken to begin to address this issue. Importantly, it should be noted that mental and behavioral health care issues exist for all veterans. Addressing the mental and behavioral health issues of San Francisco veterans could also serve to identify veterans with suicidality issues. Post-9/11 veterans’ high risk for suicidality is extremely important to address. 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.

Physical and Psychological Health

GENERAL FINDING 6

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 three veterans have considered suicide or made a plan to end their life by suicide.

RECOMMENDATIONS 6A

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 6B

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

RECOMMENDATION 6C

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 6D

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.

VETERAN SERVICE UTILIZATION & NEEDS

SAN FRANCISCO FINDINGS:

- Post-9/11 veterans are less likely than pre-9/11 veterans to seek treatment for physical or psychological issues.
- Nearly 7% of post-9/11 veterans and 10% of pre-9/11 veterans attempted suicide, with almost 30% of post-9/11 and 16% of pre-9/11 veterans planning to kill themselves. Over 45% of post-9/11 veterans who are at risk of suicide have not received help.
- More than a third of post-9/11 veterans and a quarter of pre-9/11 veterans reported not knowing where to

go to get help. More than half of pre-9/11 veterans believe they can handle their mental health problems on their own, while only a third of post-9/11 veterans believe they can handle their own problems.

- Half of post-9/11 veterans indicated that it was difficult to schedule an appointment and 37% indicated their workload did not allow them time for treatment.

DISCUSSION

San Francisco veterans have significant health care, employment and health care access issues 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 (see below) 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, over half of San Francisco 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 be ended.

Barriers and Access to Care

GENERAL 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 Utilization and Needs

GENERAL 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.

RISK-TAKING BEHAVIORS

SAN FRANCISCO FINDINGS

- Post-9/11 veterans are 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.
- Well over half (58%) of post-9/11 veterans have a probable alcohol drinking problem, compared to 32% of pre-9/11 veterans.

DISCUSSION

Similar to previous 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 may result in run-ins with the law that can then create financial problems. These behaviors may also create increased probability of injury and early mortality. Thus, it is imperative that all veteran service organizations recognize this issue and take actions to educate and refocus veteran behaviors into positive behaviors.

GENERAL FINDING 9

Risk-taking behaviors, including dangerous alcohol drinking behaviors, remains a significant concern for many veterans.

RECOMMENDATION 9A

Risk-reduction training and prevention needs to be incorporated into TAP.

RECOMMENDATION 9B

Risk-reduction training and prevention needs to be part of the California TAP.

RECOMMENDATION 9C

Service providers as well as veteran families should be educated on how to recognize and respond to risk-taking behaviors for early intervention.

MILITARY SEXUAL TRAUMA

SAN FRANCISCO FINDINGS

- Over one-third (35%) of female post-9/11 veterans reported being sexually assaulted during their military service, nearly half the rate for pre-9/11 female veterans.
- More than one in five (21%) male post-9/11 veterans reported being sexually assaulted during their military service, with nearly twice that many for pre-9/11 male veterans.

DISCUSSION

Despite efforts to end military sexual assaults, sexual assaults still continue during military service. The dynamics of sexual assaults create challenges for separating service members because such traumas generally go unreported and untreated, thus making the transition from military service back to civilian life much more difficult. It is also important to note that both male and female veterans are victims of sexual assault.

GENERAL FINDING 10

Military sexual trauma may impede a successful transition back to the civilian community.

RECOMMENDATION 10A

All separating service members should be assessed for military sexual trauma prior to separating from the military. This assessment should be conducted as part of the recommended mandated physical and psychological health evaluation.

RECOMMENDATION 10B

The Department of Veteran Affairs should expand their military sexual trauma screen to be more comprehensive than the currently used two-item screen.

RECOMMENDATION 10C

All non-VA agencies who provide behavioral health support to veterans should include military sexual assault assessments as part of their intake battery.

NON-HONORABLE DISCHARGES

DISCUSSION

The number of non-honorably discharged veterans who completed the San Francisco survey was double the rate we have observed in any of our previous veteran surveys. The reason for this overrepresentation of non-honorably discharged veteran participants is not clear. What is clear, however, is that this group of veterans have much greater difficulty than all other veterans in nearly every area assessed, including employment, health, housing, and finances. We recognize that veterans with a dishonorable or bad conduct discharge are technically not ‘veterans,’ and therefore are generally not entitled to VA benefits, as well as most state veteran benefits. In addition, a large number of nonprofits who support veterans also do not provide support to non-honorably discharged veterans. While we understand this reluctance, we also know that many of these veterans are suffering, and needless suffering in any form should be addressed.

GENERAL FINDING 11

Non-honorably discharged veterans have an extremely difficult time transitioning back to their civilian community.

RECOMMENDATION 11A

Expand the definition of a ‘veteran’ to include anyone who has served honorably for one day of military service, thereby making them eligible for VA benefits.

RECOMMENDATION 11B

Change the state of California’s definition of a ‘veteran’ to anyone who has served honorably for one day of military service.

RECOMMENDATION 11C

All nonprofits who support veterans, likewise, should adopt a definition of a ‘veteran’ to include anyone who has served honorably for one day of military service.

APPENDIX A

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.

Combat Exposure

Combat exposure was measured from 13 items of the Combat Experiences Scale (Guyker et al., 2013). The scale measures combat intensity and type of combat experiences.

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 B

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.
- Castro, C. A., Kintzle, S., & Hassan, A. (2015). *The state of the American veteran: The Orange 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.
- Guyker, W. M., Donnelly, K., Donnelly, J. P., Dunnam, M., Warner, G. C., Kittleson, J., Bradshaw, C. B., Atl, M., & Meier, S. T. (2013). Dimensionality, reliability and validity of the combat experiences scale. *Military Medicine*, 178, 377-384.
- Kintzle, S., Rasheed, J., & Castro, C. A. (2016). *The state of the American veteran: The Chicagoland veterans study.* Los Angeles, CA: USC CIR.
- 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>
-

USC
Suzanne
Dworak-Peck
School of Social Work
*Center for Innovation and Research
on Veterans & Military Families*

1150 S. Olive St., Suite 1400, Los Angeles, CA 90015
Main 213.821.3600 | Fax 213.740.7735 | cir@usc.edu | cir.usc.edu

COPYRIGHT © 2017