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Veterans in Crisis: Identifying and Reducing Suicide

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Veterans in Crisis: Identifying and Reducing Suicide

Abstract

The base of this Integrative Review is built on the foundation of information from research by Ramchand (2021), "Veterans are committing suicide at a rate twice the non-veteran." (p.2) and "From 2005 to 2018 the suicide rate went from 20% to 32%" in the veteran population. (p.3). According to Ahmedani et al. (2019), "The majority of persons committing suicide (71.2%) had received health care in the 180 days prior to their death." (p.6). This review analyzed and organized the findings to spotlight 4 common themes that lead to a better understanding of best practices. Eligibility criteria started with the PICOT question "In combat veterans, what role does untreated pain play in suicide rates?" The Preferred Reporting Items for Systematic Reviews and Meta-Analyses or PRISMA flow diagram was used to narrow the PubMed search results. The literature review focused directly on combat wounded veterans. The research links Post Traumatic Stress Disorder (PTSD) and chronic pain as a comorbidity that increases suicide risk. According to Chisholm-Burns et. al., (2019), "substantial evidence that pharmacists can make an impact through appropriate pain management." (p.2) The goal of this review is to identify and reduce suicide in the veteran population.

Keywords

post-traumatic stress disorder; opioid; comorbidity; chronic pain

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Introduction

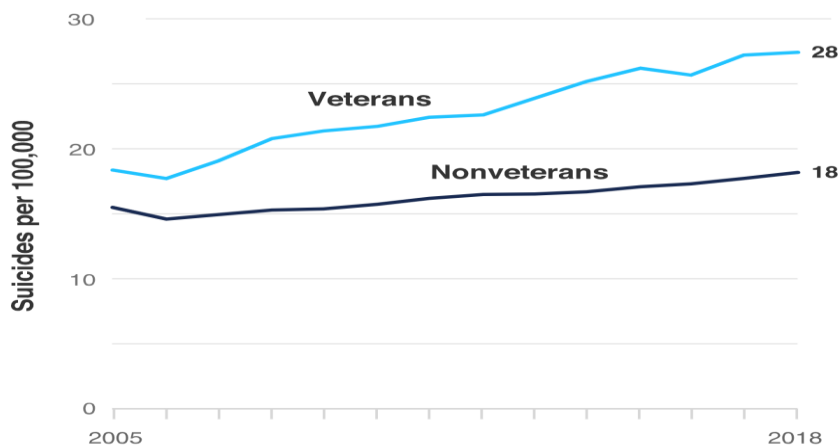
This comprehensive review addresses the urgent issue of rising suicide rates among veterans, emphasizing the need for a holistic understanding and effective intervention strategies. Veterans face a suicide rate twice that of non-veterans, with factors such as limited access to mental health care, PTSD, chronic pain, and prescription drug misuse contributing to the problem. The review highlights the strain on the Veterans Administration (VA) and the prolonged wait times for mental health services.

This review focuses on veterans diagnosed with PTSD, particularly examining the leading contributing factor of combat-related pain and aims to provide best practices for early intervention and suicide prevention. Common themes, such as the connection between PTSD, chronic pain, and suicide risk, are identified, emphasizing the need for Trauma-Informed Care (TIC) and collaboration between behavioral health and pain management.

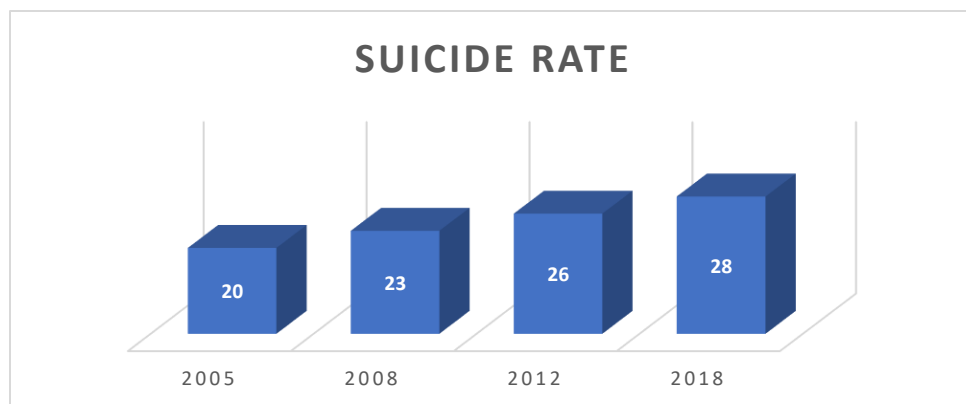
Interdisciplinary collaboration, especially the development of a Veteran-informed care model is explored. Educational considerations include integrating Veteran-informed care principles into graduate school curricula, and policy advocacy to secure funding for veteran-informed care training. Overall, the review aims to contribute to understanding the multifaceted factors influencing veteran suicides and provides actionable recommendations for a collaborative and informed approach across healthcare, education, and policy sectors.

Problem

According to Ramchand (2021) [1], veterans are experiencing an alarming increase in suicide rates, with figures rising steadily. As depicted in Figure 1, veterans are committing suicide at nearly double the rate of non-veterans, at 28% compared to 18%, respectively.

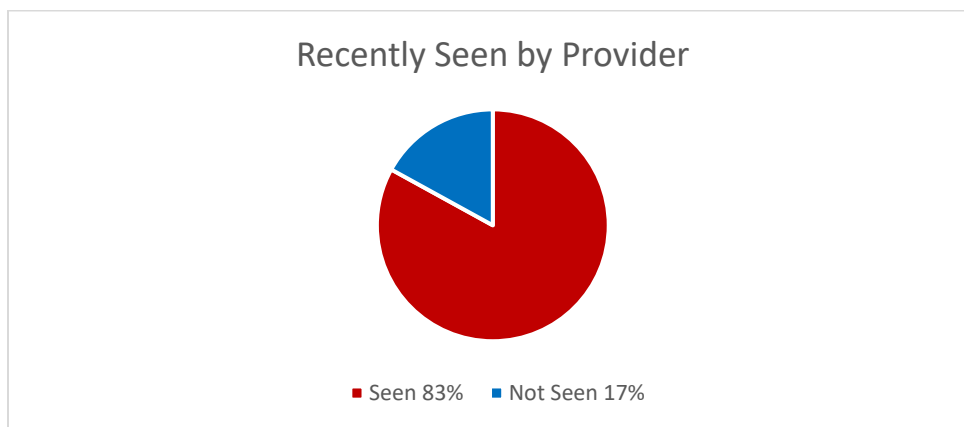
Figure 1.

Multiple factors contribute to veteran suicide rates, including limited access to mental health care, PTSD, and other mental health issues. The integrated review reveals a consistent pattern of escalating suicide rates among veterans from 2005 to 2018, as illustrated in Figure 2, where the rate increased from 20% to 28% (Ramchand, 2021) [1]. While Ramchand (2021) [1], informed that sex and age played a key role, it did not lead to any direct solution to this problem. The suicide rate for “18-34-year-old was the highest, at 49.9% which is three time higher than any other group.” (p. 10). Male veterans were also more likely than female veterans to commit suicide at “69% compared to 42% respectfully.” (Ramchand, 2021, p. 11) [1].

Figure 2.

Using a new predictive model, REACH VET analyzes existing data from Veterans' health records to identify those at a statistically elevated risk for suicide (VA REACH VET Initiative Helps Save Veterans Lives - VA News, 2017) [2]. Research, as highlighted by Ahmedani et al. (2019) [3], emphasizes the connection between completed suicide and prior visits with primary care providers. Approximately 83% of individuals who committed suicide had received health care in the 180 days before their death (p.6), as illustrated in Figure 3.

Figure 3.



The escalating suicide rates among veterans illustrate a critical and alarming issue that demands urgent attention. The multifaceted nature of the problem involves various contributing factors, such as limited access to mental health care, the prevalence of PTSD, and other mental health issues. The importance of primary care providers in suicide prevention, along with a comprehensive and collaborative healthcare approach needs to be explored. It is imperative to address the underlying factors contributing to the alarming rise in suicide rates among those who have served our country.

Methods

The study utilized the PICOT (Population, Intervention, Comparison, Outcome, and Time) framework to guide an integrative review focused on the relationship between untreated

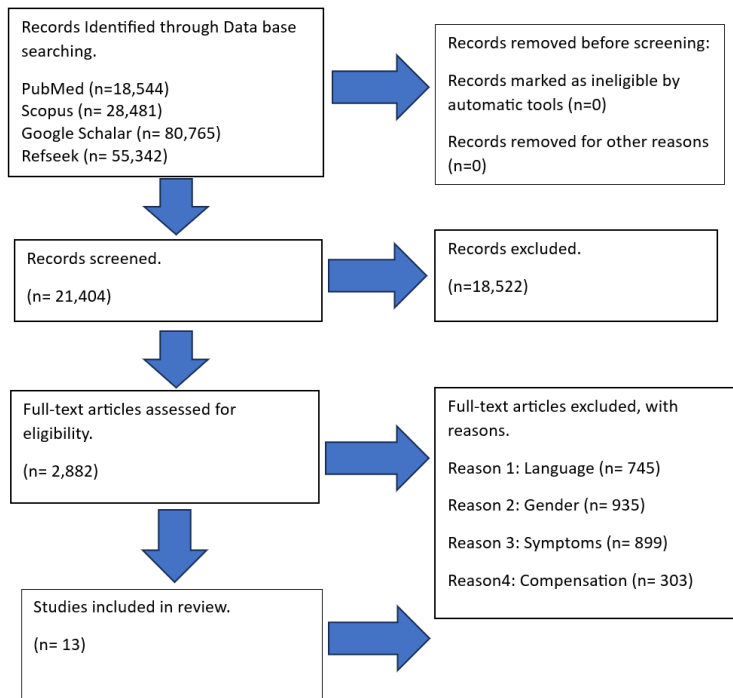
pain in combat veterans and suicide rates. The specific PICOT question investigated the impact of appropriate pain management on depression, comparing combat veterans receiving treatment with those experiencing untreated pain over a one-year period in the last ten years.

A thorough literature search on the PubMed database within the specified period and using key terms like Combat Veterans, Suicide Rates, Pain Management, Depression Scale, and ten Years resulted in 115 relevant studies from credible peer-reviewed sources. The studies encompassed a diverse range of veterans, including all genders, those who had seen combat, and those who had not. Various pain interventions, including prescription drugs and non-drug methods, were considered, and the search also incorporated veterans with Traumatic Brain Injuries (TBI).

To narrow the focus of the review, a screening process was applied using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram. This graphical representation documented the flow of information through various stages of the review process, including the total number of records found, removal of duplicates, exclusion based on title and abstract review, assessment of full-text articles for eligibility, and reasons for excluding certain articles. The PRISMA flow diagram, illustrated as Fig.4, enhances transparency and reproducibility, providing readers with insights into the selection process for the included studies and any exclusions made and their reasons.

Figure 4.

Literature Review Summary/PRISMA



Multiple data collection and review methods were employed, including direct access to data from the Veterans Health Administration (VHA) services, qualitative studies, semi-structured interviews, case-control studies, retrospective cohort studies, and cross-sectional analyses. The participants included a stratified random sample of United States veterans whenever possible. The integrated review analyzed literature, identifying patterns, and applying both deductive and inductive logic to answer the question of how the risk of suicide in veterans can be detected, recognized, and averted. Common factors across studies included Post Traumatic Stress Disorder (PTSD), the significance of chronic pain (both treated and untreated), gender differences with higher suicide rates among male veterans, and prescription drug misuse reported by fifty percent of combat veterans.

A literature search using key terms such as pain, suicide, TBI, and PTSD across databases was conducted. The review aimed to encompass a wide range of research angles and provide a depth of understanding. The integrated review primarily focused on VA-based

research, utilizing a heavy pool of information from this source. However, the study acknowledges the missing connection regarding the similarities or differences between veterans within and outside the VA system, emphasizing the need for future research in this area. Common themes emerged quickly in studies conducted with veterans, emphasizing the abundance of research on PTSD and the importance of connecting it to other risk factors for suicide to identify best practices in healthcare.

Literature Review

Delayed Access to Care

The United States Military has spent the last twenty years fighting wars in Iraq and Afghanistan, and as a result the Veterans Administration (VA) has experienced a major increase for the need for services with such a substantial increase in the volume of patients being added to the system. The increase in patient volumes at the VA resulted in wait times for mental health services reaching three to four months, even for those veterans in crisis. According to Feyman et al. (2022) [4], “substantial variation in wait times across care type and geography, and VHA wait times in a majority of areas were lower than those for community-based clinicians” (p. 7). The study showed primary care wait times of 31.5 days to 42.4 days, and mental health wait times of 43.9 days to 65.7 days, “with only 35.6% of the sites meeting the goal of 14.5 days wait time” (p. 6). The wait times have contributed to veteran suicides. The most recent example of the dangers in such long wait times was seen in El Paso, Texas January 10th of 2023. Rob Renz, a veteran in crisis, was told he could not be seen for more than 45 days in the future. The veteran returned to his car and committed suicide in the parking lot (Kapp, 2023 B.C.E.) [5] This painful example exemplifies the urgency of this review.

Suicide and Physical Pain

In Boska et. al., (2021) [6] Conditions and Suicide Attempts in Military Veterans the VA database was used to find more than thirty thousand veterans who attempted suicide in 2013 and 2014 alone. Ninety-five percent of those suicide attempts were found to have the presence of a coexisting diagnosis of a pain condition. Chronic pain was the greatest factor according to the study, in the cases of veterans who had died by suicide. Pain types were listed as back pain, migraine, headache, and neuropathic pain. No real substantive distinctions could be made between, suggesting the pain itself linked to PTSD was cause for alarm. Substance use and abuse were not detailed in the results and may need further research. Comparative studies may also be needed between veteran and non-veterans in this area.

Pakniyat-Jahromi et al. (2019) [7] stated, “chronic pain is a debilitating medical condition affecting a significant percentage of the population worldwide.” Pain management departments across the world are being put to the test today. Chisholm-Burns et al. (2019) [8] suggest there is “substantial evidence that pharmacists can make an impact through appropriate pain management.” This crisis has created a silo effect in the hospital systems in the United States. This added to the need for privacy has also resulted in the behavioral health departments acting alone and keeping other departments out of the loop on patient care. Kelly et al. (2019) [9] wrote about breaking down the silos in health care. “Siloed care has serious consequences for thousands of patients on a national level, and takes a huge toll on patients, families and caregivers, and society.” The third leg of the problem is that primary care has the most contact with patients under normal circumstances. The research of O’Rourke et al. (2023) [10] found “many individuals who commit suicide have a mental health disorder and have visited their primary caregiver.”

Opioid and Sedative Misuse Among Veterans Wounded in Combat was a study conducted by Kelley et. al., (2019) [11]. This study revealed the connection for military veterans wounded in combat resulting in becoming a high-risk group for emotional and physical distress due to pain treatments offered. Fifty percent of the combat wounded veterans in the study reported prescription drug misuse. This prescription drug misuse led to greater risk of depression, anger, and sleep disturbance in those study participants. The study's conclusion reported sleep problems might help find veterans who are most at risk for opioid and sedative misuse. These key indicators may also predict those at higher risk of suicide.

Racine (2018) [12] introduced “comprehensively assessing chronic pain patients at risk for suicide, while also incorporating a suicide prevention component into chronic pain management programs.” This finding again draws attention to the silo effects that exist in many hospital systems. Behavioral health must be working with pain management to better serve the patient.

Veteran Mental Health and Suicide

Giordano et al., (2018) [13] sought to better understand the complex connections between combat injuries in military veterans and the connections to physical and mental health over time. The research used evidence-based practice to review twenty-two studies seeking to link evidence to action. The findings show links between the greater injury and pain severity to the greater risks for developing PTSD following combat injuries in both Iraq war and Afghanistan war veterans. The article linked the evidence of early symptom management lessening risks for PTSD development in the veterans studied. The study pointed out that depression appears to be both a contributing risk factor to PTSD, as well as a comorbidity. The study highlights the need for early intervention. This study was done in 2018, with both wars being concluded and our

military going through a period of drawdown. More current research is needed to include the surge in veterans being seen now at the VA.

Over fifteen hundred veterans were included in a study in conjunction with their medical providers and medical records covering a period from 2015 to 2019 to look at health comorbidity variables by mild TBI and PTSD in the study by O'Neil et. al., (2022) [14]. The results of the study showed veterans with TBI history and PTSD had the highest rates of depression symptoms along with the highest rates of pain. This study confirms the results as other studies have found that these key indicators of PTSD and pain in combat veterans are the key to identifying potential risk for suicide in combat veterans. Awareness is an essential element to getting these combat veterans to early intervention to prevent suicides moving forward.

Suicide Attempts and Mental Health diagnoses in combat-injured service members was the focus of Walker et. al., from 2022 [15]. This study also used the VA as a resource to access 8,727 veterans with combat injuries that were positively associated with suicide attempts post deployment. This study's strength is that it links the prevention and intervention of suicide in combat veterans. The key indicators are easily found in combat veterans who sustained injury while in service of their country while on deployment, and that have been diagnosed with PTSD or depressive disorders.

Walker et al. (2022) [15] found that “multiple mental health comorbidities confer heightened suicide attempt risk in combat-injured service members.” This connection exposes the divide between primary care and behavioral health disciplines within the hospitals themselves. Most hospital systems silo these departments, and the results here indicate the need for better communication between these departments to better help patients avoid suicide.

Trauma Informed Care in Healthcare

A version of Trauma Informed Care should be added to every encounter with veterans. Primary care providers regularly screen veterans with tools like the Columbia–Suicide Severity Rating Scale (C-SSRS). More needs to be done to connect the veteran with available recourse to avoid potential future crises. Often the primary care provider has limited time to overcome the barriers the patient presents in the appointment windows allowed. Social workers are being underutilized in the current structure of the Patient Aligned Care Teams (PACT). The role of the social worker may well factor in the possible solution in the future. A Veteran-informed-care model like trauma informed care should be created to aid all providers when working with the veteran population. The Veteran informed care model considers the specific nature of the veteran’s trauma experienced in combat and anticipates the specific coping mechanisms veterans tend to use as a result. Many trends are common in veterans such as sleep disorders caused by hyper awareness that can lead to substance use, which can increase irritability, just as one example.

The Veterans Health Administration is America’s largest integrated health care system, providing care at 1,298 health care facilities, including 171 medical centers and 1,113 outpatient sites of care of varying complexity (VHA outpatient clinics), serving nine million enrolled veterans each year (Veterans’ Health Administration, 2021) [16]. Not all veterans use the VA for their health care needs. Veterans may opt to receive their health care from non-VA related sources due to the traumas experienced while in the service of their country, while still more do not have access to the system due to location, thus will be seen at other facilities. Veterans’ status should always be noted and tracked in the health care system due to the finding in this integrated review. Veterans’ status plays a significant role in health outcomes about suicides.

Regardless of where the veteran receives care, providers need to be prepared to understand the potential trauma veterans have faced and how it affects them.

According to University at Buffalo (2022) [17], “Trauma-Informed Care is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual’s life- including service staff.” The Veteran-informed care model would take this to the next level. Trauma-Informed Care requires a system to make a change in basic assumptions from asking, “What is wrong with this person?” to “What has happened to this person?” When collaborating with veterans we must include the knowledge of physical trauma related to training and combat in addition to all the other factors.

Educational Models for Veteran-Informed Care

Teaching Veteran-informed-care in graduate school is essential for preparing future healthcare professionals, therapists, social workers, educators, and other professionals to supply effective and sensitive care to individuals who have experienced trauma. Table 1 summarizes key considerations and strategies for teaching Veteran-informed-care in graduate school:

Table 1

Strategy	Considerations
Understand Veteran-informed-care (VIC)	Before teaching VIC, ensure that instructors and faculty members have a deep understanding of trauma and Veteran-informed-care principles. This includes being knowledgeable about the prevalence and types of traumas, the impact of trauma on individuals, and the core principles of Veteran-informed-care.
Integrate Veteran-informed-care principles	Integrate Veteran-informed-care principles into relevant courses throughout the curriculum. This could include courses in psychology, counseling, social work, nursing, education, and other related fields. Ensure that VIC is not a standalone topic but rather integrated into the broader curriculum.
Cultural Competence and Sensitivity	Highlight the significance of cultural competence and sensitivity in Veteran-informed-care. Recognize that individuals from

	diverse backgrounds may have unique experiences and responses to trauma.
Ethical Considerations	Discuss ethical considerations related to Veteran-informed-care, including informed consent, confidentiality, and boundaries. Ensure that students understand the ethical responsibilities associated with working with trauma survivors.
Student Engagement	Supply opportunities for students to receive supervision and support as they engage in Veteran -related work. This can help them process their experiences and continue to learn and grow.

Incorporating these strategies into the graduate school curriculum, future professionals can develop the knowledge, skills, and attitudes necessary to supply Veteran-informed-care and make a positive impact on the lives of trauma survivors.

Policy Change

Advocating for policy changes to include funding for the training of veteran-informed care is crucial for ensuring that healthcare systems, social services, and educational institutions prioritize trauma sensitivity specific to veterans and supply adequate resources for training. Begin by conducting research and gathering data that highlights the importance of trauma-informed care. This should include statistics on the prevalence of trauma, the impact of trauma on individuals and communities, and the potential benefits of veteran-informed care.

Collaborate with like-minded organizations, professionals, and advocates who share the same commitment to veteran-informed care. A coalition can amplify the efforts and supply a unified voice when advocating for policy change. Find key stakeholders in the community or region who have an interest in veteran -informed care, such as healthcare providers, educators, law enforcement, and policymakers. Engage them in discussions about the need for training and the potential benefits.

Develop a comprehensive policy proposal that outlines the need for funding for veteran -informed care training. Include specific details about the type of training needed, who should

receive it, and the expected outcomes. Advocating for policy change can be a lengthy process, but with dedication, collaboration, and a well-structured advocacy strategy, a significant difference can be made in promoting veteran-informed care and securing the necessary funding for training.

Conclusion

In conclusion, this comprehensive review addressed the urgent and alarming issue of rising suicide rates among veterans, shedding light on the multifaceted factors that contributed to this critical problem. The research highlighted the pressing need for a holistic understanding and effective intervention strategies to curb the escalating rates. Veterans face a suicide rate twice that of non-veterans, with factors such as limited access to mental health care, PTSD, chronic pain, and prescription drug misuse playing significant roles. The strain on the Veterans Administration (VA) and prolonged wait times for mental health services further compounded the challenges faced by veterans in crisis.

Specifically focusing on veterans diagnosed with PTSD, the review focused on the crucial link between combat-related pain and suicide risk, aiming to provide best practices for early intervention and prevention. Common themes, such as the connection between PTSD, chronic pain, and suicide risk, highlighted the need for Trauma-Informed Care (TIC) and collaborative efforts between behavioral health and pain management. The interdisciplinary approach was explored, emphasizing the development of a Veteran-informed care model. Recommendations included integrating Veteran-informed care principles into graduate school curricula and advocating for policy changes to secure funding for veteran-informed care training. The study recognized the importance of understanding trauma and the specific experiences of

veterans, encouraging healthcare providers to be prepared to address potential trauma in all encounters with veterans.

Incorporating Trauma-Informed Care into healthcare encounters, increasing social worker involvement, and breaking down silos in hospital systems were suggested strategies. The study emphasized the need for collaborative efforts across healthcare, education, and policy sectors to address the underlying factors contributing to the alarming rise in suicide rates among those who had served our country. The findings emphasized the critical need for early intervention, awareness, and collaboration to prevent suicides among combat veterans. The integration of Trauma-Informed Care principles and the development of a Veteran-informed care model offered promising avenues for improving outcomes and saving lives. Advocacy for policy changes and education in graduate schools further contributed to a comprehensive approach to addressing the complex issue of veteran suicides.

References

- [1] Ramchand, R. (2021). Suicide Among Veterans: Veterans' Issues in Focus. *Www.rand.org*.
<https://doi.org/10.7249/PEA1363-1>
- [2] VA REACH VET initiative helps save Veterans lives - VA News. (2017, April 3). *News.va.gov*.
<https://news.va.gov/36714/va-reach-vet-initiative-helps-save-veterans-lives/>
- [3] Ahmedani, B. K., Westphal, J., Autio, K., Elsis, F., Peterson, E. L., Beck, A., Waitzfelder, B. E., Rossom, R. C., Owen-Smith, A. A., Lynch, F., Lu, C. Y., Frank, C., Prabhakar, D., Braciszewski, J. M., Miller-Matero, L. R., Yeh, H.-H., Hu, Y., Doshi, R., Waring, S. C., & Simon, G. E. (2019). Variation in patterns of health care before suicide: A population case-control study. *Preventive Medicine, 127*, 105796.
<https://doi.org/10.1016/j.ypmed.2019.105796>

- [4] Feyman, Y., Asfaw, D. A., & Griffith, K. N. (2022). Geographic Variation in Appointment Wait Times for US Military Veterans. *JAMA network open*, 5(8), e2228783.
<https://doi.org/10.1001/jamanetworkopen.2022.28783>
- [5] Kapp, Shelby. (2023 B.C.E., January 19). An El Paso Veteran commits suicide in VA parking lot after seeking help [Review of *An El Paso Veteran commits suicide in VA parking lot after seeking help*]. *KTSM News*.
- [6] Boska, R. L., Bishop, T. M., & Ashrafioun, L. (2021). Pain Conditions and Suicide Attempts in Military Veterans: A Case-Control Design. *Pain Medicine (Malden, Mass.)*, 22(12), 2846–2850.
<https://doi.org/10.1093/pm/pnab287>
- [7] Pakniyat-Jahromi, S., & Sher, L. (2022). Pain management and prevention of suicide in the COVID-19 era. *European Archives of Psychiatry and Clinical Neuroscience*, 272(1), 169–170.
<https://doi.org/10.1007/s00406-021-01247-x>
- [8] Chisholm-Burns, M. A., Spivey, C. A., Sherwin, E., Wheeler, J., & Hohmeier, K. (2019). The opioid crisis: Origins, trends, policies, and the roles of pharmacists. *American journal of health-system pharmacy: AJHP: official journal of the American Society of Health-System Pharmacists*, 76(7), 424–435.
<https://doi.org/10.1093/ajhp/zxy089>
- [9] Kelley, M. L., Bravo, A. J., Votaw, V. R., Stein, E., Redman, J. C., & Witkiewitz, K. (2019). Opioid and Sedative Misuse Among Veterans Wounded in Combat. *Addictive Behaviors*, 92, 168–172.
<https://doi.org/10.1016/j.addbeh.2018.12.007>
- [10] O'Rourke MC, Jamil RT, Siddiqui W. Suicide Screening and Prevention. 2023 Mar 6. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan–. PMID: 30285348.
- [11] Kelly, Y. P., Goodwin, D., Wichmann, L., & Mendu, M. L. (2019, July 1). *Breaking Down Health Care Silos*. Harvard Business Review. <https://hbr.org/2019/07/breaking-down-health-care-silos>
- [12] Racine M. (2018). Chronic pain and suicide risk: A Comprehensive Review. *Progress in Neuro-Psychopharmacology & Biological Psychiatry*, 87(Pt B), 269–280.
<https://doi.org/10.1016/j.pnpbp.2017.08.020>

- [13] Giordano, N. A., Bader, C., Richmond, T. S., & Polomano, R. C. (2018). Complexity of the Relationships of Pain, Posttraumatic Stress, and Depression in Combat-Injured Populations: An Integrative Review to Inform Evidence-Based Practice. *Worldviews on Evidence-Based Nursing*, 15(2), 113–126.
<https://doi.org/10.1111/wvn.12274>
- [14] O'Neil, M. E., Agyemang, A., Walker, W. C., Pogoda, T. Klyce, D. W., Perrin, P. B., Hsu, N. H., Nguyen, H., Presson, A. P., & Cifu, D. X. (2022). Demographic, Military, and Health Comorbidity Variables by Mild TBI and PTSD Status in the LIMBIC-CENC Cohort. *Brain injury*, 36(5), 598–606.
<https://doi.org/10.1080/02699052.2022.2033847>
- [15] Walker, L. E., Poltavskiy, E., Howard, J. T., Janak, J. C., Watrous, J., Alcover, K., Pettey, W. B. P., Ambardar, S., Meyer, E., Gundlapalli, A. V., & Stewart, I. J. (2022). Suicide Attempts and Mental Health Diagnoses in Combat-Injured Service Members: A Retrospective Cohort Study. *Suicide & Life-Threatening Behavior*, 10.1111/sltb.12938. Advance Online Publication. <https://doi.org/10.1111/sltb.12938>
- [16] Veterans Health Administration. (2021). *Veterans' Health Administration*. VA.gov. <https://www.va.gov/health/>
- [17] University at Buffalo. (2022). *What is Trauma-Informed Care?* Socialwork.buffalo.edu.