

6-2014

SOCIAL WORK STUDENTS' KNOWLEDGE OF VETERANS' NEEDS AND ISSUES

Sylvia H. Samy
California State University - San Bernardino

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Social Work Commons](#)

Recommended Citation

Samy, Sylvia H., "SOCIAL WORK STUDENTS' KNOWLEDGE OF VETERANS' NEEDS AND ISSUES" (2014).
Electronic Theses, Projects, and Dissertations. 42.
<https://scholarworks.lib.csusb.edu/etd/42>

This Thesis is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

SOCIAL WORK STUDENTS' KNOWLEDGE OF VETERANS' NEEDS
AND ISSUES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Sylvia Helmy Samy

June 2014

SOCIAL WORK STUDENTS' KNOWLEDGE OF VETERANS' NEEDS
AND ISSUES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Sylvia Helmy Samy
June 2014

Approved by:

Dr. Herbert Shon, Faculty Supervisor, Social Work

Dr. Rosemary McCaslin, M.S.W. Research Coordinator

© 2014 Sylvia Helmy Samy

ABSTRACT

The veteran population is underserved. Due to the current circumstances of increased deployment and the rate of returning soldiers from current wars (Iraq and Afghanistan); there is an increased demand for competent social workers to provide them with services. Furthermore, the Department of Veteran Affairs is the number one employer of social workers. Hence, measuring the knowledge of social work students is essential to explore their competence of working with the veteran population. The study presents an exploratory research method, using a quantitative approach. Further, students' knowledge was measured in ten domains: Benefits and Services, Service Related Disabilities, PTSD/Trauma, Childcare, Homelessness/Housing, Military Sexual Trauma, Healthcare, Employment/Unemployment, Education, and General Knowledge. In addition, the sample was comprised of social work students throughout different Southern California Universities. An online survey was administered to participants through Qualtrics website; and statistical analysis conducted by using SPSS version 21. Findings suggest that MSW students have a higher level of knowledge than BASW students in most of the domains. In addition, older participants presented a greater amount of knowledge than younger participants. Due to the results of the study, future research should measure a larger amount of participants that are evenly distributed among all demographics. Further, the study should encompass all universities that offer social work programs.

ACKNOWLEDGEMENTS

I wish to thank my family and friends for supporting me through the process.

TABLE OF CONTENTS

| | |
|---|-----|
| ABSTRACT | iii |
| ACKNOWLEDGEMENTS..... | iv |
| CHAPTER ONE: INTRODUCTION | |
| Problem Statement | 1 |
| Purpose of the Study..... | 6 |
| Significance of the Project for Social Work..... | 6 |
| CHAPTER TWO: LITERATURE REVIEW | |
| Introduction | 7 |
| Mental Health..... | 8 |
| Homelessness | 11 |
| Military Sexual Trauma | 12 |
| Post-Traumatic Stress Disorder | 13 |
| Numbing and Avoidance | 16 |
| Domestic Violence | 17 |
| Services | 19 |
| Employment | 21 |
| Treatment | 22 |
| Gaps and Conflicting Findings in the Literature | 23 |
| Theoretical Guiding Conceptualization | 25 |
| Summary..... | 25 |
| CHAPTER THREE: METHODS | |
| Introduction | 27 |
| Study Design..... | 27 |

| | |
|--|----|
| Sampling | 28 |
| Data Collection and Instruments | 29 |
| Procedures | 32 |
| Protection of Human Subjects..... | 34 |
| Data Analysis | 34 |
| Summary | 35 |
| CHAPTER FOUR: RESULTS | |
| Introduction | 36 |
| Demographics..... | 37 |
| Presentation of the Findings..... | 37 |
| CHAPTER FIVE: DISCUSSION | |
| Introduction | 41 |
| Discussion..... | 41 |
| Limitations..... | 42 |
| Conclusion | 45 |
| APPENDIX A: QUESTIONNAIRE | 46 |
| APPENDIX B: TEN DOMAINS | 50 |
| APPENDIX C: DEMOGRAPHIC QUESTIONS | 54 |
| APPENDIX D: DEPARTMENT COMMUNICATION REQUEST | 56 |
| APPENDIX E: STUDENT PARTICIPATION REQUEST | 58 |
| APPENDIX F: INFORMED CONSENT | 60 |
| APPENDIX G: DEBRIEFING FORM..... | 63 |
| APPENDIX H: TABLES | 65 |
| REFERENCES | 76 |

CHAPTER ONE

INTRODUCTION

This chapter discusses social work students' knowledge of veterans' needs and issues; the issues veterans are facing as a result of being in the service. The significance of the study to the social work field was explored. The relation between veterans' needs and its impact on the social work field, and its impact on social work students' future careers was also explored. Evidence based treatments and their efficacy in treating most of the issues experienced by veterans will be discussed.

Problem Statement

The veteran population has specific needs and faces many issues; and the number of veterans returning from war is growing fast. Since the Iraq and Afghanistan twelve year wars are coming to an end more veterans are returning to the United States from deployment. The need of proficient mental health professionals and service providers is rising, to offer services to veterans.

The Veteran Affairs (V.A.) is the biggest employer of social workers (Manske, 2006). Franklin (2009) stated, "Social workers offer a particular skill set and knowledge base that is beneficial, if not indispensable, to veterans who may return from war with a host of challenges" (p.165). Social workers use the person in environment approach, and solve problems from a multi-factor

perspective (Franklin, 2009). As the veteran population rises, the demand for social workers that can effectively work within this population is also rising.

Yet, out of twenty-one schools accredited by the Department of Consumer Affairs Board of Behavioral Sciences only one university's social work program offers required courses on veterans, University of Southern California. Azusa Pacific University offers an elective on veterans during summer courses ("Accredited Schools of Social Work," n.d.). Based on the demand for social workers to work with the veteran population, MSW programs should consider implementing veteran specific education in curriculums, to prepare competent social workers to work with the veteran population.

The veteran population is made of a diverse group; diverse in ethnicity, sex, religion, age, needs, issues and military culture. In order to understand the veteran population, one must have a basic understanding of the demographics of the veteran population. As of 2009, there were 23 million veterans living within the United States ("Statistics," 2010). The National Survey of Veterans (NSV, 2010) shows that most veterans are over age 55 and over 50percent are unemployed. Less than 50percent of veterans have a high school diploma, and less than 30percent have any sort of college degree. Over 65percent of veterans are married. From a mental health perspective, a survey conducted in 2008 of troops redeployed to Iraq states 20 to 40 percent of soldiers suffered from symptoms of previous concussions, such as, sleeping problems, depression, memory problems, and headaches (Franklin, 2009). Many veterans are

experiencing severe disorders including Post-traumatic Stress Disorder (PTSD), Traumatic Brain Injuries (TBI), and depression (Franklin, 2009). Soldiers' deployments are longer and more frequent, resulting in higher probability of developing a mental health disorder (Franklin, 2009). Soldiers from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) are surviving injuries that would have been fatal in previous wars; the survival rate increased due to advanced medicine and electronics (Franklin, 2009).

Veterans come home with psychological and physical injuries that family members are uneducated about and unaware of, which can then affect the family system. This is important because research has shown that veterans' families have specific and unique needs that should be viewed and cared for from a different perspective than civilian clients (Galovski & Lyon, 2003; Ray & Vanstone, 2009).

Veterans' families face many obstacles while their loved ones are at war, and once they return from deployment as they may suffer from psychological and physical injuries (Galovski & Lyon, 2003). Veterans' families have needs which are specific to their status as a military family member, and are unique to this population (Galovski & Lyon, 2003). It is important for service professionals to understand the specific needs of this population and how best to serve them and his or her family. Furthermore, it is important for service professionals to understand how the veterans' psychological issues affect his or her family system, and the family.

Ray and Vanstone (2009) found that symptoms presented by veterans suffering from PTSD (such as emotional numbing and anger) can result in pushing family members away. As the veteran pushes away his or her family member(s), family members withdraw their support leading to amplified display of symptoms (such as emotional numbing/avoidance and anger), which produces a struggle with recovering from PTSD. Veterans' families need to receive adequate mental health treatment and education (of the veteran's psychological injuries) in order to provide accurate care and social support for his or her family member.

Children may also experience secondary trauma as a by-product of his or her parent's trauma. Secondary trauma can be transmitted in the three following ways: direct trauma by parent's behavior, child identifies with the parent, and indirectly as a result of dysfunction within the family structure (Galovski & Lyons, 2003). Most research supports that treatment plans should focus on marital therapy and family therapy, therefore, the VA should consider providing evidence based treatment to the veteran and their family members (Galovski & Lyons, 2003). Lastly, it is important to assess social work students' knowledge of veterans' needs and issues. If lacking, Masters of Social work programs may consider changes to current curriculums, and include veteran specific education, such as, military experience, military culture, and what benefits and services are currently available for veterans.

Military culture should be studied by students because it can be complicated and specific, different than our individualistic culture in the United States. Soldiers are conditioned to follow the rules set before him or her, and to respond in the best interest of the group, not their individual self (Hajjar, 2013).

Research states that all veterans (active or retired, battled in combat or never been in combat, on duty or not on duty) share an identity distinctive to military culture (Petrovich, 2012). For instance, stoicism is embedded in the culture of the military, as members are required to be tough and “man up”. Stoicism makes them look down on physical and emotional concerns and reinforces endurance and aggression (Petrovich, 2012).

Therefore, when treating veterans it is important to understand what they were conditioned to do, by military standards. Service providers should consider using the “starting where the client is” approach in therapy, rather than follow a “one size fits all” treatment plan (Hepworth, Rooney, Rooney, & Strom-Gottfried, 2013, p. 46). Military culture and its importance has been recognized by the National Association of Social worker’s (NASW) (National Association of Social Workers, 2014). The NASW requires social workers to be competent and understand the veteran population, have knowledge specific to military culture, and understand how the military culture impacts the individual during and after service (Petrovich, 2012; Rubin, 2012). Some social work students will be working with veterans and their families. Social work students need education

specific to veterans' (and his or her families') needs and issues, to be able to provide adequate services.

Purpose of the Study

The purpose of the study was to assess social work students' knowledge of veterans' needs and issues, in hopes of finding significant data to persuade directors of MSW programs to add veteran specific education to current social work curriculum.

Significance of the Project for Social work

This study is relevant to social work practice since it is important to assess current knowledge of future social workers, about the needs and issues the veteran population faces. If the results show a severe deficit in these areas of knowledge, changes should to be made in social work curriculums in order to provide education tailored to veterans' needs and issues. By evaluating and assessing current knowledge of social work students, changes to university curriculums can be recommended. Additionally, by assessing social work students' knowledge of veterans' needs, social work practice and service delivery to this population can be improved.

CHAPTER TWO

LITERATURE REVIEW

Introduction

As discussed above, it is necessary for social workers to be competent in working with the veteran population and be knowledgeable of their needs. The literature to be discussed will provide a brief outlook on veterans' needs and their families' needs in the following domains: Benefits and Services, Service Related Disabilities, PTSD/Trauma, Childcare, Homelessness/Housing, Military Sexual Trauma, Healthcare, Employment/Unemployment, Education, and General Knowledge. I will present the limitation and gaps in the literature. The literature will provide more understanding of what information is currently available as well as the areas in need of further attention.

Veterans' needs can be separated into two categories, personal needs and familial needs. Personal needs include psychological, medical, physical, monetary, reintegration into society, safety, and emotional. Familial needs include the needs of their family members, monetary support, emotional closeness, and psychological.

Additionally, the 2013 California Women Veteran Survey Questionnaire states the following nine domains encapsulate most needs and issues suffered by veterans Benefits and Services, Service Related Disabilities, PTSD/Trauma,

Childcare, Homelessness/Housing, Military Sexual Trauma, Healthcare, Employment/Unemployment, Education, and General Knowledge ("CalVet 2013 Women Veterans," 2013). Not meeting these needs can lead to further deterioration in the wellbeing of the veteran and his or her family (Galovski & Lyon 2003; Ray & Vanstone 2009); and can lead to worsened PTSD symptoms, domestic violence, depression, suicide, homicide, unemployment, homelessness, and substance abuse (Galovski & Lyon 2003; Ray & Vanstone 2009; Walker 2010).

Mental Health

Suicide

Suicide among veterans is becoming an epidemic with rates escalating dramatically. Veterans are three times more likely to commit suicide as opposed to civilians (Rubin, 2012). Veteran suicides make up 20 percent of all suicides, and male veterans are two times more likely to commit suicide than non-veteran men, whereas female veterans are three times more likely to commit suicide than non-veteran women (Posey, 2009). Additionally, female veterans are likely to commit suicide at a younger age than female civilians, typically between the ages of 18 and 34 versus the ages of 35 and 64 for female civilians (Posey, 2009).

Suicidal ideation (SI) is prominent among Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans who are receiving treatment at the V.A (Corson, et al., 2013). "Suicide among veterans of Operation Enduring

Freedom and Operation Iraqi Freedom (OEF/OIF) is of increasing concern” (Corson et al., 2013, p. 291). Psychological pathology of recent wars (OEF/OIF) that underlie suicide are: PTSD, depression, substance abuse (drugs and or alcohol), and anxiety disorders. Having two or more disorders was associated with increased SI by 60 percent. Furthermore, three or more disorders were associated with double the odds (Corson et al., 2013).

In 2013 a study was conducted by Corson et al. (2013) to determine the frequency and associations of SI among OEF/OIF veterans, using data collected by the Department of Veteran Affairs. As a prevention initiative implemented by the Department of Veteran Affairs, a mandated assessment for SI of all veterans who test positive for PTSD and depression (Corson et al., 2013). Researchers screened veteran patients for depression between 2008 and 2009, by using Patient Health Questionnaire at three different Veteran Affairs locations (Corson et al., 2013). Out of 1,340 veterans who served in OEF/OIF who scored positive to depression screening, 32.4 percent reported they had SI. By using multivariate models, researchers found the following: probabilities of SI remained low for white veterans and larger for those with depression, schizophrenia, and bipolar disorder. Validity and reliability were not addressed for assessment of those with short-term SI (Corson et al., 2013).

Pietrzaket et al. (2010) stated there is little research describing the staggering rates of suicide for veterans who served in the OEF/OIF wars. In turn,

they conducted research to assess relevant needs of veterans in Connecticut. The sample comprised of 272 veterans who served in OEF/OIF. Additionally, “this survey was developed to identify salient needs of OEF/OIF Veterans in Connecticut and provide recommendations for legislative and public policy initiatives to improve readjustment to civilian life” (Pietrzak et al., 2010, p.103). Thirty-four out of 272 veterans stated that he or she had SI for several days. Five out of 272 reported having suicidal ideation more than one half of every day, and seven of 272 reported having suicidal ideation almost every day (Pietrzak et al., 2010). These findings suggested that the following disorders are associated with SI: PTSD, depression, increased psychological problems, and alcohol problems.

The findings of the research discussed above are consistent with previous findings. Research suggest that SI has a positive correlation with increased combat exposure, low social support, stigma associated with mental illness when patients received care for suicide prevention, low perception of resilience, and issues to receiving care (Corson et al., 2010; McNally & Frueh, 2013). Researchers concluded that proper interventions for depression, PTSD, low social support, low resilience, psychosocial difficulties, and support for post-deployment is promising in preventing SI in veterans who served in OEF/OIF (Corson et al., 2013). These are serious issues that need to be addressed competently and sensitively if the nation’s veterans are to receive the help they so desperately need.

Substance Abuse

Seal et al. (2011) found alcohol abuse and drug abuse to be common behaviors in Afghanistan and Iraqi war veterans. High co-morbidity was found between substance abuse, depression and PTSD. In this study the researcher assessed VA administrative data of 456,502 Afghanistan and Iraqi veterans between 2001 and 2009. Substance use disorder was given to 11 percent of the sample size. Of veterans diagnosed with alcohol use disorder (AUD) and/or drug use disorder (DUD), 55-75 percent were also diagnosed with depression and/or PTSD. Researchers also found Afghanistan and Iraqi war veterans' AUD rates were higher than civilians' AUD rates. Rates of alcohol and drug use were positively correlated with combat exposure. Research further shows a positive correlation between substance abuse and homelessness (Tsai, Kaspro, & Rosenheck, 2013).

Homelessness

Tsai, Kaspro, and Rosenheck (2013) found 60 that percent of homeless veterans suffered from substance abuse, 54 percent of those diagnosed with substance abuse suffered from both alcohol and drug disorders. Homeless veterans who suffered from alcohol and drug disorders presented more episodes of homelessness. In a study conducted by Gamache, Rosenheck, and Tessler (2003) they compared a sample of 59 female veterans to 1,181 male veterans over a period of one year. Findings from this research suggest that female

veterans are 3 to 4 times more likely to become homeless than non-veteran women. Tsai, Rosenheck, and McGuire (2012) stated homelessness among female veterans is becoming a national concern. Results demonstrate that homeless female veterans were younger, had shorter homelessness history, reported psychological distress, and were more than likely to be unemployed, than homeless male veterans. Female veterans were also less likely to suffer from substance abuse. Researchers found a positive correlation between military sexual assault and risk of homelessness in female veterans (Tsai, Rosenheck, & McGuire, 2012).

Military Sexual Trauma

Zinzow, Grubaugh, Frueh, and Magruder (2008) conducted a study to look at sexual assault in the military and its frequency. Researchers conducted a secondary data analysis of dataset comprised of 173 female veterans and 643 male veterans. Sexual assault was prevalent among 38 percent of women and 6 percent of men; high rates of re-victimization were prominent. Sexual assault victims presented psychological impairment greater than veterans with other types of trauma. However, only 38 percent of female sexual assault survivors and 25 percent of male sexual assault survivors accessed treatment or mental health services. The study above presented some limitations such as, the cross-sectional nature of the study made it hard to determine causal relationships between variables. Using restrictive variables such as “yes” and

“no” also limited feedback from the respondents. Utilizing a small sample size of sexually assaulted male veterans’ limited the power of detecting differences between sexually assaulted and non-sexually assaulted veterans. Further research is needed to replicate the findings above and examine male veterans more adequately. Research suggested a positive correlation between sexual trauma and PTSD (Creecha & Borsari, 2014).

Post-Traumatic Stress Disorder

Galovski and Lyon (2003) conducted a literature review to show that veterans’ trauma, such as PTSD, has a direct impact on the veterans’ families and their relationship. Previous literature is dominated by male veterans and the impact of trauma on their families. Few studies are conducted on female veterans and their families. The studies examined by Galovski and Lyon (2003) discussed the magnitude of PTSD and its effect on the individual’s life. “PTSD severely impacts functioning across major domains, increasing the odds of unemployment by 150 percent and marital instability by 60 percent. The risk of suicide associated with PTSD exceeds that of any other anxiety disorder” (Galovski & Lyon, 2003, p.478). PTSD, does not only impact the veteran experiencing it, it impacts his or her family as well. Impact on the Family and Their Needs

Research suggests that the experience a person goes through while living with someone suffering from PTSD may result in the individual developing PTSD

as well (Galovski & Lyons, 2003). Hence, it is important to educate family members (family members can be children, parents, spouses or partners) of the disorder if his or her veteran spouse/partner is suffering from it, to provide the spouse/partner with tools and skills in dealing with PTSD.

The secondary impact of families living with an individual who suffers from PTSD needs further research. According to Galovski and Lyon (2003) individuals living with someone suffering from PTSD can in turn develop secondary traumatization, ultimately becoming a victim of that trauma themselves.

PTSD is damaging and at times destructive to couples. Statistics show 38 percent of marriages disbanded only six months after Vietnam vets returned from Southeast Asia (Galovski & Lyon, 2003). A study of 50 couples in which some veterans were diagnosed with PTSD and the others were not, it was found that 70 percent of couples with PTSD reported problems in their relationships, in comparison, 30 percent of veteran families without PTSD (Galovski & Lyon, 2003). Looking deeper, researchers found a combination of three variables which impacted the success of the reintegration of the couple. Those variables are “the wife’s assessment of the quality of marriage prior to captivity, the wife’s level of dysfunction during the separation period, and the length of marriage prior to separation” (Galovski & Lyon, 2003, p.479). All the veterans in the study were prisoners of war. Naturally, foundation years prior to deployment impacted the results. Having a strong marital base prior to deployment or separation forecasts

the best outcome after reuniting (Galovski & Lyon, 2003). Therefore, if the couples have a strong connection prior to deployment of the veteran, they can work through arousal and numbing symptoms. Researchers found that veteran's arousal and numbing symptoms are mainly foretelling of their family's distress; anger was less of an issue than numbing and arousal (Ray & Vanstone, 2009).

Parenting and Children

Haley (1984) found that child rearing is a dormant stressor for veterans. She stated veterans could not differentiate between their aggression and age-appropriate aggressiveness of toddlers. This can cause the veteran to not form a bond with their child, not interact with them, and avoid the child. In other cases, veterans tend to overprotect and overreact, turning the parent child relationship into one mirroring ranking in the military culture. In other words, parent demands respect and love from their child, simply because they are the parent and in power (Haley, 1984).

A study conducted by Rosenheck and Thomson (1986) found that the lives of families revolved around the veteran's moods, such as, irritability, aggression, withdrawal and depression. Furthermore, children reported they witnessed their father's nightmares, crying spells, and aggression. This creates a hostile family environment for the family, more importantly, children of veterans suffering from PTSD. Researchers found that "In comparison to children of non-PTSD veterans, the children of PTSD male veterans exhibited more overall and more severe behavioral problems" (Galovski & Lyon, p. 487, 2003). Additionally,

without the key factor in communication, there is more room for vagueness between the veteran and the family members. Further, lack of intimacy, low emotional expression, and lack of self-disclosure resulted in a disconnected relationship with the child and partner (Galovski & Lyon, 2003).

Numbing and Avoidance

Numbing can be defined as disconnecting from surroundings, detachment from others (even family members and close friends), loss of interest in what were once enjoyable activities, and restricted affect. Hyper arousal is defined as irritability and difficulties with concentration (Ray & Vanstone, 2009). As the veteran is hyper-aroused, he or she may fight more with family members, may have a short temper with everyone around him or her, he or she may experience problems at work due to lack of concentration. Numbing may eventually isolate the veteran from a supportive environment, which can lead to the development of severe depression (Ray & Vanstone, 2009). Emotional numbing is a common component in those with PTSD. Emotional numbing results in a person's lack of physical expression of emotion, or a flat affect, which makes non-verbal expressions of emotion almost impossible (Ray & Vanstone, 2009). Galovski & Lyon (2003) stated "Clinicians and researchers have repeatedly identified the emotional numbing component of PTSD as a major, often the primary, factor interfering with quality relationship functioning after combat trauma" (p. 483). Emotional expression plays a crucial role in creating and sustaining an emotional

bond between the couple. When there is emotional numbing the result is withdrawal, isolation, detachment and increased conflict between the couple (Galovski & Lyon (2003). This creates a gap in the relationship that continues to grow, and may lead to increased incidences in violence between the couple. As stated in a study conducted by Ray and Vanstone (2009), a veteran stated:

I snapped . . . grabbed some of her hair. The next thing . . . I had a loaded rifle in my hand... would have done it straight away, I was hurting that badly. I would not want to traumatize my daughter, so I threw the rifle in my truck (p.842).

If the above mentioned leads to isolating the veteran, this puts the veteran at a higher risk for suicide.

Domestic Violence

In a study conducted during the 1980s, 50 percent of veteran couples seeking treatment reported wife battering (Galovski & Lyon, 2003). The researchers determined that abuse in veteran homes was common. However, contrasting with chronic abusers, veterans commit one or two tremendously violent and, at times, terrifying incidents that rapidly prompt treatment seeking, as opposed to following a cycle of violence (Galovski & Lyon, 2003). However, a New Zealand study (Frederikson, Chamberlain, & Long, 1996) assessed five wives of Vietnam veterans diagnosed with PTSD and found that violence was part of everyday life towards the spouses and their children. Furthermore, the

veterans' anger was directed at multiple individuals not only their family members (Galovski & Lyon, 2003).

A study which presented by Rosenheck and Thomson (1986), found an ongoing pattern to violence in families with veterans. The cycle starts with an occurrence of violence from the veteran, followed by a period of lack of communication and rejection. Rejection consequently leads to more violence, leading the family members to view the veteran as the reason of dysfunction in their household (Galovski & Lyon, 2003). Guerilla warfare experience, for example, elicited lack of confidence in children and women for veterans, since anyone could have been a threat during war time. In turn, what was once a survival mechanism in context of war is now the veteran's cause of trouble. Veterans who were involved in guerilla warfare are more prone to violent behavior in general, and untimely, domestic violence (Galovski & Lyon, 2003).

A study compared 252 wives of non PTSD veterans to 122 wives of PTSD veterans found greater violence to be more prevalent in veterans with PTSD than veterans without PTSD. Results suggest that the presence of PTSD has a positive correlation with physical violence and aggression (Galovski & Lyon, 2003). PTSD and psychological problems experienced by veterans, affect the family system as a whole. Services can be provided to all family members as part of the treatment plan to improve the above mentioned issues.

Physical Injuries and Disability

Taanila et al. (2010) stated Musculoskeletal disorder (MSDs) is the main disability in the military. MSD often leads to discharge from the military, and requires long-term medical care. Jennings, Yoder, Heiner, Loan, and Bingham (2008) conducted a study to understand MSD injuries in soldiers. Researchers found that knees and backs are most injured locations (21% reported lower back pain), and 47 percent of injuries were military related. Soldiers reported frustration with the healthcare system, providers and unit leaders in relation to their injuries. Currently, military efforts are to employ prevention measures and protect soldiers from injury, such as, reducing intensity of training drills, improving gear and equipment, and provide better footwear. Additionally, benefits and services provided by the military aid veterans in dealing with physical injuries and disabilities.

Services

Benefits and Services

The U.S. Department of Veterans Affairs provides numerous services and benefits to veterans, such as, disability compensation, and a monetary benefit, which are tax free. A pension, supplemental income is also provided to veterans and their families to help with financial problems. There are two types of Government Issue (GI) bills, the post 9/11 GI Bill and the Montgomery GI Bill. The post 9/11 GI Bill offers financial assistance for housing and education for

individuals who served post September 11th, 2011, individuals must have received honorable discharge in order to qualify. The Montgomery GI Bill is available to anyone enlisted in the United States Armed Forces, after meeting requirements an individual can receive education benefits monthly. Vocational rehabilitation and employment, is a services provided to veterans with disabilities to help them find employment and to live independently. Dependents' educational assistance provides training and education (up to 45 months) to dependents of veterans ("Veterans Services," 2013).

Survivor benefits are benefits and services provided to children, spouses or parents of deceased service members. Additionally, the VA helps veterans in purchasing homes by providing home loans. Life insurance is available to provide financial stability to veteran's family members in case of veteran's death. Service members' Group Life Insurance (SGLI) Traumatic Injury Protection Program provides traumatic injury insurance, by offering short term financial assistance and help with recovery from injury. Additional benefits and services are: healthcare, mental health care and cemetery services ("Veterans Services," 2013).

Healthcare

Hoerster et al. (2012) conducted a study to compare veterans and civilians on health. They found that although veterans have better healthcare access, they presented with poorer health than civilians. Veterans were more likely to report heavy smoking, alcohol consumption, diabetes, and lack of exercise than

civilians. Researchers used the 2010 Behavioral Risk Factor Surveillance Survey to collect data. The survey collected self-reported health results, and by using multivariable logistic regression. Researchers compared data of male veterans, active duty service members, National Guard/Reserve service members and civilians (Hoerster et al., 2012).

A limitation presented by the study is “heavy alcohol consumption” (Hoerster et al., p.488, 2012), since it was the only indicator used to assess alcoholism due to the number of participants, which was 451,975. Overall veterans showed poor health behaviors and health, therefore increased intervention efforts are needed to be implemented by service organizations and service providers (Hoerster et al., 2010).

Employment

Kleykamp (2013) found that veterans have lower chances of employment than civilians. Since they may present more challenges due to their experience in combat. White female veterans have a harder time finding employment than white male veterans; black veterans have less trouble finding employment than white veterans. Veterans do better than civilians in college enrollment and earnings. Consequently, their work ethics would be advanced and reliable. Further, research is needed to assess the post 911 GI bill, and how effective the bill is in helping veterans attain employment. Through the GI bill the government is making efforts to ensure that returning veterans advance their education and

gain skills to become employed in the civilian world. Given that this gill is relatively new further research is needed to asses.

Treatment

When working with families of veterans there is little research on treatment of children or families of traumatized parents. The main focus lies with couples and marital therapy, and not much family therapy. More research is needed to assess the success of family intervention currently used as an adjunctive for PTSD treatment (Galovski & Lyon, 2003). Further, research does not identify any use of therapy for families as caregivers for veterans (Galovski & Lyon, 2003). For treatment of PTSD, the general consensus is to reduce PTSD symptomology. There are two methodologies of treatment; supportive and systemic (Galovski & Lyon, 2003). Systemic treatment is traditional methods of treatment, such as, marital therapy treatment models aimed at reducing stress in the relationship caused by veterans' PTSD. Support treatment focuses on increasing support systems for the veteran suffering from PTSD (Galovski & Lyon, 2003).

Skill training is offered in order to provide coping tools for the individual's PTSD. The aim is to facilitate positive feedback and communication as the veteran recalls past traumatic events. By working through past negative events, the individual becomes desensitized to those events and becomes more functional and have healthier relationships with others (Galovski & Lyon, 2003).

Galovski and Lyon (2003) stated “support treatments include a sequence of intake, discussing the current situation, helping family members identify commonalities, skills training, and integration of homework assignments to increase generalization outside of therapy sessions” (p.490). Reaching a treatment plan by involving the family members and coming to a general consensus of the best approach to deal with the traumatic event and aftermath, is the central point to this approach (Galovski & Lyon, 2003). Unfortunately, there is no empirical evidence that the methods above show strong success rates at reducing distress in families and for veterans suffering from PTSD (Galovski & Lyon, 2003).

Furthermore, research is needed to identify best treatment methods specific to veterans and their families, especially for veterans returning from the Afghanistan and Iraq wars; since the dynamics of combat and length of deployment vary dramatically rendering most research in the past obsolete (Galovski & Lyon, 2003).

Gaps and Conflicting Findings in the Literature

The literature discussed above sheds light on veterans’ needs post deployment and the difficulties he or she encounters as a result of combat exposure. Literature did not provide information on an evidence based practice approach to treating veterans who suffer from the above mentioned difficulties.

General consensus of the research stated above suggests trauma to be most cumbersome of all issues experienced by veterans.

The generalizability of the literature review is a limitation. Throughout the literature, the population tested could not be generalized to all veterans because sample sizes were too small or not representative of the general veteran population. Lastly, in some cases, the population was tested years after they returned from combat (Mattocks et al., 2012). Research conducted by Mattocks et al. (2012) found that the population used had a substantial gap between deployment and time of study. Therefore, further research is needed with a sample size that represent the population and can be generalized to all veterans. In addition social workers should consider conducting more research with the veteran population. Social workers play an important role as being part of a multidisciplinary team in the VA (Beder, Postiglione, & Strolin-Goltzman, 2012). Social Workers play a vital role in “mental health treatment, staff consultation, offering support for caregivers and family members, and participation in utilization review as well as primary responsibility for direct client interaction, support, and care” (Rahia, 1999, p. 664). The foundation of social work practice, such as the generalist model approach and person-in-environment approach, provide social workers with better tools to set veterans up with services and resources.

Theories Guiding Conceptualization

Researchers suggest that using Cognitive Behavioral Therapy (CBT) is a more successful treatment than other methods when treating PTSD (Deville & Spence 1999). In 2010 Ehlers et al. conducted a study to assess the efficacy of trauma-focused psychological interventions available in treating PTSD. They conducted a meta-analysis study using a randomized controlled trial, by re-examining data presented in the Benish et al. (2008) study. The study analyzed 26 comparisons from 22 studies. Bisson et al. (2007) found Eye Movement Desensitization and Reprocessing (EMDR) and Trauma Focused Cognitive Behavioral Therapy (TFCBT) are effective for treatment for chronic PTSD. Notably, EMDR and TFCBT treatments in this study focus on the patient's traumatic memories and their personal meaning. Treatment guidelines recommend using an eclectic approach when treating PTSD, by using several trauma-focused psychological treatments. Bisson et al. (2007) inspected conclusions of the meta-analyses; they found that is it important to use a specific type of treatment for PTSD, suggesting a more eclectic approach is most beneficial for treating PTSD.

Summary

Changes occurring in the veteran population require preparation of social workers to provide adequate services to veterans. Therefore, by evaluating social work students' knowledge of veterans' needs is valuable to include

possible changes to an MSW graduate program. There is lack of research that discusses low availability of classes for veteran specific education in social work programs. As previously discussed, there are only two universities that offer veteran specific education USC and Azusa Pacific University in California.

CHAPTER THREE

METHODS

Introduction

This study was designed to explore social work students' knowledge of veterans' needs. The sample of this study was composed of students enrolled in a bachelors or masters level social work program in different universities, such as, University of Southern California (USC), Loma Linda, Azusa Pacific, California State University, San Bernardino, Humboldt State University, and California State University, Long Beach. The method of data collection was conducted through an online survey using the website Qualtrics. An instrument was designed to measure the knowledge of social work students of veterans' needs. The instrument questions were composed by using the U.S Department of Veterans Affairs survey as a guide for the nine domains being explored. In this section, the researcher discussed how the data was analyzed and the purpose of doing so. Additionally, a sample of the questionnaire that was used is provided. Lastly, the parameters of the subjects were discussed.

Study Design

This study employed a quantitative approach to explore social work students' knowledge of veterans' needs. A quantitative method was used to

assess the knowledge of social work students of veterans' needs. This study is purely exploratory in nature and therefore no hypothesis testing was included.

Sampling

The sample was compromised of social work students from various social work programs in Southern California. The only selection criterion for participation was enrollment in a social work program. The instrument was constructed to measure students' knowledge of the nine domains of veterans' needs and issues. A sample group of 84 students was used, and this was a reasonable sample to conduct the analysis. Students conducted the survey online via Qualtrics (<http://www.qualtrics.com/>).

Permission to recruit student participants for the current study was not necessary to be obtained through the Chair of the Social Work Departments since the sample was compromised through a snowball sampling. Students and professors from the following universities shared information with their students and fellow professors: University of Southern California (USC), Loma Linda University, Azusa Pacific, California State University, San Bernardino, Humboldt State University, California State University, and Long Beach. All email communication between researcher and all other parties was recorded and kept on file in order to follow regulations for five years.

Data Collection and Instruments

Data for constructing the instrument was derived from the 2013 California Women Veteran Survey Questionnaire. The survey is administered by the California Research Bureau in collaboration with California Department of Veterans Affairs (CalVet). It is an inclusive state wide survey intended to help researchers inform policy debates. The survey is constructed to encapsulate the experiences of women veterans who served in the U.S Armed Forces.

The survey instrument was designed by the researcher. A total of 24 questions were derived from the 2013 California Women Veteran Survey Questionnaire survey to assess students' knowledge (Appendix A). Furthermore, the questions were encompassing of the following ten domains: Benefits and Services, Service Related Disabilities, PTSD/Trauma, Childcare, Homelessness/Housing, Military Sexual Trauma, Healthcare, Employment/Unemployment, Education, and General Knowledge (Appendix B). Additionally, general knowledge of veterans' needs and issues was also addressed in the questionnaire. The ten domains above deemed appropriate to assess in lieu of all domains included in the 2013 California Women Veteran Survey Questionnaire, since they covered most necessary areas addressed in the literature review of this study.

Data was collected to assess social work students' knowledge of veterans' needs and issues. This research was measured by using a true, false, not sure/don't know type scale instrument. Due to time constraints, the researcher

was not able to test the instrument for reliability and validity. The survey was composed of 24 questions, and 4 demographic questions.

To assess students' knowledge for benefits and services domain the following questions were asked: question number one, Veteran benefits include home loans and property tax exemption. Question number three, veterans do not have to file claims for service related disability because they receive services automatically. Question number 14, veterans receive plenty of help from the government, they should experience no housing problems. Lastly, question numbers 15, veterans seek treatment enthusiastically, since it is available to them and they need it.

To measure students' knowledge for service related disabilities domain, the following questions were asked: question number two, back injuries are common among veterans. Question number 19, traumatic Brain Injury (TBI) is a common problem with veterans. Lastly question number 20, veterans' substance abuse is not a problem that can be related to combat; it is due to poor choices. To assess students' knowledge for PTSD trauma domain the following questions were asked: Question number six, post-traumatic Stress Disorder (PTSD) is a disorder that all veterans suffer from. Question number seven, PTSD can be a result of sexual assault experienced while within the military. Question number ten, veterans experience PTSD only as a result of past participation in combat or war zone. Lastly, question number 18, PTSD is a "catch-all diagnosis" given to veterans. The following question was used assess

students' knowledge of childcare domain; question number 12, Childcare is no more of a significant need for veterans than civilians. To measure students' knowledge of homelessness and housing domain, the following questions were asked: question number one, Veteran benefits include home loans and property tax exemption. Question number 14, Veterans receive plenty of help from the government, they should experience no housing problems. Question number four, homelessness is prevalent amongst veterans. Question number five, Female veterans and their children are seldom homeless.

To assess students' knowledge of military sexual trauma domain, the following questions were asked: question number seven, PTSD can be a result of sexual assault experienced while within the military. In addition to question number 11, Sexual trauma is a rising issue in today's military culture. To assess students' knowledge of healthcare domain, the following questions were asked: question number three, veterans do not have to file claims for service related disability because they receive services automatically. Question number 13, veterans are provided with excellent healthcare, they should have little to no issues accessing healthcare.

To assess students' knowledge of employment/unemployment domain, question number 22 was asked, veterans do not get discriminated against in the job market for their veteran status, on the contrary they are held with higher regard than civilian applicants. To assess students' knowledge of the education

domain, question number 24 was asked, the United States government provides veterans interested in pursuing higher education with monetary assistance.

Finally, to assess students' general knowledge, the following questions were asked: question number 8, Military culture only influences military personnel while they are on active duty, not after they become veterans. Question number nine, as a clinician, it is important to learn about military culture, as it continues to influence the veterans' behavior, regardless of their military status (active or discharged). Question number 16, Veterans do not feel out of place when they come back to the United States of America from deployment, after all they are coming back home. Question number 17, Veterans are capable of building rapport with their clinicians as easily as civilians. Question number 21, Veterans easily reintegrate back into society after they return from deployment. Lastly, question number 23, Social workers can easily distinguish behaviors of veterans who have experienced direct combat versus those who did not. In addition, participants were asked four questions to define their demographics (Appendix C).

Procedures

The researcher drafted a script that was approved by the School of Social Work Institutional Review Board Sub-Committee (IRB), and was used by the researcher to contact directors or chairs each of the targeted School or Department of Social Work in Southern by email California (Appendix D). The

email identified the researcher, briefly described the purpose of this study, provided an assurance that confidentiality and anonymity was protected by the researcher, and a request to contact the students enrolled in their social work programs via e-mail, and/or distribution of fliers containing an almost identical script (Appendix E). Once the researcher received approval from the director or chair of each department or school of social work, the researcher began soliciting prospective participants through the afore-mentioned means. The researcher reached out to other actively enrolled graduate and undergraduate social work students through social media, such as Facebook, Yahoo! Groups, and, etc. Snowball sampling was used at California State University San Bernardino by requesting the participation of students through their various professors. A hyperlink was provided to these individuals, which guided them to the Qualtrics website, on which the survey was made available to participants. A brief introduction and informed consent form on which participants must check a box to agree to the terms in order to continue and take the survey was provided. The survey took approximately fifteen minutes to complete. Students had one month to complete the survey online. Students were free to complete the survey in any environment they wished to do so, home or school, or any place where students had access to a computer and an internet connection.

Protection of Human Subjects

Participants' anonymity was protected throughout the survey in respect to confidentiality. All personal information was kept confidential according to confidentiality guidelines of NASW (National Association of Social Workers, 1999). In order to do so, each participant was assigned a random number. Thus, no identifying information was provided by participants. An informed consent form was provided to all participating students, which explained that their participation in the study was completely voluntary and could be withdrawn at any time (Appendix F). Finally, the individual's participation was concluded by providing a debriefing statement, which stated the reason for conducting the research and provided contact information for the researcher in case participants had further questions or concerns in the future (Appendix G).

Data Analysis

A quantitative procedure was utilized to assess the level of student's knowledge. T-tests were conducted to determine if there was a difference between genders participants knowledge of veterans' needs in the ten domains: Benefits and Services, Service Related Disabilities, PTSD/Trauma, Childcare, Homelessness/Housing, Military Sexual Trauma, Healthcare, Employment/Unemployment, Education, and General Knowledge. T-tests were also conducted to determine if there were differences between BASW and MSW students. Analysis of Variance tests were conducted to determine if there was a

significant difference in student's knowledge about veterans' needs between students at various levels in their education and between different ethnicities of social work students.

A Pearson r correlation coefficient was conducted to examine the relationship between age and the ten domains including: Benefits and Services, Service Related Disabilities, PTSD/Trauma, Childcare, Homelessness/Housing, Military Sexual Trauma, Healthcare, Employment/Unemployment, Education, and General Knowledge

Chi-square analyses were also conducted to determine if there were differences between genders in their knowledge of veterans' needs for each question that comprised the 10 domains. This was helpful in understanding the specific knowledge that social work students have about veterans' needs and may be useful in developing more comprehensive social work education about veterans.

Summary

The chapter above provided a synopsis of procedures that were used in conducting this study. The design method was briefly discussed in addition to description of the sample. The mixed method design approach was discussed, as was the data analysis process. This study was conducted to explore social work student's knowledge of veterans' most common needs and issues, such as, homelessness, aggression, suicide, PTSD, TBI should be covered.

CHAPTER FOUR

RESULTS

Introduction

The purpose of this exploratory study was to measure social work students' knowledge of veterans' needs in the following ten domains: Benefits and Services, Service Related Disabilities, PTSD/Trauma, Childcare, Homelessness/Housing, Military Sexual Trauma, Healthcare, Employment/Unemployment, Education, and General Knowledge

This chapter discusses the results of this study, including the sample's demographics of the research sample used to collect the data to be discussed below. Before administering the questionnaire, the purpose and rationale of the study were provided to respondents. Additionally, respondents were assured their responses would be kept confidential and used for the sole purpose of this research project. Participants were asked a series of questions to measure their knowledge of veterans' needs. The questions were true, false, not sure/don't know answers. Lastly, the questions were grouped in the domains listed above.

Students were recruited through word of mouth, and by professors of MSW and BSW programs who provided the URL link to their students. Due to the nature of snowball sampling, it is difficult to monitor the sample; with the ease of access of the URL (Qualtrics) it is difficult to assess which university the

participants attended. Students were asked to log on to a specific URL (Qualtrics website) and follow directions.

Demographics

The following demographic data were collected from participants: age, gender, level of education and ethnicity. The sample consisted of 87 participants (N= 87) who responded to the online survey. The sample was comprised of 30 BASW and 57 MSW students distributed via local southern California universities schools of social work. Gender of participants was 74 female participants (n = 74), 83.1%; and 14 male participants (n = 14), 15.7%. The sample was comprised of participants between ages of 19 and 62; minimum age was 19 years of age, and the maximum age was 62 years of age, the average age was 29.6 (M=29.6782, SD= 9.10085). Ethnicity of participants was comprised of the following Ethnic groups: African American (n=6) 7%; Asian (n=7) 8%; Latino (n=22) 25%; Multiple Race/Ethnicity (n=8) 9%; Native American (n=3) 3%, White (non-Hispanic) (n=38) 44%; and Other (n=3) 3% (see Table 1 in Appendix H).

Presentation of the Findings

Participants were tested in the following ten domains: Benefits and services, a total of four questions asked in this domain. Service Related Disabilities, a total of three questions asked in this domain. PTSD/Trauma, total of four questions asked in this domain. Childcare, one question asked in this

domain. Homelessness/Housing, a total of three questions asked in this domain. Military Sexual Trauma, a total of two questions asked in this domain. Healthcare, one question asked in this domain. Employment/Unemployment, one question asked in this domain. Education, one question asked in this domain. General Knowledge, a total of six questions asked in this domain (Appendix B).

In the first domain of Benefits and Services 61 (68.5%) of the participants answered three or more questions correctly (see Table 2 in Appendix H). In the second domain of Service Related Disabilities 66 (74.1%) of the participants answered three or more questions correctly (see Table 3 in Appendix H). In the third domain of PTSD/Trauma 72 (80.9%) of the participants answered three or more questions correctly (see Table 4 in Appendix H). Next; in the domain of Homelessness/Housing 50 (56.2%) of the participants answered three or more questions correctly (see Table 5 in Appendix H). Subsequently, in the domain of Military Sexual Trauma 71 (79.8%) of the participants answered two or more questions correctly (see Table 6 in Appendix H). Then, in the domain of General Knowledge, 69 (77.5%) of the participants answered five or more questions correctly (see Table 7n in Appendix H). Also, in the domain of Education 68 (76.4%) of the participants answered correctly. Following, in the domain of Employment 54 (60.7%) of the participants answered correctly. In addition, in the domain of Healthcare 71 (79.8%) of the participants answered correctly.

Lastly, in the domain of Childcare, 59 (66.3%) of the participants answered correctly (see Table 8 in Appendix H).

A t-test was conducted to determine if there was a significant difference between genders and their level of knowledge in the ten domains. No significant difference in level of knowledge was found between males and females. A t-test was conducted to determine if there was a significant difference between BASW and MSW students in their level of knowledge regarding service related disabilities; $t(86) = -2.875, p < .01$. It was shown that MSW students had a higher level of knowledge in service related disabilities than BASW students ($SD = .95$; $M = 2.3276$) (see Table 9 in Appendix H)

A Pearson r correlation coefficient was conducted to determine if there is a relationship between age and each of the ten domains. There is a significant relationship between Benefits and Services and age; $r(85) = .260, p < .05$. The older the person gets the greater their level of knowledge of benefits and services. A Pearson r correlation coefficient was conducted to determine if there is a relationship between age and each of the ten domains. There is a significant relationship between PTSD/Trauma and age; $r(85) = .351, p < .01$. The older the person gets the greater their level of knowledge of PTSD/Trauma. A Pearson r correlation coefficient was conducted to determine if there is a relationship between age and each of the ten domains. There is a significant relationship between Military Sexual Trauma and age; $r(85) = .273, p < .05$. The older the person gets the greater their level of knowledge of Military Sexual Trauma. A

Pearson r correlation coefficient was conducted to determine if there is a relationship between age and each of the ten domains. There is a significant relationship between General Knowledge and age; $r(85) = .241, p < .05$. The older the person gets the greater their level of knowledge of benefits and services (see Table 10 in Appendix H). The discussion of the findings will be presented in the following chapter.

CHAPTER FIVE

DISCUSSION

Introduction

The purpose of this study was to explore the knowledge of current BASW and MSW students of veterans' needs, across Southern California Universities. In order to accurately assess students' knowledge, it was necessary to gain an understanding of veterans' needs today, and explore what areas social workers are expected to be competent in. Veterans' needs were explored and assessed through a literature review, and grouped in ten domains of most prominent and recurrent. It was important to develop a measurement that encompasses the ten domains, in order to test social work students' knowledge of veterans' needs in those specific domains. This chapter discusses the conclusion of this study, and recommendations for future research.

Discussion

There were no statistical significance between male and female social work students' knowledge of veterans. MSW students had a higher level of knowledge in service related disabilities than BASW students. This can be due to more experience attained by students throughout their master's level program

as well as internship practice. The older the subject was the more knowledge they had of: Benefits and Services, PTSD/Trauma, Military Sexual Trauma and General Knowledge. This can be attributed to more life experience; or the possibility of encountering an individual who served in the military.

Limitations

The primary limitation to this study is the sample demographics. Due to the difficulty in recruiting students across universities; in specific, to get school chairs approval to test their students. The sample size was not homogeneous across all universities that offer Social Work programs. Additionally, the sample size was too small and not representative of the population; there were more females than males, and more MSW students than BASW students. Furthermore, online surveys provide their own limitations. It is difficult to know who is taking the survey online and who it is distributed to. Therefore, it is not defined if the population tested is the intended population. Since, by nature of design, this study did not request identifying qualities from subjects to maintain confidentiality. Further, the measurement tool was designed by the researcher, and due to time constraint, it was not tested for reliability and validity. Thus more time is needed to construct a more reliable measurement tool that encapsulates all veterans' needs. Measurement questions should also be vetted for common language and terminology to measure if such variables are contribute to the fact the older the person is the more knowledge he or she has of veterans' needs.

Recommendations for Social Work Practice, Policy, and Research

Future research is needed in order to address all limitations listed above. A larger sample is needed to assess students' knowledge across all universities who offer social work programs in the nation. Furthermore, a larger sample with a well-balanced sample of all demographics used; males versus females, BASW versus MSW and even sample of different ages.

It is necessary to add more questions in the measurement tool to address military culture as another domain, since it plays a crucial part in their identify. Furthermore, future research can be conduct to create a baseline of knowledge by testing the general public. In testing the general public's knowledge of veterans' needs, it will provide data to compare against social work students' knowledge of veterans' needs.

Social work practice can be improved significantly by taking the information provided in this study into account. The results of this study suggest improvement of social work program. By adding more veteran specific education, future social workers will be more competent in the needs of veterans. In addition, social workers will help advocate for veterans and remove the stigma that is attached to veterans; advocate through making policy changes on a macro and micro level. Macro, policies for benefits and improve services. Micro, by using more evidence based practices and improving competency. By doing so, social workers will help empower the veteran population by making them feel

they are important part of our society, their needs are being met, and their voice is being heard. It is necessary to pass a policy mandating social work programs to add veteran specific education in their curriculum. Based on information provided in this study's literature review, the veteran population has different needs than the general population. Due to the nature of the onset (combat) inducing the mental illness experienced by the veteran (such as substance abuse, marital problems and unemployment, PTSD), the assisting clinician should consider a compatible theoretical perspective. For example, if a veteran is experiencing PTSD the assisting clinician should evaluate which evidence base trauma practice shows the highest efficacy with the veteran population; such as Cognitive Processing Therapy in comparison to EMDR (Chard, Ricksecker, Healy, Karlin, & Resick, 2012). Additionally, Social work programs should work hand in hand with the VA and their clinical staff, in order to assess current needs of veterans. For example, social work programs can work abreast with the VA and use their data to conduct research. In addition, the VA can share their most current findings with social work programs in order to promote better veteran specific education. Such as, sharing their findings of evidence based practice models currently used with the veteran population; CPT is the most current evidence based practice used to treat trauma (Chard, et al., 2012) and has yet to gain recognition in the social work field. The veteran population is underserved. Therefore, social work programs should use the NASW code of ethics as their foundation in providing veterans with the services they deserve.

These are the following code of ethics which can be practiced: competent services, advocating for veterans' needs, upholding their worth and dignity, promoting importance of human relationships, holding high integrity in the assistance provided, and overall competence. Upholding these ethical values is what social work is about. Therefore, by programs making the code of ethics their guide, they will provide social work students with the tools they need to work with the veteran population.

Conclusion

Future research can be conducted to further this study and address issues such as, sample size, well balanced demographics, and general public's knowledge of veterans' needs. This study indicated the lack of knowledge in a few of the domains social work students' had of veterans' needs. Although, some of the participants in this study did encompass some of the necessary knowledge needed to work with the veterans' population. This study is at an early phase, yet data presents an outlook on where social work students stand on the spectrum of knowledge of veterans' needs. In light of the recent influx of deployed soldiers returning from war, the integration back into "normal" society can increase the onset of issues such as PTSD, suicide, substance abuse, marital problems, and committing violent acts. Consequently, poses concern for the social work professionals who work with this population.

APPENDIX A
QUESTIONNAIRE

Questionnaire

Veteran and Needs

1. Veteran benefits include home loans and property tax exemption.
 - a. True
 - b. False
 - c. Not sure/don't know
2. Back injuries are common among veterans.
 - a. True
 - b. False
 - c. Not sure/don't know
3. Veterans do not have to file claims for service related disability because they receive services automatically.
 - a. True
 - b. False
 - c. Not sure/don't know
4. Homelessness is prevalent amongst veterans.
 - a. True
 - b. False
 - c. Not sure/don't know
5. Female veterans and their children are seldom homeless.
 - a. True
 - b. False
 - c. Not sure/don't know
6. Post-traumatic Stress Disorder (PTSD) is a disorder that all veterans suffer from.
 - a. True
 - b. False
 - c. Not sure/don't know
7. PTSD can be a result of sexual assault experienced while within the military.
 - a. True
 - b. False
 - c. Not sure/don't know
8. Military culture only influences military personnel while they are on active duty, not after they become veterans.
 - a. True
 - b. False
 - c. Not sure/don't know
9. As a clinician, it is important to learn about military culture, as it continues to influence the veterans' behavior, regardless of their military status (active or discharged).
 - a. True

- b. False
 - c. Not sure/don't know
- 10. Veterans experience PTSD only as a result of past participation in combat or war zone.
 - a. True
 - b. False
 - c. Not sure/don't know
- 11. Sexual trauma is a rising issue in today's military culture.
 - a. True
 - b. False
 - c. Not sure/don't know
- 12. Childcare is no more of a significant need for veterans than civilians.
 - a. True
 - b. False
 - c. Not sure/don't know
- 13. Veterans are provided with excellent healthcare, they should have little to no issues accessing healthcare.
 - a. True
 - b. False
 - c. Not sure/don't know
- 14. Veterans receive plenty of help from the government, they should experience no housing problems.
 - a. True
 - b. False
 - c. Not sure/don't know
- 15. Veterans seek treatment enthusiastically, since it is available to them and they need it.
 - a. True
 - b. False
 - c. Not sure/don't know
- 16. Veterans do not feel out of place when they come back to the United States of America from deployment, after all they are coming back home.
 - a. True
 - b. False
 - c. Not sure/don't know
- 17. Veterans are capable of building rapport with their clinicians as easily as civilians.
 - a. True
 - b. False
 - c. Not sure/don't know
- 18. PTSD is a "catch-all diagnosis" given to veterans.
 - a. True
 - b. False
 - c. Not sure/don't know

19. Traumatic Brain Injury (TBI) is a common problem with veterans.
 - a. True
 - b. False
 - c. Not sure/don't know
20. Veterans' substance abuse is not a problem that can be related to combat, it is due to poor choices.
 - a. True
 - b. False
 - c. Not sure/don't know
21. Veterans easily reintegrate back into society after they return from deployment.
 - a. True
 - b. False
 - c. Not sure/don't know
22. Veterans do not get discriminated against in the job market for their veteran status, on the contrary they are held with higher regard than civilian applicants.
 - a. True
 - b. False
 - c. Not sure/don't know
23. Social workers can easily distinguish behaviors of veterans who have experienced direct combat versus those who did not.
 - a. True
 - b. False
 - c. Not sure/don't know
24. The United States government provides veterans interested in pursuing higher education with monetary assistance.
 - a. True
 - b. False
 - c. Not sure/don't know

Developed by Sylvia Samy.

APPENDIX B
TEN DOMAINS

Ten Domains.

Domain one, benefits and services:

- 1- Veteran benefits include home loans and property tax exemption.
- 3- Veterans do not have to file claims for service related disability because they receive services automatically.
- 14- Veterans receive plenty of help from the government, they should experience no housing problems.
- 15- Veterans seek treatment enthusiastically, since it is available to them and they need it.

Service Related Disabilities:

- 2- Back injuries are common among veterans.
- 19- Traumatic Brain Injury (TBI) is a common problem with veterans.
- 20- Veterans' substance abuse is not a problem that can be related to combat, it is due to poor choices.

PTSD/Trauma:

- 6- Post-traumatic Stress Disorder (PTSD) is a disorder that all veterans suffer from.
- 7- PTSD can be a result of sexual assault experienced while within the military.
- 10- Veterans experience PTSD only as a result of past participation in combat or war zone.

18- PTSD is a “catch-all diagnosis” given to veterans.

Childcare:

12- Childcare is no more of a significant need for veterans than civilians.

Homelessness/Housing:

4- Homelessness is prevalent amongst veterans.

5- Female veterans and their children are seldom homeless.

14- Veterans receive plenty of help from the government, they should experience no housing problems.

Military Sexual Trauma:

7- PTSD can be a result of sexual assault experienced while within the military.

11- Sexual trauma is a rising issue in today’s military culture.

Healthcare:

13- Veterans are provided with excellent healthcare, they should have little to no issues accessing healthcare.

Employment/Unemployment:

22- Veterans do not get discriminated against in the job market for their veteran status, on the contrary they are held with higher regard than civilian applicants.

Education:

24- The United States government provides veterans interested in pursuing higher education with monetary assistance.

General Knowledge:

8- Military culture only influences military personnel while they are on active duty, not after they become veterans.

9- As a clinician, it is important to learn about military culture, as it continues to influence the veterans' behavior, regardless of their military status (active or discharged).

16- Veterans do not feel out of place when they come back to the United States of America from deployment, after all they are coming back home.

17- Veterans are capable of building rapport with their clinicians as easily as civilians.

21- Veterans easily reintegrate back into society after they return from deployment.

13- Social workers can easily distinguish behaviors of veterans who have experienced direct combat versus those who did not.

Developed by Sylvia Samy.

APPENDIX C
DEMOGRAPHIC QUESTIONS

Demographic Questions

1. What is your current age? _____
2. What is your gender? (Check one)
 - a. Female
 - b. Male
3. What is your social work program Status (Check one)
 - a. BSW 1st year
 - b. BSW 2nd year
 - c. BSW 3rd year
 - d. BSW 4th year
 - e. MSW Part-Time 1st year
 - f. MSW Part-Time 2nd year
 - g. MSW Part-time 3rd year
 - h. MSW Full-time 1st year
 - i. MSW Full-time 2nd year
4. What is your Race/Ethnicity? (Check one)
 - a. African American
 - b. Asian
 - c. Latino
 - d. Multiple Race/Ethnicity
 - e. Native American
 - f. White (Non-Hispanic)
 - g. Unknown
 - h. Other

Developed by Sylvia Samy.

APPENDIX D
DEPARTMENT COMMUNICATION REQUEST

DEPARTMENT COMMUNICATION REQUEST

Dear Chair/Director,

My name is Sylvia Samy and I am an MSW student at the School of Social Work at California State University, San Bernardino. I am e-mailing you to inform you that I am currently soliciting the participation of currently enrolled social work students' (BSW/BASW and MSW) participation for my master's research project from California Schools and Departments of Social Work through social media. Out of respect and courtesy, I am contacting you to share with you that some of your students may or may not be among my subjects.

My study is exploratory and quantitative in nature, and is designed to measure social work students' knowledge of veterans' problems and needs. The National Association of Social Work states that the United States Department of Veterans Affairs is the largest employer of master's level social workers in the United States. And, because veterans are an at risk population that is increasing in number as a result of recent wars, practicing social workers at all levels are coming into increased contact with veterans and their families. It is therefore important to get a sense of students' preparedness to work with the veteran population as well as their educational needs.

My study is completely voluntary in nature, should take students about 15 minutes to complete, and they may choose not to participate or stop participating in my study at any time and for any reason. My study was approved by the IRB Sub-Committee at the CSUSB School of Social Work, it should not create any distress for subjects to complete, and they will derive no personal benefit for their participation.

Subjects' and institutions' names will not be collected because I am not interested in making any comparisons involving individual students or their schools, but will compare different *groups* of students by their student status (e.g., full-time versus part-time, BASW/BASW versus MSW foundation year and advance year) and by their sociodemographic variables (e.g., age, gender, race/ethnicity, etc.).

If you have any questions or concerns, please contact me at either of my below e-mail addresses, or you may contact my research supervisor, Dr. Herb Shon, Ph.D., LCSW (hshon@csusb.edu, 909-537-5532).

Sincerely,

Sylvia Samy

APPENDIX E
STUDENT PARTICIPATION REQUEST

STUDENT PARTICIPATION REQUEST

Dear Student

My name is Sylvia Samy and I am an advanced-year MSW student from the School of Social Work at the California State University of San Bernardino. I am writing to invite students from your Social Work programs (BSW and/or MSW) to participate in my research study.

My study is designed to measure the knowledge of social work students of veterans' needs in nine domains. The nine domains were derived from the U.S Department of Veterans Affairs survey. Veterans are an at risk population that is increasing in number as a result of recent wars. The National Association of Social Work states "The United States Department of Veterans Affairs is the largest employer of master's level social workers in the United States." It is important to explore the level of knowledge future social workers have of veterans as it is becoming more commonplace for them to encounter this client group in their work.

Students are required to answer a questionnaire online, and the survey will take approximately 20 minutes to complete at the most. No compensation will be offered for participants. The questionnaire is in English

This study will not harm any of the participants and has been approved by the CSUSB School of Social Work IRB Subcommittee. The institutions' and students' names will remain anonymous throughout the study.

I would sincerely appreciate your willingness to participate in my study. I can be reached via the e-mail addresses and cellphone number below. Thank you for your time and consideration.

Sincerely,

Sylvia Samy

APPENDIX F
INFORMED CONSENT

INFORMED CONSENT

This study is being conducted by Sylvia Samy under the supervision of Dr. Herbert Shon, Assistant Professor of Social Work at California State University, San Bernardino (CSUSB). This study has been approved by the CSUSB School of Social Work Subcommittee of the Institutional Review Board.

PURPOSE: The purpose of this research study is to assess social work students' knowledge of veterans' needs and issues. You have been asked to complete this survey because you are a student currently enrolled in a BASW/BSW or MSW program.

DESCRIPTION: Your participation will consist of completing an online survey. The questionnaire is designed to explore your knowledge of nine major domains: benefits and services, disabilities related to service, housing, post-traumatic stress disorder, healthcare, and employment. Additionally, sociodemographic data will be asked of you as well. For example, how far along you are in your social work program, your age, gender, and race/ethnicity.

PARTICIPATION: Your participation is completely voluntary and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

CONFIDENTIALITY AND/OR ANONYMITY: Please note that the research is anonymous. Confidentiality of records identifying the subject will be maintained through password-protected files on the researcher's computer.

DURATION: The expected duration of the subject's participation is about 15 minutes.

RISKS: There are no foreseeable risks to your participation in this research.

BENEFITS: There are no direct benefits to you for participating in this research.

CONTACT: For answers to pertinent questions about the research and research subjects' rights, please contact Dr. Herbert Shon by email at hshon@csusb.edu, or by telephone at (909) 537-5532.

RESULTS: Results of this study will be provided to the School of Social Work and Pfau Library at California State University, San Bernardino. You may contact either if you would like a copy of the results.

CONFIRMATION STATEMENT: I have read and understand the consent document and agree to participate in your study. Please check this box if you agree with this statement.

→

http://csusb.qualtrics.com/SE/?SID=SV_6rH63dOaVM6P9Fr

APPENDIX G
DEBRIEFING FORM

DEBRIEFING FORM

Study of Decision-Making Processes

Debriefing Statement

The reason for conducting this research study is to assess social work students' knowledge of veterans' needs, further, to implement changes in graduate social work curriculums to address the deficits in knowledge assessed by the data of the sample.

Thank you for your participation and for not discussing the contents of the decision question with other students. If you have any questions about the study, please feel free to contact Sylvia Samy or Professor Herbert Shon at (909) 537-5532. If you would like to obtain a copy of the group results of this study, please contact Professor Herbert Shon at SB building room 407, phone number (909) 537-5532 at the end of Spring Quarter of 2014.

APPENDIX H
TABLES

Table 1

Demographics

| | Frequency N | Percen t % | Mean | Standard Deviation |
|----------------------------|----------------|------------------|---------|-----------------------|
| Gender | | | | |
| No Response | 1 | 1.1 | | |
| Male | 14 | 15.7 | | |
| Female | 74 | 83.1 | | |
| Age (in years) | | | 29.6782 | 9.10085 |
| Highest Level of Education | | | | |
| BASW/BA | 30 | 33.7 | | |
| MSW/MA | 58 | 65.2 | | |
| No Response | 1 | 1.1 | | |
| Ethnicity | | | | |
| African America | 6 | 6.7 | | |
| Asian | 7 | 7.9 | | |
| Latino | 22 | 24.7 | | |
| Native American | 3 | 3.4 | | |
| White | 38 | 42.7 | | |
| Multiple Race/Ethnicity | 8 | 9.0 | | |
| Other | 3 | 3.4 | | |
| Missing | 2 | 2.2 | | |

Table 2

Benefits and Services

| | Frequency N | Percent % | Mean | Standard Deviation |
|---|----------------|--------------|--------|-----------------------|
| 0 | 3 | 3.4 | | |
| 1 | 8 | 9.0 | | |
| 2 | 17 | 19.1 | | |
| 3 | 30 | 33.7 | | |
| 4 | 31 | 34.8 | | |
| | | | 2.8764 | 1.09565 |

Table 3

Service Related Disabilities

| | Frequency N | Percent % | Mean | Standard Deviation |
|---|----------------|--------------|--------|-----------------------|
| 0 | 6 | 6.7 | | |
| 1 | 17 | 19.1 | | |
| 2 | 26 | 29.2 | | |
| 3 | 40 | 44.9 | | |
| | | | 2.1236 | .95132 |

Table 4

Post-Traumatic Stress Disorder and Trauma

| | Frequency | Percent | | |
|---|-----------|---------|--------|-----------|
| | N | % | Mean | Standard |
| | | | | Deviation |
| 0 | 1 | 1.1 | | |
| 1 | 4 | 4.5 | | |
| 2 | 11 | 12.4 | | |
| 3 | 39 | 43.8 | | |
| 4 | 33 | 37.1 | | |
| | | | 3.1250 | .88165 |

Table 5

Homelessness and Housing

| | Frequency | Percent | | |
|---|-----------|---------|--------|-----------------------|
| | N | % | Mean | Standard Deviation |
| 0 | 1 | 1.1 | | |
| 1 | 8 | 9.0 | | |
| 2 | 30 | 33.7 | | |
| 3 | 50 | 56.2 | | |
| | | | 2.4494 | .70729 |

Table 6

Military Sexual Trauma

| | Frequency | Percent | Mean | Standard |
|---|-----------|---------|--------|-----------|
| | N | % | | Deviation |
| 0 | 5 | 5.6 | | |
| 1 | 13 | 14.6 | | |
| 2 | 71 | 79.8 | | |
| | | | 1.7416 | .55449 |

Table 7

General Knowledge

| | Frequency N | Percent % | Mean | Standard Deviation |
|---|----------------|--------------|--------|-----------------------|
| 0 | 2 | 2.2 | | |
| 1 | 1 | 1.1 | | |
| 2 | 2 | 2.2 | | |
| 3 | 3 | 3.4 | | |
| 4 | 12 | 13.5 | | |
| 5 | 34 | 38.2 | | |
| 6 | 35 | 39.3 | | |
| | | | 4.9663 | 1.27430 |

Table 8

Single Question Domains

| | Frequency N | Percent % |
|------------|----------------|--------------|
| Education | 68 | 76.4 |
| Employment | 54 | 60.7 |
| Healthcare | 71 | 79.8 |
| Childcare | 59 | 66.3 |

Table 9

t-Test

| Variables | T | df | P |
|---|--------|----|------|
| Service Related Disabilities and Social Work Program | -2.875 | 86 | .005 |

Table 10

Correlation

| Variables | R | df | P |
|--------------------------------|------|----|------|
| Age and General Knowledge | .241 | 85 | .005 |
| Age and Benefits and services | .260 | 85 | .005 |
| Age and PTSD/Trauma | .351 | 85 | .001 |
| Age and Military Sexual Trauma | .273 | 85 | .005 |

REFERENCES

- Beder, J. Postiglione, P., & Strolin-Goltzman, J. (2012). Social work in the veteran's administration hospital system: Impact of the work. *Social work in Health Care*, (51), 661-679. doi; 10.1080/00981389.2012.699023
- Bisson, J. I., Ehlers, A., Matthews, R., Pilling, S., Richards, D., & Turner, S. (2007). Psychological treatments for chronic post-traumatic stress disorder: systematic review and meta-analysis. *British Journal of Psychiatry*, 190, 97-104.
- CalVet 2013 women veteran's survey. (2013). Retrieved January 8, 2014, from California Department of Veterans Affairs website:
<https://www.calvet.ca.gov/Women/WomenSurvey.aspx>.
- Chard, Kathleen M.; Ricksecker, Elizabeth G.; Healy, Ellen T.; Karlin, Bradley E.; Resick, & Patricia A. (2012). Dissemination and experience with cognitive processing therapy. *Journal of Rehabilitation Research & Development*, 2012, (49)5, p 667.
- Corson, K., Denneson, L. M., Bair., M. J., Helmer, D. A., Goulet., J. L., & Dobscha, S. K. (2013). Prevalence and correlates of suicidal ideation among Operation Enduring Freedom and Operation Iraqi Freedom veterans. *Journal of Affective Disorders*, 149, 291-298.
- Creecha, S. K., & Borsari, B. (2014). Alcohol use, military sexual trauma, expectancies, and coping skills in women veterans presenting to primary care. *Addictive Behaviors*, 39(2), 379-385.

- Devilley, G. J., & Spence, S. H. (1999). The relative efficacy and treatment Distress of EMDR and a Cognitive-Behavior Trauma Treatment protocol in the amelioration of posttraumatic stress disorder. *Journal of Anxiety Disorders, 13*(12), 131-157.
- Ehlers, A., Bisson, J., Clark, D. M., Creamer, M., Pilling, S., Richards, D., & Yule, W. (2010). Do all psychological treatments really work the same in posttraumatic stress disorder? *Clinical Psychology Review, 30*(2), 269.
- Franklin, E. (2009). The emerging needs of veterans: A call to action for the social work profession. *National Association of Social Workers, 163-167*.
- Frederikson, L. G., Chamberlain, K., & Long, N. (1996). Unacknowledged casualties of the Vietnam War: Experiences of the partners of New Zealand veterans. *Qualitative Health Research, 6*(1), 49–70.
- Galovski, T., & Lyon, J. A. (2003). Psychological sequelae of combat violence: A review of the impact of PTSD on the veteran's family and the impact of PTSD on the veteran's family and possible interventions. *Aggression and Violent Behavior, 477-501*.
- Gamache, G., Rosenheck, R., & Tessler, R. (2003). Overrepresentation of women veterans among homeless women. *American Journal of Public Health, 93*(7), 1132-1136.
- Hajjar, R. M. (2013). Emergent postmodern US military culture. *Armed Forces & Society, 1-28*.

- Haley, S. (1984). The Vietnam veteran and his pre-school child: Child rearing as a delayed stress in combat veterans. *Journal of Contemporary Psychotherapy, 14*, 114–121.
- Hepworth, D. H., Rooney, R. H., Rooney, G. D., & Strom-Gottfried, K. (2013). *Direct social work practice: theory and skills* (9th ed.). Belmont, CA: Books Cole.
- Hoerster, K. D., Lehavot, K., Simpson, T., McFall, M., Reiber, G., & Nelson, K. M. (2012). Health and health behavior differences U.S. military, veteran, and civilian men. *American Journal of Preventive Medicine, 43*(5), 483-489.
- Jennings, B. M., Yoder, L. H., Heiner, S. L., Loan, L. A., & Bingham, M. O. (2008). Soldiers with musculoskeletal injuries. *Journal of Nursing Scholarship, 40*(3), 268-274.
- Kleykamp, M. (2013). Unemployment, earnings and enrollment among post 9/11 veterans. *Social Science Research, 42*, 836-851.
- Mattocks, K. M., Haskell, S. G., Krebs, E. E., Justice, A. C., Yano, E. M., & Brandt, C. (2012). Women at war: Understanding how women veterans cope with combat and military sexual trauma. *Social Science & Medicine, 74*, 537-545.
- McNally, R. J., & Frueh, C. (2013). Why are Iraq and Afghanistan War veterans seeking PTSD disability compensation at unprecedented rates? *Journal of Anxiety Disorders, (27)*, 520-526.

- National Association of Social Workers. (2014). *Code of Ethics of the National Association of Social Workers*. Retrieved from <http://www.naswdc.org/pubs/code/code.asp>.
- Online survey. (2014). Retrieved February 20, 104, from Qualtrics website: <http://www.qualtrics.com/>.
- Petrovich, J. (2012). Culturally competent social work practice with veterans: An overview of the U.S. military. *Journal of Human Behavior in the Social Environment, 22*(7), 863-874.
- Pietrzak, R. H., Goldstein, M. B., Malley, J. C., Rivers, A. J., Johnson, D. C., & Southwick, S. M.(2010). Risk and protective factors associated with suicidal ideation in veterans of Operations Enduring Freedom and Iraqi Freedom. *Journal of Affective Disorders, (123)*, 102-107.
- Posey, S. (2009). Veterans and suicide: A review of potential increased risk. *Smith College Studies in Social Work, 79*(3-4), 369-374. doi: 10.1080/00377310903131447
- Rahia, N. (1999). Medical social work in the US armed forces. In J. G. Daley (Ed.), *Social work practice in the military*. New York: Haworth Press
- Ray S. L., Vanstone M. (2009). The Impact of PTSD on Veterans' Family Relationships: An Interpretative Phenomenological Inquiry *International Journal of Nursing Studies, (46)*, 838-847.
doi.org/10.1016/j.ijnurstu.2009.01.002

Rosenheck, R., & Thomson, J. (1986). Detoxification of Vietnam War trauma: A combined family–individual approach. *Family Process*, 25, 559–570.

Rosenheck, R. A., & McGuire, J. F. (2012). Comparison of outcomes of homeless female and male veterans in transitional housing. *Journal of Community Mental Health*, (48), 705-710.

Rubin, A. (2012). Civilian social work with veterans returning from Iraq and Afghanistan: A call to action. *National Association of Social workers*, 57(4), 293-296.

Seal, K. H., Cohen, G., Waldrop, A., Cohen, B. E., Maguen, S., & Ren, L. (2011). Substance use disorders in Iraq and Afghanistan veterans in VA healthcare, 2001–2010: Implications for screening, diagnosis and treatment. *Drug and Alcohol Dependence*, 116, 93-101.

Statistics. (2010). Retrieved November 10, 2013, from Veterans Inc. website: <http://www.veteransinc.org/about-us/statistics/>.

Taanila, H., Suni, J., Pihlajamäki, H., Mattila, V. M., Ohrankämnen, O., Vuorinen, P., & Parkkari, J. (2010). Aetiology and risk factors of musculoskeletal disorders in physically active conscripts: a follow-up study in the Finnish defense forces. *BMC Musculoskeletal Disorders*, 11,146-164.
doi:10.1186/1471-2474-11-146

- Tsai, J., Kaspro, W. J., & Rosenheck, R. A. (2013). Alcohol and drug use disorders among homeless veterans: Prevalence and association with supported housing outcomes. *Addictive Behaviors*, 1-6. Tsai, J., Veterans Services. (2013, November 20). Retrieved December 1, 2013, from U.S. Department of Veterans Affairs website: http://www.va.gov/landing2_vetsrv.htm
- Walker, S. (2010). Assessing the mental health consequences of military combat in Iraq and Afghanistan: A literature review. *Journal of Psychiatric and Mental Health Nursing*, 790-796.
- Zinzow, H. M., Grubaugh, A. L., Frueh, B. C., & Magruder, K. M. (2008). Sexual assault, mental health, and service use among male and female veterans seen in Veterans Affairs primary care clinics: A multi-site study. *Psychiatry Research*, (159), 226-236.