Life after Service: Veterans’ awareness of post-military benefits

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Abstract

Life after Service: Veterans’ awareness of post-military benefits

By

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Master of Social work

This qualitative research focuses on veterans’ level of awareness about post-military benefits upon being discharged from the military. The study is significant because many veterans are not aware of the services that are provided to them post-military and may not know how to obtain and get assistance in services. Many veterans have a hard time integrating back into civilian life and face difficulty obtaining services such as mental health, employment assistance, disability benefits; additionally, many veterans experience homelessness and struggle with combat trauma. Narrative methods were used for this study. Some of the findings included, (1) Lack of awareness of eligibility for VA benefits, (2) Homelessness, substance abuse, alcoholism as reasons for help seeking post-discharge and (3) Mixed perspectives on whether awareness of post-military benefits would have prevented homelessness. By interviewing veterans from the five different branches of military, the researchers wanted to see if there’s a pattern amongst all five military branches on how veterans are being discharged. The five branches of military include: Marines, Army, Navy, Air Force and Coast Guards. A series of questions were
asked pertaining to participants’ own personal discharge background and how they viewed their military branch discharge policy overall. Questions also explored whether participants thought homelessness could have been prevented, had they been given the right resources upon discharge. The researchers hope is to bring awareness and help provide information to military professionals, social workers working on military bases, the Department of Veterans Affairs, the Department of Defense and other non-profit agencies that work helping veterans. This study will allow them to better educate veterans before getting discharged on their post-military benefits. This study may also prevent many of the common issues veterans face while coming back home and help transition them into civilian life smoothly.
Chapter One
Introduction

The purpose of this study is to use qualitative methodology to understand veterans’ level of awareness about their post military benefits upon being discharged from the military. This study will use narrative methods by interviewing formerly homeless veterans, asking them a series of questions about their personal discharge background and how they viewed their military branch discharge policy overall. I would also like to ask if they feel homelessness could have been prevented, had they been given the right resources upon discharge. By interviewing veterans from the five different military branches, I would like to examine whether there are trends amongst all military branches on how veterans are being discharged. The five branches of military include: Marines, Army, Navy, Air Force and Coast Guards.

Significance of the study for the field of Social Work

This study is significant because many veterans are not aware of the social services that are provided to them post-military. Additionally, they may not know how to obtain and get assistance in services. Many veterans have a hard time integrating back into civilian life and face difficulty obtaining services for mental health, substance abuse, employment, financial issues and employment assistance. There is a gap in existing literature about specific programs that focus on veterans’ awareness on their post military benefits after being discharged. There are currently a few qualitative studies looking at the experiences of veterans who were interested in seeking social services through the Department of Veteran Affairs that expressed having mental health issues. There are
Currently no studies looking at the impact of veterans being informed of their post-military benefits while they are still service members on base. By researching more about this topic, it will help provide information to military professionals, social workers working on military bases, the Department of Veterans Affairs, the Department of Defense and other non-profit agencies that work with veterans. I hope this study will allow them to better educate veterans before getting discharged on their post-military benefits. This may prevent many of the common issues veterans face while coming back home and help reintegrate them into civilian life smoothly.

**Interpretive Framework**

There is little research looking at why veterans are not being informed of their benefits before discharged. Many veterans are experiencing reintegration challenges as well as risk factors that contribute to homelessness. These factors are mental health, which include depression, posttraumatic disorder, traumatic brain injury, substance abuse, employment challenges as well as financial concerns. The research questions guiding this study are: By informing veterans of their post-military benefits, will it help prevent homelessness amongst veterans? How can we implement better reintegration transitional programs for veterans after being discharged from the military? Is there similarities on discharge exiting process amongst the five different military branches? I will be using a social constructivist interpretive framework and will draw upon inductive methods such as interviewing, observation and analysis of text. My research will explore veterans’ background of their discharge experience.
Chapter Two

Review of Significant Literature

Veterans are having difficulty with obtaining services after being discharged from the military due to a lack of education on their post-military services, placing them at increased risk for homelessness. This research aims to look at veteran’s level of awareness about what services and benefits are available to them. It will also look at the gaps between discharges from military to reintegrating back into the community. It is hypothesized that veterans are not being informed of their post-military benefits, which has created reintegration challenges for veterans. The literature review highlights some of the relevant research. It has been organized into subheadings, each of which represents a possible risk factors related to homelessness and reintegration challenges for veterans due to lack of awareness on post-military benefits. It includes (1) homelessness, (2) reintegration challenges, (3) mental health, (4) substance abuse (5) financial concerns and (6) employment. The following literature reviews attempt to demonstrate and support the hypothesis.

In 2010, the Department of Veterans Affairs created its sixth series of a comprehensive Nationwide Survey of Veterans (NSV). It was conducted to understand veterans’ awareness of benefits and services and to help the VA design plans for future programs and services for veterans. The initial question asked veterans, “Do you understand veteran’s benefits available to you?” This general question received positive responses with 41% of veterans indicating that they understood their general benefits. However, some veterans had a lack of knowledge regarding specific benefits they “heard
about” such as the ability to be buried at a VA cemetery. Another finding in this survey was that most recent veteran cohorts generally reported greater understanding of benefits and services available to them. 60.5% of veterans who served September 2001 or later reported the highest level of understanding, while 44.6% of WWII veterans reported that they understand the benefits available to them (Department of Veterans Affairs, 2010).

The overall percent of veterans attending a TAP workshop in this study was 12.8%. Transition Assistance Program (TAP), which is a joint program that the Department of Defense, Department of Veterans Affairs, Department of Labor, and Department of Homeland Security is a workshop was established to meet the needs of separating service members during their period of transition into civilian life by offering job-search assistance and related services (Department of Labor, 2015). It is also important to point out that the TAP workshops are not mandatory. TAP workshops were established. The TAP workshops were not established until 1990 and later cohorts reported greater workshop attendance than veterans overall. For the veterans that did attend, 55.7% reported that the TAP workshops were useful in providing information about VA benefits and services, 85.1% reported that the VA benefits portion of the workshop was beneficial and 91% felt that the presenter was knowledgeable on the subject (Department of Veterans Affairs, 2010).
The intent of this survey research was to explore veterans’ awareness and services from the VA. These results look at the experiences of service members who have officially been discharged from the military, when they are actively seeking services from the VA and have some sort of knowledge about the services that are available to them. These findings don’t consider the service members who have not been discharged from military yet, the ones who don’t want to seek services at the VA or the veterans that have no idea what is available to them.

**Homelessness Population Description**

Statistics about veterans collected by the US Department of Veterans (2012) helps to contextualize veterans’ experiences of homelessness. There is a veteran population of about 23 million veterans, 10% of whom are women. Vietnam era veterans have the highest number of veterans, which is 7.9 million, followed by Gulf War with 6.2 million, Peacetime only with 5.6 million, Korean Conflict with 2.3 million, and World War 2 with 1.4 million. There is a veteran population impact of the most recent wars, which include the Iraq and Afghanistan wars. It was stated that there were 130,000 to 250,000 veterans who experienced homeless on any given night that was from this era (Johnson, 2014).

Homelessness is arguably one of the most severe outcomes experienced by veterans. It has been estimated that veterans comprise approximately 12% of the U.S. homeless population. (Sayer, Carlson and Frazier, 2014). A homeless person, as defined in the Steward B. McKinney Homeless Assistance Act of 1987, “lacks a fixed, regular, and adequate nighttime residence or their primary residence lacks the following: A
temporary place for people about to be institutionalized, any place not meant for regular sleeping accommodations by humans or a supervised temporary shelter” (National Alliance for Homeless Veterans, 2015).

In 1996, a National Survey of Homeless Assistance Providers and Clients (NSHAPC) were completed to show how many homeless veterans there are and what risk factors might contribute to homelessness. Some of the statistics include: 23% of homeless population are veterans, 33% of male homeless population are veterans, 47% Vietnam Era, 17% post Vietnam, 15% per Vietnam, 67% served three or more years, 33% stationed in war zone, 25% have used VA Homeless Services, 76% experience alcohol, drug, or mental health problem, 46% white males compared to 34% non-veterans, 45% need help finding job and 37% need finding housing.

One of the top priorities in assisting homeless veterans is to help them reintegrate into the community in order to help be secure, safe, and live in clean housing that offers a supportive environment (Campbell, 2010). Homeless veterans face many barriers to accessing post-military services. Many veterans have a hard time integrating back into civilian life and face difficulty obtaining services such as mental health, employment assistance, and disability- benefits, and many veterans experience homelessness and struggle with combat trauma. In addition to mental illness and substance abuse, lack of affordable housing, lack of livable income, lack of access to health care, war injuries, unemployment, and breakdown of family and social support also contribute to homelessness (Savitsky, Illingworth, DuLaney, 2009).
Research by Oliver (2015) looks how there is a lack of access to social services amongst homeless veterans. Some of the findings included that due to a lack of access to social services, there was continuing issues of health and mental health. These issues included depression, PTSD, self-esteem, problems with employment, lack of affordable housing and unavailability of assistance. This study offered some insight into how service providers could better meet the needs of veterans, including providing better case management services, advocacy, employment services, affordable housing and empowerment resources.

Reintegration challenges

Crocker, Powell-Cope, Brown, and Besterman-Dahan (2014) state that "Coming home" is an immersive experience, involving all realms of life and influencing health and well-being. Veterans may feel like they have to start their lives all over again while entering back into their community. One of the challenges for veterans is having time to process their combat experiences while reentering a civilian life that has changed in their absence. Koeing, Maguen, Monroy, Mayott and Seal (2014), have defined reverse culture shock as a type of stress associated with “unanticipated adjustment difficulties and unmet expectations by following a re-entry experience.” Even though there is not much research on awareness of veterans’ post-military benefits before they are discharged from the military, Koeing et al.,(2014) state that veterans receive limited or no training to acculturate back to civilian life. Many returning soldiers from the Iraq and Afghanistan era face many challenges reintegrating into society. Some include dealing with identify
conflict, depression, alienation, anxiety and interpersonal difficulties. Crocker et al., (2014) describes community reintegration as a return to participation in life roles following discharge from an institution where one was separated from normal community living and then returns to life in a community. The Department of Veterans Affairs has developed numerous programs to meet the readjustment needs of war veterans. Some VA programs include PTSD treatment, TBI, and VA disability programs.

Nevertheless, despite new initiatives and program enhancements, not all service members and veterans with deployment-related problems receive the help they need to successfully transition to civilian life. Veterans may fail to report problems during a screening or medical appointment because they feel like their career will be affected by receiving benefits and the stigma that comes with diagnoses and having “a problem” (Sayer, Carlson and Frazier, 2014). If policy makers, helping professionals and social workers can come up with a way to validate these feelings before they get discharged from the military, it will help veterans actively seeking treatment.

**Mental health**

Sayer, Carlson and Frazier (2014) have noted that veterans who are having difficulty with community reintegration also have difficulties with mental health. Some mental health disorders that veterans might experience are posttraumatic stress disorder (PTSD), anxiety, depression, alcohol and substance abuse, and suicidal ideation. These can all be because of the intensity of their combat exposure experiences. Because of the high numbers of veterans experiencing mental health issues, researchers are now
examining post deployment mental health problems in service members soon after they return from the war zone. The only problem is they are examining them while they are currently still in the military, and not afterwards when they are discharged. Mental health issues effect veterans physically and psychologically, but they can also affect other areas in a person’s life, including self-care, employment, education, relationships, marriages, finances, and dealing with home and community life (Crocker et al., 2014).

Kukla, Rattray and Salyers (2015) found that there are many psychological stressors that are associated with combat deployment. Some include anticipation of combat, combat and noncombat-related psychological trauma, military sexual trauma and separation from home and family. Because of this, rates of post-deployment mental health conditions are high. PTSD is characterized by re-experiencing traumatic events (intrusive thoughts, or recollections or nightmares), avoidance or numbing, and increased arousal (such as insomnia, irritability or the classic startle response). PTSD is highly co-morbid with other mental health disorders such as depression and panic disorder. Many veterans feel that receiving a diagnosis is like putting a label on them. This may be why they don’t seek treatment for their mental health related issues.

**Substance abuse**

Savitsky, Illingworth, DuLane (2009) have also written about the stigma associated with getting treatment for veterans. Some veterans attempt to cope with their fears and trauma by themselves instead of going to get help. Some of the ways of coping with their fears and trauma is by self-medicating with drugs and alcohol to repress their
nightmares and flashbacks. The trauma that comes from combat can bring daily vivid reminders of the horrors of combat. Even though this may be a temporary distraction for veterans, continuing substance abuse can lead to severe mental health conditions and interrupt a person’s daily life.

It has also been reported that there is an increased risk of heavy weekly drinking, binge drinking and alcohol-related problems. This is found in younger deployed service-members that are exposed to combat versus service members who don’t have exposure to combat (Spelman, Hunt, Seal, and Burgo-black, 2012).

Financial Concerns & Employment

After deployment, veterans may struggle from a variety of things mentioned in this review such as mental health, substance abuse and homelessness. Veterans who struggle with multiple deployments and resulting mental health problems may be unable to maintain employment once they return from combat. Even though there are programs provided by the VA and nonprofit agencies such as vocational rehabilitation, job placement and financial management, veterans may decide to isolate themselves instead and use alcohol and drugs (Savitsky, Illingworth, and DuLaney 2009).

Productive activity including work is a major adult role in our society. In a mixed methods study examining work reintegration perspectives of veterans with mental health disorder, Kukla et al., (2015) found that 1/3 of OIF veterans report work problems including job loss upon returning from deployment. If veterans struggle with mental
health issues on top of experiencing work problems, this can become more of a burden to them in terms of seeking services and their benefits. They also found that veterans expressed negative reactions toward being discharged prematurely or without adequate preparation. In regards in finding employment, one veteran quoted that “there was no training besides the training I learned from combat and how to be a leader but not civilian skills”. They also expressed disappointment when their expectations for post deployment work diverged from actual experiences (Kukla, Rattray and Salyers 2015).

Summary

A review of literature revealed that the sub topics noted above contribute to the risk factors of homelessness amongst veterans. The challenge is getting the military to have mandatory trainings, classes or seminars for service members before they got discharged. This can help prevent veterans facing reintegration challenges as well as mental health, substance abuse, employment, and financial issues. There are gaps in accessing to service delivery. These gaps in government programs contribute to the increasing needs and demands for benefits to reduce the risk of homelessness amongst homeless veterans. This study is important because it centers veterans’ own voices and experiences with regard to receiving information about services prior to discharge, an area that is lacking information within the research.
Chapter Three
Methods

Study design

The researcher used a narrative method analysis for this study. Riessman’s book (as cited in Oliver, 2015) stated that narrative analyses are a family of methods for interpreting text that have a common storied form. This type of analysis attends to sequences of action, including people, places and context, and the use of language as to how and why incidences were storied. In narrative analysis, the researcher asks the questions of “whom”, “when”, “why”, and “for what purpose”. The researcher listens to how the stories were composed and attempted to hear it in context. The narratives are seen and examined as a representation of the society and culture, and the researcher is seen as an active participant in the interaction (Oliver, 2015).

Prior to interning at New Directions, I worked at Department of Veterans Affairs as an AmeriCorps member. This is where I began to see firsthand how important it was for us as a country to help end homelessness for veterans. Till today, I have a strong curiosity as to why veterans are homeless. What are we doing as a country to allow this to happen? This is what led me to ask my research question because I have so much love and appreciation for this population, yet it breaks my heart when I see veterans struggling in every aspect of their lives. At the Department of Veterans Affairs, I realized firsthand, that there were many homeless veterans and not much support from the community. One of my roles was contacting, educating, advocating and informing landlords about HUD-VASH vouchers. HUD-VASH vouchers were made with the intention to find veterans
permanent housing. As I was educating and advocating on behalf of veterans, I realized again that landlords might’ve have good intentions, but ultimately didn’t want to help because of the stigma associated with mental health issues. Since then, I have made it my mission to advocate for homeless veterans because no veteran should ever be sleeping on the streets.

In 2008, I got into a severe car accident which changed my whole life. Afterwards, I had a variety of mental health issues and was diagnosed with Fibromyalgia, Insomnia, Binge Eating Disorder and Major Depressive Disorder. At the time, I felt like I couldn’t speak to anyone because I knew nobody wouldn’t understand what I was going through, and that was the time I started to build my mask. I became a master at hiding my own pain from others and didn’t show what I actually felt. Around this time, I was talking to one of my friends who happen to be a marine and I realized that he and I were going through the same thing. He wouldn’t talk about his experiences of war often, but when he did, it was so powerful. The way he was, was the same way that I became after my car accident, and I became fascinated because of how much veterans’ have gone through and they are still standing. I understand that I will never know what it feels like to serve in the military, see and watch as my friends and myself risk our lives for this country, and come home and hide every ounce of emotion just to get by. Veterans are so strong, yet they hide their pain so well and that resonates with my own life experiences. I do understand that pain can be hidden and the mask we show to others is not the same mask we show ourselves. I can relate to veterans to some extent on how we feel because we all go experience the same emotions: fear, angry, joy sadness, happiness, pain etc. My friend
would often tell me that there aren’t many resources for veterans, and that’s when I became curious as to “why not”. Since then, I made it my mission to make veterans’ lives better.

After I graduated with a bachelor’s in Psychology, I wanted to get experience working with veterans. I applied everywhere and found an AmeriCorps position at the Department of Veterans Affairs. It was there that I witnessed firsthand how many homeless veterans there were and I kept asking myself “why is this happening”. It was at the Department of Veterans Affairs where I came up with this research question because I didn’t understand why veterans were homeless, had mental health and substance abuse issues and employment concerns.

My current relationship to the veteran community is that I am interning at New Directions, which is the place I am recruiting the participants for my study. I have a strong passion in working with veterans and I am curious as to why and how veterans become homeless. I am aware that I am technically an outsider when it comes to the veteran community, since I am not a veteran, yet feel like I am an insider since I am working in an environment where I am able to understand veterans firsthand. New Directions is supportive housing for chronically homeless veterans with mental illnesses and disabilities. I see what veterans go through three times a week in trying to sustain housing from being chronically homeless.

I am aware of my power and privilege in conducting this study. Prior to the focus group beginning, the researcher wanted to address that even though it’s her study, the
participants should feel safe enough to discuss their personal experiences on their military discharge. The researcher stated that some might view her as a person of power and privilege, but that she is passionate about the military culture and validate their concerns on this issue. From hearing the experiences of my military friends and seeing firsthand how many homeless veterans there are from working with this population, I want to understand why veterans are not being consistently informed of their military benefits. They risked their entire lives to protect and serve this country, yet for some reason, they became homeless. This study will be the start of my research career because it will allow me to ask questions that have never been asked to veterans about the services they have or haven’t received. I have interest in conducting more in depth qualitative research studies on the veteran population.

**Sampling Strategy**

The participants were recruited by the researcher as well as the staff from New Directions. The researcher used three sampling methods for this study: convenience, purposive and snowball sampling. Riessman’s book (as cited in Oliver, 2015) defined a convenience sample as a biased sample, sometimes calling it availability sampling. This method is often used because other approaches are not effective with certain populations or when participants were readily available to the researcher. Since the researcher works at the recruitment place, a convenience sample would be the best sample method to use.

The purposive sample process started with the researcher asking the New Directions staff for veterans who might be interested in participating in this study. The
researcher provided the New Directions staff with a recruitment flyer as a way to recruit participants (see Appendix A). The snowball sampling process is when participants who are selected for this study, will refer other participants they know that might be well suited for this study.

The criteria for participants included: being a veteran, having had an honorable discharge, being someone who will represent one of the five military branches, being cognitively able to participate in this study, and living at New Directions. A screening process of cognitive level will be determined by the New Directions staff as they refer non-cognitively impaired participants to be included in this study. There will be no deception used in this research as all participants will be informed about the purpose of this study and participate voluntarily. All participation is on a voluntary basis and participants will sign a consent form with background information about the purpose of this study. The researcher obtained the consent from the participants using a consent form.

Once the researcher has selected five participants from the New Direction’s staff, the researcher will speak with the participants individually. If an individual agrees to take part in this study, the researcher will schedule a date and time that fits their schedule to discuss more information about the study. The researcher will go over confidentiality. Since the researcher works at the place of recruitment, she will meet with the participant at New Directions to discuss the study. Depending on the participant’s preference of meeting, it will be at their apartment or the conference room in the basement at New
Directions. The population sample consisted of five male formerly homeless veterans. The sample used in this study is a vulnerable population. After coming home from war, many soldiers face physical, mental and social issues that make them a vulnerable population. To ensure protection of rights and welfare, the researcher is a trained clinician receiving her MSW and currently works with this population. In addition, the researcher will provide participants with information for free or low cost counseling if they want to talk to someone further.

**Data Collection**

Consent forms will be administered to all potential participants two weeks prior to the focus group data and collected one week later before the focus group will be held. The researcher will explain that all responses will remain confidential and protected in a password safe computer and lockbox. The researcher will explain that each participant will create a pseudonym in order to ensure confidentiality. Each participant will be required to sign the consent form. They may maintain a copy for their personal records. This process will need to be completed prior to the interview. For this study, the researcher used a tape recorder and a note talker to conduct this study. The note taker was there to assist the researcher in writing notes down that the tape recorder might miss. The reason for two types of recording devices was just in case one failed or if one part was missing, the other would help support the gaps.

Within the individual interviews, participants were asked questions based upon a 15 question interview guide (see Appendix B). The questionnaire starts with general
opening questions asking for the participants varying identities, including pseudonym name, age, what military branch they served and during which military era. The questionnaire addresses themes pertaining to general questions about their discharge background from the military. The researcher will use a semi-structured interviewing for this study.

The questionnaire continues to question about the participants own discharge process and questions about receiving services while reintegrating back into civilian life. At the end of the interview, the participants will be thanked and offered a $30 gift card incentive. If the interview exceeds two hours, the researcher will ask the participants if they are willing to debrief individually with the researcher. If the participant consents to have a debriefing session individually with the researcher, the researcher will schedule another date with the participants at a date and time of their choosing. During the debrief session, the researcher will ask the participant about their opinions of the questions asked and how to improve the interviews.

**Data Analytic Strategy**

The recordings from the individual interviews will be transcribed by the researcher. The researcher used a transcription website to help assist with the transcriptions. The researcher will examine the transcriptions and into common themes by using thematic coding.
Chapter Four

Results

The researcher interviewed one veteran from each military branch. All of the branches of military were represented in this study. The information that was gathered was from veterans narratives. The basic demographic information that was asked by the researcher included name, age, what military branch participants served in and during what military era? The themes in this study included: (1) Lack of awareness of eligibility for VA benefits, (2) Homelessness, substance abuse, alcoholism as reasons for help seeking post-discharge and (3) Mixed perspectives on whether awareness of post-military benefits would have prevented homelessness.

1. Lack of awareness of eligibility for VA benefits

One of the findings that emerged within all five interviews was that participants stated that they had difficulty accessing veteran’s benefits or they did not know they were eligible for VA benefits. This theme emerged repeatedly throughout all five participants narrative interviews. When asked if participant was aware that they might be eligible for VA benefits, an Army participant reported:

When you’re discharged, they don’t give you a pamphlet that says what you need to know. But you had to be proactive. Pretty much a lot of stuff is learned from veteran to veteran, rather than the United States government. The information’s coming from the veterans. Say, one veteran might have been lucky to find out
about it, and then he’d pass the word on to the next veteran, rather than a program that helps you assist with that.

The interviews included all participants disclosing that they had difficulty accessing VA benefits on their own. They didn’t know VA benefits would apply to them because no one told them they might be eligible prior to them being discharged from the military.

The Navy participant stated that:

I wasn’t worried about VA medical benefits. When I left, I was worried about not finding a job. That was my major concern. I really wasn’t worried about the benefits and stuff, and I was so much younger then, I didn’t realize the importance of it. I didn’t think I had any benefits coming.

With no information on if they were eligible or not, there were statements made about the military culture and stigma on even going to military agencies such as the VA to get mental health services. When asked if there was a place on base to go talk to someone, a Coast Guard participant stated that:

“If you’re depressed, “suck it up” that was the attitude. That was the culture on mental health. Just keep it in, don’t say anything”

One participant thought the VA was for Vietnam veterans only. A Navy participant reported:
“I just think it was in my mind that the VA was for guys from Vietnam who lost legs or wounded, purple hearts all those sorts of things. And also older, I figured since I was young and in good health.

2. Homelessness, substance abuse, alcoholism as reasons for help seeking post-discharge

All participants stated that they found out they might be eligible for VA benefits later on in their lives. Most of the participants revealed that when they became homeless, had a substance abuse or alcohol problem or had a medical crisis, is when they sought out help on their own. From there, all participants mentioned that they found out they were eligible for benefits from word of mouth from other veterans in their community. This was a reoccurring theme throughout the interviews.

The Coast Guard participant needed to reach out to the VA after discharge to get help for substance abuse and a head injury he got in the service. It wasn’t until he left the military, where he met other veterans who had similar problems and advised him to seek help at the VA

The Air Force participant stated that after he got discharged from the military, he became homeless and knew he needed to seek mental health services. He checked himself in at the Downtown Los Angeles Veteran Outpatient Clinic and went to see a psychiatrist. He was then referred to a social worker, who informed him he might be eligible for VA benefits, which included housing. If it wasn’t for him seeking help, he would never have
known about the VA benefits that were offered to him. This was the same for the Army participant as well.

When asked to elaborate on how he found out about what he might be eligible for at the VA, the Navy participant stated:

“It was a friend of mine, a fellow veteran who worked where I worked and he told me that I should check out the VA for outpatient services to try and save my job”.

An Army participant stated:

“A veteran might have been lucky to find about it, and then he’d pass the word onto the next veteran rather than a program that helps assist you with that.

The Marine participant had a similar story as the Air Force and Army participant. He stated that he checked himself into Ballington hospital for services, met veterans who told him that he should go to the VA for services, met with a social worker and they got him service connected to the VA. He also mentioned that he went just four years ago and that he wishes he would have known of these services earlier. These were common examples within all participants’ narrative interviews.

3. Mixed perspectives on whether awareness of post-military benefits would have prevented homelessness

Another important research finding was that there were mixed perspectives and also similarities regarding whether awareness of participant’s post-military benefits would
have prevented them from becoming homeless. When asked the question “If the military had informed you of your post-military services, do you think it would’ve prevented you from becoming homeless”, the responses were answered based on the participant’s state of mind at the time of discharge. An Army participant response to this question was:

To an extent yes and no because pretty much I’m at the point in my life where a lot of things that you do, you can’t place blame on other people. So I placed the blame on myself. Or it’s just a journey that I went through. Yeah, so I had a little stint where everything was cool. My coping mechanisms were drinking alcohol and things like that. But at the same time, you know that you have an issue but you might be in denial or you might just be enjoying life. Cause at the same time, you want to relax after you get out.

The Navy, Coast Guard and the Air Force participants stated that they did not think knowing about their post-military benefits before they got discharged, would have prevented them from becoming homeless. The Marine’s responses were different than the rest of the participants. He stated that he wished he had known about his benefits beforehand and quoted

“Yes, I could’ve bought a house, got a loan, went to school and had healthcare”.

His response is due to the fact he recently got service connected about four years ago and lived his life after discharge without any services until recently. These examples of responses show how different each veteran’s mentality was upon discharge.
Chapter Five

Discussion

This study adds to the limited research on veterans’ awareness of their benefits before discharge. The findings of this study are consistent with previous studies. One of the major findings that the researchers found amongst all the participants in this study was that, veterans didn’t know they were eligible for VA services until much later in their life. Previous research stated that when veterans get discharged, they may experience a variety of reintegration challenges such as mental health issues, substance abuse, financial concerns and unemployment (Sayer, Carlson & Frazier, 2014). All the participants in this study had a mental health issue and some had substance abuse problems as well. Another finding from this research showed that, it was when participants experienced homelessness, substance abuse, or an alcoholism problem that they voluntarily sought help. Most of the participants expressed that they also found out about services by word of mouth with other veterans. It if wasn’t for veterans seeking out services, they would never have known about the VA benefits they are eligible for. However, there were mixed reviews of whether awareness of post-military benefits would have prevented homelessness. The Marine participant, who was one out of two veterans that served during the Vietnam era, stated that he would have wanted to know. His response could have been different than the rest of the participants because awareness of benefits wasn’t an important factor during the Vietnam era. The participant once stated that “Nobody cared. They were just like here you’re done”. The researcher was surprised to learn that
some participants stated that they wouldn’t want to know about their benefits beforehand. This might be because some participants wanted to just leave the military and didn’t care what happened afterwards.

**Limitations**

There were many limitations in this study. In this study, the researcher wanted to interview one veteran from each military branch. The criteria for this study were that the participant has to be male, a veteran, have an honorable discharge and reside at New Directions. In order to get all five branches, the researcher had to change the eligibility for a Coast Guard participant. He did not have an honorable discharge, but had an Other than Honorable discharge. The difference between these two discharges is the benefits they receive afterwards.

Another limitation was within the New Directions vicinity itself. The challenge was finding participants at New Directions. It was challenging because the researcher didn’t know if she was able to get all five participants representing the five different military branches. Another challenge was that some participants had forgotten about their interview appointment and then the researcher would have to locate them afterwards. This was difficult because sometimes a participant was nowhere to be found either via phone or at home. Also, having one of the criteria being that the participant needs to reside at New Directions made it harder for the researcher to get her participants in a timely manner. The researcher had certain participants in mind before getting IRB approved, yet they were not available or moved to a different location by the time it was
approved. The researcher had difficulty finding a Marine and Navy participant and asked the New Directions staff to help locate these participants. With that, the researcher also had difficulty with New Direction Staff members in contacting participants. In order to get in contact with a participant, the researcher would talk to the participant’s Residential Service Coordinator, which is similar to a case manager, and ask if they would be interested in participating in this study. This made the process longer for the researcher to get in contact with participants and was on a time sensitive timeline.

Another limitation was that memory loss factored hugely into the narrative interviews. Once the researcher had all her participants, she started interviewing them. The researcher wanted to interview high-functioning participants who didn’t have signs of cognitive decline. Even though the researcher interviewed five high-functioning participants, all participants had short term memory when it came to answering the interview questions. When asked, if the participant knew who discharged them from the military, all participants could not remember who had discharged them.

An additional limitation was that the participants were diverse in responses due to their different military eras served. The Air Force participant served during 1966-1971 and Marine participant served 1967-1969, which were during the Vietnam Era. During this time there was a draft, so their narrative interviews/experiences are different than the rest of the participants. The Navy participant was the only one who served during two different time periods from 1983-1986 and 1990-1998. When asked if their military branch had educational classes on their benefits, only the Navy participant mentioned
there was a mandatory class. There was a joint program that the Department of Defense, Department of Veteran Affairs, Department of Labor and Department of Homeland Security called the Transition Assistance Program (TAP) (Department of Labor, 2015). It was not established until 1990, which the Navy participant discloses details about this program during his time in the military. The Coast Guard served during Peacetime era, which was 1984-1987 and the Army served during the Persian Gulf War from 1987-1990. Some were older veterans, had a mental health disorder and/or a physical injury they got from the military such as traumatic brain injuries. This made the interview difficult to code because there wasn’t much information and it wasn’t consistent across the board.

*Implications for practice and policy*

This research was based on narrative interviews with housed veterans who once were homeless. Based on the findings, there needs to be more studies on why veterans are not being informed about their benefits they might be eligible for after they get discharged from the military. It would be helpful if the military, Department of Veterans Affairs, Department of Defense worked together to create a mandatory class every veteran has to take before discharge. It would also be helpful if there were military serving agencies, who could take the role and follow up with veterans after they become discharged to see what their needs are. This study can be insightful for military helping professionals helping veterans before they get discharged and homeless veterans.


**Recommendations for future research**

Some recommendations for future research are having future social work researchers conduct this study with a more consistent military era population. It would be beneficial if all participants interviewed all served during the same time to see how different each individual processed information differently. Some other recommendations is all military agencies, which include the Department of Veteran Affairs and Department of Defense work together to create better mandatory educational classes educating veterans about the different services they can receive as well as their benefits. This will ensure that every veteran is getting their needs met before they reintegrate back into civilian life. This may also prevent homelessness, mental health disorders, substance abuse issues, unemployment and financial concerns.
Chapter 8

Conclusion

Service members, veterans, and their families will continue to have deployment-related challenges for many years to come, even if troop withdrawal begins tomorrow. This population is no different than the general population in seeking social services to deal with life’s issues. The only difference is the military lifestyle has more in depth complex issues that need specific support (Savitsky, Illingworth, and DuLaney 2009). A review of the literature revealed that the sub topics noted above contribute to the risk factors of homelessness amongst veterans. The challenge is getting the military to have mandatory trainings, classes or seminars for service members before they get discharged. This can help prevent veterans facing reintegration challenges as well as mental health, substance abuse, employment and financial issues. There are gaps in accessing to service delivery. These gaps in government programs contribute to the increasing needs and demands for benefits to reduce the risk of homelessness amongst homeless veterans. This study is important because it centers veterans’ own voices and experiences with regard to receiving information about services prior to discharge, and area that is lacking information within the research.
References


Appendix A: Recruitment Flyer

Research Participants Needed!

Life after Service: Veterans awareness on post-military benefits

Eligibility

- Male
- Has to be a veteran
- Have an honorable discharge
- Reside at New Directions

Everything will be Confidential!

I am a Masters of Social Work student hoping to conduct research on your experiences and awareness about your post-military benefits.

For more information, please come see Nini downstairs in the basement at the “intern office” right next to the break room

CSUN College of Social and Behavioral Sciences Department of Social Work
Appendix B : Interview Questionnaire

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Capstone Project Questionnaire Route

Introduction
The researcher is conducting a study to explore if veterans were informed of their post-military benefits after being discharged from the military. Your participation in this study will provide a better understanding of the impact of veterans’ understanding of military benefits upon their experience of discharge. You will be asked 15 questions within this focus group which will last approximately two hours or less. Responses will be confidential and anonymous to the readers of this research study. At the beginning of the focus group, you will create a pseudonym name in order to ensure confidentiality; however this will only be used as a means for me to address you directly during the focus group. Your participation is appreciated and will be beneficial to the researcher’s study. Does anyone have any questions before we get started?

Opening:

1. Please tell me your pseudonym name, age, what military branch you served in, and during what military era?

Introductory: Researcher will ask questions about what was your own discharge exiting process like.

Key questions:

2. Who discharged you from the military?
   Depending on whom, did they inform you on what your post-military benefits are?
   If not, would you have wanted them to tell you about your post-military benefits?

3. Did you have a case manager on base while you were serving?
   If so, please provide specific details on how your discharge process was?

4. Did someone use a discharge planning assessment with you?
   If so, what did it look like?
5. Were there any trainings or educational classes on post-military benefits before you got discharged? If so, was it mandatory?

6. Did they connect you with any services or benefits after you were discharged?

Transition to reintegration into civilian life questions:

7. Was there any follow up after your discharge? If so, who was it, and was it beneficial for you? If not, would you have wanted someone to follow up with you upon discharge?

8. Did you feel it was harder to receive your military benefits as a veteran, then receiving the same benefits before you enlisted in the military? If so, please explain?

9. Were you aware of your post-military benefits and/or services after you were discharged?

10. At what point in your life, did you reach out to the VA, DOD, or any other military agencies for services?

11. Who told you of the services provided from VA, DOD, or other military agencies?

12. How did you get connected to these services?

Ending:

13. Would it have been helpful if someone from the military followed up on you to check in and see if you were aware of the benefits and services for you?

14. If the military had informed you of your post-military services, do you think it would’ve prevented you from becoming homeless?
15. Do you think the military should inform veterans of their services upon discharge? Discuss your opinions on how the military can improve on this.