

# Justice-Involved Veterans & Social Work: A Resource Dependence Theory Perspective

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**Abstract:** The salience of justice-involved military veterans endures as a pervasive social problem in the United States of America (USA). Since the 1980's the percentages of Justice-Involved Veterans (JIV) have varied from a reduction in Vietnam to increasing numbers of Global War on Terror (GWOT) veterans (Bureau of Justice Statistics Report, 2015). In response, there has been a proliferation of magistrate diversion, correctional specialty units, Veterans Treatment Courts (VTC) and programming for JIV. Much of the progress is due to concerted identification and organizational sharing of resources. The USA Department of Veterans Affairs (VA), courts, corrections and non-profit organizations (NPO) provide a valuable service to our military men and women to remediate the JIV needs. Social work plays at critical in practice areas at the penal, VA and NPO systems in the USA. The JIV population are examined through the lens of social work practice, resource dependence theory (RDT), case example and future direction. The examination highlights the importance of internal and external resources and partnerships to meet organizational goals and to remediate JIV psycho-social problems.

**Keywords:** Justice, veterans, military, theory, social work practice, penal.

## INTRODUCTION

Justice-involvement in USA, like many countries globally, endures as a pervasive social problem that requires a sustained multi-level commitment, helping disciplines to identify and provide clinical and case services. A sub-group of the general inmate populace are the at-risk Justice-involved Veteran (JIV) servicepersons, both male and female. In the remediation of the problem, agencies and systems like the VA and corrections rely heavily on the Social Work professional. These agencies and systems developed effective rapport in the exchange of goods, services, and resources to meet their respective and established goals for the betterment of the military veteran. The field of Social Work spans the macro-mezzo-micro continuum from leadership, administrative, policy, clinical, research and pedagogy practice with several specialization areas. The social work discipline is trained to address JIV psycho-social problems. The JIV population are examined through the lens of social work practice and resource dependence theory (RDT) to explain the importance of resources for organizational goals to remediate JIV psycho-social problems.

## OVERVIEW OF THE JIV PROBLEM

In the USA, involvement with the Criminal Justice System (CJS) poses a significant social and public health burden that affects both men and women. JIV

reside in penal institutions and are engaged in criminal legal and civil court cases at federal, state, and county levels. JIV are not disproportionately represented in the criminal justice system, but incarcerated veterans have higher rates of mental illness and substance abuse than non-veterans (Stacer & Solinas-Saunders, 2018; U.S. Government Accounting Office (GAO), 2016). JIV constitute an important subgroup of the court and CJS and as such, a vulnerable, at-risk, and marginalized group and have psycho-social problems and issues that needs better understood. JIV may present with: mental health, medical, Post-Traumatic Stress Disorder (PTSD), suicidality, Traumatic Brain Injury (TBI), military sexual trauma (MST), impact of deployments, poly-trauma, stigma of war, family, fatherhood, adverse childhood events, substance abuse, domestic violence perpetrator, victim, child support arrears, incarceration, stigma of a criminal record, or even prior episodes of homelessness (Tsai & Rosenheck, 2015; Barrett, B., Clark, C., Peters, R., Caudy, M., 2010). Conversely, the veteran may present, engage, and seek help, be treatment compliant and successful. Some intervention approaches that have yielded success working with JIV are housing first, motivational interviewing, harm reduction and trauma-informed care (Cusack, Montgomery, Sorrentino, Dichter, Chhabra, & True, 2020). Last, in comparison to their non-veteran counterparts, JIV: 1) are older, more educated, and Caucasian, 2) have higher rates of violent and sexual felonies, 3) tend to victimize females and children, 4) are prone to violent and public disorder offenses, 5) have lower drug and property offenses, 6) are often first time offenses, 7) have lower recidivism rates, 8) have higher rates of partner violence, 9) have

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increased risk of suicide, and 10) have a history of a traumatic event (from childhood to military) (Bureau of Justice Statistics, 2015; Timko, *et al.*, 2014).

## DEFINITION

Current and former military servicepersons in the USA have been termed "Justice-Involved Veterans (JIV)." The term is defined as a veteran (active duty, reserve, state national guard or discharged) who is involved in the CJS that spans the gamut of arrest, incarceration and community reentry (U.S. Government Accounting Office, 2016; Scott, 2012).

## RESEARCH QUESTIONS

The paper contributes to expanding the JIV knowledgebase of identified psycho-social problems, service gaps and needed resources by exploring these research questions: 1) What is the role of the social worker and intervention to address the JIV psycho-social needs? 2) How does RDT contribute to mitigating case and clinical services whilst maximizing resources, effectiveness and goals of the organization?

## SOCIAL WORK

The field of social work has been described as broadly diverse, people-focused helping profession National Association of Social Worker (NASW, 2017). The profession seeks to advance human rights and social, economic, and justice in all practice areas using clinical, interdisciplinary, and policy (Olson, 2018). Recently, the emergent COVID-19 pandemic crisis has impacted the USA CJS population in general and hence, the JIV sub-group. In response, like all social problems, the field of social work is uniquely poised to mitigate through social action, social justice, programs, advocacy, steered by ethics, values, and resources to provide trauma-informed services (Wilson, 2020). Social workers provide a connection between the organizations and the community through the development, utilization, managing and monitoring a cadre of programs, resources and services in support of established agency goals. Each organization has an identified focal Veterans Justice Outreach (VJO) social worker or a Health Care for Reentry Veterans (HC-RV) social worker. The VJO and HC-RV are separated by roles. The VJO covers local county courts, jails and probation whilst the HC-RV covers federal, state and parole (U.S. Government Accounting Office, 2016). Each respectively is the professional linkage both internally and externally to NPO's, community partners,

stakeholders, and JIV clients in need. To address the problem of JIV the social worker depends upon resources both within and between agencies, which underscores RDT.

First, the social worker provides direct service and intervenes with JIV to coordinate treatment, reentry and resource supports for healthier pro-social pathways. A large aspect of the social work profession is community building, cultivating relationships, networking, and interfacing with agencies for resources to intervene for JIV in the helping process continuum. As part of social work helping and doing, prevention, intervention, treatment, planning, programs, services are central to success and predicated upon NASW ethics and values. A focal point of the field is the intersection of helping and doing social work which by practice areas that range from individual, families, groups, community, organizations to inter-national with specialty areas to address a myriad of complex psycho-social problems, like justice related issues, through the aforementioned. Programmatically, there is the measure of satisfaction or dissatisfaction of the JIV in receipt of services. Within this process it is critical that the JIV be actively engaged in the collaborative therapeutic relationship. Engagement of the JIV is a key to problem insight, greater intervention potency, clinical participation level, treatment adherence, and behavioral improvements whilst reducing impulsivity, relapses, criminal recidivism, and obstacles that hinder change.

Second, the social worker clinically assesses, engages, intervenes, and provides direct services to meet the JIV treatment needs (U.S. Government Accounting Office, 2016). Other community and NPO social workers are also involved and provide mental health, substance abuse other valuable social services. The social worker clinically assesses using generalist intervention, advanced practice skills, insight, and experience to interpret data, identifies viable treatment options risk factors, acuity, and the need for services. The primarily problems are substance use disorders and mental illness, and associated factors (Tsai & Rosenheck, 2015). JIV may have severe crises, lack family or an adequate community support network, self-monitoring, treatment compliance, or have significant deficits in coping skills and require continuing professional psychosocial support (U.S. Government Accounting Office, 2016). Also, JIV may experience anxiety or stress about the nature of their crime, incarceration, the pitfalls of reentry and the knowledge of resources (Hyde, *et al.*, 2022).

Third, the social worker and JIV develop a collaborative therapeutic relationship which is a key to problem insight and motivation to change. According to Rogers (2013), clients in search of services make decisions about their social actions based upon their perception of the costs and benefits associated with those actions. JIV, like non-JIV, need motivated and engaged to participate in the process and are likely when they perceive the investment beneficial and will outweigh any associated costs (Rogers, 2013). JIV are more likely to engage in actions that will change situations or circumstances that yield benefits (Rogers, 2013). The treatment plan and intervention potency, and changes that reduce impulsivity, treatment relapses, recidivism and CJS involvement. The veteran and their environment define a real worldview of problems, influence participation level, relapses, treatment adherence, behavioral improvements, criminal recidivism, and obstacles that may hinder change. Participation then is a pathway and turning point in concert with treatment, intervention, rehabilitation, and corrective action. Throughout the plan the social worker provides accurate and timely clinical reports to the CJS, VA or NPO. These reports are predicated upon the JIV presenting problems, acuity and case management matrix level thereof and linked to resources needed for each domain and risk factor (Refer to Table 1, below). The JIV acuity and case management are a clustering domains and risk factors: 1) housing and homeless, 2) basic needs of daily living, 3) medical, 4) partner, family, and social systems; 5) substance use disorder (SUD), 6) psychiatric and behavioral health, and 7) vocational, employment, disability and financial (Schaffer & Schaffer, 2021) as well as a plethora of other needs. These domain and risk factors are routinely monitored which helps the social worker steer case management and impacts resource utilization. The coordination is crucial for assisting the JIV transition, bridging and navigating systems, and eliminating service gaps to enhance community re-integration.

Finally, the JIV's reconciliation and realities, from inmate to rehabilitation may positively shape self-perception, instill confidence, and foster an attitude toward treatment, recovery, openness to the helping process, and positivity towards change. Their individual and collective experiences both forge and fortify their sense of belonging, relationships and informs self-understanding. A veteran's identity may not only depend upon their self-perception but through association to other veterans, culture, family, and

associates (Desai, *et al.*, 2021). The self that enters the military versus their crime is different person in terms of identity, behavior, cognition, and emotion across an evolving and dynamic span of time. The social worker then provides a potent therapeutic and supportive environment that is conducive to reconciling the veteran's warring identity in the pursuit to be whole, stable, balance and embracing change (Zastrow, *et al.*, 2019). Last, to augment services, correctional and VA social workers have developed reentry resource guides for the JIV that span USA federal, state and county levels. Often inmate veterans are not aware of services and programs, how and where to apply, eligibility and benefits. USA veterans have access to the VA system by virtue of veteran status that their non-JIV civilian counterparts do not.

### RESOURCE DEPENDENCE THEORY?

Like all theories, RDT offer mapping to explain and predict human behaviors and explain events, by providing meaning and insight to comprehend client problems (Payne, 2014). Theories are singular or blended to fit the population, problem, dilemma, intervention, or service and help explain the phenomenon and why and how to help clients, like JIV. However, all theories provide advantages but have limitations to explain and/or predict behavior and associated risks (Turner, 2015). According to Foa and Foa, (2012) "resource" is defined as anything that can be transmitted and exchanged from one person to another or between agencies. RDT examines how organizations function, interact, handle problems, utilize, distribute, and maximize resources (Brettel & Voss, 2013; Emerson, 1962). Organizations generally do not control all the resources to thrive and survive and rely upon external environment to mitigate risk (Yeager, Zhang, & Diana, 2015).

Resource Dependence Theory (RDT) began in 1960's and the foundation are fixated upon: 1) resources for organizational survival, 2) mix of environment factors and 3) need for key partnerships (Malatesta & Smith, 2014). The RDT provides practitioners a basis and a systematic method, sequence to conceptualize information about individuals, their behavior, and the context in which they interact and function (Malatesta & Smith, 2014). This in-turn influences the organization, management, financial, policy, clinical practice, programmatic decisions, and service transactions for the JIV both internally and externally. The transactions help reduce uncertainties through maximizing the organizations

**Table 1: JIV Psychosocial Problems, Case Service Levels & Resource Needs**

Domains and Risk Factors	SELF SUFFICIENT	STABLE/SAFE	AT RISK	UNSTABLE	IN CRISIS
	Little/No Needs	Low Needs	Medium Needs	Medium-High Needs	High Needs
Housing: Homeless, Shelter, Transitional & Permanent	Veteran is completely independent in maintaining safe, stable housing and is not in danger of losing housing. This may include shared housing that sufficiently meets Veteran's needs.	Housing is enough but may not be meeting Veteran needs (such as living with family or in housing vet is dissatisfied with) Occasionally requiring utility or rental assistance.	Housing consists of a temporary situation, such as; "couch surfing" or transitional housing, but there is a roof over head, and can stay there for near future.	Unstable living environment, such as emergency shelter or another housing situation that will end soon without an established discharge plan for housing.	Crisis where Veteran is in a place not suitable for human habitation such as in a tent, on the streets or in a car; a situation where the living environment poses a health danger or safety risk
Basic Needs, Activities of Daily Living (ADL) & Access Agency & Community Resources	High functioning skills; basic needs are being met; ability to maintain resources.	Basic needs are being met but may not be adequate; information and referral may be necessary to maintain stability.	Veteran lacks resources but help is available. Some signs of intervention needed (such as inability to access services and/or difficulty with ADLs).	Basic needs are not being met and Veteran is unable to, or has difficulty identifying resources to help; daily functioning is poor and requires intervention.	Crisis where basic needs are not being met And the Veteran's well-being is severely impacted; services are needed to assist Veteran with daily functioning and ongoing assistance for maintaining and monitoring stability.
Medical & Physical Health	No problems or diagnoses.	Immediate problems are being adequately addressed. Veteran has access to medical/health care provider and accesses care when necessary (annual checkup).	Veteran has some chronic health problems (i.e. hypertension, diabetes etc.) but help is available, and veteran's quality of life is not severely impacted.	Veteran has severe health problems (i.e. insulin dependent diabetes, severe chronic pain, seizure disorder, HIV) that have a significant impact on quality of life and the Veteran is marginally engaged with medical care.	Veteran has serious life-threatening health (i.e. End-Stage Liver Disease, kidney failure, dialysis, AIDS) that puts Vet at imminent and acute risk if left untreated or if veteran remains homeless placement.
Partner, Family & Social Systems	Partner, Family and social support system are stable; no help is needed.	System is stable and safe. Family members may have mental health (MH) or addictions issues, but they are in treatment and stable. No signs of Domestic Violence (DV) risk or abuse within the family. Family and social support network intact.	System is unstable but help is available. Vet has a family/social support network, but it suffers from instability. Family members may be struggling with addictions, or legal issues. They want and need help and resources are available.	System is very unstable and has no one to help. Vet may lack a family/social support network. If support system present, it is unstable. Examples include recent but not active family violence, problematic substance use, MH or legal issues. Lack of resources available for help or are not accessing them.	System is in crisis. Examples include active DV, Protection from Abuse (PFA), active substance use by family members with addictions that greatly impacts level of functioning, untreated severe MH issues in family, children not attending school, child abuse; child support arrears.
Substance Abuse Disorder (SUD)	No problems or diagnoses; nor need for SUD recovery supports (AA, NA, etc.)	History of substance abuse/dependence; no current indication of dependence or abuse or need for treatment	History of substance abuse or dependence; is currently in treatment with ongoing abstinence or in need of treatment and voices willingness and desire to attend	Relapse risk; voices desire to not use, but evidence indicates vet may not be committed to treatment/abstinence; or vet is in OPT group with ongoing use. May need a monitoring unit.	Ongoing substance abuse crisis, refusal of treatment services; dangerous behaviors such as infection-risk; will require intensive effort on case manager's part to motivate vet to enroll and remain in treatment
Psychiatric & Behavioral Health	No problems or diagnoses; nor need for recovery.	Immediate mental health problems are being addressed and are not impacting veteran's quality of life	Linked to mental health treatment, but his/her mental health issues interfere with quality of life; vet continues to report continued mental health symptoms	Linked to mental health treatment, but has severe mental health problems that greatly impact his/her quality of life and functioning (i.e., frequent hospitalizations, going off meds and decompensating, recent suicide attempt(s))	Severe mental health problems not being addressed; veteran is not willing to engage in mental health treatment to receive help for severe mental health issues that interfere with his/her functioning
Vocational, Employment, Disability & Financial	Income is over \$2000 per month for a single person. For a family, the combined family income is enough to meet all needs.	Income is over \$1500 for a single person. If a family, combined family income is enough to meet most needs	Income is over \$1000 per month for a single person. If a family, combined family income is not enough to meet needs.	Income is less than \$1000 for a single person. If a family, combined family income is low enough that it causes a great stressor and impacts ability to meet basic needs.	Income is \$0 or the income vet/family has is going to be cut off within the next few weeks.
Case Management Level 1-5	Routine – Monthly Visit Level 1	Routine – Bi-weekly Visit Level 2	Routine – Weekly x1 Visit Level 3	Intensive – Weekly x2-3 Level 4	Highly Intensive – Daily Level 5

mission and goals, leveraging, and sharing resources (Northouse, 2013). Although organizations seek autonomy, survival is linked to reliance upon resources and partnerships to sustain and thrive as well (Malatesta & Smith, 2014).

## PURPOSE OF CORRECTIONS

The overall purpose of corrections is five-fold: 1) punishment, 2) deterrence, 3) societal retribution, 4) incapacitation, and 5) behavioral change through rehabilitation (Roberts, Phillips, Bordelon, & Seif, 2014). Criminogenic factors are anti-social personality, behavior, pattern, cognition, social associates (friends, family, and peers) and strong predictors of recidivism (Timko, *et al.*, 2014). In addition to these factors, offender's reentry plan needs to include risk, need, and responsivity (RNR). The RNR is three-fold: 1) risk equates to a level of care or service, 2) criminogenic needs, and 3) responsivity is the offenders potential for a cognitive-behavior rehabilitative and intervention programming (Andrews, Bonta, & Wormith, 2006). The RNR underscores how anti-social behavior, control, learning, and regulation may transfer into criminal acts. Therefore, the purposes (1-5) of corrections, RNR and the criminogenic factors are central in pre-release reentry team planning, case services, advocacy, and support. The coordination of providers is crucial for assisting the veteran with transition civilian transition, for reducing recidivism, bridging systems, and eliminating service gaps to enhance community re-integration. The collaborative therapeutic relationship is a key to problem insight and change. Thus, the integration may offer greater behavioral treatment and intervention potency, and changes (Westra, Arkowitz, & Dozois, 2009) that reduce impulsivity, relapses, recidivism and CJS involvement.

## RDT PERSPECTIVE & JIV

JIV have not been explored prior through the RDT lens. There is a persistent need for accountability and understanding how resources and funds can be more effective and efficient yielding greater outcomes, like stable housing, family, employment, reentry, treatment (e.g. medical, mental health, SUD) and so forth. This focus stems from a partial recognition and practical need for these agencies to act in good faith and as stewards, leaders, partners, sharing, particularly in a constrained environment of competing and conflicting priorities for those resources. The current literature and research evidence that JIV that served during the Global War on Terrorism (GWOT) veterans are

increasing (Barrett, Clark, Peters, & Caudy, 2010; Cusack, & Montgomery, 2017; Tsai, & Rosencheck, 2015). Thus, the effort needs sustainability through agency plans, ownership, governance, leadership, and social work clinical efforts to remediate the JIV problem.

There has been a great deal of emphasis placed on strategic forging and sustaining of partnerships. This strategy is a cornerstone of the entire plan and is reliant upon the combined resources of key federal, state, and non-profit partners for social justice and change. The work generates reciprocity, understanding each agencies role and rules in the JIV matrix and the arsenal of available assets. The work also may uncover agency and/or motivations to seek common ground versus power and control of resources (Malatesta & Smith, 2014; Yeager, Zhang & Diana, 2015). The common theme in the cause is the JIV and the available exchange or sharing of resources. The rules of resource exchange vary systematically by agency and are organized into a distinct pattern, or structure, according to their relative similarity and dissimilarity (Foa & Foa, 2012). The convergence of resources for JIV is on the surface similar but dissimilar in each agency has an inherent bureaucratic approach but in mutuality services and programs. The differences noted at the leadership level may equate to or be exceeded by global, national, state or localized efforts where proverbial rubber hits the road. These combined efforts are built on established relationships and coalesce over the variable of time, economy and politics and needs of the JIV sub-group.

Moreover, based upon the referral, identifying information, presenting problems, the intervention and plan are developed by the social worker. The plan impacts many resources and the veteran begins the process to a shelter, housing or treatment option when deemed medically and psychiatrically stable. The product is the veteran is housed which is a measure of success. The JIV may also need referred to residential substance abuse treatment. Throughout the process there are a variety of approaches, programs, and services along the continuum. The role of employees in the exchange of services and goods also represents the "technical job expertise" and knowledge is a commodity (Majiros, 2013, p. 535). Once intellectual and technical knowledge is attained, as in the case of services and programs for JIV, the agency becomes dependent on the staff expertise. The expertise becomes a sort of currency that staff needs to be

taught thereby making the agency dependent and vulnerable. The JIV programs, services, resource utilization and technical knowledge accumulated by agencies and staff are critical to the success or failure. To remedy the JIV needs the social worker incorporates multi-models, interventions, programs, and provision of case services. decrease recidivism rates and promotes pro-social healthier lifestyles.

### **CASE EXAMPLE**

Veteran "X" is a 28-year-old veteran of the United States Marine Corps. He is the second oldest of four siblings. His older brother (Bill Jr.) recently overdosed on Heroin and died at the age of 30. Bill, who was denied entry into the marines because of his eyesight, never felt that he lived up to his father's expectations. He constantly dealt with feelings of loneliness and hopelessness. Vet X also has a younger brother (David) who is 25 and a Marine stationed at Camp Lejeune and a 20-year-old sister (Caroline) who is a junior at Penn State. Being raised in a military family, Veteran "X" never lived in the same area for longer than a few years. Because of this "X" and his siblings grew very close. His father (William), a Sergeant Major in the Marine Corps, retired after 30 years of service and his mother (Tammy Lynn) worked as a Registered Nurse and has been an active alcoholic most of X's life. He was raised as a Christian, but his father was rarely around with deployments and field exercises and his mother was in and out of the substance abuse programs.

As a teenager, Veteran "X" had his first run-in with law when he was arrested at 16 for underage drinking, public drunkenness and disorderly conduct. At 17, Veteran "X" graduated high school and he enlisted into the Marines, signing a 6-year contract. He served a total of 5 years and 4 months. During his senior year of high school, he met Chelsea and the two of them quickly fell in love. While "X" was in boot camp he received a letter from his high school sweetheart informing him that he was soon to become a father. Veteran "X" married Chelsea the weekend he graduated from Parris Island, SC. After "X" Jr. (9) was born they had two more children, a son named Aaron (5) and a daughter named Jennifer (3). Chelsea and the kids put up with "X's" addiction and shenanigans up until 2 years ago when she kicked him out of the house, and they have since been separated and he's arrears on child support. Chelsea is working as a retail manager and doing her best to raise 3 kids. Veteran "X" has been homeless and couch-surfing since and has had

little contact with his children. On October 2, 2015 Veteran "X" was arrested for Aggravated Assault and DUI. He was released in January 2020 on parole and treatment at the VA.

Veteran "X" is a GWOT veteran of both the Iraq and Afghanistan wars, serving 1 tour in each theater. Five months into his Afghanistan deployment he was shot in his shoulder by an enemy sniper. The gunshot shattered bone and caused nerve damage and chronic pain. He was hospitalized back in garrison and prescribed opiates for the pain. Shortly after being released from the hospital, Veteran "X" was drinking heavily on top of his meds and was arrested on post for destruction of Government property, after stealing and wrecking a HUMVEE in the motor pool. After serving his Non-judicial punishment (NJP), he received a General Discharge under Honorable Conditions. Throughout this time, he became highly addicted to his pain meds and quickly began to self-medicate and take more than prescribed. His addiction progressed to using 8 opiates 40s per day intravenously. Veteran "X" is depressed, having thoughts of suicide, suffers from PTSD, trauma, alcoholism, drug addiction and other stressors.

### **DISCUSSION**

The RDT has direct application to the JIV population. The JIV problem is a navigation of complex bureaucratic and agency mazes, boundaries, structures, and processes at the federal, state and community levels comprised of a myriad of program and services. Herein, the paper examined many efforts to end, prevent and remediate JIV problems through the equitable distribution of goods, programs, services, and resources. All problems, programs and services are connected to JIV through practice and the optic of RDT. JIV clients seek to maximize their benefits (utility) while agencies minimize finite resources and related costs. At times social workers can find themselves in the crosshairs of working harder on the client's life than the JIV and need to be clinically mindful, maintain boundaries, and exercise self-care. The most socially judicious act is the one that brings the greatest good to the greatest number of needy, deserving, and vulnerable, but this is an artful balance. The ability of a JIV to become self-reliant and achieve maximum human potential is hindered when the resources available are too cumbersome to access, ineffective, insufficient and does not meet a reasonable standard. A JIV's environment will affect their ability to thrive and survive (Zastrow, 2019). A lack of ample resources

then places the JIV at a disadvantage for relapse and/or criminal recidivism.

## IMPLICATIONS & FUTURE DIRECTION

In the professional field of social work all practitioners must remain current and well-informed regarding literature and research that advances their knowledgebase, keep abreast of and engage in relevant literature and apply emerging research knowledge (NASW, 2017). The gap of knowledge filled by the paper's examination enhances the potency for a social worker's engagement and effectiveness from the managerial policy level to the clinical level with JIV within the USA. There are several implications for informing social work practice with JIV which can be incorporated into future focuses and subsequent research directions. First, in the intervention of JIV psycho-social problems, establishing acuity and case management needs, as depicted in Table 1, steers utilization and access to community resources and sustained development thereof and may be tailored by a practitioner. Second, a future direction then would be a global focus on countries social work practice, JIV and RDT. Third, an examination of a singular or multiple countries' social work practice standards to compare strategies and approaches regarding their respective JIV needs. It is critical that we understand global perspectives (International Federation of Social Workers, 2012; Daley, 2003) to increase knowledge, inform practice, intervention effectiveness and JIV outcomes. Finally, building upon the social work and RDT perspective, an interdisciplinary team meeting JIV needs may also foster and shape a wider scope of resources.

## CONCLUSION

Despite what has been studied and learned about the link between veteran service, criminality, and CJS involvement, the phenomenon of pre-during-post service offending with the RDT have not been examined together. The chronology of life events and situations on a continuum from enlistment to discharge and afterwards are important to understand as well as the meaning and interpretations that veterans assign to their narratives of service. It is critical that equitable, efficient, and effective resource planning be continuously monitored, innovative strategies applied and developed for meeting the JIV client's needs. Research pertaining to JIV is limited when it comes to delineating specific psycho-social problems, acuity, risk factors and the requisite community resources needed

which may provide a better understanding and characterize this population. The JIV population are examined through the lens of social work practice, resource dependence theory (RDT), case example and future direction. The examination highlights the importance of internal and external resources and partnerships to meet organizational goals and to remediate JIV psycho-social problems.

Finally, understanding the JIV identified problems (Table 1) and needs will enhance and clarify the social work strategies for acquiring and leveraging organizational resources. The utility of RDT has great value for organizations addressing the complexities of JIV needs through the provision of social work services and collaborations. The balance and acquisition of internal and external resources, goods and services are critical to remediate and the problem. JIV reentry, relapses and recidivism is preventable and curable societal ill. RDT helped explain how organizations and NPOs can mitigate risks and optimize outcomes Thus, it is imperative that the needs of JIV be sustained through sustainable resources advocacy and support in delivering high quality, impactful, life-altering, programs, services and resources for our needy and deserving JIV population.

## APPENDIX

International Federation of Social Workers:  
<https://www.ifsw.org/>

National Association of Social Workers:  
<https://www.socialworkers.org/>

National Coalition for Homeless Veterans:  
[www.nchv.org](http://www.nchv.org)

National HIRE Network: <https://hirenetwork.org/>

National Non-Profit Directory:  
<https://www.guidestar.org/NonprofitDirectory.aspx>

Stateside Legal:  
<http://www.statesidelegal.org/findinghelp>

The Network for Social Work Management:  
<https://socialworkmanager.org/>

U.S. Department of Housing and Urban Development (HUD):

<https://www.hudexchange.info/homelessness-assistance/resources-for-homeless-veterans/>

VA Health Care – Reentry Veterans (HC-RV):  
<https://www.va.gov/homeless/reentry.asp>

VA HC-RV Guidebooks:  
[https://www.va.gov/HOMELESS/Reentry\\_Guides.asp](https://www.va.gov/HOMELESS/Reentry_Guides.asp)

VA National Center on Homeless Amongst Veterans:  
<https://www.va.gov/homeless/nchav/index.asp>

VA Veterans Justice Outreach (VJO):  
<https://www.va.gov/homeless/vjo.asp>

Vets Justice Initiative:  
[https://www.americanbar.org/groups/public\\_interest/homelessness\\_poverty/initiatives/homeless\\_veterans/](https://www.americanbar.org/groups/public_interest/homelessness_poverty/initiatives/homeless_veterans/)

## REFERENCES

- Andrews, D., Bonta, J., & Wormith, S. (2006). The recent past and near future of risk and/or need assessment. *Crime and Delinquency*, 52, 7-27.  
<https://doi.org/10.1177/0011128705281756>
- Barrett, B., Clark, C., Peters, R., Caudy, M. (2010). A review of homelessness among Veterans: Policy and practice implications for prevention and intervention efforts. National Center on Homelessness among Veterans. Tampa, FL.
- Brettel, M., & Voss, U. (2013). An Explanation from Resource Dependence Theory. *Schmalenbach Business Review (SBR)*, 65(4), 409–430.  
<https://doi.org/10.1007/BF03396864>
- Bureau of Justice Statistics Report (2015). Berzofsky, M. Bronson, J, Carson, A. & Noonan, M. *Veterans in state and federal prison*. NCJ (249144). Washington, DC.
- Cusack, M. & Montgomery, A. E. (2017). Examining the bidirectional association between Veteran homelessness and incarceration within the context of permanent supportive housing. *Psychological Services*, 14(2): 250-256.  
<https://doi.org/10.1037/ser000110>
- Cusack, M., Montgomery, A., Sorrentino, A., Dichter, M., Chhabra, M. & True, G. (2020). 'Journey to Home: Development of a Conceptual Model to Describe Veterans' Experiences with Resolving Housing Instability.' *Housing Studies* 35.2. 310-32.  
<https://doi.org/10.1080/02673037.2019.1598551>
- Daley, J. (2003). Military Social Work. *International Social Work*, 46(4), 437-448.  
<https://doi.org/10.1177/0020872803464002>
- Desai, A., Holliday, R., Borges, L. M., Blue-Howells, J., Clark, S., Stimmel, M., & Wortzel, H. S. (2021). Facilitating Successful Reentry Among Justice-involved Veterans: The Role of Veteran and Offender Identity. *Journal of Psychiatric Practice*, 27(1), 52–60.  
<https://doi.org/10.1097/PRA.0000000000000520>
- Emerson, Richard M. (1962). Power Dependence Relations. *American Sociological Review*, 27(5), 31.  
<https://doi.org/10.2307/2089716>
- Foa, E. & Foa, U. (2012). Chapter 2: *Handbook of Social Resource Theory: Theoretical Extensions, Empirical Insights, and Social Applications*, Critical Issues in Social Justice, Springer Science Business Media, New York, NY.  
[https://doi.org/10.1007/978-1-4614-4175-5\\_2](https://doi.org/10.1007/978-1-4614-4175-5_2)
- Hyde, J., Bolton, R., Kim, B., Yakovchenko, V., Petrakis, B. A., Visher, C., & McInnes, K. (2022). "I've just never done that:" The influence of transitional anxiety on post-incarceration reentry and reintegration experiences among veterans. *Health & Social Care in the Community*, 30(4), 1504–1513.  
<https://doi.org/10.1111/hsc.13481>
- International Federation of Social Workers (2012). [www.ifsw.org](http://www.ifsw.org)
- Lynch, S. T. (2009). An introduction to legal services and protections for military personnel and their family members. *Clearinghouse Review: Journal of Poverty Law and Policy*, 43, 200–207.
- Majiros, C. (2013). Beyond Social Exchange Theory: A Theoretical Shift for Mentoring Relationships in the Federal Workplace. *Advances in Social Work*, Vol. 14, No. 2, 531-543.  
<https://doi.org/10.18060/1941>
- Malatesta, D. & Smith, C. (2014). Lessons from Resource Dependence Theory for Contemporary Public and Nonprofit Management. *Public Administration Review*, 74(1), 14-25.  
<https://doi.org/10.1111/puar.12181>
- Manske, J. "Social Work in the Department of Veterans Affairs: Lessons Learned. *Health & Social Work* 31.3 (2006): 233-238.  
<https://doi.org/10.1093/hsw/31.3.233>
- National Association of Social Workers. (2017). Code of Ethics, Washington, DC: NASW Press. Northouse, P. (2013). *Leadership: Theory and practice* (6th ed). Thousand Oaks, CA: Sage Publications.
- Olson, M. (2018). Exploring military social work from a social justice perspective. *International Social Work*, 61(1), 119-129.  
<https://doi.org/10.1177/0020872815606792>
- Payne, M. (2014). *Modern social work theory* (4<sup>th</sup> Edition). New York: Oxford.  
<https://doi.org/10.1007/978-1-137-40603-3>
- Roberts, M., Phillips, I., Bordelon, T. & Seif, L. (2014). A Social Worker's Role in Drug Court. *SAGE Open*, 1-9.  
<https://doi.org/10.1177/2158244014535413>
- Rogers, A.T. (2013). *Human behavior in the social environment* (3<sup>rd</sup> ed.). New York, NY: Routledge.  
<https://doi.org/10.4324/9780203077863>
- Scott, C. (2012). "Who is a Veteran?"—Basic Eligibility for Veterans' Benefits. *Congressional Research Service*, (7-5700), 1-10.
- Schaffer, B. & Schaffer, S. Social Work Practice with Military Veterans in the Criminal Justice System. National Association of Social Workers – USA Pennsylvania Chapter. Webinar, January 26, 2021
- Stacer, Melissa J, & Solinas-Saunders, Monica. (2018). Justice-involved veterans: A critical review and future research. *Critical Military Studies*, 6(1), 41-66.  
<https://doi.org/10.1080/23337486.2018.1435384>
- Timko, C., Midboe, A., Maisel, N., Blodgett, J. & Asch, S. (2014). Treatments for Recidivism Risk Among Justice-Involved Veterans. *Journal of Offender Rehabilitation*, 53:620-640.  
<https://doi.org/10.1080/10509674.2014.956964>
- Tsai, J. & Rosencheck, R. (2015). Risk factors for homelessness among U.S. veterans. *Epidemiologic Reviews*, 37, pp. 177–195.  
<https://doi.org/10.1093/epirev/mxu004>
- Turner, F. (2015). *Social work treatment: Interlocking theoretical approaches*. New York: Oxford University Press.
- U.S. Government Accounting Office (GAO), Veterans Justice Outreach Program, GAO-16-393, April 2016, pp. 1-53.
- Westra, H. A., Arkowitz, H., & Dozois, D. J. (2009). Adding a motivational interviewing pretreatment to cognitive behavioral therapy for generalized anxiety disorder: a preliminary randomized controlled trial. *Journal of anxiety disorders*, 23(8), 1106-17.  
<https://doi.org/10.1016/j.janxdis.2009.07.014>
- Wilson, M. (2020). Social Justice Brief: *Implications of Coronavirus (COVID-19) for America's Vulnerable and Marginalized*



- Populations*. National Association of Social Workers, Washington, DC.
- Yeager, V., Zhang, Y., & Diana, M. (2015). Analyzing Determinants of Hospitals' Accountable Care. Organizations Participation: A Resource Dependence Theory Perspective. *Medical Care Research and Review*. Vol.72(6). 687-706.  
<https://doi.org/10.1177/1077558715592295>
- Zastrow, C. H., Kirst-Ashman, K.K., Hessenauer, S. L. (2019). *Understanding Human Behavior and the Social Environment* (11th ed.). Boston, MA: Cengage Learning.

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Received on 26-08-2022

Accepted on 03-10-2022

Published on 10-10-2022

<https://doi.org/10.6000/1929-4409.2022.11.13>

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