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A Qualitative Study of U.S. Veterans' Reasons for Seeking Department of Veterans Affairs Disability Benefits for Posttraumatic Stress Disorder

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Posttraumatic stress disorder (PTSD) is the most prevalent compensable mental disorder within the U.S. Department of Veterans Affairs disability system and the number of veterans with PTSD service-connected disability has increased steadily over the past decade. An understanding of the reasons veterans apply for PTSD disability status may inform interpretation of this increase and policies and interventions to assist veterans with military-related PTSD. The authors conducted an exploratory qualitative study to describe the reasons veterans seek PTSD disability benefits and explored differences between those who served in different military service eras. They gathered data through in-depth interviews with 44 purposefully selected U.S. veterans, and conducted content analysis of transcribed interviews using inductive and deductive analysis with constant comparison. Participants described 5 interrelated categories of reasons for seeking PTSD disability benefits, including 3 internal factors (tangible need, need for problem identification or clarification, beliefs that justify/legitimize PTSD disability status) and 2 external factors (encouragement from trusted others and professional assistance). There were no major differences by service era. Findings may help policy makers, providers, and researchers understand what veterans hope to achieve through PTSD disability and the instrumental role of social networks and government systems in promoting the pursuit of PTSD disability status.

The U.S. Department of Veterans Affairs (VA) provides disability benefits to U.S veterans who develop medical conditions related to their military service or in VA parlance are "service-connected." The VA rates service-connected disabilities on a scale from 0 (nondisabling service-related condition) to 100% (total disability), with increments in units of 10. Depending on the level of rated disability, benefits may include cash payments (disability compensation), access to Veterans Health Administration medical care and pharmacy services without cost or for a reduced cost, rehabilitative and employment services, life insurance, survivor benefits, and educational and health insurance benefits for family members (VA, 2010a). Unlike U.S. worker's compensation benefits, VA benefits are not limited in either the length of time or the total amount paid. Unlike U.S. Social Security disability insurance, VA disability benefits are not automatically discontinued if the recipient returns to work, or reduced to offset other income. In 2010, the VA provided disability compensation and associated benefits to over 3.2 million veterans and distributed

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over 36 billion dollars in disability compensation payments (VA, 2010b).

Given the elevated rate of posttraumatic stress disorder (PTSD) in combat veterans (Erickson, Wolfe, King, King, & Sharkansky, 2001; Hoge et al, 2004; Kulka et al., 1990; Sutker, Allain, & Winstead, 1993; Sutker, Uddo, Braidley, & Allain,1993; Sutker, Winstead, Galina, & Allain, 1991), it is not surprising that military-related PTSD is the most prevalent of the compensable mental disorders. Nevertheless, the prevalence of PTSD service connection has been increasing at an alarming rate. Between 1999 and 2010, the number of veterans who received service connection for PTSD increased from 120,265 to 437,310 (VA, 2010c). During 2010 alone, 37,263 veterans became service-connected for PTSD. It is likely that PTSD in veterans returning from the wars in and around Afghanistan (Operation Enduring Freedom [OEF]) and Iraq (Operation Iraqi Freedom [OIF]) has contributed substantially to this increase. The recent regulation liberalizing the evidentiary criteria for PTSD claims (VA, 2010c) may further accelerate the rate of PTSD claims and awards.

Although policy makers are concerned about the increase in the prevalence of PTSD service connection (Institute of Medicine [IOM], 2007a), there has been little research concerning the reasons for this increase. In fact, we know remarkably little about the factors that lead U.S. veterans to seek service connection for PTSD at a given point in time. Such information might help not only explain the increased rate of PTSD service connection over the past decade, but also provide perspective on the motives and needs of veterans who apply for military-related PTSD disability.

In a sample of recently discharged psychiatric inpatients, Estroff, Zimmer, Lachicotte, Benoit, and Patrick (1997) found that dysfunction, dependence, and a limited social network were independent predictors of application for U.S. Social Security disability insurance and Supplemental Security income. The VA and Social Security disability systems, however, define and measure disability differently. Furthermore, the patients that Estroff, Zimmer et al. (1997) included in their study suffered from more severe psychiatric disorders such as schizophrenia, potentially limiting applicability of their findings to veterans seeking VA disability benefits for PTSD. In a prior study of veterans seeking PTSD service connection, we examined the perceived importance of PTSD disability status, a construct related to the reasons for seeking disability status (Sayer, Spoont, & Nelson, 2004). We found that veterans reported valuing service connection for symbolic as well as monetary reasons. In particular, veterans valued PTSD service connection because it provided them with official recognition and validation of their traumatic experiences. Although informative, that study utilized closed-item survey questions and therefore did not allow for identification of unanticipated reasons for valuing service connection. Furthermore, the sample did not include OEF/OIF veterans who represent much of the recent increase in PTSD disability applicants. In sum, much remains unknown about the factors that lead U.S. veterans to seek PTSD service connection at a given point in time. In the absence of evidence, policy makers and clinicians may miss opportunities for understanding and possibly reducing disability among veterans who have military-related PTSD.

We conducted a qualitative, exploratory study to help fill this evidence gap. Our primary objective was to describe the reasons U.S. veterans seek PTSD disability status and to explore differences in these reasons between veterans who served in Iraq or Afghanistan (OEF/OIF) and Vietnam. Qualitative methods have the advantage of allowing us to identify reasons for seeking PTSD service connection that were meaningful to veterans, but that we could not have specified a priori because of lack of previous exploratory research in this area.

METHOD

Participants and Procedures

This study represents a secondary analysis of data collected for a study focused on determinants of PTSD treatment initiation among U.S. veterans (Sayer et al., 2009). Specifically, we conducted in-depth interviews with veterans who submitted disability claims to the VA based on military-related PTSD. We used a stratified purposeful sampling strategy to obtain variability on constructs of interest for the primary study: presence or absence of mental health treatment status and gender; and for men, period of military service. Because of the small number of women who seek PTSD disability benefits (approximately 5%), we recruited women regardless of when they served in the military. The six strata were female intreatment, Vietnam war male intreatment, Afghanistan/Iraq war male intreatment, female not intreatment, Vietnam war male not intreatment, and Afghanistan/Iraq war male not intreatment.

Staff from the U.S. Upper Midwest Veterans Benefits Administration created a log of new PTSD claimants that included veteran contact information, gender, and service era and transferred it to the study team on a monthly basis. The study team sent recruitment materials to men listed as Vietnam or OEF/OIF veterans and to all women. Recruitment materials included a cover letter describing the study and asking the recipients permission to contact them. The project coordinator then called those indicating interest. Of the 220 potential participants, 118 (54%) indicated interest in being contacted, 44 of whom were eligible and interviewed. Reasons for exclusion were could not be reached ($n = 13$), refused screening ($n = 5$), belonged in a stratum (Vietnam) that was filling much quicker than the other strata ($n = 37$), unclear treatment status ($n = 2$), male veteran who had not served in the Vietnam or Afghanistan/Iraq war ($n = 2$), scheduling conflict or distance from Minneapolis VA precluded interview ($n = 12$), and self-reported positive symptoms of psychosis (e.g., hallucinations; $n = 3$).

The research team developed a semistructured interview guide for veterans who were intreatment and another for those who were

not intreatment. As is common in qualitative studies, we refined the interview guides over the course of the first few interviews (Crabtree & Miller, 1999; Miles & Huberman, 1994). For example, it became apparent within the first few interviews that treatment seeking for PTSD was related to the process of applying for PTSD disability benefits. Therefore, we included questions about seeking these benefits. Namely, we asked all participants to describe their reasons for applying for PTSD service connection at this time and their view of the relationship between PTSD treatment and service connection. Our semistructured method allowed us to ask questions not included in the interview guide and to follow up on topics the participant introduced, including topics related to PTSD service connection. In this study, we focus on the portions of the interview in which veterans described their reasons for applying for PTSD service connection.

Of the three investigators who conducted each interview, one is an anthropologist with health service research training and two are clinical psychologists with over 10 years of experience treating veterans with PTSD and related psychiatric problems. To facilitate intergroup and cross-investigator comparisons, each member of the team interviewed participants from all groups (women, Vietnam, Afghanistan/Iraq) and did so at a similar rate (i.e., we were careful not to finish with one group long before finishing the others). The project coordinator was present during all interviews. Interviews lasted approximately 1 hour ($M = 59$ minutes, $SD = 17$ minutes). The majority took place at the Minneapolis VA Medical Center ($n = 40$), although the team interviewed four participants with transportation problems who lived within 3 hours of the VA in their homes. The study was approved by the Minneapolis VA Health Care System Institutional Review Board. We obtained informed consent prior to the interview, which we audio-recorded and transcribed. We conducted interviews over an 18-month period (November 2005–June 2007).

Following the interviews, the research coordinator administered several self-report forms including a modified version of a background survey designed for veterans seeking PTSD disability benefits (Sayer et al., 2004), a PTSD symptom inventory (PTSD Checklist; Blanchard, Jones-Alexander, Buckley, & Forneris, 1996; Bliese, Wright, Adler, Cabrera, Castro, & Hoge, 2008; Forbes, Creamer, & Biddle, 2001), the Patient Health Questionnaire–depression module (Kroenke, Spitzer, & Williams, 2001), and the Alcohol Use Disorders Identification Test–consumption questions (Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998). Additionally, the interviewer and research coordinator completed logs after each interview describing the interview's tenor and summarizing its main themes. We appended the logs to the interview transcripts to facilitate development and interpretation of codes.

The sample consisted of 44 U.S. veterans, 21 of whom were receiving mental health treatment for PTSD. Half of the sample served in OEF/OIF, 19 in Vietnam and the remaining three participants in other military service eras. Age ranged from 20 to 62 years ($M = 42.11$, $SD = 15.99$). Almost one third of the sample ($n = 14$) were women. The vast majority ($n = 41$, 97%) identified as White. Almost half ($n = 20$) were married and slightly more than half ($n = 59$) were employed. All male participants and 11 of the 14 female participants were combat veterans. Six of the 14 female participants experienced sexual trauma in the military. Sixty-six percent of the sample exceeded symptom criteria for moderate to severe depression (Kroenke et al., 2001); 52% were at risk for hazardous drinking (Bush et al., 1998). Depending on the cutoff score used for diagnosis, 66–91% of the sample met symptom criteria for probable PTSD (Blanchard et al., 1996; Bliese et al., 2008; Forbes et al., 2001).

Data Analysis

The research coordinator checked verbatim transcripts of the interviews for accuracy and completeness before data analysis. Our interpretive analysis of the content of the interviews began with reviewing the logs and transcripts to develop top-level codes that described broad common themes within the narratives. For this study, we subcoded quotations linked to the top-level codes for PTSD service connection. The subcodes were words or phrases the researchers took from the participants' narratives or chose to reflect participants' experiences. We linked quotations to multiple codes as appropriate. To identify themes and variations in themes across strata, we used inductive and deductive analysis with constant comparison (Glaser & Strauss, 1967). We utilized Atlas.ti V5.0 (Muhr, 2004), a qualitative data management software package, to facilitate the coding and retrieval of exemplary quotes.

Maintaining Research Quality

The study team created a codebook to document coding decisions and standardize coding. Each of the three interviewers assigned top-level codes to one third of the interviews across all groups. Each interviewer then checked another interviewers' top-level coding. We resolved coding discrepancies and reached consensus through face-to-face meetings. Two of the three interviewers, a co-author involved in this project from the beginning, and a research assistant assigned the service connection subcodes. For training purposes, all four members of the subcoding team subcoded the same two transcripts and then discussed discrepancies and reached consensus in a face-to-face meeting. The lead author assigned subcodes to 15 of the remaining 42 transcripts and checked the subcoding of 17 other transcripts. The remaining members of the subcoding team subcoded 4–15 transcripts and checked the subcoding of 6–11 other transcripts. Through this iterative process of coding, checking, and consensus building, the interview team reviewed each transcript at least four times.

RESULTS

Table 1 lists five categories that describe conceptually related reasons for seeking PTSD service connection, grouped within two broad categories that we call internal and external factors. Although we discuss each theme separately, the reasons for seeking PTSD service connection were interrelated and influenced each other. Below we discuss each category and present illustrative quotes from a range of participants. We also discuss observed differences by service era.

Internal Factor: Current and Anticipated Tangible Needs

Given that service connection is associated with tangible benefits, it is not surprising that participants described tangible need as a significant impetus to applying for PTSD service connection. In particular, many veterans stated that difficulty working and associated financial stressors were important reasons for seeking PTSD service connection.

> I've been encouraged to do this (apply for PTSD service connection) for a while now, and I just never thought I had to have it. A lot of people want to do it just because they are lazy or whatever, but I'm doing it because I have to. I can't work no more. (Male Vietnam veteran)

Table 1. Reasons for Seeking PTSD Disability Benefits Based on Qualitative Analysis of 44 Interviews

Internal factors
1. Tangible needs
Financial need
Health care needs (e.g., access to care and PTSD treatment)
Schooling/vocational rehabilitation needs
Anticipated future financial and health needs if deployment-related problems worsen or lose insurance coverage
2. Need for problem identification or clarification
3. Beliefs that justify or legitimize disability status
Deserve compensation or recognition for military trauma or PTSD
Application process will promote healing/acceptance
External factors
4. Encouragement from trusted others
Clinician, commanding officer, friends/family, other veterans
5. Professional assistance with application process
Veterans advocate (e.g., VSO) identifies or confirms possible PTSD
Helps veteran complete paperwork and submit claim

Note. PTSD = Posttraumatic stress disorder; VSO = veteran service officer.

> I wanted to get better. Like I said, I would have liked to have been better like the first week. I know now that's not going to be the case. Once I started to realize it was going to be a long-term process and I wasn't going to be able to work, we had to look into how are we going to get financially covered. (Male OEF/OIF veteran)

The need for access to VA services due to deteriorating health and veteran-specific health concerns were factors particularly for Vietnam veterans: "Well, I think I just finally realized that . . . It's a matter of the fact that, you know, my health is deteriorating at a really fast rate and this (service connection) may actually be the best way to handle that deterioration" (male Vietnam veteran).

This veteran further explained that he needs access to VA care because VA doctors would understand the problems he has related to Agent Orange exposure whereas his family doctor does not. Other veterans explained that they need service connection because they have lost or anticipate losing health insurance.

> The reason I tried to get some help now is because, you know, in the next couple years I'll be losing my insurance. Until then, I've got extremely good insurance, where it hasn't cost me a dime. You know, but that's going to run out. So that's why I tried to get . . . in the system and get some stuff going so I can continue my care. (Male Vietnam veteran)

Some veterans who were not in treatment were seeking PTSD service connection to access PTSD services. They mistakenly believed either that they would automatically get referred to services through the claims process if the claim evaluator determined that the veteran needed treatment, that the disability evaluation was the same as a treatment evaluation, or that they needed service connection to obtain PTSD treatment.

> I thought they'd bring me in down here [for the PTSD disability evaluation], talk to me, evaluate me, and [tell me], "This is the options, you can, we'll do this for you, we'll do that for you" . . . . Hopefully not just send you a check every month. (Male Vietnam veteran)

When the interviewer asked a male OEF/OIF veteran who described interest in treatment why he decided to seek PTSD service connection instead of a treatment evaluation, he asked, "What did I go through? I thought I was going through a kind of treatment evaluation. Are they different? I thought they were the same?"

Access to benefits related to schooling was a motivating factor for OEF/OIF veterans: "The veteran service officer or whatever explained to me that I could get into a certain program up here that would help me with my schooling and stuff, like further with the schooling and everything" (Male OEF/OIF veteran).

Internal Factor: Need for Problem Identification or Clarification

Veterans described seeking PTSD service connection to get a thorough and official PTSD evaluation. This theme took a somewhat different form for Vietnam than for OEF/OIF veterans. Vietnam veterans, particularly those who were not receiving PTSD treatment, described hoping to learn through the PTSD disability evaluation process whether PTSD had been the problem accounting for the chaos and functional problems, such as failed marriages and employment difficulties, in their lives since their return from Vietnam. They described seeking PTSD service connection to help them better understand the reason for their postdeployment difficulties. As one male Vietnam veteran explained, "For me, it was to find out if I had it (PTSD), what was ticking in me . . . ." They saw this official evaluation as the first step to getting help for these longstanding problems.

> Because if they're (the government) not going to recognize what it is, then I'll never be cured for what it is . . . . A claim is for just getting better. I'll pay you; if you can make me better, I'll pay you; that's the way I feel about it, seriously. (Male Vietnam veteran)

OEF/OIF veterans, in contrast, described wanting an official PTSD disability evaluation to make sure the VA identified and addressed their current deployment-related problems and to ensure future access to services and benefits for these problems if they worsen and require treatment.

> I wanted to know if I needed to be treated. I wanted to see if, from a professional, who deals with a lot of people who have gone on to treatment, whether what I was experiencing was nothing, if some of the things that I've been thinking about are nothing, or whether it was something that I really should see somebody about. (Male OEF/OIF veteran)

Importantly, these newer veterans were motivated to avoid the experience of Vietnam veterans who had difficulty accessing health care or obtaining benefits for their deployment-related conditions because the military and VA had not properly identified these conditions after deployment. In this way, the need for problem identification was associated with possible future needs for treatment or benefits.

> I know my father suffered from Agent Orange exposure and it was a very long time before he was properly diagnosed. I've seen many Vietnam veterans not get the diagnosis that they needed because perhaps they didn't file a claim when they should have. (Female OEF/OIF veteran)

Internal Factor: Beliefs That Justify and Legitimize Disability Status

Veterans across military service eras believed that applying for PTSD service connection was justified because of the way military trauma had affected them. For example, one male OEF/OIF veteran explained that he had applied for PTSD service connection because, "One—the military owes me. Four damn years." Several Vietnam veterans, including one woman who experienced sexual trauma while in the military, echo this reasoning.

> I have convinced myself that I deserve it right now, I deserve it. Not that I've earned it, not just because of Vietnam and Army and life, I've earned it because I've suffered enough, dammit. I'm tired of it. (Male Vietnam veteran)

> I'm going through hell and yeah, I should be compensated. I should have been compensated because someone who had authority over me in the military did something despicable, and when I went to my male personnel, because there was no female, I was told either get over it or get out, or either you are a lesbian or a slut. (Female Vietnam veteran)

Some veterans described reluctance to seek service connection for PTSD, perceiving disability compensation as shameful. They were able to overcome this reluctance when they found a way to justify or legitimize PTSD service connection as something that they deserved for what they had been through. In many instances, encouragement from trusted others (see below) helped these veterans to believe that it was socially acceptable to apply for PTSD service connection. For example, when we asked one veteran about his reaction to a psychiatrist and social worker's suggestion that he seek PTSD service connection, he explained:

> Oh, I didn't know what to think about it, you know? So like, then I felt like I was going out there begging, you know, for money or something like that. But somebody told me, he [buddy at work] said, "If you got it, you know, it's not your fault; you served your time. It's not a handout," he said. He said, "It's stuff that you got coming." So that made me feel better about it. (Male Vietnam veteran)

Similarly, the encouragement of close friends helped these female veterans justify applying for PTSD service connection.

> Then the friend of mine who just got home from Iraq said if you are having trouble, you need to go to the VA and tell them that you are due for compensation because it's not right that that all these things happened to you and you have not done anything about it. It's called pain and suffering. He knows everything that's ever happened to me since I was five, and he knows what happened . . . . I said, well, why would they give me compensation? And he said, "Because

you deserve it." So I talked to [name of therapist] and asked her what I had to do. She told me what to do so I started doing it. (Female Vietnam veteran)

It [applying for service connection for PTSD] still makes me feel funny because, point blank, I felt like a whore. I [would be] getting paid for being raped. How many people out there does that happen to? Then [friend's name] explained. He said, "It's not for the trauma. It's for what the trauma did to you. If you could have followed through and pressed charges or done anything like that it would be different." (Female Persian Gulf Era veteran)

Another way veterans justified the pursuit of PTSD disability was by construing it as part of the process of facing and healing from trauma. For example, one female veteran sought PTSD service connection after beginning to discuss her trauma history in therapy. She was, to her surprise, awarded PTSD service connection:

What had happened to me is I thought it was just part of the healing process, to do this service connected thing, and I didn't think anything would happen of it, to tell you the truth. I just thought, well, I'll just do this paperwork, and it's just a way for me to cleanse and to clear out, write this stuff down of what's happened, what took place, and kind of let it go, to work through that in my therapy. So I had no clue that the response would be what it was. (Female Persian Gulf Era veteran)

External Factor: Encouragement From Trusted Others

Veterans' decisions to seek PTSD service connection occurred in the context of relationships with people they respected and trusted. That is, most participants described being encouraged to undergo the claims process by people they felt understood their problems and were looking out for their best interests, including clinicians, other veterans, friends, and family.

The psychologist that I saw was like, "Well, when you get out [of military service], make sure you, you know, put it in on your service connection." And my uncle who is a Vietnam vet, he was like...he has PTSD, too. My about-to-be-sister-in-law, she works for the VA—it's like a VA office or something like that. They help veterans in [name removed] County with their paperwork and getting them up here for appointments and stuff like that. She was just like...pretty much everybody's like, "Well, you've been diagnosed with this, so make sure you put it on there. You may not get anything, or you may get something. Just the fact that you were on active duty when it happened, and you've been diagnosed with it, you need to put it on there." Pretty much, they're telling me, "Get paid for what the Army did to me." (Female OEF/OIF veteran)

Some Vietnam veterans sought service connection only after being encouraged by other Vietnam veterans whom they met at reunions who had similar problems and life experiences, but were already service connected for PTSD. The encouragement of these veterans to apply for PTSD service connection was particularly powerful because they perceived themselves as having the same military-related problems as these already PTSD service connected veterans.

I've reconnected with a lot of the guys I was in the service with. And a lot of them have been on 100% disability for . . . 30 years . . . and they got on it right away . . . and since communicating with these people, I, you know, that's why I've got my claim in down here now. To see if they'll do anything . . . They [other veterans] couldn't believe I hadn't applied. "You got a failed marriage?" Yeah, I got one or two." You drink?" Yeah. "Drugs?" Yeah. "Hold down a job?" Well, fortunately I did hold down my jobs. But, uh, everything else fit. (Male Vietnam veteran)

External Factor: Professional Assistance

The vast majority of participants in this study described receiving direct assistance filing PTSD claims from professional veteran advocates. Most often these were national or county veteran service officers (VSOs) whose job is to provide U.S. veterans with information and help obtaining State and Federal benefits. As a male Vietnam veteran explained, "Otherwise the private individual has no idea how to start this." Although veteran advocates are available to help all veterans free of charge, they are involved in structured outreach efforts to OEF/OIF service members that begin during predischarge reintegration training, thus facilitating access to the disability claim process for this veteran cohort.

The VSO may help the veteran identify or confirm that PTSD is a potential problem warranting an official evaluation. For some veterans, this occurred when they went to see the VSO for help obtaining disability benefits for other medical conditions. While assessing the veterans' issues, the VSO asks about trauma and PTSD symptoms and encourages the veteran who reports both to file a PTSD claim along with the other claims.

Well, I went in and I knew, like I knew I was going to apply for my knees and for hearing loss. I went in for it and then when I sat down and talked to someone from the DAV [disabled American veterans], they were the ones who were representing me for it. He [VSO] was going through my files and he was like, "You know, you've been seen for this and this. Do you still have these problems?" You know, he was going through my medical record with me and he

recommended, he was like, "If I were you, I would put that [PTSD] down because it's something you should be eligible for if you have been treated." So I tried to apply for it because it's something that I really thought I could benefit from. (Female OEF/OIF veteran)

One veteran was also encouraged to apply for PTSD when he went to see a VSO to get help applying for service connection for cancer and Agent Orange. He described the reason veterans may apply service connection for multiple conditions in the same application:

There's a certain amount of, you know, for lack of a better word, hassle that you have to go through when you, when you do this sort of thing. You might as well go through it all in one hassle. (Male Vietnam veteran)

After the VSO identifies or confirms that the veteran may be eligible for PTSD service connection, he or she helps the veteran complete and submit all the required documentation. In fact, many veterans perceived the VSO as more involved in filing a claim than they were. One participant reported that he was unaware of having filed a claim, but most participants in this study reported passive involvement in the claims process such that they did whatever their VSOs told them to do.

Dr. [name] encouraged me to go, [name friend] encouraged me, "Go to the county agent." But I went there and you know what they did, for over an hour they did everything from their computer, and filed everything for me and everything. (Male Vietnam veteran)

I was told to contact our VA officer and they would fill out the paperwork for you. I have not filled out a single piece of paperwork for any of this yet. I just sign it. So our VA officers, I mean, they explain it to you and everything, but it's been—I think it's been very easy, 'cause they just say, go to your VA officer, tell them what's wrong, what you need help for, and they help fill out the paperwork and everything. And then I just got a—been getting letters from the VA just saying, hey, you got to be here at this time, go to the front desk and the front desk people will tell you where to go. I think it's been very easy. 'Cause if it wasn't for the VA officers, it would have been hell. I wouldn't have even thought about it. I—I never would have stepped foot in the VA hospital if it wasn't for the VA officers. They help out a whole lot, so ... so it has been really easy. So I don't know otherwise how—it would be hard. (Male OEF/OIF veteran)

Because of the direct assistance VSO's provide, for some veterans it was easier to begin the PTSD claims process than to obtain PTSD services, even if they wanted both.

I think I went to see my veterans service officer, and I think that's really what kicked off getting appointments, or at least trying to set up appointments. And I was surprised at first, initially, that my first appointments were all for compensation and pension [disability evaluations]. And I think I was a little confused by the system, and I kept thinking that at any time there would be an appointment that was strictly for, not to evaluate me for pension problems, but to start my treatment. (Female OEF/OIF veteran)

DISCUSSION

We identified five interrelated categories of reasons for seeking PTSD service connection through the VA, including tangible need, need for problem identification or clarification, justification/legitimization of disability status, encouragement from trusted others, and professional assistance. These major categories did not vary by military service era. Certain themes, however, took somewhat different forms in OEF/OIF compared with Vietnam veterans. In particular, for Vietnam veterans, reasons for applying for PTSD service connection were colored by changes associated with aging as well as decades of difficulty understanding and coping with postdeployment difficulties. For OEF/OIF veterans, reasons for seeking PTSD service connection were colored by concerns about the future and the desire to avoid the problems Vietnam veterans had obtaining needed services and benefits.

Consideration of the interplay among the factors we identified helps explain why veterans apply for PTSD service connection at a given point in time. Tangible need, coupled for some with the need for problem identification and clarification, often appeared to be the starting point, whether the veteran or someone else identifies these current or potential future needs. For many, encouragement from trusted others helped the veteran justify the pursuit of PTSD disability status, overcome stigma, and identify veteran advocates who could help them complete the paperwork and submit the claim.

For veterans in this study both current as well as anticipated future needs helped motivate PTSD claim initiation. This makes sense given that unlike Social Security disability recipients in the United States, veterans do not have to demonstrate current disability to be service connected for a condition. For example, a rating of 0% indicates that veterans have a military-related problem, but that it does not impair their functional ability. Such a rating ensures that the veteran will get priority access to treatment for this condition. Furthermore, if the condition worsens the veteran can apply for a rating increase, a process that is less time consuming and complicated than submitting a new claim. Therefore, immediate need may not be pressing for some veterans seeking PTSD service connection. In addition, it should be noted that tangible need was not restricted to the need for compensation, but also included the need for access to health care and PTSD services, as well as educational benefits. Our findings further suggest that some veterans

may be confused about their eligibility for VA health care benefits if they are not service connected.

We also found that veterans use the claim process to obtain an official and thorough evaluation for PTSD. It seems that veterans consider the PTSD disability evaluation to be the gold standard of PTSD evaluations. Posttraumatic stress disorder disability evaluations provide crucial clinical information necessary for claim adjudication, which in turn determines level of disability compensation and other tangible benefits. It makes sense that veterans would assume that the VA would ensure that these evaluations are as fair and accurate as possible. Whether these evaluations are in fact more accurate than evaluations that take place in clinical contexts, however, is unknown, but veterans seem to value the disability rating as providing a more definitive assessment. The VA disability evaluation process for PTSD has in fact undergone considerable scrutiny, and research is underway to determine how best to standardize this process (IOM, 2007a, 2007b; Speroff, 2011). At the time of this study, PTSD disability evaluation in the facility where this study took place involved a structured clinical interview based on the Clinician Administered PTSD Scale (CAPS; Weathers, Keane, & Davidson, 2001) and psychological testing using the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen & Kaemmer, 1989), but this was not the case in other facilities within the same region. Regardless, our findings suggest that veterans may benefit from policies and procedures that would allow them to receive a thorough and perhaps quantified evaluation for PTSD outside of the disability application process. This may lessen the need for some U.S. veterans to seek PTSD disability benefits.

Our findings further suggest that veterans who seek PTSD service connection are able to justify or legitimize PTSD service connection as a deserved benefit. We also found that veterans were often reluctant to apply for VA PTSD service connection because they were aware of the stigma associated with disability and government assistance but that trusted associates, most often other veterans, helped them justify their application for disability status. Although not surprising, this emphasis on the role of justification/legitimization in seeking disability benefits has not been identified in previous research. It suggests that veterans who seek PTSD service connection often need to find a way of separating themselves from the social stigma of seeking government aid and a disability label and that they need to feel that it is acceptable for them to apply for PTSD service connection. Future research should examine whether justifying and legitimizing beliefs are involved in disability application through other disability systems and whether veterans who are eventually awarded PTSD service connection experience social stigma as recipients of social security sometimes do (Estroff, Patrick, Zimmer, & Lachicotte; 1997).

Our findings also suggest that policy makers, service providers, and researchers need to take veterans' social networks into account as they seek to understand the reasons veterans apply for PTSD service connection and how PTSD service connection affects their self-image. Indeed, veterans clearly described how clinicians, friends, family, and other veterans whom they trusted encouraged them to seek disability status and often provided them with information, support, and a rationale for putting aside their reluctance to pursue claims. Estroff, Zimmer, and colleagues (1997) similarly found that family and service providers frequently encouraged individuals with psychiatric disability to seek Social Security disability benefits.

Finally, we found that one cannot understand PTSD service connection without taking into consideration the instrumental role veteran advocates, in particular VSOs, play in helping veterans pursue disability claims. These VSOs are part of the systems Federal and local governments have put in place to help veterans understand and obtain VA benefits. It is ironic that the literature on PTSD claimants largely ignores the role of advocates in promoting service connection and instead has focused on "compensation seeking" as if it were a purely individual attribute (e.g., Frueh, Hammer, Cahill, Gold, & Hamlin, 2000). To a large extent, the recent increase in the rate of service connection may reflect the success of VSO advocacy efforts or even the increased support for and appreciation of veterans in the larger society in the years since the Vietnam conflict. The implication of this finding is that researchers should examine disability benefit seeking within the context of social networks, government systems, and societal attitudes rather than solely as an individual attribute.

Our findings may also have implications for our understanding of the reasons veterans wait years to decades to apply for PTSD service connection, as was the case with the Vietnam veterans in this study. Namely, a combination of factors may need to be present for a veteran to initiate a claim. In the absence of other internal factors or encouragement and professional assistance a veteran may not file a claim. Veterans who do not have people in their social networks that understand veterans' benefits or issues or who do not have access to a VSO may not seek service connection even if they are deserving and in need of disability compensation and other VA services. Conversely, minimal need in the presence of strong encouragement from others and professional assistance may lead to earlier claim initiation.

This study has a number of limitations. First, there are limitations associated with our sample. We interviewed 44 military veterans filing PTSD disability benefit claims in one region of the U.S. Upper Midwest, the majority of whom were combat veterans and identified as White. We do not know if these findings generalize to other and more diverse U.S. veteran groups or to individuals seeking benefits through other disability systems within and outside the United States. Second, our findings reflect participants' self-reported reasons for filing disability claims for PTSD. Self-presentation and recollection biases may have influenced our results just as they might influence the results of any self-report study. Self-report biases are a particular issue for studies focused on the disability claims process given that claimants may exaggerate or even malinger symptoms to obtain desired benefits (Frueh et al.,

2003; Frueh, Gold, & de Arellano, 1997) or may develop negative self-perceptions that align with the financial incentive to demonstrate illness (Mossman, 1996). On the other hand, participants were specifically told that participation in the research would not affect their claim. Limitations notwithstanding, our findings shed new light on PTSD disability applicants that we hope will inform policy, clinical practice, and future research.

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