



Narrative Review

Military Social Work: Roles, Practice Domains, and Ethical Challenges in Serving Service Members, Veterans, and Their Families

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Abstract

Social workers are among the largest groups of mental health and human service professionals serving military personnel, veterans, and their families. Their work spans uniformed and civilian roles, from combat and operational stress control in deployed settings to family advocacy on military installations and case management in veterans' services. This integrative review synthesizes the literature on military social work to describe its historical development, its theoretical foundations, its principal practice domains, and the ethical and professional challenges it presents. Drawing on the person-in-environment perspective and family stress theory, the review identifies five core practice domains: mental health and combat stress, family and child welfare, the deployment cycle, transition and reintegration, and advocacy for vulnerable subgroups such as veterans experiencing homelessness and survivors of military sexual trauma. Evidence shows that military-connected populations face distinctive stressors, including repeated separations, relocation, combat exposure, and stigma toward help-seeking, and that social workers are well placed to address these stressors across individual, family, unit, and community levels. However, practitioners also face mixed-agency dilemmas, in which obligations to the client and to the military organization can conflict, together with risks of secondary traumatic stress. We conclude that military social work requires specialized cultural competence, ecologically oriented practice, clear ethical frameworks, and stronger evaluation of interventions, and we outline priorities for education, practice, and research.

Keywords: *military social work, military families, veterans, deployment, cultural competence, mixed agency, ethics.*

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1. Introduction

Military service shapes not only the lives of those who serve but also the lives of their spouses, children, parents, and communities. The large-scale

deployments to Iraq and Afghanistan after 2001 brought renewed attention to the psychological and social costs of military life, including posttraumatic stress disorder (PTSD), depression, substance

misuse, family strain, and difficulties in returning to civilian life (Hoge et al., 2004; Tanielian & Jaycox, 2008). These problems rarely belong to a single individual. A soldier's combat stress reaction can affect a marriage, a child's school performance, and a family's finances, and a family crisis at home can in turn affect a service member's readiness in the field.

Social work, with its traditional focus on the person in the environment, is particularly suited to this interconnected set of problems. Social workers serve military-connected people in a wide range of settings: as commissioned officers in the armed forces, as civilian employees on military installations, as clinicians and case managers in veterans' health systems, and as practitioners in community agencies that serve veterans and their families without any formal connection to the military (Savitsky et al., 2009; Rubin et al., 2013). Professional bodies have recognized this field as a distinct specialization. The Council on Social Work Education (CSWE, 2010) published advanced practice behaviours for military social work, and the National Association of Social Workers (NASW, 2012) issued standards for practice with service members, veterans, and their families.

Despite this growth, military social work remains less visible in the research literature than military psychology or psychiatry, and its evidence base is fragmented across health, family, and policy journals. The purpose of this review is to bring that literature together. Specifically, it aims to (a) trace the historical development of military social work, (b) describe the theoretical frameworks that guide practice, (c) map the principal practice domains and the evidence relevant to each, (d) examine the ethical and professional challenges distinctive to the field, and (e) identify implications for social work education, practice, and research.

2. Method of Review

This paper is an integrative narrative review. This approach was chosen because military social work is described in a heterogeneous mix of empirical studies, program evaluations, professional

standards, and practice-oriented texts, which a narrow systematic review would not capture. Sources were identified through PsycINFO, PubMed/MEDLINE, Social Work Abstracts, and Google Scholar using combinations of the terms military social work, social work, service members, veterans, military families, deployment, reintegration, family advocacy, and ethics, supplemented by reference lists of key handbooks and reviews (Daley, 1999; Rubin et al., 2013; Wooten, 2015).

Priority was given to peer-reviewed studies with military or veteran samples, evaluations of interventions delivered or commonly used by social workers, and authoritative professional standards. The synthesis was organized thematically. Because the review is narrative, it does not provide pooled effect sizes, and the selection of studies, although guided by explicit criteria, is not exhaustive.

3. Historical Development of Military Social Work

Social work's relationship with the military dates to the early twentieth century. During the First World War, the American Red Cross employed social workers to support soldiers and their families through Home Service programs, providing help with communication, financial hardship, and family emergencies. The profession's role expanded considerably during the Second World War, when the U.S. Army commissioned psychiatric social workers to serve alongside psychiatrists and psychologists in assessing and treating soldiers with combat-related psychiatric conditions (Daley, 1999). Social work officers subsequently became a permanent part of military medical services, and the field was reinforced by lessons from Korea and Vietnam about the importance of early, proximal intervention for combat stress.

From the 1970s onward, the shift to an all-volunteer force changed the composition of the military. A larger proportion of service members were married and had children, which increased the

importance of family support. Military family service centres, family advocacy programs to prevent and respond to domestic violence and child maltreatment, and exceptional family member programs for families with special needs became major employers of social workers. In the veterans' sector, the U.S. Department of Veterans Affairs became one of the largest single employers of social workers in the world.

The post-2001 conflicts produced a further expansion. Repeated deployments, high rates of PTSD and traumatic brain injury, and rising military suicide rates led to growth in embedded behavioural health teams, combat and operational stress control units, and transition services. At the same time, the recognition that most veterans receive care outside military and veterans' health systems prompted calls for civilian social workers to develop military cultural competence (Savitsky et al., 2009; Hall, 2011). The CSWE (2010) and NASW (2012) standards formalized military social work as a specialized field of practice with its own knowledge base and competencies.

4. Theoretical Foundations

4.1 The person-in-environment and ecological perspectives

The person-in-environment perspective, central to social work, holds that individual functioning can only be understood in relation to the social systems in which a person is embedded. Bronfenbrenner's (1979) ecological systems theory offers a useful structure for applying this idea to military life. At the microsystem level are the service member, spouse, and children. The mesosystem includes connections between the family and the military unit, schools, and health providers. The exosystem includes military policies, deployment schedules, and command decisions that affect families indirectly. The macrosystem encompasses military culture itself, with its values of duty, loyalty, self-sacrifice, and stoicism.

This multilevel view is practically important because many problems faced by military families originate in decisions made far from the family,

such as deployment orders or permanent change-of-station moves. Effective practice therefore requires intervention not only with individuals but also with units, institutions, and policies.

4.2 Family stress and resilience theory

Family stress theory provides a second foundation. Hill's (1949) ABCX model, developed from research on families separated by the Second World War, proposed that a family's crisis (X) results from the interaction of a stressor event (A), the family's resources (B), and its definition or perception of the event (C). McCubbin and Patterson (1983) extended this into the Double ABCX model, which adds the pile-up of stressors over time, the development of new resources, and post-crisis adaptation. These models remain highly relevant to military families, who often experience repeated and accumulating stressors such as deployment, relocation, and injury.

More recent work has emphasized resilience, recognizing that most military families adapt successfully to the demands of service. Palmer (2008) proposed a theory of risk and resilience factors in military families that integrates individual, family, and military-organizational influences. This strengths-based orientation is consistent with social work values and supports practice that builds on existing family capacities rather than focusing solely on deficits.

4.3 Military culture as a practice context

Military culture constitutes a distinct context with its own language, hierarchy, norms, and identity. Hall (2011) argued that understanding this culture, including its emphasis on mission, its rank structure, and its expectations of strength and self-reliance, is a prerequisite for effective practice. Coll et al. (2011) similarly emphasized that civilian practitioners who lack this understanding risk misinterpreting adaptive military behaviours as pathology or failing to build trust. Cultural competence in this sense is not optional but foundational.

5. Principal Practice Domains

Military social work can be organized into five overlapping practice domains, summarized in

Table 1. Each domain is discussed below with reference to the relevant evidence.

Table 1. Principal practice domains in military social work

Domain	Typical settings	Key issues	Social work roles
Mental health and combat stress	Deployed units, military clinics, veterans' health services	PTSD, depression, substance misuse, suicide risk, stigma	Assessment, brief intervention, psychotherapy, consultation to commanders
Family and child welfare	Family advocacy programs, family service centres, schools	Partner violence, child maltreatment, parenting stress, special needs	Prevention, investigation support, family therapy, case coordination
Deployment cycle support	Installations, reserve and guard units, community agencies	Separation, communication, role changes, reunion	Psychoeducation, family readiness, support groups
Transition and reintegration	Transition programs, veterans' services, community agencies	Employment, identity, benefits, social connection	Case management, benefits advocacy, linkage to resources
Vulnerable subgroups	Veterans' services, shelters, specialized clinics	Homelessness, military sexual trauma, disability	Outreach, trauma-informed care, policy advocacy

Note. Domains overlap in practice; a single client may present needs across several of them.

5.1 Mental health and combat stress

The mental health needs of service members are substantial. Hoge et al. (2004) found that after combat deployment to Iraq a significant minority of soldiers and Marines met screening criteria for major depression, generalized anxiety, or PTSD, and that only a minority of those who screened positive sought professional help. Concerns about being seen as weak, being treated differently by leaders, and harming one's career were common barriers. A later systematic review confirmed that stigma remains a persistent obstacle to care in military populations (Sharp et al., 2015).

Social workers address these needs in several ways. In deployed settings, they serve in combat and operational stress control teams that provide brief, practical interventions close to the unit, following principles of proximity, immediacy, and expectancy, with the aim of returning service members to duty where possible (Department of the Army, 2006). In garrison and veterans' settings, they deliver evidence-based psychotherapies, conduct suicide risk assessments, and coordinate care. Because they often work within or alongside units, social workers are also positioned to reduce stigma through consultation with leaders and through embedded, accessible services. Attention

to moral injury, the lasting guilt and shame that can follow events that violate deeply held moral beliefs, is an emerging area relevant to this domain (Litz et al., 2009).

5.2 Family and child welfare

Military families experience the general stresses of family life together with distinctive demands, including frequent relocation, long separations, and concern for the safety of the deployed member. Research shows that these demands can affect children and spouses. Chandra et al. (2010) found that children in military families reported higher levels of emotional difficulties than national samples, and that longer cumulative parental deployment was associated with more difficulties. Lester et al. (2010) reported that parental combat deployment was associated with elevated anxiety in children and with depressive symptoms in the at-home parent.

Deployment may also increase risk of maltreatment in some families. Gibbs et al. (2007) found that rates of substantiated child maltreatment in families of enlisted soldiers were higher when the soldier-parent was deployed, particularly neglect by civilian mothers. These findings underline the importance of family advocacy programs, in which social workers provide prevention, assessment, and

treatment related to domestic abuse and child maltreatment, and of broader family support services.

Family-centred interventions have shown promise. The FOCUS (Families Over Coming Under Stress) program, a resilience-building intervention for military families facing deployment, was associated with improvements in parent and child psychological health and family functioning in a large program evaluation (Lester et al., 2012). Tools such as the military genogram help practitioners and families map military history,

strengths, and intergenerational patterns of service (Weiss et al., 2010). Kudler and Porter (2013) emphasized that support for military children depends on building “communities of care” that connect families, schools, health providers, and civilian organizations.

5.3 Support across the deployment cycle

The deployment cycle provides a useful framework for organizing family-oriented practice. Each phase presents distinct challenges and opportunities for intervention, as shown in Figure 1.

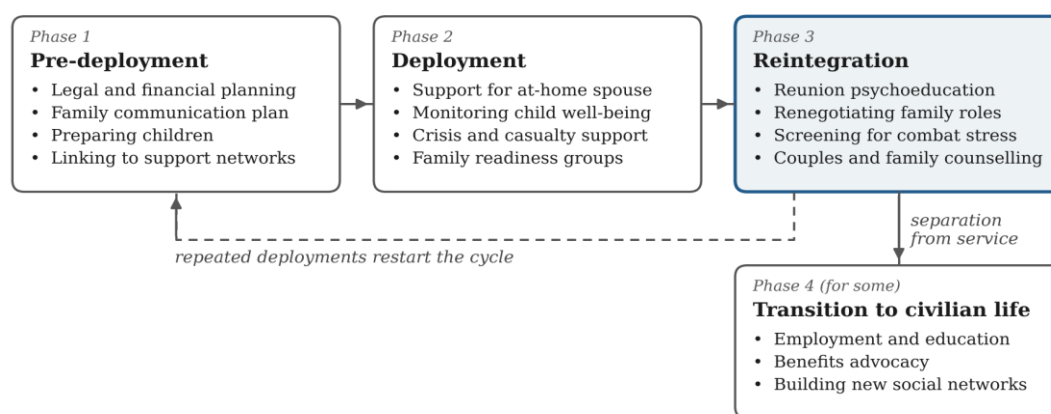


Figure 1. Social work tasks across the deployment cycle. Needs shift from preparation before deployment, to coping during separation, to renegotiating roles after return; the cycle may repeat, and some service members eventually transition to civilian life.

Before deployment, social workers help families prepare practically and emotionally, addressing legal and financial arrangements, communication plans, and children’s understanding of the separation. During deployment, the focus shifts to supporting the at-home spouse and children, monitoring for signs of distress, and connecting families to support networks. After deployment, reintegration can be unexpectedly difficult. Families must renegotiate roles and routines that changed during the absence, and the returning service member may experience combat stress symptoms that affect family relationships. Sayer et al. (2010) found that a large proportion of Iraq and Afghanistan veterans receiving care in the veterans’ health system reported difficulties in community reintegration, including problems in family relationships, social functioning, and productivity.

Social workers provide reunion psychoeducation, couples and family counselling, and screening for problems requiring further care.

5.4 Transition and reintegration into civilian life

The transition from military to civilian life is a major life event that involves changes in employment, social networks, routines, and identity. Castro et al. (2015) described this process using a military transition framework and highlighted paradoxes faced by combat veterans, for example that the skills and attitudes that promote survival in combat, such as hypervigilance and emotional control, can create difficulties in civilian relationships and workplaces. Veterans may also find civilian agencies difficult to navigate and may experience a loss of purpose and belonging after leaving a close-knit unit.

Social workers support transition through case management, linkage to employment and education programs, benefits advocacy, and help in building new social connections. Because most veterans live and work in civilian communities, the competence of civilian social workers who may encounter veterans in schools, hospitals, workplaces, and courts is crucial (Savitsky et al., 2009; Coll et al., 2011).

5.5 Advocacy for vulnerable subgroups

Some groups of service members and veterans face particularly acute needs, and advocacy for them is consistent with social work's commitment to social justice. Veterans experiencing homelessness are one such group. A systematic review found that risk factors for homelessness among U.S. veterans include substance use disorders, mental illness, low income, social isolation, and adverse childhood experiences, with military-specific factors playing a smaller and less consistent role (Tsai & Rosenheck, 2015). Social workers play central roles in outreach, housing programs, and coordination of health and social services for this population.

Survivors of military sexual trauma are another such group. Kimerling et al. (2007) reported that military sexual trauma was disclosed by a substantial proportion of women and a smaller proportion of men screened in the veterans' health system and was associated with a range of mental health conditions. Trauma-informed, gender-sensitive services and advocacy for institutional change are key responsibilities in this area. Other subgroups requiring attention include veterans with disabilities, members of reserve and national guard components who lack installation-based support, and families of service members who have died.

6. Ethical and Professional Challenges

6.1 Mixed agency and dual loyalty

The most distinctive ethical challenge in military social work is mixed agency: the practitioner simultaneously serves the individual client and the military organization. Uniformed social workers are commissioned officers bound by military law

and obligations to the mission, while also being bound by the profession's code of ethics, which prioritizes client well-being and self-determination (NASW, 2021). These obligations can conflict, for example when a commander requests information about a service member's treatment, when a clinician must decide whether a client is fit to return to duty, or when limits to confidentiality are broader than in civilian practice.

Simmons and Rycraft (2010) interviewed social workers who had served in combat zones and found that they faced ethical dilemmas related to confidentiality, dual relationships, and competing obligations to clients and the military. Johnson et al. (2006) described multiple-role dilemmas common among military mental health providers, such as treating clients who are also colleagues or members of the same small community. Practitioners manage these tensions by clarifying the limits of confidentiality at the outset, disclosing only the minimum information necessary, consulting with peers and supervisors, and advocating within the system for policies that protect clients.

6.2 Cultural competence and the civilian–military gap

A second challenge concerns the gap between military and civilian cultures. Civilian practitioners may lack knowledge of military structure, terminology, and values, while service members may distrust civilian providers whom they perceive as unable to understand their experiences (Hall, 2011; Coll et al., 2011). Military cultural competence includes knowledge of military organization and life, awareness of one's own attitudes toward the military and war, and skills in engaging clients in ways that respect military identity. Because of the diversity within the military, practitioners must also avoid treating it as monolithic and attend to differences in branch, rank, component, gender, ethnicity, and religion.

6.3 Secondary traumatic stress and burnout

Social workers who serve trauma-exposed populations are themselves at risk of secondary traumatic stress, a set of symptoms resembling

PTSD that arise from indirect exposure to clients' traumatic experiences (Figley, 1995). Bride (2007) found that symptoms of secondary traumatic stress were common in a sample of social workers. In military settings, high caseloads, deployment of the providers themselves, and exposure to severe trauma add to the risk. Ballenger-Browning et al. (2011) identified predictors of burnout among military mental health providers, including workload and organizational factors. Supervision, peer support, manageable caseloads, and organizational cultures that value self-care are essential for sustaining the workforce.

7. Implications for Education, Practice, and Policy

The literature points to several implications. For education, social work programs should integrate content on military culture, the deployment cycle, military family systems, and ethical decision-making in mixed-agency settings into generalist curricula, because any social worker may encounter military-connected clients (Wooten, 2015). Specialized courses, field placements in military and veterans' settings, and continuing education can build advanced competence consistent with CSWE (2010) and NASW (2012) standards.

For practice, an ecological approach that works across individual, family, unit, and community levels is likely to be more effective than individual treatment alone. Routine screening for military connection in civilian agencies, for example by asking clients whether they or a family member have served, would help identify clients who might otherwise be overlooked. Practitioners should employ evidence-based and family-centred interventions, attend to stigma, and coordinate across the often complex systems serving military families.

For policy and organizations, protecting the confidentiality of service members who seek help, reducing career consequences of help-seeking, and strengthening support for reserve and guard families and for veterans in civilian communities

are priorities. Organizations employing military social workers should also provide clear ethical guidance on mixed-agency dilemmas and invest in measures to prevent burnout.

8. Limitations and Future Directions

This review has several limitations. The literature on military social work is dominated by studies from the United States, and military structures, health systems, and cultures vary considerably across countries; findings may not generalize to other nations' armed forces. Much of the evidence is descriptive or cross-sectional, and rigorous evaluations of interventions delivered specifically by social workers are scarce. In addition, as a narrative review, this paper did not follow a systematic search protocol and cannot rule out selection bias.

Future research should prioritize:

- **Intervention research**, including controlled evaluations of family-centred, case management, and transition interventions delivered by social workers.
- **Longitudinal studies** of military families across repeated deployment cycles and through transition to civilian life.
- **Cross-national studies** of military social work roles, ethical frameworks, and service models outside the United States.
- **Workforce research** on the training, ethical decision-making, and well-being of military social workers, including the effectiveness of strategies to prevent secondary traumatic stress.
- **Research with under-studied groups**, such as reserve and guard families, women veterans, children with deployed parents, and veterans in rural areas.

9. Conclusion

Military social work occupies a unique position at the intersection of the individual, the family, and the military institution. Grounded in the person-in-environment perspective and family stress theory, social workers address mental health problems,

support families across the deployment cycle, protect children and partners, help veterans transition to civilian life, and advocate for those whose needs are most acute. The evidence shows that military-connected populations face distinctive and interrelated stressors, and that interventions which work across systems hold particular promise.

At the same time, the field faces real challenges. Mixed-agency dilemmas test the ethical foundations of practice, the civilian–military gap requires deliberate cultural competence, and the emotional toll of trauma work threatens practitioners' well-being. Meeting these challenges will require better preparation of social workers, clearer ethical guidance, organizational support, and a stronger evidence base. Investing in military social work is ultimately an investment in the well-being of those who serve and of the families and communities who serve alongside them.

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