

Pathways Into Homelessness Among Post-9/11-Era Veterans

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Despite the scale of veteran homelessness and government–community initiatives to end homelessness among veterans, few studies have featured individual veteran accounts of experiencing homelessness. Here we track veterans’ trajectories from military service to homelessness through qualitative, semi-structured interviews with 17 post-9/11-era veterans. Our objective was to examine how veterans become homeless—including the role of military and postmilitary experiences—and how they negotiate and attempt to resolve episodes of homelessness. We identify and report results in 5 key thematic areas: transitioning from military service to civilian life, relationships and employment, mental and behavioral health, lifetime poverty and adverse events, and use of veteran-specific services. We found that veterans predominantly see their homelessness as rooted in nonmilitary, situational factors such as unemployment and the breakup of relationships, despite very tangible ties between homelessness and combat sequelae that manifest themselves in clinical diagnoses such as posttraumatic stress disorder. Furthermore, although assistance provided by the U.S. Department of Veterans Affairs (VA) and community-based organizations offer a powerful means for getting veterans rehoused, veterans also recount numerous difficulties in accessing and obtaining VA services and assistance. Based on this, we offer specific recommendations for more systematic and efficient measures to help engage veterans with VA services that can prevent or attenuate their homelessness.

Keywords: homelessness, veterans, PTSD, services use

Veteran status is associated with a higher incidence of homelessness (Fargo et al., 2011), despite veterans as a group demonstrating better outcomes on such germane socioeconomic measures as unemployment (Collins et al., 2014) and poverty (National Center for Veterans Analysis & Statistics, 2015), when compared to their nonveteran counterparts. Such socioeconomic advantage is augmented by veterans’ exclusive access to health care, income assistance, and housing resources through the U.S. Department of Veterans Affairs (VA), which further reinforces the counterintuitive nature of an association between veteran status and homelessness (Rosenheck, Leda, Frisman, Lam, & Chang, 1996).

Media and advocacy reports have assumed this increased vulnerability to homelessness also applies to veterans who served in the post-9/11 era (i.e., after September 2001; Eckholm, 2007; Fairweather, 2006; Williamson & Mulhall, 2009; Woodruff, Cameron, & Romo, 2010). However, the impact of military service varies among veterans of different service eras based on both contextual factors and individual life circumstances (MacLean & Elder, 2007). Although there is much to suggest that the military and life experiences of this youngest cohort of veterans differ from the more general veteran population (Institute of Medicine, 2013), there is little research that focuses on homelessness specifically

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among post-9/11-era veterans. Understanding the risks for homelessness for these veterans requires delineating (a) general links between military service and homelessness and (b) the particular circumstances affecting this group. Keeping this in mind, we interviewed post-9/11-era veterans for their perspectives on the trajectories that led them from military service to homelessness.

Background

The dynamics by which specific aspects of military service contribute to becoming homeless remain unclear (Balshem, Christensen, Tuepker, & Kansagara, 2011; Tsai & Rosenheck, 2015). Previous research has provided two general conclusions about veteran homelessness. First, individual factors associated with homelessness among veterans are very similar to those among nonveterans (Perl, 2015; McGuire, 2007). Among veterans and nonveterans alike, evidence has consistently indicated the prominence of mental illness, substance abuse, and extreme poverty (Balshem et al., 2011; Tsai & Rosenheck, 2015). Similarly, adverse childhood experiences increase the risk for adult homelessness in both populations (Montgomery, Cutuli, Evans-Chase, Treglia, & Culhane, 2013). The distinctions between veterans and nonveterans become further attenuated with age, because the role of military service is more difficult to isolate when veterans who become homeless “are on average 50 years old and have been separated from the military on average for over a decade prior to their first episode of homelessness” (Kasprow & Rosenheck, 2011, p. 125).

Second, some features of military service have been linked to homelessness but not to an extent sufficient to explain the increased level of homelessness associated with veterans. Combat experience and sequelae of trauma such as posttraumatic stress disorder (PTSD) have shown modest links to becoming homeless (Metraux, Clegg, Daigh, Culhane, & Kane, 2013; Rosenheck & Fontana, 1994). However, a majority of homeless veterans served during peacetime eras (Rosenheck, Frisman, & Chung, 1994) and thus were not exposed to combat. Gundlapalli et al. (2015) linked problematic military discharges with high levels of homelessness. However, the overall impact of such discharges, which are relatively rare but increasing in number (Seamone et al., 2014), on veteran homelessness has yet to be assessed.

According to the best estimates, 31,412 to 33,376 veterans who were deployed in Iraq or Afghanistan in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) experienced homelessness in 2015, with this estimate rising by at least one third if it were to include all post-9/11-era veterans (Metraux, 2016). Several large-scale studies of VA administrative data have examined homelessness among this veteran cohort and found no evidence for an increased prevalence of homelessness when compared to populations of older veterans. However, there was evidence that socioeconomic factors and behavioral health problems were associated with increased risk for homelessness, findings that have been reported for other veteran cohorts (Blackstock, Haskell, Brandt, & Desai, 2012; Edens, Kasprow, Tsai, & Rosenheck, 2011; Metraux et al., 2013; Tsai, Pietrzak, & Rosenheck, 2013). Furthermore, the prevalence of PTSD diagnosis among post-9/11-era veterans was higher than among other veterans, and this was associated with a moderate increase in risk for homelessness (Metraux et al., 2013; Tsai et al., 2013).

More generally, the circumstances under which post-9/11-era veterans have returned to civilian life would appear to increase the risk for becoming homeless. Postmilitary transitions have received increased attention as OEF/OIF veterans struggle with reconciling their wartime experiences and civilian life. These veterans are particularly vulnerable to a range of problems following military separation (Institute of Medicine, 2013; Yosick et al., 2012). In a review, Sherman, Larsen, and Borden (2015) grouped these problems into six domains of “post-deployment impairment” (p. 355). Three of these domains are closely linked to homelessness: mental health, relationship functioning and family life, and financial well-being. Homelessness, along with suicide and incarceration, is one of the more extreme negative outcomes of this transition process (Sayer, Carlson, & Frazier, 2014). Additionally, younger veterans have experienced higher levels of unemployment and poverty than have veterans from previous eras, although these rates are comparable or lower than rates for demographically similar nonveterans (Bureau of Labor Statistics, 2016; National Center for Veterans Analysis & Statistics, 2015).

In the extensive research literature on veteran homelessness, there has been a dearth of qualitative studies and individual veteran accounts of homelessness (Tsai & Rosenheck, 2015). An exception is research by Hamilton and colleagues, who conducted focus groups with women veterans whose service preceded 2001 to examine pathways to homelessness (Hamilton, Poza, & Washington, 2011; Hamilton, Washington, & Zuchowski, 2013). They described the homelessness among these women as part of a larger “web of vulnerability” where

the five predominant roots of homelessness were 1) childhood adversity; 2) trauma and/or substance abuse during military service; 3) postmilitary abuse, adversity, and relationship termination; 4) postmilitary mental health, substance abuse, and/or medical problems; and 5) unemployment. (Hamilton et al., 2011, p. S207)

Although there are differences in service era and gender between this and our study, Hamilton et al.’s (2011, 2013) work presented a reference point for our inquiry into how veterans become homeless and negotiate their homelessness, as well as the role of military and immediate postmilitary experiences in this process.

Method

Referrals for study participants came from caseworkers at four community-based, nonprofit agencies that offer homeless assistance to veterans. Three of these agencies provided case management services and temporary financial assistance through the VA-funded Supportive Services for Veteran Families (SSVF) program, and one was a small, short-term shelter exclusively for veterans. The participating organizations assisted veterans throughout metropolitan Philadelphia, covering the city as well as suburban and rural areas in southern New Jersey.

To participate in the study, veterans had to be male, between 18 and 35 years of age, and separated from military service after October 2001. Deployment to Iraq or Afghanistan was not required for study participation. Participating veterans were considered homeless either by virtue of residing in the shelter or being eligible for “rapid rehousing” assistance under SSVF, which requires veterans to meet statutory criteria for literal homelessness, meaning

lack of a “fixed, regular, and adequate nighttime residence” (e.g., sleeping in a public or private place not ordinarily used for human beings, or living in a shelter operated to provide temporary living accommodations; U.S. Department of Veterans Affairs, 2015, p. 3). Restricting our sample to male veterans ensured a certain degree of homogeneity among study participants, given differences between male and female homeless veterans (Hamilton et al., 2013; Montgomery & Byrne, 2014; Tsai et al., 2013).

Interviews were conducted at the offices of the participating community organizations by one of three members of the research staff between March 2014 and February 2016. After obtaining written informed consent, the interviewers followed an interview guide that elicited each veteran’s account of his premilitary, military, and postmilitary experiences, especially as they related to their pathways into homelessness. Particular topics of interest included social and family ties; military experiences, including deployment and combat exposure; circumstances surrounding separation from service; income and employment history; physical, mental, and behavioral health issues; and experiences with the VA. The interview guide was semistructured to ensure uniformity across interviews but also allowed for flexibility in eliciting unique aspects of the experiences and views of individual veteran participants. Sample questions and probes from the interview guide are included in Table 1. Veterans were also asked to complete a brief questionnaire in order for us to collect standardized information on sociodemographic characteristics and military service. Participation was limited to a single interview, with an average time of approximately 90 min, and participants were provided a \$20 gift card redeemable at a local convenience store chain. Interviews were recorded and transcribed verbatim.

We used a conventional content analysis approach to qualitative data analysis (Hsieh & Shannon, 2005). We developed an initial list of codes through close reading and open coding of four interview transcripts. We met as a group after coding each transcript independently to discuss coding decisions, reconcile discrep-

ancies, and add or revise codes. In addition, we created summaries of key elements by domain (e.g., military service, family background) and subdomains (e.g., branch of service, circumstances of discharge) for each interview using Microsoft Excel. These summaries facilitated cross-case comparisons, served as an initial window into individual pathways to homelessness, and enabled us to start identifying patterns across veteran experiences as well as accounts that were dissimilar to predominant narratives in important ways.

We separately reviewed these summaries and the list of initial codes and then met to develop a final codebook comprised of codes and subcodes, definitions of codes, and rules for applying codes to text. Finally, we coded each transcript in a templated Excel spreadsheet. Although we did not use qualitative data analysis software, we followed systematic steps in a structured approach that grounded the flexible, exploratory nature of qualitative research and ensured reliability of coding (Miles, Huberman, & Saldana, 2014). Each coder kept process and theory memos to track any problems encountered with the application of codes and thoughts about emerging concepts in the data; these memos became the basis of regular coding calls to discuss and resolve any discrepancies in the application of codes. All five authors participated in the process of coding and analyzing the transcripts.

Through a process of immediate and ongoing review and open coding of interview transcripts as they became available, the study team was able to identify when there were no new concepts emerging in subsequent interviews, often referred to in the literature as “data saturation” (Guest, Bunce, & Johnson, 2006, p. 59). This happened around the 12th interview; however, we continued to conduct additional interviews until we had completed 17, both because we had the time and resources to conduct additional interviews and in order to ensure a broad range of experiences and perspectives.

Once all coding was complete, we met to identify recurrent themes related to veterans’ pathways to homelessness, contributing

Table 1
Interview Guide for Pathways into Homelessness Study: Sample Qualitative Questions and Probes

Question:	How did you end up losing your housing and coming here for assistance?
Probes:	What factors contributed to your housing issues? What other resources have you heard about or looked into related to housing?
Question:	Tell me a little about where you grew up and your family.
Probes:	Who did you live with when you were growing up? Was there ever a time when you or your family didn’t have a stable place to live?
Question:	Which branch or branches of the military did you serve in?
Probes:	Where were you stationed? What did you do? Were you deployed to Iraq or Afghanistan? What was that like?
Question:	When did you separate from military service?
Probes:	What type of discharge did you receive? What were the circumstances surrounding your separation from service? What happened after your separation from military service? Where did you go, and why?
Question:	Have you been to the VA? If so, what did you go there for? If not, why not?
Probes:	Have you been offered housing services through the VA? Did you accept those services? If not, why not?

Note. VA = U.S. Department of Veterans Affairs.

factors leading to homelessness, and experiences with veteran-specific services. We also selected exemplar quotations to illustrate the themes. The names accompanying the quotations in the Results section are all pseudonyms. The research procedures in this study were approved by the Corporal Michael Crescenz VA Medical Center Institutional Review Board.

Results

The sociodemographic and military characteristics of the 17 interviewees in Tables 2 through 4 present a basic profile of veteran participants and provide a foundation for the themes that we identified in the interview data representing key contributors to becoming homeless. Veteran participants had exited military service anywhere from 3 months to 12 years (median time of 5 years) prior to the time of the interview. All participants were male, 59% were under age 30, and 53% were Black. All four service branches, along with the National Guard and Reserves, were represented; 71% were deployed at least once to Iraq or Afghanistan, and 59% disclosed combat experience. Over half of the group (53%) and nine of the 10 combat veterans disclosed a PTSD diagnosis, and three quarters (76%) had some type of behavioral health disorder. All but the two veterans (12%) who were not eligible for VA services due to an other-than-honorable discharge had used VA services, with 35% receiving service-connected disability benefits

Table 2
Sociodemographic Characteristics of Veteran Participants (N = 17)

Characteristic	n	%	Median
Male	17	100	
Age			29
25–29	17	59	
30–35	7	41	
Race			
Black	9	53	
White	5	29	
Other	3	18	
Highest level of schooling			
High school graduate or general equivalency diploma	6	35	
Some college, no degree	8	47	
2-year college or technical degree	2	12	
4-year college degree	1	6	
Marital status			
Married or partnered	3	18	
Separated or divorced	6	35	
Never married	8	47	
No. of children			
0	8	47	
1	4	24	
2+	5	29	
Families with children in household	5	29	
Behavioral and mental health conditions			
Traumatic brain injury	2	12	
Posttraumatic stress disorder	9	53	
Substance use disorder	5	29	
Other behavioral health condition	6	35	

Table 3
Characteristics Related to Military Experience for Veteran Participants (N = 17)

Characteristic	n	%	Time	Median (years)
Branch of service				
Army	7	41		
Marine Corps	3	18		
Navy	4	24		
Air Force	1	6		
National Guard or Reserves	2	12		
Highest military rank				
E3	5	29		
E4	10	59		
E6	2	12		
No. of deployments				
0	5	29		
1	8	47		
2	2	12		
3	1	6		
4	1	6		
Combat experience	10	59		
Discharge status				
Honorable	15	88		
Other than honorable	2	12		
Years of military service			1 to 12 years	4
Time from discharge to interview			3 months to 12 years	5

and another 24% awaiting a decision on their applications. At the time of the interview, 18% were married, and 53% had children. Based upon the qualitative results, we identified five key themes related to pathways to becoming homeless after separation from military service, summarized in the next five sections.

Transitioning From Military Service to Civilian Life

About one third of the veterans became homeless within 2 years of leaving military service. Of these, several recounted situations in which they became homeless before establishing even somewhat stable civilian living arrangements. In the words of Abel, “I never had housing in the first place. I was always bouncing around.” These veterans acknowledged being unprepared for civilian life upon discharge. Noah emphasized loss of the protective environment provided by the Marines: “I’ve been so used to [where] I had a place where I could eat, sleep, things like that. It was very secure. Then coming out to where it’s not like that anymore.” Dean noted the irony of leaving his full-time supply sergeant position with the National Guard, where he handled logistics for his unit, only to find his marriage dissolved and that he had no idea how to manage his finances. Fred put Dean’s observations in a more general context:

It is pretty much like us veterans, we get out. A lot of us are not smart with our money while we are in because you do not think that your career is going to end when it does. I would not say it sneaks up on you. But pretty much you are not—basically, you are not prepared.

Although most of the veterans interviewed did not become homeless until after this transition period, several echoed comments

Table 4
Veteran-Specific Services Use by Veterans in the Study Group
 (N = 17)

Services	n	%
Eligible for VA services	15	88
VA health care		
Outpatient services	14	82
Inpatient stay	4	24
Residential rehabilitation program	3	18
VA disability benefits		
Has a disability rating	6	35
Applied and denied	1	6
Applied and waiting	4	24
Housing assistance		
SSVF housing assistance ^a	7	41
HUD-VASH placement ^b	5	29
Veteran-specific shelter	9	53
Post-9/11 GI Bill education benefits ^c		
Current	6	35
Previous	3	18

Note. VA = U.S. Department of Veterans Affairs; SSVF = Supportive Services for Veteran Families; HUD-VASH = U.S. Departments of Housing and Urban Development (HUD) and Veterans Affairs (VA) Supportive Housing program.

^a A VA-funded program administered by community nonprofit agencies that provides case management services and temporary financial assistance to veterans who are homeless or at risk for homelessness (U.S. Department of Veterans Affairs, 2015). Veterans included in this category received temporary financial assistance for housing support. ^b Provides homeless veterans with permanent supportive housing through HUD's Housing Choice Voucher rental assistance program and case management through VA clinical services (National Center on Homelessness Among Veterans, 2012). Veterans in this category either moved into housing through HUD-VASH or were making arrangements to locate housing that would be covered under this program. ^c Provides support to veterans to engage in higher education, including tuition assistance and a housing stipend (Steele, Salcedo, & Coley, 2010).

about not being prepared. Oliver felt the skills he gained during military service were of no help in the civilian job market: "Being infantry . . . I came back into the real world, you realize after you get out that there are next to no options other than basically the same thing you were already doing." Kevin gave more general advice:

[The military] should teach [soldiers] about thinking way ahead about their future. If they are going to stay in or not, and if not they need to teach financial management so they can be prepared when they get out.

Brian, who described mismanaging a sizable amount of money he had accrued while in Iraq, likewise counseled: "Younger vets, just take your time and just manage your money right."

Relationships and Employment

Loss of employment and the breakup of a relationship were the two factors that veterans most readily associated with their homelessness. Other veterans in the study described the strain that homelessness placed on still-intact relationships and families.

Most of the veterans described holding jobs at some point following separation from the military. Many of these positions—such as defense contractor, union carpenter, registered nurse, and

supply sergeant for a National Guard unit—afforded middle class incomes. Others had part-time jobs, which precluded maintaining stable housing without other assistance. Several of the veterans described making considerable efforts to work despite having VA disability ratings. Oliver, suffering with herniated disks and PTSD after a deployment to Iraq, lost jobs as he struggled with manual labor and found it difficult to interact with customers. With disability benefits pending, he said, "housing was an issue most of the time considering the fact that I couldn't really hold a job." Eddie's work doing inventory and disposal for a defense contractor, on the other hand, let him maintain stable housing until his job ended when the federal government shut down in 2013.

Veterans also described how job loss and financial hardship precipitated the breakup of long-term relationships, further compounding housing difficulties and leading to homelessness. As Eddie observed: "You figure [if] you are going to be with somebody for . . . eleven years, you would be together thick and thin, but that was not the case." Although loss of work and income contributed to the tensions that preceded these breakups, veterans described other factors including their own and their partner's mental and behavioral health issues. In describing these breakups, there was a far greater tendency to place the onus on their partner rather than on themselves. Garrett recounted: "I was involved with a girl and wanted to help out and she snaked me in the end."

Several veterans were homeless with their wives and children; all described strained marital relationships. In a twist on this, Fred described how homelessness was keeping their marriage intact, albeit tenuously:

Right now with us not having a home to go to, I do not want to leave my family . . . [but] right now, I do not know where I want to go with this marriage or how far it is going to last.

Mental and Behavioral Health

Mental disorders and substance misuse were also widespread among these veterans. The majority of veteran participants indicated that they had ongoing, clinically diagnosed mental or behavioral health disorders at the time of their interview, and many described the impacts these issues had both during and after their military service.

Veterans who experienced combat provided the clearest connections between behavioral and mental health issues, their time in the military, and their homelessness. Nearly all were diagnosed with PTSD, and one described symptoms consistent with PTSD but was diagnosed with agoraphobia. In addition, most described major depression, and several reported diagnoses of bipolar disorder and traumatic brain injury. These diagnoses manifested in the form of anger and anxiety and led to avoidance of public places and social interactions, which impeded employment and assistance-seeking, strained family relations, and reinforced the isolation that often accompanies homelessness. Marco recounted how homelessness exacerbated his PTSD:

I was doing pretty good with [managing my PTSD] and then when all that [i.e., homelessness] happened it was just too much, overwhelming and things just slowly slipped out of my hands and I just couldn't handle it.

Quentin described the barriers PTSD raised to exiting homelessness and how his family regained housing only after his wife facilitated a crucial social interaction:

It is harder for me to make it with my PTSD. I do not really talk to many people. My wife is the one who had me talk to the neighbor. We started clicking. He is letting us rent the house.

Substance abuse was not as prominent as mental disorders in the narratives of the combat veterans. Exceptions to this were Abel and Pete, both of whom described heavy alcohol use while in the military and multiple stays in VA rehabilitation programs in the short time since separating from service. Isaac attributed his homelessness to his opioid dependency, which he developed several years after his separation from military service when painkillers were prescribed for a service-connected back problem.

More common among these veterans were accounts of heavy substance misuse following deployment, misuse that was now in remission. Fred described this pattern most clearly: “Once you got back to the States, all you wanted to do was drink. I was spending \$200 a day on alcohol,” but then he “quit drinking, where if I drink, it is a beer or two and that is it. I realized I do not need alcohol as much as I thought I did.” Harry’s cannabis use led to an other-than-honorable discharge from the Navy, but 10 years later, he sees neither drug use nor his military service as having any bearing on his homelessness.

Lifetime Poverty and Adverse Events

Although they did not explicitly link poverty and adverse personal events (e.g., abuse, loss) to becoming homeless, these themes came up regularly in many veterans’ narratives. About half of the veterans described growing up in economically disadvantaged households. Many also described adverse circumstances while growing up, with several recounting prolonged and severe physical or sexual abuse during childhood. Two were in foster care and were eventually adopted, and three others were raised by grandparents when their parents were unable to care for them. Only one veteran described growing up in a two-parent household throughout his childhood. Kevin related how his childhood circumstances made enlisting in the military seem like an attractive option:

I was living in poverty. My mother passed when I was 14. I never knew my father. I was in foster care and I was adopted by my sister’s side of the family. I lived in six different houses growing up. So when I joined the military it was the only time I had a stable living [situation] ever.

For many, family instability was reintroduced into adult life following separation from service. Although several veterans were living with their wives and children while homeless, more often participants were divorced or separated and disclosed having children that were not with them. In addition, veterans recounted losing close family members before or during their military service and connected these losses to exacerbated mental health conditions. Although each situation was unique, in all cases transitions from military service blended with personal loss. An example is Eddie, whose mother died while he was in Iraq. Upon separating from the military, he remembers this interaction with his girlfriend:

[She asked,] “Are you happy to go home?” I said, “No, because I do not know how I am going to react to my mother not being there.” We came home . . . and when I got back [I was] on the phone crying to my girlfriend “I do not understand, I do not know what is going on.” I started feeling like shit [and] slipped into a depression, I was depressed from June 2009; I started coming out of it the end of 2011.

Veteran-Specific Services

By virtue of our recruitment procedures, all veterans had some engagement with community-based (i.e., non-VA) veteran services. Most also used VA-based services and benefits. [Table 4](#) summarizes the veteran-specific services (VA and community-based) used by the study group.

Many participants regained or were set to regain stable housing with the help of these services, with all but one leveraging assistance from multiple sources. Direct rehousing support came from two sources: The joint U.S. Departments of Housing and Urban Development and Veterans Affairs Supportive Housing (HUD-VASH) program provided permanent, subsidized housing with support services ([National Center on Homelessness Among Veterans, 2012](#)), whereas community agencies provided temporary financial assistance (move-in costs and initial rent) through SSVF. For example, Quentin, with his wife and three children, moved into housing subsidized through HUD-VASH and facilitated by move-in funds provided through SSVF. Further assistance came from a monthly housing allowance he received in conjunction with his enrollment in vocational school through the VA’s Post-9/11 GI Bill ([Steele, Salcedo, & Coley, 2010](#)). Finally, the household’s income came from his VA disability benefits, based on severe combat injuries, and from his wife’s care for him, paid for by the VA’s Family Caregivers Program.

A few veterans were housed without HUD-VASH assistance and instead received several months of housing support through SSVF. Here the goal was to have the veterans subsequently maintain the housing through other means. Noah, for example, had located an apartment where SSVF assistance would cover rent for the first 3 months. After this he planned to pay rent through a combination of the GI Bill housing allowance and unemployment insurance until he found a job. Harry, on the other hand, had entered his third and final month of SSVF rental assistance and at the time of interview was looking for employment so he could continue to pay the rent.

For the remaining veterans, the path to housing was not as clear. On one extreme were Lincoln and Jeremy, neither of whom was eligible for VA services. This left Lincoln to pursue an upgrade of his other-than-honorable discharge and Jeremy, who did not serve long enough in the military to qualify for veterans benefits, to apply for more general (i.e., nonveteran) assistance for his housing and disability issues. Abel, Isaac, and Pete—who all spent lengthy periods in VA drug rehabilitation programs—were staying in shelters with no imminent prospects for housing. All had plans for housing through a combination of VA housing and disability benefits but reported past problems with VA programs that made accessing assistance more difficult. Alternately, Garrett, whose homelessness went back to 2009, saw his general physical and psychological fitness to be a liability in accessing housing assistance:

The [VA] programs that are offered are for disabled, drug/alcohol abuse. If you have any of them, you can get a house . . . Because I am looking for a job, having a hard time, there is nowhere to put me.

Dean, who was living in his car in southern New Jersey and had initially avoided getting help but later tried to access VA services, described a more general sense of alienation from the VA:

Know that [if] you gave up this right [to services], it's going to be ten times harder for you to get back into the system because . . . they're not wanting to help you as much because you pushed them away when they were trying to force you through.

Veterans expressed a range of opinions about the VA. Many voiced appreciation for the availability of VA assistance and benefits yet also noted that they were homeless despite these services. Some faulted themselves for this, citing their reluctance to seek help, procrastination, and missing appointments. More commonly, however, they described barriers to accessing services such as difficulty getting timely appointments and delays with disability determinations. Other barriers to access were more closely related to being poor and homeless, such as difficulty getting transportation to VA facilities and lack of straightforward, accessible information on homeless services. The VA bureaucracy was criticized for being difficult to negotiate, inflexible, and lacking a human touch. Marco spoke for many of the veterans when he observed: "There's a lot [of veterans] that happen to fall in between the cracks and then [the] next thing they know they're homeless." SSVF providers and other community organizations received praise, both for their assistance and for their role as broker between the veterans and the VA.

Discussion

Surprisingly, given the scale of veteran homelessness and government–community initiatives to end homeless among veterans, this study is unique in its examination of homelessness based on in-depth interviews with veterans. These accounts illustrate key themes in trajectories from military service to homelessness and, in some cases, returns to housing. Furthermore, they offer a singular vantage from which to inform services delivery that could prevent and mitigate veteran homelessness among those who served in the era marked by wars in Iraq and Afghanistan.

The themes that we found overlapped with those in [Hamilton et al. \(2011\)](#), though in many cases specific circumstances were different in ways that may be reflective of gender differences in military and broader social contexts. For example, trauma during military service was a frequently recurring topic in both studies but was primarily experienced as combat trauma in our study and as sexual trauma in [Hamilton et al.'s](#) study. Relationship breakups also figured prominently in the path to homelessness across both studies, but our findings did not link abuse or substance use to these relationships as frequently or as directly. This pattern was similar among topics such as employment, mental health and substance use, and childhood adversity. Here differences in individual experiences, particularly with regard to gender, and contextual factors, such as service era, likely explain many of the particular differences found in the two studies, although the themes found in each study were quite similar.

Only a few veteran participants directly linked military service to their homelessness, instead attributing their homelessness either

to difficulties they encountered when transitioning from military service to civilian life or to their personal shortcomings. Chris's reflections are illustrative here, because "most of the reasons as to what led to me becoming homeless were more personal than anything else," whereas his military experience permitted him "to stay focused, stay driven and keep myself disciplined . . . just be flexible [and] keep things in mind." More generally, we found that veterans often cast their homelessness in terms of unemployment and failed relationships, while they looked back favorably upon their military service.

The timing of homelessness for most of the veterans supports this situational perspective. Homelessness typically came more than two years (and as long as 10 years) following their separation from the military. Two years represents the transition period ([Rivers, Gordon, Speraw, & Reese, 2013](#); [Rumann & Hamrick, 2010](#)) when new veterans reconstruct civilian identities ([Jolly, 1996](#); [Smith & True, 2014](#)) and, more practically, go about consolidating housing, employment, and financial and family arrangements ([U.S. Government Accounting Office, 2014](#)). Homelessness, insofar as it occurred after this transition period, more commonly represented a breakdown of the aforementioned arrangements, rather than a direct consequence of leaving the military. This led to a situation where veterans accessed homeless assistance predicated upon their military service, even though they did not readily connect the two.

The data also provide support for a more pathology-based perspective, in which mental disorders and, to a lesser extent, substance misuse becomes the piece of the narrative that links military service and homelessness. There is much in our findings that support this alignment, particularly in how the sequelae of combat, manifested clinically in the near ubiquity of PTSD and comorbid mental and behavioral health diagnoses, figured prominently in the homeless experiences of the deployed veterans. Even among those who did not experience combat, behavioral and mental health conditions were frequently present, but tangible links between military service and homelessness were less apparent.

This dichotomy between situational and pathology-based perspectives has relevance for understanding competing narratives about the trajectory between military service and homelessness, as well as potential consequences for connecting veterans with services to prevent or resolve homelessness. Veterans in our study tended to favor a situation-based perspective, which contrasts with services providers and researchers, who tend to a more pathology-oriented approach ([Snow, Anderson, & Koegel, 1994](#)), especially in a health care setting such as the VA. Our findings provide support for both perspectives; however, they represent crosscutting perceptions and priorities that could impede communication between those seeking assistance and those providing it and thus interfere with accessing services.

This study included cases where veterans slept in cars, make-shift arrangements, and other settings outside the reach of VA homeless services. Even in these circumstances, almost all of the veterans had contact with the VA, and collectively they engaged with a wide range of VA services to varying degrees of success. The VA's extensive set of resources were shown to be effective instruments in ameliorating homelessness for some in the group. However, in one form or another, veterans described various challenges to effectively accessing and navigating the VA's com-

plex system. In several cases, this impeded the effectiveness of the services. Given how veterans appreciated having community-based agencies broker VA services for them, the VA should assess and, if necessary, revamp similar internal efforts to connect veterans with their extensive portfolio of services.

In response to access issues, the recently implemented Homelessness Screening Clinical Reminder (HSCR) can serve as a tool to assess veterans for housing stability on a more systematic basis. The HSCR is a brief questionnaire that is administered on an opt-out basis to all veterans when they use VA health care services (Montgomery, Fargo, Byrne, Kane, & Culhane, 2013). Although none of the veterans mentioned receiving the HSCR, the ability of this tool to proactively identify veterans who are homeless or imminently at risk for homelessness and then initiate more timely receipt of homelessness prevention and rehousing assistance could avoid the instances recounted here where veterans became aware of assistance only after they were already homeless.

In a wider reaching prevention approach than the HSCR, veterans could be assessed for homelessness risk at the point of their enrollment with the VA, and those identified as being at risk could then be prospectively monitored by the VA (Metraux et al., 2013). Such large-scale, secondary homelessness prevention initiatives are still in their infancy and face considerable challenges (Montgomery, Metraux, & Culhane, 2013). These findings suggest that such a “watchful waiting” approach would be a long-term undertaking, given that, in most cases, years passed between military separation and when these veterans faced homelessness.

The immediacy of the relationship between military service and homelessness sets the post-9/11-era veterans apart from the more general homeless veteran population, who, as mentioned earlier, are typically in their 50s and have seen decades pass since their military service. Examining the experiences of this cohort offers the most direct insights into the relationships between, and different perceptions of, military service and homelessness. This study represents an initial, qualitative foray into this area, given that lack of generalizability is one of the better known limitations of small-scale qualitative studies such as this. Further studies can continue to develop a richer understanding of the significance of veteran status in a homeless context. In the meantime, we have used the findings here, based upon veterans’ points of view, to outline ways for developing and delivering more effective and efficient services to homeless veterans.

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