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Service Members' Perspectives on Veteran Homelessness in Maryland and Virginia

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Abstract

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MPA, Bowie State University, 2006

BS, University of Maryland University College, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Homelessness among military veterans (HAMV) is a protracted problem. In November 2009, the U.S. Department of Veterans Affairs pledged to end the issue, but almost 12 years later, HAMV persists despite various solutions proposed. In January 2020, 37,252 veterans were reported as experiencing homelessness in the United States. The creation of previous solutions did not include the perspectives of service members. The purpose of this study was to bridge this gap in knowledge by discovering the views of service members on why veteran colleagues experience homelessness. The theoretical framework for this study was Allport's trait theory. A qualitative case study design was employed, using semistructured interviews with 16 service members located in Maryland and Virginia. Snowball sampling technique was used to recruit participants for this study. Using descriptive-focused coding strategy, information from the interviews was coded and categorized for thematic analysis. Results indicated lack of preparedness to transition from the military and absence of support from people such as family members as two of risk factors of HAMV. The implications for social change that could result from the findings in this study include informing policymakers of the importance of the perspectives of service members in developing policies and processes to help homeless veterans. A better understanding of what leads to HAMV could help lead to more effective solutions to address the problem.

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Dedication

I dedicate this study to Almighty God, who gave me strength and knowledge every day of my life; my deceased parents, who inspired me to be strong despite many obstacles in life; my loving wife and children, who supported me every step of the way; my brothers, sisters, relatives, and friends, who shared their words of advice and encouragement to finish this study.

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I want to thank my family members and dissertation supervisory committee members (chair Dr. Richard H. Worch and member Dr. Jerry P. Regier) who have helped me reach this point in my academic career.

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Chapter 1: Introduction to the Study

The predicament of homeless military veterans continues to be a significant policy issue of the U.S. Department of Veterans Affairs (VA). I conducted this study to uncover service members' perspectives on why veteran colleagues end up homeless. The findings and recommendations from this research could assist the VA in developing effective programs for ending the problem, thus promoting positive social change. The subsequent sections of this chapter address the background, problem statement, purpose, research problem, theoretical framework, methodology, and scope of the study.

Background

Among the homeless population in the United States, 21,021 are military veterans (Peterson et al., 2015). The number is attributed to the aftermath of the nation's last three wars: Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). Edens et al. (2011) indicated that homelessness is a major social problem in the United States. The McKinney-Vento Act of 1987 focuses on providing emergency shelter for homeless individuals. In 2008, Edens et al. estimated 664,000 people in the United States were homeless.

Each year, two to three million Americans experience an episode of homelessness (Caton et al., 2005). Existing research on veteran homelessness has covered many topics such as the causes, solutions, and correlation between homelessness and mental health. Still, the literature has not addressed the perspectives of service members on why veteran colleagues experience homelessness. This study was needed to facilitate a holistic approach to developing a robust policy to ending the protracted problem.

Problem Statement

The problem is that solutions previously proposed to end homelessness among military veterans (HAMV) have not included the perspectives of service members. Glynn (2013) estimated that over 2.1 million service members were deployed in support of OEF, OIF, and OND. Kennedy et al. (2007) attributed mental illness among veterans to these deployments. Metraux et al. (2013) also found a correlation between mental health and homelessness. Homelessness is a public health concern that needs to be addressed (Caton et al., 2005; Tsai & Rosenheck, 2015).

Metraux et al. (2013) attributed homelessness among the veterans to posttraumatic stress disorder (PTSD) following OEF and OIF. According to Tsai et al. (2014), veterans susceptible to incarceration represent 16% of the nation's homeless population. Gamache (2000) identified punitive discharge as one of the risk factors for veterans' homelessness. Such discharge could make veterans ineligible for VA benefits, making it harder to address the problem.

The problem of HAMV is profound and growing. In 2013, approximately 57,849 veterans were homeless, 33 of every 10,000 veterans experienced homelessness at least one night, and 60 of every 10,000 veterans experienced homelessness in 1 year (Axon et al., 2016).

The VA declared a goal of ending HAMV in 5 years because 1 in 3 homeless people were veterans (O'Toole & Pape, 2015).

Purpose of the Study

The purpose of this study is to discover and explore the perspectives of service members on why veteran colleagues end up homeless. I collected data from service member participants through interviews. The viewpoints of the members could expand the understanding of the issue and help influence the legislature pass effective policies to address the problem. I developed the interview questions to find answers that could be valuable in finding potential solutions to ending HAMV. Through snowball sampling, I selected interviewees from service members located in the states of Maryland and Virginia.

Research Question

What are the Service Members' Perspectives on Veteran Homelessness in Maryland and Virginia?

This research question was developed to obtain the service members' views of why veteran colleagues experience homelessness. Creswell (2017) stated that a research question should be unambiguous because it lays the foundation for a study.

Theoretical Framework

Trait theory (TT) was used to provide a foundation for conducting this research. A *trait* is defined as "a dynamic trend of behavior which results from the integration of numerous specific habits of adjustment, and which expresses a characteristic mode of the individual's reaction to his surroundings" (Allport, 1927, p. 288). Allport was both the

originator and the principal exponent of the doctrine of traits and, in 1937, defined traits as "occurrence of actions having the same significance (equivalence of response), following upon a definable range of stimuli having the same personal significance (equivalence of stimuli)" (Zuroff, 1986, p. 994). In 1961, Allport stated "no trait theory can be sound unless it allows for, and accounts for, the variability of a persons conduct" (Zuroff, 1986, p. 994). Traits are seen "as average levels of responses and as consistent patterns within delimited ranges of situations" (Zuroff, p. 993).

Nicholson (1998) suggested TT defines personality as the fundamental adjustment patterns that an individual forms throughout their experiences. Kidder (2005) claimed traits can be viewed as broad and general guides that lend consistency to behavior in people and are relatively stable in predicting individuals' characteristics that influence behavior. Pettigrew (1999) stated the opponents of TT have argued that Allport held a static view of traits as pervasive. Zuroff (1986) said the environments could have transforming effects on persons; thus, traits are not constant but purely descriptive and summarize a person's past behavior.

TT was appropriate to this study because it can be used to infer the veterans' characteristics that may impact their behaviors and thus make them susceptible to homelessness. A trait is shaped by various habits that can affect veterans' reactions or behaviors to their environment. The theory is dynamic and thereby accounts for the changes in homeless veterans' conduct; in addition, the display of a given behavior may be reliant on a given trait. Therefore, TT can be used to provide the rationale for veterans' behaviors.

Nature of this Study

Using the appropriate sample size in a study is important. No established guidelines for sample size in qualitative inquiry (Rijnsoever, 2017). However, Rijnsoever suggested sample sizes between 20 and 30, and typically below 50, can be used in a qualitative study. The theoretical mechanism for such sample sizes is unknown (Rijnsoever, 2017). In data analysis, coding is defined as tags or labels on unique pieces of information in qualitative research (Rijnsoever, 2017). Therefore, the thematic approach denotes the process of grouping similar codes. A population is the universe of units of analysis from which a sample can be drawn to conduct research (Rijnsoever, 2017).

I used a snowball sampling technique to obtain participants for this study from service members stationed in Maryland and Virginia. I distributed recruitment flyers through friends/colleagues, and some participants recruited colleagues to participate in this study. I conducted interview sessions with the service member participants to obtain their viewpoints on why veteran colleagues experience homelessness. A case study approach was adopted in this study to ensure service members shared their perspectives on HAMV. The research data were analyzed by identifying the different relevant data from the interview transcriptions. Following the process, themes were assigned to the various ideas during the coding process.

Definitions

Discharge: Service members either retiring or separating from the military service. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code of V60.0 suggests a lack of housing.

Service member: A member of uniformed services consisting of the armed forces.

Assumptions

To some, the military is synonymous with bravery. Service members are trained to be courageous; therefore, the assumption was made that they may be reluctant to partake in mental health treatment because of the stigma associated with it. In addition, the stigma associated with being homeless may prevent some veterans from seeking assistance. Some veterans may be unwilling to seek help because of the perceived humiliation related to conditions like mental illness. Some veterans might misconstrue seeking assistance with being weak and less brave. This assumption provides context of this study because of its impact on the assessment of various VA programs like Health Care for Homeless Veterans, which coordinates treatment and rehabilitative services for the veterans.

Another assumption was that homelessness is confined to big cities like Los Angeles. Therefore, the discussion relating to homeless veterans is focused on urban areas and less on rural areas. The dichotomy in the allocation of resources adds to the plight of the veterans residing in non-urban areas.

Scope and Delimitations

Among other topics, in this study, I addressed the perspectives of service members on why veteran colleagues experience homelessness. Service members' viewpoints could provide rich information that may be valuable to develop policies to address homelessness. Service member participants were recruited in Maryland and Virginia. Service members in other states were excluded from this study.

I did not examine the roles of advocacy groups like the National Coalition for Homeless Veterans in addressing homelessness. The decision not to explore such groups was because they may be influenced by promoting a political agenda of a particular party. Therefore, the involvement of such a group could impair the study's validity and reliability. Furthermore, closely associated with TT is psychoanalytic theory, psychoanalytic theory was not considered for this study.

Limitations

Service members are a protected population, gaining access to them could have been a challenge. Also, my affiliation with the population under study could have created a conflict of interest. For example, as a service member, investigating why military veterans are homeless could be a source of bias. I addressed the prejudice by recording the interview sessions and taking notes.

Interview as a data collection method consumes time and energy because of the multiple interviews conducted. I used snowball sampling that may negatively impact the transferability of results because participants may not be recruited based on knowledge about the research topic. Based on these problems, the research dependability could have

been jeopardized. In addition, the risk of assigning a wrong code to data, particularly when analyzing extensive information, could impair the research findings, thereby negatively impacting reliability.

Different factors like the deliberate exclusion of some data in the report, lack of knowledge concerning the guidelines, ineffective recordkeeping, and the development of the research question to obtain predetermined answers could contribute to bias in the research. For instance, extracting data from the study because they did not support the researcher's hypothesis could render the results questionable. Also, inept recordkeeping could lengthen the time allocated to data analysis. The biases mentioned above were prevented or minimized in part by effectively analyzing all the data. Also, adequate recordkeeping was conducted by safeguarding the data gathered from the interview.

The research question determines the overarching focus of a study. The question guided the study, in which I sought to gather information from service members on why veteran colleagues experience homelessness. This study question did not address the impact of premilitary traumatic events as a risk factor for homelessness. However, such an event's impact as a possible deterrent to ending the problem could legitimately be studied. The completed dissertation will be published in ProQuest, thus meeting the requirement for publishing academic work.

Significance

With this study, I sought to fill a gap in the existing literature by ascertaining the perspectives of service members on why veteran colleagues experience homelessness. The results of the study are vital to public policy and administration because the views of

service members could be useful in explaining potential solutions to the problem. Furthermore, the research could facilitate policy change in VA because the findings and recommendations may assist in developing effective programs for HAMV. The results could influence public policy professionals to understand better how to address the problem effectively. A better understanding of the phenomenon, increased awareness of its risk factors, and findings that support policy development could all lead to positive social change.

In current studies, researchers have discussed different topics like the leading cause of the problem, programs developed to address it, and the impact of wars on homelessness. However, no study has been conducted to examine the perspectives of service members on why veteran colleagues experience homelessness. Therefore, this study was conducted to discover the members' opinions, thereby advancing knowledge on the problem.

Summary and Transition

Military veterans continue to face homelessness and a lack of a permanent home. Prior researchers have stated that mental illness is the leading risk factor of homelessness among veterans. In this study, I focused on discovering the perspectives of service members on why veteran colleagues experience homelessness. I developed the interview questions to explore the views of the service members based on their lived experiences. I used a case study approach as the methodology because it is exploratory and enables me to use interviews as the primary source of data collection.

This chapter provided the rationale for using TT to expand the knowledge on HAMV. Veterans may be predisposed to homelessness because of traits. The following topics are discussed in Chapter 2 and Chapter 3: literature reviewed for the theoretical framework, methodology, different research designs, problem statement, the role of the researcher, sample selection, data collection procedures, data analysis, trustworthiness, and protection of the participants' rights.

Chapter 2: Literature Review

Introduction

Military veterans continue to experience homelessness despite numerous proposed solutions. Such attempts to end homelessness among military veterans, however, have not included the perspectives of service members. The purpose of this study was to ascertain the views of service members on why veteran colleagues experience homelessness.

Among other topics, I discussed the three types of literature reviews conducted for this study in this chapter. The first review covers the literature examined to determine the theoretical framework; the second analysis focuses on the literature studied to determine the gap in the literature and the problem. Lastly, the third review was conducted to determine the approach used for the chosen methodology.

Literature Search Strategy

The articles for this study's theoretical framework were retrieved using search terms such as *Gordon Willard Allport, trait theory, human personality, dispositional theory, homelessness*, and *military veterans*. Additional key search terms were used related to *veterans' homelessness, including homeless veterans, risk factors, military veterans, veterans, problem, HAMV, history of homelessness, homelessness, military service, veterans homelessness, homelessness and the military, homeless veterans and risk, lack of resources, public health, homeless veterans and treatment*.

Databases searched included ScienceDirect, Expanded Academic ASAP, Psyc ARTICLES, Social Sciences Citation Index, MEDLINE with Full Text, Research

Starters, EBSCO, and PsycINFO. Additionally, the Emerald Insight, Ovid Nursing Journals, Project MUSE, SAGE Journals, Google Scholar, Academic Search Complete, SocINDEX with Full Text, Business Source Complete, and Social Services Abstracts were used to gather information on the gap in the literature.

The *SAGE Research Methods Online and Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (4th ed.) was used to gather information on the methodology. Search terms used to identify pertinent scholarship on methodology were *qualitative research, ethnography research approach, case study research approach, grounded theory research approach,* and *narrative research*.

Theoretical Framework

This study is based on TT. In defining TT, Nicholson (1998) said personality is the fundamental adjustment of patterns individuals form throughout their experiences. Traits "represent individual characteristics, which are either inherited or acquired and refer to tendencies to act or react in certain ways" (Kidder, 2005, p. 390). Possession of a trait does not assure predictable behavior; however, an individual with particular characteristics is likely to react to a given situation in a predictable way (Kidder, 2005). In essence, traits can be seen as broad and general guides to which consistency in behavior can be attributed. Traits are relatively stable and predictors of human behavior despite criticism for potentially ignoring situational factors (Kidder, 2005).

Nicholson (1998) found that Gordon Allport introduced personality as a research category in U.S. psychology, and his early work prompted the modern psychological

study of personality. Pettigrew (1999) cautioned that Allport held a static view of traits as pervasive, thereby minimizing the influence of a given situation on behavior. Despite this criticism, traits are relatively stable in predicting individuals' characteristics, ultimately influencing their behaviors (Kinder, 2005). TT infers that the behaviors, personalities, and characteristics of military veterans may contribute to their susceptibility to homelessness. The theory is related to the present study because it assumes that the behavior of military veterans are a risk factor for homelessness. The research question was created to discover the impediments to ending the problem from the perspectives of the veterans.

Kidder (2005) applied TT to explain the behaviors of employees who are detrimental to the development of a given organization and adopted the theory in making predictions relating to the damaging behaviors that individuals could display at a given time. Harris et al. (2017) stated that military veterans' harmful behaviors like sensation-seeking, aggressive driving behavior, intimate partner violence, substance use, and risky sexual practices are some of the exacerbating factors to homelessness.

An individual is the embodiment of varied, consistent, and general traits integral in determining a person's personality (Nicholson, 1998). Allport's contributions in establishing a character as a research category in American psychology could not be overstated. Behaviors represent a person's characteristics that are inherited or acquired and can predict how an individual can act or react in given ways (Kidder, 2005). Allport's contributions to the field of psychology are unique and lasting because they

offer different sides of psychology, formulate the discipline's central future problem, and recommend innovative approaches to solving problems (Pettigrew, 1999).

Stability of behavior across time and its consistency across situations are essential features of the trait theory (Lievens et al., 2018). As a result, people tend to demonstrate substantial flexibility in their behavior across situations. Individuals display different thoughts, feelings, motivations, and behaviors across time and situations due to their underlying personality traits; these traits influence different behaviors and life outcomes (Ryne et al., 2015).

Human personality traits are considered consistent or stable over long periods (Kang et al., 2016). In 1937, Allport identified trait-descriptive terms and derived a list of 4,504 traits of personality that shape how humans adjust to their environment (Kang et al., 2016). The list of human personality traits has since been reduced from 4,504 to 2,800. This lexical approach is seen as the main theoretical foundation in the study of personality (Kang et al., 2016)

Traits can be described as stable deterministic predictors of behavior and change across generations, the life span, and existing situations. For example, personality influences typical behavior that is stable and flexible-across situations (Ferguson & Lieven, 2017). The display or possession of a given trait should not be misconstrued as the determinant of a specific behavior in an individual; however, the possession is a reliable predictor of an individual's behavior or underlies the behaviors exhibited by the individual (Kidder, 2005).

Literature Review

The articles reviewed for this study provided a more profound understanding of the problem of HAMV. For instance, most scholars believe veterans' declining mental health may be a leading cause of homelessness. Some scholars indicated that untimely access to medical care is a challenge veterans are facing as well. According to Edens et al. (2011), homelessness is a major social problem in the United States. The McKinney-Vento Act of 1987 focuses on providing emergency shelter for homeless individuals; in 2008, an estimated 664,000 people were still homeless (Edens et al., 2011). In a given year, two to three million Americans experience an episode of homelessness (Caton et al., 2005). Among those experiencing homelessness, 21,021 are military veterans; HAMV was likely worsened by the nation's last three wars OEF, OIF, and OND (Peterson et al., 2015).

The following are the themes and trends I discovered during the literature review: (a) correlation between failing mental health and homelessness, (b) ineffective resources concerning homelessness, (c) public outcry prompted by homelessness, (d) exacerbating factors to homelessness, and (e) attempts to allaying the homelessness.

Correlation Between Failing Mental Health and Homelessness

Failing mental health has been identified as one of the dominant risk factors of homelessness among veterans. Dinnen et al. (2014) said traumatic brain injuries (TBIs) are a mental health deprivation that veterans struggle. An estimated 300,000 veterans suffer from TBI due to OIF and OEF (Dinnen et al., 2014). Furthermore, TBI has been linked to a decrease in income and social support among veterans and subsequently

increases susceptibility to homelessness among this population (Dinnen et al., 2014). Diagnosis of mental health disorder, TBI, childhood adversity, and abuse are potent predictors of homelessness among veterans (Dinnen et al., 2014).

Barnes et al. (2015) reported that 50% of veterans who need homeless services have a history of TBI. Such an injury impedes a veteran's participation in the treatment designed to address it (Barnes et al., 2015). The lengthy history of TBI negatively impacts social support and contributes to veterans' challenges in retaining housing. Barnes et al.'s research is related to the research question in this study because it addresses the impact of TBI on the participation of the veterans in the treatment plan.

Homeless veterans are at a greater risk for severe medical conditions than the general population because of mental health and substance-related problems, like hypertension, diabetes mellitus, upper respiratory infections, and gastrointestinal and podiatry issues (van den Berk-Clark & McGuire, 2014). Veterans access emergency room services at a higher rate than other healthcare services because of a lack of trust in primary healthcare providers and diagnoses of multiple medical conditions (van den Berk-Clark & McGuire, 2014).

The prevalence of mental illness among veterans has been attributed to the constant stress they were exposed to while in the military (Crane et al., 2015). Crane et al., (2015) asserted that the co-occurrence of drug abuse and mental illness is seen as the dominant type of comorbidity, which can lead to suicidal and destructive behaviors like poor health, suicide, violence or aggressive behavior, arrest, homelessness, and unemployment.

Cox et al. (2017) said homeless veterans disproportionately contracted infectious diseases, developed severe mental illness, and identified as having substance use disorder compared to their veterans not experiencing homelessness. Homeless veterans require inpatient medical, surgical, mental health services yet access fewer preventive services and primary care than housed veterans with the same medical conditions (Cox et al., 2017). Homeless veterans with a diagnosis of substance abuse respond less favorably to medical treatment than veterans who are not homeless (Cox et al., 2017). Additionally, veterans are more susceptible to mental illness and drug abuse, which can cause an increase in the use of inpatient treatment (Cox et al., 2017).

Substance abuse, severe mental illness, low income, and vulnerability of veterans to homelessness than non-veterans are some of the dominant risk factors of HAMV (Tsai & Rosenheck, 2015). Homelessness among military veterans is a public shame and there is a correlation between homelessness and mental health disorder among the veterans (Tsai & Rosenheck, 2015).

According to Gaziano et al. (2015), poverty, schizophrenia, alcohol, combat exposure, substance use disorders, and mental illness contribute to homelessness. Incarceration and adverse childhood experiences are risk factors for homelessness, particularly from the late 1970s (Gaziano et al., 2015).

Malte et al. (2017) stated substance use disorders (SUDs) and mental health problems are the leading risk factors of HAMV. Despite the availability of SUD treatment to homeless veterans, they are not responding to the treatment as housed (Malte et al., 2017). Between 70% and 80% of homeless veterans are diagnosed with SUD

which almost triple that of the general public and the rate of cigarette smoking among homeless veterans is exponentially high (Santa-Ana et al., 2016). Homeless veterans are disproportionately represented within the tobacco-using homeless population and are vulnerable to smoking-related morbidity and mortality (Santa-Ana et al., 2016).

Creech et al. (2015) attributed substance abuse, severe mental illness, childhood trauma, unemployment, disability, and psychotic disorders as risk factors of HAMV. Post-traumatic stress disorder is a risk of HAMV specifically among the OIF and OEF veterans (Creech et al., 2015).

Lack of Adequate Resources to Combat the Homelessness

Gawron et al. (2017) said the nearest VA hospital to over 9,000 homeless women veterans that live in the countryside is more than 40miles. This distance makes it difficult for veterans to access VA healthcare system promptly. The veterans affairs administration (VHA) defined excessive travel burden as a distance greater than or equal to 40miles, and 9,665 homeless women veterans reside more than 40miles from the closest VA hospital (Gawron et al., 2017).

According to Adler and Pritchett (2015), the Community-Based Outpatient Clinics (CBOCs) are not equipped to provide adequate dental, optometry care, substance abuse treatment, and non-healthcare related services like transportation, job training, and clothing to veterans living in the rural areas.

Homeless veterans face challenge in accessing the resources developed to alleviate homelessness partly because of the complexity in VA healthcare system (Metraux et al., 2017). For example, the homelessness screening clinical reminder

(HSCR) is introduced to identify veterans that are prone to homelessness and thereby, provide homeless prevention and rehousing assistance to them. However, the veterans might not be taking advantage of the program because of lack of knowledge about the HSCR.

According to the 2014 report of the VHA Office of Rural Health, approximately 5.3 of the 22 million military veterans live in rural areas. As a result, of the minimal coordination between the state and local agencies, the homeless veterans are forced to travel long distances to access care (Tsail et al., 2015). Due to the extensive rural geographical layout, studying every rural homeless veteran is a challenge, and also, the veterans have higher rates of medical problems, anxiety, and personality disorders (Tsail et al., 2015).

Annually, the VA hospitals treat an average 6.5 homeless veterans at end of life and over 76,000 of the veterans are believed to be homeless in any given night; approximately twice that number experience homelessness yearly, the mean age at death among the veterans range from 34 to 47, and the leading causes of death are cancer and heart disease (Hutt et al., 2015).

Limited access to healthcare, failing mental health, lack of knowledge about heat related illnesses, unreliable transportation, lack of trust between the veterans and healthcare practitioners, extreme poverty, psychiatric disorders, deteriorating mental health, and social isolation are some of the risk factors of HAMV (Nicolay et al., 2016). For example, heat related illnesses are the dominant risk factors of mortality relating to natural weather disasters among homeless people (Nicolay et al., 2016).

Tsai et al. (2015) stated language/literacy barriers, lack of transportation, stable contact information, and absence of outreach activities could limit the enrollment of the veterans in the programs like Medicaid. Dinnen et al. (2014) remarked that veterans diagnosed with TBI could display emotional and behavioral problems which can impede enrollment in programs like rehabilitation service. The veterans may require one-on-one assistance, which can stress organizational time and resources (Dinner et al. 2014). For example, social service organizations often lack qualified individual or specialized training in neurobehavioral issues.

Porter (2014) estimated 154, 000 of the veterans in the U.S. on any given day do not have shelters. Many veterans are at risk of being homeless because of poverty and lack of support in their search for employment. Disabilities related to military service and the absence of sufficient social support are two of the risk factors of HAMV (Porter, 2014).

Dire Statistics on Homeless Veterans

On a single night in January 2015, there were 152,806 unsheltered individuals, 34% accounts for 16,220 veterans that experienced homelessness in that given year (Montgomery et al., 2016). Axon et al. (2016) said homelessness is a high-priority public health issue because on a given night in 2013, approximately 610,042 people were homeless in the United States, including about 57,849 veterans. Furthermore, the authors pointed out that 33 of every 10,000 veterans experienced homelessness at least one night, and 60 of every 10,000 veterans experienced homelessness in 1 year. The age-adjusted

mortality of homeless veterans that suffer from chronic health conditions is almost three times higher than non homeless people.

Tsai et al. (2016) said veterans with lifetime homelessness experience an average of nearly two years of not having a permanent residence cumulatively and are disproportionately suffering from depression and anxiety than veterans without lifetime homelessness. The authors said veterans with lifetime homelessness had experienced a suicide attempt in the last 24 mounts, have minimal social support, are younger, less educated, non-white, unemployed, low income, live in a rural area and enlisted voluntarily.

Schinka et al. (2018) stated the mortality rate of younger and middle-aged homeless veterans is higher than their colleagues that are not homeless homelessness considerably contributes to veteran mortality risks in their adulthood. The authors said environmental toxins, infectious diseases, chronic stress associated with low socioeconomic status, malnutrition, psychiatric, substance use disorders, and barriers to access to health care compound the veterans' medical conditions. According to the authors, mortality rates in veterans with mental illness are higher than the general public and non-homeless veterans with a similar diagnosis; therefore, the death rate among homeless veterans is more significant than their sheltered counterparts.

Noska et al. (2017) said 2.7 to 3.9 million people in the United States are chronically infected with the Hepatitis C virus (HCV), over 200,000 homeless veterans are infected with the HCV, and the rates of HCV antibody positivity among homeless veterans range from 6.6% to 44.0% from 1993 to 2000. Also, the authors said the rates

are higher than that of the general U.S. population and stated that in 2015, 32,449 of the 242,740 homeless veterans that contracted chronic HCV infection utilized the VA outpatient service.

Metraux et al. (2017) estimated 31,412 to 33,376 veterans deployed during OEF and OIF experienced homelessness in 2015. Also, mental health, substance abuse, extreme poverty, and adverse childhood experiences are risk factors for homelessness among military veterans, particularly the veterans that served after September 2011. The impact of military service on veteran homelessness is higher, especially when the veterans are older than 50 years. Also, combat experience and PTSD have shown a modest link to becoming homeless (Metraux et al., 2017). Palladino et al. (2015) said suicide is the tenth leading cause of death in the U.S.; its rate among veterans is almost three times higher in 2013 than the general population and is one of the leading causes of mortality among homeless veterans.

McCall and Tsai (2018) assessed the impact of homelessness on women veterans before incarceration by saying that almost one-third of the veterans had a history of homelessness. Homeless female veterans had experienced trauma, substance abuse while serving in the military, had a history of childhood adversity, mental health illness, and experienced unemployment, contributing to homelessness among women veterans. Women veterans that are head of their families with toddlers are more vulnerable to homelessness when transitioning to civilian lives (McCall & Tsail, 2018). The article is related to the research question by remarking that almost 33.33% of women have experienced homelessness.

Hammett et al. (2015) argued homeless veterans that smoke develops worse physical conditions and mental health problems than the general public homeless smokers. The veterans' smoking habits are linked to military service—also, mental health and substance abuse as risk factors for homelessness among veterans. Despite the noticeable reduction in smoking prevalence in the United States, smoking among homeless veterans is high, health burdens related to veterans have been mainly overlooked, and veterans might be at higher risk for smoking-related mortality (Hammett et al., 2015). The article is related to the research question by asserting that veterans that smoke has less physical stamina and mental health alertness when compare to the populace of homeless smokers.

Tsai et al. (2015) reported children with homeless veterans that have severe mental illness could expose themselves and their children to environmental danger. Also, the authors said psychiatric conditions are prevalent among homeless veterans; these conditions are exacerbated by the aftermath of the wars in Iraq and Afghanistan. More women and younger veterans developed PTSD following wars. The article is related to the research question by saying that the failing mental health among the veterans is due to the outcome OEF and OIF.

Other Factors to Homelessness

Risky behaviors, marital status, alcoholism, stigma, drug abuse, lack of trust, and care processes inhibit care delivery to homeless veterans (O'Toole et al., 2015). The healthcare system did not address the perceived stigma, inflexible care systems, and trust issues that adversely affect homeless people's health outcomes. The article is related the

research question by suggesting that the current VA healthcare system did not address these issues.

The media have the propensity to describe veterans of current wars as unhinged; therefore, several service members that are diagnosed with a mental health condition may not seek out its medical care because of fear of confirming these unsavory stereotypes (Mobbs & Bonanno, 2018). The article is related the research question by noting that the negative stereotype about the veterans could ultimately prevent them from receiving the care they need.

Harris et al. (2017) acknowledged risk behaviors like sensation-seeking, aggressive driving behavior, intimate partner violence, substance use, and risky sexual practices increase veteran homelessness. Sensation seeking, commonly referred to as thrill-seeking, is associated with housing instability (Harris et al., 2017). The article is related to the research question because risk behaviors like substance abuse heighten homelessness.

Tsai et al. (2017) studied veterans that received care in VA specialty mental health clinics and veterans that identified sociodemographic and clinical predictors of homelessness. Tsai et al. asserted that the cohort of veterans who are not married with a drug use disorder are twice as likely to become homeless within the homeless veterans' population. Also, the authors believed veterans that suffer from drug use disorder, single, low income, black, alcoholism, and between the ages of 46–55 are susceptible to homelessness. The article noted that single homeless veterans are prone to homelessness when compared to their married colleagues.

From the veterans that deployed between October 1, 2001, and December 31, despite "only 5.6% (n = 24,992) separated for misconduct, they represented 25.6% of homeless veterans at first VHA encounter (n = 322), 28.1% within 1 year (n = 1141), and 20.6% within 5 years (n = 709)" (Gundlapalli et al., 2015, p. 832). The authors said bad conduct discharge from the military increases the likelihood of veterans being homeless.

Tsai and Rosenheck (2015) studied the expenditures of homeless veterans and whether VA disability compensation is being spent on alcohol and drugs. There is no evidence that the money is being used to buy alcohol and drugs, but the high rates of substance use disorders are evident among veterans; therefore, the veterans could be using the payment to aid their addictive habits (Tsai & Rosenheck, 2015). Also, many homeless veterans have difficulty with money management (Elbogen et al., 2013).

Oliva et al., 2017 said opioid overdoses kill approximately 91 people per day, and military veterans have nearly double the risk of inadvertent overdose compared to the general public. To address the problem, the VHA implements the national Opioid Overdose Education and Naloxone Distribution program to prevent opioid-related mortality, and 7,466 homeless veterans received naloxone treatment from August 2013 to September 2016 (Oliva et al., 2017). The authors suggested that the use of an opioid is rampant among the general public, particularly among homeless veterans with the risk of unintended overdoes.

This article focused on the association between human immunodeficiency virus (HIV) and HAMV. Ghose et al. (2015) female veterans with HIV were at higher risk of homelessness than their counterparts that are not HIV-positive. The female may be

accessing and benefiting from services to a lesser extent than the men that contracted HIV; hazardous alcohol use, depression, schizophrenia, and being African American continued to be significant risk factors for homelessness among veterans with HIV (Ghose et al., 2015). The article stated that female veterans that are HIV positive are susceptible to homelessness.

Dunne et al. (2015) believed substance use and mental health problems are primary risk factors of HAMV. For example, homeless male veterans tend to suffer from drug addictions, mental health illnesses, and physical health than male nonveterans. In addition, Dunne et al. (2015) stated homeless veterans are inclined to report current problems with addictions than nonveterans; however, excessive alcohol consumption by homeless veterans intensifies the risk of homelessness.

Tsai and Rosenheck (2015) reported that high substance use disorders are common among homeless veterans and they could be using the remuneration from the VA to continue the addictive habits, therefore, susceptible to homelessness. The authors suggested that the use of an opioid is rampant among the general public, particularly among homeless veterans with the risk of unintended overdoes.

Attempts to Lessen Homelessness

Some of the efforts to address HAMV are street outreach, implementation of universal screen tools, integration of tobacco cessation education with the treatment of PTSD, adoption of V60 codes, the partnership between the VA and HUD. For example, Tsai et al. (2014) stated street outreach is one of the leading direct means of establishing contact with homeless people; however, the characteristics of the homeless group that the

outreach may contact is not well-understood. In 2011 and 2012, about 70,778 homeless veterans enrolled in VA homeless services as a result of the street outreach program. As a result, the outreach is "an especially important approach to engaging chronic street homeless veterans in services and linking them to permanent supported housing." (Tsai et al., p. 694). The article suggested that street outreach increases veteran participation in programs developed to address homelessness in the past.

In 2013, one-third of recent homeless veterans were not connected to VA resources designed to improve the veteran housing dilemma. Byrne et al. (2015) inferred that the VA has no targeted plan to engage the veterans experiencing chronic housing instability. The article is connected to the research question because it suggested that the VHA needs to address the problem of those veterans that have been homeless for a long time.

Kelly et al. (2017) estimated 7,921 veterans diagnosed with PTSD and tobacco use disorder (TUD) are predisposed to homelessness compared to their colleagues who do not suffer from similar diagnoses. The authors said veterans with PTSD are prone to lifetime smoking and difficulty quitting and believed the integration of medical treatment and tobacco cessation counseling to address the high rates of smoking among veterans with PTSD would be beneficial. The article is connected to the research question because it described one of the ways of reducing homelessness among veterans by co-locating the treatment of PTSD and TUD.

In November 2009, the formal Secretary of VA Eric Shinseki pledged to end homelessness among the veterans by 2014 partly because 1 in 3 homeless people is a

veteran (O'Toole & Pape, 2015). Consequently, the VA developed various policies to address the problem. For instance, homeless veterans access to care and services needed to obtain long-term housing through the Housing and Urban Development (HUD) and Veterans Affairs Supportive Housing (VASH) partnership that provides up to 2 years of housing and supportive housing services to homeless veterans. The article is connected to the research question because it explained the effort of the VA in combating the problem by expanding access healthcare.

Peterson et al. (2015) explored the utilization of V60 codes that accurately identify homeless veterans in the VA healthcare system. The codes enhance the VA preventive efforts for veterans prone to homelessness. The use of these codes alone may lead to challenges in determining the extent of homelessness among veterans seeking care in VA medical facilities. The codes ensure compliance with the 2009 HEARTH Act, which covers the impending loss of housing in 2 weeks and a lack of resources or support to obtain permanent housing. The article is connected to the research question because it suggested that the adoption of the V60 codes is required for obtaining accurate data on homeless veterans.

Santa-Ana et al. (2016) advocated for sustained smoking cessation treatment programs within the VA healthcare system. For example, the Tobacco Group Motivational Interviewing (T GMI) motivates and encourages enrollment in tobacco cessation classes for homeless veterans with substance use and co-existing psychiatric disorders. Also, the T GMI be introduced with the existing substance use disorder treatments for veterans with substance abuse disorder treatment. The article is connected

to the research question because it suggested the need to continue to prevent the mortality related to tobacco use.

Based on the 2012 National Center on Homelessness Among Veterans assessment, Metraux et al. 2017 stated that the HUD and VASH provide permanent, subsidized housing with support services to homeless veterans. The article is connected to the research question because it discussed the impact of the partnership on alleviating the problem of homelessness among homeless veterans.

Zucchero et al. (2016) described the experiences, perspectives, and recommendations of community providers who care for homeless veterans who use VA and non-VA healthcare systems. For example, the partnership is plagued with multiple challenges like lack of knowledge about the VA health care system because the HCH providers could not access the VA medical records of patients who received care from both the HCH program and the VA.

Veterans accounted for 14% of the homeless population in the U.S., the veterans experience chronic and repeated homelessness, and a combination of substance abuse treatment and economic supports is seen as a robust method for addressing the problem (Creech et al., 2015). The article is connected to the research question because it suggested that the combination of programs, as mentioned earlier, can help combat homelessness.

In 2015, the HUD estimated homeless veterans accounted for 11% (or 48,000) of homeless adults (436,000), with male veterans 50% more likely to be homeless than male nonveterans (Weber et al., 2018). There is no effective plan to address the

multidimensional and complex health needs of this population. Weber et al. there is no concerted effort to address the healthcare needs of homeless veterans despite the efforts of the VA in reducing the problem.

The literature review revealed the aftermath of the nation's wars as one of the contributing factors to HAMV. Homelessness is seen as a national public health problem. Behaviors like substance abuse are risk factors for homelessness. The challenge in accessing medical care for conditions like mental health contributes to the complexity of the VA healthcare system. To eradicate or minimize the problem, the VA partnered with HUD to provide housing for homeless veterans, but homelessness continues to be a menace among military veterans.

The current literature affirmed the correlation between mental health deprivation and homelessness, public outcry related to the problem, lack of trust, stigma, stereotype threat, alcohol addiction, and unsavory risky behaviors by the veterans as some of the exacerbating factors to homelessness, and lack of resources to solving homelessness. Finally, the existing literature described some attempts to address the problem, like the outreach program. However, the perspectives of service members on why veteran colleagues end up homeless have not been studied.

The existing literature on the problem provided information like the correlation between mental health deprivation and homelessness, inadequate resources to address the problem, and staggering data related to homeless veterans. However, the literature did not provide information on the perspectives of service members on why veteran colleagues end up homeless. This study hopefully filled the gap in the literature.

Conclusion and Transition

The literature review revealed the following themes regarding HAMV: correlation between mental health and homelessness; public health outcry concerning homelessness; risk behaviors displayed by the veterans; prior attempts to address the problem; lack of resources to combat the problem. The existing literature did not provide information on the perspectives of service members on why veteran colleagues end up homeless. The ending of HAMV remains one of the VA's priorities. Despite the VA partnership with HUD, the department has not successfully provided permanent housing for every homeless veteran. This study conducted exploratory research using qualitative research, precisely the case study approach. I discuss the research method for this study in Chapter 3.

Chapter 3: Research Method

Introduction

Homelessness among military veterans (HAMV) is a protracted problem. Twelve years ago, the VA pledged to end the issue but HAMV persists despite various solutions proposed. The purpose of this study was to discover and explore the perspectives of service members on why veteran colleagues experience homelessness. This chapter includes the research design and rationale, research method, role of the researcher, methodology (setting and sample, data collection, data analysis plan, and treatment of discrepant cases) issues of trustworthiness (credibility, transferability, and confirmability), and addressing the ethical concerns in interviewing members of a protected population.

Research Design and Rationale

The research question that guided this study was: What are the perspectives of service members on why veteran colleagues experience homelessness? This central research question was developed to stimulate the service members' accounts of why veteran colleagues end up homeless.

The central phenomenon of this study is HAMV. Glynn (2013) estimated over 2.1 million service members were deployed in support of the last three U.S. wars: OEF, OIF, and OND. Peterson et al. (2015) attributed approximately 21,021 homeless veterans to the aftermath of the wars. Also, Kennedy et al. (2007) believed mental health disorders among military veterans are consequences of these wars.

Research Method

In this study, I examined homelessness among military veterans using a qualitative case study research method. Creswell (2014) believed interviews are the primary way to obtain information from participants in qualitative research. Creswell (2014) believed a case study approach (CSA) could be used to explore a case or a few cases in research. In the CSA, a researcher uses interviews and reviews of related documents to collect data. Based on these techniques, the CSA provides the opportunity to conduct an exploratory study on a given phenomenon. I used the CSA to conduct this study because other approaches would not have been conducive to the research.

The narrative approach does not provide clear guidelines for analyzing research and whether to explore stories' particularity or generality (Squire et al., 2008). In the ethnographic approach, researchers focus on people associated with the same group who thus share the same beliefs (Samnani & Singh, 2013). This method was inappropriate for this study because the cultural and socioeconomic backgrounds of the veterans are heterogeneous. Creswell (2014) posited that a grounded theory approach (GTA) is used to explore a particular phenomenon inductively to formulate a theoretical framework to explain a given event. As a result, GTA was incompatible with this research because the current study's theory was predetermined.

A mixed-method researcher "uses both quantitative and qualitative data to improve understanding of a research problem beyond what is possible with either approach alone" (Catallo et al., 2013). Mixed-method research combines quantitative (experiments, surveys) and qualitative (focus on groups, interviews) approaches to

conduct an exploratory study. The method was not compatible with this study because the current research did not involve quantitative data.

In summary, narrative, ethnographic, and grounded theory were not conducive to conducting this study for the following reasons: the narrative approach does not provide a clear direction concerning data analysis. The ethnographic approach is less practical because the approach is limited in scope. Grounded theory is used to search for a theoretical framework, whereas this study's theory was predetermined. Also, Ingham-Broomfield (2015) stated that approach explores a given event based on the lived experiences of a particular group. The approach is not suitable for this study because the service members I interviewed provided their perspectives, not lived experiences, on HAMV.

Role of the Researcher

I collected, analyzed, and described the research data for this study. Karagiozis (2018) remarked that a researcher interacts with the participants to collect the data and interprets the research findings. The researcher communicates the needs of the participants, like their feelings and thoughts. These roles make the researcher part of the phenomenon being explored. Ultimately, the researcher is pivotal in presenting findings to policymakers who may use the data to develop policy—in this instance, that would be policies to help homeless veterans. Succinctly, Banks et al. (2017) described a researcher as the intermediary or facilitator of a research study.

After conducting interviews, I reviewed the transcripts from the interviews and conducted a member-checking process. These actions were necessary to ensure the

findings are based on the research data/information provided during the interview. To prevent bias in data collection, open-ended questions were asked to understand better the service member participants' perspectives on why veteran colleagues experience homelessness. Furthermore, the eligibility criteria were defined clearly to select appropriate participants for the study.

Methodology

Setting and Sample

Military veterans were the study's population. The interview participants were service members stationed in Maryland and Virginia who volunteered to participate in the research. Most veterans also volunteered to serve in the military. I interviewed 16 service members for this study. The number of samples in qualitative research "depends upon the number required to inform fully all important elements of the phenomenon being studied" (Sargeant, 2012, p. 1). Sample selection is no longer required "when additional interviews or focus groups do not result in the identification of new concepts, an endpoint called data saturation" (Sargeant, p. 1).

The eligibility criteria were current service in the military and assignment in Maryland and Virginia. The combat or noncombat experience was not considered as part of the eligibility criteria to partake in this study. Moser and Korstjens (2018) stated that researchers look for participants who have shared experiences but are varied in characteristics and individual experiences, such as race and ethnicity. Informal, off-base snowball sampling through friends/colleagues was used to gain access service members as potential participants for this study. I emailed the recruitment flyer and invitation letter

to friends/colleagues and invited them to forward the documents to service members interested in participating in this study.

Data Collection

Data were collected for this study through interviews with service member participants. Interviews were conducted using an interview protocol developed from the Center for the Advancement of Engineering Education's (2009) interview protocol. The instrument was sufficient to collect the research data because it allowed the veterans to provide their perspectives on HAMV. The instrument was divided into two parts: a survey and a short pencil-and-paper task. Previously, the protocol has been used to find students' perspectives on teaching inside and outside the classroom. Similarly, in the present research, I hoped to discover service members' views on why veterans experience homelessness. The protocol was modified to make the instrument content- and culture-specific to HAMV. The following are examples of study interview questions:

1. What are your perspectives on the risk factors of HAMV?

2. Do you think the behaviors (traits) of homeless veterans could lead to the problem?

Data Analysis Plan

Ultimately, I used a descriptive-focused coding strategy in this study. The initial data analysis process was based on open coding and axial coding. According to Glaser and Hon (2016), open coding aims to arrange similar patterns that emerge during data analysis into groups. Axial coding is necessary to assign a word or phrase to describe the patterns or themes during data analysis. Kendall (1999) stated axial coding makes

connections between categories of data following open coding. The research data were analyzed by labeling the concepts and developing themes from the information gathered during the interview. The analysis was focused on transcribing the data from the interview and classifying/identifying them by themes. I presented the research findings in narrative and table forms.

Treatment for Discrepant Cases

Discrepant information contradicts the dominant theme following the data analysis. Creswell (2014) stated providing discrepant information is one of the eight strategies to ensuring research findings' validity. I offered the discrepant cases from the research data, thereby acknowledging information contrary to its key themes.

Issues of Trustworthiness

Credibility

The interview transcripts and coding sheets were used as reference documents during the data analysis, thus facilitating this study's validity. Furthermore, I avoided drawing premature conclusions based on minimal experience related to the research topic to boost this study's credibility. Lastly, the subjects ascertained the accuracy of the findings by confirming that analysis of the information they provided reflects their viewpoints.

Transferability

Transferability is established by ensuring that studies' findings can be transferred to comparable settings and similar results are discovered. In part, I explained the research coding process and every step leading to its findings.

Confirmability

Confirmability was established by explaining every element of the interview protocol and describing all aspects of this study's data analysis, particularly the coding process—furthermore, the explanation of the themes obtained from analyzing the data from the interviews. Additionally, defining and explaining the themes/concepts is vital to establishing confirmability in research.

Intracoder and Intercoder Reliability

In this study, I searched for and identified themes/patterns by reading relevant notes/transcripts/manuscripts written following the review of the data from the interview. More importantly, the coding process was based on the information (perspectives of service members on why some veteran colleagues are homeless) obtained during the interview. I ensured every code and its meaning was available following the coding process.

Ethical Procedures

The psychological risks were reduced by reminding the subjects of their rights to withdraw from participating in this study if they are uncomfortable. I ensured the protection of the following risks by complying with this study's informed consent guidelines. For instance, social risks are alleviated by protecting participants' confidential data from inadvertent disclosure, and economic risks are reduced by protecting the confidentiality of the subjects. Also, protection against legal risks is related to preserving the confidentiality of the research data from the researcher when forced to disclose the participant's protected identifiable information.

The participants' anonymities and confidentialities were protected by not allowing unauthorized access to the research data and not disclosing information like their names in this study's report. In addition, the Walden University Institution Review Board (IRB) granted the approval to collect research data from the participants. The approval number for this study is 02-10-20-0109151. Lastly, I adhered to the IRB's guidelines on protection of human subjects.

The participants' information such names and research data are secured in a safe that is accessible only to me. The transcripts from the interview sessions and the audiotape are mandated to be stored for 5 years and destroyed with a designated shredder afterwards. The research data will not be used for any purposes other than the research. Lastly, I used the informed consent form to explain the study's objectives and how the results will be published and utilized.

As a service member, investigating why the military veterans are homeless could cause ethical issues or a source of bias. I addressed the prejudice in part by developing and adhering to the interview protocol.

Summary

Again, the purpose of this study is to ascertain the perspectives of service members on why veteran colleagues end up homeless. The case study approach will be used as this study's research design. Interviews will be conducted to obtain the service members' views on HAMV. The research data will be analyzed by labeling relevant information and developing themes based on the data. Similar patterns that may emerge during the opening coding will be classified and themes are expected to be derived from

the patterns. As the researcher, I will collect, analyze, develop themes, and present this study's findings.

Chapter 4: Results

Introduction

The purpose of this study was to discover and explore the perspectives of service members on why their veteran colleagues experience homelessness. Newman and Covrig (2013) said research questions showed the connection between studies' purpose and problem statement. As a result, I developed the interview questions for this study with its purpose in mind. The interview questions were divided into three sessions: interviewee background information, interviewee perspectives on HAMV, and closing comments. For example, session 1 comprised of four questions like reason for joining the military, session 2 consisted of 6 questions focusing on service members' perspectives on HAMV, and session 3 summarized the information provided in the two earlier sessions.

I used qualitative research, precisely the case study method to conduct this research. I interviewed service members for this study because they share the same military experience as homeless veterans. For example, in training, culture, possibly deployed together during peace or wartime with homeless veterans. The service members could contribute valuable perspectives because of these shared military experiences. The views participants provided during the interview sessions helped to expand the knowledge of HAMV.

Pilot Study

Morin (2013) said a pilot study assesses the feasibility of the research. While I shared the author's assessment, a pilot study was not used because the cost and data obtained from the pilot study may not have been worth the resources devoted to the

process. Lastly, the data from the pilot study could have been accidentally included in the findings of the actual research.

According to Lloyd et al. (2020), the setting for any social research is determined by the research question it examines. For this research, I conducted one face-to-face interview and 15 telephone interview sessions. Participants signed the informed consent form before the beginning of each interview. The demographic of this study were military veterans. According to U.S. Housing and Urban Development (2021), "37,252 veterans were experiencing homelessness in the U.S., eight percent of all homeless adults" (p. 52). Further,

> Men accounted for more than nine of every 10 veterans experiencing homelessness in 2020 (91% or 33,862 veterans), the same as the share of all veterans in the U.S., which is also 91 percent… African Americans were considerably overrepresented among the homeless veteran population. Veterans who were Black or African American comprised one-third of veterans experiencing homelessness and a quarter of veterans experiencing unsheltered homelessness compared with 12 percent of all U.S. veterans (U.S. Housing and Urban Development, 2021, p. 53).

Data collection is a planned activity because it connects the researcher with the subjects to gather research data to eventually form the study findings (Halcomb & James, 2019). As stated before, interviews were the primary data collection instrument in this research. Data analysis involves open coding, axial coding, selective coding, and finding conceptual tools to interpret the patterns (Broom, 2005). For example, open coding is the reading of research data several times, axial coding is sorting the information relevant to the interview questions, and selective coding develops themes from the patterns.

I initially conducted the data analysis for this study based on Broom's (2005) steps. For example, I read over 100 pages of data collected from the 16 interviews

conducted. Following the reading, I gathered information relevant to the interview questions from the data collected, and I subsequently developed themes based on the data. I ultimately used the descriptive-focused coding strategy for this study because the participants offered direct answers to the interview questions (Adu, 2019).

A study's trustworthiness is established through credibility, transferability, dependability, and conformability (Gray & Jones, 2016). I showed credibility in this study by conducting a literature review on HAMV. The transferability is supported by explaining the research coding process and every step taken to arrive at the findings. I demonstrated this study's dependability by detailing its research design and procedures for data collection and data analyses. Lastly, I ensured the conformability of this study by conducting a member check with the participants to verify the findings were based on the respective information they provided during the interviews.

Some of the results that emerged from the data analysis are (a) dependence on the military, (b) the Soldier for Life–Transition Assistance Program (SFL–TAP) did not adequately address employment opportunities, (c) lack of family support, and (d) mental health issues as PTSD. The military provides security for service members in areas like guaranteed paychecks and accommodations. After separation from the military, some veterans encounter challenges maintaining these needs. Also, mental health conditions continue to be one of the leading risk factors of HAMV. This condition not be alleviated when access to care is limited.

Setting

No personal or organizational conditions that influenced participants or their experience at the time of the study may affect the interpretation of the study results.

Demographics

The demographics of the participants in this study are as follows. Participants were 62.5% male and 37.5% female. In regard to race, 12.5% of the participants were Caucasian and 87.5% were not Caucasian. Participants combined length of service was 355 years; the average length of service for each participant was slightly over 22 years. All participants (100%) indicated they joined the military either for educational benefit or for a sense of patriotism. In regard to positions held by participants: 31.25% were commissioned officers (positions of authority); 6.25% were warrant officers (technical foundation of the military); and 62.5% were noncommissioned officers (obtain authority by promotion through enlisted ranks). Participants' professions ranged from clinician to career counselor. Participants described their overall experiences in the military positively.

All the participants are currently serving in the armed forces of the United States and thus would be considered colleagues of homeless veterans. Participants were able to share essential perspectives on the risk factors of HAMV because they experienced the same training, rules, and regulations that homeless veterans once experienced. Participants share similar cultures and experiences with homeless veterans.

Data Collection

I asked each participant 10 (4 questions on the subjects' background information and 6 questions on participants' perspectives on HAMV). When asked for their perspectives on why service members experience homelessness, certain risk factors were provided: (a) mental health illness (n = 9), (b) lack of a plan to adapt to civilian life (n = 6), (c) financial hardship (n = 5), (d) substance use (n = 5), (e) lack of family support (n =

4), (f) loss of benefits like a steady salary from the military (n = 3), (g) loss of a cohesive team (n = 3), and (h) ineffective transition programs (n = 2).

Data were collected promptly from subjects because of their frequent mobility. Bernthal (2015) warned the researcher to complete data collection on time because of the transient nature of service members due to their careers. I conducted one face-to-face interview and 15 telephone interviews for this study. The face-to-face interview was in-person communication with a respondent, while the telephone interviews were communication with respondents on the telephone. I collected the signed informed consent forms from the participants before each interview. I discussed the interview protocol with the participants, informing them of the purpose of the research, questions to be expected, confidentiality, and the right to withdraw from the interview. On average, each interview lasted for 1 hour. Interviews were conducted from October 17 to November 1, 2020.

I recorded interviews with audiotape. This allowed me to concentrate on interviewing as outlined in the interview protocol. By signing the informed consent form, the interviewees agreed to the use of the tape. I turned on the audiotape at the beginning of the interview. The research data from the recordings were transcribed to a Word document using the application in Microsoft 365. Also, I wrote some notes during the interviews to record information relevant to the interview questions. The tape, transcribed texts, and scripts served as materials during coding and analysis. The research data will be kept in a cabinet with password protection for at least 5 years, as required by the university, and destroyed afterward. No variations in data collection from the plan

presented in Chapter 3 occurred and no unusual circumstances were encountered in the collection of data.

Information gathered from my interview with Participant 1 (P1) could be summarized as follows: Pride, lack of preparedness, and lack of targeted programs are some of the factors of homelessness among service members. For example, some veterans expect to be treated with the same respect they experienced in the military. This type of respect is earned in the private sector, unlike the military that inherently comes with the ranks (positions). Therefore, the reluctance to accept job opportunities that the veterans deemed non-prestigious ultimately impedes an uninterrupted source of income after separating from the military. Also, service members did not devote quality time to programs like the SFL-TAP designed to promote informed career decisions.

According to P1, some VA programs are developed with no consideration for services and resources that would benefit homeless veterans in a given geographical location. P1 inferred the VA programs are not directed to providing financial assistance to homeless veterans, particularly in areas with a high cost of living. The VA should direct its resources to get after the problem and fix it so that another veteran does not find himself homeless.

P1 said homeless veterans should know their local Veterans Affairs' representatives to acquire information on different VA programs/services. P1 suggested that receiving medical treatment from the VA is cumbersome, therefore, preventing homeless veterans from getting medical care. To address HAMV, P1 stated that a system (database) that will store the veterans' mailing addresses to send out a wellness check

questionnaire and assess transition to civilian life should be developed. Veterans should be allowed to continue to benefit from the SFL-TAP.

P1 stated “ego and then just not preparing” for a transition from the military are two reasons why veterans experience homelessness. P1 remarked that veterans believe accepting specific job opportunities is inferior. P1 stated “lack of initiative” as one of the behaviors developed by veterans that eventually could result in their inability to make decisions in obtaining accommodations after discharge from the military. P1 said, “bad decisions can lead to” homelessness among military veterans.

P1 defined HAMV as the absence of a place to stay that is considered your own and stated lack of preparedness, ego, insufficient time to prepare for a transition, lack of motivation/internal drive towards education are some of the risks factors of HAMV. P1 believed behaviors like lack of initiative and inability to be a self-starter are two of the traits that can prevent veterans from developing plans necessary to acquiring residence upon transition from the military could be contributing to HAMV.

P1 joined the military because of peer pressure and the need to continue the family tradition of serving the country prompted the desire to enlist in the military and have been serving for 23 years. According to P1, to date, the experience of being in the military can be characterized as positive.

Information gathered from my interview with Participant 2 (P2) could be summarized as follows: P2 said "Homelessness is multifactorial in the society" and "multifactorial in terms of prevalence" among veterans. The P2 remarked drug addiction, depression, alcoholism, substance abuse, financial hardship, and expensive divorce are a

few of the risk factors of HAMV. For example, P2 stated a personal friend was transiently homeless due to a costly divorce. According to P2, African American veterans have a higher propensity to become homeless, and the reason for the widespread has not been determined. P2 remarked that the absence of leadership structure provided by the military could cause some veterans to develop self-destructive behaviors, leading to homelessness. The sudden loss of the teammates after the transition from service can trigger a depressive cycle in some veterans.

State and local governments assist homeless veterans by providing tax, housing, and rental incentives to veterans. Also, P2 said the private sector offers lower interest rates on car and mortgage loans. P2 mentioned that despite the efforts of the local communities to address HAMV, factors such as mental illness, substance abuse, alcoholism, personality disorders, and clinical depression hinder the success of such programs.

P2 said after a transition from the military, the military should maintain the veterans' contact list (phone numbers). The list will allow the veterans to contact the military to answer any questions. Counseling should be offered to veterans, advising them to take advantage of VA programs designed to address homelessness they may otherwise not enroll in because of personal pride.

P2 joined the military 33 years ago to take advantage of the educational scholarship offered by the military prompted the decision to join the military. P2 experience in the military has been fantastic because the organization offered to pay off the participant's student loan, sponsored residency and fellowship programs. P2 said

hesitancy to ask for assistance because of the military's individualism in service members could contribute to HAMV.

Information gathered from my interview with Participant 3 (P3) could be summarized as follows: Mental health like post-traumatic stress disorder, lack of social support from family and friends are some of the risk factors of homelessness among military veterans. The military promotes independence and bravery in every service member; thus, homeless veterans are reluctant to seek assistance because “they don’t want to let people see that side and they feel as though they are saying they can’t handle it.” Pursuing educational opportunities while in uniform, acquiring a skill set transferable to the civilian sector, and maximizing the retirement transition resources/services are necessary to get a good job, significantly decreasing the risk of becoming homeless.

Additionally, the military promotes individualism that makes veterans reluctant to ask for assistance when needed. The VA is charged with the responsibility “of assisting military personnel who get out of the military by providing them with resources and opportunities to ensure that they are on the right path.” The partnership between the VA and military in transferring medical records for continued treatment and job opportunities for veterans should be encouraged. Local communities such as Salvation Army and Churches assist homeless veterans “having problems getting jobs.” Also, there is a policy in place by the government that gives “veterans preferences whenever they do apply for jobs.” The absence of “a good job” is a risk factor of HAMV.

P3 joined the military to honor a friend that passed away while serving. Also, for an educational opportunity through a scholarship from the military. P3 has been serving

for 16 years, and the experience has been positive. P3 said homelessness is “lacking a place to stay and lacking a physical address.”

Information gathered from my interview with Participant 4 (P4) could be summarized as follows: Mental health is a significant risk factor of HAMV. This factor is worsened by a lack of medical treatment, which can lead to homeless. Economic hardship can cause HAMV. For example, the military provides service members decent basic salaries with a “lot of perks and benefits associated with” it. These payments are stopped after separation from the military. Lack of planning for sustaining this level of income and bad conduct discharge (disqualifies separating service members from applying for certain benefits with government agencies like the VA.) from the military are factors that can lead to HAMV.

Furthermore, service members develop substance abuse and alcoholism behaviors, which impair their “judgment and ability to make sound decisions.” These behaviors “may spiral out of control where you are released from the military, and then you carry on with your drug addiction” and eventually become homeless. The VA should be proactive in identifying veterans at risk of becoming homeless and providing programs to address the potential problem. Local communities provide shelter for homeless veterans. Homeless veterans should enroll in educational and training programs within their local communities for employment opportunities.

P4 said local communities support homeless veterans by providing shelter and discounts on certain goods and services. P4 stated the veterans should take advantage of the educational and training opportunities offered in the communities they live. P4

recommended that financial assistance be provided for homeless veterans who are not qualified for any financial aid from the government like the VA.

P4 joined the military for educational opportunities, discipline, and structure in the military. Also, the military provides opportunities for "men to learn about leadership, discipline, and commitment to something greater than himself." P4 has been serving for 21 years, and the experience in the military has "been a great and exciting journey."

Information gathered from my interview with Participant 5 (P5) could be summarized as follows: The risk factors of HAMV range from lack of planning, PTSD, failed marriage, financial hardship, lack of support from immediate family. The stories of two veterans that were homeless due to lack of planning were recounted. "Things did not go the way that they thought that it would go, and they were homeless." Also, the absence of a military structure that guides the veterans while serving is a risk factor of HAMV. For example, the military provides steady benefits such as housing allowance and medical costs to service members.

The VA has programs in place to address HAMV. However, lack of knowledge of the programs by the homeless veterans inhibits the prevention of homelessness. Although the SFL-TAP provides services like resume writing, the program does not benefit veterans who need to compete in the private sector. Local communities such as the Veterans of Foreign Wars support the homeless veteran population by providing educational assistance. To prevent HAMV, the veterans "need to do what they're supposed to do, like go through the training they need to go through" before departure from the military.

According to P5, VA should intensify its effort in addressing HAMV by educating the homeless veterans on the various VA programs. Private groups like the Veterans of Foreign Wars support the homeless veteran population by providing educational assistance. P5 remarked that homeless veterans should enroll in the training necessary to gain employment after transitioning from the military. P5 said homeless veterans could participate in homes building projects and provide funding/grants to build homes for the veterans. According to the subject, "things did not go the way they thought they would go, and they were actually homeless. The participant contended the absence of a military structure that guides the veterans while serving is a risk factor of HAMV.

P5 joined the military for patriotism, educational opportunity, and desire to "see the world and travel." P5 has served in the military for 21 years. The experience has been positive because of the opportunity to serve at different levels like operational and strategic. P5 defined HAMV as "no place to go, no support system."

Information gathered from my interview with Participant 6 (P6) could be summarized as follows: The experience service members gained while in the military can “affect their mental health.” One of the risk factors of homelessness among military veterans (HAMV) is mental health. Also, soldiers did not get the mental health care they likely need because of the stigma of seeking mental health treatment. Furthermore, the military provides a support system (housing benefit, employment, and training) to service members that may not be available upon their transition from the armed service. The military leaders are focus on coaching subordinate service members at the detriment of planning for their transition from the military. The readiness “just continuously take care

of the mission, the Army, the soldiers and then put themselves on lower on that priority list" take away time from leaders to plan their transition.

Also, some veterans cannot get the medical appointments like mental health they need from the VA healthcare system. Lack of access to medical care can "sets off a cascade of events that leads to homelessness and then illness too." The VA's effort in educating the homeless veterans on its programs developed to address HAMV is insufficient. The partnership between the VA and the local community is recommended. This partnership is necessary to help homeless veterans that do not live in the vicinity of VA hospitals. Combating HAMV is a collective (government, local community, and homeless veteran) effort. Therefore, the veterans have to commit to enrolling in VA programs such as vocational training.

Information gathered from my interview with Participant 7 (P7) could be summarized as follows: Veterans who "ended up being homeless did not plan to make that switch" from military to civilian life. For instance, in the military, service members are entitled to guaranteed paychecks and stable accommodations that they will not be allowed to after transitioning from the military. Service members do not have plans to maintain "the same financial structure and stability" the military provides. P7 asserted the lack of planning, fiscal irresponsibility, and complacency are some of the risk factors of HAMV. For example, some enlisted soldiers "live beyond their means." Some service members are complacent because income from the military is not necessarily tied to productivity. Therefore, it is almost near impossible to be fired. These behaviors (fiscal

irresponsibility and complacency) are not tolerated in the private sector. Service members that possess these behaviors could face difficulty in adapting to civilian life.

P7 joined the military as an act of patriotism and a "sense of duty too." P7 has been serving in the military for 13 years and said, "It's has been a worthwhile experience." For example, the educational opportunity, acquisition of skills, and knowledge sets gained in the military have made the experience positive. According to P7, HAMV can be described as the inability to afford a place to call home after serving in the armed forces for any given year.

Information gathered from my interview with Participant 8 (P8) could be summarized as follows: Lack of access to mental health treatment, alcohol/drug addiction treatments, and the aftermath of emotional events like divorce, loss of a child or parent, and inability to assimilate into the civilian sector are some of the risk factors HAMV. For example, service members are "so institutionalized throughout their careers that they forget how to" adapt to civilian life when they leave the army. The homeless veterans developed behaviors such as smoking and drug abuse while in the military, and if the addictions are not treated can eventually be risk factors of HAMV. Furthermore, the reluctance of some veterans to accept specific job opportunities because they believe the employments are beneath their social statuses is yet another risk factor of HAMV.

According to P8, the VA continues to address HAMV. For example, in Pittsburg, Pennsylvania, VA offers counseling on drug and alcohol addictions to homeless veterans. Also, local communities support homeless veterans. For instance, P8 assisted in serving

meals in a soup kitchen while stationed in Fort Knox. Also, in the town of Louisville by giving homeless veterans blankets, clothes, and toiletries.

P8 joined the military to try something different and challenging. For the past 24 years, P8 experience in the military is "very good" in part because of the opportunity to coach soldiers "to make a better life for themselves." P8 described HAMV as "either lost everything they have, or they did not know how to manage their lives once they exit the Army." HAMV can also occur after they went through a significant emotional event such as divorce and subsequently lost possessions like accommodation.

Information gathered from my interview with Participant 9 (P9) could be summarized as follows: Inadequate planning to transition from the military to civilian life is one of the risk factors of HAMV. For example, some veterans are "ill-prepared" to separate from the service, resulting in the inability to gain employment required to afford accommodation and other needs like medical care. Also, some veterans are complacent; a behavior developed while serving in the military. P9 said the VA continues to provide services like educational assistance to growing veterans despite limited funding. According to P9, VA needs more funding to hire people to implement its programs. P9 mentioned that the VA is understaffed, therefore, hinder its ability to address HAMV. P9 inferred that VA ought to intensify its effort to educate homeless veterans on different programs developed to alleviate homelessness.

To assist VA in addressing the issue, the local communities offer shelter, mental health counseling, and resilience training. Additionally, affordable housing and employment opportunities with sufficient income to afford accommodation. P9 said

before service members separated from the military, they should take advantage of the SFL-TAP. This program provides services such as resume writing classes and different VA programs available to qualified veterans. P9 suggested affordable housing, training, job opportunities with “livable income,” and investment in specialized medical treatment for PTSD to address HAMV.

P9 joined the military to continue the family tradition of serving in the military and take advantage of the opportunity to attend college. For over 24 years, despite the challenges in the military, P9 overall experience “has been by and large fairly positive.” P9 described HAMV as living below the poverty line and lack of “a fixed permanent dwelling somewhere that you can call your own your own.”

Information gathered from my interview with Participant 10 (P10) could be summarized as follows: Mental health illness, financial hardship, lack of emotion, and lack of spiritual support are some of the risk factors of homelessness among military veterans. Also, service members do not know about VA resources available to them. P10 said the VA continues to implement programs and provides services like healthcare to homeless veterans. However, P10 believed some veterans' "bad attitude" in VA facilities prevents the VA staff from assisting these veterans.

Lack of knowledge about VA resources could be because they did not promptly enroll in the SFL-TAP to obtain information on the resources. Also, some veterans did not plan their transition from the military by saying, "you plan to come in; you need to plan the leave." Some veterans experienced difficulty in adjusting to life after separation from the military. P10 said, "Transition is tough; some people never transition well."

P10 stated that nonprofit organizations like the VFW and American Legion should intensify their efforts to assist homeless veterans. To do this, local government "could do a lot more in supporting those groups to support the veterans."

P10 said homeless veterans should take advantage of the medical treatment the VA provides. For instance, homeless veterans with psychiatric issues should enroll in mental health counseling offered by the VA. P10 said the military should mandate participation in the SFL-TAP for every service member separating from the military. The subject stated, "We need to help our soldiers a little bit more with planning exit."

Furthermore, P10 at the basic training, the instructors should educate service members on HAMV, the importance of SFL-TAP, and developing an "exit plan." Also, lack of financial and psychological help, moral support, and emotional and spiritual support could contribute to HAMV.

P10 joined the military to continue a family tradition, serve in the armed forces, and take advantage of the educational opportunity offered by the military. P10 served in the military for 32 years and described the experience as "Varies from good to excellent and bad to very bad." P10 defined HAMV as a lack of a consistent place to sleep and perform daily hygiene.

Information gathered from my interview with Participant 11 (P11) could be summarized as follows: Some service members are homeless because “they just didn’t have a plan when they got out of service.” Additionally, the participant stated not every skill service member acquired while in the military “translates over into” lucrative employment. As a result, job opportunities for these members “were pretty scarce after

they got out of service." P11 said, "there is not a whole lot of jobs outside of out of the military for an infantryman." P11 said the soldier "would have to learn a whole new set of skills" to find employment. P11 inferred alcoholism is one of the risk factors of HAMV and remarked that some veterans developed the habit while in the military. P11 mentioned that "alcoholism played a huge part" in the predicament of some of the homeless veterans the interviewee met. Also, the participant pointed out that some homeless veterans are "not getting proper medical care for weeks and months."

P11 remarked that local communities support homeless veterans by providing them clothing and organizing a food drive. However, the communities are not as helpful in assisting the veterans in getting a place to live. Furthermore, P11 suggested that the military provide more educational and job training opportunities to service members. These opportunities would prepare them to secure "good wage" employment thereby, providing "finances that they would need to purchase homes before or after transitioning from the military.

P11 joined the military 23 years ago to "to pay for college." According to P11, the experience in the military thus far has "been a pretty pleasant experience" and "entire experience has been as remarkable." P11 described HAMV as lack of a physical location to live each day of their life. For example, in the District of Columbia, "you can actually see veterans living in tents." P11 stated that the VA is not "doing enough to help"

Information gathered from my interview with Participant 12 (P12) could be summarized as follows: Lack of education, mental health illness, loss of family members, drug abuse, and alcoholism are some of the risk factors of HAMV. Some veterans are

reluctant to seek mental health treatment. The stigma associated with it and the belief that the condition could be the reason for dishonorable discharge from the military are two reasons why some veterans do not seek treatment. If released under this condition, they could be ineligible to apply for benefits they would have otherwise have qualified for.

According to P12, the VA continues to provide medical service to eligible veterans but cautioned the customer service is poor. Also, P12 said that because of the scarcity of medical providers at the VA hospitals, veterans "don't get the quality care they need," which could ultimately contribute to HAMV.

P12 said that homeless veterans should enroll in programs like the ones developed by VA to address HAMV. P12 remarked that SFL-TAP should be extended to secure employment for service members before the transition from the military regardless of the types of discharge (honorable or dishonorable). According to P12, "every soldier that exit has a job before exiting the military." Also, P12 acknowledged the partnership between VA and HUD in providing housing opportunities to homeless veterans.

P12 joined the military to fulfill their childhood dream of providing medical care to soldiers in areas like the battlefield. For over 29 years, P12 experience "has been quite diverse" by serving as an Army nurse and in different leadership positions.

Information gathered from my interview with Participant 13 (P13) could be summarized as follows: Mental health illness and difficulty adjusting to life after the transition from the military are two of the risk factors of homelessness among military veterans. Also, some veterans depend on the military for housing, a steady salary, and healthcare. After a transition from the military, some veterans are unable to maintain

similar lifestyles. Furthermore, the SFL-TAP does not "prepare a soldier mentally" to transition to civilian life. According to P13, some veterans lack the motivation to compete with people from different walks of life and are not proactive in looking for employment opportunities and housing after transitioning from the military. P13 stated that the VA is "doing a good job" providing medical care to homeless veterans and assisting them in providing permanent housing.

P13 stated that local communities like churches set up soup kitchens to feed homeless veterans but hope the communities could provide food to more veterans, suggesting some veterans do not know the kitchens. P13 said some veterans are reluctant to take advantage of the programs developed to address HAMV as a result of a "certain level of pride." The veterans are trained to be brave in the military, and accepting assistance/help is considered a handout.

P13 joined the military to continue a family tradition and for the opportunities "to travel and experience something new and something that challenged me because I felt like I needed a challenge after high school." P13 has been serving for 22 years. The participant said despite some challenges encountered in the military, the overall experience is great. Adding the experience has made P13 a better leader and soldier. As a career counselor, P13 provides mentorship to new soldiers required to make a career decision. According to P13, HAMV can be described as lacking a roof, transportation, and food to eat.

Information gathered from my interview with Participant 14 (P14) could be summarized as follows: Lack of planning on how to succeed as a civilian, mental health

conditions like PTSD, financial hardship, substance/drug abuse, alcoholism, and addiction as some of the risk factors of homelessness among military members. Also, the military instills bravery in soldiers so, seeking help from organizations like the non-government agency is considered living off others, thereby, less brave or weak. As a result, some veterans are reluctant to seeking assistance. The VA provides healthcare to veterans, but access to healthcare needs to be improved. The VA is streamlining access to care to provide adequate services to homeless veterans.

P14 said organizations like the VFW organizes food drive and offers job training to homeless veterans locally and nationally. According to P14, homeless veterans should participate in VA programs developed to address HAMV by enrolling in the programs.

P14 said to address HAMV, services such as financial counseling, transfer of military experience to civilian employment opportunities, and resume writing should be expanded. Also, the military should track veterans for five years to know the progress of their transition from the military to the civilian sector.

P14 joined the military over 20 years ago as an act of patriotism. The participant experience in the military has been positive partly because, as a combat veteran P14 learned to be a team player. In describing HAMV, P14 said, “it is unfortunate to have people that give everything to the nations” be homeless after transitioning from the military.

Information gathered from my interview with Participant 15 (P15) could be summarized as follows: The repercussions for dishonorably discharged soldiers from the military following court-martial proceedings could be devastating. For instance, the

soldiers could lose certain VA benefits and face challenges getting a job after separating from the military. P15 said the consequence of dishonorable discharge from the military is one of the reasons "we have so many homeless now in the street." Also, P15 said alcoholism, the aftermath of divorce, lack of support from family members, and lack of education are some of the risk factors of HAMV.

P15 believed that organizations like the Salvation Army provide accommodation and clothes, particularly in the winter, to homeless veterans. The participant said the VA should partner with the local communities by providing funds to address the HAMV. Furthermore, P15 stated that the VA needs to intensify its outreach campaign by enrolling more homeless veterans in programs developed to address HAMV because self-enrollment in these programs by some of the veterans with mental illnesses could be challenging. P15 recommended that the VA implements the Home Owners Preserving Equity initiative like in the state of Maryland to prevent foreclosure and, ultimately, HAMV.

P15 joined the military as an act of patriotism and self-development. For over 20 years, P15 experience has been positive because the participant has acquired values such as loyalty and consideration for others.

Information gathered from my interview with Participant 16 (P16) could be summarized as follows: The transition program offered to separate soldiers by the military is not adequately implemented. The program mainly provides information on VA resources. Also, veterans are not provided the same mentorship available to them while in the military after the transition. For example, the army's leadership structure (squad

leader, platoon sergeant, first sergeant, company commander) ends after separation. Also, lack of motivation is one of the reasons that could prevent veterans from adapting to civilian lifestyles. For instance, veterans depend on the military for benefits/services like livelihood, accommodation, and medical care. P16 believed some veterans face challenges in maintaining these standards of living after a transition from the military.

P16 said the VA needs to intensify its effort to educate the veterans on the available programs to address HAMV because veterans are not enrolling in the programs due to a lack of knowledge about them. The participant believed that homeless veterans should seek information to enroll in VA programs developed to address HAMV. P15 asserted that local communities do not have programs in place to provide temporary shelters for homeless veterans. P16 recommended a partnership between the local communities and the homeless veterans' population to address HAMV further.

P16 joined the military for educational opportunities and served for over 16 years with a positive experience.

Discrepant Cases

I encountered the following discrepant cases during the coding phase of this study: altruism-leaders (not taking care of oneself), lousy customer service, group formation to demand assistance from the government, skills acquired in the military not transfer to civilian employment, and recruits should develop transition plan from the military. For example, one participant believed some leaders in the military devote time to mentoring their subordinates to the detriment of developing plans for their separation. Creswell stated providing discrepant information is one of the eight strategies to ensuring

research findings' and results' validity. He believed presenting negative or discrepant information acknowledges cases contrary to any given study's principal themes.

Summary of information provided to interview questions 5–10:

Table 1 shows the results developed from the perspectives of service members on the risk factors of HAMV, Table 2 indicates the results from the perspectives of service members on behaviors leading to HAMV, and Table 3 depicts the results developed from the viewpoints of service members on the role of the VA in addressing HAMV. Also, Table 4 describes the results generated from the perspectives of service members on local communities' support of homeless veterans, and Table 5 portrays the results developed from the perspectives of service members on the pole of homeless veterans to have a permanent home. Finally, Table 6 shows the results generated from the views of service numbers on other programs required to combat HAMV.

Table 1

Service Members' Perspectives on the Risk Factors of HAMV

Perspectives						Results
No plan to adapt to civilian life (6)	Lack of education (3)	Ineffective transition program (3)	Lack knowledge of VA resources (1)			Lack of preparedness
Substance abuse (5)	Reliant on military to provide every need (3)	Aftermath of divorce (2)	Dishonorable discharge from military (1)	Effect of military career (1)	Unwillingness to seek help (1)	Consequence of military service
Mental health illness (9)	Stigma of mental health illness (1)					Mental health decline
Financial hardship (5)	Loss of benefits like steady salary and accommodation from the military (3)	Military skills not transition to civilian employment (2)				Financial difficulty
Lack of family support (4)	Loss if cohesive team (1)	Lack of mentorship after transition from the military (1)				Absence of support system

Note. The last column shows the results developed from the corresponding perspectives of service members on the risk factors of HAMV.

Table 2

Service Members' Perspectives on Behaviors of Homeless Veterans that could Lead to the Problem

Perspectives					Results
Egotism-to seek assistance (1)	Prideful-to accept certain employment (1)	Hesitancy to ask for assistance (1)	Inability to work with others (1)	Defiant "acting out in a sense" (1)	Inhibiting behaviors
Reliant on military to provide every need (1)	Nonchalant (1)	Laid-back, not taking initiative (1)			Not taking steps to be self-sufficient
Alcoholism and substance abuse (1)	Alcoholism-could lead to dishonorable discharge (1)				Alcoholism
Fiscal irresponsibility, "live beyond their means" (1)					Fiscal irresponsibility, "live beyond their means"
Altruism-leaders not taking care of themselves (1)					Altruism-leaders not taking care of themselves

Note. The last column shows the results developed from the corresponding perspectives of service members on behaviors leading to HAMV.

Table 3

Service Members' Perspectives on the Role of VA in Addressing HAMV

Perspectives				Results
Lack of quality care (3)	Access to care limited (2)	Offer counseling on drug and alcohol addictions (1)	Improve its programs (1)	Improvement on healthcare
Inadequate information on resources (4)	Assisting homeless veterans to acquire permanent homes (1)	Not helping homeless veterans to purchase homes (1)		Inadequate information on resources
VA is understaffed (1)	Lack funding for VA (1)	No financial assistance to homeless veterans in high cost living areas (1)		Under funding
Bad customer service (1)				Bad customer service

Note. The last column shows the results developed from the corresponding perspectives of service members on the role of the VA in addressing HAMV.

Table 4

Service Members' Perspectives on Local Communities Support of Homeless Veterans

Perspectives			Results
Serve meals (4)	Provide shelter (3)		Provision of meal and temporary shelter
Offer educational counseling (2)	Offer job trainings (1)	Assist in job search (1)	Education and job placement assistance
Veterans of Foreign Wars (VFW) assist in addressing mental health illness (1)	Resilience training (1)	Mental health counseling (1)	Provide counseling on mental health
Offer discount on certain goods and services (1)	Offer low interest on mortgage (1)		Offer savings programs

Note. The last column shows the results developed from the corresponding perspectives of service members on local communities' support of homeless veterans.

Table 5

Service Members' Perspectives on the Role of Homeless Veterans in Addressing the Problem

Perspectives		Results
Enroll in VA programs (8)	Take advantage of the military transition program (1)	Enroll in government programs
Get a job (1)	Get a job and be financially responsible (1)	Seek employment opportunities
Enroll in education and training in communities they live (1)		Enrollment in education and training in communities they live
Form a group to demand assistance from the government (1)		Form a group to demand assistance from the government

Note. The last column shows the results developed from the corresponding perspectives of service members on the role of homeless veterans to have permanent home.

Table 6

Service Members' Perspectives on Other Programs to Combat HAMV

Perspectives						Results
Allow to participate in the transition program after separation from the military (1)	Secure employment for veterans through the transition program (1)	Maximize/enforce participation in the transition program (1)	Educate recruits on the importance transition program (1)	Develop foreclosure prevention program (1)	Develop program to determine the root cause of problems like drug addiction (1)	Effectively implement existing and establish programs like "exist plan" development by recruit
Participate in home building projects (1)	Partnership between local communities and homeless veterans (1)	Provide career planning and stress management services (1)	Provide more educational and job trainings for service members (1)			Homeless veterans participation in programs like home building
Financial counseling and transfer of military experience to civilian employment (1)	Provide financial assistance for homeless veterans (1)	Provide funding to treat mental health illness (1)	Provide funds/grant to build homes for homeless veterans (1)			Increase VA budget
Communication channel between the veterans and military (3)						Communication channel between the veterans and military

Note. The last column shows the results developed from the corresponding perspectives of service numbers on other programs required to combat HAMV

Data Analysis

I followed the five coding steps provided by Adu, 2019. These steps are: decide on the coding strategy, label the interview questions, search for relevant information in the data, create/define labels, and assign labels to the relevant information. I used a descriptive-focused coding strategy to code the data collected for this study. I used this strategy because the participants offered direct answers to the interview questions on why their veteran colleagues experience homelessness. Also, the relevant information from the data provided by the participants to the interview questions were easily recognizable (Adu, 2019). Using this strategy, I developed a word or phrase to describe relevant information necessary to answer this study's interview questions.

I labeled every research question to facilitate the coding process. For example, the 5th research question (What are your perspectives on why your veteran colleagues end up homeless?) was labeled a cause of homelessness. This process enhanced the development/arrangement of the codes and, subsequently, themes. After the steps mentioned above, I used Microsoft Word to review the research data by assigning codes to depict relevant information to the interview question.

These codes were then categorized to develop themes using the individual-based sorting strategy. Under this strategy, there are five steps: compiling the codes, arranging the codes alphabetically, consolidating similar codes with parenthesis, sorting the codes, and labeling similar codes (clusters), meaning developing themes (Adu, 2019).

See below for four of the steps:

Compile the codes:

Causes of homelessness: Mental health illness

Causes of homelessness: Mental health illness

Behaviors of homeless veterans: Inability to work with others

Local communities' assistance: Offer low interest on mortgage

Arrange the codes alphabetically:

Causes of homelessness: Mental health illness

Causes of homelessness: Mental health illness

Behaviors of homeless veterans: Inability to work with others

Local communities' assistance: Offer low interest on mortgage

Consolidate the codes:

Causes of homelessness: Mental health illness (2)

Behaviors of homeless veterans: Inability to work with others (1)

Local communities' assistance: Offer low interest on mortgage (1)

Sorting codes:

I then grouped (clustered) with a parenthetical mark ( ) the number of times the same code appears during the data analysis process. For example, mental health illness (2).

I established the following codes and categories from interview question 5 (What are your perspectives on the risk factors of HAMV): no plan to adapt to civilian life, lack of education, ineffective transition program, lack knowledge of VA resources, mental

health illness, the stigma of mental health illness, financial hardship, loss of benefits like steady salary/accommodation from the military, military skills not transition to civilian employment, substance abuse, reliant on the military to provide every need aftermath of divorce, dishonorable discharge from the military, the effect of a military career, unwillingness to seek help, lack of family support, loss of cohesive team, and lack of mentorship after the transition from the military.

From those codes and categories, I developed the following five themes: (a) lack of preparedness, (b) the consequence of military service, (c) mental health decline, (d) financial difficulty, and (e) absence of a support system.

I established the following codes and categories from interview question 6 (Do you think the behaviors (traits) of homeless veterans could lead to the problem?): Defiant "acting out in a sense," alcoholism and substance abuse, and alcoholism-could lead to a dishonorable discharge, egotism-to seek assistance, prideful-to accept certain employment hesitancy to ask for help, inability to work with others, reliant on the military to provide every need, calm, laid-back, not taking the initiative, defiant "acting out in a sense," fiscal irresponsibility-"live beyond their means," and altruism-leaders not taking care of themselves.

From those codes and categories, I developed the following five themes: (a) inhibiting behaviors, (b) not taking steps to be self-sufficient, (c) alcoholism, (d) fiscal irresponsibility, and (e) altruism.

As stated previously, altruism (leaders not taking care of themselves), lousy customer service, and group formation to demand assistance from the government are a

few of the discrepant cases. Also, skills acquired in the military, not transfer to civilian employment, and recruits should develop "exit plan" to transition from the army were discrepant cases discovered during the coding phase of this study.

I factored the discrepant cases in developing themes for a given set of codes. For example, lack of planning emerged as the primary theme from analyzing the responses to the research question on why veterans become homeless. The discrepant case that recruits ought to create a transition plan formed part of the theme development.

Evidence and Trustworthiness

I took the following steps to establish this study's credibility: I reviewed 50 literature on HAMV to gain knowledge on the research topic. Also, using the snowball technique, the participants that could provide rich information on HAMV based on the same military experience they shared with the homeless veterans were recruited. These two processes contributed in part to establishing credibility in this study. Also, I provided the reference to the information presented in the study. Additionally, I offered every step to conducting this study's code strategy and data analysis. I established that the process and analysis are based on the information provided by the participants by using audiotape. Lastly, themes are developed after evaluating all the research data.

This study's transferability is established by ensuring alignment among its problem, purpose, methodology, and data collection technique. For example, this research problem is the lack of service members' views on HAMV; its purpose is to find their opinions, using qualitative research method, and interview the data collection instrument. Also, I provided the reasons for choosing this research coding strategy,

developing the themes, and determining the results. By providing the above steps, the results of this study could be transferred to other research activities using similar measures and the methodology described in this study.

I ensured dependability in this study by documenting and maintaining every procedure and document regarding the research; the recruitment flyers, invitation letters, audiotape, interview transcripts, and the reason for adopting the descriptive-focused coding strategy. The recruitment flyers and invitation letters were distributed by emailing my friends/colleagues to invite them forward the flyers and letters to the likely participants (service members) for the research. Also, I documented the processes of categorizing the codes, data analysis procedure, themes development. Also, saved the signed informed consent forms, approved Walden University Form C (Ethics self-check application for IRB), unconditional approval letter to conduct this study. For example, as part of the IRB approval process, a detailed data collection plan is required.

Consistency in the results of this study is based on thorough coding and data analysis. As stated before, I used coding and data analysis methods developed by Adu (2019). For example, I used a descriptive-focused coding strategy because the participants offered direct answers to the interview questions on why their veteran colleagues end homeless. Furthermore, I labeled every research question to facilitate the coding process. These codes were then categorized to develop themes using the individual-based sorting strategy.

Also, I conducted a member check step to determine if the results represent the participants' opinions during the interview (Birt et al., 2016). I provided all the

participants with the findings developed based on their perspectives during their interview sessions. I requested that they verify if the findings represented the perspectives. Except for one (7.25%) participant that has not responded, fifteen (93.75%) participants responded that the findings represented their perspectives. Also, following this study's coding and analysis, the results of why some military veterans are homeless are based on the information the participants provided during the interview sessions.

Results

Summary of the answers and findings to interview question 5:

(What are your perspectives on the risk factors of HAMV?)

Among the participants interviewed for this study, 37.5% said lack of planning to adapt to civilian life after the transition from the military, 18.75% of them believed lack of education, 18.75% of the interviewees stated ineffective transition program. In comparison, 6.25% of the subjects said lack of knowledge of the VA resources available to homeless veterans, 31.25% of the participants believed substance abuse, and 18.75% said reliant on the military to provide every need (accommodation, medical care). Precisely 12.5% noted the aftermath of emotional events like divorce, 6.25% pointed out that the consequence of dishonorable discharge from the military, 6.25% said the effect of a military career, and 6.25% mentioned the unwillingness of homeless veterans to seek help are some the causes of HAMV.

Furthermore, 56.25% of the subjects said mental health illness, 6.25% commented on the stigma of mental health illness, and 31.25% cited financial hardship. Also, 18.75% believed the loss of benefits such as steady salary from the military, 12.5% noted the

skills like infantry is not readily transferred to civilian employment, and 25% maintained a lack of family. Additionally, 6.25% said the loss of a cohesive team, and 6.25% cited lack of mentorship after the transition from the military are some of the risk factors of HAMV.

From the responses to interview question 5, I developed the following five themes: (a) 81.25% of the participants said lack of preparedness to transition from the military, (b) 81.25% believed in consequence of military service, (c) 62.5% stated mental health decline, (d) 62.5% said financial difficulty, and (e) 37.5% thought the absence of a support system caused HAMV.

Summary of the answers and findings to interview question 6:

(Do you think the behaviors (traits) of homeless veterans could lead to the problem?)

According to the participants, the following are some of the behaviors that could lead to HAMV if not controlled: defiant "acting out in a sense," alcoholism/substance abuse, egotism (resulting in not seeking assistance when needed), and prideful causing some veterans not to accept certain employments, Also, hesitancy to ask for help, inability to work with others, calm, laid-back (not taking the initiative), and fiscal irresponsibility ("live beyond their means"). Furthermore, altruism (leaders not taking care of themselves). It should be noted behaviors like alcoholism are not allowed in the military because service members are held in part to higher standards. So, behaviors such as alcoholism could lead to a dishonorable discharge from the military, making the service members involved to be ineligible for certain benefits.

From the responses to interview question 6, I developed the following five themes: (a) 31.25% of the participants believed in inhibiting behaviors like hesitancy to seek assistance, (b) 18.75% said not taking steps to be self-sufficient, (c) 12.25% stated alcoholism, (d) 6.25% mentioned fiscal irresponsibility, and (e) 6.25% cited leaders not taking care of themselves as some of the behaviors that could ultimately lead to HAMV.

Summary of the answers and findings to interview question 7:

(Assess the U.S. Department of Veterans Affairs' role in addressing HAMV)

The participants interviewed for this study were asked to assess the VA's role in addressing homelessness among their veterans' colleagues. 25% said the VA is not providing adequate information on how the homeless veterans can access the resources available to address the problem. In addition, 6.25% stated the VA should assist the veterans in acquiring permanent homes. Also, 6.25% believed the department is understaffed/lacks funding, 18.75% noted the VA does not provide quality medical care to the veterans, and 12.5% raised concern over access to care.

From the responses to interview question 7, I developed the following four themes: (a) improvement on healthcare, (b) inadequate information on resources, (c) underfunding, and (d) lousy customer service. For example, the medical care provided by the VA ought to be improved by providing quality healthcare, removing the bureaucratic barrier to access to care, and providing counseling on drug and alcohol addictions. Also, the VA is called upon to provide adequate information to homeless veterans on the various resources the department developed to address homelessness.

Summary of the answers and findings to interview question 8:

(How do local communities support your homeless veteran?

The participants were asked to assess the role of local communities in supporting homeless veterans. According to the subjects, communities serve meals, provide shelter, offer educational counseling, conduct job training/assist in job search, and provide resources on mental health treatment through organizations like the Veterans of Foreign Wars. Furthermore, Local communities offer resilience training, offer a discount on certain goods and services.

From the responses to interview question 8, I developed the following four themes: (a) provision of meal and temporary shelter, (b) education, and job placement assistance, (c) counseling on mental illness, and (e) savings programs to homeless veterans.

Summary of the answers and findings to interview question 9:

(Which roles do homeless veterans play in addressing the problem?)

The participants were asked to assess the role of homeless veterans in addressing the problem of homelessness. Half of the subjects said the veterans should enroll in VA programs developed to address the issue, apply for jobs, enroll in programs offered by the communities they live in, and form a group in their respective districts to demand assistance from the government.

From the responses to interview question 9, I developed the following four themes: (a) participate in government programs, (b) seek employment opportunities, (c)

enroll in education/training within the community, and (e) form a group to demand help from the VA to address the problem of homelessness.

Summary of the answers and findings to interview question 10:

(Describe other programs you think should be developed to combat HAMV?)

The following are some of programs that the participants suggested to address HAMV: (a) communication channel between the veterans and military, (b) participation in the transition program after separation from the military, (c) maximize/enforce participation in the transition program, (d) educate recruits on the vital transition program, (e) direct recruits to develop a transition plan, (f) build a foreclosure prevention program, (g) participate in home building projects, (h) partner with local communities and homeless veterans, (i) provide career planning and stress management services, (j) offer more educational and job training for service members, and (k) provide funding to treat mental health illnesses.

From the responses to interview question 10, I developed the following three themes: (a) effectively implement existing programs designed to address homelessness, (b) participation of homeless veterans in programs like home building, and (c) increase in VA budget.

Summary

This study is conducted to discover service members' opinions on why veteran colleagues end up homeless in Maryland and Virginia. After the detailed data analysis described above in sections 435 to 439, I developed the following five results: lack of preparedness to transition/adapt to civilian life after separation from the military, the

impact of military service, mental health illness, financial difficulty, and absence of support system.

The first result of this study is the lack of a plan to function as civilians. According to the participants, some veterans depend on the military for benefits like stable salaries, accommodation, and healthcare. After discharge from the service, some veterans cannot maintain the military's lifestyle while serving. Also, ineffective transition programs offered by the army, lack of education, and absence of information on VA resources further contributed to veterans' lack of preparedness to adapt appropriately to civilian life. For example, the transition program does not ensure service members have the offer of employment before separation from the military. The program partly provides services such as assistance with resume writing and information on VA resources.

The second result of this study is the consequence of service in the military. One of the values the military promotes is esprit de corps (comradely). When not adequately adopted, this value could lead to negative peer pressure resulting in tobacco use and substance abuse habits. Mental health illnesses like TBI is the third result of this study the injury is connected to a decrease in income and social support among the veterans and subsequently increases the susceptibility of the veterans to homelessness.

Financial difficulty is the fourth result of this study. Some veterans are experiencing an economic problem because they "live beyond their means" and lose of steady salary after the transition from the military. As stated before, some veterans cannot maintain the lifestyle the military provides to them while serving.

The absence of a support system is the fifth result of this study. For example, lack of support from family members like parents/spouse, loss of cohesive team veterans were part of, and lack of mentorship exposed to while serving in the military. I was surprised that the lack of preparedness was the main result of this study.

In chapter 5, I will discuss the following topics: interpretations of the above findings, description of the limitations to trustworthiness, recommendations for further research, implications of this study regarding positive social change, reflection on my experience as a researcher like possible personal biases, and concluding statement on this study.

Chapter 5: Discussion, Conclusions and Recommendations

Introduction

The purpose of this study was to discover and explore the perspectives of service members on why veteran colleagues experience homelessness. I used a case study design for this research because it allowed the service members to share their perspectives on HAMV during interviews. The study was conducted to fill a gap in the existing literature on HAMV by adding the views of service members. Hopefully, the findings that emerge from this study can help to facilitate policy development to address HAMV. The results of this study could be beneficial to the VA and other organizations for developing policies and procedures to address the problem of HAMV.

I conducted interviews to collect data for this study. I interviewed one participant face to face and interviewed 15 participants on the phone. I collected signed informed consent forms from all participants prior to the interviews. I discussed the interview protocol with the participants, informing them of the purpose of the research, interview questions to be expected, confidentiality, and the right to withdraw from the interview. On average, each interview lasted for 1 hour.

Through analysis of the data collected from interviews with service members, risk factors for HAMV were identified as (a) lack of preparedness, (b) the consequence of military service, (c) mental health decline, (d) financial difficulty, and (e) absence of support system. In addition, inhibiting behaviors like pride in not accepting certain employment options, alcoholism, living beyond one's means, and leaders taking care of

subordinates at the expense of planning for their own transition from the military were behaviors identified as having the potential to lead to HAMV.

The findings suggest that VA could improve health care for homeless veterans by expanding access to care, providing information on existing resources, and requesting more funding for its programs. Local communities continue to support homeless veterans by providing meals, temporary shelter, job placement assistance, counseling on mental health, and savings programs. In addition, homeless veterans should continue to enroll in government programs, seek employment opportunities, and form a group to demand assistance from the government to complement these efforts. Lastly, to augment these efforts, leaders must implement programs effectively and encourage service members, mainly recruits, to develop a transition plan when separating from the military.

Interpretation of the Findings

Lack of preparedness to transition from the military and consequences of military service, like the stress on marriage of service members that could lead to divorce, are risk factors of HAMV. Also, mental health decline, financial difficulty, and the absence of a support system that some veterans struggle with could contribute to the problem. I based these assessments on data such as no plan to adapt to civilian life, ineffective transition plan, lack of knowledge of available VA resources, and lack of mentorship after the transition from the military.

This study's findings and the peer-reviewed literature confirmed that mental health illness is a risk factor for HAMV. The literature revealed that diagnosis of mental health disorder, TBI, childhood adversity, and abuse were predictors of homelessness

among veterans (Dinnen et al., 2014). To assimilate properly to civilian life after service in the military can be challenging because some service members do not prepare for the transition. Some may not take advantage of the educational opportunities available in the military that could lead to lucrative employment. Lack of jobs for these individuals means no steady income, which could lead to homelessness.

Inhibiting behaviors like egotism to seek assistance, not taking steps to be self-sufficient, alcoholism, and fiscal irresponsibility are behaviors that could be risk factors of HAMV based participants' perspectives on behaviors that could lead to homelessness. Pride for not accepting particular employment and hesitancy to ask for assistance both can contribute to HAMV. Additionally, being reliant on the military to meet an individual's needs and defiance are behaviors that could lead to HAMV. This study's findings and the literature confirm that financial difficulty is a risk factor of HAMV. For example, I discovered through the data collected from participants that some service members live beyond their financial means. Similarly, Elbogen et al., (2013) identified that many homeless veterans had experienced difficulty managing money.

Alcoholism was identified as a behavior that could potentially contribute to HAMV based on the perspectives of service members interviewed. In the military, service members could be separated dishonorably for repeated offenses related to substance abuse. In most cases, these service members lose benefits they would otherwise qualify for, which could then contribute to their inability to support themselves and secure stable housing.

The participants shared the following perspectives on the assessment of the VA in addressing HAMV: (a) improvement on healthcare, (b) inadequate information on resources, (c) lack of funding, and (d) bad customer service. For example, 18.75% of the participants indicated they believe the VA does not provide quality care, 12.50% said access to care is limited, and 6.25% urged the department to offer counseling on drug and alcohol addictions to veterans affected by these conditions. In addition, participants indicated the VA is not providing enough information to homeless veterans on various programs available to them. Participants said the VA is understaffed and does not provide financial assistance to homeless veterans to offset the expenses of veterans living in high cost areas.

This study's findings support the literature that homeless veterans face a challenge in accessing healthcare. For example, the literature revealed that access to medical services like mental health care is impacted negatively by the complexity of the VA healthcare system. As Gawron et al. (2017) found, the nearest VA hospital to over 9,000 homeless women veterans who live in rural areas is more than 40 miles away, which can make access to services prohibitive.

Based on participants' responses, local communities are supporting homeless veterans by serving meals and providing temporary shelters, job placement assistance, and counseling on mental health illness. Participants indicated that local organizations offer homeless veterans numerous resources. Some of these supports are resilience training and discounts on certain goods and services. Organizations like the VFW provide various services to homeless veterans. However, the extant literature indicates that

minimal coordination occurs between the state and local agencies, leaving homeless veterans to travel long distances to access care (Tsail et al., 2015).

Local organizations like the Salvation Army provide temporary shelters and hot meals. One of the objectives of this organization is to help homeless veterans to become self-sufficient and obtain affordable housing. Some local churches serve meals to homeless veterans and other homeless people in the community. Habitat for Humanity provides services like specialized treatment for PTSD, anxiety, and depression to veterans.

The participants shared the following perspectives on the roles of homeless veterans in having permanent homes: (a) enroll in government programs, (b) seek employment opportunities, (c) participate in the training opportunities that are available in the local communities, and (d) forming pressure groups. The following are two of the programs that are available to qualified homeless veterans: (a) PTSD residential rehabilitation and (b) substance use residential rehabilitation programs. Information about VA programs could be obtained by calling the VA customer service toll-free number at 1 (877) 424-3838.

Effective implementation of existing programs like the SFL-TAP, development of "exit plan," participation in programs like home building, and increase in VA budget to fund its different programs adequately could help address HAMV

Participants shared the following opinions on other programs required to address HAMV: (a) participation in the transition programs after separation from the military, (b) provision of employment assistance to veterans, (c) educate recruits on transition

program, (d) develop a foreclosure prevention program, (e) develop a program to determine the root cause of problems like drug addiction, (f) participate in home building projects (g) partnership with local communities to provide career planning assistance, (h) stress management services, and (i) job training.

Limitations

I changed my partner site as a result of the coronavirus 2019 pandemic. Also, I changed the research methodology from a phenomenological approach to a more appropriate approach (case study). I devoted a lot of time to changing partner sites, research methodology, and applying for a change in research procedure from the Walden University IRB.

Recommendations

Further research could explore homelessness in specific races/ethnicity in the military to determine whether a particular group is susceptible to the problem than other groups. Also, subsequent studies could investigate any correlation between the length of service (years in the military) and HAMV. Later research could examine why service members are not prepared to separate from the military. Further study could investigate the root causes of the risky behaviors discovered in this study. Subsequent research could examine the factors preventing the equitable distribution of VA resources in addressing HAMV.

The policymakers at the departments of the Army, VA, and service members need to pay attention to the results of this study. I would disseminate the results by providing an executive summary (1 page) to the participants and publishing the dissertation in ProQuest.

Implications for Social Change

Implications for positive social change include increased awareness of the risk factors of HAMV that were discovered in this study. Again, the study was conducted to fill a gap in the existing literature on HAMV by adding the views of service members. The discovery is essential to public policy and administration because it could facilitate a better understanding of HAMV. Policymakers could consider the findings of this study during the policy deliberation on HAMV.

The literature review conducted for this study reveals a correlation between failing mental health and homelessness. Arguably, the problem of homelessness is worsening because there are not enough resources to address the issue. In addition, this study discovers that lack of preparedness to transition from the military is one of the risk factors HAMV.

This study discovered that lack of preparedness to transition/adapt to civilian life after separation from the military, the impact of military service, mental health illness, financial difficulty, and absence of support system are some of the risk factors of HAMV.

The participants believed while serving, veterans depend on the military for benefits like stable salary, accommodation, and healthcare. After discharge from the service, some veterans cannot maintain the benefits. Also, ineffective transition programs

offered by the Army, lack of education, and absence of information on VA resources further contributed to veterans' lack of preparedness to adapt appropriately to civilian life.

Dinnen et al. (2014) said veterans diagnosed with mental health conditions such as TBI struggled with daily activities. The TBI could negatively impact the ability of the veterans to find and maintain employment. The TBI, if not treated, may ultimately increase the susceptibility of the veterans to homelessness. Also, this study discovered that some veterans are experiencing an economic problem because they "live beyond their means," one of the participants argued.

Furthermore, lack of social support from family members like parents/spouse, loss of cohesive team, and lack of mentorship that veterans experienced while in the Army combined with factors discovered above could lead to homelessness. Overall, it can be deduced from the above strengths that there is no single risk factor but rather a combination of risk factors of HAMV.

One of the empirical implications of this study related to positive social change is the introduction of seminars. These lectures should focus on developing individualized transition plans and how service members can promptly enroll in the VA programs before separating from the military. These topics will address some of this study's participants' perspectives that veterans do not have plans to adapt to civilian life and lack knowledge of some VA resources/programs on homeless veterans.

Also, the Army, VA, and groups such as Habitat for Humanity should establish or strengthen, if any, the existing partnership among them. The partnership would foster

awareness on mental health illness, proven strategies necessary to cope with emotional significance events like divorce and loss of loved ones. Also, introducing a mentorship program to coach veterans facing challenges in assimilating to civilian life is vital. Veterans that have effectively adapted to civilian life should be encouraged to lead this initiative.

The Army and VA should continue to expand access to care by establishing a partnership with local healthcare providers, particularly in rural communities. The partnership is necessary to intensify VA's outreach campaign on educating homeless veterans to enroll in different programs developed to address HAMV. Additionally, service members should develop plans required to adapt to civilian.

Also, local communities like VFW should continue to offer counsel on mental health illnesses. Churches should continue to serve meals (soup kitchens) to homeless veterans and set up programs to encourage homeless veterans to be self-sufficient by enrolling in vocational training. Lastly, homeless veterans should continue to enroll in government and non-government programs designed to address HAMV.

Reflection of the Researcher

I followed the interview protocol during the data collection by recording every interview session and ensuring that the coding and data analysis was based on the tape's transcript. I prevented subjectivity in this research by adopting the descriptive-focused coding and data analysis strategies introduced by Adu (2019). I conducted a member checking that resulted in 92.5% of the participants verifying the accuracy of the analyses

of the information from their interview sessions. Lastly, I did not disclose my status as a service member in my correspondence with the participants to prevent the influence.

Conclusion

Axon et al. (2016) said in 2013, approximately 57,849 veterans were homeless, 33 of every 10,000 veterans experienced homelessness at least one night, and 60 of every 10,000 veterans experienced homelessness in one year. Also, O'Toole and Pape (2015) remarked 1 in 3 homeless people were veterans. The VA set a goal of ending HAMV in 5 years. Unfortunately, the VA has not achieved the goal. For example, in "a Single Night in January 2020, 37,252 veterans were experiencing homelessness in the U.S., eight percent of all homeless adults. Of every 10,000 veterans in the United States, 21 were experiencing homelessness" (U.S. Housing and Urban Development, 2021, p. 52).

The solutions previously proposed to end HAMV did not include the perspectives of service members. This study used a qualitative case study methodology, interview as the data collection instrument, descriptive-focused coding to analyze the research data. Policymakers could adopt the findings of this study in developing policies and processes to address HAMV.

The VA ought to improve its healthcare quality and streamline access to care. Also, the local community should continue to serve meals, provide temporary shelter, offer job placement assistance, and provide counseling on mental health. Lastly, effectively implement the existing VA programs developed to address HAMV and educate homeless veterans to take advantage of these programs.

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Appendix A: Invitation Letter

You are invited to take part in a research study about the Service Members' Perspectives on Veteran Homelessness in Maryland and Virginia. The researcher is inviting service members to be in the study.

This study is being conducted by a researcher named Mr. Olasunkanmi Amosu, who is a doctoral student at Walden University. The study involves just an audio recorded interview without using your (participant) name. Also, the interview will not use your (participant) name in the audio recording. Please note, all prospective participants have the option to accept or decline this invitation. If interested contact me at the information below.

Name: Mr. Olasunkanmi Amosu
Doctoral Candidate of Public Policy and Administration
School: Walden University
Program with Specialization in Public Policy

Appendix B: Interview Protocol

Research Title: Service Members' Perspectives on Veteran Homelessness in Maryland and Virginia

Interviewer (Researcher) Name: Mr. Olasunkanmi Amosu

Interviewee (Service Member) Name: _____

Interview Date: _____

Introductory Protocol

Welcome and thank you for your participation in today's interview. My name is Mr. Olasunkanmi Amosu and I am a doctoral student at Walden University conducting my research project in partial fulfillment of the requirements for the degree of Doctor of Philosophy (PhD) in Public Policy and Administration. This interview is divided into three sessions: Service Members' Background Information, Service Members' Perspectives on Veteran Homelessness, and Closing Comments**.** It is planned to last no longer than one hour. During this time, I have several interview questions I would like to cover. If time begins to run short, it may be necessary to interrupt you to complete the questioning.

I would like your permission to tape record this interview, so I may accurately document the information you convey. If at any time during the interview you wish to discontinue the use of the recorder or the interview itself, please feel free to let me know. All of your responses will remain confidential. The purpose of this study is to ascertain your perspectives on veteran homelessness.

Your participation in this interview is completely voluntary. If at any time you need to stop or take a break, please let me know. You may also withdraw your participation at any time without consequence. Do you have any questions or concerns before we begin? Then with your permission we will begin the interview.

Section 1: Service Members' Background Information

1. Why did you join the military?

2. How long have you being serving in the military?

3. Briefly describe your experience in the military

4. Describe homelessness among your veteran colleagues

Section 2: Service Members' Perspectives on Veteran Homelessness

5. What are your perspectives on the risk factors of HAMV?

6. Do you think the behaviors (traits) of homeless veterans could lead to homelessness?

7. Assess the U.S. Department of Veterans Affairs' role in addressing HAMV.

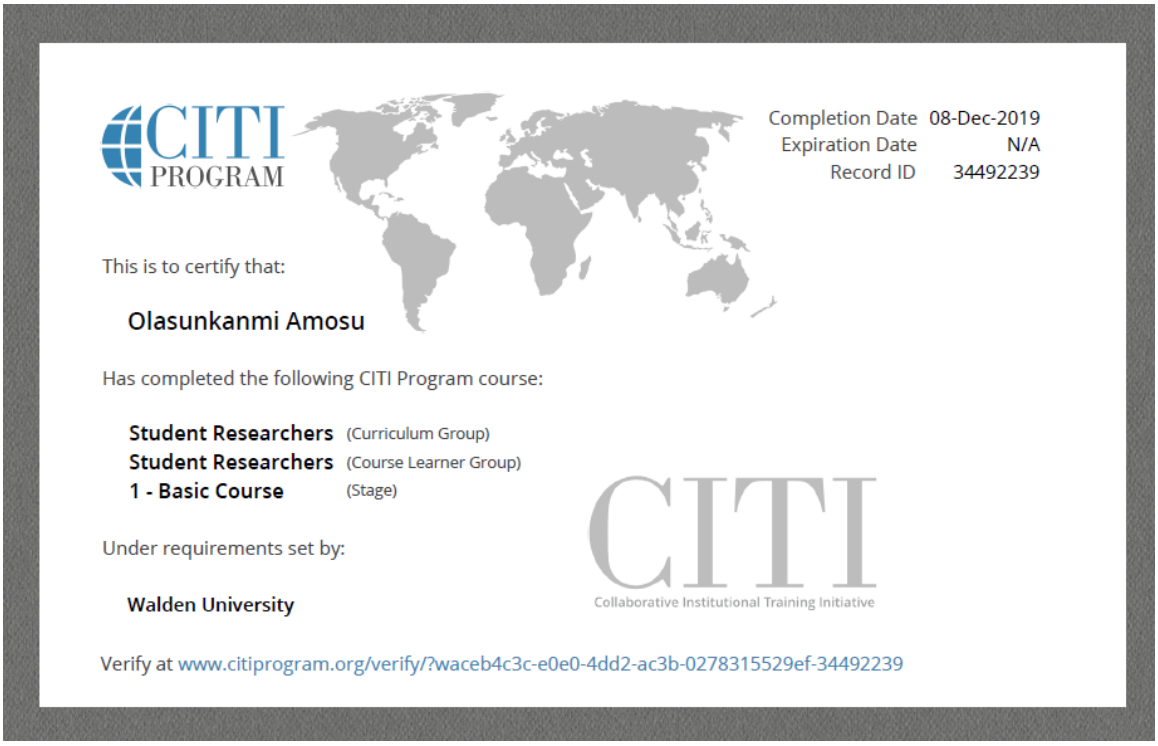
8. How do local communities support your homeless veteran?

9. Which roles do homeless veterans play in addressing the problem?

10. Describe some of the programs you think should be developed to combat HAMV?

Section 3: Closing Comments

Appendix C: CITI Course Completion Certificate



CITI PROGRAM

Completion Date 08-Dec-2019
Expiration Date N/A
Record ID 34492239

This is to certify that:

Olasunkanmi Amosu

Has completed the following CITI Program course:

Student Researchers (Curriculum Group)
Student Researchers (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

Walden University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?waceb4c3c-e0e0-4dd2-ac3b-0278315529ef-34492239