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Pepperdine University  
Graduate School of Education and Psychology

AN EXPLORATION OF SUCCESSFUL HOUSING OUTCOMES AFTER HOMELESSNESS:  
AN EXPERIENCE CAPTURED THROUGH THE LENS OF U.S. VETERANS

A dissertation submitted in partial satisfaction  
of the requirements for the degree of  
Doctor of Philosophy in Global Leadership and Change

by

Janice Filer

July, 2021

June Schmieder, Ph.D. – Dissertation Chair

This dissertation, written by

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DOCTOR OF PHILOSOPHY

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## DEDICATION

Floyda Pouncy Thompson     Mother

Eugene DeHaven Thompson     Brother

Dr. Christine Kolar             Best Friend

You all were with me at the beginning of this journey and now during the last three years you all are with God. I miss you more than you can imagine. Please know that you all gave me the strength to carry on and continue in your memory. You are the real angels in my life.

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My husband Duane Filer, my daughter Arinn Filer, my son Lance Filer, my daughter-in-law Faviola Filer and grandson Lance Giovanni Filer have given me inspiration and joy in all that I attempt in my life choices. Thank you for allowing me to use some of your precious time in my continuing pursuit of education and learning.

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To the other PhD students of whom I have had the pleasure of being in your company, I appreciate your knowledge, friendship, and support.

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## ABSTRACT

Homelessness is experienced by veterans at a higher percentage than nonveterans. Veterans represent eight percent of the homeless population (U.S. Department of Housing and Urban Development, 2019). Also, the mortality rate of younger homeless veterans is higher than non-homeless veterans (Schinka et al., 2018). Veterans experience the lack of affordable housing, the lack of affordable health care, post-traumatic stress disorder (PTSD), substance abuse, and a lack of family or social support (National Coalition for Homeless Veterans, 2018). The purpose of this qualitative research study was to interview prior homeless veterans from Gulf War Era I (1990 - 2001) and/or Gulf War Era II OEF/OIF/OND conflict eras (Operation Enduring Freedom [Afghanistan]) 2001- present, Operation Iraqi Freedom 2003- present and Operation New Dawn Iraqi September 2010 - present veterans). In-depth interviews were conducted with each participant. The data gathered was analyzed for common themes to assist in the prevention and decrease of veteran homelessness. The five themes that emerged were relationships matter, faith/spirituality may be a protective factor, the importance of the belief in self, higher education makes a difference, and the need for ongoing improvement of transition services. This study provides suggestions and best practices to assist individuals and organizations in the prevention of veteran homelessness. In addition, this study provides opportunities for future research on veterans and homelessness in general.

## **Chapter 1: The Problem**

This study analyzes the positive effects of programs and/or support that has assisted previously homeless veterans from Gulf War Era I (1990 - 2001) and Gulf War Era II OEF/OIF/OND conflict eras (Operation Enduring Freedom [Afghanistan]) 2001- present, Operation Iraqi Freedom 2003- present and Operation New Dawn Iraqi September 2010 - present veterans) to acquire permanent housing. The study utilizes phenomenology as a qualitative approach to discover what led to the success of veterans acquiring permanent housing. In a phenomenological study, individuals share their common experiences (Creswell, 2013). Veterans share their stories of success through their own voices. Homelessness is experienced by veterans at a higher percentage than nonveterans. Veterans represent eight percent of the homeless population (U.S. Department of Housing and Urban Development, 2019) and they are seven percent of the total population (U.S. Census Bureau, 2017).

Chapter 1 introduces the background of the study regarding the characteristics of homeless veterans. The problem statement and purpose statement are followed by the importance of the study. The key terms and definitions are followed with the theoretical conceptual frameworks that contextualize the study. Limitations, delimitations, assumptions, and positionality are included. The organization of the study and a chapter summary concludes the chapter.

### **Background of the Problem**

The National Coalition of Homeless Veterans (2018) report that homeless veterans experience a lack of affordable housing, health care, and support. The percentage of homeless veterans who have had suicidal attempts is more than 50 percent (Goldstein et al., 2012). Also, the mortality rate of younger homeless veterans is higher than non-homeless veterans (Schinka et

al., 2018). Homeless veterans and their families experience poverty and psychological problems (Marcal, 2017). They participate in crimes which have led to higher rates of involvement in the criminal justice system as compared to non-homeless citizens (Benda et al., 2003).

The characteristics of homeless veterans are mostly male with about 9% female and tend to be single and living in urban areas. Their health issues range from mental illness to substance abuse. Forty-five percent are African American or Hispanic with nine percent aged between 18 and 30, and forty-one percent between 31 to 50 years of age. Homeless veterans have been involved in various combat experiences to include World War II, Korea, Vietnam, Afghanistan, Iraq, and other areas of war zones. There is approximately another 1.4% of other veterans that are considered at risk of being homeless due to their low socioeconomic status (National Coalition for Homeless Veterans, 2018)

Most homeless Veterans experience the lack of affordable housing, the lack of affordable health care, post-traumatic stress disorder (PTSD), substance abuse, and a lack of family or social support. Veterans are in need of health care, counseling, and job training. Additionally, veterans need safe housing with an environment that provides assistance based on individual needs (National Coalition for Homeless Veterans, 2018).

Military trauma has been found to increase the risk for post-traumatic stress disorder (PTSD). In a study of 115 veterans in a residential program for the homeless, it was documented that the rates of PTSD increased after deployment in combat (Carlson et al., 2013). Veterans were also found to have a risk of PTSD from witnessing stressors of injury and/or death, physical and/or sexual abuse and other types of trauma.

PTSD is diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> edition (American Psychiatric Association, 2013). It requires the presence of

criterion A and symptoms from the other four criterion areas. Criterion A is a traumatic event. Criterion B consists of nightmares or flashbacks. Criterion C is characteristic of the avoidance of reminders or trauma related memories. Criterion D represents negative moods or emotions. Criterion E consists of hypervigilance. PTSD is a psychological response to trauma (Koenig et al., 2019).

Substance abuse also contributes to the homelessness of veterans. The effects of PTSD may often lead to depression, unemployment, family problems, and drug abuse (Donovan & Shinseki, 2013). In a study which utilized 310,685 veteran records of those who served in the Iraq and Afghanistan conflicts, it was found that the rates of substance abuse increased the chances of homelessness for veterans (Metraux et al., 2013). Although no difference in the rates for women was found in these conflicts, differences in socio economics and demographics were noted. For example, being black, Hispanic, unmarried, and living in urban areas found higher incidence of homelessness.

Research has discovered that veterans who have served in the Iraq and Afghanistan conflicts have been found to be at a higher risk of homelessness than other veterans (Kuehn, 2013). Additionally, data from 44,577 veterans of which 994 were from the Operations Enduring Freedom (Afghanistan), Iraqi Freedom and New Dawn or Iraq (OEF/OIF/OND) found that mood disorder in connection with substance abuse and/or a psychotic disorder was also increased in the veterans who were involved in these conflicts (Tsai, Pietrzak, & Rosenheck, 2013). OEF represents the war in Afghanistan beginning in 2001 to the present. OIF represents the war in Iraq beginning in 2003 to the present. OND is also regarding the war in Iraq which began in September to the present (U.S. Department of Veterans Affairs, 2020). The same risk factors of

poverty, substance abuse and mental illness that cause homelessness of non-veterans is associated with those who have served in Iraq and Afghanistan (Kuehn, 2013).

In a study of 301 veterans of the Iraq and Afghanistan conflicts, veterans and their families reported that anger, aggression, domestic violence, and social alienation are concerns in their post-deployment. It was also suggested that hostility and aggression is a mechanism that should be targeted in therapy for veterans (Voorhees et al., 2016). According to the U.S. Department of housing and Urban Development, Operations Enduring Freedom (Afghanistan), Iraqi Freedom and New Dawn or Iraq (OEF/OIF/OND) homeless female veterans were mostly Black, whereas the males were mainly white (Tsai, Pietrzak, & Rosenheck, 2013).

Military training requires military personnel to respond aggressively to perceived threats. Additionally, research has found that in inner-city communities, the occurrence of PTSD is similar to that of combat veterans. Disrespect is viewed as being dishonorable and retaliation is used to reduce threat and to reinstate honor (Voorhees et al., 2016).

The negative effects of homeless veterans pose several problems for families, society, and themselves. The mortality and suicide rates for homeless veterans are high. Data from interviews of 3,595 homeless veterans found that over 50 percent have a lifetime prevalence of suicide attempts (Goldstein et al., 2012). Research has also documented that veteran women have a three to four times increased risk of homelessness than non-veteran women (Harpaz-Rotem et al., 2011). Additionally, the mortality rate of younger homeless veterans is higher than non-homeless veterans. In a study of homeless veterans (Schinka et al., 2018), the Veteran Affairs records of 23,898 homeless living veterans compared to 65,198 deceased veterans and found that younger and middle-aged veterans have a higher mortality rate due to homelessness which leads to chronic health problems.

Homeless veterans are involved in crime, substance abuse, medical and mental health issues. Also, their children are experiencing poverty and the effects that lead to their own childhood psychological issues (Marcal, 2017). Veterans who experience homelessness are involved in crimes which make it unsafe for themselves and others in the surrounding communities (Benda et al., 2003).

Homelessness is a global problem. The U.S., Canada, Norway, Denmark, Australia, Ireland, England, and Scotland have plans to end or reduce their homeless population (Turner et al., 2017). As an example, Ireland developed the Dublin City Local Economic and Community Action Plan 2016-2021 which provides support for the homeless (Dublin City Local Development Committee, 2017). Australia and New South Wales have signed an agreement to reduce homelessness and have invested one billion in funding (New South Wales Government, 2019). The Greater London Authority with the Ministry of Housing and Communities along with local Government in Britain published their Rough Sleeping Plan of action (Ministry of Housing and Communities, 2018) which addresses intervention, prevention, and recovery of homelessness. The United States has partnered with the Housing and Urban Development (HUD) and Veteran Affairs (VA) to provide services for homeless veterans.

### **Problem Statement**

U.S. Veterans experience homelessness at a greater risk than other members of the population. Thirty percent of the homeless are veterans and approximately two thirds of homeless veterans are not utilizing homeless services (Montgomery et al., 2016). Homelessness is a global issue. In the United States and around the world, homelessness is an issue that has been identified as a serious problem.

Veteran homelessness experienced the greatest increase in California. There are 37,085 homeless veterans in the U.S. with 10,980 homeless veterans located in California (U.S. Department of Housing and Urban Development, 2019). The U.S. total national estimate of homeless individuals is 396,045 people. From 2018 to 2019 homelessness in America increased by 23,628 more individuals which represents a six percent increase. For homeless women, there was an eight percent increase. Veteran homeless women increased two percent. There are 3,292 veteran homeless women which represents 8.9%, although they represent 10.4% of the unsheltered homeless veterans. The homeless African American population increased six percent. African Americans represent 40 percent of all homelessness, although they are only thirteen percent of the U.S. population. African American homeless veterans represent 12,215 individuals which is about 33% of veterans while they only represent 12% of all veterans.

The European Union, which represents 27 countries, estimates that there are 700,000 homeless people sleeping rough or in emergency rooms (Serme-Morin, 2019). Rough sleeping are people who are sleeping in public places such as streets, cars, or parks and who are not in shelters (Bretherton & Pleace, 2018). Some of the homeless counts in Europe include the following: 3,386 in Brussels with a 96% increase over eight years, 6,685 in Denmark with an 8% increase in two years, 16,437 in Spain with a 20.5% increase in two years, 6,615 in Finland represents a 70% decrease over thirty years, and in England 59,000 which is an increase of 48% in seven years.

The development of a set of best practices for the reduction of homelessness is needed worldwide. *The Military Transitions 2018: A Review of Historical, Current, and Future Trends* (U.S. Department of Veterans Affairs, 2018) recommended that public and private organizations develop a collaboration to assist veterans in their reintegration into civilian life. In a report

prepared with funding from the U.S. Department of Labor (Woolsey & Naumann, 2015), it was recommended that research studies involving “best practices” about the employment, education and housing of veterans is needed. This paper further suggested that effective interventions regarding homelessness and education should also be explored. In a qualitative study of volunteers and service providers of veterans (Kintzle et al., 2015) it was recommended that further studies involving “best practices” for services for veterans be shared. The Rand Corporation published a study about veterans and employment that mentioned the lack of research on the effectiveness of veterans in their civilian jobs and identified effective approaches (Batka & Hall, 2016). The New South Wales Government (2019) has suggested that the government and the community collaborate to help in the fight against homelessness. The University of Calgary’s Department of School and Public Policy published research (Turner et al., 2017) regarding homelessness that addressed the need to identify and validate successful programs and development of a pilot to include ongoing assessment. Additionally, The U.S. Department of Veterans Affairs (2018) suggested that the military use data and research to better the lives of service members who have transitioned to civilian life.

### **Purpose Statement**

This qualitative phenomenological study explores the experiences of former homeless Gulf War Era I (1990 - 2001) and/or Gulf War Era II OEF/OIF/OND (2001- present) veterans and their pathways to permanent housing. Prior homeless veterans share their stories and experiences of support for housing. The project focuses on the positive strategies and support that led to their successful transition from being homeless to independent living.

## **Importance of the Study**

Los Angeles has the largest number of unsheltered homeless veterans in any U.S. city. There 2,775 veterans in Los Angeles who are unsheltered. California experienced the greatest increase of homeless veterans than any other state between 2018 and 2019 (U.S. Department of Housing and Urban Development, 2019). The analysis of the study will be utilized to develop a “best practices” U.S. model to end homelessness for U.S. veterans that could possibly be duplicated globally. The Veteran Administration offers housing to homeless veterans. Some of the programs have experienced positive returns on their investments and have been found to be effective in supporting the needs of homeless veterans. More research in the effectiveness of veteran housing programs is needed to support public policy in the prevention of homeless veterans and its negative effects on society.

## **Housing First**

Permanent supportive housing reduces the use of hospitals and incarceration for homeless veterans. Permanent supportive housing affords previously homeless veterans’ access to services and more positive, supportive relationships (Harris et al., 2018). In another study, the Housing First model for homeless veterans was found to be effective (Montgomery et al., 2013). The Housing First program reduces the wait time for housing from approximately 223 days to 35 days. Housing retention rates improved, and emergency room visits decreased. The Housing First program is community-based, utilizes contractors, provides a faster access to homes, connects with veteran services, and offers around the clock case management.

The Housing First model has been replicated and adapted in Finland, Sweden, and in the United Kingdom (Pleace et al., 2015). In review of the Housing First Model, it was suggested that the model has worked well internationally. There have also been some criticisms regarding

communal living. Some argue that scattered housing is better than living in shared space due to the presence of drugs or alcohol use (Pleace et al., 2015).

The U.S. Department of Veterans Affairs (O'Toole & Kane, 2014) published an executive summary on the Return Investment Analysis and Modeling of the Veterans Health Administration Homeless Program Office and Funding. The study found that there is a positive return on investing in the homeless veteran. The findings document other studies that have also found that there is a positive return on finding homes for homeless veterans. For example, the daily rate of caring for the homeless is much more than providing housing. Shelter is \$28 dollars per day, housing \$31 dollars, jail \$87 dollars, detox \$256 dollars, ambulance \$527 dollars, psychiatric hospital \$604 dollars, Emergency room \$905 dollars, and hospital inpatient care is approximately \$1,940 dollars (O'Toole & Kane, 2014). The yearly savings example represents a 53% savings, 66% reduction in urgent care, 45% reduction in incarceration, and as much as \$4 million in one city.

The Veterans Affairs Supportive Housing Program (HUD-VASH) has been available since 1992 for homeless veterans. Homeless veterans are required to meet the definition of homelessness contained in the McKinney Homeless Assistance Act (Crone, 2017). The McKinney-Vento Homeless Assistance Act (PL 100-77) is the first and only major federal legislation regarding homelessness. The McKinney-Vento Act includes provisions for the definition of homelessness, emergency food and shelter, transitional housing, federal property for housing, health and human services, education for homeless children, and training (National Coalition for Homeless Veterans, 2018).

## **Women Veterans**

Women veterans experience higher unemployment rates than men and suffer from unique adverse experiences compared to men. In a study regarding homeless veteran women, it was found that the experiences of physical abuse, relationship termination, unemployment, childhood trauma and substance abuse were examples of factors that led to homelessness in women (Hamilton et al., 2011). For women veterans, intimate partner violence (IPV) was also found to lead to homelessness. The Veteran Health Administration found that the homeless risk for veteran women to be 40% higher than men and that being African American, single, or having experienced military sexual trauma (MST) also increases housing instability (Montgomery et al., 2018).

Women military service members have different needs when they are discharged from the military. Gender specific services, education/employment assistance, sexual and health needs of women are all areas of support that are necessary for women veterans as they transition into civilian life (Strong et al., 2018). Additionally, findings suggest that appropriate services should provide support to help women veterans with social and financial assistance in the prevention of depression (Sairsingh et al., 2018). Depression leads to unemployment and unemployment is a risk factor in homelessness.

## **African American Veterans**

African American veterans have a higher unemployment rate of 4.3 percent compared to the average veteran unemployment rate of 3.5 percent (U.S. Bureau of Labor Statistics, 2019). In several studies, it was found that being an African American veteran man who is unmarried was a predictor of homelessness (Montgomery et al., 2015). Another study found that veterans who are African American or depressed are less likely to attend postsecondary education. This study

found that college attendance, being employed and married were associated with a greater life satisfaction (Aikins et al., 2015).

Yearly, approximately 200,000 military members become veterans (Kamarck, 2018). There is a significant number of veterans who are unemployed. According to the U.S. Department of Labor, there are 326,000 unemployed veterans. Veterans represent eight percent of the population, and the unemployment rate of veterans varies among states from 1.4 percent to 6.5 percent. Women represent 4.0 percent of the unemployment rate for veterans, and African Americans represent the highest rate of unemployed veterans of 6.3 percent, as compared to 3.5 percent of all veterans. Additionally, Gulf War Era II veterans represented 3.8 percent in comparison to Gulf War Era I at 2.8 percent (U.S. Department of Labor, 2019). Gulf War Era II (OEF/OIF/OND) represents conflicts beginning September 2001 to the present. Whereas Gulf War Era I represent conflicts between August 1990 and August 2001 (U.S. Department of Labor, 2019).

African American veterans who have attended vocational rehabilitation (VR) services to help them gain employment fall below the national average success rate (Moore et al., 2016). The national average success rate returning to work outcomes is 51.90 percent compared to the African American rate of 42.18 percent. Some states have higher rates for African American veterans. For example, the return to work success rate in California for veterans who have utilized the VR services is higher for African Americans at 29.28 percent compared to whites at 26.76 percent. In a study regarding peer mentors for homeless veterans, it was found that African American homeless veterans were more likely to experience positive benefits from a peer mentor (Resnik et al., 2017). This study suggests that African American homeless veterans may prefer and value social support and its social-emotional benefits.

## **Religion and Spirituality**

Religion and spirituality are similar and sometimes overlap in their meaning. Religion involves symbols, ceremonies, and beliefs with a transcendent such as God, a Higher Power, Allah, or Buddha. Spirituality includes values and mental health with a transcendent which is outside and within self. It is maybe connected to religion, but it extends further to question belief and nonbelief to devotion and submission (Koenig, 2012).

PTSD is prevalent among homeless veterans. Religion and spirituality (R/S) have been studied as a resource to provide coping strategies for individuals with mental disorders. Several studies have found that patients use religion or spirituality during psychiatric illnesses to provide them with a more hopeful view of their disorder. R/S may also provide an acceptance of suffering and a sense of meaning or purpose (Koenig, 2009). Seven studies regarding veterans with PTSD have shown significant improvements in their disorder with the use of religion or spirituality as an intervention (Smothers & Koenig, 2018).

## **Higher Education**

It has been suggested that further research regarding education as a protective factor for homeless veterans be explored (Woolsey & Naumann, 2015). In one study, it was found that more connections between military training and college course credit may be helpful in the transition from the military to education programs (Smith et al., 2018). Additionally, this study found that the military experience prepared veterans for the post-secondary experience and that their veteran peers provided support in the needed resilience to succeed in higher education. The college experience may provide the development of resilience for veterans. In another study, it was suggested that occupational therapy may serve as a protective factor as an intervention on the college campus for student veterans (Eakman et al., 2016).

Several studies indicate that providing college credit for military experience increases veteran success at the college level (Giardello & Appel, 2019). This literature includes data from the Multi-State Collaborative on Military Credit (MCMC). It has been suggested that colleges improve their programs to assist student veterans in making education a reality. The MCMC is dedicated to the improvement of military training to college credit and articulation.

The U.S. Department of Veterans Affairs (2018) details many changes that the Forever GI Bill affords in supporting education for veterans. For example, increasing the removal of the fifteen-year limit of educational benefits for post 9/11 veterans who have discharged on or after January 1, 2013, and additional educational benefits extending an extra nine months for veterans seeking or enrolling in science, technology, engineering, or math programs.

### **Legislation and Veterans**

There are several legislative bills that are proposed to assist homeless veterans. Some bills include dental services, help for women veterans in particular, and/or offer wider use of vouchers. The STOP Homelessness Act (2017-2018), H.R. 5045, is legislation that could potentially provide more funding to homeless veterans. This bill allows taxpayers to donate a portion of their overpayment of taxes as a contribution to provide funding to the homeless. The only problem with this legislation is that it is an option for taxpayers, which means the funding is not assured. Another possible effective legislation is H.R. 3389, Housing Homeless Veterans Act (2017). This bill provides more vouchers for homeless veterans in the more highly populated areas of homeless veterans. Neither of these bills have passed Congress. H.R. 2326, which is sometimes referred to as the Transition Act of 2019 (Navy SEAL Chief Petty Officer William “Bill” Mulder (Ret.) Transition Improvement Act of 2019) has passed the House. It provides grants to fund transition programs for veterans. President Trump recently signed the McCain

National Defense Authorization of 2019 which adds more counseling and support to the TAP (Transitional Assistance Program) requirements. This also requires that military service members complete their TAP individual plan no less than 365 days before their discharge date and that the TAP program begins two years before their discharge. It also provides counseling to family members (Kime, 2019).

### **Definition of Terms**

- *ACE*: American Council on Education awards college credit for prior military training (Giardello & Appel, 2019)
- *ACT*: Assertive Community Treatment (Tsemberis et al., 2004)
- *AUD*: Alcohol Use Disorder (Straus et al., 2019)
- *DSM-5*: Diagnostic and Statistical Manual of Mental Disorders version 5 (Koenig et al., 2019)
- *Gulf War Era I*: Conflicts between August 1990 and August 2001 (U.S. Dept. of Labor, 2019)
- *Gulf War Era II*: Conflicts beginning September 2001 to the present (U.S. Dept. of Labor, 2019)
- *HF*: Housing First (Tsemberis et al., 2004)
- *HFE*: Housing First European (Busch-Geertsema, 2013)
- *HUD*: Housing and Urban development (Crone, 2017)
- *HUD-VASH*: Housing and Urban Development-Veteran Affairs Supportive Housing Program (Crone, 2017)
- *IPV*: Intimate Partner Violence (Montgomery et al., 2018)
- *MCMC*: Multi-State Collaborative on Military Credit (Giardello & Appel, 2019)

- *MST*: Military Sexual Trauma (Montgomery et al., 2018)
- *OECD*: Organisation for Economic Co-operation and Development (Woodhall-Melnik & Dunn, 2016)
- *OEF/OIF/OND*: Operation Enduring Freedom (Afghanistan) 2001- present, Operation Iraqi Freedom 2003 – present and Operation New Dawn Iraqi September 2010- present (U.S. Department of Veterans Affairs, 2020)
- *PSH*: Permanent Supportive Housing is safe and affordable subsidized housing without time limit restrictions. Housing may be single-site, scattered -site, or unit-set asides for a number of apartments designated for former homeless individuals (United States Interagency Council on Homelessness, 2018b)
- *PTSD*: Post-traumatic Stress Disorder is often caused by the stress of combat or other types of abuse (Carlson et al., 2013).
- *R/S*: Religion and Spirituality (Koenig, 2012)
- *TAP*: Transition Assistance Program (Kime, 2019)
- *TAU*: Treatment as Usual (Goering et al., 2014)
- *TF*: Treatment First (Kennedy et al., 2017)
- *VA*: Department of Veterans Affairs (Kamarck, 2018)
- *VR*: Vocational Rehabilitation (Moore et al., 2016)
- *ZPD*: Zone of Proximal Development (Vygotsky, 1978)

### **Conceptual/Theoretical Framework**

The three theoretical frameworks that were utilized to inform this study were Maslow's theory of motivation (Maslow, 1943), Vygotsky's theory of social constructivism (Vygotsky, 1978), and the growth mindset framework (Dweck, 2016). The motivation of homeless veterans

to overcome homelessness as seen through their own perspectives provides a framework to analyze the social and educational learning needed to the successful transition to permanent housing.

### **Research Questions**

The following research questions guided this study:

Question 1: What services or support were the most effective in helping homeless veterans adjust to civilian life?

Question 2: How has stable housing changed the life of former homeless veterans?

Question 3: What are some improvements needed in helping homeless veterans?

### **Limitations**

1. This study is not based on a large population of former homeless veterans.
2. It is based on interviews from veterans who are attending higher education in colleges and universities.
3. There is a lack of previous research studies involving previously homeless veteran students.

### **Delimitations**

The delimitations are the following boundaries set by the researcher:

1. Interviews are limited to veterans who served in the Gulf War Era I (1990 - 2001) and/or the Gulf War Era II OEF/OIF/OND (2001 – present).
2. Interviews are in a one- hour time period.
3. Interviews are mainly from the Los Angeles Area.
4. All interviews are through zoom conferencing.
5. Qualitative research includes researcher subjectivity (Bloomberg & Volpe, 2019).

## **Assumptions**

The assumptions were that the participants answered the interview questions truthfully and to the best of their own knowledge. Additionally, the data reflects accuracy and confidentiality.

## **Positionality**

As a family member of more than one homeless veteran, the issue of homeless veterans is an especially important issue to me. The issue is tied to my passion to end homelessness for not only everyone but especially for those who have served our country. Not only have I had family members that were homeless veterans, but I have also known of close family friends who have had members in their families become homeless veterans. Unfortunately, I have had members of my family to be male and female homeless veterans. Too often, I am made aware of veterans who have suffered from alcoholism and drug addiction that led to unemployment, homelessness, and even early death. The research regarding homeless veterans mirrors my own personal experiences with homeless veterans.

As a retired high school principal, I have experienced the educational system as a teacher on the elementary, secondary and college levels. While still teaching on the college level, the education and success of veterans is important to me. This study involving homeless veterans is related to education. Research studies have found marital status and education to be protective factors in the prevention homelessness. Additionally, the National Health and Resilience Study on Veterans (Straus et al., 2019), found that for veterans who experienced PTSD and Alcohol Use Disorder (AUD) scored lower on the protective factors of resilience, purpose, community, gratitude, optimism, and gratitude. Educators and schools are devoted to providing students with tools to become successful citizens and adults. Motivation is the key to successful learning.

Homeless veterans are learners who have to make adjustments to civilian life. Individuals become successful when they are motivated to achieve, believe in themselves, experience success, and are provided the tools to help them become independent learners.

The demographic of homeless veterans is of interest to me as an African American female. The U.S. Department of Labor (2019) reports that veterans who are African American represent a higher unemployment rate compared to other ethnicities. Additionally, veteran women are also unemployed at higher rates than men. It is imperative that programs to eradicate homelessness in veterans develop strategies to target the needs of African Americans and women. It is important for educators and support service providers to be aware of the impact of culture on homeless veterans.

The issue of homelessness is important nationally and globally. As a California resident of Los Angeles County, the issue of homelessness and veterans is critical. California represents 33% of the nation's homeless. California also represents 10,980 homeless veterans which is the largest number of homeless veterans in any state. In California there are 7,719 veterans who are unsheltered. This represents 70.3% unsheltered which is the highest national state average. Los Angeles County also has the highest number of homeless veterans in one U.S. county which represents 3,538 (U.S. Department of Housing and Urban Development, 2019). According to the U.S. Department of Housing and Urban Development (2018), The Housing First Model to provide housing has been utilized globally. It has been found to be effective and reduces wait time for housing, hospital visits and incarceration.

Veterans from all branches of the service experience the Transition Assistance Program (TAP) before they are discharged from their military service. TAP is required globally to all service members prior to their discharge. This is a training program to assist service members

with the transition to civilian life. After the military, homeless veterans are not transitioning positively. The adult learning model, social constructivism, motivation, and the possession of a growth mindset is necessary for successful transitioning. Therefore, as a teacher and lifelong learner, it is imperative that “best practices” are explored to provide better adjustment after the military.

### **Organization of the Study**

This research study is organized in five chapters. Chapter 1 provides a background of the study and identifies a theoretical framework to analyze best practices in supporting homeless veterans to permanent housing utilizing a phenomenological study about the perceptions of former homeless veterans. Chapter 2 begins with the theoretical frameworks of Maslow’s theory of motivation, Vygotsky’s theory of social constructivism, and Dweck’s growth mindset theory. It also provides an overview of the literature regarding homeless veterans including the subgroups of women and African American veterans. Religion and higher education are explored as it relates to veterans. Chapter 3 outlines the methodology, design, population sample, procedures, human subject considerations, data, and analyses. Chapter 4 describes the analysis of findings. Chapter 5 provides the overview of the findings, conclusions, and recommendations.

### **Chapter Summary**

Chapter 1 introduced the problems associated with being a homeless veteran who included lack of affordable housing, suicide, mortality rates, psychological problems, and crime. The characteristics of homeless veterans were mentioned to include substance abuse, PTSD, low socioeconomic status, depression, and unemployment. Additionally, higher rates of homelessness for veterans were identified as those who were women, African American, unmarried or who served in the Afghanistan and Iraq conflicts. Homelessness is found globally.

Several countries including the United States, Norway, Denmark, Australia, Ireland, Scotland, and England all have developed plans to address homelessness.

The problem statement describes the veteran homeless population in the United States. Research has documented the need to address homelessness of veterans. Several studies of homelessness and veterans have concluded that there is a need for the development of “best practices” in support of veterans who are unemployed, homeless and in need of educational programs.

The purpose statement and the importance of the study describes the study as a phenomenological qualitative study to explore the experience of former veterans who have been successful in securing permanent housing. The importance of the study describes the need of a U.S. model to end veteran homelessness and to hopefully be developed and replicated in the hopes of assisting the global problem of homelessness.

Education has been found to be a protective factor in homeless veterans. Research suggests that more connections between military experience and college course credit be considered. Additionally, the college experience may develop resilience in veterans. The college and university experience are important in the improvement of the lives of veterans.

There have been several legislative proposals to assist homeless veterans. These bills include assistance for women veterans, medical services, housing vouchers, grants to fund homeless programs, and counseling. Legislators are aware of the vast needs of homeless veterans and are dedicated to improving the lives of homeless veterans.

The definition of the terms is followed by the theoretical framework. The theoretical framework to inform the study is based on Maslow’s theory of motivation, Vygotsky and the theory of social constructivism, and the growth mindset framework of Dweck. These theoretical

frameworks provide a conceptual model to understand the motivation and learning that assisted homeless veterans in their struggle to become permanently housed. The research questions for the study were:

1. What services or support were the most effective in helping homeless veterans adjust to civilian life?
2. How has stable housing changed the life of former homeless veterans?
3. What are some improvements needed in helping homeless veterans?

Next, the limitations and delimitations were followed by the assumptions. The positionality of the study was centered on the researcher and a personal passion for the study of homeless veterans, her experience as an educator and firsthand experiences with homeless veterans. The state of California and the city of Los Angeles represent the highest number of homeless veterans. Therefore, this study focuses on prior homeless veterans who live in those locations. The organization of the study is outlined in the chapters of the study.

## **Chapter 2: Literature Review**

### **Chapter Overview**

Chapter 2 presents the conceptual framework used to analyze the experiences of prior homeless veterans and their support which has led to permanent housing. It reviews the literature regarding homeless veterans, The Housing First Model in the United States and other countries, homeless women veterans, and African American homeless veterans. Additionally, religion and higher education is explored as they relate to veterans.

### **Maslow**

The conceptual framework is presented to capture the experiences of prior homeless veterans and the successful practices that led to permanent housing utilizing the lens of the identified frameworks. Abraham Maslow (1943) created a theory of human behavior which is based on motivation and needs. This theory is described as a hierarchy of needs beginning with the deficiency needs of food and water. Maslow labels these needs as physiological needs. Next, the safety needs include shelter, employment, and health. The third level is the belonging and love needs that include family, friends, and relationships. The esteem needs comprise the fourth level which includes achievement and the respect of others. The last level of need is described as self-actualization which is the desire for self-fulfillment (Schunk, 2016). Maslow mentions that the hierarchy is not rigid but may be different for different individuals depending on their personal needs. He provides an example that mirrors the life of a homeless veteran. This example is that individuals who have experienced unemployment, or lack of food may have lost the motivation or need for esteem or self-actualization (Maslow, 1943).

Maslow describes the differences between deficiency needs and self-actualization. The need for food, safety, and belongingness can only be met by depending on the environment

(Maslow, 1962). Whereas being self-actualized, is independent of others or the environment. This implies that self-actualization may not develop due to the lack of the physiological and safety needs being met (Henwood et al., 2015). Maslow also focuses on the positive psychology that defines self-actualization as peak experiences which lead to love, faith, and hope (McLafferty & Kirylo, 2001). These experiences may change a person's view of self, others, or the world. Self-actualization may give meaning to life and provide therapeutic benefits (Maslow, 1970). Self-actualization at its highest level is sometimes referred to as self-transcendence. This level presents an individual as a global citizen (Venter & Venter, 2010). A global citizen views individuals on a global scale and takes responsibility for world problems that affect cultures and society (Venter & Venter, 2010).

## **Vygotsky**

Social constructivist Lev Vygotsky's theory of learning contends that knowledge is constructed through social and cultural experiences (Vygotsky, 1978; Woolfolk, 2010). Vygotsky defines the zone of proximal development (ZPD) as the distance between independent problem solving and potential learning through adult assistance or the collaboration with advanced peers. He further explains the ZPD as the interaction of individuals in their environment with peer support.

Several research studies utilizing the social constructionism of Vygotsky have found a higher success rate in learning by using the collaborative processes. In a study of Vietnamese university students who were learning English, it was found that the students who had assistance from an advanced peer were able to increase their use of English (Huong, 2007). Peer collaboration was also used in a study of Iranian university students learning English. The quality of writing was improved using teacher feedback with collaborative revision and finally

individual peer feedback (Hanjani & Li, 2014). Swafford (1995) integrated social interaction and the theory of Vygotsky to discover that social interaction improved the learning of preservice teachers in a university content area reading course. The instructor and the students found that working in groups to study case studies improved learning, assisted peer interaction, and provided individual responsibility. Additionally, students were able to better organize and clarify concepts (Swafford, 1995). Recovery secondary schools apply Vygotsky's theory to assist students in the recovery of substance abuse. Research confirms the importance of social support in recovery (Finch & Frieden, 2014). Scaffolding is used in recovery where the student learns about sobriety with the help of peers, mentors, and counselors. This process utilizes cognitive mediation where the learner is challenged to make meaning of knowledge through a reciprocal interaction. Similarly, college students and other adults learn from recovering individuals through meetings, workshops, 12 Step programs, etc. (Misch, 2009). The Mathematical and Theoretical Biology Institute at Cornell University utilized the theory of Vygotsky in their summer undergraduate program. The program recruits underrepresented minority students in a mentoring program (Castillo-Garsow et al., 2013). The program includes differential equation models, statistical models, modeling, and computer simulation. The program is student-driven with research projects. Graduate students and faculty serve as mentors. This program has been successful. Out of 221 underrepresented minority students, 54 completed a Ph.D. The success of the program is believed to be due to goal-oriented didactic conversations, mentors, collaboration, and targeting the ZPD through challenging assignments (Castillo-Garsow et al., 2013). The 21<sup>st</sup> Century Skills require individuals to be able to communicate, collaborate, utilize critical thinking, and be creative in order to become global citizens (Saavedra & Opfer, 2012).

## **Growth Mindset**

The growth mindset framework theory is that the brain is malleable, and that intelligence is not fixed (Dweck, 2016). A growth mindset is the belief that individuals have the ability to increase their knowledge and intelligence through application and experience. Research has shown that when teachers and students utilize the growth mindset concept academic achievement increases. In a research study of the effects of poverty and the growth mindset, researchers found that it is possible to increase achievement in low-income students using the psychology of the growth mindset (Dweck & Yeager, 2019).

Neuroscience research has found that the brain is malleable and that emotional experiences make a difference. Education is a social emotional process that increases with positive relationships, high expectations and culturally responsive strategies (Darling-Hammond & Cook-Harvey, 2018). The growth mindset framework is important to veterans as they become civilians who are beginning new employment, housing, education, and relationships.

According to Dweck (2008), personality and functioning may be changed through the belief in the malleability of self-attributes and in particular social acceptance and expectations. Additionally, individuals with a belief in the malleability of ability or growth mindset theory, they are able to better confront challenges and to recover from failure or other challenges. Research studies have shown the value of the belief in mindset theory.

Motivation and personality may be viewed as a generalization of external attributes (Dweck & Leggett, 1988). Entity theory believes that the characteristics of individuals are fixed. The incremental theory believes that characteristics of individuals are malleable, and behavior is based on the mastery of goals. Additionally, people with belief in incremental theories may focus

on their own development of their attributes or the attributes of others through psychotherapy, medical cures, or global issues.

In three studies utilizing the belief in the mindset theory, the findings suggest that beliefs in effort are important in motivation (Hong et al., 1999). In the first study, ninety-seven undergraduates in a U.S. university were tested in entity theory (fixed mindset) vs. incremental theory (growth mindset). Results indicated that when the students were provided with negative feedback, those who believed in the growth mindset believed that effort was important in motivation. The second study involved 168 freshmen in a university in Hong Kong. The subjects were asked about their performance on a school proficiency exam. The results found that the students who believed in incremental theory or growth mindset were more likely to enroll in remedial classes to improve their performance. The third study involved sixty undergraduates in a university located in Hong Kong. In this study, some of the students were assigned reading in the entity theory and others were provided an article on the incremental theory or growth mindset. Then the group was given an intelligence test and their scores were manipulated to leave room for improvement. After they received the manipulated feedback, they were asked to decide if they would like to participate in a tutorial. After the tutorial exercise, the students were asked if they preferred easy or challenging tasks. Those who believed in the growth mindset preferred more difficult tasks and participated in the tutorial exercise.

African American students showed an increase in academic achievement in a study regarding the malleability of intelligence (Aronson et al., 2002). Seventy-nine Stanford undergrad students were part of the study. There were forty-two Black students and thirty-two White students. The experimental group was asked to write letters to middle school students to encourage them to work hard and inform them that intelligence grows like a muscle with

practice. The subjects were also provided with literature and a video about growth mindset. The results suggested that the African American students who were exposed to growth mindset theory reported better enjoyment in academics, more academic engagement and increased grades compared to the control groups.

In another study, 2,135 freshmen students from Michigan State University participated in a study on brain plasticity (Broda et al., 2018). The students completed a pre-assessment survey about mindsets, read an article about a growth mindset, and wrote an essay about when they have or have not implemented a growth mindset. The Latino/a students from the experimental group significantly increased their grades in the following fall and spring semesters.

### **Homeless Veterans**

The U.S. Department of Housing and Urban Development (2019) reports that California has the highest number of homeless veterans. There are 10,980 homeless veterans in California with 3,261 in shelters and 7,719 unsheltered. Los Angeles County has the largest homeless veteran population in the state which totals 3,538 with 763 sheltered compared to 2,775 unsheltered. California represents the highest number of homeless individuals nationwide. The total number of homeless individuals in California is 151,278 which includes 108,432 unsheltered. This means that 71.7% are unsheltered (U.S. Department of Housing and Urban Development, 2019). The difference between sheltered and unsheltered homeless is that sheltered individuals may be staying in transitional housing or emergency shelters, whereas the unsheltered live in public places, cars, or streets (U.S. Department of Housing and Urban Development, 2018).

There are an estimated 553,00 people who are homeless in the United States and 200,00 who are unsheltered. The California Policy Lab studied 64,000 unsheltered and sheltered

individuals in fifteen different states using the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT). This survey has 27 questions regarding health, gender, race, etc. and is used to assist with housing needs. The scores recommend various housing recommendations or do not recommend housing interventions. The results of the study indicated that the unsheltered are four times more likely to experience abuse and trauma, three times more likely to have mental health issues, and eight times more likely to abuse drugs and alcohol. Additionally, the unsheltered suffer from more major health issues and are involved in more police and emergency situations (Rountree et al., 2019).

In a report regarding the shortage of affordable homes, it was found that the United States has a shortage of over 7 million affordable homes to rent. In California, there are only 22 affordable homes for every 100 homes designated for extremely low- income renters. These renters have incomes that fall below the poverty level of 30% of the median income in the area. The Los Angeles area has 20 affordable homes for every 100 homes for those who are identified as extremely low-income renters (National Low Income Housing Coalition, 2020).

The average cost of renting a two-bedroom in California is more than \$2,000 in many areas. The cost of a median home is \$524,000 and more for coastal areas (Stephens, 2018). The average cost of housing in California is 250 percent above the nation's average and rent is 50 percent above the national average (Broughton, 2019). The California housing crisis has helped to re-segregate our cities. The lack of affordable housing supply is most prevalent in high-cost cities and metropolitan areas (Mordechay et al., 2019). The lack of affordable housing supply together with stringent credit requirements has kept minority and low-income people from acquiring housing nationally (Mordechay &Orfield, 2017).

California is in the most devastating housing crisis in its history. The affordability of housing is continuously on the rise. The need for housing from 2000 to 2015 was for 180,000 new homes. The shortage amounted to 80,000 homes. One of the main barriers to building new homes was the zoning and building permit process (Clare, 2019). In order to build new homes, the guidelines of the Regional Housing Needs Assessment (RHNA) and the California Environmental Quality Act (CEQA) must be followed according to the laws in California.

RHNA requires that new houses must meet the four levels of income which includes median, above moderate, moderate, and low-income housing (Bertrand, 2020). The income levels are based on a county area median income (AMI). The above-moderate level is 120% above the AMI. Moderate is 80 to 120 percent, low is calculated at 50 to 80%, and very- low is considered below fifty percent.

RHNA is not always followed by the municipalities. Thirteen of the 482 municipalities have not provided affordable housing. CEQA is required to protect the environment of California from bad air quality, waste, flooding, traffic, and noise. Therefore, RHNA and CEQA tend to impede low-income housing. Residents in affluent areas tend to take the view of “Not In My Backyard” stance on new development by the misuse of CEQA.

California has approved three bills to assist with affordable housing. SB 35 streamlines the process for jurisdictions that have not met the goals for affordable housing and developers must build fifty percent of housing for low-income housing (Bertrand, 2020). SB 540 provides local governments the resources to create affordable housing through grants and loans. Thirty percent of the housing would serve moderate incomes, fifteen percent would serve low incomes, five percent for very- low incomes, and fifty percent for above to moderate incomes. AB 73 is

similar to SB 540 except it offers cash payment instead of grants. These resources are available after a completed expensive environmental impact report and a plan has been developed.

The cost of housing in Europe between 2010 and 2016 increased in 75% of the countries. For example, Bulgaria increased 54%, the United Kingdom 45% and Portugal 40%. Another example includes low-income households in Greece spent 75% of their incomes on housing, Denmark 58%, and Germany 51%. The European Federation of National Organisations Working with The Homeless recommends a goal for eradicating homelessness, more support for the homeless, the monitoring of housing exclusion, defending the rights of the homeless, and investment to the eradication of homelessness (European Federation of National Organisations Working with the Homeless, 2018).

The HUD-VASH program is a collaboration between HUD and the VA to help homeless veterans secure permanent housing. HUD provides rental assistance vouchers to homeless veterans who are eligible for VA services. In 2018, there were 85,509 veterans that held active vouchers and 78,234 veterans were housed utilizing the vouchers (U.S. Department of Housing and Urban Development-VA Supportive Housing Program, 2019). Veterans only pay a third of their income and the voucher pays the remainder (Mirkin, 2019).

### **Housing First Programs**

The Housing First (HF) Program is an approach that was adopted in the United States in 1992 as a program for the chronically homeless population who also suffered from mental illness and/or substance abuse (Tsemberis et al., 2004). The program was created by Pathways to Housing. The premise is that the homeless consumer deserves the ability to be housed without the requirement of sobriety or treatment. The consumer is offered support and services by the Assertive Community Treatment (ACT) team. The team includes social workers, counselors, and

health professionals. The former homeless individuals are required to pay thirty percent of their income for housing and meet with a staff member twice monthly. This approach differs from the traditional approach which is often referred to as the Continuum of Care program. The Continuum of Care program requires sobriety before providing permanent housing placement. The Housing First model provides shelter and stability as a foundation to give individuals a place to begin the recovery process (Tsemberis et al., 2004).

In a study of 206 homeless individuals, the Continuum of Care model was compared to the Housing First program. The HF participants secured housing earlier, remained housed and used treatment services significantly more than the participants in the Continuum of Care program. There was no difference in the use of substance abuse or mental illness in either group (Tsemberis et al., 2004).

In 2010, the VA adopted the Housing First program under the HUD-VASH approach to offer immediate housing for veterans without requiring treatment compliance or abstinence (Montgomery et al., 2013). The National Alliance to End Homelessness (2016) provides a fact sheet regarding the Housing First Program. The program is built on the philosophy that housing is a basic need that has priority over employment and substance abuse programs. Permanent supportive housing (PSH) is one approach to the Housing First Program. PSH provides long term rental and support services. Rapid re-housing is another option which provides short-term rental and support services. Studies have shown that the Housing First model has had between a 75% and 91% success rate for individuals remaining housed after one year. Additionally, it has been found that over two years after individuals have been housed that there is a savings of over \$31,000 per person for emergency services. There is a savings of up to \$23,000 per year for shelter programs per person (National Alliance to End Homelessness, 2016). The Housing First

program has been effective in securing permanent housing for veterans who have experienced chronic homelessness, disabilities, and substance abuse (Montgomery et al., 2013).

Homelessness can cost taxpayers on an average of \$35,578 per year, whereas supportive housing costs amount to on an average \$12,800 which yields a savings of about \$4,800 yearly (National Alliance to End Homelessness, 2017).

Homelessness is also associated with societal costs. Health, well-being, and child developmental risks are also affected by homelessness. Homeless children experience loss in education, friendships, and social isolation. Homeless adults and children experience stress, isolation, and stigmatization. Additionally, mental, and physical illness sometimes triggers more instances of drug and alcohol abuse (Please, Baptista, & Knutagard, 2019).

In a research study of eight VA medical Centers (VAMC) and their leadership staff, it was discovered that success in the Housing First Program depended upon the domains of organizational transformation of impetus, leadership commitment, alignment, integration, staff engagement and sustainability (Kertesz et al., 2014). Ten to fourteen staff, managers, and leaders from each VAMC were interviewed utilizing the domains of the Organizational Transformation Model. First, impetus is the sense of urgency in the change process. Secondly, leadership commitment is defined as the promotion of change. Next, alignment is viewed as the consistency plans with the integration and coordination of the shared goals. Finally, staff engagement is the active participation component and sustainability is the ability to continue the program change (Kertesz et al., 2014). The veteran medical sites were all expected to work toward the goal of ending veteran homelessness through resources and vouchers to chronically homeless veterans. The study found that the various centers experienced different rates of success in the various domains. The medical centers were located nationwide and therefore

experienced different average rents for veterans. Rents ranged from \$700 dollars a month to \$1,600. The three medical sites that had the best Housing First success were located in the Northeast and Western regions.

Some of the HF core elements are that housing is not based on sobriety, criminal record, or credit. Communities should have systems in place to assess and match homeless individuals to housing and services to quickly assist with the application for permanent housing (United States Interagency Council On Homelessness, 2016).

The Housing First Model has proven to be an effective model to reduce homelessness in chronic homeless individuals who have experienced several hospitalizations and treatment for psychiatric care. Ninety-one Housing First residents were compared to ninety-one matched participants who were receiving care and services but were not HF residents (Brown et al., 2016). The participants were from King County located in the state of Washington. Chronic Homelessness is defined as a person who has a disability and who has been homeless for at least a year or who has been homeless for at least 12 months in the last three years (U.S. Department of Housing and Urban Development, 2018). Ninety percent of the HF individuals remained housed after one year compared to thirty-five percent of the individuals who were not part of the Housing First program. The participants all correlated for length of homelessness, substance abuse, and mental illness issues (Brown et al., 2016).

### **Canada and Europe**

The HF model has been utilized in several OECD (Organisation for Economic Co-operation and Development) countries. In a review of thirty-one studies on the outcomes of the HF model including the United States and Canada, it was found that the HF model has strong evidence of success in housing retention for homeless individuals (Woodhall-Melnik & Dunn,

2016). For example, this review of studies found that there was not a significant difference in mental health issues between those enrolled in the HF program compared to those in the traditional Continuum of Care Programs. Additionally, many studies found that HF participants had increased levels of housing retention, less involvement in the criminal justice system, and HF participants reported a higher perception of their quality of life (Woodhall-Melnik & Dunn, 2016). These studies indicate the success and value of HF programs.

The At Home/Chez Soi study in Canada studied 2,148 participants in five different cities in Canada for two years (Goering et al., 2014). The cities were Vancouver, Winnipeg, Toronto, Montreal, and Moncton. There were 990 individuals in the Treatment as Usual program (TAU) compared to 1,158 in the Housing First program. Sixty-seven percent were male, thirty-two percent female, one percent other, and four percent were veterans from Canada or other allied countries. Qualitative interviews and quantitative data on housing stability were utilized in the study. The Housing First principles were based on immediate access to housing, consumer choice, recovery, supportive services, and community integration.

The At Home/Chez Soi study program found HF to be more effective than the TAU program for individuals experiencing homelessness (Goering et al., 2014). The key findings were that the HF participants retained housing at higher rates than the TAU group. HF is a sound investment with many cost savings. The HF model can be adapted to better serve ethnic groups in a culturally appropriate manner, and the program leads to positive outcomes such as housing stability and quality of life.

There were five site coordinators. Each city in the At/Home/Chez Soi study had one coordinator. After the implementation of the HF model in this study, it was determined that the success of the programs depended largely upon the role of the site coordinators (Keller et al.,

2013). The site coordinators facilitated the local implementation and vision, coordinated project partners, planning, and training. Additionally, the site coordinators were key in developing collaborations in the local city context while maintaining a shared purpose.

In another Canadian study (Bourque et al., 2015), it was found that veterans who were part of the At Home/Chez Soi project and HF had improved housing stability, quality of life and social functioning compared to veterans who received the TAU program. There were 57 veterans in the HF program compared to 41 in the TAU program. The veterans were evaluated every three months for two years. Housing stability was measured using the Residential Timeline Follow Back Inventory. Social functioning was measured with the Multnomah Community Ability Scale and the quality of life was measured using the Lehman Quality of Life Scale. The veterans in the HF program scored higher for social functioning and quality of life compared to the TAU veterans. The mean score of the HF veterans for social functioning was 65.4 compared to 62.3. The Quality of Life mean scores were 50 for the HF participants compared to 29 for the TAU participants. Eighty-five percent of the HF veterans remained housed after two years compared to twenty-eight percent of the TAU veterans (Bourque et al., 2015). This study found positive results for veterans in the HF model which has been demonstrated in other studies.

Three communities in Canada were studied and found the HF program to be effective in the housing of the homeless (Kennedy et al., 2017). This study utilized the perspectives of the service providers who helped find housing and programs for the homeless. The three programs were the London CARES, Transition to Home and the STEP home programs. All the programs utilized the HF philosophy approach. The London CARES program uses outreach and Intensive Case Management (ICM) with case managers and supervisors and a 10 to 1 ratio for the service providers. The Transition to Home program targets shelters and consists of case managers,

therapists, and healthcare staff with caseloads between 18-20. The STEP Home programs is delivered through different agencies who work under a single strategy with a wide range of activities and support. This study was conducted with interviews and focus group discussions of twenty-one participants. Most of the service providers in all programs acknowledged that the HF model was a better approach. It provided more housing stability compared to the Treatment First (TF) model. The service providers mentioned that there are challenges due to the lack of housing, housing options, landlords who participate in the HF program, financial resources, and other services (Kennedy et al., 2017).

The effectiveness of HF was studied in the small Canadian city of Moncton (Aubry et al., 2019). The study investigated HF in combination with assertive community treatment (ACT) compared to the TAU program for two years. There were 100 participants in the HF program receiving ACT compared to 100 participants in the TAU program. The study participants were recruited from shelters and agencies that served the homeless population. All participants were homeless adults who had been identified with mental disorders (depression, PTSD, or other disorders) determined by DSM-IV (Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> edition) criteria. The HF participants were 66% male, 33% female and 1% transgender. The TAU group was 63% male and 37% female. The ACT included health professionals, social workers, and human resource counselors with private scattered site living. Data collection was qualitative and quantitative. Interviews and rating scales were utilized. At the end of the two years, the HF participants experienced 88% housed compared to 48 % of the TAU group. Also, the HF study group rated their housing and safety better than the TAU participants. The rent supplement and the choice option for the HF group may have added to their sense of positiveness or sense of belonging (Aubry et al., 2019).

The Housing First Europe (HFE) project evaluated five cities which provided housing to homeless individuals. The five cities were Copenhagen (Denmark), Amsterdam (Netherlands), Glasgow (UK), Lisbon (Portugal), and Budapest (Hungary). Most of the projects are modeled after the Pathways to Housing approach (Busch-Geertsema, 2013).

The Amsterdam project is one of the first established programs in Europe and works in collaboration with the municipal health and housing association. It is viewed as having a social democratic welfare philosophy that uses benefits from those who have been in the labor market. The Copenhagen program includes psychiatric staff and addiction specialists. It also utilizes scattered and self-contained housing. The program redistributes wealth to provide social welfare, unemployment, and housing. The smallest site is Glasgow which uses peer supporters and is operated by a non-profit with a support team of full-time coordinators. It is a liberal welfare system that protects against poverty. The Lisbon project closely follows the HF approach with renting apartments from the private sector. The requirement for admission is a psychiatric diagnosis. Lisbon is also classified as a Mediterranean welfare model in which individuals who are in need rely on family support. The state welfare is not well-developed. In Budapest, the project was supported by public and non-profit organizations. The target population was people who were living in the forest. Financial support was provided for housing and managed by outreach workers. Budapest represents the conservative post-socialist philosophy with a moderate amount of employment protection (Busch-Geertsema, 2013).

The Housing First European (HFE) projects were evaluated through interviews of the service users and project data collection. The data collection consisted of various scales regarding user satisfaction, support provided, and quality of life. There were 447 participants included in the administrative data collection and a total of 222 participants were interviewed

from the five various cities. Each site had 65% or more participants that were men. The majority of the participants from most sites were single for the exception of the Budapest project which had 64% of families represented in their project. The average age was 45 years of age or older.

The housing retention rates for HFE was mostly high. After at least one year, Amsterdam had 97% housed, Copenhagen 94%, Glasgow 93%, Lisbon 79% compared to Budapest with 40%. The Budapest project's goal was to assist the homeless from the forest to another type of housing. Long-term housing was not a goal. The lack of income from the clients was also a problem. The Budapest program was time limited. The interviews of the participants from all sites were positive for the quality of life after HFE except for Budapest where the teams and the time was not sufficient enough to provide a harm reduction program. Some of the major recommendations were that housing costs must be long-term, multidimensional support, and that the programs should develop clear agreements with the tenants and landlords (Busch-Geertsema, 2013). Therefore, the HFE found similar success as in the U.S. and Canada in the utilization of the Housing First model to support the homeless population.

Research on Housing First in Europe found that HFE is different for most European countries (Pleace et al., 2019). Denmark and Finland have the most developed HF programs. Next, is Sweden, Norway, Netherlands, and France. HF is developing in the United Kingdom and Italy. A few areas in Spain and Austria have some evidence. Germany is in the beginning stages. Finland's HF is most similar to the key elements of the Pathway to Housing strategy. The challenge in HFE is having enough affordable housing and funding.

*The Finnish Homeless Strategy: An International Review* (Pleace et al., 2015) describes the Housing First model in Finland as using the congregate and the scattered housing model. Researchers found that HF has reduced homelessness in Finland. The Finnish report also

mentions similar success with HF in Sweden and the United Kingdom areas of Wales, Scotland, and London. Additionally, research from Denmark has shown that more positive results are achieved through scattered housing compared to congregate or communal models (Pleace et al., 2015).

Finland has taken an approach to end homelessness with the coordination of local government, central government, and national governmental departments (Pleace, 2019). Finland has focused on preventative services to include daily living skills, support, and treatment. Support for housing advice and the support on the prevention of illegal eviction is also offered. The intervention to prevent homelessness of those discharged from institutions along with a commitment to increase the housing supply is also part of the homeless strategy. Additionally, Finland is focusing on homeless women.

Permanent Supportive Housing (PSH) is based on the HF program. Chronically homeless individuals are placed in housing without the requirement of sobriety. PSH has no time limits on those who are placed in housing. The subsidized housing options are in safe and affordable communities. In a study of sixty-three former homeless families, it was found that PSH programs for families are more challenging and more complex than the housing of single homeless persons (Collins et al., 2016). This research study used interviews with case managers and supervisors. The findings were that most of the heads of households were single, with more mental health issues than substance abuse and were victims of trauma. The case managers and supervisors found their clients required more individualized support and service. The families also required additional clothing, supplies and food compared to single clients. More financial support, communication training and parenting skills were also necessary (Collins et al., 2016).

The city of Los Angeles has developed a strategy to provide 10,000 PSH units in the next ten years through Proposition HHH finding which is a 1.2 billion dollars bond to build housing for the homeless (Homeless Policy Research Institute, 2019). The Homeless Policy Research Institute located at the USC Sol Price Social Center for Innovation in the School of Public Policy has documented several studies that indicate single-site and scattered-site PSH increases the quality of life for the former homeless population. Scatter-site PSH benefits families who have experienced homelessness. Single-site housing provides a sense of community for those with severe disabilities. Additionally, single-site PSH is beneficial for those with substance abuse problems and those with HIV/AIDS. Families benefit more from scattered-site housing which provides better community integration (Homeless Policy Research Institute, 2019).

Former homeless veterans were studied in a mixed-methods approach to compare scattered-housing to single-site programs. The quantitative data was derived from health information records. The qualitative data was collected from staff focus groups (Montgomery et al., 2020). A total of 60,677 housed veterans participated in the study. There were 3,283 assigned to single-sites, 125 who transferred from scattered-site to single-site, and 57,269 who were assigned to scattered-site housing. Sixty-four staff members participated in the focus groups at ten different sites throughout the United States. It was found that veterans in the single-site housing had more chronic medical and behavioral conditions. Additionally, veterans who transferred to single-site housing had more substance abuse issues and required acute care. It was found that single-site programs were necessary for veterans who have serious medical issues that require on-site support.

A study that analyzed various VA homeless programs was conducted to determine the utilization patterns of participation (Tsai & Byrne, 2019). Data from the VA Homeless

Operations Management System, the Supportive Services for Veterans Families program, and VA electronic medical records were analyzed. The data used came from 15,260 veterans who were in the homeless program for two years. The results found five main participation groups: 59% utilized the brief program where veterans only used homeless services once for a short time period, 21% had long term use of permanent supportive housing, 3% were participants in various VA homeless programs, 6% in transitional programs and 10% in the rapid rehousing programs (time-limited until stable housing). These results suggest that the continuum of services provide various recovery models for veterans.

### **Women and Homelessness**

Homeless veteran women are more likely to have a family with children than homeless veteran men. It is predicted that by 2025 women veterans will represent 12% of the veterans in the nation which may lead to more homeless female veterans. Veteran women experience homelessness more than twice the number of non-veteran homeless women (United States Interagency Council On Homelessness, 2018a).

Three focus groups of twenty-nine veteran homeless women were conducted in Los Angeles to determine pathways to homelessness. The focus groups were conducted at a VA Homeless Women Veteran program. The pathways to homelessness that were identified from this study included pre-military violence or abuse, military trauma, post-military abuse, post-military mental illness or medical issues, unemployment, and criminal justice involvement. Military trauma included sexual trauma, harassment and /or substance abuse (Hamilton et al., 2011). Additionally, this study suggests that veteran homeless women are in need of safe housing, women-only treatment options, tailoring safety concerns of women, more attention to

women without abuse or mental health issues, and peer support approaches (Hamilton et al., 2012).

Female veterans were studied for exposure to trauma involving 581 homeless females at eleven different veteran programs for homeless women. Several measures and scales were utilized. For example, the Life Events Checklist, the Addition Survey Index, and the Short Form Health Survey were used. The results were that sexual abuse correlated with homelessness, trauma correlated with poorer health, and that the trauma of being a victim of theft correlated with later drug use (Tsai, Rosenheck, Decker et al., 2012).

In a study of 31,640 women veterans using data from the American Community Survey (ACS), it was found that 20.6% of women veterans have a disability related to military service compared to 16.6% of veteran men. Also, women veterans who have a service-related disability are 26% more likely to be unemployed compared to women veterans who have not reported a service related disability (Prokos & Cabage, 2017). This study found that service-related disability is related to veteran women and the ability to work.

One hundred and twenty-eight women veterans from the OEF/OIF/OND conflicts were studied to examine social factors and the relationship to depression. Depression and social support were measured using an online survey that contained the Patient Health Questionnaire, the Combat Experiences Scale, and the Post-deployment Social Support Scale. It was found that higher instances of social support and financial support were significantly related to lower levels of depression (Sairsingh et al., 2018).

Female veterans are the most rapidly growing population. Their needs are unique and complex. They are younger and more diverse. Female veterans also experience unemployment at higher rates than males. They return to their roles as mothers and spouses rather than taking care

of their own needs. More integrated healthcare and gender-specific care is needed for sexual trauma. It is important for higher education and social workers to advocate for women veterans (Strong et al., 2018).

Women veterans are at risk for intimate partner violence (IPV) and homelessness. IPV is defined as physical, sexual, or psychological abuse. A study utilized medical records from the U.S. Department of Veterans Affairs for 8,427 veteran women. The results were that 8.4% had suffered from IPV, 27.6 % of the OEF/OIF veterans reported sexual abuse while serving in the military, and 11.3 % had housing instability. This study revealed that IPV in veteran women is related to housing instability (Montgomery et al., 2018).

The Los Angeles Homeless Services Authority published a report regarding homeless women (Los Angeles Homeless Services Authority Ad Hoc Committee on Women and Homelessness, 2017). The report identified characteristics of homeless women to include violence, human trafficking, poverty, and poor physical and mental health. More than one-third were identified as chronically homeless, and two percent were veterans. It was further noted that those experiencing domestic violence and intimate partner violence were 27% male compared to 50% female.

The Downtown Women's Center located in Los Angeles is dedicated to end women's homelessness through advocacy, housing, employment, and wellness. It utilizes the Housing First model and provides units of permanent supportive housing for single homeless women, job training, health assessments, and a drop-in center that provides meals. The housing retention rate is 99% with revenues that derive from government grants, foundations, and fundraising (Downtown Women's Center, 2017).

The United Kingdom defines homelessness as an individual who has no legal right to housing which is unsafe and unfit for housing. Additionally, rough sleeping is defined as bedding in the open (streets, parks, cars, stairwells, etc.). This definition does not include those living in shelters (Bretherton & Pleace, 2018). The CHAIN (Combined Homelessness and Information Network) is a comprehensive data source which collects data on rough sleeping. It lists 14. % of rough sleepers as women compared to 85.6% of men. Women rough sleepers tended to use alcohol less than men. Women represented 29% compared to men with 43%. The rough sleepers who are of Black British descent are overrepresented at 20% representing only 3.4 % of the population. Other nationalities of women in Britain who were identified as rough sleeping were 5% Asian, Whites/Europeans 70%, White/Eastern or Central Europeans 61%, and 37% Romanian/Sinti. Similar to the United States, many homeless women in the U.K. have experienced domestic violence and are single heads of households.

### **African American Veterans and other Black Populations**

In a study of 11,337 veterans serviced nationally by the VA, it was found that African Americans who had an Individualized Plan for Employment (IPE) were less likely to be employed than White veterans who also had completed an IPE from the military (Moore et al., 2016). Ten VA rehabilitation Services Administration regions were represented. For example, Region X had the highest success for African American veterans with a rate of 62.50% employed compared to 61.58% of White veterans who were working. Region X represents the northwestern part of the United States. Region III representing parts of the eastern coast states had 40.00 % African Americans veterans employed compared to 60.41% of Whites. Region VI (parts of the southern states) had 36.94% of African American veterans working compared to 53.55 % of whites. Region IX (California, Arizona, Hawaii, Nevada, & Northern Mariana

Islands) had an average of 28.93 African American veterans working compared to 28.27% of Whites. Although some regions had higher percentages of African American veterans returning to work than Whites, the national average for Whites is 51.90% compared to 42.18% for African Americans.

Nine hundred twenty-four veterans from the OEF/OIF conflicts were studied to compare the mental health and deployment experiences of African American, White, and Hispanic veterans utilizing the Deployment Risk and Resilience Inventory (Muralidharan et al., 2016). African American men expressed a higher perceived threat and family stress than White veterans with lower family support. For perceived threat, African American veterans reported 38.32 % compared to 32.55% for Whites. African American men reported 3.97% for family stress compared to 2.45%. Additionally, African American men veterans reported lower social support to be 31.11% compared to 34.06%. African American women veterans also reported a perceived threat to be 35.68% compared to 29.68% of White female veterans. Social support from family and friends was reported as 32.25% for African American women compared to 34.58, and post-deployment anxiety to be 21.73% for African American Women compared to 18.07% for White women veterans.

Utilizing subjects from the four year At Home/Chez Soi Study on homelessness, a Canadian qualitative study of thirty-six participants was conducted to investigate coping behaviors of diverse homeless individuals suffering from mental illness. Twenty-two percent were Black African and Black Canadian, 16.7% Black Caribbean, and others were from South-Asian, Middle Eastern or Latin America (Paul et al., 2018). Interviews were between 34 and 90 minutes regarding the life stories of the subjects focused on homelessness, mental illness, and race.

The Black subjects in the study identified with several of the themes that emerged from the qualitative findings. For example, the theme of hope and optimism was described by some of the participants as having patience and goals. Self-esteem and confidence as a theme were expressed as feeling good about oneself and working hard. Spirituality was expressed through the belief in God and faith. The need for socializing was expressed through the importance of community and trust. The theme of keeping a distance was also expressed by the Black subjects in the need to avoid conflict and by escaping through the use of alcohol or drugs.

Qualitative and quantitative methods were used to study the benefits of homeless veterans in a peer mentor approach (Resnik et al., 2017). Focus groups and interviews were used along with a sample of the parent study where participants were surveyed with the Basic Shelter Inventory and the Chronic Disease Self-Efficacy Scale. The qualitative sample included 23 subjects who were 30% White, 48% African American, and the remainder were from other ethnicities. The subjects from the parent study were 102 veterans of which were 44% White, 30% African American and the other 25% represented other ethnicities. The peer mentors were former homeless veterans, and the mentees were serviced by the mentors for at least one year. The reasons for homelessness for the African Americans included unemployment, mental health issues, incarceration, home foreclosure, and other reasons. Eighty-three percent of the African American and minority participants benefited from a peer mentor and 65% of the parent study group minorities benefited from a peer mentor. African Americans were more likely than Whites to express the advantages of having a peer mentor.

VA Administrative data was used to study 4,014 formerly homeless veterans who were in the regular voucher program for housing or in the HUD-VASH program which includes choice vouchers, rental assistance, and case management (Patterson et al., 2014). It was found that the

African American veterans who were part of the regular voucher group were living in significantly lower quality neighborhoods. The neighborhood quality was measured by housing value, income, unemployment, and educational status. For African American Veterans, the HUD-VASH program provided better quality neighborhoods. White veterans had no significant differences in the quality of their neighborhood regardless of HUD-VASH or participation in the regular vouchers.

Incarcerated veterans were studied using data from the National Survey of Veterans to compare the risks and characteristics of veterans by ethnicity. The sample included 8,307 veterans. The results showed that African Americans were up to 5.6 times more likely to be incarcerated than White veterans (Tsai, Rosenheck et al., 2013). Additionally, it was found that African Americans were more likely than whites to have more episodes of homelessness, a drug/abuse diagnosis/offense and least likely to be serving time for a violent offense.

Three generations of African American Veterans were studied using qualitative narratives and ethnographic interviews. Themes of the expectations of war, suffering as an African American and perception of present identity emerged from this study (Black, 2016). Five African American veterans shared their stories about World War II, the Korean War, and the Vietnam War. For the theme of expectations of war, the veterans mentioned discrimination, lack of opportunities to excel, lack of employment and housing upon discharge, and the determination to persevere. Examples of racism and suffering emerged in the theme of suffering. Although, one of the veterans mentioned that he was treated better than the other African Americans soldiers because he was part of the army track team. One of the veterans mentioned that being in the service provided him with leadership and academic learning as part of the theme of perception of

present identity. Also, some veterans expressed the importance of faith and forgiveness in the theme of perception of present identity.

### **Religion/Spirituality and Homelessness in the United States**

The VA conducted a study of 1,271 homeless veterans to examine the differences in the outcomes of veterans participating in homeless residential programs that were secular, religious, and secular that was previously religious oriented (Tsai, Rosenheck, Kaspro et al., 2012). The participants were homeless veterans from Ohio, California, Pennsylvania, Florida, and Washington DC. The subjects were interviewed utilizing several assessments to include the Addiction Severity Index, Lehman Quality of Life Interview, and the Community Oriented Programs Environment Scale. Additionally, the veterans were asked questions about religiosity, employment, homelessness, and health. The results indicated that those who had more religious participation experienced better housing, mental health, and quality of life with less substance abuse. It further found that the type of program did not make the difference, it was the participation in religion that made the difference.

PTSD is a risk factor associated with homeless veterans. Not all homeless veterans suffer with PTSD, however military trauma is associated with PTSD. In a VA residential PTSD program, 678 veterans were studied for the connection between spirituality, quality of life and forgiveness (Currier et al., 2016). Several assessments were utilized to include the Daily Spiritual Experiences Scale, Positive Religious Coping, Combat Experience Scale, Posttraumatic Stress Disorder Checklist-Military Version, and the World Health Organization's Quality of Life Scale. A positive effect for spirituality on the quality of life was found and forgiveness was also found to be linked to quality of life.

The National Health and Resilience in Veterans Study (NHRVS) collected data from 3,157 U.S. veterans from a one-hour electronic survey. The survey was the Duke University Religion Index (DUREL). Religion and Spirituality was correlated with a decreased risk for PTSD, depression, and alcohol use disorder. More participation in R/S was also related to better dispositional gratitude and life purpose (Sharma et al., 2017).

Outpatient veterans and active military who have served in combat and suffer from PTSD from five VA hospital clinics were studied (Koenig et al., 2019). The hospitals were located in Augusta, Georgia, Los Angeles, California, Durham, North Carolina, San Antonio, Texas and Houston, Texas. Religiosity as it relates to the PTSD symptoms identified by the Diagnostic and Statistical Manual of Mental Disorders version 5 (DSM-5) was explored. The criteria for a diagnosis of PTSD includes a traumatic stressor with the four (B, C, D, E) criteria of the following: B-flashbacks or nightmares, C-avoidance external reminders, D-negative cognitions or emotions, and E-hypervigilance or reactions. The measurements utilized were the Belief into Action Scale, the Brief RCOPE (Religious Coping Scale), and the PTSD Checklist of the Department of Veterans Affairs. The surveys were completed in person by 488 veterans and 103 active duty military members. The results indicated that criterion D was inversely related to religiosity. Religious struggle was related to all criteria. Inverse correlations were stronger in Blacks for criterion D and E as compared to other ethnicities.

The Ignatian Spirituality Project (ISP) provides weekend retreats for homeless individuals who are living in transitional housing. The retreat offers time for reflection, the identification of God in their recovery and to give them a sense of self-worth. It provides the participants the importance of forgiveness as God forgives. The retreat offers a peaceful

environment to share faith and real-life stories (Parrott, 2017). Participants have reported a decrease in loneliness and a new outlook regarding addiction and homelessness.

In a research study regarding the ISP program, 45 homeless women and 20 homeless men with histories of substance abuse were measured for self-esteem, loneliness, and hope (Ferrari et al., 2017). IPS retreats serve approximately 2,000 homeless adults yearly in 29 different U.S. cities. This study utilized subjects from the Chicago area. At the end of the retreat, participants completed the Rosenberg Self-Esteem Scale, the UCLA Loneliness Scale, and the Dispositional Hope Scale. The results indicated that the ISP spiritual retreats have different outcomes for women and African Americans. Women reported significantly less loneliness and better hope agency than men. African Americans also reported significantly greater hopefulness and the ability to improve their lives.

Faith and spirituality were studied with 84 homeless African American women over the age of 45. Qualitative interviews were used to gather the evidence (Washington et al., 2009). Phase I included interviews of 30 women to determine the type of problems that were faced. Phase II included 28 women that added personal histories. Phase III included 26 women utilizing advocacy and intervention. The Santa Clara Strength of Religious Faith Questionnaire and the Faith and Spirituality Resource Questionnaire was incorporated into the interviews. Five themes of faith and spirituality developed from the interviews: identity and beliefs, affiliation, involvement, practices, and benefits. The theme of identity and benefits included religious communities and perspectives. Affiliation was community, churches and/or group membership. Involvement consisted of specific groups such as Bible class, choir, social or cultural events. Practices involved prayer, spiritual reading, or meditation. Benefits included relationships, resources, and coping strategies. The participants mentioned spirituality and faith as a vehicle to

resilience, hope, strength, and a buffer from stress. Participants also mentioned that faith and spirituality helped them cope with problems of health, housing, and employment.

Researchers who previously studied homeless African American women developed a model of recovery (Moxley & Washington, 2016). The model consists of four practice factors. Practice Factor I enable individuals to express their feelings and provide support in a group setting. Former homeless women serve as facilitators and peers. Practice Factor II involves case management, supportive groups, confidence building, and the improvement of self-efficacy. Practice Factor III provides ongoing support to help sustain confidence and reinforce self-efficacy. Practice Factor IV addresses personal development and recovery. Factors I and II fall into a reactive paradigm, whereas factors III and IV are in the proactive paradigm with prevention and ongoing assistance to prevent a return to homelessness.

Religiousness and mental health were studied through a literature review (AbdAleati et al., 2016). Seventy-four articles were utilized. Approximately 66% of the twenty-three articles which measured the relationship of depression and religion found that religiousness lessened the effects of depression. Five studies measured substance abuse. More than 50% of these studies found religiousness to be correlated with less substance abuse. Nine studies found the practice of religion decreased anxiety. Six out of eight studies found that the greater the practice of religion, the more suicide decreased for teenagers and older populations. These findings suggest that religion may improve or minimize the effects of depression, anxiety, suicidal ideation, and substance abuse.

Researchers have identified strategies that church leaders can address to assist the homeless (Moxley & McElhaney, 2012). First, they can discuss the issues of the homeless through communication and serving as advocates to reduce the negative consequences of

depression, health concerns, housing, and employment. Secondly, church leaders can use spirituality and service through the support of church programs and in collaboration with other community organizations. Next, supporters must come from diverse backgrounds including formerly homeless individuals. Finally, church leaders should use the arts and the skills of their own members as a resource in the programs for the homeless.

## **Africa**

South Africa has homeless individuals who have experienced outreach from the intervention of faith-based organizations. The city of Tshwane is one example. The Tshwane Leadership Foundation leads Bible study with the homeless for the goal of creating a transformative dialogue to eliminate marginalization, provide dignity and affirm the value of all humankind (Nel, 2015). In a Bible study of Ephesians 2:11-22, which is about the fact that we are all one family, and that Jesus came to save all people, homeless groups discovered that Jesus saves all humanity with grace, love, and forgiveness. Also, that all are free from prejudice and low self-esteem. The theme of love and peace no matter your position in society is key to the transformation of thought and self-worth.

The University of South Africa works with the homeless in the city Tshwane to create a community of reciprocity. Bible study regarding Jesus as a migrating refugee, a savior of all, regardless of any situation is presented to the homeless (Botha, 2015). The university utilizes service-learning as a link to social reform and transformation. Reciprocity is the process of the integration of service with scholarly learning and teaching.

## **Canada**

The spirituality of homeless women was studied in Canada with 76 subjects. The interviews developed the themes of religiosity, identity, and connection to others (Walsh &

Gulbrandsen, 2014). Some of the women discussed religiosity as faith providing comfort and hope. Support from church and religious practice also provided solace and healing. Identity as a theme was expressed as self-reflection and human worth. Connection as a theme related to the connection and appreciation of others. This study suggests that spirituality contributes to resilience in homeless women.

In three Canadian cities, 380 homeless individuals were analyzed using the Maudsley Addiction Profile, the MINI International Neuropsychiatric Interview Plus, and a series of interview questions regarding religious behavior (Torchalla et al., 2014). Quantitative analysis found a significant lower use of alcohol and drugs with those who attended weekly religious services. Qualitative analysis identified two major themes. The first theme of practical/concrete affiliation involved the participants' belief in faith, the ability to cope, and the protective nature of believing. The next theme of philosophical/abstract affiliation was more about the purpose of life and belief in the afterlife and the spirit.

### **Israel, India, and Australia**

In a study of 54 Israeli military soldiers after they returned from the Israel-Gaza combat war, it was found that religion helped soldiers in the prevention of traumatic stress. The soldiers that were religious were found to be at a lower risk of traumatic stress than the non-religious military members. This study found that religion may protect or buffer individuals from traumatic stress. The soldiers were assessed using versions of the PTSD Checklist for DSM-5, Two-way Social Support Scale, and the General Self-Efficacy Scale (Cohen et al., 2016).

One hundred and forty-four individuals from various cities in India were studied to assess the relationship between religion and spirituality to mental and physical health (Manju, 2014). The subjects were assessed utilizing the Spirituality Assessment Inventory, Religiosity Scale,

General Health Questionnaire and the PGI Health Questionnaire. The study found that R/S shows a significant correlation with better mental and physical health.

In New South Wales, Australia a study was conducted with seventy-nine patients who suffered from a psychiatric illness (D'Souza, 2002). The purpose of the study was to assess the importance of spiritual attitudes and needs. They were given a survey questionnaire that was tested for reliability. The results found that 79% of the patients expressed the importance of spirituality. Eighty-two percent would like therapists to be knowledgeable of their spiritual needs. Sixty-seven percent of the participants felt that spirituality helps with the coping of their psychological issues.

### **Higher Education**

Veterans have been identified as an underrepresented group at various colleges and universities (Hill et al., 2019). Ten percent of veterans who are enrolled in college attend colleges that have a 70 percent graduation rate. Only thirty two percent of post 9/11 veterans have attained a college degree. Veterans are more likely to earn a degree than other adult learners and tend to achieve higher grade point averages than non-veterans. It is recommended that colleges and universities create better recruitment methods to attract veterans and develop more collaborations with the military to prepare veterans for higher education.

The American Council on Education (ACE) awards college credit for prior military training (Giardello & Appel, 2019). Although these credits assist veterans with transfer credits, research studies have shown that student veterans have found the awarding of credit to be inconsistent. Some implications for improvement are to have faculty involved in the ACE credit recommendations, implement classes to bridge the gaps in the academic pathways and the general improvement of credit articulation.

The National postsecondary Student Aid Study provides data on postsecondary students (Molina & Morse, 2017). The demographics for military undergraduates for females were 33% National Guard, 31% Reserves, 22% Active Duty, and 21% veterans. The average income for veteran students was \$30,539 which was less than any other military group. Veterans represented 51% for full-time student status, 32% part-time and 17% reported both full-time and part-time. Thirty-seven percent of veterans were not employed, 22% part-time and 42% were working full-time. Only 59% of veterans were utilizing their VA education benefits. These statistics for veteran college students have implications for practice. The data is useful in planning programs and strategic goals for veteran students.

### **Health Challenges**

Veterans who are returning or entering higher education have education and health needs associated with being adult learners. Veteran students may have medical issues such as posttraumatic stress disorder, traumatic brain injury, and other psychological issues of post-war effects. Best practices which are promoted in the instructional process are important for success and educational achievement (Smith et al., 2018).

The New Start for Student Veterans located at Colorado State University in the Occupational Therapy Department conducted a study of 26 veteran students and 19 matched nonveteran students (Eakman et al., 2016). The study examined protective factors and health to include PTSD and depression in post 9/11 veteran students and nonveteran students. The subjects were assessed using an adapted Post-deployment Support Questionnaire, The Engagement in Meaningful Activities Survey, the Academic Self-Efficacy Scale, The Posttraumatic Stress Disorder Checklist, and the Patient Health Questionnaire Depression Scale. The results showed that less social support, less meaningful occupations, and lower academic self-efficacy with the

veteran students was related to higher amounts of PTSD and depression. The study suggests that occupational therapy should address the protective factors for veteran students for the promotion of academic achievement.

Individual interviews were conducted in a study to explore student veterans and resilience. The participants were 20 military veterans enrolled in a university located in Nevada (Reyes et al., 2018). Prior to the interviews, the participants completed the Connor-Davidson Resilience Scale-10 and the PTSD Checklist for DSM 5. The qualitative data was analyzed using grounded theory. The main theme of integrating emerged with three sub areas of aspects, expressions, and enactments. Resilience in veterans was found to be a process of integrating and conquering academic and personal problems. Aspects of the military helped veteran students in their studies, particularly structure, respect, and punctuality. Expressions were the dissonant self and the integrated self. The dissonant self was resistant to the new civilian life such as struggling with school achievement, family issues, and/or mental health. The integrated self-presented a balance that recognized struggles while remaining on course. Enactments involved recognizing the need for support, remaining purposeful and hopeful, and finally taking action. This study provides implications for strategies to help promote resilience in veteran students.

The educational experiences of veterans from the post-9/11 conflict were studied in a mixed methods research design (Rattray et al., 2019). The veterans all had invisible injuries such as PTSD, TBI or other mental health illness and were enrolled in postsecondary courses. Thirty-eight participants completed interviews and questionnaires. The Military to Civilian questionnaire was used to measure community reintegration. The quantitative results indicated 57.9% of the subjects had difficulty with community reintegration, 84% expressed cognitive issues, 76% lacked a sense of belonging and difficulty sharing personal issues, and 71% reported

problems with interacting with new friends and difficulty with attending community events. The qualitative findings were discovered in the four themes of managing school challenges, mental and primary care needs, connecting with family and friends, and creating a sense of self as a civilian. The veterans expressed the need to manage school challenges as the need for more support with the university staff. However, some veterans found university staff supportive. Many veterans found it difficult to take care of their health issues due to the stress of the campus environment and the expectations of academic achievement. Additionally, some veterans felt a stigma associated with their health diagnosis. Creating a balance with family, friends and school was also a challenge. The development of a sense of self after the military was seen as a difficult transition because of financial issues, family demands and career development.

### **Social Support**

Colleges and universities have several obligations and recommendations that are useful in assisting veteran students. Peer mentors, health/counseling support, collaboration with VA and other community organizations, along with more staff development opportunities for faculty and staff is necessary for the success of veteran students. Salt Lake Community College (SLCC) has been nationally ranked and recognized for its veteran services (Ahern et al., 2015). SLCC has a veteran center that includes offices that process veteran benefits, a student lounge, computer lab, and offices for VA and community collaborations. There is also a VA work study program and a peer mentor program composed of mentors who are also veteran students. The veteran accessibility advisor assists with health problems. SLCC has several partnerships. These collaborations include a full-time VA vocational counselor, a part-time VITAL (Veterans Integration to Academic Leadership) counselor for health outreach, and a part-time DVOP (Disabled Veteran Outreach Placement Specialist) for employment assistance. Several other

partnerships include the Veterans Upward Bound-TRIO Program, Utah Veterans and Military Employment Coalition, and the Utah National Guard Education Fair Committee.

Student veterans were studied in a mixed methods investigation to explore their perceptions of the higher education experience. Ten veterans participated in the research. Seven were undergraduate students and three were graduate students (Olsen et al., 2014). Qualitative findings derived from the four themes of self-discipline, teamwork and leadership, new perspectives and experiences, and challenges. Self-discipline involved the transferable skills from the military to education. Time management, discipline, and ethics were an example of the transferable skills. Teamwork and leadership were found to be useful in the college environment. Veterans also mentioned the different perspectives they brought to the classroom. Perceived challenges included social interactions, finances, and the adjustment to the college culture. Quantitative responses were similar to the qualitative findings. The veterans rated themselves and other veterans as moderately to low in the awareness of veteran services. Veterans in this study expressed a need for more academic and social support to assist them in their academic experience.

The population of women veteran students is increasing. Therefore, colleges and universities should focus on their unique needs (Baechtold & Sawal, 2009). Female veterans are subject to mental health problems including PTSD, military sexual trauma, and other gender identity issues. Women veterans need to develop a new social construct as a college student. Veteran services should provide programs to meet the needs of veterans who are women, students, mothers and members of other social roles and identities.

Women veteran community college students were studied in a qualitative study (Heineman, 2017). Nineteen veteran women students in two California Community Colleges

were the participants. The interview questions related to how the female veteran students were managing their transition into college life. Their responses were categorized into four themes. The main theme of finding her way had three sub themes labeled the gendered military life, change, and support. Finding her way was about the new life as a college student. The gendered military life revolved around their previous experience of the discrimination of women in the military. Change centered around the lifestyle of being a veteran on a college campus. Support was mentioned as the needed support of family, friends, and faculty. The self-identity as a female veteran student was also important in their transition to college life.

Data from the National College Health Assessment (NCHA) was used to study 834 female veterans and 1,766 male veterans (Albright et al., 2019). The NCHA is a survey of the health behaviors of college students. In comparison to nonveteran female college students, it was found that the female veteran college students received less information regarding topics such as alcohol and drug use, sexual assault, depression, and stress reduction. Only 36% of veteran female students received suicide prevention information. Additionally, female veteran students were less likely to use campus health services. The results of this study demonstrate that there is a gap in the outreach to female veteran students.

In a study of twenty-two college veteran students to investigate student success in a southern California Community College, it was found that helping other veterans with academic achievement was important (Jenner, 2019). The study involved students from Santa Maria City College Veteran Resource Center. Eleven veteran student workers and eleven veteran students were interviewed. The themes of retention, achievement, completion, helping others and the use of benefits emerged from this study. For academic achievement, veterans expressed feelings of being challenged with technology, intimidated by younger students, and mental health issues.

Veterans also mentioned that the veteran peers who served as tutors helped them with academic skills, how to best use G.I. Bill benefits and provided social networks that gave them a desire to continue and persist in their educational pursuit. The important theme of giving back and helping others was voiced by the veteran resource center workers and the veteran students. The veteran workers spoke of the rewarding benefits of giving back through tutoring and personal support. Peer assistance was viewed as an emotional and rewarding experience for the tutors. The veteran students believed that peer support contributed to their own persistence as a student. Veteran students also mentioned the importance of trust between them and the veteran student workers.

Fifteen male veteran college students were studied in a qualitative study to examine the challenges of transitioning to college life (Killam & Degges-White, 2018). Interviews were face-to-face. Five themes developed and included the following: academic challenges, reluctance to obtain assistance, difficulty to connect with staff and students, problems finding balance, and the value of the campus veteran center. Academic struggles included course materials, teaching style and the adjustment from the service to a less constrained lifestyle. The reluctance to ask for assistance centered around the stigma of mental health concerns and the fact that the military does not encourage the seeking of assistance. Connections with staff and students were problematic due to others not being familiar with military culture and their feeling of isolation. The struggle with balance concerned family obligations and the stress of trying to balance the many responsibilities and roles needed to survive. The veteran center was found to be a positive experience which provided resources, support, a network, encouragement, and a safe place to communicate and connect.

## Academic Achievement

The National Academies of Sciences issued a report entitled *Supporting Students' College Success: The Role of Assessment of Intrapersonal and Interpersonal Competencies* (National Academies of Sciences, Engineering & Medicine, 2017). The committee detailed eight competencies that were linked to college success. The first is a sense of belonging that helps students become socially integrated. Secondly, a growth mindset provides the student the confidence to improve and succeed. Thirdly, personal goals and values are important. The fourth competency is self-control and persistence. The fifth area is academic self-efficacy. This provides the student with a belief in success. The next skill is having intrinsic goals based on interest. The seventh area is the desire to help others and the promotion of the transcending self. The eighth and final aspect is having a positive image of your future self. The first three competencies were identified as the most important. High quality assessments are crucial in assisting students to support success. Other general competencies for success include lifelong learning, teamwork, and communication.

The 2019 American Society for Engineering Education Annual Conference published a paper entitled *Scalable and Practical Intervention Faculty Can Deploy to Increase Student Success* (Hempel et al., 2019). The author identified four areas of improvement that faculty should implement. The areas are the promotion of a growth mindset, the building of the self-efficacy of students, encouragement of metacognition, and the promotion of a sense of belonging. Examples of classroom practices to influence the four areas are active learning, formative assessment, the use of response ware (immediate feedback), real-world problems, and teamwork. Active learning is learner centered and may be collaborative. It is the opposite of a lecture which is teacher centered. Formative assessment is frequent assessment that might be

daily or weekly rather than at the end of the semester or unit. Response ware are clickers, computers or smartphones that answer questions immediately and responses receive instant feedback for students. The use of real-world problems positively improves academic achievement and motivation. Teamwork increases academic success, self-efficacy, belonging and metacognition.

Growth mindset and academic self-efficacy was studied in relationship to social networks (Zander et al., 2018). The subjects were 580 students enrolled in a German university. There were 68.2% female and 31.8% male students who participated in the study. The participants were assessed at the beginning of the first semester and again at the end of the second semester. The assessments were self-reports of perceived integration of social integration and peer-reports of actual integration of support networks using self-developed measurements. Academic self-efficacy was measured using the Generalized Self-Efficacy Scale and growth mindset was measured using the Theory of the Intelligence Scale. The subjects with higher self-efficacy had perceptions of themselves as academic resources and had improved peer perceptions of academic integration. Growth mindsets were also positively correlated to academic self-efficacy and academic support.

The connection between growth mindsets and resilience was researched using 1,254 undergraduate students from a U.S. midwestern university (Schroder et al., 2017). The data was collected during the first semester and again during the second semester using slightly different versions of the instruments. The surveys were the Implicit Theories of Anxiety Scale, the Life Events Checklist, the Posttraumatic Checklist DSM-5, the Patient Health Questionnaire, and the Patient Reported Outcome Measurement System Alcohol Short Form. The results found that stress, depression, and substance abuse were less in those that had a growth mindset. This study

implies that fixed mindsets function in mental health resilience similar to mindsets in academic outcomes.

## **Chapter Summary**

Chapter 2 began with the conceptual framework for the study. The theory of motivation according to Maslow, the social constructivist theory of Vygotsky, and the Dweck growth mindset theory was used to introduce the literature review. The literature review presented studies involving homeless veterans, the Housing First Program, women and homelessness, African American veterans and other Black populations, religion/spirituality as it is connected to homelessness, and higher education.

Maslow relates to homeless veterans because his theory of motivation begins with the deficiency needs of food and water. The next level is the safety needs of shelter, employment, and health. Several studies mention the urgent need of housing and mental health treatment for veterans. Homeless individuals suffer due to being unsheltered. Due to the lack of affordable housing and other issues of homelessness, the homeless are involved in more crime and emergency situations. The homeless experience a lack of motivation due to their unmet needs of basic survival. The Housing First Programs have been successful in the United States and in other countries. When former homeless individuals become housed, they are able to begin recovery, use fewer emergency services, and experience a better quality of life. After achieving housing stability veterans can move to the third level of motivation which is the belonging needs. As life improves, the formerly homeless person may move to the esteem needs of achievement and finally self-fulfillment or self-actualization. Becoming employed and receiving more education could assist in meeting the latter needs.

Social constructivism constructs knowledge through social interactions that lead to learning. The literature review findings indicate that homeless women are in need of peer support to help with mental health and higher education. African American veterans have been found to benefit from peer mentors. The effect of religion/spirituality demonstrated that coping skills improved with support groups. The importance of service learning was seen as reciprocity for the peer mentor and the mentee in higher education.

Several studies have shown the value of teamwork to increase academic success in veterans. Academic success leads to a sense of belonging as found in the motivational need of belonging. The importance of social networks was presented in several studies regarding education. Transformational learning questions values and beliefs. Spirituality is about values and mental health which transcends outside of self. Higher education and spirituality both were linked to resilience and life purpose for veterans. The importance of respecting cultural differences was demonstrated in veteran research regarding religion/spirituality, women, and African Americans.

Veterans who return to civilian life have the ability to develop a growth mindset through education, employment, financial security, and self-fulfillment. Research has shown the importance of housing stability and the quality of life for veterans. Religion/Spirituality offered a sense of self-worth and hopefulness. Academic achievement and college success have been related to a growth mindset which provides students with confidence and resilience.

## **Chapter 3: Research Methodology and Procedures**

### **Chapter Overview**

Chapter 3 provides an overview of the methodology of the study. The introduction will review the purpose of the study and the six major areas found in the literature review. The next sections include the research design, trustworthiness, pilot study, subjects, consent procedures, instrumentation, procedures, data collection, data analysis, assumptions, limitations, delimitations, and a chapter summary.

This qualitative phenomenological study investigated previously homeless veterans and their journey to becoming housed. The focus of the research was to study prior homeless veterans to discover what pathways and support led to their transition to housing.

Chapter 1 identified six areas of importance regarding homeless veterans. The following areas guided the study: (a) homeless veterans, (b) Housing First, (c) women, (d) African Americans, (e) religion/spirituality, and (d) higher education. The research questions for this study along with the literature review and outcomes may provide governments, educational institutions, housing authorities, VA or affiliations, religious organizations, and others important information on the prevention and support of homelessness, particularly our veteran population.

This study investigated the following research questions:

- What services or support were the most effective in helping homeless veterans adjust to civilian life?
- How has stable housing changed the life of former homeless veterans?
- What are some improvements needed in helping homeless veterans?

## **Research Design**

The present study focused on former homeless Gulf War Era I and/or Gulf War Era II OEF/OIF/OND veterans and their lived experiences. The study design was qualitative phenomenological research. Qualitative research is inductive and deductive. The data collected was analyzed inductively from the bottom up through building patterns and themes from the organization of the data. The researcher then deductively determined the themes after there was comprehensive, supportive evidence (Creswell, 2014). The themes emerged from the data. The research was reflective and involved multiple perspectives from the participants.

Phenomenological research studies the lived experiences of the participants. It assumes that there is a commonality or essence that is universal. The researcher describes the individual experiences using a universal essence (Bloomberg & Volpe, 2019). Data was collected through online interviews. The subjects were asked a couple of broad questions about their experience of the phenomenon and how the phenomenon affected them. Additionally, open-ended questions were also utilized (Creswell, 2013).

This study was based on the transformative worldview. This view maintains that research inquiry should be related to political change and social issues or oppression. It studies the experiences of diverse groups and inequities based on gender, ethnicity, disability, or socioeconomic class (Creswell, 2014).

## **Trustworthiness**

The validity for this study was accomplished through trustworthiness. Trustworthiness is important in qualitative research. It gives the research significance and value (Bloomberg & Volpe, 2019). The trustworthiness of the data collected included credibility, dependability, confirmability, and transferability. Credibility was achieved through reflective field notes, peer

debriefing and multiple data sources. Important details and descriptions about the site and the subjects are essential to the credibility of the study. These thick descriptions, the collection of multiple data sources, triangulation, member checking and peer debriefing all add to credibility. Triangulation was the corroboration of evidence from multiple sources.

Creswell mentions the procedures of prolonged engagement, triangulation, peer review, clarifying researcher bias, member checking, thick descriptions, and external audits to be necessary in qualitative research (Creswell, 2013). Creswell recommends that researchers engage in at least two of the aforementioned procedures. Peer review is the time that peers work with the researchers and hold sessions where there is recordkeeping of the accounts of their sessions regarding their interpretations of the research. Member checking is a more detailed interpretation that includes the data, analyses, and conclusions.

Dependability, confirmability, and transferability are necessary in qualitative research study. An audit trail of field notes, transcripts, and storage provided dependability of the data. Confirmability was achieved by transparency. Transparency of the data, findings, and the conclusions was part of this study. Transferability refers to the applicability of the study in other contexts (Bloomberg & Volpe, 2019).

### **Pilot Study**

The interview protocol, consent forms, and recruitment letter were approved by the Pepperdine University Institutional Review Board (IRB). After the permission to conduct the study was granted, a pilot testing was completed prior to the data collection to help guide the interview process. This allowed for the refinement of the interview procedures (Creswell, 2013). These interviews were from veterans who had previously been homeless and were willing to

answer questions and provide suggestions on the interviewing of prior homeless veterans. They provided critical and valuable feedback which helped to better focus the interview questions.

## **Subjects**

Criterion sampling (Creswell, 2014) was used to collect data. This method was selected to study participants who are knowledgeable in the phenomenon. California colleges and universities were used to collect data through online zoom interviews. The researcher selected higher education programs to locate former homeless veterans. Higher educational institutes have veteran services on campus and have large populations of veteran students.

The researcher determined that at least four to five individuals at each site would serve as the study participants. This would provide at least 16 or more participants to interview. It has been suggested that five to 25 individuals who have experienced the phenomenon should be interviewed in a phenomenological research study (Creswell, 2013). Participants were required to have been homeless and served during one of the Gulf War Era conflicts. Veteran students who have been homeless, are currently employed or are receiving financial assistance and have secured housing met the criteria for the zoom online interviews.

Participants from the colleges and universities were recruited through announcements and emails from the veteran center on campus. Questions and concerns were addressed in follow-up emails. The subjects for the study were contacted about times for online interviews. Pseudonyms were used to protect the privacy of the individuals.

## **Consent Procedures**

Permission to collect data and conduct this study was granted through the Human Subject Protection Consideration (IRB) approval process from the Pepperdine Graduate School of Education and Psychology. The colleges and universities were sent the informed consent of the

purpose of the study by email. The participants, the schools, and the organization received the disclosure of involvement, risks, benefits, compensation, voluntary withdrawal, confidentiality, rights, and investigator's contact information before the participation of the participants.

The disclosure of information was granted by the permission of the study participants. The procedures of the study were reviewed with the subjects by email. The participants provided consent before any interviews were conducted.

### **Instrumentation**

Instrumentation for this study was completed through the development of questions for the online interviews. The research questions were designed to capture the perspectives and lived experience of the phenomenon of the prior homeless veterans. The interview protocol was designed and refined through pilot testing. Pilot online interviews were used to refine and adapt the interview questions and procedures (Creswell, 2013). Pilot studies also help to determine issues of time and any potential issues (Bloomberg & Volpe, 2019).

The interview protocol was revised to provide more specific questions per the recommendations of the piloted responses. Additional questions were also added to represent more perspectives regarding services, education, and religion. When the protocol was completed, it consisted of twelve interview questions.

### **Procedures**

After the consent procedures were completed and several individuals agreed to participate, times determined for the zoom webinar interviews. The interviews were scheduled to be completed in approximately one hour using the zoom platform. Participants were informed that the video feature was not required. The interviews were scheduled according to the availability of the participants.

## **Data Collection and Recordings**

The zoom webinar link was provided to the participants. The zoom interviews began with the introduction of the researcher, the review of the purpose of the study, and review of the informed consent. Before the interviews, participants were reminded that their responses would be recorded and identified only with a participant number. Before the actual interview questions were asked, the participants were asked demographic information to include gender, race, service branch, years of service, length of homelessness, housing configuration (alone, family, or friends) and employment status (see Figure 1). The interview questions were related to the research questions (see Table 1). Notetaking and the field notes were collected by the researcher utilizing the interview form. Clarifying questions were asked during the interviewing process. The participants were asked if they had any questions or concerns before and after the interviewing process. Each response was read to each participant after each question to provide member checking of their individual response. At the end of the interview, participants were thanked for their time and participation. They were provided with a link to a \$15 Target Gift Card for participating in the study.

## **Data Processing and Analysis**

The transcripts from the voice recorder and field notes were uploaded as a word document by the researcher. Data was coded manually by the researcher using qualitative data analysis of the participant responses. Data was coded after the reading and re-reading of the transcripts several times in order to create the initial codes. The coding of the data through first and second cycle coding was important. The first cycle provided an opportunity to group and summarize data segments. Whereas the second cycle group the first codes into smaller themes (Miles et al., 2014).

## Figure 1

### *Interview Questions*

Participant _____	Date _____
Gender _____ Race/ethnicity _____	Service Branch _____ Years of Service _____
Length of Homelessness _____ Current housing _____ (Family, friends, alone etc.)	
Employed ---yes or no (If not, income source:) _____	
.....	
Interview Questions:	
1. Which public or private services were the most useful in securing housing?	
2. Did religion or spirituality have an impact on you acquiring housing? If so, how?	
3. Did family, friends, or peers have an impact on you securing housing? If so, how?	
4. How did your own belief in your abilities help you to acquire housing?	
5. How has housing changed your life?	
6. Has attending school made a difference? If so, how?	
7. Are you more involved with friends, peers, or relatives? If so, please explain.	
8. Do you feel that you are better able to accomplish your goals?	
9. What veteran services need to be revised?	
10. What should the military do to help with housing before service members are discharged?	
11. How can individuals, communities, or agencies become more involved in the homeless crisis?	
12. What advice do you have for new veterans as they leave the military?	

**Table 1***Connections Between Interview Research and Interview Questions*

Research Questions	Interview Questions
1. What services or support were the most effective in helping homeless veterans adjust to civilian life?	1. Which public or private services were the most useful in securing housing? 2. Did religion or spirituality have an impact on you acquiring housing? If so, how? 3. Did family, friends or peers have an impact on you securing housing? If so, how? 4. How did your belief in your own abilities help you acquire housing?
2. How has stable housing changed the life of former homeless veterans?	5. How has housing changed your life? 6. Has attending school made a difference? 7. Are you more involved with friends, peers, or relatives? If so, please explain. 8. Do you feel that you are better able to accomplish your goals?
3. What are some improvements needed in helping homeless veterans?	9. What veteran services need to be revised? 10. What should the military do to help with housing before service members are discharged? 11. How can individuals, communities, or agencies become more involved in the homeless crisis? 12. What advice do you have for new veterans as they leave the military?

The first cycle coding began with descriptive coding. These codes were created from the interview responses. They were short descriptors or labels. In Vivo coding was performed to include the voice of the participants. Emotion and values coding were important to this research because the research questions were pertaining to the experiences of the prior homeless veterans. The research questions required the beliefs, values, and perspectives of the homeless experience. Based on the conceptual framework and data collection and deductive coding prior to the data collection helped in the search for initial coding. Next, other codes emerged to create inductive coding. Once the coding was completed, patterns were developed into themes. Member checking was conducted to acquire suggestions about the process, codes, and themes.

### **Methodological Assumptions**

The methodological assumptions in this study were the following:

1. A phenomenological study of veterans who have been homeless would assist in the prevention and in the decrease of veteran homelessness.
2. Provide a deeper understanding of a shared experience.
3. The population who lived the experience would be trustworthy in their interviews and responses.
4. The researcher reported the data accurately and as a neutral investigator.
5. The researcher also properly disclosed the purpose of the study.
6. The researcher kept the participants' personal information confidential.

### **Limitations**

The limitations of this phenomenological study of prior homeless veterans were the following:

1. This study is not based on a large population of former homeless veterans.

2. It is based on interviews from veterans who are attending higher education in colleges or universities.
3. There is a lack of previous research studies involving previously homeless veteran students.

### **Delimitations**

The Delimitations of the study are as follows:

1. Interviews are limited to veterans who served in the Gulf War Era I (1990 – 2001) and/or the Gulf War Era II OEF/OIF/OND (2001 – present).
2. Interviews are approximately for a one - hour time period.
3. Participants are mainly from the Los Angeles Area colleges and universities.
4. All interviews are through zoom conferencing.

### **Chapter Summary**

This chapter reviewed the purpose of the study regarding homeless veterans. The purpose was to study prior homeless veterans to discover what pathways and support led to their transition to gain housing. It reviewed the six focus areas from the literature review. These areas were homeless veterans, Housing First, women, African Americans, religion/spirituality, and higher education. The research questions that guided the study:

- What services or support were the most effective in helping homeless veterans adjust to civilian life?
- How has stable housing changed the life of former homeless veterans?
- What are some improvements needed in helping homeless veterans?

The research design is qualitative phenomenological research. This was selected because the data collection involved the lived experiences of the subjects. Trustworthiness criteria was

discussed. Triangulation, peer review, member checking and thick descriptions were part of the criteria utilized in this study.

A pilot study was conducted after permission to conduct the study was granted. This provided more refinement of the instrument. The subjects were selected through criterion sampling. The university or college veteran center coordinator distributed the recruitment information to their own veteran students. The participants came from colleges and universities.

The data was collected through online interviews. Interview questions were based on the research questions.

The online zoom interviews were scheduled according to mutually agreed times. All interviews were conducted online. All responses to the participant demographic survey and the interview questions were collected using a pseudonym or participant number. Before the recording of the interviews, the introduction to the researcher, the purpose of the study, the informed consent was reviewed, and any clarifying questions were addressed.

The interviews and field notes were uploaded from the voice recorder to a word document. The data was coded, and then themes emerged. The assumptions were that this study would provide a deeper understanding of the shared experiences of prior homeless veterans to assist in the prevention and decrease of homelessness. Also, that the participants and the researcher were trustworthy in their roles. Additionally, proper disclosure and confidentiality was achieved by the researcher. Limitations were that the data collected was derived from a small population of prior homeless veterans through online interviews of student veterans attending higher education. Another limitation included the lack of previous research about previous homeless student veterans. Observations were not possible because the responses to the interview questions were based on past events. Researcher subjectivity is also part of qualitative

research. The delimitations included the worldwide issue of homelessness and its components. The delimitation of the selected participants was that they were mainly from Los Angeles area colleges/ universities, and they served in the military during the Gulf War Era I (1990 – 2001) and/or the Gulf War Era II OEF/OIF/OND (2001 – present). In addition, all interviews were conducted utilizing zoom conferencing.

## **Chapter 4: Findings**

### **Chapter Overview**

This chapter presents a review of the purpose of the research, the research questions, the data collection process, the data collection results, the data analysis and the resulting themes.

This study analyzed the voices of seven prior homeless veterans located in California who served in the Gulf War Era I (1990 – 2001) and/or the Gulf War Era II Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (2001 – present). The purpose of this study was conducted to provide suggestions and best practice recommendations to individuals and organizations in the prevention of veteran homelessness. Chapter 4 reviews the interview questions and presents the findings from the seven interviews. In addition, the demographic of the participants is shared including data collection, data analysis and the themes which emerged after the interviews and the coding process.

The context of this study focuses on prior homeless veterans living in California. Homeless unsheltered veterans have experienced a six percent increase between 2019 and 2020. (U.S. Department of Housing and Urban Development, 2021). Unsheltered represents those living in public places such as in cars or on the streets. The largest number of unsheltered veterans reside in California totaling 7,996 compared to a total of 11,401 California homeless veterans. This represents 53% unsheltered. Los Angeles County/City represents the highest number of homeless veterans in a U.S. city and county at 3,681 of which 76% are unsheltered. This phenomenological study explores the interviews of seven prior California homeless veterans.

### **Research Questions**

The following research questions framed the interview questions:

- Research Question 1: What services or support were the most effective in helping homeless veterans adjust to civilian life?
- Research Question 2: How has stable housing changed the life of former homeless veterans?
- Research Question 3: What are some improvements needed in helping homeless veterans?

The interview questions served to further expand the research questions.

- Research Question 1: What services or support were the most effective in helping homeless veterans adjust to civilian life?
  - Interview Questions:
    - Which public or private services were the most useful in securing housing?
    - Did religion or spirituality have an impact on you acquiring housing?  
If so, how?
    - Did family, friends or peers have an impact on you securing housing?  
If so, how?
    - How did your belief in your own abilities help you acquire housing?
- Research Question 2: How has stable housing changed the life of former homeless veterans?
  - Interview Questions:
    - How has housing changed your life?
    - Has attending school made a difference?

- Are you more involved with friends, peers, or relatives? If so, please explain.
  - Do you feel that you are better able to accomplish your goals?
- Research Question 3: What are some improvements needed in helping homeless veterans?
  - Interview Questions:
    - What veteran services need to be revised?
    - What should the military do to help with housing before service members are discharged?
    - How can individuals, communities, or agencies become more involved in the homeless crisis?
    - What advice do you have for new veterans as they leave the military?

## **Data Collection**

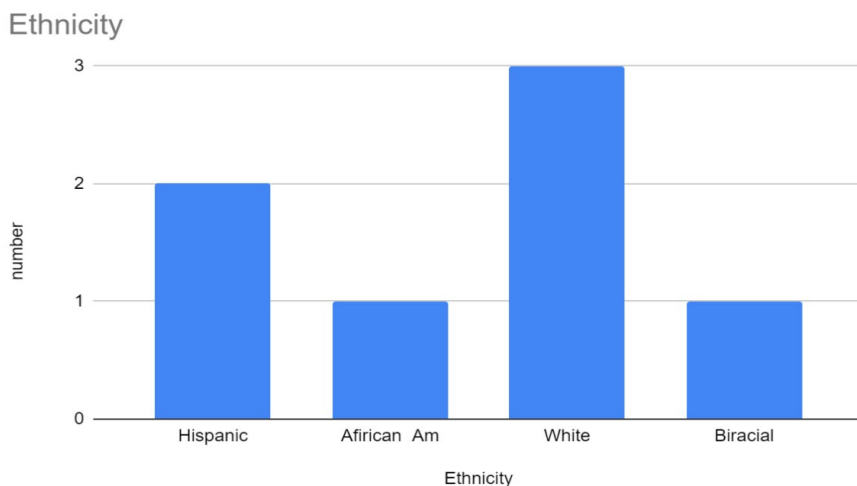
The collection of data was through the utilization of California college and university campus veteran centers. California higher education institutions were selected because they tend to have a large representation of veterans who have experience using online learning and the zoom platform. Research on veterans in higher education indicates that veterans earn higher education degrees at a higher rate than other (Hill et al., 2019) adult learners and achieve higher grade point averages on an average of 3.34 compared to 2.94 of non-veterans. The recruitment letter and the Pepperdine IRB Letter of Approval were emailed to the veteran center coordinators for approval to study their veteran student populations. Some colleges or universities emailed their student veterans directly while others placed a link in their monthly veteran newsletters. After contacting 35 California colleges and universities, fifteen student veterans responded with

an interest in participating in the study. Seven students met the subject requirements of having served in the military during one of the Gulf War Era I (1990 – 2001) and/or the Gulf War Era II OEF/OIF/OND (2001 – present), has been homeless in the past, must be currently receiving income, and willing to participant in online zoom interviews.

Five male subjects and two female subjects completed the interview. The subjects or participants were from three California State Universities and two private universities. The ethnicities were one African American Female, one biracial female of African American descent, two Hispanic males and three white males (see Figure 2). The participants served in various branches of the military to include the Marines, Air Force, Army and Navy. The years of service ranged from three years to thirteen years of service (see Figure 3). The length of homelessness ranged from three months to two years (see Figure 4). Each interview was approximately one hour.

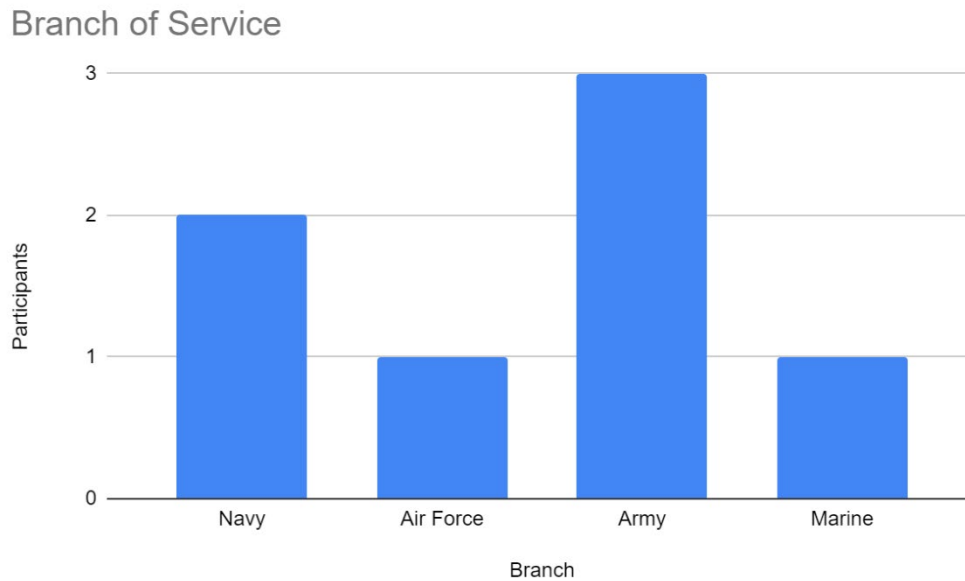
**Figure 2**

*Ethnicity*



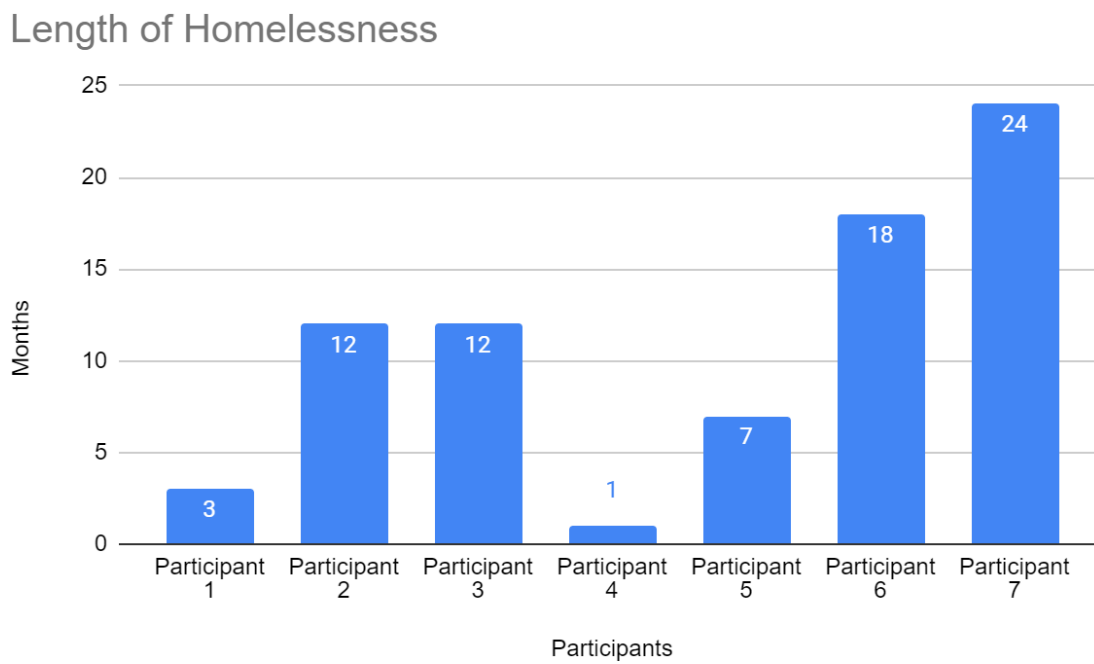
**Figure 3**

*Branch of Service*



**Figure 4**

*Length of Homelessness*



## **Data Analysis**

The interviews were manually recorded using in vivo coding. In vivo coding is utilized in qualitative research using the language or words of the participants (Miles et al., 2014). Then the codes were coded again utilizing deductive and inductive coding. Deductive coding is created using the research questions of the conceptual framework, whereas inductive derives directly from the data.

Once the initial coding was completed, interrater reliability was achieved through the presentation of the coding process for peer review to other researchers for the purpose of validity and credibility which is recommended for reliability in qualitative research (Creswell, 2013). After peer review with other researchers, the codes were refined, and clarity of the themes were finalized.

The following selected responses from the participants highlight the key findings derived from the research questions of which the interview questions were constructed. The first research question was as follows: RQ1. What services or support were the most effective in helping homeless veterans adjust to civilian life? The interview questions included the areas of services to secure housing, religion/spirituality, friends and family, and belief in abilities.

- Participant 1: White Male
- Participant 2: African American Female
- Participant 3: White Male
- Participant 4: Hispanic Male
- Participant 5: Biracial Female of African American descent
- Participant 6: White Male
- Participant 7: Hispanic Male

Interview Question 1: Which public or private services were the most useful?

- Participant 1: “Private was much faster in response time and less of a waiting period. The VA and public bureaucracy wait time is an overburdened system. The private services are more open and available. Sometimes the privates are not publicized or utilized for outreach. The public system goes beyond with supports and connections.”
- Participant 2: “Public services were most useful referrals to programs.”
- Participant 4: “Both were convenient in different ways. Volunteers of America helped me to get an apartment and social services helped me with basic needs such as cash, aid, and food stamps.”
- Participant 7: “Private because it included spirituality. It was actually going to church that was helpful. In 2017 the HUD-VASH program had strict requirements and I was not able to go outside of the program to attend school.”

Interview Question 2: Did religion or spirituality have an impact on you acquiring housing?

- Participant 2: “Yes, my background. The church was a support. It provided referrals, transportation, and food. Faith and prayer were a great resource.”
- Participant 5: “Yes, it helped me focus and not give up. It gave me the strength to carry on. Without faith, I don’t know how you would keep your head up.”
- Participant 7: “Yes, I was able to relate to it. It brought healing to your mind.”

Interview Question 3: Did family, friends, or peers have an impact on you securing housing? If so, how?

- Participant 1: “Yes, I had a brief period of sleeping in my car. Doors and arms were open to me with overwhelming support and also fellow veterans were supportive.”

- Participant 3: “Friends helped during my struggle. They helped me the most and I could rely on them.”
- Participant 4: “Yes, family was helpful. Friends helped by telling you where to get help for networking, benefits, directions, and more compensation. Volunteers of America provided housing for 12 months.”

Interview Question 4: How did your own belief in your abilities help you acquire housing?

- Participant 2: “I knew it was going to get better if I followed my plan and executed it. I believe in myself and my judgement. I had a good foundation with family, friends, and grandparents. I just needed restructuring of my goals.’
- Participant 3: “My children were my focus, so it was not just about me. It was about them too. I knew that I could do better, and I knew that I had better opportunities ahead.”
- Participant 4: “I was hopeful, never doubting myself. People think you join the military because you are not smart and cannot do anything else.”
- Participant 5: “I knew I would bounce back. Keep it moving. It’s healthy.”

RQ2. How has stable housing changed the life of former homeless veterans? The interview questions for this research question included housing impact, schooling, friend/peer/family involvement, and goal attainment.

Interview Question 5: How has housing changed your life?

- Participant 1: “I feel more independent, like an active parent, better general mood and a higher self-esteem. Beyond the physical differences, it is easier to focus on education.”
- Participant 2: “It gave me security and a place to rest, think, hope and a place to provide for my daughter and a stable environment. We both thrived together and as individuals.

- Participant 3: “Drastically! Knowing that I have a place to go every day—a sense of security. I have a place to go after work.”
- Participant 6: “It has brought me back to where I used to be. It renewed me and gave me a dream job and a sober life with fulfillment and happiness of 28 years of marriage. It brought me back to my wife and afforded us housing together.”

Interview Question 6: Has attending school made a difference? If so, how?

- Participant 2: “Absolutely! First, I helped my daughter as she went back to school and entered the PhD program at USC. Then I went back to school. School has been a challenge, but my daughter and I were in the trenches together. There is a way to get into school as a veteran. You just have to put in the work. The veteran department has information on enrollment and benefits. The university provides counselors, advisors and professors that will assist you. There are people out there to help. Many veterans have drug and alcohol problems. Many veterans are disabled and the programs for those are limited I want to share my story to help others. The opportunities for veterans should be advertised more. You have to be interested in going to school to find out about the college veteran programs.”
- Participant 6: “Absolutely! The California Veterans Assistance Foundation helped me. Within a week of graduation, I got a job in my field of psychology which is my major. It’s all about God’s timing.”
- Participant 7: “Yes, returning to school was a form of therapy or medication. It allowed me to not isolate. It allowed me to communicate with others. I was able to apply what I was learning in school to my life. I earned a BA in sociology which helped me understand myself. Now, I am receiving a monthly stipend from the Veterans Vocational

Rehabilitation Chapter 31 program which helps me to pay rent. At the end of Fall 2021, I will have completed my MA in Leadership.”

Interview Question 7: Are you more involved with friends, peers, or relatives? If so, please explain.

- Participant 3: “Yes, now that I have my own place, I can have friends over and be more social and more confident.”
- Participant 7: “Yes, I am more involved because in going to school, I gained more relationships. I was diagnosed with PTSD. School has made me able to socialize, whereas before I felt alone.”

Interview Question 8: Do you feel that you are better able to accomplish your goals?

- Participant 3: “I do. Having a place is one of Maslow’s laws and you can move forward because of that to the other goals. To get my degree and this semester to hopefully move on to management.”
- Participant 6: “Yes, I retrained myself to accomplish my goals. I developed a sense of discipline. Now, if I can get a shot or an opportunity, I would pour myself into it. The street environment causes you to lose self-worth and a sense of pride. My pride has come back.”

RQ3. What are some improvements needed in helping homeless veterans? The interview questions for this research question included current veteran services, military support before discharge, support from individuals, communities or agencies, and advice for veterans before leaving the military.

Interview Question 9: What veteran services need to be revised?

- Participant 2: “Mental health programs need to be improved. More follow-up and more resources are needed.”
- Participant 5: “All of them. There is no continuity or contingency planning. More on-going feedback is needed. There are too many hoops or obstacles in getting help. Seeing my peer counselor once in several months is not enough. There are too many gaps in services which leads to more drugs and abuse issues.”
- Participant 7: “Therapy. The inpatient program needs to be revised because people tend to relapse. Schooling made the difference for me and it will help others. I believe it would make a difference. Veterans need to be involved with a mentor. A mentorship program would help veterans connect with other veterans. Relationships are important. The campus Veteran Centers enables veterans to connect with each other.”

Interview Question 10: What should the military do to help with housing before service members are discharged?

- Participant 1: “Once you are discharged your status is IRR or Inactive Ready Reserve meaning that they can call you back if they need you to return. This means you are still technically able to serve. Therefore, it would be great if they would continue to check on you to see if you need resources or information to help veterans from falling through the cracks. For example, in California you qualify for unemployment after the military. I wasn’t aware of that. “
- Participant 5: “The Transition Assistance program is flawed. It is focused on jobs, not social or emotional needs. The debriefing program needs to provide preparation for civilian life and next steps or support. After being discharged, it is like learning a second language. Also, regional information is not provided. There should be information to

connect you to your home state and family. Three days of preparation is not enough.

When you leave the military, you should not feel guilty about utilizing social services.

The workshops are directed by civilians. There is a gap in the credibility.”

- Participant 7: “While in the military, you contribute to the GI Bill for education. There should also be something available for active service members to contribute to housing before leaving the military.”

Interview Question 11: How can individuals, communities or agencies become more involved in the homeless crisis?

- Participant 3: “As far as resolving the homeless crisis, they need to work with the city. It must come from the health care sector. The biggest problem has to do with health care. Some have lost their jobs, apartments or have mental issues. So, they need additional assistance.”
- Participant 5: “Less action needed, more listening. A more humanistic approach with patience is needed. I ran a homeless services program. You need individuals who are visionaries who value those that you serve. I am a servant leader who believes in serving others. I want to build up their talents. Trust is everything. Who can I trust is the challenge. The key to getting help is trust. Trust is pivotal in getting help. It is essential. Taxpayers have paid for abilities and skills learned in the military. Yet they are not tapping into their resources that veterans already have acquired. Leadership is fluid. Sometimes it is situational and other times it is directional. Civilian life does not value leadership. It does not leverage the skills. I ran a flight line of 400 people to include pilots, aircrafts, and people. Critical thinking was extremely necessary in this position.”

- Participant 7: “Most agencies have leaders who have no personal experience with homelessness. They provide an ideology of school not street experience or street knowledge. They are coming from a theoretical standpoint and are unable to relate.”

Interview Question 12: What advice do you have for new veterans as they leave the military?

- Participant 2: “Have a plan for school or work before they leave the military. Make sure they are aware of benefits concerning school, trade school, culinary, other information, and incentives. Remember you have to ask. Use family and church resources. Sometimes people just don’t know how to ask. Sometimes the service can make you discouraged. Often you are viewed as a number. The veteran department sometimes has employees that don’t even make eye contact with you. More patience and kindness is needed. The veteran needs someone who they can make a connection with. More respect, patience and kindness needed toward veterans. Connections are important.”
- Participant 5: “Before you leave the military, you need a translation of skills. You need a version of the civilian language to correlate with the military language for job experience. You need a new interpretation of skills in order to own it. Speaking the same language and mentally rehearsing it is important.
- Participant 6: “Take advantage of all benefits. Contact and become a part of the local veteran community. Saving the Life is an example of a program for veterans. We are a brotherhood.”
- Participant 7: “When military members leave the military, they are obligated as an inactive reserve member. There should be a mandatory mentorship program for at least one year because you would be connected to another veteran.”

## Findings

The interview responses were coded first, using in vivo coding to capture the words of the respondents. Then the codes were labeled as categories and counted according to each response. Themes were derived from the significant responses related to the shared experiences of the participants (Creswell, 2013). The secondary coding is found in Table 2 and the emerged themes shown in Table 3. Themes are the main ideas found on the lived experiences of the respondents. The personal experience of the phenomenon emerges from the significant statements which become themes (Creswell, 2013). Five themes emerged from the responses to include relationships matter, the faith/spirituality, the belief in self, higher education makes a difference and a need for the improvement of transition and outreach services. The first theme that developed was relationships matter. Relationships matter was evidenced in RQ1. It was also supported in the responses from RQ2. The importance of faith/spirituality was evidenced in RQ1 and Research Q 3. The theme of belief in self was demonstrated in RQ1 and RQ2. The importance of higher education was supported in RQ2. The need for the revision of transition and outreach services was exhibited in RQ3.

**Table 2**

### *Secondary Coding*

Research Questions	Number Participants Assigned to Secondary Codes
RQ1. What services or support were the most effective in helping homeless veterans adjust to civilian life?	Three expressed private services effective Three shared that both private and public services were helpful. One shared that public services were effective. Four conveyed that faith/spirituality was impactful. Three noted faith/spirituality not impactful Six responded that family or friends were important. One mentioned that family or friends were not useful. Two conveyed that support groups important Six shared that they had a belief in their own ability

Research Questions	Number Participants Assigned to Secondary Codes
RQ2. How has stable housing changed the life of former homeless veterans?	<p>Three expressed a feeling of security.</p> <p>Three others indicated a sense of self-esteem.</p> <p>One indicated a sense of self-esteem &amp; security.</p> <p>One added that basic needs were met.</p> <p>All shared the importance of higher education.</p> <p>Two mentioned the value of networking.</p> <p>Two added the importance of support.</p> <p>One mentioned a better sense of responsibility.</p> <p>Five conveyed more involvement with friends, peers, or family.</p> <p>Two shared they were not more involved with others.</p> <p>Two expressed more stability.</p> <p>Three indicated an ability to accomplish goals.</p> <p>Two shared a feeling of reinvention.</p>
RQ3. What are some improvements needed in helping homeless veterans?	<p>Two mentioned a revision in process due to too many obstacles.</p> <p>Five shared the importance of follow-up.</p> <p>Six expressed the need for more Mental Health Services</p> <p>Six replied that the military should assist with housing.</p> <p>One shared the need for social emotional support.</p> <p>One mentioned the need for mental and substance abuse services.</p> <p>One mentioned the need to monitor those in Inactive Ready Reserve</p> <p>One expressed the need for faith-based groups.</p> <p>Two shared the need for a humanistic approach, the value of leadership skills and translation of skills.</p> <p>One shared the importance of fund-raising.</p> <p>One mentioned more support from prior homeless veterans.</p> <p>Four spoke about the importance of reaching out for support.</p> <p>One spoke of the importance of planning.</p> <p>One mentioned the need for a mandatory mentorship program</p>

**Table 3**

*Themes*

Themes Emerged from Codes	Final Coding
RQ 1 Relationships Matter	Private services effective
Faith/Spirituality	Both private and public services were helpful
	Faith/spirituality was impactful.
Importance of Belief in Self	Family or friends important
	Family or friends useful
	Support groups important
	Belief in their own ability
RQ 2	Feeling of security
Higher Education Makes a Difference	Sense of self-esteem
	Education made a difference.
Relationships Matter	Value of networking
	The importance of support

Themes Emerged from Codes	Final Coding
Belief in Self	More involvement with friends, peers, or family More stability Ability to accomplish goals. Feeling of reinvention
RQ 3	A revision in process due to too many obstacles
Faith/Spirituality	Importance of follow-up The need for more mental health services
Improvement of Transition and Outreach Services	The military should assist with housing. The need for faith-based groups The need for a humanistic approach, the value of leadership skills and translation of skills More support from prior homeless veterans Importance of reaching out for support. The need for a mandatory mentorship program

### **Relationships Matter**

The importance of relationships was evidenced in the responses from the interview questions that were related to RQ1. What Services or support were the most effective in helping homeless veterans adjust to civilian life? Also, the value of relationships was indicated in the interview questions which supported RQ2. How has stable housing changed the life of former homeless veterans? The responses to both questions mentioned that family, peers, friends, and other veterans were important for support. Additionally, support groups and networking were expressed as making a difference. The significance of communicating with others and being able to socialize was also voiced by some of the respondents. The implications of the importance of relationships were indicated by all the participants.

Studies have demonstrated the importance of relationships. College veteran centers have been recognized for their peer and counseling support (Ahern et al., 2015). Veteran students have noted the importance of peer support (Jenner, 2019). Additionally, the college veteran center has been found to provide networking and a safe place for communication (Killam & Degges-White, 2018).

## **Faith/Spirituality**

The value of faith/spirituality was documented in the participant responses which related to RQ1. What Services or support were the most effective in helping homeless veterans adjust to civilian life? Additionally, the value of faith/spirituality was indicated in the interview questions connected to RQ3. What are some improvements needed in helping homeless veterans? Four of the respondents in this study mentioned the importance of faith/spirituality. Three respondents expressed that faith or church was helpful, supportive and/or brought healing to the mind. Another responded that faith-based outreach programs were supportive and needed. Therefore, fifty percent of the participants noted the value of faith/spirituality.

Several studies in the United States and in other countries have found that religion, faith, or spirituality has a positive effect on the quality of life for veterans or the homeless population. There are several U.S. studies that have found that faith or spirituality made a positive difference in the life of veterans (Currier et al., 2016; Koenig et al., 2019; Parrott, 2017; Sharma et al., 2017; Tsai, Rosenheck, Kaspro et al., 2012). Canadian studies have also discovered that religion is a protective factor for homeless individuals (Torchalla et al., 2014; Walsh & Gulbrandsen, 2014). In Israel, soldiers who were found to have a lower risk of PTSD were involved in religion (Cohen et al., 2016).

## **Belief in Self**

The belief in self was expressed by six of the participants which was supported through the interview questions that related to RQ 2. How has stable housing changed the life of former homeless veterans? Participants mentioned that they believed in themselves, knew that they could do better, and one respondent noted that he/she was hopeful, not doubtful. Another shared that he/she knew that he/she would bounce back. Others mentioned that they knew it was

possible to accomplish his/her goals. Belief in self is part of self-efficacy which is the belief in one's capacity to perform tasks. It includes confidence and control of behavior and motivation. Academic and college success is linked to personal goals, a growth mindset, and self-efficacy. (National Academies of Sciences, Engineering & Medicine, 2017).

### **Higher Education Makes a Difference**

All the participants conveyed the importance of higher education through the interview question connected to RQ 2. How has stable housing changed the life of former homeless veterans? One participant mentioned that school provides basic needs, partnerships, and budgeting. A few others mentioned the benefit of the veteran center on campus and its connection to counselors, advisors, and professors. Other participants expressed that college is motivating, therapeutic, and has provided job opportunities. Higher education has made a positive impact on the participants in this study which supports research that found attending higher education as the strongest predictor of life satisfaction in veteran students (Aikins et al., 2015).

Research has shown that higher education serves as a bridge to civilian life and the workforce. Higher education provides veterans with a transfer of skills and identifiable credentials or degrees that are transferable to civilian careers. Thus, making an easier transfer into the culture beyond the military (Hunter-Johnson et al., 2021).

### **Improvement of Transition and Outreach Services**

Each participant in the study recommended improvements in the transition process and/or the outreach services for veterans. The need for improvements in transition and outreach services was evidenced in the responses regarding RQ3. What are some improvements needed in helping homeless veterans? Six of the respondents voiced the need for more mental health services.

Three participants expressed the need for a better monitoring process for veterans and/or peer counseling. An additional three subjects suggested more assistance with housing before leaving the military. Two veterans mentioned that the VA process for veterans is overwhelming with too many obstacles. It was also shared that the gap in services leads to more drug and abuse issues. Two respondents conveyed a need for a more humanistic approach with patience is needed in outreach services to veterans. Active military service members participate in a transition assistance program prior to discharge often referred to as the TAP (Transition Assistance Program). Research has demonstrated that the TAP process needs revision. TAP mainly prepares military service members with information on education and careers. The problems regarding health, finances, and other needs of support for newly discharged veterans remains problematic (Whitworth & Smet, 2020).

### **Summary of Findings**

The key findings in this phenomenological study of prior homeless veterans were discovered through the voices of the veteran participants utilizing online zoom meetings. There was a total of seven veterans who met the requirements to participate in the study. The participants were comprised of a diverse group of individuals in gender and ethnicity. The length of homelessness experienced by the participants ranged from three months to two years.

Additionally, the participants represented the navy, marines, air force and the army.

There were five themes that were derived from their voices. The first theme of the importance of relationships was expressed as the personal support that provided veterans with scaffolding experiences which helped lead them to housing. The next theme of faith/spirituality offered the veterans a feeling comfort and hope during their homeless experience. The theme of the belief in self provided homeless veterans something to strive for while in their challenging

situations. The fourth theme of the importance of higher education presented veteran students a world of new opportunities for future success in careers and personal growth. The final theme of the necessity of the improvement of transition and outreach services established an increasing need for ongoing changes in services to homeless veterans and to all veterans in general.

## **Chapter 5: Conclusions, Implications, and Recommendations**

### **Chapter Overview**

This chapter reviews the problem of veteran homelessness, interrelated theoretical frameworks of Maslow's Theory of Human Motivation, Vygotsky's Social Constructivist Theory and Dweck's Growth Mindset Framework, the review of the qualitative process, and the key findings of this study. It presents the conclusions, implications, and the recommendations for future research.

### **Problem/Purpose**

Homelessness in the United States continues to increase. California continues to have the largest number of homeless veterans in comparison to all other states (U.S. Department of Housing and Urban Development, 2021). The Los Angeles area represents the highest number of unsheltered veterans. The purpose of this qualitative phenomenological study was to interview prior homeless veterans from Gulf War Era I (1990 - 2001) and/or Gulf War Era II OEF/OIF/OND conflict eras (Operation Enduring Freedom [Afghanistan]) 2001- present, Operation Iraqi Freedom 2003- present and/or Operation New Dawn Iraqi September 2010 - present veterans) utilizing online interviews. College and university veteran centers were electronically contacted and provided with the recruitment announcement and the IRB approval for research. The college or university veteran center coordinators informed the student veteran on their campus of the study recruitment information. Interested veteran students emailed the investigator regarding participation in the study. The veteran students who met the requirements of the subject population were provided with the informed consent. Interviews were scheduled according to the availability of the participants. Each zoom online interview was completed in approximately one hour. The data collected from the veteran college and/or university students

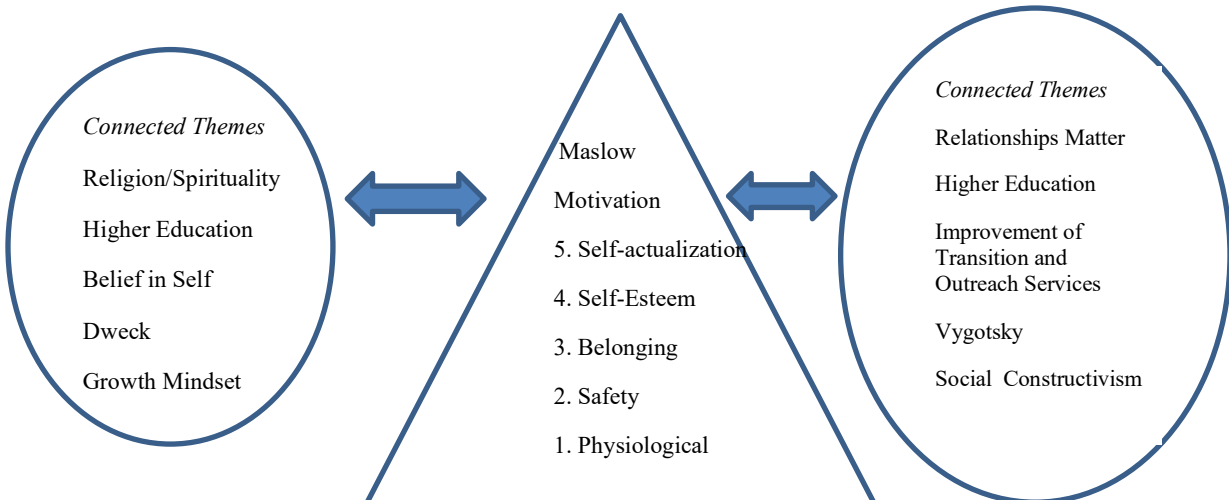
was coded and analyzed to determine themes that may assist individuals and organizations in the prevention and support of homeless veterans and homelessness individuals.

### Theoretical Frameworks

Three interrelated frameworks were found to connect to the themes in this study as shown in Figure 5. Maslow's theory of human development is based on human needs. The hierarchy of needs is divided into three main areas of basic needs or physiological needs, psychological needs, and self-fulfillment needs. The level of basic needs is further divided into two more sub-areas of physiological needs of food and health. The other sub-level includes safety and the need for security.

**Figure 5**

*Theoretical Framework Interrelationships*



The psychological category is subdivided with belonging and esteem needs. The final area of self-fulfillment is further described as self-actualization or achieving one's potential (Schunk, 2016). All the levels of Maslow's hierarchy were demonstrated in the findings of the study and connected to the growth mindset and social constructivism.

Vygotsky's theory of social constructivism maintains that learning is formed through social and cultural experiences. It is the participation of learning that is meaningful in the culture (Woolfolk, 2010). Learning is constructed individually and socially mediated through relationships.

The growth mindset psychology of success was developed by Stanford University psychologist Carol Dweck. It is a concept of motivation that utilizes the belief that an individual can foster their own growth with effort and support from others (Dweck, 2016). It is the belief that anyone can increase their potential in learning with application and experience. It is the mindset that anyone can thrive and become successful regardless of challenges.

### **Key Findings**

The key findings were demonstrated through the five following themes:

1. Relationships Matter
2. The Importance of Faith\Spirituality
3. The Importance of the Belief in Self
4. Higher Education Makes a Difference
5. The Ongoing Improvement of Transition and Outreach Services.

The theoretical frameworks of Maslow, Vygotsky, and Dweck were integrated into the themes.

### **Maslow and Motivation**

Several research studies reinforce the perceptions shared by the prior homeless veterans in this study. Participants indicated the importance of being provided with food and housing which is the first level of Maslow's hierarchy. Respondents also mentioned that they gained a feeling of security with housing. The level of belonging was expressed by the participants as the

support of the church or religion. A sense of belonging was also shared by prior homeless veterans when they spoke about the support provided by fellow veterans, friends, family, networking, attending school, and the college veteran center. A sense of self-esteem was discussed by the veterans when they spoke about a belief of self, the confidence in the accomplishment of goals, and the feeling of having self-esteem. The theme of relationships matter was conveyed by the respondents and supported by research. The highest level of Maslow's hierarchy of needs is self-actualization. This level is related to love, hope, faith, and global citizenship. South Africa offers outreach to the homeless through faith and Bible study to assist in the value of self-worth through the study of love and peace (Nel, 2015). Self-Actualization may not be possible to achieve if the deficiency needs of basic food and shelter are not met (Henwood et al., 2015; Venter & Venter, 2010).

The need for the improvement of transition and outreach services was voiced by the participants. Research mentions the need for more mental health support services which relates to safety and military or sexual trauma. Research regarding women veteran students demonstrate a gap in outreach services and college transition (Albright et al., 2019; Heineman, 2017).

In a Canadian study, the Housing First Program was found to provide the participants a sense of belonging. In a Finnish research study, the Housing First Program demonstrated positive results. The Housing First Programs in Sweden, and the United Kingdom also had positive results (Pleace et al., 2015). A Los Angeles homeless project for building Permanent Supportive Housing utilized scattered-site housing for some because it has been found to benefit families with a sense of community (Homeless Policy Research Institute, 2019).

The importance of higher education was also noted by several participants. Higher education was described as a connection to food, motivation, mindset, networking, relationships,

and goals. Additionally, higher education was described as therapeutic and a tool for communication. All these areas are connected to Maslow's hierarchy of needs. Research has established that higher education increases self-efficacy and belonging (Hempel et al., 2019).

### **Vygotsky and Social Constructivism**

Vygotsky's social constructivist theory of learning was evidenced in the responses of the veteran participants. The social constructivist theory is based on the concept that knowledge is constructed from social and cultural experiences (Vygotsky, 1978). These experiences are accomplished through social relationships. The theme of relationships matter was expressed in the data of this study. Several of the respondents in this study mentioned the importance of the collaboration of others in their journey to housing. The notion of the importance of constructing knowledge from social and cultural experiences is documented in several research studies.

Studies on veteran women have indicated the importance of collaborating with others. Homeless veteran women were studied, and it was found that more attention was needed in peer support (Hamilton et al., 2012). In another study of veteran women, it was indicated that better social support led to fewer levels of depression (Strong et al., 2018). Homeless African American veterans and other ethnicities were found to have benefited from peer mentors (Resnik et al., 2017).

The need for peer support and mentorships was voiced by many of the participants in this study. In several studies, student veterans were studied for resilience. Resilience is the ability to adapt to adversity. It was determined that the need for support was important in addressing academic and personal challenges of veteran students (Reyes et al., 2018). Resilience was also found to be nurtured by mentors (Francis, 2019). Other studies regarding veterans have indicated the need for peer mentors and more academic/social support (Ahern et al., 2015; Olsen et al.,

2014). Teamwork was identified as an important competency for college success (National Academies of Sciences, Engineering & Medicine, 2017).

The theme of the improvement of transition and outreach services was also evidenced in this study. Participants explained the need for less bureaucracy and wait time in referrals for housing, more mental health services, better planning for housing, a humanistic approach to outreach services, translation of skills, and more peer support. Several research studies confirm these suggestions. In a Los Angeles County veteran study, it was found that over sixty percent of veterans have problems with civilian life adjustment (Castro et al., 2014). The Transition Assistance Program (TAP) has been recommended to continuously be adapted to meet the needs of veterans (U.S. Department of Veterans Affairs, 2018). A one size fits all approach to military transition is not recommended (Batka & Hall, 2016). The Transition Assistance Program has a narrow focus on education and careers rather than other transition needs of housing, health/trauma, or personal relationships (Whitworth & Smet, 2020). The problems with transition to civilian life include substance abuse, homelessness, and mental health issues.

Most veteran students in this study noted that higher education made a positive difference in their lives. There were some suggestions added by the participants regarding the need for more of a humanistic approach, a translation of skills, more advertisement of services, and connections with fellow veterans. These suggestions were confirmed by research in veterans and higher education (Hunter-Johnson et al., 2021). Research has identified challenges for veterans in higher education including problems with networking, institutional issues, cultural shock, and anxiety. The veterans in this study did not voice issues of anxiety regarding higher education attendance.

## **Dweck and The Growth Mindset**

Dweck's growth mindset framework is based on the premise that the brain is malleable and that individuals have the ability to increase their knowledge through application and experience (Dweck, 2016). Individuals with a growth mindset exemplify the ability to conquer and recover from challenges. Many of the participants in this study expressed their ability to keep a focus on their own belief in their capacity to gain a college degree and conquer homelessness. Subjects of this study also shared the importance of religion in their challenges during homelessness.

Veteran student respondents in this study confirmed the research regarding growth mindsets in their ability to overcome challenges. Studies involving diverse college students have found that a growth mindset supports college students in their belief of their ability to be successful in academics. University students in the United States and in Hong Kong demonstrated that a growth mindset gave them the desire and ability to confront educational challenges (Hong et al., 1999). African American Students and Latino/a students have also experienced increased academic grades when they developed a growth mindset (Aronson et al., 2002; Broda et al., 2018).

Participants in this study conveyed that mindset enabled them to recover from challenges and become more resilient. Research involving adults in the United States and in South Korea have established that growth mindsets lead to better physical and mental health outcomes and predictors of human behavior (Lee et al., 2019). Additionally, it was noted that individuals with a growth mindset have the ability to adapt to stressful environments and cultivate relationships.

The importance of faith/spirituality was voiced by some of the participants in this research study. Participants stated that faith provided the strength and healing to persevere. Black

homeless Canadians expressed their belief in God and faith in a study that demonstrated that belief in working hard as it connected to self-esteem and confidence (Paul et al., 2018). The importance of faith also was exhibited in a study of African American veterans. They expressed the importance of faith in their identity related to suffering and discrimination (Black, 2016).

Faith and spirituality were studied in African American homeless women. It was found that faith provided resilience and hope in coping with homelessness (Washington et al., 2009). In a review of seventy-four articles, religion also was found to lessen the effects of depression and abuse (AbdAleati et al., 2016). Christianity has also been determined to provide a protective factor in adverse situations or challenges. It increases the belief in the capacity of growth and learning (Francis, 2019). In a study of young adults and mindset intervention, it was noted that mindset, grit, and locus of control were interrelated factors in motivation. Participants who exhibited a growth mindset were characterized as having grit or the ability to pursue goals regardless of setbacks. Locus of control was defined as the internal locus of control or the belief of success due to self-determination (Burgoyne et al., 2018).

Veterans in this study expressed the importance of the need for more follow-up in services and transition programs which provide services and support according to the proposed living location after discharge. Similarly, research has demonstrated a need for more check-ins of veterans after being discharged. Studies have identified the need for adding more military camaraderie support in the transition of veterans and the need for support according to the veteran's home destination after they are discharged from service (Whitworth & Smet, 2020).

## **Conclusions**

The following conclusions were derived from the findings on this study of prior homeless veteran students:

- Homeless veterans require social support from their peers and other individuals or organizations.
- Faith and Spirituality provides a protective comfort of hope for homeless veterans.
- Homeless veterans who possess a belief in their own ability have the capacity and confidence to thrive in the face of adversity.
- Higher Education provides a bridge to success for prior homeless veterans.
- Continuous revision of the Transition Assistance Program is essential.

This study aligns with research that has recognized homeless veterans require more social support. Several studies on veterans and homelessness have found the importance of peer support, mentorships, and the collaboration of others (Ahern et al., 2015; Olsen et al., 2014). Motivational theory supports the need for a sense of belonging (Maslow, 1962). Social constructivism also confirms the importance of social experiences (Vygotsky, 1978). The veterans in this study voiced their belief in their ability to thrive in the challenges associated with homelessness. Some participants suggested that their religion or their faith gave them hope to continue in their path to housing. Others mentioned the belief in their own mindset or abilities. Research on faith and homelessness align with the comments of the participants (Paul et al., 2018).

All the participants in this study conveyed the positive difference that higher education has made in their lives. Research has also confirmed that higher education provides a sense of belonging and self-efficacy (Hempel et al., 2019). Additionally, research also provides suggestions for improvement in the support of veteran students. These suggestions include assistance with anxiety and other institutional problems (Hunter-Johnson et al., 2021).

Research and the veterans in this study recommend a revision of the Transition Assistance Program for military members before they are discharged from service. Participants voiced the need for regional housing support, more follow-up, and a translation of military skills to civilian skills is needed during the transition process. Research confirms the need for support in transition services for veterans prior to leaving the military (Whitworth & Smet, 2020).

The veterans in this study confirmed the need for more mental health services with a more humanistic approach. Research also recommends that transition programs be revised and include the transitions needs of health and trauma. More transition services for women issues have also been supported by research. Women veterans have a higher incidence of homelessness. Single and divorced women veterans have a higher risk of homelessness (Mulcahy et al., 2021).

### **Implications for Practice and Policy**

The implications for practice and policy for this study are based on the findings and related research regarding homeless veterans. The number of unsheltered homeless veterans increased by six percent between 2019 to 2020. California continues to have the highest rate of veteran homelessness in the nation (U.S. Department of Housing and Urban Development, 2021). Seventy-six percent of the total number of homeless veterans in California are unsheltered. Los Angeles city and county has the greatest number of homeless veterans compared to all other major cities in the nation (U.S. Department of Housing and Urban Development, 2021).

The following implications for changes in practice and policy are suggested below:

- There is a need for legislators and organizations to focus on the improvement of the lives of homeless veterans.
- Veterans need support for improved housing options.

- There is a need for outreach services to collaborate with faith-based organizations.
- It is a necessity that the Veterans Administration make mental health a priority for veterans.
- Higher Education programs should offer veteran students more opportunities and support.
- A revision of the transitions programs for military members is essential to the success of veterans.

It is critical that organizations and legislators dedicate more support to assist homeless veterans. The House of Representatives H.R. 7105 (Johnny Isakson and David P. Roe, M.D. Veteran Health Care and Benefits Improvement Act of 2020, 2021) was recently signed as Public Law 116-315. This law provides more eligibility for veteran rental vouchers, more legal services for women veterans, increases counseling services for veterans at risk of homelessness and provides more veteran home loans. Although these new provisions are helpful for homeless veterans, there remains a number of issues related to homeless veterans as evidenced in this study. Legislators have introduced legislation in support of homeless veterans. Many of the proposed bills have not been passed by both Houses and/or have not become laws.

More private and public outreach services with connections to faith-based organizations are needed for those veterans who might benefit from the support of religion or spirituality. Several veterans have utilized religion and spiritualization to cope with their difficulties to adjust to civilian life. The participants in this study mentioned that both public and private organizations have some positive and negative aspects. Many of the private organizations which supported the homeless veterans included a religious element in their program of support. The veterans who conveyed the value of religion or spirituality in their recovery and path to housing

mentioned the importance of prayer, faith, hope, and the motivation to remain resilient regardless of their situation. The importance of religion for homeless veterans has been documented in several studies (Currier et al., 2016; Koenig et al., 2019; Parrott, 2017; Sharma et al., 2017; Tsai, Rosenheck, Kaspro et al., 2012). Faith has been found to increase the belief in one's ability for growth and learning (Francis, 2019). Faith may also serve as a vehicle to having a growth mindset.

There is a critical need for the Veteran Administration to develop more programs to address the mental health needs of veterans. The respondents in this study stated the importance of relationships. Family, friends, and support groups were found to be valuable resources for the prior homeless veterans. It was also mentioned that there needs to be more interventions and notifications for the support of veterans. Although the Veteran Administration offers services to veterans, there is a critical need for more peer counselors, mental health support, and mentorships. Research confirms the need for more health services particularly for those who have been deployed in war zones and have readjustment challenges (Vogt et al., 2020). Research also demonstrates the need for affordable health care regarding PTSD and substance abuse (National Coalition for Homeless Veterans, 2018). The VA should continue efforts to improve health care for veterans especially in mental health.

There remains a need for sustainability in housing for veterans and non-veterans. The range of homelessness for the prior homeless veterans in this study ranged from months to years. Individuals who have been homeless for more than a year are defined as chronically homeless (U.S. Department of Housing and Urban Development, 2021). Homelessness continues to increase nationwide for veterans and other non-veteran individuals. In 2020, the number of unsheltered individuals increased by seven percent.

Higher education should continue their commitment to veteran students and provide ongoing efforts to improve veteran programs in colleges and universities. The veterans in this study all expressed the positive difference that attending higher education has made in their lives. The participant mentioned that educational institutions have provided basic needs, access to benefits, counselors, motivation, networks, a change in mindset, and general therapeutic support.

Veteran students have had challenges in the college learning environment compared to the military environment including a lack of belonging (Hunter-Johnson et al., 2021). Studies have also found that many veteran students are affected by mental health issues that need to be addressed through educational institutions (Smith et al., 2018). Creating a sense of self has been identified by student veterans due to the inability to manage health and academic needs (Rattray et al., 2019). In a German university study of the growth mindset, it was concluded that German students with a growth mindset achieved higher self-efficacy and perceived themselves as academic resources (Zander et al., 2018). The relationship of the growth mindset was also found in a U.S. university. The results determined that mental health was better in students with a growth mindset (Schroder et al., 2017).

Female military members have the most rapid growth in the military and constitute the largest percentage in the U.S. and other countries (Adams et al., 2021). Several female veteran college or university students have experienced less support services compared to others on their various campuses. Some research has found that women veteran students have felt rejected by males while they were enlisted and avoid interactions with their fellow veteran students. They have been described as the invisible student population (Heineman, 2017). Additionally, studies have implicated that women veteran students receive less information on violence and suicide prevention from higher educational institutions (Albright et al., 2019).

It is imperative that transition assistance programs for military service members improve their structure, delivery format, and information provided for service members as they are leaving military service. The prior homeless veterans from this study all noted problems with transition programs. The participants mentioned the importance of ongoing feedback, peer counselors, regional housing needs, support with emotional needs, substance abuse support, and a general need for a more humanistic approach to support. Although the transition programs have been revised, research suggests that there are continuing issues for veterans in adjusting to the civilian environment. The current transition program focuses on benefits, employment, VA services, finances, and an optional track of choice consisting of higher education, career technical, and entrepreneurship (Kamarck, 2018). Some of the serious problems of veterans include homelessness, unemployment, substance abuse and mental health (Whitworth & Smet, 2020). These issues are missing from the transition programs. Veteran unemployment levels increased to 7.3 in 2020 during the Covid-19 pandemic. Gulf War II veteran unemployment also increased to 40% compared to 26% for all veterans (U.S. Department of Labor, 2021).

All branches of the service conduct a transition assistance program for their military members prior to their discharge from military service. These programs are conducted in the United States and Globally (Military One Source, 2020). Research studies continue to recommend changes in the transition programs for military members. Daniels (2017) studied the transition process provided for veterans and recommended more mentorships, more follow-up, and outreach that included education and faith-based support. Other research studies have advocated for different conceptual models for institutional departure training. It has been suggested that the use of the Success in Transition Model (SIT) be utilized for departing military members (Whitworth & Smet, 2020). This model was developed by a task force that was led by

U.S. Representative Gus Bilirakis. It is based on Schlossberg's transition theory. Schlossberg's model includes the areas of situation, self, strategies, and support. The Success in Transition Model addresses the needs of the individual and the family. The learner modifies the learning tools to address individual needs. This model is more humanistic and has been supported by research. Individuals in this current study of prior homeless veterans indicated the need for a more humanistic approach and the importance of patience and kindness. Further research regarding the improvement of transition programs suggests that departing service members receive more information regarding higher education, fewer forms and paperwork during the transition program, the addition of follow-up outreach services, and individualized support with financial planning (Ziencik, 2020).

The delivery of the transition program utilizes the behavioral approach which is based on task behavior. It also uses scripted lessons. The teachers and leaders should institute a global leadership style in their development of the courses and the format. Global leadership includes global knowledge, integrity, resilience, and humility. It includes a global mindset, interpersonal skills, and cognitive complexity (Mendenhall et al., 2013). The transition programs should include experiential and transformative learning approaches. These approaches include group simulations, reflective journaling, life-long learning, and real-life examples (Caffarella & Daffron, 2013). The instruction should be culturally responsive. Culturally responsive instruction includes culture, promotes interrelationships, relevance, and critical thinking (Gay, 2018). More veteran instructors are needed in transition support. Studies have recommended that more instructors who are relatable and experienced in the needs of veterans be a part of the transition process.

The courses in the transition program should include the requirement for military members to enroll in college courses before discharge in order to provide members with the opportunity to experience college courses before leaving the military. Many college courses are offered online and would not interfere with where the military members are stationed. Courses in human development would increase critical thinking, research methods, and theory. This would include the theory of the growth mindset and the importance of resilience in the success of school and life. Family members should be included as part of the transition program as much as possible. Family members should work together with the service member on the planning for housing, benefits, health support and employment opportunities. Technology instruction would benefit families and the service members before discharge. Applying for college, employment and benefits are mainly completed online which requires technology training essential to a successful transition to civilian life.

### **Study Limitations**

This study generated limitations. The limitations were evidenced by the veteran participants and the veteran center coordinators. Several of the participants and the veteran center coordinators mentioned that veterans are a group of individuals who function as a “brotherhood.” As a brotherhood, veterans often function as a closed society that does not trust outsiders. This culture of brotherhood makes it difficult to recruit veteran participants for a qualitative study.

The limitations in this study were as follows:

- This study utilized seven prior homeless student veterans. Thirty-five colleges and universities were contacted and out of 15 responses seven met the requirements for participation in the study.

- The participants were obtained from the college and university veteran center coordinators. The coordinators were the only link to the recruitment of the participants.
- The college or university veteran coordinators were depended upon to present the recruitment information to the possible participants.
- Due to the Covid-19 pandemic stipulations, all interviews were completed online. Colleges and universities were closed to in person meetings or on campus contacts.
- The participants were only able to meet the researcher online if they were comfortable with the zoom platform.
- Several colleges and universities required the researcher to also gain permission to interview students through their own IRB process.
- The participants in this study were all from California.

### **Recommendations for Future Research**

This study provided more information on the needs of homeless veterans. Prior homeless veterans may be apprehensive in providing information about such an emotional experience. Future studies on homeless veterans might include a co-researcher who is a veteran. Veterans have voiced the need to be able to trust others. Trust is important especially for those who have experienced emotional and other social problems. A veteran researcher may offer veterans a feeling of trustworthiness and provide more motivation for openness in communication.

More quantitative and qualitative studies are needed to study the issues of homeless veterans. This study utilized seven participants. It is important to obtain the perspectives of a larger population of prior or current homeless veterans. A quantitative study would have the advantage of surveying a wider group of veterans. Veterans might be more willing respond to a

survey rather than an interview. The interview process is personal, and veterans may feel more apprehensive of the process.

There are private organizations that are willing to be part of homeless veteran studies. These organizations would provide more possibilities and perspectives on the needs of homeless veterans. In-person interviews might yield a greater response. Additional research on the importance of faith and spirituality to homeless veterans would be valuable to explore.

The Veterans Administration conducts their own investigations on veteran homelessness. The Veteran administration should continue to study the problems of homelessness in veterans. Additionally, more research on the transition assistance programs for service members is needed in the prevention of homelessness. An improved collaboration between the Veterans Administration and higher education is important to better support veterans.

### **Summary and Comments**

This qualitative study investigated the lived experiences of prior homeless veteran college or university students. The prior homeless veterans were studied using a phenomenological approach to discuss the experiences of the participants for a universal essence. The data was collected through online interviews using the zoom platform. The study was based on the inquiry related to political change and social issues commonly referred to as the transformative worldview.

The findings were based on the following research questions:

1. What services or support were the most effective in helping homeless veterans adjust to civilian life?
2. How has stable housing changed the life of former homeless veterans.
3. What are some improvements needed in helping homeless veterans?

After the veterans were interviewed, the interviews were then coded, and five themes emerged. The first theme of relationships matter was determined based on the importance of relationships as voiced by the participants. The second theme of faith/spirituality was discovered based on the support that the participants found in their experiences with religion. The third theme of the belief in self was expressed by the participants. The fourth theme of the value of higher education was shared by the veterans. The final theme of the improvement of transition and outreach services was conveyed by all of the veteran students.

Conclusions from this study support many of the research studies regarding veterans. Relationships and social support matter. Faith/spirituality is important. The belief in self may help in to raise confidence. Higher education makes a difference. Ongoing improvement of the transition an outreach services are essential. In conclusion, there remains a need for the study in the prevention and support of homeless veterans. More legislation is needed to support our veterans and their successful transition to civilian life.

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## APPENDIX A

### Interview Protocol

Research Question 1: What services or support were the most effective in helping homeless veterans adjust to civilian life?

1. Which public or private services were the most useful in securing housing?
2. Did religion or spirituality have an impact on you acquiring housing? If so, how?
3. Did family, friends or peers have an impact on you securing housing? If so, how?
4. How did your belief in your own abilities help you acquire housing?

Research Question 2: How has stable housing changed the life of former homeless veterans?

5. How has housing changed your life?
6. Has attending school made a difference?
7. Are you more involved with friends, peers, or relatives? If so, please explain.
8. Are you better able to accomplish your goals?

Research Question 3: What are some improvements needed in helping homeless veterans?

9. What veteran services need to be revised?
10. What should the military do to help with housing before service members are discharged?
11. How can individuals, communities, or agencies become more involved in the homeless crisis?
12. What advice do you have for new veterans as they leave the military?

## APPENDIX B

### Informed Consent Form

**PEPPERDINE UNIVERSITY**  
***Graduate School of Education and Psychology***

**IRB Number #**

**Study Title:**

**An Exploration of Successful Housing Outcomes After Homelessness: An Experience  
Captured Through the Lens of U.S. Veterans**

#### **Invitation**

Dear

My name is Janice Filer, a doctoral student at Pepperdine University. I am conducting a research study to discover the positive experiences and support that led former homeless veterans to permanent housing. Your participation is voluntary. You should read the information below and ask questions about anything that you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends. You will keep a copy of this form for your records.

#### **What is the reason for this research study?**

This qualitative phenomenological study explores the experiences of former homeless veterans from the Gulf War Era I (1990 - 2001) and/or Gulf War Era II OEF/OIF/OND conflicts era (Operation Enduring Freedom [Afghanistan]) 2001- present, Operation Iraqi Freedom 2003- present and Operation New Dawn Iraqi September 2010 - present veterans) and their pathways to permanent housing. The project focuses on the positive strategies and support that led to their successful transition from being homeless to independent living. In order to participate you must be at least 19 years old, have served in the U.S. military during the Gulf War Era I (1990 - 2001) and/or Gulf War Era II OEF/OIF/OND conflicts era (Operation Enduring Freedom [Afghanistan]) 2001- present, Operation Iraqi Freedom 2003- present and Operation New Dawn Iraqi September 2010 - present veterans) conflicts, have experienced homelessness as a veteran, is not currently homeless, be currently employed or receiving financial assistance, be willing to be interviewed in English and utilize an online interview through the zoom platform.

#### **What will be involved in this research study?**

If you volunteer to participate in the study, you will be asked to participate in an approximately 45-60 - minute interview through a zoom online interview. The zoom video feature is optional for the participant. The audio portion of the interview will be recorded and transcribed. If you choose to participate, you will receive a Target online gift card link for \$15.00.

#### **What are the possible risks in being involved in this study?**

There are no known risks associated with this research. Participants may experience difficulty remembering events or experiences. If participants have a problem with a question, they may skip that question (s) or stop the interview entirely and still receive the gift card. Additionally, if the participant feels that they need veteran services or support during or after the interview, the participants are provided with the Veterans Crisis Line information 1-800-273-8255 and press 1, chat, or text 838255.

#### **What are the possible benefits of this study?**

This study will be utilized to develop a “best practices” U.S. model to prevent homelessness for U.S. veterans that could possibly be duplicated globally. The Veteran Administration offers

housing to homeless veterans. In addition, other public or private programs have experienced positive returns on their investments and have been found to be effective in supporting the needs of homeless veterans. Hopefully, the potential benefit to you as a participant is that your responses will assist other homeless veterans. There are no direct benefits to you. More research in the effectiveness of veteran housing programs is needed to support public policy in the prevention of homeless veterans. As such, the potential benefits of the study outweigh the risks and contribute to an important topic globally and in academia.

**How will your information be protected?**

I will keep your responses to the interview confidential. Participants will be identified by pseudonym. The data will be stored on a password protected computer in the principal investigators place of residence. The data will be stored for a minimum of three years. The data collected will be coded, de-identified, and transcribed. Any identifiable information obtained in connection with this study will remain confidential. Your responses will be coded with a pseudonym and transcript data will be maintained separately.

**What are your rights as participant?**

You may ask any questions concerning this research and have questions answered before agreeing to participate in or during the study.

I understand that the investigator is willing to answer any inquiries that I may have concerning the research herein described. I understand that I may contact Janice Filer, the investigator, at [janice.filer@pepperdine.edu](mailto:janice.filer@pepperdine.edu) if I have any other questions or concerns about this research. If you have questions about your rights as a research participant, contact the Graduate & Professional School Institutional Review Board (GPS IRB) at Pepperdine University, via email at [gpsirb@pepperdine.edu](mailto:gpsirb@pepperdine.edu) or at 310-568-5753.

**What will happen if you decide not to be in this research study or decide to stop participating once you start?**

You can decide not to be in this research study, or you can stop being in this research study (“withdraw”) at any time before, during, or after the research begins for any reason. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator or with Pepperdine University. You will not lose any benefits to which you are entitled.

***Documentation of Informed Consent***

You are voluntarily making a decision whether or not to participate in this research study. By scheduling and completing your interview, you have given your consent to participate in this research. You should print a copy of this page for your records.

## APPENDIX C

### Recruitment Letter



Dear

My name is Janice Filer, and I am a doctoral student in the Graduate School of Education and Psychology at Pepperdine University. I am conducting a research study examining prior homeless veterans from the Iraq and Afghanistan era conflicts (Gulf War Era I: 1990- 2001 and/or Gulf War Era II: 2001- present) and you are invited to participate in the study. If you agree, you are invited to participate in a qualitative research study by participating in an interview process to explore the experiences that assisted you to acquire permanent housing. The interview is anticipated to take no more than 60 minutes to complete and will be conducted through the Zoom audio platform. The video feature is not required. Participation in this study is voluntary. Your identity as a participant will remain confidential during and after the study. Confidentiality will be protected through the use of a participant number not a name or other identifier. If you choose to participate, you will receive a Target online gift card link for \$15.00. If during the interview process you decide to withdraw from the study, you will still receive the gift card for your participation.

If you have questions or would like to participate, please contact me at [janice.filer@pepperdine.edu](mailto:janice.filer@pepperdine.edu).

Thank you for your participation,  
Janice Filer  
Pepperdine  
University  
Doctoral Student

## APPENDIX D

### IRB Approval Letter



Pepperdine University  
24255 Pacific Coast Highway  
Malibu, CA 90263  
TEL: 310-506-4000

#### NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: March 26, 2021

Protocol Investigator Name: Janice Filer

Protocol #: 20-06-1380

Project Title: AN EXPLORATION OF SUCCESSFUL HOUSING OUTCOMES AFTER HOMELESSNESS: AN EXPERIENCE CAPTURED THROUGH THE LENS OF U.S. VETERANS

School: Graduate School of Education and Psychology

Dear Filer,

Thank you for submitting your amended expedited application to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today March 26, 2021, and expires on August 11, 2021.

The consent form included in this protocol is considered final and has been approved by the IRB. You can only use copies of the consent that have been approved by the IRB to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond August 11, 2021, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at [community.pepperdine.edu/irb](http://community.pepperdine.edu/irb).

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,

Judy Ho, IRB Chairperson

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives

Mr. Brett Leach, Regulatory Affairs Specialist