

Policy, Perception, and Prevalence of Veteran Homelessness

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Submitted to the School of Liberal Studies and Continuing Education
in partial fulfillment of the requirements
for the degree of Bachelor of Arts in Liberal Studies

Purchase College
State University of New York

May 2019

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Abstract

Why is there homelessness amongst U.S. Veterans in America? On a single night in January 2018, approximately 37,800 Veterans were experiencing homelessness, and 23,300 Veterans were unsheltered or living on the street. Veterans experience a multitude of comorbidities such as chronic medical illness, substance abuse, and trauma which culminate exposes them to higher risk of becoming homeless. Identifying specific risk factors associated with military service is essential to understanding and creating effective treatment methods and providing relief. The homeless have continued to struggle due to common misconceptions and lack of education of the leading causes of homelessness which strain relations between the homeless population and citizens. Historical legal context and policy have also largely played a role on influencing the public and their attitudes toward the homeless. In the previous decade new and profound efforts have been made by various departments of the U.S. government to combat and end homelessness amongst veterans.

Keywords: veterans, homeless vets, homeless,

Introduction

Why is there homelessness amongst U.S. Veterans in America? Homeless is presently defined by the U.S. Department of Housing and Development's (HUD) most recent annual homelessness assessment report (AHAR) from 2018 defines homelessness as, "a person who lacks a fixed, regular, and adequate nighttime residence" (p. 2). An overlooked segment of the homeless population are homeless Veterans. A veteran is defined by HUD (2018) as "any person who served on active duty in the armed forces of the United States. This includes Reserves and National Guard members who were called up to active duty" (p. 2). HUD conducts Point-in-Time (PIT) counts to estimate the homeless population nationwide. On a single night in January 2018, approximately 37,800 Veterans were experiencing homelessness, and 23,300 Veterans were unsheltered or living on the street (U.S. Department of Veterans Affairs, 2018),

Generations of Americans perceive homelessness in various ways. The perception of the homeless significantly influences rates and prevalence. Homelessness among Veterans is not a new or unknown issue; there are misconceptions of the leading causes which may strain relations between the homeless population and citizens. Additionally, society may overlook identifying specific risk factors associated with military service. Presently, significant areas of concern involve the alarming rate of Veteran suicide, and the proportion of American Veterans present amongst the homeless populations. According to the *VA National Suicide Data Report*, Veteran suicide rates increased by nearly 26% between 2005 and 2016. Understanding the risk factors for homelessness amongst Veterans and how these risks compare to the general population is significant in gaining the ability to develop identification and prevention programs.

Veterans experience a multitude of comorbidities such as chronic medical illness, substance abuse, and trauma which culminate to an overall more significant level of risk of

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becoming homeless. Other areas of concern involve economic and political influence. In many instances policy has relegated the homeless through legal contingencies which battle against the physical presence of the homeless within communities. Under the guise of the 1980s colloquialism “not in my backyard” (NIMBY) the homeless and poor populations are expelled from neighborhoods by political and societal influences. The implementation of government policies has affected police practices causing amplification and creation of more profound feelings of social estrangement which led to pervasive negative stigmas of the homeless populations. All of these factors contribute to the prevalence of homelessness, and in conjunction with one another amplify risk factors, thus, increasing the likelihood of Veterans and civilians becoming homeless.

Part 2: Past: Exclusion, Policing, and Government Action

Historically, homelessness is a problem that has related to the comorbidity of addiction, chronic disease, mental disorders or other trivial ideas such as laziness. Veteran homelessness may be related to an individual’s exposure to combat and various traumatic incidents throughout their military service. Substance abuse, chronic disease, and mental disorder may influence the individual, but we must consider the predisposition and quality of the individual’s upbringing, too. Increasing rates of homelessness and suicide among Veterans in recent years is closely associated with the return home of the Iraq and Afghan War Veterans; however, older generations of Veterans are exposed to these circumstances as well. A significant aspect contributing to the increasing rates is not only related to military service. Veterans returned home to adverse conditions within the U. S. One aspect is the economic recession of 2008 which caused a subsequent decline in the job market. The circumstances faced by the Veterans was affordable housing, and access to healthcare which ultimately amplified the climate they returned

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to in the U. S. There are significant and crucial aspects of the causality of homelessness which can be understood by examining the relationship between public policy and those experiencing homelessness.

In practice, policy has been the instrument of change, but the which they create structures are often rigid and constrain individuals which have inadvertently, and in some cases, purposely caused the expulsion and relegation of the homeless and lower-class citizens. According to Donald J. Smythe (2018), around the mid-twentieth century, the United States Supreme Court upheld and reaffirmed the power of local governments use of taking and eminent domain to constitute urban redevelopment. Zoning schemes have been notorious for restricting land uses and have imposed government control over private landowners by eliminating certain rights. The Supreme court case *Village of Euclid v. Ambler Realty Co.*, 272 U.S. 365 (1926) is regarded to be a landmark case for zoning and private property rights. The decisions made in this case were profound, a brief but significant synopsis is noted to be that the focus and purpose of zoning laws shifted from preserving the environment and providing necessary protections to citizens to constitutional litigation surrounding the substantive Due Process Clause and the Takings Clause. (Durchslag, 2001) Durchslag goes on to cite James C. Clingermayer work in *Quasi-Judicial Decision-Making and Exclusionary Zoning (1996)*:

Certainly, local legislators are influenced by constituent desires. In a study of nine Metropolitan areas, James Clingermayer concluded that local decision-makers are responsive to their constituents in land use decisions. Moreover, Clingermayer's study, consistent with public choice model, concluded that "a high rate of home ownership encourages exclusionary policies... That home values, income levels, and white population size are all significantly associated with exclusionary zoning." (p. 657)

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Inadvertently the Supreme Court's decisions upheld locales ability to exclude and expel the poor and middle-class from locales and urban neighborhoods (Claeys, 2004). The Supreme Court's holdings narrowed protections to private property and caused great debate in the government's ability to circumvent the substantive due process doctrine by expanding regulatory powers (Smythe, 2018). The government has reaffirmed its authority to impede or eliminate certain rights dealing with private ownership of land. An analogy which can help explain the secondary and tertiary effects of zoning regulations is the "a bundle of sticks analogy." When regulation restricts certain land uses it effectively eliminates certain rights in the land owner's bundle. Regulations may also impose extra duties of the landowner and the additional expenses which come along with it (Smythe, 2018; Claeys, 2011). The mere existence of such a law implies that the government has inserted its authority to be able to enter or take property rights away. In a fast fashion the regulatory powers of the government grew, and with these powers' government interests were protected and allowed the elimination of more sticks from the landowner's bundle (Smythe, 2018).

Within this period pressure to gentrify urban neighborhoods was being put on local governments by those who possess the most wealth and affiliation with bureaucrats and political representatives. The affluent and the wealthy have often influenced the use of property laws and zoning ordinances to expel and exclude lower class citizens from these areas of reconstruction (Smythe, 2018). The use of such laws has ultimately created circumstances which have influenced public attitudes and perception toward the poor and the homeless (Tsai et al., 2017). Ultimately, American property laws favor the interests of the wealthy and political elite and disfavor the poor and homeless populations (McDougal, 1981). During the twentieth century, attitudes congruent with gentrification, white flight, and NIMBY paralleled situations in which

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pressure was put on local governments by the affluent to enact zoning regulations and ordinances to facilitate urban renewal projects and to exclude the lower classes from suburban neighborhoods (McDougal, 1981). Smythe (2018) tells us:

“... political power and influence are not equal, and the political process has inherent biases and tendencies that likely more than offset the adverse impacts of the uncertainty on the market value of private property... The effect of politicizing private property by augmenting the government’s regulatory and taxing powers is almost certainly to be put ongoing, upward pressure on the market value of private property rights” (p. 374).

The consequences of the continued use of these laws have led to increasing rates of homelessness, displacement of citizens, and rising land prices. Lack of affordable housing, stigmatized perception, and perpetuation of segregation based on class, race, and ethnicity were consequences, too (Smythe, 2018).

Law enforcement practices are heavily influenced by policy. In 2013, McNamara, Crawford, Charles, Burns, and Ronald designed a research project to examine policy, methods, and the perception of the police and the homeless. This team surveyed 100 police departments in the United States to gather data about their policies, resources, and the amount of contact the officers had with homeless populations. McNamara (2013) states, “Police officers interact with the homeless in a variety of contexts, and the outcomes of these interactions are largely based upon each officer’s perception of the homeless, the behaviors of the homeless individuals, and the influences shaping the officer’s perception” (p.4). In addition to surveys, interviews were conducted with police officers and homeless individuals to gain insight into the circumstances. The study found that law enforcement agencies of all sizes and jurisdictions surveyed reported encounters with homeless individuals and that the largest departments did not necessarily have any more training or means to provide services to the affected homeless (McNamara, 2013). The interviews revealed a significant trend of frustration from the officers and a sense of being

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harassed by the homeless. A renewed emphasis on building better relations between officers and citizens is critical and is met with the challenge of finding a balance between being viewed as a helpful resource while avoiding the stigma of being labeled a hindrance on citizens' rights (Wadman, 2009.) McNamara (2013) states, "this interaction is particularly noteworthy when officers must deal with unpopular segments of the community, such as the homeless" (p. 1). McNamara *et al* refers to Vitale's *City of Disorder: How the Quality of Life Campaign Transformed New York Politics* (2008). Vitale discusses the changes in New York City politics and the police department during the 1980s and 1990s to combat the public's feelings of disdain for the homeless and restoring public order (McNamara *et al*, 2013). McNamara (2013) writes, "Punitive social policies and aggressive police practices, including zero tolerance police practices, sought to criminalize the homeless and others as part of the efforts to revitalize the city" (p.5). Limited amounts of research on the interactions between officers and the homeless add to the challenges of enforcing policy.

McNamara *et al* refer to an examination conducted by Egon Bittner in 1967, called "*The Police on Skid-row: A Study of Peacekeeping*" in which Bittner reported that police maintained homeless populations by keeping them within distinct areas of the city known as skid-row. McNamara states that in recent decades the police and homeless populations interact in a minimal capacity, such as when the homeless are arrested or when they are victimized while on the street, or when policy dictates police to cordon the homeless into skid-row areas and away from others (McNamara *et al*, 2013). Police are pressured to act by the public and additionally with the installment of zoning regulations and city ordinances further urge to do something about the visibility of the homeless. These laws require a punitive approach to meet acceptable goals, which is referred to by experts as the criminalization of homelessness (National Law Center,

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2009; Kinkade, 2008; White and Crawford, 2008; Vitale, 2008). By designing laws which make typical behaviors of the homeless illegal, the police are more likely to enforce laws dealing with such offenses as panhandling, loitering, and public intoxication (McNamara et al, 2013). Other zoning laws limit the size and number of shelters that can be in a community (National Law Center, 2009), and other measures seek to limit the capacities of volunteers to feed the homeless (Komp, 2006). McNamara (2013) summarizes:

“In all, criminalization effort largely attempts to remove the homeless from the streets by incarcerating homeless individuals or forcing them to relocate to another community. However, such efforts are at best limited in their effectiveness and at their worst political ploys to create the impression that something is being done about the problem” (p. 2).

McNamara scrutinizes and is critical of the level of importance put on the homelessness situation with the arrival of rising rates of displaced and homeless citizens inexperienced in the early 21st century. McNamara (2013) says “Consequently, even with departmental shifts toward community-oriented policing, the strategies, policies and departmental guidelines used to address the homeless are often outdated and ill-defined” (p. 2). Homelessness has not been made a particularly urgent priority according to McNamara. Along with his team, McNamara finds that this lack of importance is derived from the knowledge of police managers regarding the extent of the homeless problem in their community, the perception of officers and their subsequent duties to enforce the law and to deal with homeless people, and policy which shapes and pressures law enforcement to carry out their responsibilities in particular fashions (McNamara et al, 2013).

McNamara and his team believe that homelessness is particularly challenging to measure due to the transient nature of people, in 2007, the most reliable estimate approximates the homeless population in the United States to be 750,000. Another statistic reported is the growth of homelessness in suburban areas and the growth in the number of families and individuals who

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attempt to access shelter services (McNamara et al, 2013). According to another study by da Costa Nunez, Hribar and Bosio-Cady between 2007 and 2010 the suburban and rural shelter populations rose from 26.9 to 41.4 percent; additionally, the number of homeless people receiving services increased over 55 percent in that period (McNamara, 2013). This rapid change in growth has adversely affected law enforcement and locales to provide timely and quality services to those in need adequately. The leading causes of the rise in these rates are the lack of affordable housing, domestic violence, the labor market, declines in public assistance, and increasing rates of housing foreclosure (National Coalition for the Homeless, 2009).

Law enforcement and peacekeeping are a challenge which is hampered by a lack of understanding and problematic viewpoints of the homeless. Homeless Veterans are placed into the same category and relegated just the same as homeless citizens among the general population due to the similarity of their perceived circumstances. Empirically, evidence exists which suggests that the criminalization of the homeless and the crime control approach by law enforcement is unlikely to produce the desired result of reducing and helping distressed citizens (McNamara, 2013). These approaches provide the perception of the police as being antagonistic toward the homeless and have made the homeless feel deep levels of persecution regardless of their circumstances. McNamara (2013) states, "Excerpts from the interviews the illustrate the frustration experienced by both groups - several homeless individuals felt as though the police unfairly harassed them in many officers expressed frustration that helping the homeless is not and should not be their responsibility" (p. 11). The study revealed that very few departments provided their officers with adequate training and articulation regarding how officers should deal with the homeless.

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Furthermore, the situation escalates due to little or no continuity between social service providers and police who deal with the homeless directly (McNamara, 2013). After the passage of the Violent Crime Control and Law Enforcement Act of 1994, the Office of Community Oriented Policing Services (COPS) was established. Over time COPS has produced a resource guide for departments and communities to address in part homelessness which through pervasive problem-solving skills aims to provide the ability to prevent crime rather than having to react to it and aid in the collaboration of law enforcement and communities. Several points and solutions are proposed by McNamara and his team based on existing evidence and their study. One solution is to assess the nature and extent of the homeless problem. Another is to establish department goals and policies regarding the homeless *and* provide more effective police training with regard to the homeless. The study further suggests identifying a unit or liaison officer to coordinate with social service agencies. The McNamara team acknowledges, in conclusion, that there is an inevitability of failure and an unlikelihood for much improvement from a firm punitive approach, and that it is no more than a “stopgap” which creates the perception of something being done.

Part 3: Perception, Prevalence, Predisposition: Who is at the greatest risk when considering age, gender, race, veteran or non-veteran?

Now we can begin to create connections between the public’s perception and how it influences the prevalence and persistence of the homeless condition through a historical and legal perspective of societal circumstances involving the judiciary and law enforcement on homelessness. Understanding the prevalence and increased risks associated with Veteran homelessness is the prerequisite to establishing effective prevention programs and ending homelessness. In recent years private and government bodies have conducted studies which seek

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to unveil the epidemiological and societal underpinnings of the general population's perception and the prevalence of homelessness in the United States.

A study by Dittmeier, Thompson, Kroger, and Philips (2012) revealed several significant generational and gender differences regarding the perception of homelessness. The authors were cautious not to label with absolute certainty any single source as an explanation for homelessness due to the dynamics of societal, governmental, and individual circumstances based on medical history, age, gender, and race. Dittmeier reported that there is a gap in research concerning the viewpoints of the Millennial generation's perception of homelessness. An independent international organization called the World Economic Forum found that the millennial population rated poverty, inequality, and lack of economic opportunity to be some of the most concerning and significant world issues, consequently, these same risk factors all have a significant effect on the homeless population (Dittmeier et al, 2012). The findings regarding the homelessness are concerning because the millennial generation is currently the largest living generation at 80 million in 2016 (Fry, 2017). Millennials are quickly aging into the workforce and becoming a substantial part of the electorate which will ultimately determine policy and the extent to which measures are taken to combat homelessness. Dittmeier cites several studies which show conflicting views regarding the existing literature on the millennial generations related to social activism and perception of the homeless. Dittmeier states (2012), "Understanding Millennial perceptions of homelessness is essential in gauging the willingness of future generations to aid in solving the problem of homelessness in our country and to direct initiatives to create change" (p. 1). While previous studies examined the direct perception of the public toward the homeless this study seeks to reveal if there are significant differences between the perceptions of different generational groups (Dittmeier et al, 2012). The purpose of this

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research is to gain an understanding of the gender and generational differences of attitudes toward the homeless to raise awareness about the causes of homelessness and the importance of policy, and sociocultural movements to create change through education and advocacy programs.

This study examined the differences of generational groups (Millennial vs. other) and the perception of the homeless, and factors which contribute to the problem such as; housing, job loss, mental illness. The homeless are faced with a persistent negative social stigma by citizens who tend to blame these people for their circumstances which takes root in common misconceptions and a lack of education regarding the matter. Dittmeier notes the findings of a study by Tsai, Byrne, Pietrzak & Southwick called *Changes in Public Attitudes and Perceptions about Homelessness Between 1990 and 2016* (2016), “Public attitudes on homelessness have and will continue to influence policies and services for the homeless.” (P. 1.)

The methods used to develop the survey on Perceptions of Homelessness were created after interviews with persons who are homeless and those who work within sectors that deal directly with the homeless. The final survey produced was approved by the Coastal Carolina University review board and was formatted for both print and online distribution. The survey collected demographic information which categorized participants into groups by age, “18-29” were classified as Millennials and “40 and above” were classified as Other Generational Groups (Generation X, Baby Boomers, and Traditionalists). The age bracket between 30-39 was removed because these years spanned two different generations. Gender was self-reported and those participants who did not include gender information were removed from the final analysis. Survey questions pertained to beliefs about; the problem of homelessness, economic factors, disability, responsibility, safety issues, and housing for the homeless. The results of this study were formulated with 455 participants and found several significant differences between

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categorical responses. Significant differences were found between generational groups, Millennials were significantly more likely to agree with all items as compared to Other Generational Groups.

When examining beliefs about economic factors which may contribute to homelessness, significant differences were found by gender with females being more likely to attribute homelessness to job loss or insufficient income or inability to find affordable housing, and lack of family support as compared to males. Significant differences were also found between generational groups for two survey items in this category. Other Generational Groups were more likely to believe lack of family support and lack of affordable housing as compared to Millennials. Results from the disability category found that females were more likely to perceive mental illness and physical disability as compared to males to be an attributing factor to homelessness. Other Generations Groups rated a higher frequency than Millennials of mental illness being a contributing factor. No differences were found for responsibility factors, however, a significant generational difference found that Millennials were more likely to believe irresponsible behavior and lack of effort contributed to homelessness than Other Generational Groups. Millennials were also more likely to rate persons who are homeless as dangerous as compared to Other Generational Groups. Several differences in beliefs about housing were found, females as opposed to males agreed that affordable housing would help the homeless get back on their feet, and that the homeless could take care of a home if given the opportunity. Other Generational Groups were more likely to agree that “People who are publicly housed use fewer public services and reduce burdens on police and hospitals” than Millennials. (Dittmeier et al)

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This study provided the researchers with insight into the willingness of future generations to have a positive impact on the problem of homelessness. Results were also found to be consistent with other studies which suggest that Millennials are less empathetic toward the problem compared to Other Generational Groups. Millennials attributed factors such as lack of effort and personal responsibility to be significant, whereas Other Generational Groups perceived lack of affordable housing and lack of family support to contribute significantly. Females as compared to males found environmental factors such as job loss, insufficient income, family support, and affordable housing which was consistent with the national statistics report *Homelessness in America* of 2015, which held lack of affordable housing as the leading cause of homelessness. Other finding included that Millennials self-reported a willingness to volunteer their time and money, however, very few had actually done so. Researchers found that the study indicates that Millennials have not been adequately educated on the problem of homelessness due to the consistency of the Department of Housing and Urban Developments findings of the effectiveness the “housing first model” which emphasizes rehousing the homeless as a solution whereas the Millennial generation found that issue to be less significant. The researchers also discussed how in comparison to Other Generational Groups, Millennials were less exposed to the best practices to housing solutions for the homeless. This study is concluded with significant findings of distinct gender and generational differences on the perception and beliefs of the homeless problem, and the key findings indicate a need for advocacy and educational initiatives toward the Millennial generation.

In 2012, the Centers for Disease Control and Prevention (CDC) reported on a research project called *Prevalence and Risk of Homelessness Among US Veterans* conducted by the US Department of Veterans Affairs National Center on Homelessness among Veterans with support

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from the following Continuum of Care organizations: New York City; San Jose, California; Columbus, Ohio; Denver, Colorado; Tampa, Florida; Phoenix, Arizona; Lansing, Michigan; and Fall River/Attleboro, Massachusetts. The objective of this research was to develop an understanding of the prevalence and risk of homelessness amongst veterans in order to narrow potential preventive measures into the future and develop a greater understanding to specific veteran health needs. The authors of this study include: Jamison Fargo, PhD, MS, National Center on Homelessness Among Veterans and Utah State University Department of Psychology, Stephen Metraux, National Center on Homelessness Among Veterans and University of the Sciences, Philadelphia, Pennsylvania; Thomas Byrne, Ann Elizabeth Montgomery, Harlan Jones, Dennis Culhane, National Center on Homelessness Among Veterans and University of Pennsylvania, Philadelphia, Pennsylvania; Ellen Munley, National Center on Homelessness Among Veterans and The City University of New York, Philadelphia, Pennsylvania; George Sheldon, US Department of Veterans Affairs, Washington, DC; Vincent Kane, National Center on Homelessness Among Veterans, Philadelphia, Pennsylvania. (Fargo et al, 2012) The existing literature on the subject suggests that veterans are at greater risk and overrepresented among the homeless population is expanded and supported by evidence found in this study. Homelessness is associated with several health conditions which amplify and complicate the care and treatment processes known to exist and to be implemented today. Understanding the specific epidemiological factors associated with these increased risks is suggested by Fargo and his associates to be the prerequisite to reducing and increasing the effectiveness of addressing health needs of homeless veterans.

The design of the study involved collecting data from the Homeless Management Information Systems (HMIS) and the American Community Survey (ACS) from seven different

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jurisdictions which provided the basis for estimating the prevalence of veterans experiencing homelessness, poverty, and the homeless population. (Fargo et al, 2012) Service providers use HMIS to record data on client characteristics and report on the use of services and homeless populations across a locale known as a continuum of care (CoC). A CoC is a coordinating entity commissioned by HUD for a geographical region. There are more than 400 COC's throughout the United States and each collect data pertaining to veteran status, racial and gender demographics, mental health issues, and time periods spent receiving services by the homeless populations. (Fargo et al, 2012) Data collected through HMIS regarding the homeless population included segments ranging from 18 to 65 years old. Other factors of data collection included race (black, nonblack), gender, and veteran status. Veteran status was defined as having served in the US military and is based on self-report in both HMIS and ACS records (Fargo et al, 2012).

In the first phase of the study risk ratios (RR) were calculated with the corresponding proportion of homeless people with veteran status among the general population to determine if veterans were overrepresented. In the second phase, binomial generalized estimating equations (GEE) analyses were conducted to determine whether veteran status was a potential predictor of becoming homeless. The first phase results revealed that compared to nonveterans, veterans were disproportionately male and in the older age category. According to Fargo (2012), "Veterans were overrepresented in the homeless population for both sexes. For men, 13.6% of the homeless adults were veterans, whereas for women 1.8% of homeless adults were veterans" (p. 3). Rates of homelessness were found to consistently be higher in veteran populations than in non-veteran populations. Overall, black adults, veterans and nonveterans had the highest rates of homelessness (Fargo et al, 2012). Second phase results revealed that veteran status, black race, and older age were significantly associated with risk of homelessness among men and women.

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(Fargo et al, 2012) Fargo reported that male veterans were almost 50% as likely and female veterans were almost twice as likely to be homeless as compared to non-veterans in the general population (Fargo et al, 2012). Significance was found within the control variables of sample segments which showed that increased age between 45-54-year-old males increased the risk of homelessness and declined beyond those ages. Men in this age group made up 41% of the homeless veterans and were nearly twice as likely to be homeless. Risk declined among women as age increased and were found to be at the lowest risk for homelessness, compared to younger segments (Fargo et al, 2012). One of the most outstanding results found that black race was a significant predictor of homelessness among all subgroups and within the general population risk increased 5-fold for both men and women.

The findings in this report showed veterans to be overrepresented in the homeless population and found that veteran status to be associated with increased risk for homelessness after controlling for race, sex, and age (Fargo et al, 2012). Fargo states (2012), “The magnitude of this association became greater after controlling for poverty; veteran status was associated with more than a 2-fold increase for men and a 3-fold increase for women in the odds of becoming homeless” (P. 4). Interestingly, a key characteristic of the male veteran cohort ages 45-54 were found to be at the highest risk served during the initial years of All Volunteer Force, instituted in 1973. Among women, the youngest age groups were at the highest risk, particularly for black women. This report concludes that the evidence collected supports and expands the prior literature on veteran homelessness and future research will be able to relate health data to demographic characteristics of study participants that as more data becomes available through HMIS.

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Jack Tsai, PhD is an Associate Professor of Psychiatry at Yale, and the Director of the Division of Mental Health Services Research as well as the Research Director for the National Center on Homelessness Among Veterans. In 2013, Tsai, along with Wesley J. Kaspro, PhD, MPH, and Robert A. Rosenheck, MD conducted a research project called *Latent Homeless Risk Profiles of a National Sample of Homeless veterans and Their Relation to Program Referral and Admission Patterns*. Their objectives through this research was to identify risk and need profiles of homeless veterans and examine the relation between profiles and referrals and admissions to Department of Veteran Affairs homeless service programs. (Tsai et al, 2013) Prior to this research project these had not been a comprehensive attempt to classify homeless individuals based on their risk profiles. The development of a classification system may improve the ability of services to be matched to the individual and aid in the development of new services that can address the needs of homeless veterans. Numerous modifiable risk factors are identified to be, alcohol or drug use disorders, history of incarceration, poverty, poor physical health, history of adverse childhood events, inadequate health insurance, and schizophrenia or bipolar disorder. Schizophrenia and bipolar disorders were identified to have the most impact on risk for homelessness at the individual level (i.e., highest relative risk), and alcohol or drug use to have most impact on risk at the population level (i.e., highest attributable risk) (Tsai et al, 2013). Methods used during this research referred to the VA Homeless Operations Management and Evaluation System (HOMES) is an online data collection system which is one of several data registries that offer a near-real-time resource for service providers, policy makers, administrators, and researchers (Tsai et al, 2013). HOMES reflects data collected from specialized homeless programs and aids in the ability of service providers to track the care of homes veterans and evaluate the effectiveness of the services provided (Tsai et al, 2013). According to Tsai (2013),

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“The homeless registry is designed to provide a facility-, regional-, and national-level snapshot of progress toward the VA’s plan to end homelessness among veterans” (p. 240). The five main VA homeless programs are; The Housing and Urban Development-Veterans Affairs (HUD-VA) which offers veterans housing choice vouchers to subsidize their rent, The Grant and Per Diem program funds community agencies to provide transitional housing, The healthcare for Re-Entry Veterans program assists incarcerated veterans who are soon to re-enter the community to VA health services, The Veterans Justice Outreach program serves to avoid unnecessary criminalization of veterans who are mentally ill currently being processed through the criminal justice system , and The domiciliary Care for Homeless Veterans program which provides residential rehabilitation and treatment services on VA grounds.

A national sample of 120,00 homeless veterans was classified into 4 groups using data gathered from the VA homeless programs: (1) a group with relatively low probabilities for 9 homeless risk factors; (2) a dual diagnosis group with high probabilities for severe mental illness and comorbid substance use disorder; (3) a group with high probabilities for multiple risk factors, particularly poverty, substance abuse, and history of incarceration; (4) a group with high probabilities for disabling medical problems. Tsai states (2013), “These 4 latent classes might be important in understanding how homeless veterans differed from each other and what services might be most appropriate for each group” (p. 245). Findings included that the relatively few problems group was more likely to be initially contacted through community outreach than other groups and that those with relatively more problems might not be as easily contacted through the type of outreach. The dual diagnosis group was more likely to be referred and admitted to the Veterans Justice Outreach program than other groups because of the higher probability for substance use-related crimes. The poverty-substance abuse-incarceration group was more likely

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to be referred and admitted to the healthcare for Re-entry Veterans Program. The disabling medical problems group was more likely to be referred to VA medical services and less likely to be referred to the Grant Per Diem program than other groups (Tsai et al, 2013). Tsai (2013) says:

“These findings suggest supported housing was seen by service providers and is most suitable for homeless veterans who were “housing ready.” ... the housing first model, which seeks to provide immediate housing to homeless individuals with no requirements for sobriety or treatment, is being promoted in the HUD-VA Supportive housing program” (P. 245).

Tsai and his associates conclude that the risk and need profiles of homeless veterans supported the diversity of VA homeless services available and helped continue development of specialized services to meet their needs (Tsai et al, 2013).

Three years later in 2016, Jack Tsai along with Bruce Link, Robert A. Rosenheck, and Robert H. Pietrzak publish a paper named *Homelessness Among a Nationally Representative Sample of US Veterans: prevalence, service utilization, and correlates*, with the purpose of examining the prevalence of lifetime homelessness among veterans and use of VA homeless services. Tsai reports that getting accurate estimates of the prevalence of homelessness is difficult because of point-in-time counts only capture a sample of people who can be located and counted. Tsai also notes that epidemiological surveys were difficult to draw accurate conclusion from due to the overall rarity of homelessness and the need for large sample sizes. The National Epidemiological Survey on Alcohol and Related Conditions (NESARC) interviewed 40,000 US adults and found that 2.7% had experienced homelessness for 1 month or more. According to Tsai (2016), “There has been no such epidemiological survey of homelessness among a contemporary nationally representative sample of US veterans” (p. 908). Prevalence estimates were made using data from the VA HMIS, which showed that 10% of all veterans who were receiving VA health mental health services had been homeless. Another study using HMIS data

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estimates a one-year homeless prevalence of 1.0% among males and 1.6% among female veterans. Veterans who served in the Iraq and Afghan conflicts were found to experience homelessness at a rate of 1.8% within a 5-year period after discharge from military service (Tsai et al, 2016). Tsai states (2016), “Thus, there has been wide variability in prevalence estimates of veteran homelessness at least partly reflecting limited sampling frames or varying methodologies” (p. 908).

This study sought to address these issues by assessing lifetime homelessness amongst a nationally representative sample of veterans (Tsai et al, 2016). Accurate estimates of the national prevalence rates of veteran homelessness were identified to be significant in understanding the problem and aid in tracking and monitoring progress over time (Tsai et al, 2016). Additionally, identifying subgroups who were most in need, and understanding the extent to which veterans are using the available VA programs and services are important to gauge the effectiveness of outreach efforts. To address the gap in existing literature at the time, Tsai and his associates analyzed data from a nationally representative sample of veterans to (1) examine the prevalence of lifetime homelessness, (2) utilization rates of VA homeless services, and (3) sociodemographic and clinical characteristics associated with veteran homelessness and VA homeless service utilization (Tsai et al, 2016).

Stringent controls were utilized to permit generalizability of study results to the entire populations of US veterans. Homelessness was assessed through a series of questions which were consistent with the federal definition of homelessness as lacking a “fixed, regular, and adequate nighttime residence” and included living in shelters, transitional housing, or uninhabitable places. Veterans who reported any lifetime homelessness were asked additionally:

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“How long have you been homeless in your entire adult life?” and were also asked: When you were homeless, did you use any VA homeless or social services?”

Results showed that 8.5% of all veterans reported experiencing homelessness at some point in their adult life. Among those with any lifetime homelessness reported on average nearly 2 years of cumulative lifetime homelessness. Among this same group of people who experienced some level of lifetime homelessness 17.2% reported using VA homeless or social services while homeless. (Tsai et al, 2016) Iraq and Afghan War veterans reported a higher rate of homelessness than the general veteran population with non-significant differences compared to other groups. However, none of the homeless Iraq and Afghan veterans reported using any VA homeless or social services, Tsai states that this result could be largely to do with the sample size (Tsai et al, 2016). In comparison to veterans with no lifetime homelessness, veterans with lifetime homelessness were younger, less educated, and served shorter periods of time in the military. Veterans with lifetime homelessness reported worse mental and physical health as compared to veterans without lifetime homelessness (Tsai et al, 2016). According to Tsai (2016), “veterans who used any VA homeless services were less highly educated, and more likely to be non-white, urban, and more likely to have served in the Persian Gulf War era than veterans who did not use any VA homeless services” (p.912) VA homeless service utilization rates differed by race and geographical factors such as urban or rural community status. Veterans who were classified as non-white were more likely to utilize homeless services which was consistent with other studies. Veterans who live in non-urban communities were less likely to utilize homeless services due to barriers and difficulty accessing VA services. Tsai reports that small sample size can yield large margins of error in estimating prevalence rates, however, an outstanding result from the study revealed that the overall prevalence of lifetime homelessness amongst veterans

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was found to be lower than that reported in the NESARC. This finding contrasts with some of the existing literature on point-in-time counts and increased risk for veterans compared to adults in the general population. Tsai notes that this is not conclusive until a direct comparison and using the same methodology are performed and states that this level of decline could also be due to initiatives and resources being dedicated to “ending” veteran homelessness (Tsai et al, 2016).

Part 4: Present: Homelessness, Done Now to Alleviate

Generations of American Veterans past and present are affected at different rates based on age, race, and gender. Between these subcategories, there are varying rates of chronic disease and homelessness which make addressing and narrowing the specific needs of different generations dynamic and more difficult. In 2009, the Department of Veterans Affairs (VA) and the Veterans Health Administration Health Services Research & Development Service (HSR&D) established the Evidence-based Synthesis Program (ESP) which was designed to support of the efforts to resolve the problem of homelessness by providing timely and accurate synthesis of health related topics of veterans. In conjunction to these efforts, the United States Interagency Council on Homelessness (USICH) developed the *Federal Strategic Plan to Prevent and End Homelessness*. The USICH established the goal of ending homelessness among Veterans in five years. In April 2011, HSR&D’s and ESP initiated a study known as VA-ESP Project #05-225: 2011, which has generated a report titled *A Critical Review of the Literature Regarding Homelessness among Veterans* written by Balshem, Christensen, Tuepker, and Kansagara. The VA Central Office and The National Center for Homelessness Among Veterans requested this report to be made to identify what is known and unknown about the prevalence of homelessness among veterans, and about the risk factors associated with military service (Balshem et al, 2011). The ESP coordinating centers were created to expand the capacity of the HSR&D’s and combat

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the rising levels of Veteran homelessness (Balshem et al, 2011). There are four ESP centers which are funded by the HSR&D to generate evidence-based syntheses regarding clinical practice topics and reports. In addition, the *Steering Committee* was established which comprised HSR&D's field-based investigators, VA Patient Care Services, Office of Quality and Performance, and Veterans Integrated Service Networks (VISN) Clinical Management Officers (Balshem et al., 2011). This committee provides oversight which helps coordinate strategic planning and dissemination of developments to further identify topics of importance to Veteran health services. The key questions asked in this report were:

- #1a. What is the prevalence and incidence of homelessness among Veterans?
- #1b. How has the prevalence and incidence of homelessness among Veterans changed over time?
- #1c. How prevalent are psychiatric illness, substance abuse, and chronic medical illness among homeless Veterans?
- #2a. Which risk factors are associated with new homelessness or a return to homelessness among Veterans? How do these risk factors differ from non-Veteran populations?
- #2b. Have risk factors for homelessness among Veterans changed over time?
- #3. Are there factors specific to military service that increase the risk of homelessness, or is the increased risk a marker for pre-military comorbidities and social support deficiencies?
- #4. What is the relationship between incarceration and homelessness among Veterans?

Veterans homeless status is determined by the definition of "homeless individual" established by the McKinney-Vento Homeless Act (P.L. 100-77) which states (2011):

An individual who lacks a fixed, regular, and adequate nighttime residence, and a person who had a nighttime residence that is: a supervised publicly or privately operated sheltered designed to provide temporary living accommodations; an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (p.15).

The review of the evidence through ESP suggests that the generalizability of risk factors and the path to homelessness are confounded by methodological inadequacy and the complexity of both

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structural and individual influences on the veteran populations. Many recommendations are identified by the report for future research on veteran homelessness. Some of these include; longitudinal studies with all new cohorts of enlisting military, longitudinal studies for Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans, ethnographic qualitative studies for designing homelessness prevention programs for veterans, research on the post-deployment periods, and research on veteran courts which provide alternatives to veteran incarceration (Balslem et al., 2011).

HUD reports on levels of homelessness through the Annual Homeless Assessment Report (AHAR) which in the past decade has repeatedly found that amongst the general population U.S. military veterans are at greater risk for homelessness compared to their civilian counterparts. The most current data comes from the Office of Community Planning and Development (CPD) is an agency within HUD, CPD is responsible for overseeing grant programs that help communities plan and finance growth and development and provide shelter and services for homeless people. HUD is the national program that provides funding directly to larger cities and counties and through the state for smaller cities and communities. HUD report to the U.S. Congress on levels of homelessness through the AHAR, which provides nationwide estimates of homelessness and descriptive demographics of homeless persons, as well as shelter and housing capacities and subsequent patterns of utilization of services. The report is based on the HMIS data about persons experiencing homelessness during a 12-month period. HUD along with other federal agencies and state partners work together to prevent and end homelessness across the country. The stated goals within this effort are to “prevent and end chronic homelessness”, “prevent and end homelessness amongst veterans”, “prevent and end homelessness for families, youth, and children”, and to “set a path to ending all types of homelessness”. Estimates are based on a

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Point-in-time (PIT) count and the Housing Inventory Count (HIC) which are defined by HUD as (2018), “unduplicated one-night estimates of both sheltered and unsheltered homeless populations. The one-night counts are conducted by CoCs nationwide and occur during the last week in January of each year” and “an annual inventory of beds that assist people in the CoC who are experiencing homelessness or leaving homelessness” (HUD, 2018). Included are some of the key findings of the 2018 AHAR:

(1) On a single night in 2018, roughly 553,000 people were experiencing homelessness in the United States. About two-thirds (65%) were staying in sheltered locations – emergency shelters or transitional housing programs- and about one-third (35%) were in unsheltered locations such as on the street, in abandoned buildings, or in other places not suitable for human habitation (p.1).

(2) The number of individuals with chronic patterns of homelessness increased by two percent between 2017 and 2018 but is 26 percent lower than it was in 2007. The recent increase was driven by a 16 percent increase in the number of sheltered individuals with chronic patterns of homelessness, while the number of unsheltered chronically homeless individuals dropped by four percent.

Chronically homeless individual is defined by HUD in the AHAR as (2018), “an individual with a disability who has been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months” (p. 2).

(3) The number of veterans experiencing homelessness declined by five percent between 2017 and 2018 and dropped by 48 percent since 2009. Decreases in veteran homelessness occurred in the number of veterans staying in both sheltered and unsheltered locations.

A veteran as defined by the AHAR’s is (2018), “any person who served on active duty in the armed forces of the United States. This includes Reserves and National Guard members who were called up to active duty.” This key finding is consistent with the results of Jack Tsai’s 2016 *Homelessness Among a Nationally Representative Sample of US Veterans: prevalence, service utilization, and correlates*. National estimates of veteran homelessness in the AHAR

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approximate 18 out of every 10,000 U.S. veterans were experiencing homelessness.

Aforementioned in the introduction of this paper the AHAR states “On a single night in January 2018 37,878 veterans were experiencing homelessness in the U.S., accounting for just under nine percent of all homeless adults” (p. 54). Veterans are reported to have been staying in sheltered locations (62% or 23,312 veterans), and 38 percent (or 14,566 veterans) were staying in places not suitable for human habitation. However, veterans accounted for a higher percent of adults in sheltered locations (9.1%) than adults in unsheltered locations (7.9%). The number of veterans experiencing homelessness between 2016 and 2017 showed an increase for the first time since 2009, however, homelessness reportedly decreased by five percent (or 2,142 people) between 2017 and 2018. Additionally, there was a decline of 6% in the number of veterans experiencing homelessness in sheltered places (1,378 fewer veterans), and a 5% decrease in the number of veterans experiencing homeless in unsheltered places (764 fewer veterans). Over the past decade the number of veterans experiencing homelessness has been cut nearly in half since 2009, by 48% (or 35,489 people), reaching a new low of 37,878 in 2018. Between the time period of 2009 and 2018 veteran homelessness decreased both among those in sheltered locations (by 51% or 15,392 fewer veterans) and those found in unsheltered locations (by 46% or 20,097 fewer veterans) (U.S. Department of Housing and Development, 2018).

The historical context and present-day circumstances within American society are largely associated with the prevalence of homelessness amongst veterans. Stretching back to the Supreme Court ruling in *The Village of Euclid v. Ambler* of 1926 to present day ordinances and law enforcement policy, to the societal and generational perception of the homeless and affected, to the 21st century’s explosive growth in veteran homelessness. Many researchers are making efforts to unveil the mystery and complexity of the situation by creating dynamic methods of

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gathering data and identifying gaps and weakness in existing literature to develop new and better research methods for the future. The U.S. government has taken several new initiatives to prevent and end the homelessness of veterans and within the past decade have noted several statistical successes in their efforts.

Part 5: Methods

This study is a qualitative systematic literature search. To answer the research question: *Why is there homelessness amongst veterans?* I began gathering peer-reviewed articles through the SUNY Purchase College Library database. Under the “Databases by Title” tab I selected “Academic Search Complete” in the drop-down menu. Using the database, I performed an “advanced search” using keywords such as; veteran, homelessness, prevalence, perception, policy, law enforcement, incarceration, and zoning. By gathering articles with relevance to the subject matter and adequate peer reviewed statuses I began to compile and categorize evidence into sub-categories for the Literature Review section.

After finding sufficient peer-reviewed building blocks through the library databases, I broadened my searches to include governmental bodies such as; The Department of Veteran Affairs (VA), and the Department of Housing and Urban Development (HUD). Through these searches I found a major report; *A Critical Review of the Literature Regarding Homelessness among Veterans* which was prepared for the VA Health Services Research & Development Service. The report was highly expansive into the broad subject matter of preventing and ending homelessness but specifically geared toward the development of the Evidence-based Synthesis Program (ESP) which provides timely and accurate synthesis of healthcare based evidence pertaining to veterans. This report was key to finding and citing other government programs offices and agencies which were created with the purpose of addressing veteran homelessness

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such as the United States Interagency Council on Homelessness and the VA Central Office and The National Center for Homelessness Among Veterans who were reportedly the bodies which requested this report be made to begin with. This report also revealed governmental databases such as the Homeless Management Information System (HMIS) which were used to collect qualitative and quantitative information to create the Annual Homeless Assessment Report (AHAR) by HUD.

Part 6: Results

The results of this study reveal significant aspects contributing to the increasing rates of homelessness amongst veterans in the early 21st century. The likelihood of veterans becoming homelessness increases when service members have been exposed to prolonged or intense combat and various traumatic incidents throughout their military service. Likelihood of homelessness increases again when service members are exposed to one or more risk factors such as mental illness, substance abuse. Homelessness amongst veterans is not only related to military service. Circumstances within the American society surrounding the public's perception of the homeless, the economic standing of the housing and labor market, increasing rates of housing foreclosure, and political and governmental influence over law enforcement policy, and zoning ordinances, as well as access to health services in communities (urban v rural).

Political influence and the use of zoning ordinances to expel and exclude lower class citizens from areas of reconstruction has led to increasing rates of homelessness and the displacement of lower-class citizens. When zoning laws prohibit the development of affordable housing, or do not allow shelters to operate in areas more people are pushed out of their neighborhoods and onto the street. The use of such laws have created circumstances which have influenced public attitudes and perception toward the poor and the homeless. Generational

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stigmatized perception has been influenced by policies and ordinances of this nature which amplify and relegate the homeless further.

Law enforcement practices are heavily influenced by political and public influence and are urged to do something about the visibility of the homeless. Interviews of Police Officers and homeless individuals revealed a significant trend of reported difficulty from the officers and feelings of harassment by the homeless. Inadequate training for Police officers lead to a punitive approach to meet acceptable goals, which is referred to by experts as the criminalization of homelessness.

Gaps in existing literature and research concerning the viewpoints of the Millennial generation's perception of homelessness are cause for concern about the outlook toward the problem of homelessness. The Millennial population rated poverty, inequality, and lack of economic opportunity to be some of the most significant issues. Millennials attributed factors such as lack of effort and personal responsibility to be significant, whereas other generational groups perceived lack of affordable housing and lack of family support to contribute significantly. Millennials have not been adequately educated on the problem of homelessness which can be correlated to their viewpoints which do not attribute housing as part of the problem and HUD's initiatives to implement the "housing first model". Overall distinct differences in perception of the homeless gender and generational differences on the perception and beliefs of the homeless problem.

Veterans were overrepresented in the homeless population. There are 18.8 million U.S. veterans which is 7.6% of the general population of the U.S. Compared to the cumulative 15.4% of the homeless adult veteran population, 13.6% of homeless adults were male veterans, and 1.8% were female veterans. Male veterans were nearly 50% more likely and female veterans

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were almost twice as likely to be homeless as compared to non-veterans in the general population. Older age was also a significant predictor, between 45-54-year-old males increased the risk of homelessness and declined thereafter. Men in this age group made up 41% of the homeless veterans and were nearly twice as likely to be homeless. Overall, racial demographics reveal that black Americans, both veterans and nonveterans had the highest rates of homelessness. Black race along with older age was a significant predictor of homelessness among all subgroups and within the general population risk increased 5-fold for both men and women.

Researchers have suggested the development of a classification system describing risk and need profiles of homeless veterans could improve the development of specialized services may improve the ability of services to reach the right candidates. Mental illnesses such as Schizophrenia and bipolar disorders were the most significant predictor for homelessness at the individual level.

Point-in-time counts are inaccurate and only capture a sample of people who can be located and counted. Accuracy of these counts are significant in understanding the problem of homelessness and monitoring progress over time. Results showed that 8.5% of all veterans reported experiencing homelessness in their adult lives. Those whom experienced some level of lifetime homelessness spent an average of 2 years homeless cumulatively and 17.2% reported using VA homeless or social services while homeless. Veterans with lifetime homelessness were younger, less educated, and served shorter periods of time in the military. This cohort of veterans reported worse mental and physical health as compared to veterans without lifetime homelessness. Veterans who were classified as non-white were more likely to utilize homeless services and were more likely to live in urban areas. Veterans that live in non-urban communities

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had more difficulty accessing VA services due to geographical barriers such as large distances to hospitals and clinics.

The *Federal Strategic Plan to Prevent and End Homelessness* established the goal of ending homelessness among Veterans in five years. To which the establishment of the ESP and the four ESP centers funded by the HSR&D intend to aid in resolving the problem of homelessness by generating databases which will integrate research and clinical practices for treating the homeless. ESP research revealed that variations of methods in research make the integration of studies complex and difficult to generalize. Recommendations for future research made in *A Critical Review of the Literature Regarding Homelessness among Veterans* included; longitudinal studies with all new cohorts of enlisting military, longitudinal studies for Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans, ethnographic qualitative studies for designing homelessness prevention programs for veterans, research on the post-deployment periods, and research on veteran courts which provide alternatives to veteran incarceration

In the past decade HUD has reported on levels of homelessness through the AHAR which consistently found that amongst the general population U.S. military veterans are at greater risk for homelessness compared to their civilian counterparts. The number of veterans experiencing homelessness between 2016 and 2017 increased for the first time since 2009, and a decrease in the following year by 5% (or 2,142 people) between 2017 and 2018. AHAR approximates 18 out of every 10,000 U.S. veterans were experiencing homelessness. Additionally, there was a decline of 6% in the number of veterans experiencing homelessness in sheltered places (1,378 fewer veterans), and a 5% decrease in the number of veterans experiencing homeless in unsheltered places (764 fewer veterans). Over the past decade the number of veterans

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experiencing homelessness has decreased by 48% (or 35,489 people), reaching a new low of 37,878 in 2018. Since 2009 veteran homelessness decreased both among those in sheltered locations (by 51% or 15,392 fewer veterans) and those found in unsheltered locations (by 46% or 20,097 fewer veterans).

Part 7: Discussion

The question remains, why is there homelessness amongst veterans in the U.S.? This problem is a complex and dynamic situation that has no easily generalizable conclusion of why homelessness persists. Veterans who have endured exposure to combat and various traumas related to military service are at greater risk of becoming homeless and the comorbidities of such traumas and mental illness and substance abuse disorders have substantially amplified the likelihood of veterans on an individual level to become homeless. With the longest war currently being fought in American history the question remains of what is to become of our American service members after their honorable duties are done.

Historically homelessness has been influenced by structural bodies of government and society and individual circumstances. Dating back to the earlier 20th century, exclusionary powers used in manners which have negatively impacted the problem of homelessness. Law enforcement practices and public perception are strongly influenced by the affirmation of these exclusionary powers and have added to the complexity of the problem of homelessness. Inadequate knowledge and education into the problem of homelessness are at the root of societies inability to prevent and end homelessness. Abuse of government powers has caused many of these problems and ultimately, the best hope for change lies within the next generation to create positive change.

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Movement forward should reflect the continued development of evidence-based synthesis of research and the refinement of prevention and treatment programs. Simultaneously, educating members of society is essential to breaking down stigmatized attitudes toward the problem of homelessness. Results have showed that a gap between the delivery of existing services is still in need of improvement. Re-integration and re-entry programs especially for service members in post-deployment time periods will require improved support networks and must overcome certain physical barriers in order to serve those in need.

I believe the issue of veteran homelessness would be greatly improved developing programs which integrate treatment for mental illness and substance abuse disorders to be with the housing first model. I propose that the VA along with HUD should develop housing program specifically to house veterans. These projects would perhaps resemble military style barracks or squad bays and provide food, clothing, and shelter. From these improved circumstances treatment is likely to have a more effective and longer lasting result.

I propose that veterans be allotted an arrival voucher which would pay the cost of bus, train, or cab fare to get to the facility. Upon arrival Veterans would then go through a medical profiling process which would help coordinate treatment options. Scheduled transportation to and from health service providers would help to further eliminate barriers to healthcare. I would also propose having access to modern amenities on site such as having face to face meetings over the computer with doctors to allow even greater access for mental health treatment plans and support. Additionally, group therapy options structured into daily life would greatly serve to help veterans re-integrate and build relationships and support mechanisms. To achieve independence again doctors and patients would set goals that encourage re-education and vocational training.

Part 8: Reflection

The senior Capstone project has been an enlightening and challenging journey. Along the way I have discovered that being outside of my comfort zone academically has been an enriching experience. In the beginning of the project I struggled, I wanted to find a topic which I intrinsically valued and would perhaps result or culminate to a strong talking point and raise awareness to a broad and systemic problem in our society. The research process was somewhat exhausting, finding materials to make a strong argumentative position from was difficult. It took a great amount of my effort to convey an organized chronological path through American history in order to understand the underlying societal issues of homelessness. Thereafter, I was able to explore more deeply into scientific research which set the goal of answering questions and narrowing basic assumptions of the causality of the problem at hand.

Pervasive qualitative and quantitative research has been conducted more regularly and has yielded many significant findings. Conveying and organizing these findings was the most challenging part, I wanted to be sure to include the most relevant and significant findings. From my position, it was difficult to determine which studies and articles would yield the most significance to an audience so that a substantive connection could be made about the subject. Also, due to the limitations of this project I was unable to include or discuss all the existing literature and research that has been done. My goal in the end was to report on the facts.

The truth I believe I have revealed is that the U.S. government has made several extensive efforts to combat the problem of veteran homelessness in the past decade. Greater efforts to understanding and creating solutions have significantly reduced in the number of individuals suffering from homelessness.

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The topic of veteran homelessness came from my own experience as a United States Marine. I served four years between the age of 19 to 23. I left home all those years ago, but it was not until I returned home that I began to rationalize my experiences. While men and women are part of the armed services it is hard to perceive issues and problems from an outside perspective. The military demands discipline and uniformity of its members, this discipline young folks gain from the indoctrination to military virtue is what sustains not only the military, but the country. Military veterans make many sacrifices in their personal lives in order to serve the nation, and it is very often that citizens from a far will never perceive these sacrifices or understand the virtue that an individual must possess in order to face adversity and danger. The blanket of freedom which protects our civil society is woven by the American veterans and is stained with their blood, sweat, and tears, let us not let those who have served our great nation wander into the darkness of the night anymore.

References

- Balshem, H., Christensen, V., Tuepker, A., & Kansagara, D. (2011). *A Critical Review of the Literature Regarding Homelessness Among Veterans*. Retrieved from Department of Veteran Affairs Health Services Research & Development Service website: <http://europepmc.org/abstract/med/21678634>
- Bethany Y. Li. (2016). Now Is the Time!: Challenging Resegregation and Displacement in the Age of Hypergentrification. *Fordham Law Review*, 85(11), 1189–1242.
- Bittner, E. (1967). The police on skid-row: a study of peace keeping. *American Sociological Review*, 32(5), 699–715.
- Claeys, E. (2004). The Uneasy Legacy of Progressivism in Zoning. *Fordham Law Review*, 73, 731,731.
- Claeys, E. (2011). Bundle-of-sticks Notions in Legal and Economic Scholarship. *Econ Journal Watch*, 205, 211,214.
- da Costa Nunez, R., Hribar, B., & Bosio-Cady, C. (2011). *New Jersey Faces New Poverty: Rising Family Homelessness in Bergen County*. Institute for Children, and Homelessness.
- Dittmeier, K., Thompson, S. H., Kroger, E., & Phillips, N. (2018). Perceptions of Homelessness: Do Generational Age Groups and Gender Matter? *College Student Journal*, 52(4), 441–451.
- Durchslag, M. R. (2001). Village of Euclid V. Ambler Realty Co., Seventy-Five Year Later: This Is Not Your Father's Zoning Ordinance. *Case Western Reserve Law Review*, 51(4), 645.
- Fargo, J., Metraux, S., Byrne, T., Munley, E., Montgomery, A. E., Jones, H., ... Culhane, D. (2012). Prevalence and Risk of Homelessness Among US Veterans. *Preventing Chronic Disease*, 9. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3337850/>
- Fry, R. (2017). 5 facts about Millennial households. Retrieved May 1, 2019, from www.pewresearch.org website: <http://www.pewresearch.org/fact-tank/2017/09/06/5-facts-about-millennial-households/>
- Hyde, C. (2003). *Gendered Perceptions of Community Needs and Concerns: An Exploratory Analysis* *Journal of Human Behavior In The Social Environment*. 8(4), 45–65.

POLICY, PERCEPTION, AND PREVALENCE

- Kinkade, P. (2008). Deinstitutionalization and the homeless mentally ill. In *Homelessness in America* (Vol. 2, pp. 125–139). Praeger.
- Komp, C. (2006). Orlando's homelessness fight continues. Retrieved from The NewStandard website: <http://newstandardnews.net/>
- Mcdougall, H. (1981). Gentrification: The Class Conflict over Urban Space Moves into the Courts. *Fordham Urban Law Journal*, 10, 177,177.
- McNamara, R. H., Crawford, C., & Burns, R. (2013). Policing the homeless: policy, practice, and perceptions. *Policing: An International Journal*, 36(2), 357–374. <https://doi.org/10.1108/13639511311329741>
- National Coalition for the Homeless. (2009). *Why are people homeless?* Retrieved from National Coalition for the Homeless website: www.nationalhomeless.org/factsheets/Why.pdf
- National Law Center. (n.d.). *Homes not handcuffs: the criminalization of homelessness in American cities*. Retrieved from National Law Center website: www.nlchp/content/pubs/2009homesnohandcuffs1.pdf
- NLCHP. (2017). *Homelessness in America: Overview of Data and Causes*.
- Smythe, D. J. (2018). The Power to Exclude and the Power to Expel. *Cleveland State Law Review*, 66(2), 367–387.
- Tsai, J., Kaspro, W. J., & Rosenheck, R. A. (2013). Latent Homeless Risk Profiles of a National Sample of Homeless Veterans and Their Relation to Program Referral and Admission Patterns. *American Journal of Public Health*, 103(S2), S239–S247. <https://doi.org/10.2105/AJPH.2013.301322>
- Tsai, J., Link, B., Rosenheck, R., Pietrzak, R., Rosenheck, R. A., & Pietrzak, R. H. (2016). Homelessness among a nationally representative sample of US veterans: prevalence, service utilization, and correlates. *Social Psychiatry & Psychiatric Epidemiology*, 51(6), 907–916. <https://doi.org/10.1007/s00127-016-1210-y>
- U.S. Department of Housing and Urban Development. (2018). *2018 AHAR: Part 1 - PIT Estimates of Homelessness in the U.S. - HUD Exchange*. Retrieved from <https://www.hudexchange.info/resource/5783/2018-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>

POLICY, PERCEPTION, AND PREVALENCE

- U.S. Department of Housing and Urban Development, & U.S. Department of Veteran Affairs. (2011). *Veteran Homelessness: A Supplemental Report to the 2010 Annual Homelessness Assessment Report to Congress*.
- U.S. Interagency Council on Homelessness. (2015). *USICH Opening Doors - Federal Strategic Plan to Prevent and End Homelessness - HUD Exchange*. Retrieved from <https://www.hudexchange.info/resource/1237/usich-opening-doors-federal-strategic-plan-end-homelessness/>
- Vitale, A. S. (2008). *City of Disorder: How the Quality of Life Campaign Transformed New York Politics*. NYU Press.
- Wadman, R. (2009). *Police Theory in America: Old Traditions and New opportunities*. Charles Thomas Publisher Ltd.
- White, D., & Crawford, C. (2008). African Americanism and homelessness: from literature, research and speculation to the voices of homeless males in a homeless shelter. In *Homelessness in America* (Vol. 3). Praeger.