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Challenges to Escaping Homelessness Among Male Veterans: A Systematic Review

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Challenges to Escaping Homelessness Among Male Veterans: A Systematic Review

by

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
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Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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By Tiffany Groskreutz, BSW, LSW

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Homelessness among adult male veterans continues to exist for numerous reasons including certain key factors consisting of past childhood experiences, socioeconomic status and other environmental issues. Each of these factors contributes to the difficulty in male veterans escaping homelessness. More homeless veterans than non-homeless veterans had either mental health concerns, substance abuse concerns or both. Homeless veterans, who participated in leisure and social activities, were found to be of a lessor risk of mental illness and chemical dependence relapse tendencies. This paper is a systematic review of 16 articles which were used in gathering information about the needs for homeless male veterans in escaping homelessness. These articles were scored by the quality of the study. A three point rating scale was used in scoring each article according to their sample size, sample strategy and comparison group. This systematic review substantiates the factors that contribute to homelessness among male veterans, and will provide clarifying information for the social work professionals, who directly serve this population sub-group.

Introduction

Homelessness has existed throughout time. Individuals who are homeless share a role along with society in escaping homelessness. As human beings, we all deserve a safe place to call home; it is essentially a human right. Homelessness is not only an individual dilemma for the person experiencing homelessness, it is also a societal issue that needs to be continually addressed and solved. According to the *United States Department of Veteran Affairs*, veterans represented about 12% of the homeless population in 2014. There were more male homeless veterans than female veterans living in the United States (National Coalition for Homeless Veterans, 2014). Previous research found veterans are at an increased risk for homelessness. All homeless individuals struggled to meet their basic needs; the majority also lacked proper healthcare, mental and chemical health care services, community based support, employment, along with other resources in escaping from homelessness as well as to avoid becoming homelessness again in the future (Caton, Wilkins & Anderson, 2007).

Tsai, Mares and Rosenheck (2012), found homeless veterans who participated in a program, where they received dental care were 14% more likely to be employed or financially stable. In addition it is necessary to note, 15% of homeless veterans who received services, were more likely to secure housing. Dental care is just one service that homeless veterans needed to become more stable. This paper aims to identify factors that impact what homeless male veterans need to escape homelessness.

In 2011, there were 640,000 homeless individuals in the United States. Homeless people experience many more health problems than the general public. Homeless veterans may or may not be connected to the VA and may be unaware of possible opportunities or resources to better manage their lives, including housing (Tsai, et al., 2012). Numerous studies showed many veterans have been diagnosed with a mental illness. Mental health concerns the dynamics of

how society can help veterans who are mentally ill and experiencing homelessness. Being mentally ill creates increased barriers for homeless veterans in connecting with community based services. Weissman, Covell, Kushner, Irwin and Essock (2005), found homeless veterans benefited from case management services when transitioning from a shelter into independent living options.

According to Nickasch and Marnocha (2009), homelessness in the U.S. is considered to be a leading concern within our society. Homeless Americans lacked much more than just housing, they lacked the skills to increase self-autonomy. Some authors have a different view on how homeless individuals view their situation. According to Nickasch and Marnocha (2009), homeless individuals experienced an external locus of control which means, they believed they do not have control from within that homelessness is outside of what they can control. It is imperative as a society, we collaborate to prevent homelessness by understanding and advocating the needs of homeless individuals, particularly at-risk U.S. veterans. It is important to empower the homeless population to seek strength and hope from within and counteract on external locus of control. It is also paramount to collaborate with homeless individuals in working towards identifying their needs in escaping homelessness.

Public health concerns have raised regarding the homeless population for many years. Caton, et al., (2007) found in their study that on any given day in 2005 as many as 754,147 people in the United States were homeless, which has increased from 2001. This study included people who were in a temporary shelter or unsheltered (Tsai, et al., 2012). The demographics from this study represent approximately 0.3 percent of the United States' population (Caton, et al., 2007). When compared with previous research, according to these authors, this figure has remained consistent throughout previous studies. Those at serious risk included individuals who

are disabled, veterans, single mothers, youth, HIV positive individuals, previously incarcerated individuals as well as individuals who struggle with substance use disorder. Other vulnerable populations included the mentally ill. Veterans represent about 20% of the homeless population nationwide according to another study (Caton, et al., 2007). Roughly 13,000 veterans of Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn were homeless in 2010. The number of young homeless veterans is increasing and constitutes 8.8% of the overall homeless veteran population (National Coalition for Homeless Veterans, 2014). One study completed by Caton, et al., (2007) found homeless individuals often required numerous costly medical services which reiterate the financial burden to society. However not studying the problem may ultimately be more costly.

The VA is the largest resource available to veterans. Since 2002, the VA reached out to over 6,000 incarcerated veterans who would one day be at risk for being homeless upon reintegrating to society (McGuire, 2007). Extensive research has been conducted on the reason and rationale for why veterans become homeless, as well as why they remain homeless. Molinari, Brown, Frahm, Schinka, and Casey (2013), shared that veterans have certain distinctiveness about their homelessness situations. Their research was acquired through six focus groups which shared that veterans are distinct about their homelessness compared to civilians. Almost all of the veterans studied reported that it was humiliating to be homeless, and that some would rather not exist than be homeless. Being homeless was simply not an option for them because it impacted the pride. Also, veterans believe that VA services could be doing more to end homelessness within the veterans' community. Interestingly, the criteria for a homeless veteran were unclear to many veterans who participated in the focus groups (Molinari, et al., 2013).

Veterans have an advantage to some degree over the general public primarily due to the emphasis through the VA, are guaranteed certain benefits including educational assistance, home loan guarantees, and pension disability programs along with free health care (Rosenheck, Frisman, & Chung, 1994). This study aimed to understand if homeless veterans were disproportionately represented among all of those experiencing homelessness or whether it was specific to a particular race or age range (Rosenheck, et al., 1994). There are many different veteran statuses, including socioeconomic characteristics, psychiatric and substance abuse disorders, homelessness, along with military service (such as combat or noncombat zone), that play a role in how veterans may be connected to services (Rosenheck, et al., 1994).

Veterans who experience homelessness were, on average, homeless for two years longer than non-veterans. Male veterans had an advantage in terms of transitional housing because more transitional housing programs were geared toward men than women service members (Tsai, et al., 2012). In 2010, 1 in 150 veterans were homeless and many more male veterans were homeless over women veterans. In 2009, the VA administration announced that homelessness would end in five years. Many questions remain unanswered, including, Why hasn't homelessness ended within the veterans' community? What is working? What is not working? Prevention, outreach and education, treatment, housing and supportive services, employment and benefits as well as community partnerships were part of the plan in ending homelessness (Costello, 2013). These themes could be addressed through a systematic literature review to determine what interventions adult male veterans residing in the U.S. need to escape homelessness.

Further implications for social work practice are always being considered, given the complexity of homelessness. Caton, et al., (2007) shared that the federal government, local

governments, as well as communities are consistently looking to end the chronic cycle of homelessness. Social workers need to continue to advocate through the macro level in continuing to create change with federal regulation. Housing and Urban Development (HUD), is a federal program generated with the goal that every American has a “decent, safe and sanitary home” (Housing and Urban Development, 2014). HUD is a program on the macro-level that is set up to assist homeless people in securing housing (2014).

Through a systematic review of the literature, this clinical research study will analyze peer-reviewed journal articles that have already addressed homelessness among male veterans and what they need to escape homelessness. The intention of this clinical research study is to gather information through a systematic review of the literature to identify a comprehensive understanding of what the needs may be for homeless male veterans living in the U.S. to escape homelessness.

Conceptual Framework

Conceptual Frameworks play an important role in understanding the injustices faced by people experiencing homelessness. Homeless people face a great deal of oppression. We can assume that society in general sees homelessness through a different lens than social workers or individuals who are directly experiencing homelessness.

As professional social workers there are certain theories that guide the social work practice. Social workers use different systematic theories depending on the defined issue and what it is social workers want to investigate or examine to better conceptualize ethical solutions. The primary framework through which this clinical research study was conducted is Maslow’s Hierarchy of Needs. Other values such as, Priority for the Poor and Vulnerable, are important to social workers regarding homelessness. This principle is one of the ten principles from the

Social Work for Social Justice: Ten Principles from St. Catherine University/University of St. Thomas (School of Social Work, 2006). Every human being is worthy of housing and must have the basics before they can excel to their higher needs. This principle reads as follows:

A basic moral test of any community or society is the way in which the most vulnerable members are faring. In a society characterized by deepening divisions between rich and poor, the needs of those most at risk should be considered a priority. Social workers advocate for living conditions conducive to the fulfillment of basic human needs and to promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice. Social workers pursue change with and on behalf of vulnerable and oppressed individuals and groups to: address poverty, unemployment, discrimination and other forms of social injustice; expand choice and opportunity; and promote social justice (School of Social Work, 2006, pg. 1).

Maslow's Hierarchy of Needs states that all people have basic human needs and humans cannot excel until they have their basic needs met. A famous article written by Abraham Maslow in 1943, suggests that "there are certain conditions which are immediate prerequisites for the basic need satisfactions" (Maslow, 1943, p. 383). Maslow categorized basic needs into five different hierarchies which include; physiological, safety, love, esteem, and self-actualization (1943). If homeless male veterans cannot fulfill their basic needs such as housing, according to Maslow Hierarchy of Needs, all other aspects of life suffers. Housing is classified as a basic need under safety and physiological categories. This is a foundation for all people in order to be "motivated by the desire to achieve or maintain the various conditions upon which these basic satisfactions rest and by certain more intellectual desires" (Maslow, 1943, p. 394).

A study by Gratton (1978), substantiates Maslow's Hierarchy of Needs that an individual must fulfill their lower needs (physiology, safety and belonging needs) before they obtain higher needs (self-esteem and self-actualization). Higher needs cannot be satisfied until lower needs have been met (Gratton, 1980).

This conceptual framework guided by Maslow's Hierarchy of Needs and Priority for the Poor and Vulnerable is imperative to consider because it demonstrates that until individuals' basic needs are met, it is nearly impossible to achieve a higher level need. Housing is a basic human right and a necessity in order to move up on the hierarchy with the ultimate goal of self-actualization (Maslow, 1943).

The social work profession strives towards social justice for all. Social work practice involves many different areas including direct service, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education and research along with evaluation. Helping people secure housing happens on all three levels, which include the micro, mezzo, and macro level whether through direct homeless outreach or legislation action. As professionals, social workers are all required to assist homeless individuals, but as ethical clinical social workers, we must not turn our head away from individuals experiencing homelessness. At the mezzo level, professionals can engage in volunteer work through non-profit organizations or within local communities. Lastly, social workers must advocate for housing on the macro level through changing legislative policies and conducting pertinent research (School of Social Work, 2012). Male veterans who are experiencing homelessness are certainly poor and vulnerable. Social work as a profession exists because "Priority for the Poor and Vulnerable" is a core principle for the profession and a framework that professionals use in all of the work they implement.

Methods

A systematic review is a method used to gather information either based on a lack of information on a certain topic (i.e. homelessness) or a lack of clarity about the topic. This clinical study was conducted through an exhaustive review of a precise question with specific steps in how articles were collected (Toft, 2014). The idea of gathering evidenced-based research through a systematic review of the literature is to collect the best available research literature that has already been conducted in addressing an explicit research question (Toft, 2014). Information from the collected studies was gathered through the methods and findings section of each research article. Conducting research through a systematic review of the literature allows researchers to collect knowledge already researched to find common language or an understanding on how the particular topic affects social work practice. The question this clinical research study sought to answer was what does homeless adult male veterans residing in the United States need to escape homelessness? The purpose of this clinical research study is to determine homeless adult male veterans' needs are to be able to escape homelessness.

Inclusion Criteria

For the purpose of this systematic review of the literature only articles in which a quantitative study was implemented between the years of 2010 to present met criteria. Certain exceptions were allowed if the article appeared strong and fitting for this research topic. Four articles met this criteria and were used prior to 2010. All other articles outside of this range were rejected. Those articles in which a quantitative study was done were accepted. All other articles were rejected. All articles were also peer-reviewed. Homeless male veterans residing outside of the U.S. were also rejected. The samples included male adults experiencing homelessness or have experienced homelessness in the past. The criteria of 18 and older was implemented.

Veterans must have lived in the U.S. at the time of the study. Samples involving both genders were rejected, except two articles which were used in this study. The VA proposed a five year schedule to end homelessness in 2010 (U.S. Department of Veterans Affairs, 2014) which was used in this study. Current information is important in clarifying information as to why homelessness within the veterans' community still exists and what steps still need to be taken to end homelessness within the veteran's community.

Search Process

The databases that were used in gathering peer-reviewed articles were SociINDEX, Social Work Abstracts & PsycINFO. The article abstracts, methods, and findings sections were read from each article for the first round of the selection criteria. If the article had the predetermined key words then that article met the first round of the criteria process. In addition, key search words included: homeless, male, adults, veterans, vulnerable and housing.

Article Search

The key words identified in my method sections were used in searching for research articles. Three articles prior to 2010 were selected as were two articles involving women. In the beginning search process, the initial articles totaled 30. The first round of rejecting articles consisted of comparison articles including men to women or veterans to non-veterans; four articles were rejected. Table 1 explains the process of elimination.

Table 1: Process of Elimination of Researched Articles

Researched Articles		
Beginning number of articles	Rejected reason, quantity	Total
30	Comparison, 4	26
	Involved women, 2	24
	Didn't contain veterans, 3	21
	Qualitative, 2	19
	Reliability and Validity, 1	18
	Developing Programs, 1	17
	Case Study, 1	16

After the process of elimination for the data abstraction all 16 articles were printed.

Data Abstraction

A data abstraction process included a development table. This table was created in the form of a data abstraction tool to track the research articles that met the final criteria. The information included on the data abstraction form to assist in organizing the articles was the article number along with methods and findings information. The method and findings sections were read and the information was added to the data abstraction form to keep track of each research article. Also, the articles were tracked as this research began rejecting articles. This researcher put the rejected research articles in an electronic folder on the computer that indicates these articles have met criteria or were rejected. This researcher then counted the accepted articles, totaling 16, and analyzed the findings according to themes.

Analysis

When analyzing the final data, this researcher input information from each article's methods and findings section into my data abstraction form. This researcher then identified a

systematic approach for assessing the quality of the final number of research articles that were being analyzed. This researcher chose three methods to rate the quality of the chosen research articles.

Table 2: Quality differentiation

Method	Quality		
	1 (poor)	2 (moderate)	3 (high)
Sample Size	< 100 men	101-500 men	< 501 men
Comparison Group	None	Non-equivalent comparison group	Randomly assigned
Sampling Strategy	Convenience or snowball	Matched	Random

The findings section displayed the process for which research articles, according to the established inclusion criteria. The data was downloaded and placed in an electronic folder on the computer. This researcher counted these articles and then read through each article's methods and findings sections to separate the research articles into a different folder and counted the research articles. Research articles were rejected that did not meet the inclusion criteria. Also, this researcher rejected articles that did not contain enough applicable research data or information. This process of elimination is explained throughout my findings section. All research articles used in this study have met all inclusion criteria.

This clinical research study explores the concrete steps in which this particular systematic review of the literature on U.S. homeless male veterans was conducted. The purpose of this systematic review of the literature was to answer, what do U.S. homeless male veterans need to escape homelessness?

Findings

After conducting a systematic review of the literature specific information was obtained to review the question of, “What do U.S. homeless male veterans need to escape homelessness?”

Table 3: Quality average rankings

Method	Quality		
	1 (poor) Number of articles	2 (moderate) Number of articles	3 (high) Number of articles
Sample Size	3	2	11
Comparison Group	12	2	2
Sampling Strategy	14	0	2

Eleven out of the 16 articles had a sample size of 500 veterans or more. Two articles ranked as medium with a sample size of 100-499 veterans people. Three articles ranked as low with a sample size of less than 100. The median sample size of all 16 articles was 27,554 veterans. Also, articles were ranked given their comparison study. Studies that used no comparison study were ranked low because of the lack of comparison. Those that used a non-equivalent comparison group ranked as medium and those randomly assigned were ranked high. If the sampling strategy used a convenience or snowball sampling this article was ranked low, matched was given a moderate and a random sample was rated as a high rating for quality.

Two articles scored a three indicating a high rankings, two articles scored a moderate and twelve scored as low in the strength of their methods regarding the comparison study that was implemented. The methods were also scored by the sampling strategy.

A convenience or snowball method indicated a low score, a matched methods approached ranked as moderate and a random sample strategy scored as high. The median score for the sample size was a 2.5 indicating a moderate to high ranking methods sections. The mean score for the comparison study was a 1.4 indicating a low rank. The median score for the sample

strategy was a 1.25 indicating a low rank. The overall rankings for all 16 articles ranked low in terms of the strength of their methods.

Each article was then ranked given their rank from their sample size, comparison study, and sampling strategy. For example, if a particular article ranked a three in their sample size, three in comparison study and a one in sampling strategy, then their overall score for that article would average a 2.33, indicating the quality of the article was moderate. After finding the quality average ranking for each article the median rank for all of the 16 articles was 1.60. This means that the quality of the average for all of the articles was between poor and moderate.

Themes across the findings sections ranged from depression, substance use, dental care, childhood problems, domestic violence/sexual trauma, natural disasters/PTSD, housing models, incarceration history, and text messages to veterans as appointment reminders. Three main themes that were identified in the findings section of the 16 articles that were researched included: mental health, substance use, and other veteran vulnerabilities. Eight of the thirteen research articles involved a correlation between homeless veterans and either mental health or substance use disorders. Another theme identified was various vulnerabilities that homeless veterans faced, given their specific circumstances.

Mental Health

Seven out of the 16 articles mentioned that mental health was a barrier for homeless male veterans in escaping homelessness. The overall quality of the scores of these articles was low, scoring mostly a one on the ranking scale given their lived experiences and susceptibility to violence or discrimination during active duty. It is no surprise that there is a correlation between veterans and mental health. However, a comparison study of 600 homeless and non-homeless

veterans (Benda, 2002) found that there is a greater relationship to depression among homeless veterans than non-homeless veterans.

Homeless veterans were at a seven percent increase in depression than non-homeless veterans. Likewise, there was a strong relationship between depression among those veterans, who experienced homeless rather than those veterans who did not. Another comparison study (Tessler, Rosenheck & Gamache, 2003) supported there was a higher proportion of veterans than non-veterans in the younger age cohort that have been homeless for more than six months prior to the interview of 1,691 male subjects. Of these male subjects, the study showed that there was a higher percentage, who had drug problems or had been in a mental hospital or psychiatric ward since leaving their current residence. This same study also found that there were more alcohol and mental health problems among older veterans compared to older nonveterans (Tessler, et. al., 2003). A study of 10,111 veterans in a transition housing program self-reported that depression was associated with substance abuse behaviors at the time of housing intervention. Homeless veterans did not impact the outcomes of transitional housing programs (Schinka, Schinka, Casey, Kaspro & Bossarte, 2012). Furthermore, older homeless veterans appeared to be at a greater risk for suicide compared to younger veterans.

Substance Use

Six of the 16 articles addressed substance use as a contributing factor in male veterans not being capable of escaping homelessness. The overall score of these articles was low, however, many of the studies that mentioned substance use disorders involved a sample size of 500 or more veterans. The main characteristics of these studies shared that many veterans who were homeless also struggled with substance use disorders.

Veterans who engaged in social activities were less likely to experience a chemical dependency relapse and had a better opportunity at securing house. A study (LePage & Garcia-Ken, 2008) consisting of 97 male veterans, who were in active recovery from chemical dependency while engaged in healthy lifestyle behaviors including leisure, social and spiritual/coping were less likely to witness a substance use disorder relapse. Other factors that contribute to the reduction of chemical dependency relapse according to Winn, Shealy, Kropp, Felkins-Dohn, Gonzales-Nolas, and Francis, (2013), include housing assistance and case management services are able to predict successful treatment outcomes.

Homeless and at-risk veterans can obtain better outcomes at MI/CD recovery with early intervention such as case management services and housing assistance programs. In fact, the homeless and at-risk veterans in this study were 4.5 times more likely to engage in MI/CD treatment programs with the assistance of case management services and housing assistance programs as they awaited admission to chemical dependency facilities (Winn, et. al., 2013). Street outreach or case management services through a study of 177 veterans, who received services from Housing First or Pathways to Housing, proved to assist veterans in obtaining housing options. These veterans did not need to be sober to be eligible. One of the approaches prioritized women and families and the other provided first and last month's rent (Montgomery, Hill, Kane & Culhane, 2013) which emphasize that veterans are focused to compete against other vulnerable population groups to attain housing.

The VA continues to work on ending homelessness among their veterans. In a sample of 1,160 HUD (Housing and Urban Development, 2014) participants who were eligible for VA services living in a shelter or on the street had a psychiatric or substance abuse disorder. The total sample was 915 and those with less serious crimes had significantly more education. Those

who had a history of more severe crimes were at risk for alcohol dependency and drug abuse. This demonstrates a correlation between substance use disorder and criminalization. Once housing was obtained, these recovering veterans showed substantial improvement in housing outcomes (Tsai & Rosenbeck, 2013).

Kasprow and Rosenheck, (2013) reviewed data from the VA's new Homeless Operations Management and Evaluation System from 120,852 sites using four classifications including: relatively few problems, dual diagnosis, poverty-substance abuse-incarceration, and disabling medical problems. It was determined that homeless veterans, who had relatively few problems, were more likely to be admitted to the VA's permanent supportive housing program. Those with a dual diagnosis were more likely to be admitted to more restrictive VA residential treatment. Those veterans experiencing poverty-substance abuse-incarceration were likely to be admitted to the VA's prisoner re-entry program. Lastly, those who had disabling medical problems were more likely to be directed to VA medical services (2013). These services clearly display that veterans are able to utilize specialized services to meet their MI/CD housing needs.

Environmental Factors

Homeless veterans often lack the resources necessary to travel potentially long distances to obtain health care as well as get their basic needs such as food, water and shelter met (Brown, Frahm, Barnett, Hickling, Campbell, Olney, Schinka & Casey, 2013). Three articles shared how environmental factors including domestic violence, natural disasters and childhood problems influence a veteran's ability to escape homelessness. The quality rating of these articles was low. However, the sample size for these articles scored as high. As a result, veterans residing in natural disaster-affected areas were significantly more likely to have a greater service-connected to disability and have a greater potential of prior treatment for PTSD. Those residing in natural

disaster counties were more likely to participate in psychotherapy than those residing in non-natural disaster counties. More individuals attended group therapy rather than individual therapy (2013) in this study. In summary, environmental factors can increase a veterans chances of homelessness, but also their willingness to seek help and address mental health and substance abuse concerns.

Other Vulnerabilities

Other themes found in this research study included the correlation between dental health, childhood problems, domestic violence/sexual trauma, housing assistance programs, incarceration and having access to appointment reminders using current technology features such as cell phone reminders.

Veterans who received dental care were nearly 15% more likely to have a better outcome among participants in housing intervention programs. In addition, Nunez, Gibson, Jones, and Schinka (2013) found that homeless programs should consider the benefits and cost of an all-inclusive or holistic approach in program planning and implementation which includes dental hygiene interventions (2013).

Chronically and acutely homeless veterans who were less educated experienced substantial levels of psychiatric, physical and social impairment. Many lacked a social network (Berk-Clark & McGuire, 2013). Moreover, there is a correlation between homeless veterans with childhood abuse and homelessness compared to the quality of life as an adult (Tsai & Rosenheck, 2013). Domestic violence, within a study of 507 homeless veterans, showed that over half reported that domestic abuse interventions would be helpful as an individualized programmatic practice. Sixty-four percent shared that domestic abuse was a part of their life story. Forty percent had been abusive to their partner and twenty-four percent of those that

abused their partner had been convicted (Schaffer, 2012). Almost all homeless veterans in a cross-sectional study involving 126,598 homeless veterans had either a history of sexual trauma or a mental health condition (Pavao, Turchik, Hyun, Karpenko, Saweikis, McCutcheon, Kane & Kimerling, 2013). This study also involved women. More women than men experienced military sexual trauma which yields more mental health conditions for those with a trauma history (2013).

Surprisingly enough, regarding the aspect of technology, homeless veterans who received text message reminders before each outpatient appointment at the VA medical center had overall decreased cancellation visits and no show appointments as well as ER visits and hospitalizations (McClInnes, Petrakis, Gifford, Rao, Houston, Asch, & O'Toole, 2014). Reminder appointment notifications not only contributed to veterans making their appointments, but it saved money as it reduced ER visits and future hospitalizations.

Lastly, veterans who experienced incarceration were increasingly more likely to be diagnosed with substance abuse disorder. The HUD program allows veterans 14 months to secure housing (Tejani, Rosenheck, Tsai & Kaspro, 2014).

Discussion

The findings from conducting research through this systematic review of the literature show that there are many needs for homeless male veterans in escaping homelessness. The findings support the initial research that states veterans are at an increased risk for homelessness because many veterans also have co-occurring mental health and substance use disorder concerns. Many veterans lack proper healthcare and may experience no support from family or friend. Furthermore, many veterans were victims of child abuse or are experiencing incarceration which may impact their ability to cope with daily tasks such as maintaining

housing, etc. Veterans are like the general public in that mental health and substance abuse disorders are present. Moreover, veterans are on average homeless for two years longer than non-veterans (Tsai, et al., 2012).

Social work implications for social work practice continue to be considered given the complexity of homelessness. Social workers must continue to advocate through the macro level in continuing to create change. Social workers should become more engaged with their local VA by educating themselves on literature, attending forums or meeting with veterans, particularly those who are homeless, community organizing, supervision, and direct service implementation.

Why are veterans still homeless despite the government having a plan to end homelessness within five years? Many factors contribute to this dilemma including funding constraints, lack of enough housing options, and veterans who are at risk for MI/CD relapse or have a serious and persistent mental illness. Homeless veterans aren't just homeless, they have other vulnerabilities including depression and substance use disorders. Many veterans have been hospitalized for a psychiatric episode. Homeless veterans are financially unstable and lack proper healthcare and are forced to compete with other vulnerable populations for limited housing options.

When deciding what homeless veterans need to escape homelessness it is imperative to look at the person in environment to determine the person's needs in escaping their homeless situation. Social work professionals must consider each homeless veteran's needs because not every veteran is in the same situation outlined in these findings.

Many questions still remain unanswered, including: how to end homelessness among our veteran population. There are many other barriers not covered in the findings including transportation for homeless veterans, living too far away from a VA hospital or service sector

uncertainly about the process of becoming connected with the VA, and/or physical limitations. Case management services for veterans should be explored further. Many veterans would not fall through the cracks if they are assigned a case manager at the time of discharge from service to assist temporarily, in after-care from their time in the military.

Veterans may also benefit from other social supports including community organizations or “adopt a veteran” programs. Further possibilities could be explored with a survey provided to veterans at the time of discharge along with a follow up survey in a month to inquire about the veteran’s needs at those times.

Limitations of this study must be noted. Given the search criteria, only 16 articles were studied. Increasing the study to include both male and female veterans may provide an overall picture of what homeless people need in escaping homelessness. Another limitation is that the studies did not consider veterans from diverse areas of the United States. The needs among homeless veterans across the United States may provide a different perspective of what homeless male veterans across the United States need in escaping homelessness.

Notably there were many aspects identified that homeless veterans need in escaping homelessness other than strictly housing. Veterans appeared to benefit from dental care, mental health and substance use treatment as well as expanded support systems. Veterans who struggled with a mental illness or substance abuse disorder were more likely to struggle to locate housing. Childhood problems as well as veterans who were incarcerated also found it difficult to transition into society and finding stable housing. This is another avenue case management could assist with.

In conclusion, homeless male veterans are at an increased risk for homelessness given many factors including their mental health, substance use disorder, lack of support and other

environmental factors including their bio-psycho-social history, which could include trauma or sexual abuse. More research should be conducted on specific steps to take to reduce and eliminate the amount of male veterans who experience homelessness. If veterans do not have their basic needs met such as housing, it is nearly impossible to get their other needs met such as taking care of mental or physical health concerns.

Change fosters new possibilities. According to Kristen Gillibrand, “while we can’t begin to repay the debt we owe our veterans for their brave service, we can certainly take steps to ease the physical, psychological and financial hardships they may be experiencing” (Gillibrand, 2014).

Society can accelerate efforts and generate camaraderie among community based service to better address housing concerns in today’s society As Uncle Sam put it, “I want you,” to join the fight against homelessness for the United States including our Minnesota Veterans.

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