

The Forgotten American Heroes: A Phenomenological Study

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Approved by:

Dr. Thomas Vail, Committee Chair

Dr. Yulanda Tyre, Committee Member

Abstract

This phenomenological study explored the experiences of service providers who work first-hand with homeless veterans in Tennessee. Americans seem to view homeless people as inferior to others without considering the factors that have led these individuals to become homeless. They fail to acknowledge the hardships they face, the daily challenges to their mental health, and the invisible wounds that go unnoticed and are often overlooked. As more men and women have returned to the United States following their service in Afghanistan, Iraq, and other global locations, a significant number of combat veterans are struggling with untreated or unmanaged mental health issues. This has left many combat veterans unable to cope, leading them to resort to self-medication. Consequently, there has been a significant increase in alcohol use disorder (AUD), drug use disorder (DUD), legal issues, unemployment, and homelessness among veterans. This study presents evidence of the challenges faced by veterans, as told by those who work first-hand with them in an attempt to determine if psychological resilience is a factor contributing to some veterans becoming homeless while others maintain housing. Data analysis uncovered three themes: substance and alcohol use issues, lack of affordable and safe housing, and lack of transportation. Under the substance and alcohol use theme, the barriers to receiving treatment, willingness to participate in treatment, and availability to maintain sobriety following treatment were identified. The second theme emphasized challenges focusing on the lack of affordable and available housing and sub-themes identified were barriers to qualifying for available housing. The third theme identified was the lack of transportation, some smaller and metropolitan areas in Tennessee offer public transportation, however, most rural areas lack all public transportation, contributing to homeless veterans' inability to maintain employment.

Keywords: PTSD, service providers, homelessness, themes, unhoused, veterans, support services, alcohol use, drug use, trauma

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Dedication

I dedicate my dissertation and degree to my husband, Robert Burke, and our children: Chris Burke, Michael Burke, Brandon Burke, and Sarah Graham. I would also like to express my gratitude to their spouses and our grandchildren: Natalie, Payton, Ava, and Zachary. You all have stood by me every day, providing kind words of support and understanding when I struggled and felt weak. I will never be able to express how much all of your help and support has meant to me throughout this process. I honestly do not have the words to express what your support and faith have meant to me. Without it, this process would have been much more formidable. And to all the men and women who volunteered to fight for our freedom, who spent countless nights away from their families, who wrote a blank check to America, and especially to those who made the ultimate sacrifice and gave their lives so we could sleep safely at night—to you, I dedicate my work and research ways we can assist.

Robert, you picked up the slack when I was busy putting in long hours researching my dissertation and taking care of our animals, our home, and me like few others would. For this, I am eternally thankful. I am incredibly grateful for your understanding of my time and effort in this process. I hope to make it up to you for my lack of participation while I was working towards this goal.

I hope that I have set an example for my children, their spouses, and grandchildren that you are never too old to learn something new, accomplish something you wish for, or take on a new challenge. May you all reach for the stars, and may they always be within your grasp. Losing both my middle son, Michael, and my mom within a month was the most difficult experience of my life. As for my guardian angels, they were there for me during this difficult time. However, knowing that you both remain in my corner helps me stay strong. May you both

continue to rest in peace. I made it across the finish line because you continued to watch over me, helped me persevere, and supported me even during my darkest moments. You both guided me and helped light my path, showing up daily like a cardinal in my yard when I needed a lift in my spirits. You both always had faith in me, even when I did not. I hope I made you both proud, Mom and Michael.

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And to Dr. Volk, without whom I must honestly say I would not be here today, thank you for your time, kind words, direction, and advice. Your guidance drove me in the direction that led me back closer to where my heart was and to where my original goal began. I appreciate your time and encouragement. Dr. Volk, your ongoing and enduring support helped keep my spirit up during these last changes and keep me driving toward my goal. Thank you.

I am grateful for the support of other military members who have reached out to assist me in my endeavors. I am also grateful for the local VA outreach program, members of the National Ladies Homestead Gathering, and other organizations and individuals who have offered to aid me in connecting with local groups, agencies, organizations, and individuals who work with homeless veterans in Tennessee for this study.

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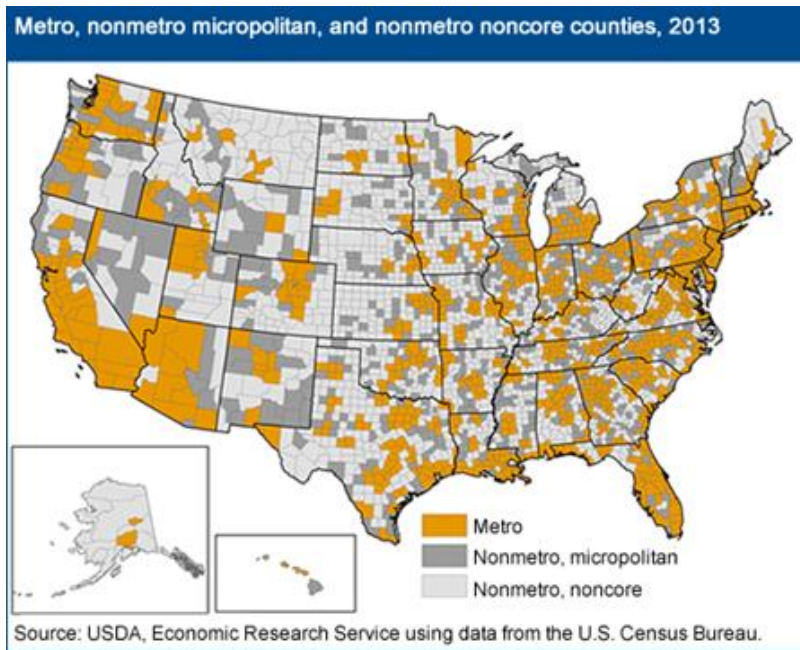
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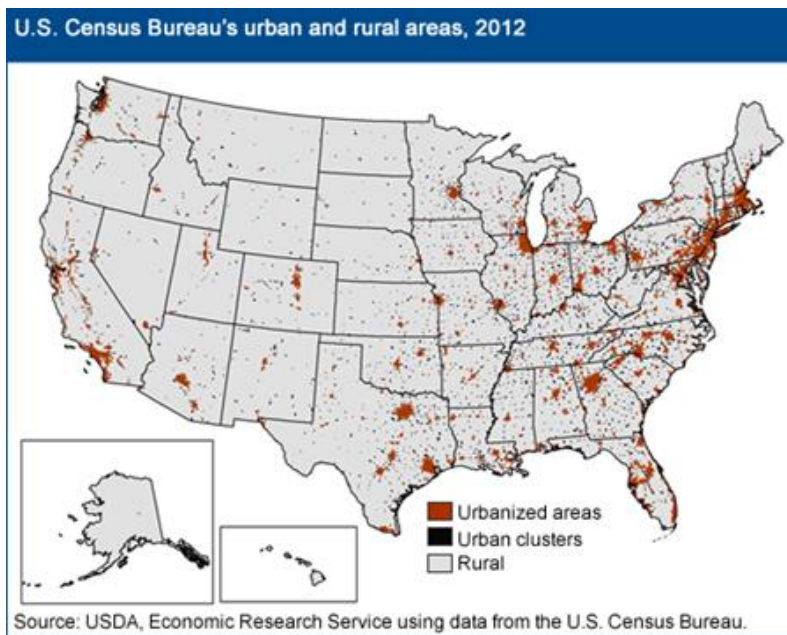
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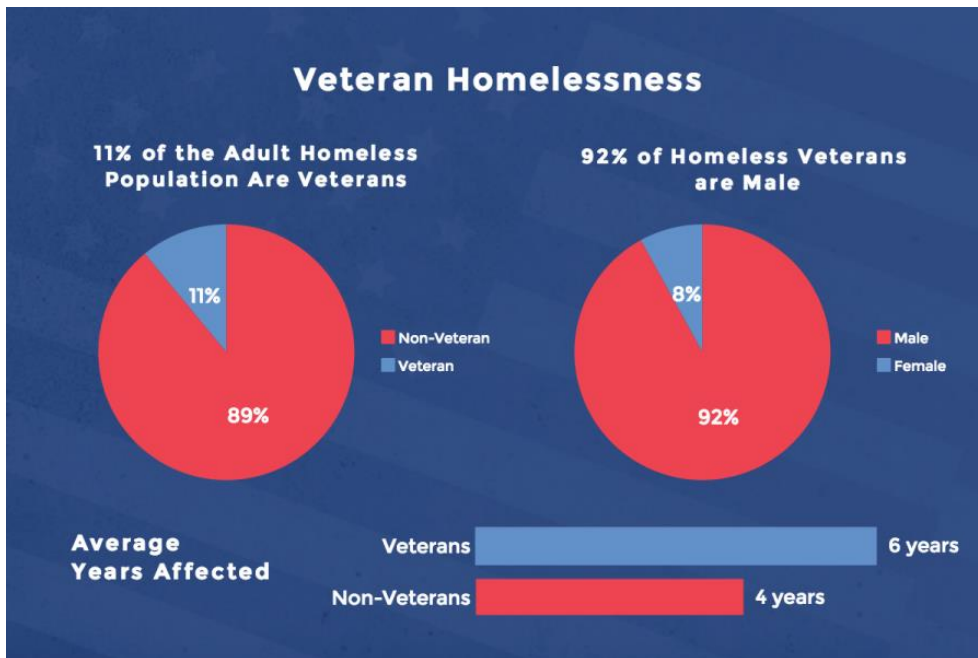


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List of Abbreviations

Active duty (AD)

Alcohol use disorder (AUD)

Armed Forces (AF)

Bureau of Labor Statistics (BLS)

Combat veteran (CV)

Department of Defense (DoD)

Department of Housing and Urban Development (HUD)

Department of Veterans Administration (VA)

Diagnostic and Statistical Manual of Mental Disorder (DSM)

Drug use disorder (DUD)

Federal Housing Administration (FHA)

Generalized anxiety disorder (GAD)

Global War on Terrorism (GWT)

Health Care for Homeless Veterans (HCHV)

Homeless Management Information Systems (HMIS)

Housing and Urban Development (HUD)

Housing and Urban Development/Veterans Affairs Supportive Housing (HUD/VASH)

Invisible Wounds (IW)

Major depressive disorder (MDD)

Military Occupation Specialty (MOS)

Military Sexual Trauma (MST)

National Survey of Veterans (NSV)

Office of Inspector General (OIG)

Operation Enduring Freedom (OEF)

Operation Iraqi Freedom (OIF)

Operation New Dawn (OND)

Post-traumatic stress disorder (PTSD)

Psychological Resilience Theory (PRT)

Service-connected injury (SCI)

Sheltered Homeless Individual Veteran (SHIV)

Statistical Analysis Software (SAS)

Survey Management System (SMS)

Traumatic brain injury (TBI)

United States (U.S.)

United States Armed Forces (USAF)

U.S. Department of Veterans Affairs (VA)

U.S. Housing and Urban Development (HUD)

U.S. Housing and Urban Development/Veterans Administration (HUD/VASH)

VBA Compensation and Pension Program (C&P)

Veterans Administration (VA)

Veterans Affairs Supportive Housing (VASH)

Veterans Benefits Administration (VBA)

Veterans Health Administration (VHA)

Vietnam War (VW)

World War I (WWI)

U.S. Veterans and Homelessness: A Phenomenological Study

Chapter One: Introduction

Since its founding, the United States has been involved in wars. However, until the last several decades, the American people have given little thought to the American men and women who willingly join the Armed Forces (AF) and serve in these wars, as well as the repercussions and struggles they face after their service (Jordan, 2018; Lutz, 2002). Armed Forces (AF) members often struggle with both visible and invisible injuries or wounds (IW) following their service in every conflict America has been involved in. These veterans often find it difficult to adapt to their new life outside the military, a challenge that non-military individuals may not fully understand (Montgomery, 2018). It is questioned within this study if homeless veterans have lower levels of psychological resiliency than veterans who remained housed.

When these former military members return to civilian life and attempt to reintegrate into their previous lives, many combat veterans struggle due to these injuries (Brown, 2008). These combat veterans struggle with various issues, including post-traumatic stress disorder (PTSD), mental health issues, military sexual trauma (MST), alcohol use disorder (AUD), and substance use disorder (SUD), among others. These issues can lead to complications with their families, employers, community, legal challenges, and even homelessness (Acre, 2019; Alfred, 2014; Batko et al., 2020; Brown, 2008; Carlson et al., 2013; Evans et al., 2019; Hamilton et al., 2011; Hawryluk & Ridley Kerr, 2012; Martinez, 2017; Petrovich, 2009; Rothbaum & Rauch, 2020; Tsai, J. & Rosenheck R. A., 2016; Taylor, L., 2015; Tsai, J., Link, B., Rosenheck, R. A., & Pietrzak, R. H., 2016; Tsai, J., Pietrzak, R. H., & Rosenheck, R. A., 2012; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021; Washington et al., 2010). Further, it is questioned if there is a correlation between veterans' lack of psychological resiliency and their homelessness.

The more struggles veterans face, the more likely they are to experience difficulties in their relationships. This can lead to other issues, such as self-medication and isolation. As individuals struggle more, they are more likely to self-medicate and isolate themselves, which exacerbates their issues and leads to additional problems. These can include difficulties in relationships, challenges in employment, and legal issues, all of which can contribute to homelessness. As this shows, homelessness can be an extremely complex issue. Furthermore, once individuals become homeless, they are at a higher risk of engaging in risky behaviors compared to those with stable housing. This is often attributed, at least in part, to the need for survival (Batko et al., 2020; Brenner et al., 2017). Adaptation to any number of adverse effects will be felt by individuals differently, this is largely accounted for because every person has a different level of resilience (Kim-Cohen, 2007). It is hypothesized that when individuals with lower resilience echelons encounter trauma, loss, abuse, severe illness, and challenges, it can be the breaking point for them (Hurley, 2022; Kim-Cohen, 2007). Whereas resilient individuals exhibit a greater ability to overcome these adversities. While resilient individuals possess a higher capacity to overcome such challenges, research suggests that those experiencing formidable difficulties with psychological resilience often face issues that impact their mental health, overall well-being, and in some cases their survival (Hurley, 2022; Kim-Cohen, 2007).

Overview

Homelessness is not a new phenomenon or conundrum, nor is it a unique or geographically isolated phenomenon. Nevertheless, certain parts of America, particularly California, Oregon, and Hawaii, have a significantly higher percentage of homeless individuals. Some researchers hypothesized this could be attributed to the weather (Batko et al., 2020). However, the demographics of people experiencing homelessness have changed somewhat over

time. Kusmer (2002) stated that homelessness in the United States became noticeable in the late 18th century and increased as the nation expanded. By the mid-1800s, charities were being established to assist the homeless, and police stations often provided overnight shelter for individuals without homes (Kusmer, 2002). However, by the 1870s, homelessness had become a national issue in the United States. The Great Depression brought about a new wave of homelessness, affecting both individuals and families and exacerbating the problem (Kusmer, 2002). Homelessness, the homeless population, and the locations where they gather have evolved over the decades.

As the government has revised the procedures for institutionalizing individuals with mental health issues, they no longer confine these individuals unless they pose a threat to themselves or others. This change resulted in a decrease in institutionalized individuals with mental health issues. However, it also led to a dramatic increase in the number of homeless individuals (Davis et al., 2012; Rosenheck et al., 2020, 1989; Schaffer, 2012). By 1990, the U.S. Census Bureau reported that approximately 228,621 people were homeless, many of whom recently were discharged from mental health facilities (Davis et al., 2012; United States Census Bureau, 2018). By the Great Recession in the 2000s, reports stated that the rates of homelessness had increased steadily since 2016 (Batko et al., 2020; Davis et al., 2012; Kusmer, 2002; United States Census Bureau, 2018).

Homelessness is a growing issue in America, and veterans are not immune to this phenomenon. Combat veterans are one of the rapidly growing populations that have ended up on the streets over the last few decades. This can be attributed, in part, to post-traumatic stress disorder (PTSD), traumatic brain injuries (TBI), alcohol use disorder (AUD), substance use disorder (SUD), military sexual trauma (MST), and other complications. These issues have

resulted in some veterans becoming unhoused, drawing additional attention to the issues surrounding veterans struggling as more and more combat veterans join the ranks of the unhoused, despite the government's pledge to end veteran homelessness (Acre, 2019; Alfred, 2014; Carlson et al., 2013; Evans et al., 2019; Fact sheet: Preventing and ending veteran homelessness, 2015; Hamilton et al., 2011; Hawryluk & Ridley Kerr, 2012; Petrovich, 2009; Prabucki et al., 1995; Rosenheck et al., 2020; Schaffer, 2012; Taylor, L., 2015; Tsai, J., Link, B., Rosenheck, R. A., & Pietrzak, R. H., 2016, Tsai, J., Pietrzak, R. H., & Rosenheck, R. A., 2012; Tsai, Ramaswamy, Bhatia, & Rosenheck, 2015; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021; Twamley et al., 2019; Washington et al., 2010; Who is homeless?, 2007).

Individuals grappling with severe mental and physical health issues are at risk of homelessness if they lack family members who are capable or willing to accommodate and care for them (Davis et al., 2012). This population is extremely vulnerable thus interviewing them directly would put them at a higher risk of additional trauma exposure, thus obtaining the lived experiences of those who work first-hand with these homeless veterans these veterans are protected while their stories are still shared as seen by the people who work first-hand with them on a regular basis.

Any person who has ever served our country should never be homeless or unable to have safe, secure housing. However, the reality is that there are unproportionate numbers of veterans in the homeless population (Acre, 2019; Alfred, 2014; Brown, 2008; Carlson et al., 2013; Harpaz-Rotem et al., 2011; Hawryluk & Ridley Kerr, 2012; Macia, 2018; Martinez, 2017; Tsai, Ramaswamy, Bhatia, & Rosenheck, 2015; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021; Washington et al., 2010). According to the United States Census Bureau (2018), there are currently 17,431,290 veterans in the United States. Some research indicates veterans account for as little as one in four homeless adults, while other research states that homeless veterans account

for as much as 41% of the total homeless population. Although research disagrees on the exact proportion of veterans within the homeless population, it is generally agreed that there are too many veterans experiencing homelessness (Hawryluk & Ridley Kerr, 2012; Kabbara, 2016; U.S. Department of Housing and Urban Development, 2014; Prabucki et al., 1995; Rosenheck et al., 1994; Study: Veterans make up 1 in 4 homeless - CBS News, 2007; Taylor, L., 2015; Tsai, Ramaswamy, Bhatia, & Rosenheck, 2015). However, little has been determined as to why these veterans end up homeless, and psychological resilience may be a guiding reason as to why some veterans end up homeless while others remain housed (Cameron et al., 2007; Collishaw et al., 2007; Hurley, 2022; Kim-Cohen, 2007).

One thing that is agreed upon in all literature is that veterans account for a disproportionate amount of the homeless population, including female veterans (Acre, 2019; Alfred, 2014; Graham, 2017; Macia, 2018; Martinez, 2017; Montgomery & Byrne, 2014; Montgomery, Dichter, Thomasson, Fu, & Roberts, 2015; Montgomery, Dichter, Thomasson, Roberts, & Byrne, 2015; Schaffer, 2021; Taylor, L., 2015; Tsai, Ramaswamy, Bhatia, & Rosenheck, 2015; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021). No matter what percentage makes up part of the homeless population here in America, the rationale behind this study is that one homeless veteran is too many, hundreds of thousands are unconscionable. Research studies indicate that there is no easy or quick answer nor is enough being done, thus this study is not only warranted but necessary. Studies have found that obtaining consent from these vulnerable veterans who typically struggle with multiple mental health, SUD, AUD, and several other issues is often challenging if not impossible, thus utilizing those who work first-hand with this population will allow this research to obtain valuable information about this population without traumatizing these veterans further.

Background

The majority of literature indicates that homeless veterans face challenges associated with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), military sexual trauma (MST), alcohol use disorder (AUD), and substance use disorder (SUD), which leads to a higher risk of homelessness compared to their counterparts (Berenson, 2011; Brenner et al., 2017; Prabucki et al., 1995; Rothbaum & Rauch, 2020). Over the past three decades, scholars have investigated the consequences of deploying the U.S. Armed Forces to foreign nations to protect the rights of Americans and people globally, as well as to safeguard our freedom (Berenson, 2011; Brown, 2008; Carlson et al., 2013; Cabbage, 2020; Petrovich, 2009; Taylor, L., 2015; Tsai, J., Pietrzak, R. H., & Rosenheck, R. A., 2012; Tsai & Rosenheck, 2015). Military, police officers, and firefighters are all jobs that put members in a high-risk population to experience trauma, especially military members who deploy to combat zones and it is believed that when these military members have lower resilience they are more apt to have more significant struggles (de Terte & Stephens, 2014; Hurley, 2022).

The U.S. presidents and government have made many declarations to end veteran homelessness and proposed to implement several new plans to ensure that this would happen within a given period of time with each declaration to date, but there are still an enormous number of homeless veterans throughout the United States (Acre, 2019; Alfred, 2014; Berenson, 2011; Carlson et al., 2013; Evans et al., 2019; Fact sheet: Preventing and ending veteran homelessness, 2015; Hamilton et al., 2011; Hawryluk & Ridley Kerr, 2012; Petrovich, 2009; U.S. Department of Veterans Affairs, 2010; Rosenheck et al., 2020; Schaffer, 2012; Taylor, L., 2015; Tsai, J., Link, B., Rosenheck, R. A., & Pietrzak, R. H., 2016; Tsai, J., Pietrzak, R. H., &

Rosenheck, R. A., 2012; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021; Twamley et al., 2019; Washington et al., 2010).

Many researchers, groups, and studies have attempted to acquire a precise “point-in-time” number of homeless and homeless veterans at a specific time, but due largely to the transient nature of homelessness this is a nearly impossible task, thus the approximations obtained of the homeless veterans staying in shelters and the counted unsheltered are the closest guesstimate anyone has been able to obtain (Acre, 2019; Alfred, 2014; Carlson et al., 2013; Evans et al., 2019; Fact sheet: Preventing and ending veteran homelessness, 2015; Hamilton et al., 2011; Hawryluk & Ridley Kerr, 2012; Petrovich, 2009; Prabucki et al., 1995; U.S. Department of Veterans Affairs, 2010; Taylor, L., 2015; Tsai, J., Link, B., Rosenheck, R. A., & Pietrzak, R. H., 2016; Tsai, J., Pietrzak, R. H., & Rosenheck, R. A., 2012; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021; Washington et al., 2010). Despite extensive research, there is no definitive answer as to the exact number of homeless veterans living in America or the most effective approach to ending homelessness among veterans.

Situation to Self

In this section, I address my inspirations and motivations for performing this research. I further address the philosophical assumptions that I bring to my research, detailing my assumptions, including my epistemological, axiological, and ontological assumptions, and acknowledging my biases. As a first-generation college student, I am driven by the desire to be an example and inspiration to my family, including my husband, children, and grandchildren. To date, I have provided support while my husband earned his bachelor’s and master’s degrees and all of our children and their spouses have earned at least one college degree, and currently,

two are working towards higher degrees. The education accomplishments of my family serves as a testament to the transformative power one generation can provide.

Although, I have not served in any branch of the U.S. Armed Forces (USAF), I am honored to bear the titles of proud wife, mother, daughter, granddaughter, goddaughter, cousin, niece, and in-law to a illustrious line of family members who have served in the United States Armed Forces across the Army, Air Force, Navy, and Marine Corps.

I have proudly volunteered for countless hours at every installation my husband was stationed at, helping in whatever role I could be of service in, even receiving numerous President's Volunteer Service Awards. The motivation that drove my research is the number of homeless veterans I grew up seeing daily on the streets, with the new influx of post-9/11 veterans joining the countless Korean War and Vietnam War homeless populations. No veteran should ever be homeless, and no other subject speaks louder to the essence and spirit of who I am and my experiences with military families; thus, I knew I wanted to research why some combat veterans become homeless while others remain housed.

While unhoused veterans may represent a small percentage of the homeless population, their experiences are unique to them due to their shared experiences that only veterans have, such as a profound history and dedication of service to our country, extended periods of time separated from their family while deployed, a lack of proper infrastructure, and even simple creature comforts Americans take for granted during extended deployments, which impact the mental health of many combat veterans experiences in comparison to a researcher without a close personal attachment to this military population.

Utilizing a phenomenological approach with this group is ideal, and Heidegger has pointed out that phenomenology looks to search for the "who" of the situation rather than the

“how” by looking at the relationships between things and how these things contribute to or conceal the discovery of the events that contribute to the phenomena this study is looking to uncover (Dibley et al., 2020; Moustakas, 1994). Heidegger took Husserl’s teachings and philosophy further by explaining that to understand oneself, one must uncover the being of oneself, as it would be incredibly difficult to discover anything without an understanding of what lies underneath (Mola Okoko et al., 2023).

Problem Statement

The brave men and women who willingly sacrifice so much for our freedom should never lack a safe and secure place to rest their heads down to sleep. Unfortunately, many veterans do not have a place to call home. Homelessness has been an ongoing issue in America, affecting various populations regardless of race, gender, age, or background. However, society still lacks an understanding of why some people, especially veterans, become homeless while others do not (O’Dwyer & Bernauer, 2014; Twamley et al., 2019). When individuals do not have psychological resilience they may falter and experience difficulties in adapting and overcoming challenges and struggles (Moore, 2019). Psychological resilience has been hypothesized as a reason why some veterans are able to maintain employment and housing while others end up unemployed and homeless (Kim-Cohen, 2007). Psychological resilience hypothesizes It is thought that psychological resilience is the contributing theory why some individuals overcome and adapt to challenges and struggles while others do not (Mishra et al., 2022; Moore, 2019; Raemy, 2020; Qiu et al., 2023).

Research indicates that veterans, especially veterans who served in combat, struggling with PTSD, mental health issues, TBI, MST, AUD, SUD, and other invisible wounds are at a higher risk of becoming homeless than other veterans when reintegrating into the civilian

population (Alfred, 2014; Bennett, 2020; Brenner et al., 2017; Brignone et al., 2016; Castro et al., 2014; Cabbage, 2020; U.S. Department of Veterans Affairs, 2010; Taylor, L., 2015; Tsai, J., Link, B., Rosenheck, R. A., & Pietrzak, R. H., 2016; Tsai & Rosenheck, 2015; Whitfield, 2020). Studies show that higher levels of psychological resilience allow people to bounce back following trauma (Mishra et al., 2022). Psychological resilience is viewed as the ability some people possess that allows them to overcome their struggles and is believed to exist in people who have strong self-esteem and self-efficacy (Moore, 2019; Raemy, 2020; Qiu et al., 2023).

As more soldiers go off to war, see and experience horrific events that most of us cannot and do not wish to imagine, they return home - return broken, and suffering from physical or mental health issues from the ordeals of war, the more veterans we have, who are suffering and potentially could end up homeless on the streets (Brown, 2008; Carlson et al., 2013; McNaughton, 2008; National Survey of homeless veterans in 100,000 Homes Campaign Communities, 2011; Tsai, J., Pietrzak, R. H., & Rosenheck, R. A., 2012; Tsai & Rosenheck, 2015; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021). Without enough psychological resilience, these broken men and women may struggle to overcome the trauma they witnessed or experienced (Mishra et al., 2022; Moore, 2019; Raemy, 2020; Qiu et al., 2023). When individuals lack social support, coping skills, and self-esteem they are more apt to struggle in the face of challenges (Raemy, 2020; Qiu et al., 2023).

Sadly, America is failing to provide the support that these veterans need and deserve. Our VA system is broken, and therefore, it fails to provide sufficient safeguards for our veterans at risk. Many of these volunteer military members are transitioning out of the military and often suffer from invisible wounds. They struggle with PTSD, TBI, MST, AUD, SUD, and other mental health issues. Unfortunately, the VA is not effectively identifying these issues,

implementing necessary precautions, or providing the necessary resources and services they need (Brown, 2008; Petrovich, 2009; Prabucki et al., 1995; Taylor, L., 2015). When individuals do not have healthy strong psychological resilience then they are more apt to fail to overcome their trauma, unlike those who have strong resilience who are more apt to overcome their trauma in a healthy fashion (Raemy, 2020; Qiu et al., 2023). Psychological resilience is an acquired ability and not viewed as an innate skill individuals are born with (Moore, 2019).

There are a number of phenomenological studies regarding homelessness and homeless veterans in particular; however, there are no current research studies that interview individuals who work first-hand with homeless veterans to identify shared phenomena. The issue of homelessness has never been as visible as it is currently. The number of homeless people in America today is overwhelming (de Sousa et al., 2022). This qualitative research study looks to identify the experiences and reflections of individuals who provide services for homeless veterans regarding homeless veterans' resilience and their lived experiences to prompt others who make policies to better serve our veterans before they become homeless, as those who serve our country should never be without a safe place to lay their heads at night or a place to call home.

Purpose Statement

The purpose of this qualitative phenomenological study is to look at the lived experiences of individuals, both paid and unpaid, who work first-hand with homeless veterans in Tennessee in 2024. The qualitative research study looks to identify the experiences and reflections of individuals who work first-hand with homeless veterans, as shared through semi-structured interviews with open-ended questions (Creswell, 2014; Magilvy & Thomas, 2009; Moustakas, 1994; Roulston, 2010). The intent is to prompt the participants to delve into their lived

experiences with homeless veterans to explore and examine the phenomenon of this new influx of homeless veterans and their psychological resilience who are joining the already disproportionately high number of homeless veterans in America. To learn about the lived experiences of individuals who provide services for homeless veterans, their experiences, and reflections on why some veterans become homeless will be obtained through semi-structured interviews to allow the participants to help direct the conversation and the direction of their story (Creswell, 2014; Larsen & Adu, 2021; Moustakas, 1994). Furthermore, this study aims to uncover if individuals who provide services for homeless veterans perceive a lack of resilience along with inequality when providing care to homeless veterans.

Homeless veterans are a truly vulnerable population often struggling with a number of visible and invisible injuries, thus interviewing them would likely re-traumatize these men and women, which would be unethical (Roulston, 2010). In an effort to obtain valuable data about this population, this research intends to interview individuals who work first-hand with homeless veterans in paid and unpaid positions to obtain their lived experiences. This study intends to thoroughly examine lived experiences to obtain narratives that answer and address the research question proposed in this study and help to address the overwhelming number of homeless veterans on our streets today.

The purpose of this qualitative phenomenological study is to investigate the lived experiences of individuals who provide services for homeless veterans (Creswell, 2014; Larsen & Adu, 2021). Through the interviews, the study inspires the development of a list of factors contributing to veteran homelessness as seen through the eyes of providers who work first-hand with homeless veterans (Roulston, 2010). The study aims to gain insight into the perceived inequalities faced when providing care and services to homeless veterans. This

phenomenological study aims to determine the potential patterns found by providers who work with homeless veterans and to see if there is a lack of resilience discovered through all of these veterans (Martin & Bridgmon, 2012). This study hopes to identify and examine various factors that may contribute to some veterans becoming homeless while others remain housed.

Significance of the Study

Over the past three decades, the U.S. government has faced scrutiny due to the significant number of homeless veterans. Despite the promises made by various government officials, the population of homeless veterans remains alarmingly high. A significant number of veterans come home and either lack training, are underemployed, or, due to mental health issues, are deemed unemployable. All of these factors contribute to and increase the risk of homelessness (Brown, 2008; Carlson et al., 2013; Cabbage, 2020; Fargo et al., 2017; Graham, 2017; Griffith, 2021; Hamilton et al., 2011; Hawryluk & Ridley Kerr, 2012; Jorden, 2018; McNaughton, 2008; Rosenheck et al., 2020; Schaffer, 2012; Whitfield, 2020).

Homelessness does not only affect individuals who lack shelter. When an individual becomes homeless, their homelessness negatively affects not only the veteran and their family, but also the community, local businesses, local property values, and numerous other factors (Batko et al., 2020; Cabbage, 2020; Griffith, 2021; Hanratty, 2017; McNaughton, 2008). The results of this study aim to provide significant and relevant implications for communities and governments in rural, urban, suburban, and metropolitan areas, as well as for the United States as a whole. This is crucial because homelessness continues to be a significant issue United States-wide.

The objective of this research is to identify the key factors identified by providers who work with homeless veterans in an effort to prevent future veterans from becoming homeless.

This study will examine the lived experiences of working with homeless veterans and those who previously struggled with homelessness as seen through the eyes of individuals who work first-hand with homeless veterans to see if psychological resilience is a significant contributor (Kim-Cohen, 2007; Larsen & Adu, 2021). The objective of this study is to gather information that can be utilized by policymakers and professionals working with veterans who are currently experiencing homelessness, at risk of homelessness, or have previously experienced homelessness.

The aim is to reduce the probability of future occurrences of homelessness and potential homelessness. Combat veterans report experiencing various traumas while serving in the military, which can lead to difficulties in their personal relationships, employment, emotions, and social interactions when reintegrating into civilian life (Brown, 2008; Castro et al., 2014; Cabbage, 2020; National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011; Taylor, L., 2015). However, some veterans overcome these traumatic experiences while others do not, which can be attributed to their psychological resilience (de Terte & Stephens, 2014; Kim-Cohen, 2007).

This qualitative phenomenological study aims to investigate the challenges faced by unhoused veterans and if psychological resilience plays a part in them becoming homeless, as seen by the individuals who provide services for veterans struggling with homelessness, at risk of becoming homeless, or previously homeless. Low psychological resilience will cause some people to need additional support to maintain a cohesive lifestyle. Support requirements may include housing, mental health issues, alcohol abuse disorder, substance abuse issues, and financial insecurities, which may cause veterans to become at risk of becoming homeless. Furthermore, this study will examine if service providers identified the impact of combat trauma

on veterans, specifically the development of post-traumatic stress disorder (PTSD) and other mental health issues, such as traumatic brain injury (TBI), alcohol use disorder (AUD), substance use disorder (SUD), or military sexual trauma (MST), contributing to lower psychological resilience which can contribute to homelessness (Macia, 2018; Kim-Cohen, 2007; Petrovich, 2009; Taylor, L., 2015; Tsai & Rosenheck, 2015; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021; Whitfield, 2020).

This qualitative phenomenological study aims to gather empirical information on the factors that contribute to certain veterans becoming homeless, while others are able to maintain housing based on their psychological resilience (Kim-Cohen, 2007; Orcher, 2016). Appropriate participants for this study will be selected from the Tennessee participants who work with homeless veteran populations. These participants will be selected from local agencies and other outreach groups as well as any others who respond to social media posts who meet the guidelines for inclusion.

Research Question

The qualitative research study looked to identify what experiences and reflections individuals experience as shared through semi-structured interviews with open-ended questions, prompting the participants to delve into their lived stories with homeless veterans to explore and examine the phenomenon of this new influx of homeless veterans, joining the already skewed number of homeless veterans in America (Larsen, 2023; Magilvy & Thomas, 2009; Moustakas, 1994; Roulston, 2010). The research question is designed to understand the world the participants live, see, experience, and work in from their perspectives as only seen through their eyes - from their first-hand accounts - to provide a phenomenological perspective of the veteran homelessness condition (Larsen, 2023).

RQ1: What are the lived experiences of people who work with homeless veterans in TN that explain why some veterans end up unhoused?

This research study will examine the impact of veteran homelessness as identified by service providers through their first-hand accounts (Larsen, 2023). The research question for this qualitative phenomenological study is crucial in developing an in-depth view from the service providers' viewpoint of the struggles homeless veterans deal with. Unhoused veterans are a vulnerable population, often struggling with severe mental health issues, limiting their ability and willingness to participate in a research study in a meaningful way. Thus, by interviewing those who work with them and obtaining their lived experiences, this study aims to uncover what would otherwise be next to impossible to achieve. When conducting a qualitative phenomenological study, it is important to formulate the interview questions in a way that enables participants to provide comprehensive answers, thereby maximizing the amount of information gathered (Creswell, 2014; Martin & Bridgmon, 2012; Terrell, 2016).

This qualitative phenomenological research study will utilize open-ended questions during the semi-structured interviews, unlike the structured surveys that would be proposed and formulated for a quantitative study (González Canché, 2023; Karaman & Büyükkıdık, 2023; Larsen & Adu, 2021; Magilvy & Thomas, 2009; Moustakas, 1994). Open-ended questions allow a researcher to gather a wealth of data (Magilvy & Thomas, 2009; Moustakas, 1994).

Analyzing all the information can be extremely challenging due to the abundance of details that can be obtained from the participants. Managing the plethora of data will be discussed in the data analysis section. Despite the challenges inherent in various research models, researchers must still determine the appropriate methodology to effectively address the topic at hand. Whereas, when a researcher uses quantitative research designs, they may choose to

use a survey instead of a face-to-face interview, as will be used in this qualitative design (Magilvy & Thomas, 2009).

This study will examine whether there is a phenomenological difference between the factors contributing to homelessness among veterans as identified by individuals who work first-hand with homeless veterans. The majority of veterans are able to maintain regular fixed housing following service in the U.S.A.F.; however, for a small portion of veterans, this seems to be an ongoing battle where they are unable to maintain housing. This study will interview those who work with homeless veterans first-hand to identify the variables contributing to the phenomenon of homelessness among veterans compared to those with stable housing to determine if psychological resilience is a contributing factor (Kim-Cohen, 2007).

This study is interested in seeing if the service providers identify the duration of a combat veteran's deployment as a cause that affects their ability to maintain safe and secure housing. If participants see a relationship between mental health issues, psychological resilience, and the likelihood of a veteran becoming homeless (Kim-Cohen, 2007). If there is a phenomenological difference between a veteran's employment status, income, or lack thereof, and their homelessness. Lastly, if there is a phenomenological difference between veterans becoming chronically homeless and their ability to maintain housing due to mental health issues such as PTSD, TBI, AUD, SUD, MST, or other invisible injuries and psychological resilience as identified by service providers (Kim-Cohen, 2007).

Definitions

Active Duty

Military personnel, who make up our all-volunteer military, are servicemembers comprising men and women who serve full-time in one of the branches of the Armed Forces -

(Air Force, Army, Coast Guard, Marines, active National Guard, or Navy). This is in contrast to reserve military members and some National Guard, who serve one weekend per month and two weeks per year.

Alcohol Use Disorder

One of the most significant ongoing issues in the United States (Nehring & Freeman, 2020). The consumption of alcohol beyond one's intended amount, accompanied by a strong desire or craving for it, excessive time spent thinking about it and taking actions to obtain it, inability to stop using it even when there are negative consequences, withdrawal symptoms, and a growing tolerance requiring larger amounts of alcohol to achieve the same results that less alcohol previously achieved (American Psychiatric Association, 2013).

Armed Forces

The United States Armed Forces (USAF) have used drafts in the past. However, it is currently an all-volunteer force across all branches (Rosenheck et al., 2020). The United States military consists of six service branches - the Air Force, Army, Coast Guard, Marine Corps, Navy, and National Guard (Learn about the U.S. military | USAGov, 2023).

Chronic Homelessness

Multiple episodes of homelessness totaling more than 12 months within a span of three years (de Sousa et al., 2022; Tsai, J. & Rosenheck R. A. 2016). Chronic homelessness refers to individuals who experience repeated episodes of homelessness, even when they have had periods of being sheltered.

Combat Veterans

Military personnel who have served in a combat zone, where war or fighting occurred, and were exposed to threats or involved in war activities, are considered combat veterans,

regardless of the branch of the military in which they served (Combat veteran eligibility enhanced eligibility for health care benefits, 2011). Combat veterans are a select group of military members who serve in a war or conflict, unlike the rest of the population of military members who have not gone to war or been involved in a conflict.

Employment

Full-time employment is generally accepted as an individual working 30 or more hours per week, according to most sources and the IRS. Part-time employment, on the other hand, refers to individuals who work fewer than 30 hours per week. According to the IRS, the definition of full-time employment has been expanded to include the option of working 130 hours per month as an alternative to the requirement of working 30 hours or more per week (Questions and answers on employer shared responsibility provisions under the Affordable Care Act | Internal Revenue Service, 2023).

Global War on Terrorism

The conflict between the United States and Iraq and Afghanistan is widely recognized as having begun with the attack on the Twin Towers in New York on 9/11. The conflicts were officially named Operation Iraqi Freedom (OIF), Operation New Dawn (OND), and Operation Enduring Freedom (OEF). These campaigns played a significant role in the main conflicts that contributed to the newest influx of young homeless combat veterans (Dates and names of conflicts, 2021).

Homeless

An individual who does not have regular, uninterrupted, and continuous secure housing is generally considered to lack a home, an apartment, a private or semi-private room, or a place where a person can legally reside for longer than 14 days (Cornell Law School, 2009). Homeless

individuals typically lack a secure and private space where they can reasonably expect to be safe, not only while they sleep at night, but also to store and protect their belongings (Cornell Law School, 2009). Shelters, transitional housing, abandoned buildings, vehicles, under bridges, on the street, green zones, in the woods, in infrastructure, and other non-residential locations are often utilized by individuals who lack adequate nightly accommodations (de Sousa et al., 2022; Sambamurthy, 2017; Tsai & Rosenheck, 2015; Vitale, 2005; White, C., 2013). Idiomatically described as “not having a roof over one’s head”. In 1987, the term "homeless" was legally defined by the McKinney-Vento Act as follows:

- A person who lacks a permanent, regular, and sufficient nighttime residence
- A person who stays overnight in a dwelling
- A supervised shelter, whether publicly or privately operated, is designed to provide temporary living accommodations for individuals. This includes welfare hotels, congregate shelters, and transitional housing for individuals with mental illness
 - An institution that provides temporary residence for individuals intended to be institutionalized
 - A place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings
- Individuals living in transitional housing, including but not limited to those with mental illness
- Individuals at risk of losing their homes
- People fleeing situations of domestic violence or other life-threatening conditions

- Unaccompanied youth and certain categories of homeless families with children (Department of Veterans Affairs Office of Inspector General, 2012).

Homeless and Unsheltered

A person or people who are homeless are compelled to sleep in various places, such as streets, vehicles, parks, or other locations not intended for human occupancy, including tents. These places are typically not considered a house, home, apartment, or trailer (Batko et al., 2020).

Housing and Urban Development/Veterans Affairs Supportive Housing (HUD/VASH)

Housing and Urban Development/Veterans Affairs Supportive Housing

A coalition between the VA, HUD, and local public housing authorities supplies vouchers, supportive services, and case management services to assist veterans (Ending veteran homelessness: What is HUD-VASH?, n.d.). A collaboration to care for unhoused veterans and their families between HUD (Housing for Urban Development and VA (Veterans Administration). Unhoused veterans with or without families can receive vouchers and supportive services to ensure they remain housed (U.S. Department of Veterans Affairs, 2021).

Homeless Encampment

Despite the lack of a universally accepted definition for the term "homeless encampment," it is generally understood to refer to an area where multiple homeless individuals reside and have constructed makeshift living structures, such as boxes, tents, tarps, non-permanent structures, lean-to, or other non-traditional dwellings (Batko et al., 2020). One such area that comes to mind is Skid Row in California. This area is known as one of the original homeless encampments.

Homeless Management Information Systems (HMIS)

A database is used in regional areas to collect information on local housing services, as well as potential services that can be used by homeless individuals, couples, and families. As well as a database of homeless individuals and those at risk of homelessness (HMIS: Homeless Management Information System - HUD Exchange, 2019).

Homeless Shelter

People experiencing homelessness may seek refuge in shelters, motels/hotels, transitional housing, safe havens, or other forms of temporary accommodation (Batko et al., 2020; Hurtubise et al., 2009). Defining homeless shelters is not an easy or universal term, however, it can be agreed that a homeless shelter provides a safe place to sleep for those who would otherwise be without shelter (Hurtubise et al., 2009).

Invisible Wounds (IW)

Emotional, behavioral, or cognitive issues that a military member might struggle with after combat or trauma, such as PTSD, TBI, depression, MST, or any number of other traumas, can cause ongoing problems. These issues may lead to symptoms such as insomnia, fatigue, chronic pain, anxiety, irritability, flashbacks, or other related problems. These symptoms can be triggered by various daily experiences (U.S. Department of Defense, 2017).

Livable Wage

This term is not easily defined, as it varies from area to area and from person to person. The concept of a living wage refers to the amount of money required by an individual or family to meet their basic needs, including housing, food, utilities, taxes, insurance, transportation, and childcare (World Population Review, 2022). But if you speak to individuals, they often argue that it should also include entertainment, dining out, savings, and vacations. However, these items are typically not included in what is considered "basic needs." As home prices and rental

prices vary drastically from city to city, state to state, it is not feasible to establish a universal living wage for the entire United States. Instead, it must be determined for each community. The Massachusetts Institute of Technology has developed a Living Wage Calculator to provide a comprehensive view of living costs across the United States. It takes into account factors such as healthcare costs, insurance premiums, personal care items, internet, cell phones, housing, and food (World Population Review, 2022). It should be further noted that a living wage is not the same as the federal minimum wage.

Metropolitan Area

Depending on whom you ask, metropolitan and urban areas may be interchangeable (Bucholtz, 2020). Both metropolitan and urban areas consist of regions with populations of 50,000 or more individuals who often live in close proximity to one another. These regions are often referred to as cities, such as Atlanta, Chicago, Dallas, Detroit, Los Angeles, New York, Portland, San Francisco, Seattle, and Washington D.C. (Anderson, 2019; Bucholtz, 2020).

Military Occupational Specialty (MOS)

The job or specialty position that a military member is trained in and performs while they are in the Armed Forces is referred to as their military occupation or specialty. The role or position that individuals fulfill while serving in the military. Each military occupation specialty, referred to as MOS, is identified with a unique set of military codes and numbers (U.S. Department of Defense, 2017).

Military Sexual Trauma (MST)

The unwanted and non-consensual sexual assault or sexual harassment of military personnel while on active duty by another military personnel or non-military personnel (Katz, 2016). The Department of Veterans Affairs (VA) is governed by Title 38 of the United States

Code (U.S.C.) as described in 1729D - MST, which refers to the psychological trauma that occurs as a result of a physical assault of a sexual nature or repeated, unsolicited verbal sexual behavior that is threatening in nature and occurs while the veteran was on active duty (Katz, 2016).

Permanent Housing

Housing that provides safety, security, and stability for individuals or families (Graybill, 2021). Housing refers to a situation in which an individual can reasonably expect to reside safely, without any time limit, either through a lease or by owning the property (Department of Veterans Affairs Office of Inspector General, 2012). Most Americans have access to permanent housing, which eliminates concerns about safety and uncertainty regarding nightly accommodations. This housing is situated in a permanent, fixed location and is suitable for year-round occupancy.

Psychological Resiliency

The theoretical framework focuses on a person's ability to bounce back and overcome trauma and hardships (Afek et al., 2021; Davydov et al., 2010; de Terte & Stephens, 2014; Denckla et al., 2020; Fletcher & Sarkar, 2013; Hurley, 2022; Moore, 2019; OptimistMinds, 2020; Park et al., 2021; Yi et al., 2020). One's ability to manage life's adversities and to cope successfully following trauma (Afek et al., 2021; Davydov et al., 2010; Fletcher & Sarkar, 2013; Park et al., 2021). Psychological resilience is the ability to manage struggles and difficulties rather than what the issue or adversity is (Fletcher & Sarkar, 2013). Psychological resilience has been described and defined as the ability to handle a crisis both mentally and emotionally as well as having the capability to restore oneself to pre-crisis condition (de Terte & Stephens, 2014). The learned ability is not innately born into individuals to help them overcome hardships,

trauma, struggles, and adversities (Mishra et al., 2022; Moore, 2019; Raemy, 2020; Qiu et al., 2023).

PTSD

Post-traumatic stress disorder (PTSD) is a psychological condition that can develop after an individual has experienced or witnessed a life-threatening event or a perceived severe and potentially life-threatening incident. This condition can persist for more than a month, causing ongoing issues for an extended period (U.S. Department of Veterans Affairs, 2014). According to the DSM-5, PTSD is defined as a condition that affects "the central symptoms concern intrusions about, and avoidance of, memories associated with the traumatic event itself," disturbances, and physiological issues that are not caused by substance use (American Psychiatric Association, 2013).

Rural

Rural areas are often the most challenging to define. The Census Bureau does not have a specific technical definition for rural areas. Instead, they classify areas that are not urban as rural. The census considers areas with 50,000 or more individuals to be classified as urban, areas with 2,500 to 49,999 individuals to be classified as urban clusters, and any area with fewer than 2,500 individuals to be classified as rural (Cromartie, 2019; Cromartie & Bucholtz, 2018; Defining rural population | HRSA, 2022; Tsai, Ramaswamy, Bhatia, & Rosenheck, 2015).

In small-town America, individuals often live farther apart from their neighbors, and many reside on larger parcels of land or acres. Typically, rural areas have smaller populations and larger land masses, in contrast to metropolitan, suburban, or urban areas, which typically have denser populations in smaller land areas (Anderson, 2019). The majority of America is composed of rural land, accounting for 97% of the total area. According to the U.S. Census

Bureau in 2010, only 19% of United States residents lived in rural areas. (Tsai, Ramaswamy, Bhatia, & Rosenheck, 2015).

Sheltered Homeless Veteran

A veteran who does not have a permanent housing option and would be homeless if they did not use emergency or transitional housing may access VA homeless shelter services. In some cases, homeless veterans may also utilize public or private shelters or receive vouchers to stay in motels or hotels (U.S. Department of Veterans Affairs, 2010).

Shelters

Temporary housing is a type of accommodation where individuals or families can stay for a specific period, usually ranging from overnight to a few weeks (de Sousa et al., 2022). Shelters typically consist of emergency shelters, safe havens, transitional housing, or other forms of temporary, non-permanent housing (de Sousa et al., 2022).

Substance Use Disorder

When an individual devotes a significant amount of time to contemplating, pursuing, and consuming substances, consumes more than originally intended, is incapable or unwilling to cease substance use or abuse, grapples with intense cravings, and continues to abuse substances despite the detrimental effects on interpersonal relationships, employment, legal affairs, and the community (American Psychiatric Association, 2013).

Suburban

Areas with populations of 50,000 or more typically reside close, although they may not be located within the city limits (Anderson, 2019; Bucholtz, 2020). They are sometimes referred to as metropolitan areas (Bucholtz, 2020). Heavily populated areas are characterized by a lack of green space and residences that are often in very close proximity to one another.

Traumatic Brain Injury

An injury to the brain can occur after a mortar attack, shelling, bombing, explosion, or any other impact to the head. Impactors may result from any result condition that can occur after a mortar attack, shelling, bombing, blasting, or other disturbance to the head. Following the conflicts in Iraq and Afghanistan, numerous veterans struggle with TBIs (U.S. Department of Veterans Health Administration, 2022).

Types of Military Discharges

1. Honorable
2. General - Under Honorable Conditions
3. Uncharacterized
4. Undesirable or Other than Honorable Discharge
5. Bad Conduct
6. Dishonorable Discharge (Siedor, 2020).

Urban

According to the 2017 American Housing Survey, urban areas are defined as areas with a population of at least 50,000 individuals (Bucholtz, 2020). The National Crime Victimization Survey (NCVS) classifies urban areas as cities within metropolitan areas (Anderson, 2019).

VA Disability Compensation

Veterans who were injured while on active duty with a service-connected injury and who receive a service-connected disability rating of 10% or higher may be eligible to receive regular, tax-free monetary compensation. Disability compensation is sometimes referred to as the Veterans Benefits Administration (VBA) Compensation and Pension (C&P) program. Veterans who sustained injuries or diseases while on active duty and received a discharge from the

military other than a dishonorable discharge are typically eligible for this benefit, regardless of their employment status or potential income (Department of Veterans Affairs Office of Inspector General, 2012).

Veteran

A person who has served in any branch of the U.S. Armed Forces and has been discharged, regardless of the length of their service, is eligible. The only requirement is that they were not dishonorably discharged or discharged due to misconduct (Siedor, 2020). A person who has served on active duty, in the reserve, or the National Guard in a branch of the U.S. military and has been discharged under any condition other than a dishonorable discharge is considered a veteran (U.S. Department of Housing and Urban Development, 2014; M21-1, Part III, subpart ii, chapter 6 determining veteran status, 2016).

A veteran – whether active duty, retired, National Guard, or reserve – is someone who wrote a blank check payable to ‘The United States of America’ for an amount of up to and including my life. - Author Unknown.

Veterans Affairs Supportive Housing (VASH)

Veteran Affairs Supportive Housing Program (HUD-VASH) has partnered with HUD to help reduce veteran homelessness by providing vouchers to veterans struggling with homelessness and providing them with case management services in an effort to end chronic veteran homelessness (VASH – Veterans Affairs Supportive Housing, 2018). A different and new division of the Housing for Urban Development (HUD) especially to help veterans, single or families, unlike HUD which helps all Americans.

Working Poor

The Bureau of Labor Statistics (BLS) defines individuals who work at least 27 weeks per year but earn less than the official poverty level as the working poor (U.S. Bureau of Labor Statistics, 2016: BLS Reports: U.S. Bureau of Labor Statistics, 2016).

Summary

Homelessness is a long-existing, ongoing, and rapidly growing phenomenon. Despite the extensive research conducted over the last several decades, there are still gaps in our understanding of why a significant number of combat veterans become homeless in the United States (Brown, 2008; Carlson et al., 2013; Cubbage, 2020; Fargo et al., 2017; Hamilton et al., 2011; McNaughton, 2008; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021).

Despite the abundance of studies on homelessness, including those specifically focused on homeless veterans, there is still limited research that explains why homeless veterans tend to remain homeless for longer periods compared to other populations. Furthermore, there is even less research on the unique situation of homeless combat veterans (Dao, 2019; National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011). Furthermore, there are still gaps in understanding why some combat veterans become homeless while their fellow veterans remain housed. This qualitative phenomenological study aims to identify the variables that affect homeless veterans, increasing their risk of homelessness, returning to homelessness, or remaining homeless, in comparison to their counterparts who have maintained secure and stable housing as seen by those who provide services to homeless veterans. The goal of this study is to ensure that no person who has ever served our country will ever be homeless or without a safe place to lay their head at night.

For this population, a qualitative phenomenological study is the most appropriate. This design will help uncover the lived experiences of the workers and their perceptions of the

struggles that may contribute to veterans becoming homeless, while others remain housed (Horrigan-Kelly et al., 2016; Larsen & Adu, 2021). Further, to identify any details these workers have identified that differ between veterans who are homeless and veterans who remain housed. A qualitative phenomenological study is ideal when looking for participants' lived stories, the ordinary truths, the individuals they encounter, the meaning they discover, lived truths, and the phenomenological nature of veteran homelessness (Dibley et al., 2020; Horrigan-Kelly et al., 2016).

A phenomenological study can identify potential truths as seen through the eyes of the storyteller or the interviewee (Dibley et al., 2020). This is particularly relevant when looking to see what findings reveal from interviews with those who work first-hand with homeless veterans and to determine if like findings emerge and if these outcomes can be used in a meaningful way to limit if not end veteran homelessness, or at least to better understand why some veterans become homeless while others do not.

This study did not choose quantitative or mixed-method designs. It is not that these methods would not be suitable for this population, but rather that they would have led the research in a different direction. Neither quantitative nor mixed-method would have been optimal when looking to obtain the lived experiences of individuals who work with homeless veterans (Larsen & Adu, 2021). Qualitative research is ideal for this study as it aims to conduct face-to-face interviews with individuals who work first-hand with homeless veterans and to record their lived experiences through semi-structured interviews (Larsen & Adu, 2021).

By utilizing open-ended questions in the semi-structured interviews, this study aims to allow the participants to elaborate as much as they are comfortable doing and still allow prompts for more information and provide direction (Magilvy & Thomas, 2009; Moustakas, 1994). When

working with this vulnerable population, it is more ethical to use a non-experimental design. Therefore, the phenomenological design is ideal for this population and is likely to cause less harm than other models (Creswell, 2014).

Chapter Two: Literature Review

Overview

The purpose of this qualitative phenomenological research study is twofold. Initially, its intention was to investigate the effect of psychological resiliency on veterans' ability to sustain safe housing in rural America. Secondly, it aims to examine this phenomenon through the lenses of individuals who have direct experience working first-hand with unhoused veterans in Tennessee. By delving into the experiences and insights of those who work first-hand with homeless veterans, this study endeavors to gain a comprehensive understanding of the complicated dynamics between psychological resiliency and housing stability among veterans in rural America. Through qualitative phenomenological investigation, it aspires to expose nuanced viewpoints and lived experiences that can inform the development of effective interventions and assistance instruments tailored to the unique needs of this vulnerable population.

The purpose of this qualitative phenomenological research study is to determine if there is a relationship between the housing status of veterans and various factors, such as their deployment periods, MOS, disability rating, education level, history of incarceration, gender, age, history of homelessness, length of service, race, and living impacted by their psychological resilience in rural parts of America as identified by those who work first-hand with homeless veterans.

The literature review was conducted between March 1, 2022, and January 30, 2024, using Liberty University's Jerry Falwell Library online search engine, Google Scholar, ProQuest, PubMed, and APA PsycINFO. The following search terms were used: "homeless," "veterans," "homeless combat veterans," "combat," "TBI," "alcohol abuse," "substance abuse," "PTSD," "rural America," "legal issues," "unemployment" "psychological resilience," "psychological

strength.” The articles included in this collection were all published in English between 1989 and the present and have undergone peer review. Hundreds of articles were reviewed to ensure that the most relevant ones were included. This comprehensive review aimed to incorporate all information that either supported or challenged this dissertation. By doing so, it is possible to identify gaps in the current research and determine any existing limitations.

Based on the grouping of the above search terms, such as “U.S. homeless combat veterans,” “U.S. homeless combat veterans with TBI,” and “U.S. homeless combat veterans with children,” they yielded an extensive collection of literature to review. From the selected literature, several articles were found. Each article provided reference pages that offered additional resources for this study.

The context for this phenomenon is discussed in the first section of this chapter, which takes a psychological resilience perspective, as originally identified by Werner (Luthar, 2015; Masten & Powell, 2023). Psychological resilience is the ideal theoretical framework to use with this population because many veterans return to the civilian world and remain housed, while only a small percentage struggle with homelessness (Luthar, 2015). Psychological resilience looks at the individual and how they deal with and overcome trauma (Afek et al., 2021; Cameron et al., 2007; Collishaw et al., 2007; Davydov et al., 2010; de Terte & Stephens, 2014; Denckla et al., 2020; Fletcher & Sarkar, 2013; Hurley, 2022; Hurtubise et al., 2009; Kim-Cohen, 2007; Luthar, 2015; Moore, 2019; Nehring & Freeman, 2020; OptimistMinds, 2020; Park et al., 2021; White et al., 2023; Yi et al., 2020). Therefore, this theory is considered ideal for this population (Savenije et al., 2022).

Literature discussions and research studies were reviewed on homeless veterans, veterans dealing with PTSD, TBI, and other mental health challenges that modern-day, post-9/11 veterans

encounter. The implications of these difficulties, as well as discussing issues related to homelessness among veterans. The first subsection discusses the challenges that veterans may face when transitioning from military life to civilian life. The second subsection discusses the challenges that veterans may face when transitioning from military life to civilian life. The following subsection examines the impact of drugs and alcohol on homeless veterans, as well as the prevalence of self-medication as a coping mechanism for their mental health problems. The next subsection examines veteran homelessness and the challenges they face in rural America. It is followed by an exploration of the legal issues and challenges that homeless veterans face within the criminal justice system. This study aimed to identify the necessary research in this area, as well as the potential strengths and weaknesses that exist regarding previous studies on homeless veterans. The final subsection examines the gaps in the existing research. This chapter concludes with a summary of the literature and topics discussed throughout.

Countless researchers have contributed to understanding the plight of homeless veterans and the formidable challenges they face. Despite the breadth of studies, a significant portion of veterans remain embedded in daily struggles, lacking basic secure shelter. Regrettably, a definitive remedy continues to elude researchers, government agencies, and those who work directly with homeless veterans. Over the span of several decades, researchers have augmented our knowledge of the multifaceted issues faced by homeless veterans through their vital studies. Yet, the heart of the matter still remains unchanged. It is an unacceptable reality that veterans who have bravely sacrificed to serve our nation are left without stable, safe, secure housing. While light has been shed on the pressing issues surrounding veterans' homelessness, there is an urgent need for collaborative action aimed at confronting the underlying root causes and providing tangible support to those who have sacrificed for our country to eradicate veteran

homelessness. However, the fundamental issue persists: no individual who has served our country should be left without a safe and secure place to call home.

Narratology is the investigation of one's life through the story shared by the individual, groups, or cultures as they experience the aspects of their story, commonly known as narrative theory (Berning, 2010; Felluga, 2011; Herman, 2003, 2011; Neubauer et al., 2019). Todorov unearthed that most narratives shared by the storyteller typically flow in chronological order sharing the lived experiences of everything from the birth of a child, a child's summer break, to their first love story, through the end of their life, it is one's lived experiences as they perceive and share it with others (Felluga, 2011; Larsen & Adu, 2021; Smith, 2004). Utilizing the framework of narrative theory allows researchers that study how people examine their stories and see how they use them to cope with fundamental aspects of their experience, such as who was involved, what time period, the process, and any resulting changes. It investigates how chronicles generate and transmit meaning, the significance of the story, and perspectives that contribute to people's identities, as well as, how they are influenced by and reflect social and cultural contexts (Bal, 1997; Berning, 2010; Goodson, 2013; Herman, 2003).

Narrative theory is the study of storytelling about one's experiences, encounters, and life stories, as established by Tzvetan Todorov (Bal, 1997; Berning, 2010; Felluga, 2011; Herman, 2003). Additional theorists who also contributed to narrative theory are Vladimir Propp, Claude Levi-Strauss, and A.J. Greimas (Berning, 2010; Felluga, 2011; Herman, 2003, 2011).

Narratology examines how narrative and its structure influence human perception (Herman, 2003). Narrative theory can be utilized in a number of separate fields, for instance, literature, history, sociology, psychology, education, and policy studies, in order to investigate and

understand narratives shared by participants (Abbott, 2008; Bal, 1997; Felluga, 2011; Herman, 2011).

The intricacy of narratology stems from the varying terminologies used by different theorists to depict the same phenomena (Herman, 2003). Narratology is complex because different theorists use different terms to describe the same things (Herman, 2011). This is fundamentally due to its structuralist roots, which encourage categorization and taxonomy (Abbott, 2008; Felluga, 2011). Therefore, narratologists have developed a massive array of terminology to coherent the intricate characteristics of narrative form in an effort to understand human communication, judgment, and rationality (Herman, 2003, 2011).

Theoretical Framework

The theoretical framework, often referred to as the foundation of the study, provides the blueprint by which a researcher will investigate a topic, thus a researcher must select a theory in line with the layout of their study as well as the research question one is looking to answer (Herman, 2003, 2011). Presenting the theoretical framework gives the reader a lens to comprehend the lived experiences of those who work first-hand with homeless veterans. The theoretical framework is an essential component of a qualitative phenomenological study, as it provides clear, logical, and consistent guidance for research (Larsen & Adu, 2021; Neubauer et al., 2019; Smith, 2004).

This study utilizes psychological resilience theory to delve into the multifaceted challenges faced by homeless veterans, as seen through the lens of those who work first-hand with them. Through the integration of this theoretical framework, the researcher aims to gain a comprehensive understanding of factors influencing veterans' struggles. The application of psychological resilience theory facilitates the interpretation and utilization of findings, allowing

the researcher to extract significant and meaningful conclusions (Afek et al., 2021; de Terte & Stephens, 2014; Denckla et al., 2020; Fletcher & Sarkar, 2013; Hurley, 2022; Moore, 2019; OptimistMinds, 2020; Park et al., 2021; Yi et al., 2020). Each of these sources provides comprehension into specific aspects of psychological resilience theory, elevating the scrutiny of the data obtained from individuals who work first-hand with homeless veterans. By producing these insights, the study aims to address the research question comprehensively. Understanding the relevance of utilizing this theoretical framework is crucial for interpreting and conceptualizing the acquired data (Herman, 2003, 2011).

Utilizing psychological resiliency theory as the theoretical framework for this study will allow the investigation of the compendium of perceptions, assumptions, and beliefs of the participants from their stories (Abbott, 2008; Goodson, 2013). There is no clear-cut definition as to what psychological resilience is, however, there is a general consensus that psychological resilience is the ability to overcome and move on following adverse situations including trauma for deployment (Davydov et al., 2010; Luthar, 2015; Mishra et al., 2022; Moore, 2019; Raemy, 2020; Qiu et al., 2023). The theoretical concept of psychological resilience was first conceived by multiple researchers in the 1960s and 1970s including Norman Garmezy, James Anthony, Michael Rutter, and Emmy Werner (Luthar, 2015). Garmezy, Masten, and Tellegen worked together in the 80s along with Rutter on several different scholarly papers that looked at the effects of psychological resilience and protective factors that help people overcome significant issues they struggle with, witness, or trauma they have (Luthar, 2015). By the 1990s modifications were made to psychological resilience as to the view that external concepts can impact a person in addition to self-concept, along with the concept that psychological resilience

is not a constant or fixed unchanging level (de Terte & Stephens, 2014; Kim-Cohen, 2007; Luthar, 2015).

Psychological resilience has been referred to as a defense mechanism that helps a person manage and overcome significant risks or trauma (Davydov et al., 2010; Hurley, 2022; Kim-Cohen, 2007; Luthar, 2015). Some individuals have the ability to overcome stressful events while others cannot (Cameron et al., 2007; de Terte & Stephens, 2014; Kim-Cohen, 2007).

When an individual has healthy psychological resilience they have the ability to adapt to stressful and traumatic events, while those who lack resilience will likely struggle with stress or trauma (Afek et al., 2021; de Terte & Stephens, 2014; Kim-Cohen, 2007; Luthar, 2015; White et al., 2023). Social support, self-esteem, strong coping skills, dynamic communication skills, beneficial inter-personal relationships, and healthy emotional regulation have been noted to help people have stronger more resilient personalities allowing them to overcome stressful or traumatic issues (Afek et al., 2021; Collishaw et al., 2007; Fletcher & Sarkar, 2013; Hurley, 2022).

When a person has developed healthy resilience they have the ability to reduce stressors, adapt to stress, and overcome stressful events that could put them at a higher risk of not overcoming the trauma they were involved in (Kim-Cohen, 2007; White et al., 2023). The earlier people develop psychological resilience the easier time they will have in overcoming their trauma (Hurley, 2022; Kim-Cohen, 2007; Luthar, 2015).

Narrative theory as the framework for this study will allow the examination of how the participants construct meaning and identity from their shared stories, as well as, how these stories shape and affect the social and cultural context of those working with homeless veterans (Abbott, 2008; Darby, 2001; Goodson, 2013; Herman, 2003, 2011).

The theoretical framework guiding this study will look to explore the experiences of individuals who work first-hand with homeless veterans. The theoretical framework will follow the information on the relevant literature on homeless veterans and the different types of experiences they have when working with this vulnerable population. Literature about homeless veteran studies was also presented, as well as the research gap that this study addressed.

The aim is to understand the lived experiences of individuals through their stories, using a qualitative phenomenological method and narrative theory (Bal, 1997; Goodson, 2013; Larsen & Adu, 2021; Neubauer et al., 2019; Smith, 2004). Narrative theory is the framework that looks to probe how narratives construct and express significance, meaning, and identity, as well as how they are influenced by social and cultural perspectives (Abbott, 2008; Darby, 2001; Herman, 2003, 2011). This framework will allow for the investigation of the phenomena through the lived experiences of participants and to interpret their experiences, perceptions, and knowledge (Larsen & Adu, 2021; Neubauer et al., 2019).

The goal of the qualitative phenomenological method and narrative theory is to gain an understanding and perception of the participants' narratives by investigating their stories by delving into their lived experiences (Larsen & Adu, 2021; Neubauer et al., 2019). To accomplish this, this qualitative phenomenological study utilizing the narrative theory and psychological resilience frameworks, endeavors to provide a unique perspective of the accounts provided by the participants (Bal, 1997). These theories provided guidance and direction for understanding the lived experiences of the participants to provide a more complete understanding of the homeless veteran phenomena (Neubauer et al., 2019).

When veterans were on active duty, they were part of a team. It is often emphasized in many organizations that you are not alone; you are one part of a larger unit, and you are always

expected to be accompanied by your "battle buddy." You are no longer seen as an individual but rather as part of a larger whole. Therefore, the systemic perspective, which considers more than just the individual, is ideal for this population (Savenije et al., 2022). Despite the fact that homeless combat veterans may live alone, they are not truly alone. They typically still have their family, their military family, their community, the VA, other military support programs, and, if they have faith, their church. These resources can provide a support system if individuals reach out, but unfortunately, many do not due to various reasons. Low psychological resilience could be one of the reasons contributing to veterans' homelessness and their inability to reach out for help and support (Hurley, 2022; Kim-Cohen, 2007; Luthar, 2015)

The theoretical framework is a prominent part of a dissertation process and can be overlooked or disregarded because it is oftentimes difficult to select the most effective theory for a dissertation (Larsen & Adu, 2021). Narrative theory provides a framework to help examine and analyze how narratives construct and convey significance, meaning, and identity, while also taking into account social and cultural perspectives (Abbott, 2008; Darby, 2001; Herman, 2003, 2011). When individuals experience a phenomenon, it impacts them and those around them. The theories served to explore how working with homeless veterans affects service providers and what connections they gleaned from working with this population.

With this approach, the phenomena can be investigated through the lens of each participant's unique perspective, allowing us to interpret their experiences, perceptions, and knowledge. A theoretical framework is a set of concepts and principles that guide research and help others to understand the phenomena being explored. It also echoes the researcher's merits, and values, and provides a clear and rational direction for how the research will generate new knowledge (Collins & Stockton, 2018). The problem under examination is supported by the

theoretical framework. This framework increases and improves the reliability of the study by making a connection to knowledge that currently exists and the information obtained when the researcher interviews the participants. The themes that are identified and emerge from the participants' perspectives and the language used will help determine and answer the research question (Creswell & Creswell, 2020). Utilizing a theoretical framework is an important portion of all research. These framework theories provide a strong foundation that grants the researcher the ability to interpret the results of their research study (Lederman & Lederman, 2015). To establish validity and reliability a theoretical framework often must be identified and followed (Lederman & Lederman, 2015). When researchers are looking to understand “the human experience,” qualitative phenomenological research is an ideal method to comprehend an individual’s perspective and feelings.

Related Literature

Homelessness is more than just an issue or problem in Atlanta, Chicago, Dallas/Ft. Worth, Detroit, Los Angeles, New York, Portland, San Francisco, Seattle, Washington D.C., or any other large metropolitan city in the United States. However, significant research has been conducted in major metropolitan areas throughout the United States. It should be noted that individuals from all walks of life, regardless of their socioeconomic status, education level, gender, race, religion, or education can struggle with displacement and insecure housing (Acre, 2019; Dao, 2019; Harris et al., 2017; Henry & Sermons, 2010; Jang et al., 2021; Johnson, 2014; National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011; Tsai, J., Pietrzak, R. H., & Rosenheck, R. A., 2012; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021). Studies do indicate that those who are poor and have less education are at a higher risk of becoming homeless. However, they are not the only individuals who become displaced (Acre,

2019; Byrne et al., 2013; Dao, 2019; Harris et al., 2017; Henry & Sermons, 2010; Jang et al., 2021; Johnson, 2014; National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011; Tsai, J., Pietrzak, R. H., & Rosenheck, R. A., 2012; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021).

Homelessness in America is an epidemic and a public health concern (Sleet & Francescutti, 2021). It has become an ever-growing phenomenon that affects people from all social-economic backgrounds and touches all corners of society. However, none are as troubling as the homelessness experienced by veterans (Berenson, 2011; Justiniano Quiñones, 2022; National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011; Rosenheck et al., 1989; Schaffer, 2021; Stubbs et al., 2020). As America has nearly completed its withdrawal from Iraq and Afghanistan, there are hundreds of thousands of veterans returning to the United States, many of whom are reintegrating into civilian life (Hawryluk & Ridley Kerr, 2012). Many of these veterans return with unidentified and unaddressed issues, leaving them to silently struggle with hidden challenges.

Our government has pledged to end veteran homelessness, which has led to an increase in research on the causes of veteran homelessness (Hamilton et al., 2011; McNaughton, 2008; Rosenheck et al., 2020; Schaffer, 2012; Tsai, J., Pietrzak, R. H., & Szymkowiak, D.; 2021). Over the last three decades, many divisions of the U.S. government have been researching ways to end veterans' homelessness (Aharonovich et al., 2017; Brown, 2008; Carlson et al., 2013; Dinnen et al., 2014; Hamilton et al., 2011; Harris et al., 2017; Invisible wounds: Serving service members and veterans with PTSD and TBI, 2015; Johnson, 2014; Lutz, 2002; Macia, 2018; Metraux et al., 2017; National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011; Nichter et al., 2022; Schaffer, 2021, 2012; Tanielian et al., 2008; Tsai, J., Link, B., Rosenheck,

R. A., & Pietrzak, R. H., 2016; Tsai, J., Pietrzak, R. H., & Rosenheck, R. A., 2012; Tsai & Rosenheck, 2015; Whitfield, 2020).

It is estimated that only about 7% of the 325,000,000 people who make up the population of the United States have ever served in the armed forces (Cusack et al., 2022). Nevertheless, veterans account for a significant portion of the homeless population, as indicated by numerous studies. In fact, they make up a significantly larger proportion than the 7% who serve (Berenson, 2011; National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011). Veteran homelessness is a true epidemic in America, even though studies vary on the percentage of homeless veterans, they agree that the amount of unhoused veterans exceeds the number of individuals who serve in the Armed Forces (Acre, 2019; Aharonovich et al., 2017; Alfred, 2014; Berenson, 2011; Brignone et al., 2016; Burns, 2022; Carlson et al., 2013; Cubbage, 2020; Dao, 2019; Denkin, 2003; Dinnen et al., 2014; Harris et al., 2017; Hefner & Rosenheck, 2019; Henderson, 2021; Hines, 2009; Johnson, 2014; Kennedy, 2019; Lawrence, 2022; Macia, 2018; Metraux et al., 2017; Minor, 2022; Moschetto, 2018; National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011; Nichter et al., 2022; Prabucki et al., 1995; Rosenheck et al., 1989; Schaffer, 2012; Shannon, 2019; Sims, 2022; Tanielian et al., 2008; Taylor, K., 2020; Tran, 2022; Tsai, J., Link, B., Rosenheck, R. A., & Pietrzak, R. H., 2016; Tsai, J., Pietrzak, R. H., & Rosenheck, R. A., 2012; Tsai, J., Pietrzak, R. H., & Szymkowiak, D.; 2021; Tsai & Rosenheck, 2015; Tsai, J., Pietrzak, R. H., & Szymkowiak, D.; 2021; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021; Washington et al., 2010; Whitfield, 2020).

One might question why there is such a disparity in the number of unhoused veterans compared to the overall homeless population. Many researchers have posed this question, but no definitive answer has been identified in the reviewed literature (Brown, 2008; Dao, 2019; Tsai,

J., Link, B., Rosenheck, R. A., & Pietrzak, R. H., 2016; Tsai, J., Pietrzak, R. H., & Rosenheck, R. A., 2012; Tsai & Rosenheck, 2015; Tsai, J., Pietrzak, R. H., & Szymkowiak, D.; 2021).

Veterans are a relatively small portion of the American population. However, they are overrepresented within the homeless population. With these numbers in mind, unhoused veterans account for a significantly larger proportion of the homeless population than one might expect. A significant number of veterans are combat veterans (Berenson, 2011; Brown, 2008; Dao, 2019; Tsai, J., Link, B., Rosenheck, R. A., & Pietrzak, R. H., 2016; Tsai, J., Pietrzak, R. H., & Rosenheck, R. A., 2012; Tsai & Rosenheck, 2015; Tsai, J., Pietrzak, R. H., & Szymkowiak, D.; 2021; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021; Washington et al., 2010). Further, studies have shown that this trend also applies to female veterans, and it is anticipated that their representation within the homeless population will increase as more women enlist in the military in the coming decades (Montgomery & Byrne, 2014; Montgomery, Dichter, Thomasson, Roberts, & Byrne, 2015).

It is estimated that on a given night there are 30,000 unhoused veterans and roughly 10% of all veterans serve in combat, making an estimated number of = 0.1 proportion of veterans (Acre, 2019; Aharonovich et al., 2017; Alfred, 2014; Bennett, 2020; Carlson et al., 2013; Cabbage, 2020; Dao, 2019; Denkin, 2003; Department of Veterans Affairs Office of Inspector General, 2012; Lutz, 2002; Metraux et al., 2017; Minor, 2022; Moschetto, 2018; National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011; Tsai, J., Link, B., Rosenheck, R. A., & Pietrzak, R. H., 2016; Tsai, J., Pietrzak, R. H., & Rosenheck, R. A., 2012; Tsai & Rosenheck, 2015; Tsai, J., Pietrzak, R. H., & Szymkowiak, D.; 2021; Washington et al., 2010; The Soldiers Project, 2021; Whitfield, 2020).

Complications Transitioning to Civilian Life

Once service members have completed their contracted enlistment time, been medically separated, retired, or separated from the military for any other reason, they are discharged from the Armed Forces and must transition back into civilian life (Whitfield, 2020). Once these former military members return to civilian life and attempt to reintegrate into society, their visible and invisible wounds often become more evident and noticeable (Invisible wounds: Serving service members and veterans with PTSD and TBI, 2015; Lawrence, 2022; Metraux et al., 2013; Montgomery, 2018; Shannon, 2019; Tanielian et al., 2008; Whitfield, 2020). Change is extremely stressful for all people especially extreme changes and depending on one's resilience these changes can cause extreme difficulties which may explain why some veterans become homeless while others remain housed (Hurley, 2022). If an individual has strong social support, healthy self-esteem, robust coping skills, and vigorous emotional regulation they are more apt to overcome stressful or traumatic issues (Hurley, 2022; Kim-Cohen, 2007).

With the War on Terrorism, many service members served repeated tours in combat zones for extended periods, one after another. This has been hypothesized to have contributed to the increase in service members returning with PTSD, TBI, MST, and other mental health challenges. These struggles often lead to self-medication, which can lead to AUD or SUD (Brenner et al., 2017; Burns, 2022; Metraux et al., 2013).

Mental health is still stigmatized, particularly within the military community (Berenson, 2011; Henderson, 2021; Tran, 2022; Whitfield, 2020). Many members of the Armed Forces suffer silently with their mental health conditions, both while on active duty and after leaving the military, without receiving therapy. While on active duty, many military members are discouraged from seeking mental health services due to concerns about losing their security clearance, the ability to carry their weapon, appearing weak to their chain of command, and

potentially jeopardizing their military career (Berenson, 2011; Henderson, 2021; Tran, 2022; Whitfield, 2020).

The effects of PTSD are not isolated to the individual diagnosed with PTSD. Instead, they also impact people in their lives, including those with whom they have personal relationships, those they work with, and other members of their community. PTSD can also lead to legal issues and ultimately contribute to homelessness (Acre, 2019; Alfred, 2014; Berenson, 2011; Burns, 2022; Denkin, 2003; Hamilton et al., 2011; Invisible Wounds: Serving service members and veterans with PTSD and TBI, 2015; McNaughton, 2008; Montgomery, 2018; Sims, 2022; Tsai & Rosenheck, 2015; Tsai, J., & Rosenheck R.A., 2016; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021; Twamley et al., 2019; Whitfield, 2020).

The National Survey of Homeless Veterans in 100,000 Homes Campaign Communities (2011) found that 27.3% of the surveyed homeless veterans struggled with mental health, physical health, and SUD disorders. Twamley et al. (2019) discovered in their research that nearly half of the unhoused veterans who participated in their study struggled with mental health issues, and 76% admitted to substance abuse.

When former military members leave the Armed Forces for any reason, researchers have found that a significant number struggle with the loss of support, loss of identity, and unaddressed mental health issues (Berenson, 2011; Brenner et al., 2017; Hines, 2009; Metraux et al., 2013; Whitfield, 2020). Many veterans leave the Armed Forces with unresolved demons, largely due to never receiving mental health treatment, and in an effort to manage their demons, they often turn to drugs or alcohol to quiet the noise and to overcome the overwhelming and crippling feelings associated with the rampant thoughts, without regard to the fact that the alcohol and drugs will likely exacerbate the issue rather than help ease them (Bennett, 2020;

Brenner et al., 2017; Brignone et al., 2016; Burns, 2022; Denkin, 2003; Hamilton et al., 2014; Hefner & Rosenheck, 2019; Hines, 2009; Johnson, 2014; Kennedy, 2019; Lawrence, 2022; Minor, 2022; Moschetto, 2018; Sims, 2022; Tsai, J., Pietrzak, R. H., & Rosenheck, R. A., 2012; Tsai, J., Link, B., Rosenheck, R. A., & Pietrzak, R. H., 2016; Tsai, J., Pietrzak, R. H., & Szymkowiak, D.; 2021; Tsai & Rosenheck, 2015; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021; Whitfield, 2020).

Despite extensive research on these conditions, there are still significant gaps in our understanding of the factors that contribute to why some combat veterans with PTSD become homeless, and how to effectively address combat veteran displacement in America (Berenson, 2011; Brenner et al., 2017; Macia, 2018; Tsai & Rosenheck, 2015; Tsai, J., Shen, J., Southwick, S. M., & Pietrzak, R. H., 2021; Whitfield, 2020). Since the war on terrorism began, more than 1.5 million United States military men and women have been deployed to Iraq and Afghanistan. These military members often serve multiple months and multiple tours, which has been found to be a significant burden on the military member, their spouses, and their families (Brown, 2008; Tsai, J., Link, B., Rosenheck, R. A., & Pietrzak, R. H., 2016; Tsai, J., Pietrzak, R. H., & Rosenheck, R. A., 2012; Tsai & Rosenheck, 2015; Tsai, J., Pietrzak, R. H., & Szymkowiak, D.; 2021; Tsai, J., Pietrzak, R. H., & Szymkowiak, D.; 2021; Whitfield, 2020). However, the demand for military personnel far exceeded the number of service members in our Armed Forces, making it impossible to sustain an influx of new troops. As a result, repeated redeployment became necessary.

Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD), as defined by the DSM-V, is a condition that can occur when an individual's life is at risk when they experience a life-altering event, or when they

witness an actual or perceived threat to life. However, it is important to note that not everyone who goes through these situations will develop PTSD (American Psychiatric Association, 2013). Combat veterans who were deployed to Iraq or Afghanistan may have witnessed horrific events that resulted in them developing PTSD or other mental health issues, leaving them to struggle with what is often referred to as "invisible wounds" (Brown, 2008; Gamache et al., 2000; Montgomery, 2018; Tanielian et al., 2008). When these veterans reintegrate back into the civilian world, many do not have visible signs of their injuries. Passersby cannot see their missing limbs or wheelchairs. They may appear to be able-bodied men and women, but outsiders are unaware that they are grappling with the demons of PTSD, traumatic brain injuries (TBI), or other invisible wounds (Montgomery, 2018; National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011; Tanielian et al., 2008; Twamley et al., 2019).

Since the September 11 attacks, the United States has deployed over 1.5 million military troops to Iraq, Afghanistan, and various other locations worldwide. Many of these young military members have served multiple tours in theater away from their families and friends, witnessing horrific things that most people cannot and would not even want to fathom. As a result, these men and women are left with images that often rattle around in their minds, haunting them for weeks or even years (Whitfield, 2020). Modern-day unhoused combat veterans, particularly those who served in Iraq or Afghanistan after 9/11, had higher rates of traumatic brain injuries (27%) compared to pre-9/11 veterans (19%) (National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011). Research data indicated that 67% of the homeless veterans from OEF, OIF, and OND suffered from PTSD (Twamley et al., 2019). No matter what the percentage is, there are a significant number of combat veterans who are homeless and

struggle with PTSD. PTSD has been identified as a contributing factor to homelessness (Berenson, 2011).

Traumatic Brain Injury (TBI)

In a research study conducted with 229 unhoused veterans, the researcher found that 83% of the participants had VA records indicating they had suffered from one or more traumatic brain injuries while on active duty (Acre, 2019; Barnes et al., 2015). Barnes et al. (2015) hypothesized that there could be a connection between veterans with TBIs and their likelihood of becoming homeless. Several studies have indicated that veterans dealing with a TBI may experience challenges that could potentially hinder their ability to secure and maintain employment and housing (Barnes et al., 2015; Berenson, 2011; Brenner et al., 2017; Twamley et al., 2019). In a research study conducted with unhoused veterans from OEF, OIF, and OND, it was found that approximately 20% of these veterans suffered from combat related TBI (Twamley et al., 2019).

Furthermore, when homeless veterans have one or more documented TBIs and then become unhoused, they are apt to experience additional TBIs while living on the streets. This is hypothesized to be a result of engaging in risky behaviors, such as alcohol and substance abuse (Brenner et al., 2017). Homeless individuals who are struggling with traumatic brain injuries (TBIs) are more vulnerable than other unhoused individuals who do not have TBI issues (Berenson, 2011; Brenner et al., 2017; Stubbs et al., 2020). It is further identified that when service members sustain a TBI, they are at increased risk due to the cognitive impairment caused by the TBI, as well as the psychiatric issues that may contribute to job-related problems, relationship difficulties, housing instability, and ultimately homelessness (Brenner et al., 2017). Brenner et al. (2017) also stated that veterans with a history of prior traumatic brain injury (TBI)

are at a higher risk of experiencing poorer mental and physical health. This increased risk often leads individuals to engage in alcohol and drug abuse.

Self-medication (drug and alcohol abuse)

Many individuals (veterans and non-veterans) who struggle with homelessness and mental health issues have also been identified to have co-occurring AUD or SUD (Acre, 2019; Bennett, 2020; Berenson, 2011; Brenner et al., 2017; Brignone et al., 2016; Brown, 2008; Cubbage, 2020; Denkin, 2003; Gamache et al., 2000; Hamilton et al., 2014; Hefner & Rosenheck, 2019; Henderson, 2021; Hines, 2009; Kennedy, 2019; Lawrence, 2022; Minor, 2022; Moschetto, 2018; National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011; Petrovich, 2009; Prabucki et al., 1995; Rosenheck et al., 1995; Taylor, K., 2020; Tran, 2022; Tsai, Pietrzak, & Rosenheck, 2012; Tsai, Shen, Southwick, & Pietrzak, 2021; Whitfield, 2020).

Co-occurring substance abuse and alcohol abuse issues often lead veterans to become unhoused and to engage in additional risky behaviors, which not only jeopardize their health but also increase the likelihood of their arrest and incarceration (Acre, 2019; Bennett, 2020; Berenson, 2011; Brenner et al., 2017; Justiniano Quiñones, 2022; National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011; Prabucki et al., 1995).

Substance abuse has been found in numerous studies to be one of the most significant co-occurring factors for homelessness among combat veterans and unhoused individuals in general (Acre, 2019; Brenner et al., 2017; Justiniano Quiñones, 2022; Metraux et al., 2013; Prabucki et al., 1995; Rosenheck et al., 1995; Twamley et al., 2019). Twamley et al. (2019) found that 38% of the homeless veteran participants from OEF, OIF, and OND were diagnosed with a substance use disorder (SUD).

Further research indicates that homeless combat veterans who have been diagnosed with a prior TBI report higher incidences of poorer physical and mental health compared to unhoused combat veterans without a prior TBI (Brenner et al., 2017). This population has also been identified as having higher rates of alcohol abuse, generalized anxiety disorder, major depressive disorder, post-traumatic stress disorder, substance use disorder, suicidal thoughts, suicide attempts, and TBI among other mental health issues (Berenson, 2011; Brenner et al., 2017; Rosenheck et al., 1995).

Many studies have identified that the vast majority of displaced individuals, particularly homeless veterans and homeless combat veterans, struggle with issues related to alcohol and substance abuse. Despite studies identifying the significant associations between AUD and SUD within the displaced population, there is limited research indicating whether AUD/SUD is the cause or effect of homelessness within the veteran community (Acre, 2019; Brenner et al., 2017; Metraux et al., 2013; Petrovich, 2009; Prabucki et al., 1995; Rosenheck et al., 1995; Taylor, L., 2015; Twamley et al., 2019). The National Survey of Homeless Veterans in 100,000 Homes Campaign Communities (2011) also found that the longer a veteran remained unhoused, the greater the risk of AUD and SUD.

Table 1. AUS/SUD

Social Circumstances	Veteran homelessness - 2 years or less	Veterans homeless - 2 years or more
Consume alcohol daily during the last 30 days	14.4%	26.6%
Any substance used within the past 30 days	57.8%	75.6%

(National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011).

Rural America

America has over six million veterans, and approximately one-third of these veterans reside in rural areas of our country (Jorden, 2018). Studies have found that many unhoused veterans report struggling to obtain services, particularly in rural areas within the United States (Cusack et al., 2022; Henry & Sermons, 2010; Jorden, 2018; Tsai, Link, Rosenheck, & Pietrzak, 2016; Tsai, Pietrzak, & Rosenheck, 2012; Tsai, Ramaswamy, Bhatia, & Rosenheck, 2015; Tsai, Shen, Southwick, & Pietrzak, 2021). Rural areas often face challenges such as lower incomes, limited resources, greater disparities, and more obstacles compared to those living in metropolitan areas (Jorden, 2018; Tsai, Ramaswamy, Bhatia, & Rosenheck, 2015; Tsai, Link, Rosenheck, & Pietrzak, 2016).

Many researchers have identified that these disparities are likely to be significant contributing factors to homelessness in rural areas. Along with the challenge of identifying and locating unhoused veterans in rural areas, researchers have hypothesized that these factors contribute to a lack of resources and services for homeless veterans in rural America (Tsai, Ramaswamy, Bhatia, & Rosenheck, 2015). Despite the government's pledge to provide better access to care for veterans, many veterans still report barriers to receiving care, many report barriers regarding support and transportation especially in rural communities throughout the United States (Acre, 2019; Bennett, 2020; Brignone et al., 2016; Brown, 2008; Cabbage, 2020; Cusack et al., 2022; Denkin, 2003; Jorden, 2018; Lawrence, 2022; Minor, 2022; Rosenheck et al., 2020; Schaffer, 2012, 2021; Taylor, K., 2020; Tran, 2022; Tsai, Pietrzak, & Rosenheck., 2012; Tsai, Ramaswamy, Bhatia, & Rosenheck, 2015; Tsai, Shen, Southwick, & Pietrzak, 2021).

Tsai et al. (2015) stated that there has been limited research conducted on homeless veterans in rural areas of America. Therefore, there is still much that we do not know about this unique population and their distinct struggles and challenges. Tsai et al. (2015) stated that there are approximately 5.3 million U.S. veterans residing in rural parts of the United States, out of the 22 million U.S. veterans reported by the VHA Office of Rural Health.

Criminal Justice Issues/Legal Issues

Criminal justice departments often fail to collect veteran status, thus a true account of the number of veterans involved in legal issues is hard to truly determine due to the lack of consistency within the different agencies (Brown, 2008; Hamilton et al., 2011; Hefner & Rosenheck, 2019; McNaughton, 2008; Tsai, Pietrzak, & Rosenheck, 2012; Tsai, Link, Rosenheck, & Pietrzak, 2016; Tsai & Rosenheck, 2015; Tsai, & Rosenheck, 2016; Tsai, Shen, Southwick, & Pietrzak, 2021). Many jails do not record or inquire about the military background or affiliation of individuals who are arrested. Brown (2008) reports that an executive informed him that the data would likely have political implications if it were recorded, which is probably why it is not being documented.

Obtaining accurate numbers of homeless veterans or unhoused individuals, in general, is an extremely difficult task due to their transient nature. This likely explains the discrepancies between the counts provided by the National Coalition of Homeless Veterans, the US Department of Veterans Affairs, and the variations in the number of homeless veterans on any given night in different states (Acre, 2019; Henderson, 2021; Schaffer, 2012; Tsai & Rosenheck, 2015). Several researchers state that accurately counting the unhoused population is a near-impossible task, primarily due to the fact that many homeless individuals choose not to stay in shelters and because of their transient lifestyle (Acre, 2019; Henderson, 2021; Schaffer, 2012,

2021; Tsai & Rosenheck, 2015). Legal issues have been identified as one of several contributing factors to events related to homelessness. However, no studies were found that establish a causal relationship between homelessness and legal issues. It is unclear whether homelessness leads to legal issues or whether legal issues contribute to homelessness.

Despite the unclear causation, it is evident that there is a relationship between homelessness and legal issues. Many unhoused veterans face legal issues, such as a prior record of imprisonment and outstanding child support payments, which increases their vulnerability to legal consequences (Schaffer, 2012, 2021; Tsai, & Rosenheck, 2016).

However, the National Survey of Homeless Veterans in 100,000 Homes Campaign Communities (2011) found that when veterans remained displaced for over two years, the likelihood of them experiencing legal issues, getting arrested, and spending time in jail or prison significantly increased compared to homeless veterans who were homeless for fewer than twenty-four months.

Table 2. Legal Issues

Social Circumstances	Veteran homelessness - less than 2 years	Veterans homeless - 2 years or more
Jail History	71.4%	84.5%
Prison History	29.8%	37.4%

(National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011).

Combat veterans struggling with PTSD or other mental health issues are at a higher risk of experiencing homelessness. Once individuals become displaced, studies conducted by the Department of Housing and Urban Development (Tsai, Pietrzak, & Rosenheck, 2012) indicate they are more likely to experience long-term homelessness compared to individuals who are not

homeless. Many studies have identified that veterans have a greater risk of becoming homeless if they are unemployed, in poor health, disabled, have PTSD, or have suffered from MST (Alfred, 2014; Berenson, 2011; Brignone et al., 2016; Castro et al., 2014; Hamilton et al., 2011; Schaffer, 2012; Washington et al., 2010; Whitfield, 2020). Further contributing issues have been found that when combat veterans struggle with poor health conditions, mental health issues, unemployment, PTSD, TBI, and other challenges, and are at an even greater risk of becoming unhoused than combat veterans who do not face these issues (Berenson, 2011).

Some studies have shown that identifying displaced veterans can be challenging, as they often avoid seeking help and are non-compliant with treatment and treatment plans. Additionally, they often struggle with alcohol and substance abuse. These factors continue to contribute to their ongoing homelessness (Schaffer, 2012; Tsai, Pietrzak, & Rosenheck, 2012; Tsai, Link, Rosenheck, & Pietrzak, 2016; Tsai, Rosenheck et al., 2015; Tsai, Shen, Southwick, & Pietrzak, 2021).

Unemployment

Studies indicate that many homeless veterans are unemployed; however, not all unhoused veterans are without employment (Acre, 2019). Homeless veterans who are employed often do not earn enough income to sustain a household. This is partly due to their inability to earn a livable wage, being underemployed, facing socioeconomic challenges, and lacking access to affordable housing (Schaffer, 2012).

Several other studies indicated that mental health issues have been found to be contributing factors to some veterans struggling to find and keep employment, which has been identified as a contributing factor to them becoming unhoused (Acre, 2019; Bennett, 2020; Brenner et al., 2017; Jang et al., 2021; Stubbs et al. 2020; Tanielian et al., 2008; Tsai, Link,

Rosenheck, & Pietrzak, 2016; Tsai, Pietrzak, & Rosenheck, 2012; Tsai & Rosenheck, 2015; Twamley et al., 2019). The study conducted by Berenson (2011) found that unemployment contributed to veterans who were already struggling with mental health issues becoming homeless and perpetuating their homelessness.

Homelessness and Children

When people think of homelessness and those who are homeless, they often have a stereotype in mind: an adult who is lazy, unwilling to work, or struggling with drug addiction. Typically, people do not consider the possibility of families, or a parent and child being displaced. However, the number of families without shelter is increasing (Tsai, Rosenheck, et al., 2015). In the study conducted by Tsai, Rosenheck, et al. (2015), it was found that a higher percentage of female homeless veterans (30%) had custody of one or more children compared to male homeless veterans (8%). However, despite these figures, there is still a significant number of unhoused veterans who are also responsible for their children.

The research study conducted by Ijadi-Maghsoodi et al. (2020) revealed that only 9% of male homeless veterans had custody of their children, whereas a significantly higher percentage of female homeless veterans (30%) were custodial parents. Research indicates that a higher percentage of veterans who are at risk of becoming displaced have dependent children under their care. Specifically, a study conducted by Tsai, Rosenheck, et al. (2015) reported that 18% of males and 45% of females were found to have certain characteristics. Although these numbers may seem relatively low, no veteran should ever be homeless, and neither should their children. Studies like this one show that there are many children in the custody of homeless veterans, which shows that America is not providing enough support for our men and women who have stepped up to serve in our all-volunteer Armed Forces and are ending up unhoused after

processing out of active duty (Byrne et al., 2013; Ijadi-Maghsoodi et al., 2020; Justiniano Quiñones, 2022; Montgomery & Byrne, 2014; Montgomery, Dichter, Thomasson, Fu, & Roberts, 2015; Montgomery, Dichter, Thomasson, Roberts, & Byrne, 2015). Ijadi-Maghsoodi et al. (2020) hypothesize that the current approach of relocating displaced veteran families from the streets is not proving to be more successful or effective. This is primarily due to the absence of social support once they are reintegrated into their local community.

Further research indicates that 11% of these veterans struggle with mental health issues (Tsai, Rosenheck, et al., 2015). As the number of homeless veterans increases, it is logical to expect that more children under their care will also become unhoused. Multiple studies show that as the homeless population has grown, researchers are identifying more children among the homeless population (Buckner, 2008).

Historical findings have documented that low-income households and homeless families face a higher proportion of challenges and crises. Homeless children are at a significantly higher risk compared to low-income children with housing (Buckner, 2008; Buckner & Bassuk, 1997; Byrne et al., 2013; Montgomery, Dichter, Thomasson, Fu, & Roberts, 2015; Montgomery, Dichter, Thomasson, Roberts, & Byrne, 2015). Studies indicate that unhoused families require more than just safe housing, mental health services, and employment; they also need social support (Buckner & Bassuk, 1997; Ijadi-Maghsoodi et al., 2020; Montgomery & Byrne, 2014; Montgomery, Dichter, Thomasson, Fu, & Roberts, 2015; Montgomery, Dichter, Thomasson, Roberts, & Byrne, 2015; Tsai, Rosenheck, et al., 2015).

Additional research needed

Psychological resilience theory defines resiliency as the ability to overcome trauma and struggles that individuals who lack psychological resiliency will falter and fail to move past the

crisis (Mishra et al., 2022; Moore, 2019; Raemy, 2020; Qiu et al., 2023). Typically, individuals who display strong psychological resilience have healthy self-esteem, have developed coping skills to deal with stressors and trauma, typically have developed support networks to whom they can turn when facing a struggle, and know how to find resources to overcome these adversities (Raemy, 2020; Qiu et al., 2023). Whereas those who do not possess these abilities are apt to struggle more and have issues within their relationships, their employment, and with others thus resulting in additional stressors (Moore, 2019). When individuals have healthy relationships, social support, access to needed medical, safe secure housing, and employment they are less likely to falter during a crisis (Mishra et al., 2022).

Homeless veterans represent a unique and vulnerable section of our population and as such interviewing them could retraumatize or further traumatize them. Given the inherent risks associated with interviewing this unique and vulnerable population which typically has already suffered so much trauma and adversity along with social economic disparage interviewing those who work first-hand would protect these veterans rather than traumatize them. By interviewing individuals who worked directly with unhoused veterans one can glean the struggles and the lived experiences the needs and the challenges that are faced by these veterans who sacrifice so much for our freedom. Frontline workers have unique multifaceted perspectives and knowledge that their lived experiences can provide not only regarding their experiences, observations, and interactions about the social and psychological factors that have contributed to these veterans becoming displaced.

Research gaps indicate the need for studies that evaluate the differences in PTSD treatment both during the military member's active duty and throughout the entire process of military separation. Further, additional research could be valuable when examining combat

veterans with PTSD and the support systems implemented before they transition from active duty to civilian life. This research could also focus on managing symptoms of post-traumatic stress disorder (PTSD) to ensure that veterans receive the necessary support, thereby reducing the likelihood of homelessness among them.

Since its establishment, the United States has been involved in warfare. However, until the last few decades, little thought has been given to the soldiers who serve in these wars (Lutz, 2002). Over the past three decades, researchers have examined the outcomes of deploying U.S. troops to foreign countries in order to protect the rights of both our citizens and people worldwide (Brown, 2008; Tsai, Pietrzak, & Rosenheck, 2012; Tsai & Rosenheck, 2015). However, the more soldiers who go off to war and suffer from trauma and return broken, the greater the number of combat veterans who are suffering, fail to reintegrate into their civilian lives, and potentially end up homeless on the streets (Brown, 2008; Denkin, 2003; Sims, 2022; Taylor, L., 2015; Thomas, 2022; Tsai, Pietrzak, & Rosenheck, 2012; Tsai, Link, Rosenheck, & Pietrzak, 2016; Tsai & Rosenheck, 2015).

Unfortunately, America is failing to provide the necessary support that these combat veterans need. Many of these volunteer military members are transitioning out of the military and are often left in a state of disarray. Our system is failing them. These combat veterans come home grappling with PTSD and other mental health issues, alcohol and substance use disorder, and the Department of Veterans Affairs (VA) is ill-equipped to provide the necessary resources and services they require. As a result, these combat veterans are often forced to wait for months for a screening appointment, followed by additional months before they can receive the mental health services they desperately need. Many veterans come home and are either underemployed, undertrained or, due to mental health issues, unemployable, all of which contribute to the risk of

becoming unhoused (Acre, 2019; Bennett, 2020; Brown, 2008; Castro et al., 2014; Cabbage, 2020; Dinnen et al., 2014; Harris et al., 2017; Metraux et al., 2017; Minor, 2022; Tsai & Rosenheck, 2015; Whitfield, 2020).

Post-traumatic stress disorder (PTSD) has become a widely recognized and well-known mental health diagnosis over the past few decades (Brown, 2008; Tsai & Rosenheck, 2015). While the term "veteran" has commonly been understood to refer to a person who has served in the military for a certain period of time and has been honorably discharged or retired, it is important to note that a veteran can be a soldier, sailor, marine, or airman who has served in one of the specific branches of the U.S. military.

U.S. combat veterans with PTSD are at a higher risk of homelessness compared to other populations. This is largely due to the mental health issues they experience upon returning to the United States (Alfred, 2014; Brown, 2008; Denkin, 2003; Dinnen et al., 2014; Metraux et al., 2017; Tsai & Rosenheck, 2015). When U.S. veterans return from combat and struggle with mental health issues (PTSD, depression, or any other), substance abuse issues, alcohol abuse, military sexual trauma, TBI, or any other issues that make them less desirable than someone who has not suffered the trauma they are placed at a higher risk than the normal citizen, further many of these veterans come from marginalized backgrounds, which bring strain to their life already, combine these factors and one can see the slippery slope that could contribute to a combat veteran becoming displaced (Acre, 2019; Alfred, 2014; Brenner et al., 2017; Brown, 2008; Carlson et al., 2013; Dinnen et al., 2014; Harris et al., 2017; Metraux et al., 2017; Nichter et al., 2022; Tsai, Link, Rosenheck, & Pietrzak, 2016; Tsai, Pietrzak, & Rosenheck, 2012; Tsai & Rosenheck, 2015).

Covid-19 has had a profound impact on the world as a whole but discussing that is beyond the scope of this topic. Covid-19 is mentioned because the pandemic has significantly contributed to the increase in homelessness throughout the United States. It is difficult to drive down any metropolitan street, turn on nearly any news channel, or browse through computer feeds without seeing the homeless or the consequences of homelessness, despite the government's efforts to end it (Acre, 2019; Alfred, 2014; Carlson et al., 2013; Evans et al., 2019; Jang et al., 2021; Washington et al., 2010). Studies show that combat veterans with PTSD and other mental health issues who end up unhoused have less family and social support and resilience than other veterans. This lack of support is likely one of the many contributing factors to why individuals become homeless (Brown, 2008; Carlson et al., 2013; Dinnen et al., 2014; Harris et al., 2017; Macia, 2018; Metraux et al., 2017; Nichter et al., 2022; Tsai, Link, Rosenheck, & Pietrzak, 2016; Whitfield, 2020).

There is a wealth of information available on veterans experiencing homelessness. However, there is a gap in current research, particularly in rural areas where resources are limited, and public transportation is often non-existent. This lack of infrastructure can make it extremely challenging for homeless combat veterans to access care, support, or services (Cusack et al., 2022).

There is a significant gap in geological studies conducted in rural areas of America. The majority of studies on veteran homelessness have been conducted in large metropolitan areas, such as Atlanta, Chicago, Los Angeles, New York, Seattle, and Washington, D.C. These areas have larger populations of homeless people and homeless veterans, primarily due to higher population densities in metropolitan areas compared to rural areas (Acre, 2019; Alfred, 2014; Castro et al., 2014; Cusack et al., 2022; Dao, 2019; Henry & Sermons, 2010; Jang et al., 2021).

In the 2019 study conducted by Charles Schwab, it was found that 59% of those polled were one paycheck away from being displaced (Griffith, 2021). With the economic downturn and the current struggles in America, many people are struggling to avoid homelessness.

This author did not find any studies where unhoused veterans or unhoused combat veterans were randomly assigned. One might hypothesize that this is due, in part, to ethical concerns related to the utilization of this type of study. Any such study would not be recommended by this author, although many of the self-reported studies still encounter challenges regarding reliability and validity (Aharonovich et al., 2017). Despite this, there are gaps in the current research regarding programs designed to include homeless veterans who are struggling with PTSD or other mental health issues. There is also a lack of studies aimed at discovering what these women and men need in order for America to heal and for them to reintegrate as productive members of society once again.

There have been numerous previous studies that have examined the factors contributing to veterans becoming displaced. However, there are still significant gaps in the research. No studies were found that looked at the lived experiences of individuals who provide services for homeless veterans regarding their experiences and reflections on why some veterans become homeless (Larsen, 2023; Larsen & Adu, 2021).

There are still no clear-cut answers as to why one combat veteran ends up homeless while another remains housed (Graham, 2017). The struggles veterans face are vast and diverse, making it impossible for any study to answer all the questions. Each military member's situation is unique. However, this author believes that we can enhance our understanding of and support for veterans. This author believes that we are not providing sufficient support to our military members. Individuals who provide services for unhoused veterans may perceive inequality when

providing care to homeless veterans which may provide a unique understanding of the struggles these women and men are facing. These men and women have made significant sacrifices for our country and our freedom. It is imperative that we do more to improve our efforts in supporting them and their families, as well as securing a better future.

Strengths and Weaknesses

One thing that is agreed upon through most research is that the longer a person is homeless, the more they struggle with medical and mental health challenges (Acre, 2019; Aharonovich et al., 2017; Alfred, 2014; Bennett, 2020; Brignone et al., 2016; Brown, 2008; Burns, 2022; Carlson et al., 2013; Cabbage, 2020; Dao, 2019; Denkin, 2003; Dinnen et al., 2014; Harris et al., 2017; Hefner & Rosenheck, 2019; Henderson, 2021; Hines, 2009; Johnson, 2014; Kennedy, 2019; Lawrence, 2022; Lutz, 2002; Macia, 2018; Metraux et al., 2017; Minor, 2022; Moschetto, 2018; National Survey of Homeless Veterans in 100,000 Homes Campaign Communities, 2011; Nichter et al., 2022; Schaffer, 2012; Shannon, 2019; Sims, 2022; Tanielian et al., 2008; Taylor, K., 2020; Tran, 2022; Tsai, Link, Rosenheck, & Pietrzak, 2016; Tsai, Pietrzak, & Rosenheck, 2012; Tsai & Rosenheck, 2015; Tsai, Pietrzak, & Szymkowiak, 2021; Washington et al., 2010; Whitfield, 2020).

Tsai and Rosenheck (2015) conducted an exceptional review of 31 previous studies that met the criteria of the proposed study. To be included in their review, they required that the study include U.S. veterans who were displaced or had previously experienced homelessness as a variable in the study's outcome. Thus, delving further into the studies reviewed by the aforementioned authors, as they are particularly aligned with and highly relevant to the proposed study for further information.

The strengths of Tsai and Rosenheck's (2015) study are significant. They substantiate all hypotheses with well-documented findings. Further, Tsai and Rosenheck (2015) conducted a comprehensive analysis of the rigor of each study and discussed the presence or absence of validity. Some studies may have limitations because they were conducted online. These studies rely on screening participants based on demographics and collecting their opinions on homelessness and unhoused veterans, rather than conducting direct interviews with the veterans themselves (Tsai, Shen, Southwick, & Pietrzak, 2021).

In a study, Tsai partnered with Pietrzak and Rosenheck (2012). They utilized large-scale HUD-VASH program data from 2008 to 2011, which provided a wealth of information. This allowed the researchers to obtain information on over 44,000 displaced veterans. Their study had strengths, as it demonstrated that the overwhelming majority of these veterans had a service-connected disability for PTSD. However, typically, they had a low rating. A weakness of the study was the failure to note whether there were any other service-connected disabilities (Tsai, Shen, Southwick, & Pietrzak, 2021).

There were strengths and weaknesses among all of the studies included in this literature review, but they all deserved inclusion based on their respective merits. The most significant weakness identified in the following studies is the limited number of participants in these micro-studies: Acre, 2019 - 14 participants, Alfred, 2014 - 10 participants, Cubbage, 2020 - 8 participants, Hines, 2009 - 7 participants, Johnson, 2014 - 4 participants, Cusack et al., 2022 - 22 participants, Henderson, 2021 - 12 participants, & Tran, 2022 - 15 participants; whereas these small studies allow the possibility for generalization Kennedy, 2019 - 86 participants, Carlson et al., 2013 - 115 participants, Burns, 2022 - 146 participants, Lawrence, 2022 - 200 participants {90 vets & 110 non-vets}, Tsai, Pietrzak, & Rosenheck, 2012 - 581 participants, while the last

group consisted of large studies, which allow for great generalization within the homeless veteran population as a whole: Aharonovich et al., 2017 - 36,085 participants, Brignone et al., 2016 - 601,892 participants, Denkin, 2003 - 3,016 participants, Harris et al., 2017 - 1,356 participants, Hefner and Rosenheck, 2019 - 638,451 participants.

In the study conducted by Metraux et al. (2013), it was acknowledged that the participants included in the study were exclusively individuals who utilized VA homeless services. They went on to explain that they believe women veterans would utilize VA services more frequently. They also mentioned that even male homeless veterans would seek support once they become displaced. However, other research studies have indicated that this assumption is not always accurate. In many situations, numerous unhoused veterans do not utilize the services provided by the VA. This could be due to their lack of awareness of their eligibility for these services or their uncertainty about the assistance that the VA can provide. As a result, they do not reach out for help (Jang et al., 2021; Tanielian et al., 2008; Tsai, Link, Rosenheck, & Pietrzak, 2016; Tsai, Pietrzak, & Rosenheck, 2012; Tsai & Rosenheck, 2015).

Gaps in Research

There is a wealth of information on homeless veterans. However, there is a gap in current research, particularly in rural areas. In these areas, resources are limited, and public transportation is often unavailable, making it nearly impossible for unhoused veterans to access care, support, or services (Cusack et al., 2022). One can drive nearly anywhere, whether it be in a town, suburb, large metropolitan area, or rural area, and encounter homeless veterans standing on street corners, begging for a handout. They often hold up signs that read ‘disabled veteran – any help appreciated’.

Large metropolitan areas, such as Atlanta, Chicago, Los Angeles, New York, Seattle, Washington D.C., as well as other large cities in the United States, have a greater number of resources available for homeless individuals and families, including veterans, compared to rural areas (Acre, 2019; Cubbage, 2020; Cusack et al., 2022; Dao, 2019; Denkin, 2003; Harris et al., 2017; Henry & Sermons, 2010; Jang et al., 2021; Johnson, 2014; Tsai, Pietrzak, & Rosenheck, 2012). Many researchers note that resources in rural areas are more limited than those in metropolitan areas. Furthermore, they are often more difficult to access (Cubbage, 2020; Cusack et al., 2022; Jang et al., 2021; Tanielian et al., 2008; Tsai, Link, Rosenheck, & Pietrzak, 2016; Tsai, Pietrzak, & Rosenheck, 2012; Tsai & Rosenheck, 2015).

There is a significant research gap concerning unhoused veterans and homeless combat veterans in rural America. The majority of research has been conducted in major metropolitan areas, such as Atlanta, Chicago, Los Angeles, New York, Seattle, and Washington D.C., or other large cities in the United States (Acre, 2019; Castro et al., 2014; Dao, 2019; Denkin, 2003; Henry & Sermons, 2010; Jang et al., 2021; Tran, 2022; Tsai & Rosenheck, 2015). All one must do is walk into a VA hospital or clinic to hear someone comment on their struggle with the rising cost of everything and their efforts to avoid becoming homeless.

The current challenges facing Americans as a whole have an even greater impact on marginalized populations. When a person is already struggling, a crisis often becomes the breaking point (Tole et al., 2023). One only needs to turn on the television, look at their computer, drive through their town, or look at their phone to see someone who has fallen through the cracks, someone who is struggling, to see the overwhelming homelessness in America, there is a geological gap in the research, as well as a current up-to-date study, especially within the rural communities (Cubbage, 2020; Cusack et al., 2022; Tanielian et al., 2008; Tsai & Kelton,

2022; Tsai, Link, Rosenheck, & Pietrzak, 2016; Tsai, Pietrzak, & Rosenheck, 2012; Tsai, Ramaswamy, Bhatia, & Rosenheck, 2015; Tsai & Rosenheck, 2015).

After conducting an extensive literature search, only find a limited amount of research on homeless veterans in rural areas of the United States. Research studies comparing the needs of unhoused veterans in rural and urban areas were non-existent (Tsai, Ramaswamy, Bhatia, & Rosenheck, 2015). As with many studies that have examined the healthcare needs of homeless veterans and rural areas, both of which are crucial for this vulnerable population who have selflessly sacrificed for our country, it is evident that they have been largely neglected. Our country, for which they have selflessly sacrificed, has all but forgotten them. Further studies examining the impact of TBI and homeless veterans could provide valuable insights for professionals working with this population and inform policymakers (Stubbs et al., 2020).

Summary

This author did not find any studies in which unhoused veterans were randomly assigned. One might hypothesize that this is due, in part, to ethical concerns related to utilizing this type of study (Tanielian et al., 2008; Tsai, Link, Rosenheck, & Pietrzak, 2016; Tsai, Pietrzak, & Rosenheck, 2012; Tsai & Rosenheck, 2015; Tsai & Kelton, 2022). The vast majority of large-scale studies utilized Veteran Administration National data or similar datasets, while the cited dissertations utilized actual participants (Aharonovich et al., 2017; Brown, 2008; Carlson et al., 2013; Dinnen et al., 2014; Harris et al., 2017; Invisible wounds: Serving service members and veterans with PTSD and TBI, 2015; Johnson, 2014; Lutz, 2002; Macia, 2018; Metraux et al., 2017; Nichter et al., 2022; Schaffer, 2012; Tanielian et al., 2008; Tsai, Link, Rosenheck, & Pietrzak, 2016; Tsai, Pietrzak, & Rosenheck, 2012; Tsai & Kelton, 2022, Tsai & Rosenheck, 2015).

This author did not find any studies where homeless combat veterans were randomly assigned in any of the studies. This hypothesizes that ethical concerns are related to utilizing such types of study. This author would not advise any such study, though many self-reported studies still struggle with reliability and validity (Aharonovich et al., 2017). Despite this, there are gaps in the current research regarding programs designed to include displaced veterans who are struggling with PTSD or other mental health issues. There is also a lack of studies aimed at discovering what these women and men need in order for America to heal and for them to reintegrate as productive members of society once again.

Chapter Three: Methodology

Overview

The research methodology endeavors to conduct a critical analysis of the collected data and reflect on the observations made. Research methodology is designed to engage in a rigorous exam of the data and reflect upon the observed phenomena. Furthermore, it is essential to acknowledge aspects that have not been observed or remain unexplored in this study (Bertolini, 2020). The objective of this section is to examine the research method that will be used in this qualitative phenomenological study and to determine how the data will be broken down and utilized (Salkind, 2012). The hope is that the collected data will enable a comprehensive analysis of the lived experiences of service providers that offers a unique perspective on the issue of homelessness among veterans in Tennessee (Larsen & Adu, 2021). This information can be generalized to other rural populations of homeless veterans, providing insight into the reasons behind their struggle with homelessness (Bertolini, 2020). Utilizing qualitative phenomenological research will provide indicators based on the factors and details identified from the semi-structured interviews with the service providers and people who interact first-hand with displaced veterans. This information can be used to draw inferences about how combat affects military members and why some veterans become unhoused while others remain housed (Norton, 2018).

Design

Phenomenological research is known as both a theory and a method in its own right; here, however, in this study, it is being used as the method as it is most appropriate when looking to hear the who, how, and why of a lived experience (Goulding, 2005; Larsen, 2023; Larsen & Adu, 2021). When working with vulnerable populations such as homeless veterans, many

researchers run into issues getting homeless veterans to be willing or able to participate due largely to mental health issues and other contributing struggles this population deals with, as seen in a number of dissertations (Russo, 2023).

By working with and interviewing individuals who work with homeless veterans, they are individuals who are not vulnerable like the veterans they are working with yet have first-hand knowledge of their experiences regarding the homeless veteran phenomenon (Tomaszewski et al., 2020). By interviewing the service providers, the aim is to obtain a first-hand account of the lived experiences and perceptions of those who work with these women and men who are willing to sacrifice so much for our freedom and have ended up homeless (Demuth & Mey, 2015; Larsen & Adu, 2021; Tomaszewski et al., 2020; Van Manen, 2014).

Utilizing a hermeneutic phenomenological method for this qualitative study allows the lived experiences of the researcher and the participants to be combined to develop meaningful data in the outcome of this study (Goulding, 2005; Larsen & Adu, 2021). This phenomenological study will identify observable factors from the interviews with service providers who work first-hand with homeless veterans who share the passion and concern of the researcher for these veterans and the desire to end veteran homelessness (Larsen, 2023).

These observable factors will produce descriptive data that can be grouped under broad classifications in an attempt to identify commonly found traits observed by participants (Goulding, 2005). Phenomenological research is ideal when a researcher is looking to record participants' lived experiences (Demuth & Mey, 2015; Goulding, 2005; Larsen, 2023; Larsen & Adu, 2021; Tomaszewski et al., 2020). The essence of phenomenological research is in line with the basic fundamental elements this study is looking to identify, making it the ideal method to

use with this population to obtain their lived experiences, thoughts, feelings, and perceptions (Larsen, 2023; Larsen & Adu, 2021).

This study proposes to conduct a qualitative phenomenological study to examine the impact of observable variables as seen by service providers who work first-hand with homeless veterans to identify traits that may contribute to these men and women becoming unhoused while other veterans remain housed. As phenomenological methodology views it, the participants themselves can be the only individuals to share their factual interpretations and experiences, and thus they provide the only authentic data source (Goulding, 2005).

A quantitative research study, unlike qualitative research, utilizes numerical data, which would not work when a researcher is looking to obtain lived experiences (Goulding, 2005; Larsen, 2023; Larsen & Adu, 2021). Lived experiences will provide more observable variables, which would be very difficult to produce numerical data from; thus, qualitative research for this specific population is in line with the data outcome the research is looking to obtain (Goulding, 2005; Larsen, 2023; Larsen & Adu, 2021).

Researchers have been seeking to gain insight into the unique perspective of homeless veterans who are experiencing PTSD and their emotions, rather than solely focusing on quantitative data such as the number of veterans, the duration of their homelessness, or any other numerical information (Cypress, 2018). Utilizing a qualitative research study is ideal when working with this population because it will enable service providers who work first-hand with homeless veterans to share their lived experiences (Larsen & Adu, 2021). Further, through interviewing individuals who work first-hand with unhoused veterans, this vulnerable population will not be at risk of being further traumatized or re-victimized like they could be possible if the homeless veterans themselves were the participants (Roulston, 2010).

This research aims to uncover details that can be used to help stop veteran homelessness, as those who step up to protect our country when it is in need should not be unprotected when they are in need. This may help government officials make changes to reduce, and perhaps one day eliminate, veteran homelessness (Cypress, 2018; Giorgi, 1997; Tomaszewski et al., 2020). As explained by Tomaszewski et al. (2020), utilizing qualitative research with a vulnerable group has its advantages because it "is inherently subjective and sensitive to the biases of both researchers and participants." I acknowledge my biases and find this model perfectly aligned with me, as there is no way I could ethically say I could separate my biases from my research. I have very strong feelings about all military people, both good and bad, I am forever indebted to those who willingly served our country and who have sacrificed so much for us, they have given things many cannot even phantom, it is not just the time away from their families that they will never get back, missing the birth of their children, the death of their loved ones, but also the traumas they experience and witness, the damage physically, and mentally they experience, along with the hundreds of other countless things that non-military people will just never understand, and they do all this for so much less money than most others make who never have to endure 1/8th of the things these women and men and their families endure, including potentially their lives.

Research Question

The qualitative research study looks to identify the experiences and reflections of the service providers who work first-hand with homeless veterans. It is the intention to obtain the experiences as shared through semi-structured interviews with open-ended questions, prompting the participants to delve into their lived stories with unhoused veterans to explore and examine the phenomenon of this new influx of displaced veterans, joining the already skewed number of

unhoused veterans in America. Utilizing open-ended questions in semi-structured interviews will allow participants to share their lived experiences to help answer the research question (Larsen & Adu, 2021; Magilvy & Thomas, 2009; Moustakas, 1994; Van Manen, 2014).

RQ1: What are the lived experiences of people who work with homeless veterans in TN that explain why some veterans end up unhoused?

Setting Tennessee

The proposed location for this study is Tennessee, more specifically rural Tennessee. Participants will be asked to meet in person face-to-face or, when this is not possible, online via virtual platforms. Homelessness is an issue throughout the United States but is specifically felt in rural areas such as rural Tennessee, where there are fewer services, less money, and oftentimes, just less (Acre, 2019; Byrne et al., 2013; Dao, 2019; Harris et al., 2017; Henry & Sermons, 2010; Jang et al., 2021; Johnson, 2014; Tsai, Pietrzak, & Szymkowiak, 2021).

Participants

The target population for this research study includes individuals who work first-hand with unhoused veterans, including paid and unpaid positions. On any given night, there are over 30,000 homeless veterans in the United States (Department of Veterans Affairs Office of Inspector General, 2012). Ideally, the participants will include participants with varied demographic make-up (age, ethnicity, gender, veteran status, etc.) to reduce potential participant bias utilizing purposeful sampling (Larsen, 2023; Suri, 2011).

Despite the fact that researchers have a vast number of attributes to consider when determining their ideal sampling population, one should consider that as a researcher attempts to be as purposeful in his selection, one will never consider every aspect that should be included or excluded; thus, changes may need to be revised during the selection process to ensure

participants are as close to ideal as possible (Byrne, 2001; Coyne, 1997; Horrigan-Kelly et al., 2016; Palinkas et al., 2015; Suri, 2011). Purposeful sampling is ideal and called for when working to obtain comprehensive, detailed information for this study (Byrne, 2001; Coyne, 1997; Horrigan-Kelly et al., 2016; Palinkas et al., 2015; Suri, 2011). All identifying information of the participants, veterans discussed, and agencies will be referred to using pseudonyms to ensure privacy and coded to protect identities. Names and other identifying demographic information will be requested as part of this study, but participant or agency identities will not be disclosed in the study - pseudonyms will be used for confidentiality.

Procedures

A completed IRB form will be submitted to Liberty University for approval of this study, and the IRB's approval letter will be attached (Appendix H). Once IRB approval for the proposed dissertation has been received, various forms of electronic solicitation will be utilized to disseminate information. Additionally, local organizations that work with displaced veterans, homeless outreach centers, homeless shelters, and other organizations known for assisting homeless veterans and community group leaders who specialize in working with unhoused veterans will be contacted to identify and recruit potential qualified participants (Appendix D: Participant Recruitment Letter).

This study aims to gather a pool of participants in order to obtain an accurate representation of those who work first-hand with homeless veterans (Moore, 2019). Participant recruitment strategies will begin by identifying all local agencies, organizations, and individuals who work with homeless veterans. Once the local agencies, organizations, and individuals are identified an initial contact will be made to explain and discuss my dissertation study which may include emails, phone calls, and in-person visits. The intention of these contacts will be to allow

the explanation of my study and to emphasize the commitment to establish a collaborative partnership with these agencies, organizations, and individuals. During this pre-recruitment time, the researcher will work towards reassuring the agencies, organizations, and individuals of the intent to adhere to ethical guidelines that all participation is voluntary, and that participants' autonomy will be maintained. Through the connections established at each agency, organization, and individuals along with social media recruiting potential participants will be identified.

Once potential participants are identified, they will be contacted to arrange times that are convenient for face-to-face (or virtual) interviews that will be recorded (Groenewald, 2004). Face-to-face interviews are preferable over virtual platform interviews, as they allow not only others to pick up on nonverbal communication (e.g., voice tone, body language, micro-expressions, etc.) and establish a better relationship between the interviewer and the interviewee (Burton, 2018; Groenewald, 2004; Manusov & Patterson, 2006). Potential participants will also read and initial the informed consent form (Appendix E) before any information or interviews are conducted. The consent form informs the participants that their participation in this study is voluntary and that they have the right to decline without facing any negative consequences. It also informs them that participants will not receive any direct compensation for their participation. They are also assured that their names will not be disclosed, and no personally identifiable information will be included in the study.

If a participant refuses to consent to participate in the study, they will be thanked for their time. If the service provider consents to participate, they will be given a screening and demographic form. Participants will be asked to complete a screening survey (Appendix A: Screening Survey) before starting the interview (Appendix B: Interview Form). This is to ensure that they meet the inclusion criteria.

This study will reach out to service providers at local agencies, organizations, individuals, and people through social media who work in paid and unpaid positions with unhoused veterans to obtain their lived experiences employing probability sampling (Larsen & Adu, 2021). Utilizing this method will provide the best opportunity to generalize the findings in this study (Stratton, 2023). Non-probability sampling, self-selecting sampling, and snowball sampling will not be utilized with this population as there are limitations with each of these forms of sampling that make them less desirable (Berndt, 2020, Chenane & Hammond, 2021; Daniel, 2012; Morra & Rist, 2009; Purna singh et al., 2023; Rao, 2020; Stratton, 2021, 2023). The primary limitation with non-probability sampling and this population is the ability to generalize the findings to the broader population. Additionally, there is a higher risk of research bias (Stratton, 2021). Self-identification can lead to selection bias (Berndt, 2020). Utilizing a nonexperimental study that employs a survey to gather data on homeless combat veterans (Morra & Rist, 2009).

The Researcher's Role

During the last 30 years, my professional voyage has entwined the roles of researcher and therapist, cumulating in an all-embracing engagement with military members, their families, and veterans alike. My immersion and engagement with military communities have extended across various duty stations throughout the United States, enabling me to cultivate a profound intimate understanding of the multifaceted challenges and adversities faced by military personnel, their families, and veterans.

I have been able to refine my skills through clinical practice and academic research through direct engagement with military communities over the last three decades. Through my work with military communities, I have been uniquely positioned to recognize and address

intricacies that often lie outside conventional understanding by non-military therapists and scholars. The vigorous relationship between the challenges of military life and the strength of family relationships, and the psychological impact of combat occurrences has emerged as a central focal point of my research and therapeutic interventions.

By leveraging this wealth of experiential knowledge, I have endeavored to illuminate the nuances dimension of military life and its challenges, therefore spanning the gaps between academic inquiry and practical application. My work within military communities underscored the imperative need to adopt a holistic approach that mixes empirical research with empathetic consideration, thereby fostering resilience and facilitating the security and welfare of those who have selflessly volunteered to serve our nation.

As I embark on this doctoral journey, my pledge to advocate for all veterans remains unwavering and steadfast. It is my deepest anticipation that the insight gleaned from my experiential journey will not only enlighten and enrich academic discourse but also catalyze tangible improvements in the lives of unhoused veterans.

In this qualitative phenomenological study, I will be the human instrument collecting the data. I must be cognitive of my personal beliefs and biases during my analyses of the lived experiences of the study's participants (Larsen & Adu, 2021). I am aware of my personal feelings about homeless veterans, and I feel in my heart that America is not doing enough for these women and men, who gave so much and are now struggling without receiving the support they need. Furthermore, I wish I could set my bias aside, but I am aware I will likely struggle with this issue. However, self-reflection and moments of reflection should enable me to manage my bias during the data collection process and analysis. Utilizing a qualitative phenomenological study interviewing service providers who work first-hand with homeless

veterans would be most appropriate when looking to obtain information about this vulnerable population, who typically struggle with severe mental health issues. I will interview participants while adhering to Liberty University's IRB ethical standards. I have a direct connection to the military and military community, which is my motivation behind this study. I aim to give a voice to these proud men and women - to all unhoused veterans.

Data Collection

For this proposed qualitative study, I have not reached out to any potential providers who work with homeless veterans yet, but I have identified several organizations in my region that have both paid and unpaid staff who work with displaced veterans that I intend to approach for participation in this study. I have not worked or volunteered at any of these organizations; however, I am familiar with many of them and have made donations to some of them. I live in rural Tennessee with lower populations than in metropolitan and urban areas, so it is possible that I may have crossed paths with some participants in my community. If this is the situation, I believe this will lead to additional comfort when engaging in the beginning of the interview process, breaking the ice quicker.

As the interviewer, I will look to develop a warm and welcoming environment in which the participant feels free to open up and share their lived experiences without hesitation or anxiety. My past volunteer experience and work experience have allowed me the opportunity to develop the needed skills to reduce others' anxiety and to allow others to feel free to open up and share. People have a tendency to share stories with me. I am interested in recording service providers' first-hand perspectives of the constraints, issues, and accomplishments resulting in or contributing to veteran homelessness, as well as any other concepts they may explicate from their time with this vulnerable population.

To understand the phenomenon of homeless veterans as seen through the eyes and lived experiences of service providers who work first-hand with them, semi-structured interviews are proposed to allow the participants to have a hand in the direction of the story they share (Moustakas, 1994). Interviewing multiple service providers who work with unhoused veterans from different organizations to obtain as true a perspective of lived experiences as these people have when working with displaced veterans (Magilvy & Thomas, 2009). To successfully move from the raw data collected in the interviews to concepts that can prove meaningful to others, qualitative researchers must be able to be intuitive and perceive meanings from the lived experiences of the individuals interviewed (Magilvy & Thomas, 2009).

Collecting the data through open-ended questions with participants is the easy part when structured correctly. Developing research interview questions that will lead to obtaining knowledge to answer the research question should be the focus when designing an interview (Creswell, 2014; Magilvy & Thomas, 2009). Using semi-structured interviews comprised predominantly of open-ended questions will allow for an abundance of data for this phenomenological research. Open-ended questions are research questions exploring phenomena to give studies the ability to develop themes (Creswell, 2014; Davidsen, 2013).

Interviews

This study aimed to identify lived experiences as identified by service providers who work first-hand with homeless veterans between homeless combat veterans and dependent variables. Appendix B: The interview contains the proposed semi-structured, open-ended questions that will be used in this study with service providers who work first-hand with homeless veterans.

To understand the phenomenon of homeless veterans as seen through the eyes and lived experiences of service providers who work first-hand with them, semi-structured interviews are proposed to allow the participants to have a hand in the direction of the story they share (Moustakas, 1994). Interviewing numerous individuals who work with unhoused veterans from various organizations will provide unique perspectives and distinct lived experiences as these people have when working with homeless veterans (Magilvy & Thomas, 2009). To successfully move from the raw data collected in the interviews to concepts that can prove meaningful to others, qualitative researchers must be able to be intuitive and perceive meanings from the lived experiences of the individuals interviewed (Magilvy & Thomas, 2009; Moustakas, 1994).

Collecting the data through open-ended questions with participants is the easy part when structured correctly. Developing research interview questions that will lead to obtaining knowledge to answer the research question should be the focus when designing an interview (Creswell, 2014; Magilvy & Thomas, 2009; Moustakas, 1994). Using semi-structured interviews comprised predominantly of open-ended questions will allow for an abundance of data for this phenomenological research. Open-ended questions are research questions exploring phenomena to allow studies the ability to develop themes (Creswell, 2014; Creswell & Creswell, 2020; Cabbage, 2020; Davidsen, 2013). If the interview questions are not structured in a fashion that will obtain meaningful information that potentially will answer the research question, then the researcher is wasting the participants' time (Magilvy & Thomas, 2009; Moustakas, 1994).

Interviews

Face-to-face and virtual interviews with well-crafted questions are one of the potential options utilized by researchers in phenomenological qualitative research (Magilvy & Thomas, 2009; Moustakas, 1994). Utilizing face-to-face (virtual) interviews and open-ended questions,

which will allow respondents to share their lived stories and provide a deeper understanding of their experiences, will provide rich information that a survey could not produce (González Canché, 2023; Phellas et al., 2012). These interviews often require longer time periods than a survey would. However, the additional time can provide a plethora of information by allowing the participants to share their lived experiences (Magilvy & Thomas, 2009). By utilizing open-ended questions, it is anticipated to elicit rich data from the participants with gentle guidance, prompting, and direction (Magilvy & Thomas, 2009; Moustakas, 1994).

Through the use of semi-structured interview questions, additional questions can be asked when needed to obtain more profound details when they would be beneficial. However, before a researcher can expect a participant to open up, she must ensure the participant feels relaxed and safe (Phellas et al., 2012). One must ensure that it is the interviewer's responsibility to create an environment in which the participant's level of anxiety is reduced and they feel comfortable speaking honestly and freely (Magilvy & Thomas, 2009). Through open-ended, semi-structured interview questions, the interview can help prompt the participants to dive deeper into the deep end of the homeless issue so many veterans struggle with daily, especially since the conflicts following 9/11. If the interview utilized closed-ended questions one would not expect to obtain in-depth details about the experiences these individuals have thus, it would be near impossible to answer the research question proposed within this study.

Demographic

Demographic information is an important part of research information when one is looking to see how the population relates to the information discovered (Creswell & Creswell, 2020). Demographic information will be collected before the interview beginning in (Appendix

A: Screening and Demographic). A detailed breakdown will be entered into the table below after the interviews are all completed. The following collection of demographic information aims to determine whether direct service individuals. The collection of demographic information aims to assert whether individuals engaged in direct service provider to homeless veterans have personally experienced homelessness thus hypothetically influencing their perceptions in comparison to those who have not ever been homeless. Furthermore, veteran status will be established to reveal potential divergence and perspectives towards displaced veterans between individuals with military backgrounds and those who have never served.

Table 3. Demographics

Pseudonym	Gender	Marital Status	Veteran Status	Homeless Status	Longest Homeless	Years working w/homeless veterans	Highest Level Ed
1 – Tom	Male	D	None	Ex-homeless	Several months 2 times	2 years	GED
2 – Mary	Female	M 10.5y	Daughter of a veteran	N/A	N/A	16 years	MS
3 – Amy	Female	M 42y	None	N/A	N/A	4 years	MSW
4 – Lynn	Female	S	None	N/A	N/A	5 years	MSW
5 – Greg	Male	D	Army veteran	N/A	N/A	2 years	12th
6 – Keith	Male	D	Army veteran	Yes	4 ½ y	14 years	12th
7 – Joy	Female	M/20y	Husband is a retired	‘Unstably’ housed several	N/A	14 years w/veterans	2 MS

			veteran	times due to poverty		8 years w/ unhoused	
8 – Rick	Male	S	Air Force veteran	Ex-homeless	2 years	6 years	12th
9 -Wes	Male	D	none	Ex-homeless	3 years	8 years	12th

Participant's demographic chart.

S=Single, D=Divorced, M=Married, O=Other

Interview Questions

Icebreaker questions -

1. What is something that someone else would not know about you just by looking at you?
2. Were you born and raised here in Tennessee? If not, where are you from and how did you end up here in TN?
3. Did you serve in the military, or do you have any military affiliation? If so what? If not, how did you start working with this population?

Working with homeless veterans -

4. What motivated you to work with homeless veterans?
5. What was it like when you first began working with homeless veterans? How is it different from your current experiences working with them today?
6. What are some significant challenges when working with homeless veterans?

Universal aspects commonly found among homeless veterans -

7. What aspects do you believe impact veterans resulting in them becoming homeless?
8. What do you consider are variables that cause veterans to become homeless from your experience working with them?

9. What situations or issues have affected or influenced your experiences helping homeless veterans? And how?

Closing question prompting the participant to share anything not previously covered -

10. Is there anything else you would like to add that you be beneficial to policymakers to decrease the likelihood of additional veterans becoming homeless?

Although these are my established interview questions, additional questions may be asked and modified based on the answers provided by the interviewee to further explain or delve into the previous answer provided (Høffding & Martiny, 2015).

As with all studies, one must ensure that biases are not allowed to seep into the interview and steer the direction of the interview for fear of losing the integrity and trustworthiness of the study (Magilvy & Thomas, 2009; Moustakas, 1994). Participants will be interviewed one-on-one face-to-face (when possible) or virtually when face-to-face is not possible. All interviews will be recorded with the permission of the participants, and minimal notetaking will be done during the interviews to limit distraction from the interview process (Groenewald, 2004; Magilvy & Thomas, 2009; Tinny & Nhamo, 2013). As with all face-to-face interviews, notetaking should be kept to a minimum, by minimizing notetaking it will allow participants to be more present in the moment and to remain more engaged as the interviewees share their lived experiences of working with homeless veterans (Groenewald, 2004; Tinny & Nhamo, 2013). It is estimated that each interview will take between 45-90 minutes, depending on how much the participant is willing to share, and following each interview, the recordings will be transcribed.

To break the ice and allow the participants to relax and reduce their anxiety, researchers often look to utilize a couple of general non-threatening questions at the beginning of the interview (Moustakas, 1994). Appendix B: Interview Questions - Questions 1 - 3 are

introductory ice-breaker questions. Questions 4 - 9 looked to obtain a first-hand view of the participants' concept of the phenomenon surrounding veteran homelessness and the personal experiences they have had while working with this population. Questions 7 – 9 looked to obtain universal aspects common among homeless veterans as seen from first-hand accounts of service providers. Question 10 if there is anything else the participant would like to share.

Once each face-to-face or virtual interview is completed a sincere "thank" will be given to each participant, not just for being a part of this study or for their time, but for working with these veterans, because these men and women are valuable, and by choosing to work with this population of individuals who are often difficult to connect with, the sincerest appreciation should be given. It is acknowledged that there are other populations these participants could have chosen to work with, and one should acknowledge their choice and their likely calling. It is the hope that this study will provide valuable insights to individuals who work directly with homeless veterans and policymakers. It is the aspiration of this study that this research will empower individuals to take the necessary steps to end homelessness among those who have made significant sacrifices for our freedom.

Data Analysis

Data analysis will begin after the research interviews have been transcribed. Once the interviews are transcribed through the use of a whiteboard to determine the initial themes identified across all transcripts, the research can then be analyzed line-by-line by hand and also utilizing qualitative software such as OriginPro and MAXQDA to identify similarities and make graphs and charts (Davidsen, 2013; Lauterbach, 2018). Predominant themes will be looked for and recorded as identified within the lived stories of the participants. As the themes evolve, the utilization of a whiteboard to narrow in on central themes that answer the research question

without disregarding topics of importance to the participants' lived experiences. As the themes are discovered, things will be rearranged in order to form more cohesive conceptualizations that flow through and answer the research question in a better-integrated fashion. Providing a full visual explanation of the participants' lived experiences working with homeless veterans and the struggles faced by this population in their words, with my interpretation of their stories, and sharing their lived experiences as hermeneutic phenomenological writing suggests (Van Manen, 2014).

Data analysis according to hermeneutic phenomenology includes reflective reading, writing, and interpreting of interviews (Van Manen, 2014; Vladutescu, 2018). It is through this reflective hermeneutic phenomenology process that themes will be identified and utilize qualitative software and a whiteboard to help analyze and interpret the rich data that is likely to be obtained from the interviews with the potential participants, moving from the concrete stories to the interpreted understandings (Davidsen, 2013; Miles et al., 2013). Oerther (2021) refers to this reflective process that includes revisiting one's research multiple times as "circular", which is ideal in my mind. As one works and then continues to refine and continues to work in a circular pattern until they feel they have fully captured the whole concept (Lauterbach, 2018; Miles et al., 2013; Oerther, 2021). By returning multiple times, reflecting back on the transcripts, and looking at the lived experiences in an interpretive fashion, obtain meaningful analysis (Lauterbach, 2018; Oerther, 2021; Vladutescu, 2018).

All identifying information regarding participants in this study will be kept private (Cypress, 2018; Köhler et al., 2021). Published studies will not contain any data that could be used to identify participants. Research records will be collected, transcribed, and securely stored. All records will be stored securely and in a locked area inaccessible to others.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Data collected from you may be used in future research studies and/or shared with other researchers. If the data collected from you is reused or shared, any information that could potentially identify you will be removed beforehand, if applicable.
- Data will be stored on a password-protected computer or in a secure, locked office. After seven years, all electronic records will be deleted, and all hard copy records will be shredded.

Trustworthiness

Establishing trustworthiness and establishing that a researcher has integrity is crucial in all research if credibility is to be established. As Harry Emerson Fosdick is quoted as saying, “No virtue is more universally accepted as a test of good character than trustworthiness”. Biases are understood and acknowledged in hermeneutic phenomenology research, where researchers acknowledge they have prior knowledge of the topic being researched and prior experiences, thus resulting in some form of bias that cannot be separate from the study, rather it must be acknowledged (Lauterbach, 2018). Similar to epoché research acknowledges and brackets prior knowledge, theories, hypotheses, or research (Lauterbach, 2018; Moustakas, 1994). During the data analysis, I will have to develop bracketing to address my prior knowledge and put it into an area on the whiteboard that is titled researchers knowledge, biases (Groenewald, 2004; Høffding & Martiny, 2015; Lauterbach, 2018; Moustakas, 1994).

Once all the interviews have been gone through, time for reflection on the bracketed areas of each perception and prior knowledge put in the personal area (Groenewald, 2004). It

will be through reflection on the thoughts on this phenomenon that are tied to the interviews and the experiences gained through these visits providing a richer insight into the phenomenon of unhoused veterans as seen through the eyes of those who work first-hand with them (Høffding & Martiny, 2015; Moustakas, 1994; Sinkovics & Alfoldi, 2012). I hope to gain insight and identify my own interpretations of the service providers' lived experiences.

Credibility

Qualitative research looks at the researcher as the main means of trustworthiness and thus valuing the credibility of the research based on whether the research is trustworthy or not, whereas quantitative research looks at the numbers and method of the study to reproduce the study to ensure the credibility of the study, the researcher needs to ensure they are above board and honest and forthcoming in all aspects of their research, biases, and their overall trustworthiness to establish their credibility (Adler, 2022; Sinkovics & Alfoldi, 2012). It is this credibility that is established or broken when the researcher conveys the participants' views in an honest and forthcoming unedited manner or fails to do so (Adler, 2022; Lemon & Hayes, 2020; Patton, 1999).

When interpreting the themes and unpacking them from the transcripts preconceived biases must be noted and separated from the evolving themes (Davidsen, 2013). While trying to unravel all of the rich data that is likely to be produced and discover all of the deep information with the developing themes, biases will continue to be noted in a bubble on the side of the whiteboard to be addressed as needed but to not interfere with the unraveling of the lived experiences of the service providers (Davidsen, 2013; Lemon & Hayes, 2020; Patton, 1999). Further, all participants will be provided with copies of their transcripts for verification of the

interviews, thus allowing for any needed clarification or corrections (Lemon & Hayes, 2020; Patton, 1999).

Dependability and Confidentiality

According to researchers, dependability is just one of the needed parts of a qualitative research study, similar in concept to reliability, trustworthiness, and credibility (Salarvand et al., 2020; Singh et al., 2021). The route the researcher follows from the interview question preparation through the analysis process ensures that other researchers can follow the process and obtain similar results within similar populations (Salarvand et al., 2020; Singh et al., 2021). To ensure the data from the interviews are interpreted as straightforwardly as possible without twisting what the participants said, all interviews will be recorded, then transcribed word for word, and providing a copy to each participant for their review, additional dependability is ensured (Salarvand et al., 2020; Singh et al., 2021).

Transferability

It should be noted that transferability may be looked at as similarity; if one researcher followed the same research question and interviewed the same population, one would expect they would get similar stories or similar lived experiences, but just as two people who live in the same house and are raised by the same parents will likely describe their lives as very dissimilar, one should be aware that this could happen with lived experiences as well, which is why having strong supportive measures in place is paramount for all good research (Singh et al., 2021; Wegscheider, 2009).

Ethical Considerations

This study will be submitted to the Institutional Review Board (IRB) at Liberty University for approval to ensure the protection of human subjects before any participant recruitment begins, or

any data is collected. Participants will be service participants who work first-hand with unhoused veterans, and potential participants could be veterans themselves. Many veterans are members who should be considered part of a vulnerable population due largely to the experiences they have had in their military service, and special consideration will be taken to ensure that participants do not experience distress during their participation (Alfred, 2014).

The risks and benefits will be thoroughly explained to each participant before they sign the consent form. It will be explained that discussing their past service experiences and if they experienced homelessness first-hand could cause stress and potentially reopen old wounds. Each participant who is met in person will be provided with a Veteran's Crisis business card, which includes phone numbers for multiple emergency services for veterans. Furthermore, service providers will be informed that discussing their lived experiences with unhoused veterans and any potential trauma they experienced through that work could re-traumatize them and that they should be aware of that possibility before agreeing to be part of this study (Roulston, 2010). Signed consent from each participant is required before starting the survey. Prior to any interviews beginning, every participant will be required to sign a consent form, which is not just in the interest of the research process but also the responsibility of the researcher.

All participants' identification will be kept confidential, and each participant will be referred to by a pseudonym to ensure their anonymity, by receiving an alphanumeric identifier to each participant to ensure confidentiality. Alphanumeric identifiers on all forms, data collection forms, tapes, and notes will be stored in a locked file cabinet and on a password-protected personal computer. After the designated time period, all recordings, forms, notes, and documents will be destroyed.

Summary

This study aims to critically examine the phenomenon of homelessness among veterans as seen through the eyes of service providers who work first-hand with them. It is unacceptable that those who voluntarily fight for our freedom should ever be without a safe and secure place to lay their heads at night. The motivation behind this study is to gather data that can be analyzed and utilized by policymakers and individuals who work with homeless veterans, especially those who have served in combat. The ultimate goal is to eradicate homelessness among combat veterans. Through analytical reflection on the variables, this study aims to gain a comprehensive understanding of the current situation faced by these individuals. To gain a deeper understanding of the struggles, needs, and disparities faced by individuals experiencing homelessness compared to those who have stable housing. By utilizing statistical data and analyzing it.

Even though only 10% of all veterans serve in combat, these courageous individuals are at a higher risk of experiencing homelessness compared to other veterans. However, there have been few studies that have explored the reasons behind this phenomenon. Once this study receives approval to move forward and IRB approval, recruiting service providers who work first-hand with homeless veterans will begin, followed by collecting the data and analyzing it. This statistical data can then be extrapolated to include other rural areas and homeless veterans, with the goal of enabling policymakers to reduce, if not eliminate, homelessness among combat veterans.

Chapter Four: Findings

Overview

The purpose of this phenomenological study was to scrutinize the lived experiences of those who work first-hand with homeless veterans in Tennessee to better understand how resiliency plays a role in some veterans becoming homeless while others remain housed. This phenomenology study aimed to understand the needs of unhoused veterans in Tennessee, through the lenses of individuals who have direct experience working first-hand with homeless veterans in Tennessee through purposeful sampling (Larsen, 2023; Suri, 2011).

This chapter includes a list and descriptions of the participants in Tables 3 and 4, along with a narrative description of each participant under a Pseudonym. Starting Chapter Four was a strategic move that focused on recruiting individuals with direct experience working with unhoused veterans. This targeted approach was aimed at ensuring that those being recruited already possess a deep and meaningful understanding of the challenges faced by this vulnerable population. Through interviews with this experienced group, who has first-hand experience working with homeless veterans Chapter Four can better identify the needs of unhoused veterans as identified by support personnel who work with these unhoused veterans. Conducting semi-structured interviews with first-hand service providers from local organizations in Tennessee is a highly effective approach to gaining vital insights into the plight of unhoused veterans. Local organizations that work with homeless veterans in Tennessee were identified and contacted. Within each organization, service providers who work first-hand with homeless veterans throughout local organizations were identified and recruited to participate in this study. This chapter includes a list and a description of the participants in Table 4.

Data collection was obtained through semi-structured interviews that involved service providers from local organizations to obtain vital insights into this population's plight. The data was then analyzed to identify the three primary themes – substance abuse and alcohol abuse issues, lack of affordable and safe housing, and lack of transportation. The first theme is substance abuse and alcohol abuse issues which included barriers to receiving treatment, the willingness of the unhoused veteran to participate in treatment, and the support required to maintain sobriety following treatment. The second theme is the lack of affordable and safe housing which includes barriers to qualifying for available housing and the availability of affordable housing. The third theme is the lack of transportation which includes disparities in public transportation especially in outlying and rural areas and the impact that the lack of transportation has on one's ability to maintain gainful employment. These themes highlight the complex nature of the challenges faced by veterans who are unhoused and feature the interconnectedness of issues such as alcohol and substance abuse, housing instability, and transportation barriers as identified by those who work first-hand with homeless veterans.

The proactive, targeted, and purposeful recruitment strategy included communication that was conducted through a series of phone calls and emails to management, requesting references to qualified employees or volunteers who might be willing to participate in the study. Requests were made to management at a number of organizations in Tennessee for references to employees who meet the necessary qualifications of working first-hand with unhoused veterans in Tennessee. Participants were contacted after being identified by management and details about this study were provided allowing each potential participant the ability to voluntarily consent to participate in this study. Nine participants were selected from the number of volunteers who expressed an interest in participating. The nine participants shared their experiences of working

with unhoused veterans in Tennessee. This chapter presents the study’s findings after describing the participants who participated in this study and the research question

Research Question

1. “What are the lived experiences of people who work with homeless veterans in TN that explain why some veterans end up unhoused?”

The data collected was analyzed to identify common themes among the participants from their lived experiences to identify common themes resulting in some veterans becoming homeless.

Participants

This study interviewed nine participants who work first-hand with homeless veterans to identify themes that they share in their lived experiences working with the unhoused veterans in Tennessee.

1. Partici
pants must have paid or unpaid experience working with homeless veterans.
2. Be willing to share their lived experiences of the struggles homeless veterans face as they see them.
3. Be
willing to meet in person face-to-face or online via virtual platforms.

Participation inclusion was designed to ensure that participants have direct experience and insight into the challenges and struggles faced by homeless veterans to acquire an authentic and deep understanding of their lived experiences.

All the participants were identified by management or self-identified as service providers who work with and serve unhoused veterans in Tennessee. The participants were recruited

through direct contact with agencies that conduct business in Tennessee and work first-hand with homeless veterans. All nine interviews were recorded with the participant's consent, transcribed, and shared with all interviewees to ensure the correctness of the transcripts. The interviews scheduled were completed, transcribed, and shared with the interviewees.

Of the nine participants, seven self-identified as White or Caucasian, two as African American or Black, no participants identified themselves as Latino, Hispanic, or Asian. Participants were between 32 - 63 years of age. Five of the providers stated they have at least a college degree while the two other participants have a high school diploma and the final participant stated after a break from high school he went back to earn his GED. The majority (5) of the participants have served or have a connection to the military. Two stated they have connections with the military through family members but never served themselves, while four deny ever serving or having a connection to the military.

Table 4. Participant Demographics

Pseudonym	Age	Ethnicity
Tom	62	Caucasian
Mary	52	Caucasian
Amy	63	Caucasian
Lynn	32	Caucasian
Greg	60	Caucasian
Keith	59	African American
Joy	62	Caucasian
Rick	35	African American
Wes	61	Caucasian

C=Caucasian, AA=African American, H=Hispanic, A=Asian

The participants are listed, with a brief introduction. They are identified by gender and age after their given pseudonym. The pseudonyms selected for the participants were based on the first letter of their first name.

Biographical information on Participants

Tom - 62 years old

Tom, a Caucasian male, is divorced and has three grown children (one deceased). Tom was born in Johnson City, Tn. Tom admits to being homeless during two periods of his adult life due in part to substance abuse issues. He was a substance abuse peer counselor before beginning working at his current position with homeless veterans. Tom has never served in the U.S. Armed Forces but nearly signed up 'back in the day' but found a job and did not end up joining the military. Tom's father served for several years in the 82 Air Borne unit at Fort Bragg. Tom admits to having trauma in his life, he reported he was sexually assaulted when he was in his early teens and that his youngest daughter was killed in a car crash when she was 14 years old. He also reported that he dropped out of high school when he was 17 years old to get married to his high school girlfriend which ended in divorce 11 months later. Tom finally earned his GED 7 years after dropping out of high school. Tom was offered a job working with homeless veterans but had not previously pursued a career working with this population. He has worked with homeless veterans for two years and states it is the most fulfilling job he has had.

Mary - 52 years old

Mary is a married Caucasian woman, who stated she has never served in the military however her father is a veteran, so she has knowledge about the military and some of the issues veterans struggle with. Mary was born in New York and moved between New York, Florida, and

Tennessee. Mary has a master's degree and has been working with unhoused veterans for the last 16 years. She denies ever facing any battles of homelessness in her personal life but feels her lengthy career working with homeless veterans provides her a unique perspective to their plight.

Amy - 63 years old

Amy is a Caucasian female, who has been married for 42 years with two adult children. Amy was born in Massachusetts but has lived in Tennessee for the last 30 years. Her husband's job is what moved them to Tennessee. She denies ever being homeless and has never served in any branch of the U.S. Armed Forces, although she has friends and family who have previously served as well as a close friend whose father died in Vietnam. Amy has a master's degree in social work. Amy stated that she applied for her current position when it came open because she wanted to support those who served our country. Amy has worked with homeless veterans in her current position for four years, stating that she truly enjoys working with unhoused veterans and hopes that through her work she is making a difference in the lives of those veterans she works with.

Lynn - 32 years old

Lynn is a single Caucasian woman who denies having any military affiliation. Lynn had never considered working with homeless veterans specifically until her current job offer. Lynn earned a master's in social work before taking her current position working with unhoused veterans. Lynn has worked with homeless veterans for five years.

Greg - 60 years old

Greg is a Caucasian, divorced male with three daughters who was born and raised in Ohio and currently lives in Virginia in a bordering city to Tennessee. Greg served in the Army as a field artillery specialist for 27 years before retiring. Greg denies that he has ever been

homeless. Although Greg does not live in Tennessee, he works with unhoused and morally injured veterans in Tennessee. Greg has worked with homeless veterans for two years in his current role facilitating getting them the services they need in an effort to reduce veteran homelessness.

Keith - 59 years old

Keith, an African American, was a homeless individual for a number of years, he admits to being a felon and abusing drugs and alcohol previously. Keith lived in Chicago, Illinois when he was originally struggling with homelessness shortly after his divorce from his wife. After moving to Tennessee to support his sister who was caring for their terminally ill father, Keith was housed again but ended up with another bout of homelessness. Keith is a veteran and served in the Army for four years and the Reserves for two more years during the 1980s. During his last stint of homelessness, he ended up in a VA hospital and was brought into the company he is currently employed with as a participant. During this recovery time, he was motivated by an employee to become a peer specialist Keith has worked with homeless veterans for fourteen years.

Joy - 63 years old

Joy, Caucasian, is a former chaplain, who changed her professional goals to work with homeless individuals in the 1980s. Joy is married to a retired National Guard veteran. Although Joy was not born and raised here in Tennessee, she moved here after her husband retired to care for her mom when she became ill. She has been working specifically with homeless veterans for 14 years and before that worked with the unhoused population as a whole for 8 years. Joy denies having ever been homeless or struggling with any criminal or substance issues, however, she

admits to having several bouts that she feared she could become unhoused due to being part of the 'working poor'. Joy has worked with homeless veterans for over 40 years.

Rick - 35 years old

Rick is an African American, Air Force veteran who states he served for 4 years in the Air Force before getting out. Rick was born and raised in Chicago, Illinois. Rick is single and denies having ever been married. Rick admits to previous drug and alcohol abuse, along with legal issues and being a felon. Rick suffered from a bout of homelessness for about 2 years before getting into a program and becoming employed at his current job. Rick admits to only barely completing and graduating high school, to hiding from his issues through drug and alcohol use. Rick has worked with homeless veterans for six years.

Wes - 61 years old

Wes is a Caucasian male, who was born and raised in South Georgia. Wes has been homeless, is a felon, and struggled with alcohol and drug abuse issues in the past. Although Wes stated he had never served in any branch of the U.S. Armed Forces, however, he did apply and was not admitted due to medical issues. However, his best friend served in the Air Force, and it was following his death that Wes got involved in working with homeless veterans. Wes graduated from high school but has no further education beyond high school. Wes is divorced currently but has six children and even more grandchildren. Wes has worked with homeless veterans for eight years.

Results

This section provides an overview of the methodology employed to extract thematic insight from participant interviews within the context of a phenomenological study. It encompassed the identification of reoccurring themes, words, and phrases emerging from these

interviews. These themes not only contributed to substantiating the research question but also served to gather first-hand perspectives from service providers actively engaged in delivering support to unhoused veterans within Tennessee.

Table 5. Repeated Words and Phrases

Repeated words/ phrases	Coding Structure	Themes
Substance Abuse Issues (Alcohol & Drug)	SAI	Alcohol & substance issues
Availability of Housing	AH	Housing shortage
Barriers to Housing	BH	Housing, Abuse, & Transportation
Housing Affordability	HA	Housing shortage
Barriers to Employment	BE	Housing & Abuse
Challenges faced by Veterans	CFV	Housing, Abuse, & Transportation
Mental Health	MH	Housing, Abuse, & Transportation
Physical Health	PH	Housing, Abuse, & Transportation
Pride & Ego	PE	Housing, Abuse, & Transportation
Legal Issues	LI	Housing, Abuse, & Transportation
Communication Issues	CI	Housing, Abuse, &

		Transportation
Moral Injury	MI	Housing, Abuse, & Transportation
HUD-VASH Waiver	H-V	Housing

The data collected from these service providers, stemming from their direct first-hand interaction with homeless veterans played a vital role in detecting prominent themes during the interview process. By communicating and sharing their experiences and insights, these providers offered invaluable contributions to the thematic analysis, inspiring the understanding of the challenges faced by unhoused veterans within the study's phenomenological framework.

Theme Development

Throughout the data collection phase, participants repeated certain words and phrases, accentuating their significance within the research context. This phase involved one-on-one interviews with participants. Subsequently, these interviews were meticulously documented to record all recurring words and phrases, organizing them according to the respective associations of the interviewees. Following the methodology outlined by Van Manen (2014), this process aimed to streamline the data by condensing similar expressions and terms into groups. These grouped words and phrases were then systematically linked to specific thematic categories, a vital step in the validation process, as elucidated by Van Manen (2014).

Table 6. Interview Question #1 - What is something that someone else would not know about you just by looking at you?

Participant	Response
Tom	“I was a heavy equipment contractor for years and I struggled with homelessness in the past”

Amy	“No one would know I work with unhoused veterans”
Joy	“I have not been homeless but “unstably housed” several times due to poverty wages!”
Greg	“That I struggled with homelessness more than once”
Keith	“I was homeless, an addict, and a felon”
Rick	“I abused drug and alcohol, struggled with the law and legal and am felon”.

Table 7. Interview Question # 2 - Were you born and raised here in Tennessee? If not, where are you from and how did you end up here in TN?

Participant	Response
Greg	“I was born in Ohio and have moved around a bit, I now live in VA but work throughout Tennessee”
Amy	“I was born in Massachusetts but have lived in Tennessee for 30 years. We moved to Tennessee for my husband's job”
Joy	“I was born and raised in Mississippi, moved around New Jersey, North Carolina, and ended up in Tennessee when my mom got sick”
Rick	“I was born and raised in Chicago, Illinois”
Tom	“I was born in Johnson City, Tennessee”
Keith	“Born in Chicago, Illinois, moved to Tennessee to help my sister care for our dad when he got sick”

Table 8. Interview Question # 3 - Did you serve in the military, or do you have any military affiliation? If so what? If not, how did you start working with this population?

Participant	Response
Tom	“I nearly signed up ‘back in the day’ but found a job the day before my buddies and I were going to sign-up” so he did not end up joining. “My father served in the 82 Air Borne unit at Fort Bragg
Rick	“I served for 4 years in the Air Force”
Amy	“I didn’t serve in the military but my father, stepfather, uncle, brother-in-law and friends who did”
Joy	“My husband served in the Army National Guard for 21 years”
Greg	“I served 27 years in the Army in field artillery”
Keith	“I served 4 years in the Army and to inactive reserves in the 80s”

Major Themes

The analysis of the interviews revealed three overarching themes. Given the shared experiences among participants who work closely with unhoused veterans in Tennessee, some repetition in the data was anticipated. It was expected that participants would offer insights stemming from their direct interaction and engagement with homeless veterans, aiding in the identification and resolution of contributing factors to them becoming homeless and remaining unhoused. Among the themes identified, service providers emphasized not only the homelessness of veterans but also the prevalent issues of substance and alcohol use, the scarcity of affordable and secure housing, and the challenges related to transportation accessibility.

Table 9. Interview Question # 4 - What motivated you to work with homeless veterans?

Participant	Response
Joy	“The HUD-VASH program drew me in because it has a lot more resources;” “The VA has a lot of services under one roof, but also has a

lot of rules for who can be helped and who cannot.”

Amy “I interacted with veterans regularly and came to understand their unique challenges and strengths. I applied when the position came open because I wanted to support those who served our country.”

Wes “I’ve seen miracles happen”

Greg “To get them feeling better, to find meaning, to feel good about themselves”

Keith “I almost died when I was on the streets, the agency I work for provided me support and helped me find this job despite my past”

Theme One: Substance and Alcohol Abuse Issues

This theme centers on the universal issue of alcohol and substance use among homeless veterans. Interviews revealed a common thread of dependency and addiction among this population, with all interviewed service providers who work first-hand with unhoused veterans highlighting the challenges associated with substance abuse. Participants discussed the detrimental effects of alcohol and drug use on veterans; well-being, including their mental health, physical health, and overall quality of life. Trauma happens which contributes to some turning to drugs or alcohol because “not everyone is honorable” said Wes. “I’d say about 80% of the veterans I encounter have addiction issues” stated Wes, while Tom believes these numbers are closer to 95% of homeless veterans, and Greg believes that “roughly 80% or more of homeless veterans struggle from some kind of substance or alcohol use issue.”. Thus, once Wes locates an unhoused veteran, his first step is to get them in a motel and then drug test them. “If they are willing I take them up to the Dom, if not I tell them to contact me when they are ready for help as I cannot throw good money after bad if they aren’t willing to get help” Wes.

Table 10. Interview Question # 7 - What aspects do you believe impact veterans resulting in them becoming homeless?

Participant	Response
Wes	“ I’d say about 80% of the veterans I encounter have addiction issues”
Tom	“About 95% of homeless veterans struggle with addiction;” “Substance abuse and lack of having needed meds;” “When they go on and off medications, it really messes with you”
Greg	“Roughly 80% or more of homeless veterans struggle from some kind of substance or alcohol use issue;” “Not knowing what resources are there for them;” “Not know what to do with themselves, having too much freedom”
Amy	“Mental health, substance abuse”
Joy	“Housing cost and drugs”
Rick	“Mental health, substance abuse, and housing availability” are the biggest issues faced by homeless veterans
Keith	“Pride and ego” are a big contributor

The theme underscores the urgent need for comprehensive support and intervention strategies to address addiction and facilitate pathways to recovery for homeless veterans struggling with abuse issues. A recurring topic among interviewees was the utilization of Veterans Affairs (VA) dormitories in Tennessee for alcohol and drug treatment. Joy stated, “the VA has a lot of services under one roof, but also has a lot of rules for who can be helped and who cannot.” Interviewees resoundingly reported the use of VA facilities was a crucial resource for supporting unhoused veterans battling addiction but also to receive counseling and other

medical care they require. However, several participants stated that their program guidelines do not allow them to work with some unhoused veterans due to discharge status or time in service.

Theme Two: Shortage of Affordable Housing

A prominent theme emerged from the interviews showing the acute shortage of affordable and secure housing options for homeless veterans. Every day “it is harder to find them housing” stated Tom, that is the biggest difference from a couple of years ago. Pricing for housing has gone through the roof over the last couple of years, Tom stated “I know it is a business for landlords, but I call it price gouging.” Mary stated, “Housing is a basic right, and who is more deserving than someone who stepped up to defend our country.”

Table 11. Interview Question # 5 - What was it like when you first began working with homeless veterans? How is it different from your current experiences working with them today?

Participant	Response
Tom	“I know about more resources that I can turn to so I can better help my homeless veterans;” “We can no longer use digital record to get vets approved”
Joy	“Liquidity levels increased since 2008, making more younger people who are coming in needing housing”
Amy	“I wasn’t as knowledgeable of resources and lack thereof when I first started working with veterans. I didn’t have a full understanding of who can and cannot receive benefits from the VA. I also wasn’t as knowledgeable as I am today of complex PTSD. Today I am more confident in referring veterans to services that truly will help them. I’m

better equipped to navigate the complexities of complex PTSD. I feel more comfortable advocating for participants with the VA and other services.”

Keith “Some of my enthusiasm” has left due to the regulations One average “65% of homeless veterans struggle with substance and 40% with mental health issues”

Tom “In all of Hawkins County there are no homeless shelters, a lot of the rural areas here in Tennessee do not have homeless shelters.”

Lynn “We can often get homeless veterans a waiver, but due to the scarcity of housing, we cannot get them into a home.”

Table 12. Interview Question # 6 - What are some significant challenges when working with homeless veterans?

Participant	Response
Tom	“It is harder to find them housing” that is the biggest difference from a couple of years ago. “I know it is a business for landlords, but I call it price gouging;” “Transportation and communication issues”
Mary	“Housing is a basic right, and who is more deserving than someone who stepped up to defend our country.”
Amy	“Lack of good mental health services, especially PTSD. Mental health, in general, is the biggest challenge and often contributes to difficulty maintaining employment, housing, relationships, etc.. The VA serves a large population and sometimes is understaffed which sometimes makes it

difficult for our veterans to get timely services.”

Rick “I think a lot of veterans use drugs and alcohol use to hiding from their issues”

Joy “We are seeing the lack of affordable housing; it is a real issue here in Tennessee;” “Mental health, physical health, and addiction like fentanyl, trunk zombie drugs, and meth are creating more challenges”

Greg “Trust”

Keith “Mental health is the biggest issue” unhouseed veterans face followed by “substance abuse and addiction”

Over the last couple years, “we are seeing the lack of affordable housing, it is a real issue here in Tennessee” stated Joy. Interviewees consistently highlighted the challenges faced by unhouseed veterans in accessing safe and stable housing, exacerbated by factors such as the rising cost of housing, the limited availability of affordable units, and limited landlords willing to work with barriers unhouseed veterans struggle with along with stringent eligibility criteria. Tom stated, “HUD-VASH is a useful program, however whenever the Covid restrictions were lifted, rents went from \$500 to \$750 and a lot of people on fixed incomes cannot afford that increase resulting in them becoming homeless.”

Kevin stated the shortage of housing and running into challenges finding available housing even when an unhouseed veteran receives a waiver has caused “some of my enthusiasm” to leave. This concept was reverberated in the interviews with Lynn, Joy, Rick, and Tom. Tom stated, “in all of Hawkins County there are no homeless shelters, a lot of the rural areas here in Tennessee do not have homeless shelters.” Lynn shared “we can often get homeless veterans a waiver, but due to the scarcity of housing, we cannot get them into a home.” The scarcity of

suitable housing options was identified as a significant barrier preventing veterans from transitioning from unhoused to securing housing allowing them to begin rebuilding their lives. Despite several affordable housing acts and waiver programs, access to more secure affordable housing for unhoused veterans in Tennessee is still lacking.

Theme Three: Lack of Transportation

The theme of transportation accessibility emerged across the board with all participants sighting it as a significant issue in rural Tennessee, but noting accessibility to public transportation is limited even in most metropolitan areas of Tennessee. Interviewees noted the difficulties encountered by veterans in accessing reliable transportation options when looking to travel to employment and even to grocery shop or receive medical treatment. Lynn stated, “when a veteran receives a waiver, they may not be willing to accept available housing due to the location and the veteran not having transportation.” Limited or nonexistent public transportation contributes to many veterans struggling to attend scheduled medical or mental health appointments, securing and maintaining employment, and participating in local community activities such as AA or NA. Greg explained some time a homeless veteran needs to get to another area or another state for treatment, to obtain a service dog, or any reason, yet they have no means of getting from point A to point B. Participants resoundingly stated that the lack of transportation is accredited with exacerbating social isolation, impeding access to essential services, and impedes attempts to attain stability, consistency, and independence. While some agencies offer bus passes or pay for Uber, these options are often limited and are not an ongoing solution for the veteran's transportation issues.

Table 13. Interview Question # 8 - What do you consider are variables that cause veterans to become homeless from your experience working with them?

Participant	Response
Keith	“We need to ask the homeless veteran ‘why are you homeless’;” “Shame and guilt” also contribute to many veterans becoming homeless; “mental health, finances, literacy, and law” contribute to veterans becoming homeless
Tom	“HUD-VASH is a useful program, however whenever the Covid restrictions were lifted, rents went from \$500 to \$750 and a lot of people on fixed incomes cannot afford that increase resulting in them becoming homeless;” “Criminal records which limit or prevent them for applying for and getting a job”
Rick	“When I was homeless, I turned to drugs to escape what had happened to me, around me, by me.”
Amy	“Mental health; often alcohol and/or drugs are used to self-medicate”
Mary	“Substance abuse, mental health, no income, low paying job, divorce, failure to acclimate back into civilian life, growing up in poverty all contribute” to a person’s resilience
Wes	“Not everyone is honorable” which is a contributing factor to some turning to drugs and alcohol.
Joy	“Housing availability and competition of others who aren’t homeless without a criminal record, lack of useful gainful employment;” “Lack of <i>HOPE</i> ”
Greg	“Alcohol and drugs, unknown communication issues, and legal – law issues”

RQ1: What are the lived experiences of people who work with homeless veterans in TN that explain why some veterans end up unhoused?

Table 5 presents a collection of recurring words and phrases utilized in the composition of the identified themes. These echoing words played an essential role in facilitating the development and outlining of the themes. During the interviews, service providers communicated a range of sentiments when discussing the homeless conditions faced by veterans in unhoused environments, stating that those who served should not be homeless. “I’ve seen miracles happen” when working with some of these veterans stated Wes. Whether curbing from self-imposed situations or underlying mental health disorders, these pooled viewpoints provided valuable insights into the complicated existence faced by this vulnerable population.

Table 14. Interview Question # 9 - What situations or issues have affected or influenced your experiences helping homeless veterans? And how?

Participant	Response
Tom	“We offer bus passes or pay for Uber,” these options are often limited and are not an ongoing solution for the veteran's transportation issues
Lynn	“When a veteran receives a waiver, they may not be willing to accept available housing due to the location and the veteran not having transportation.”
Greg	“Some time a homeless veteran needs to get to another area or another state for treatment, to obtain a service dog, or any reason, yet they have no means of getting from point A to point B”
Amy	“Mental health; often alcohol and/or drugs are used to self-medicate”

when veterans are struggling to reintegrate into society. “Untreated trauma and substance abuse”

Keith “Different agencies influence how we work with veterans”

Rick “When I was homeless, I turned to drugs to escape what had happened to me, around me, by me.”

Mary “Substance abuse, mental health, no income, low paying job, divorce, failure to acclimate back into civilian life, growing up in poverty all contribute” to a person’s resilience

Joy “Transportation is extremely limited in Tennessee, even in areas with buses, outlying areas are very limited only having buses run every 2 hours or so”

Research Question Responses

This phenomenological study aimed to elucidate the first-hand experiences of service providers working with unhoused veterans in Tennessee. The research question employed in this study facilitated participants in sharing their perspectives and lived experiences regarding the provision of services and needs of homeless veterans. Through the exploration of these experiences, several overarching themes emerged, each offering valuable insights relevant to phenomenological inquiry. The following themes are delineated below to provide a comprehensive understanding of the collected data, along with sub-themes that were recurrent across multiple interviews.

The first overwhelming and resounding theme to appear in all interviews was the struggle unhoused veterans have with substance and alcohol abuse (SAI). It became evident through the interview process that the majority of homeless veterans these service providers work with

struggle with invisible wounds (IW) and often turn to alcohol or other substances (SAI) to hide from their demons and escape reality. The second emerging theme was the access and barriers to acquiring safe and available housing (AH, BH, & AH) for these unhoused veterans. The final significant theme that materialized was transportation (PT & BT). The majority of service providers noted that, aside from Nashville and Johnson City, public transportation (PT) is virtually non-existent in Tennessee. This lack of transportation infrastructure presents a significant barrier for unhoused veterans to access essential services, employment opportunities, and other resources necessary for stability and well-being.

The data collected facilitated the development of themes revealed in this study, namely:

1. Substance and Alcohol Abuse Issues
2. Shortage of Affordable Housing
3. Lack of Transportation

The following data offers a comprehensive and deeper understanding of these themes from the perspective of service providers who have direct first-hand experience working with homeless veterans in Tennessee.

The research question, formulated to grasp the global perspectives of the participants and their direct encounters and experiences within it, seeks a phenomenological understanding of the condition of unhoused veterans. The research question utilized in this phenomenological study, which centered on the perspectives and experiences of those who work first-hand with homeless veterans in Tennessee. What are the lived experiences of people who work with homeless veterans in TN that explain why some veterans end up unhoused? Tom is quoted quoting Leo Tolstoy “If you feel pain, you’re human. If you feel other people’s pain, you’re a human being”

This process of collecting data to identify themes started with requesting participants from organizations that served people experiencing homelessness. After participants were identified, and interviewed, the process of working toward identifying and constructing themes and sub-themes. The data collection process began with identifying and recruiting participants from local Tennessee organizations who work first-hand with unhoused veterans. After identifying and interviewing multiple service providers, themes and sub-themes were detected. This methodological approach allotted for a comprehensive evaluation of the lived experiences and perspectives of service providers who work first-hand with this vulnerable population. A sub-theme developed as a contributing factor to acquiring housing for these veterans was communication and correspondence.

Theme one – Substance and Alcohol Issues. This portion contains features of the collected data to provide an understanding of the themes from the participants' perspectives of their lived experiences working first-hand with veterans who are unhoused.

Research question. *What are the lived experiences of people who work with homeless veterans in TN that explain why some veterans end up unhoused?* The research question for this phenomenological study looked to identify why some veterans are capable of maintaining housing while others end up unhoused and to see if resilience is a factor in this housing as seen by those who work first-hand with unhoused veterans. The data collection procedure for theme identification began by recruiting participants from local agencies and organizations in Tennessee that support unhoused veterans. Afterward, identified participants interviews were scheduled, and the participants were interviewed with the goal of constructing themes and subthemes.

Many veterans face significant challenges and trials reintegrating into civilian life after their military service, grappling with experiences that are often so profoundly different from those of their non-military counterparts. Rick explained, “When I was homeless, I turned to drugs to escape what had happened to me, around me, by me.” These experiences, which may include but are not limited to combat exposure, traumatic events, or experiencing physical or psychological injuries, can leave permanent and enduring scars on these veterans' physical, mental, and emotional well-being. Amy said when considering “mental health; often alcohol and/or drugs are used to self-medicate” when veterans are struggling to reintegrate into society. Mary shared that contributing factors to the resilience of a veteran can be seen in those with low resilience. “Substance abuse, mental health, no income, low paying job, divorce, failure to acclimate back into civilian life, growing up in poverty all contribute” to a person’s resilience according to Mary. Unable to fully process or cope with these unimaginable traumas, some veterans may turn to alcohol and substances as a way to self-medicate or hide from their visible and invisible wounds.

In the development of the themes alcohol and substance abuse, lack of affordable and available housing, and lack of transportation were all identified as issues the unhoused face (Alfred, 2014; Bennett, 2020; Brenner et al., 2017; Brignone et al., 2016; Castro et al., 2014; U.S. Department of Veterans Affairs, 2010; Schaffer, 2012; Taylor, L., 2015; Tsai, Link, Rosenheck, & Pietrzak, 2016; Tsai & Rosenheck, 2015; Whitfield, 2020).

The use of alcohol and substances as a coping mechanism may provide temporary relief, but it can actually exacerbate the underlying mental health issues and impede the veterans’ capacity to seek assistance and support or participate in healthy, beneficial coping strategies. Greg said, “Moral injuries may cause a veteran to abuse substances, resulting in legal issues and

homelessness.” When someone is injured mentally, struggling following a moral injury, they are at more risk of stumbling and making poor choices explained Rick. “Alcohol and substance use” was identified by all participants as a significant issue with unhoused veterans in Tennessee.

Chapter One identified alcohol and substance use and abuse as significant issues many homeless veterans struggle with (Alfred, 2014; Bennett, 2020; Brenner et al., 2017; Brignone et al., 2016; Castro et al., 2014; Cabbage, 2020; U.S. Department of Veterans Affairs, 2010; Taylor, L., 2015; Tsai, Link, Rosenheck, & Pietrzak, 2016; Tsai & Rosenheck, 2015; Whitfield, 2020).

“Something I think about because I’m on meds myself, I can about guarantee you that if a veteran is homeless they aren’t getting the medications they ‘otta’ be, that most of them ‘otta’ be on,” said Tom.

Keith is further quoted stating ” If he doesn’t get treated for it he is gonna die in the streets.” Drug and alcohol abuse is so overwhelming and if they don’t do the work, it will “have them back out of the streets” explains Keith. Thus, addressing alcohol and substance issues among unhoused veterans requires a nuanced understanding of these veterans' unique experiences and traumas they carry and live with, as well as a comprehensive support system that prioritizes mental health and well-being before all else. “Substances whether alcoholism or addiction is the substitute, is a coping mechanism” per Keith. “The coping mechanism cannot be the cause of the source of the problem, that is what I use to change how I feel” Keith is quoted saying about his direct lived experience that he thought was a solution, especially to protect his pride and ego. Greg also shared that pride could get in the way of a homeless veteran seeking help.

Substance use and abuse are very rampant within homeless communities. Many homeless veterans no longer have access to prescription medication due to not having access to

doctors and the money to pay for the needed medications. “When they go on and off medications, it really messes with you,” said Tom. Keith said some feel like “I don’t want to deal with it, so I’d say as a guess, about 95% of them self-medicate not to have to deal with reality.” While Tom has found homeless veterans want to hide and that is why they turn to substances or alcohol. “If it were me in that situation, I believe I’d drink too, you got, you know, I have been down that mental health path too and that is why I don’t judge people” Tom explained. “Anything to numb me or make me forget” is what Tom says he believes a lot of people who self-medicate begin or continue to abuse drugs and alcohol do to that desire.

Sub-theme One: Criminal or Legal Issues

When someone ends up homeless, they may end up with a criminal record which will impact so many areas of their life. “More access to alcohol and drug treatment programs, especially for those on the sex offender registry” as a lot of programs are limited if you have a criminal record explained Amy. Keith said “a lot of homeless veterans are afraid to get housing because they do not want to have a background check run” because they are afraid to be judged or turned down due to legal or criminal issues. Tom said many feel like “why should I apply when I have a record” as they feel they won’t get hired, will keep having issues, and just return to substances to hide from the trauma. Keith stated there are barriers when you have a criminal record he stated, “I couldn’t get suitable work, I was a Teamster, but now that I am a felon, I am having issues finding gainful employment.” “There are a whole lotta things a felon can do” Keith explained, there are barriers “self-imposed” because of their choices, now they must find a new path.

Sub-theme Two – Mental Illness

“I go to mental health because I had a choice, mental health or the police” stated Keith. But he did not want to see a psychologist, until it was the only option ‘mental health or police.’ According to Keith “67% of the homeless population are veterans and 40% of them struggle with mental illness.” “You need to find out why they are homeless, that you address the underlying problem, because the HUD-VASH program won’t work if you cannot understand the homeless veteran’s struggles” Keith. Further the “(%)% of my income, when I don’t have an income, with a mood disorder in an empty apartment, is just a recipe for disaster” stated Keith from his lived-experience when he was first offered a HUD-VASH waiver. “Mental illness is the biggest cause of homelessness in veterans....” according to Keith. “That list, it varies, cause like I say it’s a lot of it.... That I point to mental illness more because the other elements on the list can bring about mood disorders” Keith shared “we got a saying ‘can’t get right’”.

Theme Two - Shortage of Affordable Housing

There are a number of challenges for veterans transitioning from homelessness to housed status. Many unhoused veterans face difficulty securing stable and affordable housing due to a variety of factors including limited income, legal issues, lack of affordable housing options, competition for available units, as well as, other barriers. Participants identified one of the causes behind the shortage of available units is the influx of people moving into Tennessee since Covid and more employment positions becoming remote allowing people to move from expensive states like California and New York to areas where it is more affordable to live, like Tennessee. Housing shortages are particularly acute in high-cost urban and metropolitan areas where veterans may be struggling to afford rent or suitable accommodations within their budget due to the large influx of individuals earning high out-of-state wages.

The scarcity in the supply of affordable housing exacerbates homelessness, housing instability, and related stressors. “Lack of affordable housing continues to be a bigger and bigger issue, especially when incomes are not keeping up with the cost of housing” according to Amy. While there are rental assistance programs and vouchers, such as HUD-VASH and Section 8, aim to mitigate these challenges, they often fall short of addressing the underlying issue of housing scarcity. Tom stated, “that’s frustrating when they are eligible, and you get them enrolled still four weeks and can’t find a place to live.” Agencies may assist unhoused veterans in obtaining a housing voucher, but if there are inadequate available housing reserves, the vouchers fail to be a benefit. “We do have a list of landlords, but the availability is sporadic,” said Tom. As a result, these veterans may face prolonged episodes of homelessness or housing instability despite having access to rental assistance. Focusing on and addressing this issue requires comprehensive and expansive strategies that not only provide rental assistance but also focus on expanding the allocation of affordable housing units and addressing systemic barriers to unhoused veterans’ housing access.

Sub-theme Three - Communication and Correspondence

The first sub-theme identified was the lack of motivation or ability to cognitively be aware and follow through with requesting and acquiring the needed documents to qualify for a housing voucher. “A lot of the homeless populations don’t have phones” stated Tom. “We have a list of people who still aren’t enrolled, because some people don’t put in the effort to get the documentation they need” stated Tom. Not having a mailing address or transportation were identified as two significant reasons some veterans were not able to acquire these needed documents, while other service providers stated that unhoused veterans who were chemically dependent often lacked the follow-through to acquire these important documents necessary for

securing housing and other essential services. “There are a lot of roadblocks, or potholes because you can go around some, that these homeless veterans have to deal with,” said Tom. As Amy states some of these ‘roadblocks’ contributing to veteran homelessness is often “Untreated trauma and substance abuse.” Mary shared “You will encounter individuals who really do want to exit homelessness but struggle to achieve it due to a number of reasons...yet they will keep trying.” While “you will also encounter individuals who have no intent of ever finding housing, yet will go through some of the motions in effort to appease your expectations or receive some things that you have to offer as part of your engagement such as food, clothing, toiletries, bus passes, etc.” expressed Mary.

Communication issues sometimes are due to homeless veterans “that have no service, their cell phones may be out of minutes, or their phone was stolen or lost due to homelessness,” said Tom. Tom explained that communication is one of the biggest challenges, not being able to get back in touch with them. “They have to do something, and some are just unable or unwilling to get the needed documentation to get enrolled in a program,” said Tom. “.I’m just thinking about if it were me, if I do this then I got responsibility and I don’t want that responsibility” but they may not be able to communicate this explained Tom.

Theme Three - Lack of Transportation

Transportation and communication are likely the most significant challenges when working with homeless veterans Tom believes. Transportation issues are a significant concern for unhoused veterans, posing formidable and oftentimes overwhelming challenges to their ability to access essential services and resources. Public transportation is virtually non-existent in Tennessee, according to the majority of service providers. The lack of transportation infrastructure in Tennessee especially in rural communities presents a significant barrier for

unhoused veterans in accessing vital services, employment opportunities, and other needed resources essential for stability and overall well-being.

Sub-theme Four – Transportation Limitations and Accessibility

Transportation issues were identified by all interview participants. The comparison between public and private transportation was identified as a notable sub-theme. Service providers underscored that many areas, aside from Nashville and Johnson City, are devoid of adequate public transportation infrastructure. Service providers highlighted the disparities between access to public transportation, which is typically very limited or non-existent in many areas of Tennessee, and the potential downfalls of private transportation in terms of mobility and access to essential services. When considering the issue of transportation one would be amiss to neglect to discuss while some unhoused veterans may have a vehicle, they often lack the needed and fundamental things to use these vehicles. While discussing transportation, it is essential to address the fact that while some homeless veterans may possess a vehicle, they often lack the necessary and fundamental components to utilize these vehicles effectively. Primarily, this includes lacking a valid driver's license, access to fuel, and insurance coverage, further limiting their transportation options and exacerbating their mobility barriers.

Table 15. Interview Question # 10 - Is there anything else you would like to add that you be beneficial to policymakers to decrease the likelihood of additional veterans becoming homeless?

Participant	Response
Greg	“Moral injuries may cause a veteran to abuse substances, resulting in legal issues and homelessness;” “The coping mechanism cannot be the cause of the source of the problem, that is what I use to change how I feel”

- Rick** “There are many that do not want to be held to one place like permanent housing” When someone is injured mentally, struggling following a moral injury, they are at more risk of stumbling and making poor choices
- Amy** “I hate to keep saying mental health, but this is often the biggest barrier to providing services. Lack of affordable housing continues to be a bigger and bigger issue, especially when incomes are not keeping up with the cost of housing”
- Joy** “Semitic things need to be changed, we need to build community, and more training and evidence-based treatment”
- Tom** “Something I think about because I’m on meds myself, I can about guarantee you that if a veteran is homeless they aren’t getting the medications they ‘otta’ be, that most of them ‘otta’ be on;” Homeless veterans are “harder to find than one would think” they often “fall through the cracks:” “Mental health issues cause more problems”
- Keith** “If he doesn’t get treated for it he is gonna die in the streets.” Drug and alcohol abuse is so overwhelming and if they don’t do the work, it will “have them back out of the streets;” “Substances whether alcoholism or addiction is the substitute, is a coping mechanism;” We “gotta listen to the vets” or we cannot help them because they “can’t get right”

Summary

Chapter 4 concentrated on the experiences of service providers working first-hand with homeless veterans in Tennessee. This researcher gathered data from interviews with these providers and created multiple themes focusing on the three key themes. One was “Substance

and Alcohol Abuse Issues” in which all participants stated a significant portion of the unhoused veterans they work with struggle with this issue. The second one was the “Shortage of Affordable and Available Housing” which all participants stated is a significant issue for all homeless veterans they provide services for. Lastly, “Lack of Transportation” which all service providers identified as a significant barrier to housing and providing essential services to homeless veterans. However, all participants unanimously agreed that mental health is the largest and most significant contributor to some veterans becoming homeless while others remain housed. The resilience that allows some people to manage mental health issues in a positive fashion, while others just crumble is identified as a possible reason why some veterans end up unhoused. Keith said you “Gotta listen to the veteran” this theme was echoed by several participants, stating that some of the bureaucracy ties providers hands and does not allow them to listen to the veterans’ wants and needs. “Money does not always solve the homeless issue. You are working with individuals whose main goal has been to meet their basic needs of food, clothing, and shelter on a daily basis,” Mary said.

In essence, the study underscored the imperative need for a comprehensive understanding of the barriers to services faced by unhoused veterans in Tennessee. “For some this leads to substance abuse, mental health issues, feelings of hopelessness and mistrust of others. All of these factors can inhibit an individual’s ability to sustain housing, even when the financial part has been taken care of for them” according to Mary. It also emphasized the significance of addressing challenges providers face when reaching out and caring for homeless veterans, including issues related to substance and alcohol abuse, housing availabilities and barriers, and transportation needs, in order to effectively support homeless veterans. As Keith stated “if I would have got what I deserve, I would not be where I am right now”

“I am the living example that it works” stated Keith. By allowing service providers to share their perspectives and experiences, this study contributes to fostering and encouraging a more compassionate and informed methodology to caring for homeless veterans in Tennessee.

Chapter Five: Conclusion

Overview

The aim of this qualitative phenomenological study was to explore the lived experiences and perspectives of individuals who work first-hand with unhoused veterans in Tennessee. The problem statement underscores the fundamental notion that those who courageously serve their country should never find themselves without a safe and secure place to call home. Regrettably, many veterans confront homelessness, a pervasive issue in America that affects individuals across diverse demographics. Despite this, there remains a dearth of understanding regarding the factors that contribute to some veterans becoming and remaining unhoused. This study posits that psychological resilience may be a major contributing factor to why some veterans maintain secure housing while others struggle with housing insecurity and homelessness. This study looked to shed light on the complexities surrounding veteran homelessness as identified through the perspectives of those who work first-hand with this vulnerable population.

The research question used to guide this study is “What are the lived experiences of people who work with homeless veterans in TN that explain why some veterans end up unhoused?” Chapter 5 commences with an introductory overview of the study followed by the purpose of this phenomenological study. The study’s primary objective was to elicit insights and experiences from service providers who work first-hand with this vulnerable population of men and women in Tennessee. Subsequently, the chapter delves into a comprehensive discussion of the study’s findings, elucidating the implications derived from the collected data. Following this, the discussion shifts to an examination of the study’s delimitations and limitations, offering insight into the boundaries and constraints inherent in the research. Finally, recommendations for

future studies are presented, with the intention of catalyzing continued exploration and progress in addressing the issue of unhoused veterans until it is eradicated nationwide.

Summary of Findings

The summary of findings begins by highlighting that three main themes and four sub-themes were identified by service providers who work first-hand with homeless veterans. These themes shed light on the intricate challenges faced by veterans struggling with homelessness. The findings of this study reveal a complex interplay between veterans' experiences during military service and their subsequent struggles with substance and alcohol abuse. Theme one found that substance and alcohol abuse were the leading contributors to veterans becoming and remaining unhoused. Service providers who participated in this study highlighted that many veterans they work with grapple with past trauma encountered during their service time in the military, leading them to hide and conceal their invisible wounds (IW) through the use and abuse of alcohol and substances. This coping mechanism, while it might provide some temporary relief, typically exacerbates their pre-existing and underlying trauma and contributes to a cycle of additional trauma, addiction, and, ultimately, homelessness.

Moreover, the study underscored the pervasive challenges of housing accessibility and affordability faced by unhoused veterans. Many veterans struggle to secure safe, stable, and affordable housing during the years following their time in the military due to a number of reasons, including the abuse of alcohol and drugs due to low psychological resilience. Additionally, the lack of dependable public or private transportation exacerbated and intensified homeless veterans' housing insecurities. Without the ability to get to and from appointments, employment, and other essential destinations, unhoused veterans encounter heightened challenges in accessing necessary and vital services and opportunities for stability. These issues,

collectively identified by first-hand service providers, underscore the multifaceted plight of unhoused veterans and highlight the urgent need for comprehensive support systems and interventions to address the root causes and provide sustainable solutions for veterans in need.

While theme two identified the lack of available and affordable housing. The lack of affordable housing has become increasingly pronounced as more individuals from out of state have relocated to Tennessee in the wake of the pandemic. This influx has led to a decrease in both housing availability and affordability, exacerbating the challenges faced by unhoused veterans and resulting in the displacement of other marginalized housed veterans. Service providers who work first-hand with this vulnerable population have observed that many veterans struggle with communication issues related to requesting and obtaining necessary documents for services or housing, making and attending appointments, and expressing their needs and preferences. Additionally, service providers noted the difficulty in effectively communicating with homeless veterans, primarily due to their lack of a permanent address, absence of a cell phone, and the transient nature of homelessness.

The third theme unearthed in this study highlights the significant challenges faced by unhoused veterans due to transportation issues. Tennessee's limited public transportation infrastructure in metropolitan areas and virtually nonexistent public transportation in the majority of the state pose considerable obstacles for unhoused veterans. Consequently, they encounter difficulties in accessing appointments, employment opportunities, and other essential activities. Even when an unhoused veteran possesses a vehicle, they typically struggle to afford the resources needed to maintain insurance, registration, and fuel. The absence of reliable public transportation infrastructure across Tennessee perpetuates the struggles of homeless veterans in

finding housing that is conveniently located near medical appointments, employment opportunities, and essential services.

Discussion

The theoretical framework of this phenomenological study focuses on service providers' lived experiences with unhoused veterans, based on the principle that every veteran deserves safe secure housing. This study investigates the concept of psychological resilience, which is characterized as the ability to cope with adversity and overcome such traumatic experiences. Guided by the heartfelt perception and belief that no veteran should ever be homeless, this research aims to glee light on the challenges faced by this vulnerable and often overlooked population. Contrasting with previous research that has primarily focused on the prevalence of homelessness among veterans and the associated mental health struggles, this study pursues to pioneer a new and unique perspective of veterans' resilience in this context by exploring the perspectives and insights of those who work directly with homeless veterans (Bennett, 2020; Brenner et al., 2017; Brignone et al., 2016; Castro et al., 2014; Schaffer, 2012; Tsai, Link, Rosenheck, & Pietrzak, 2016; Tsai & Rosenheck, 2015). By listening to their voices and experiences, this study intended to illuminate the multifaceted dynamics that empower individuals to cope with adversity and move beyond their traumatic experiences, and to identify the most common struggles these veterans are challenged with. This portion presents the empirical findings of this study, which offered novel insight into conditions contributing to some veterans remaining unhoused. The findings are discussed in the context of the existing theoretical framework, highlighting both the convergences and divergences with previous research.

This framework, originally identified by Werner, provides a unique and valuable insight into how individuals navigate trauma (Luthar, 2015). Selecting an appropriate theoretical

framework is crucial in qualitative research to provide the needed structure and coherency to follow in developing the findings of the study. It is through the framework that the reader is provided a view into interrupting the lived experiences of the service providers lived experiences and perspectives.

Theoretical Framework Relationship to the Study

This research builds upon previous studies offering insights from the first-hand perspectives of service providers who work with unhoused veterans. These service providers provided a more concurrent understanding of the available resources and support services available to homeless veterans as well as the pitfalls they face with alcohol and substance use, housing affordability and availability, and transportation concerns and issues throughout Tennessee. Previous research consistently demonstrated that many veterans remain unhoused for longer periods of time than their civilian counterparts (Brown, 2008; Carlson et al., 2013; Cabbage, 2020; Dao, 2019). Building on the existing theory, this study contributes to a deeper understanding of the framework by identifying key themes and factors that contribute to housing insecurity among unhoused veterans.

Empirical Framework Relationship to the Study

As this research moved forward, it was clear that the passion shared by all the interviewees working with this population was genuine. The majority of the literature focused on the contributing factors to homelessness and mental disorders affecting the unmet needs of homeless Veterans. This study investigation confirms and collaborates those findings by examining the lived experiences of those who work first-hand with unhoused veterans in Tennessee. This study, a phenomenological qualitative diverges from previous research due to the findings that identify housing shortages, transportation limitations, and barriers to housing

identified through in-depth interviews with services providers who work first-hand with homeless veterans in Tennessee. This study highlighted the ongoing struggles faced by unhoused veterans like mental health struggles (Fargo et al., 2017; Hamilton et al., 2011; McNaughton, 2008).

This phenomenological study explores the experiences of service providers who work directly with unhoused veterans in Tennessee, providing a nuanced understanding of veteran homelessness. Through in-depth interviews, qualitative phenomenological research allows one to delve into the participants' perspectives and feelings, shedding light on the complexities of veteran homelessness. As Creswell and Creswell (2020) noted, qualitative phenomenological research is an ideal method for understanding the human experience, as it enables us to identify and emerge themes from participants' perspectives and language. In this study, providers highlighted the key themes that contribute to housing insecurity including overwhelming homelessness, substance abuse, alcohol dependence, limited affordable housing, and transportation challenges. By centering the voices of those who work with these individuals this study shed light on the complexities of veteran homelessness and provided a deeper understanding of the factors contributing to this ongoing issue.

However, due to the limited sample size, this study's findings may not be generalizable to other populations or contexts. Further research is needed to confirm and expand upon these findings.

Implications

The findings of this phenomenological study have significant implications for understanding the complex and ongoing struggles faced by unhoused veterans in Tennessee. Through the eyes of service providers who work directly with this vulnerable population, this

study reveals the profound challenges and barriers that homeless veterans encounter. The research highlights the need for comprehensive and nuanced approaches to addressing homelessness among veterans, going beyond simple solutions to address the root causes of this issue.

The study's findings underscore the importance of understanding the resilience factors that contribute to an individual's ability to adapt to adversity. As Luthar (2015) notes, resilience is shaped by factors such as self-concept, supportive relationships, and external support systems. The data collected in this study provides empirical support for these factors playing a significant role in why some veterans struggle with homelessness while others do not. Specifically, the study highlights the critical role of individual response to adversity in shaping resilience. This research has important implications for service providers, policymakers, and researchers working to address homelessness among veterans. By entering the perspectives and experiences of service providers, this study provides a nuanced understanding of the complexities and challenges faced by unhoused veterans in Tennessee. The findings suggest that addressing homelessness among veterans requires a comprehensive approach that takes into account the individual and systemic factors that contribute to this issue.

Delimitations and Limitations

The boundaries of this phenomenological study were deliberately established to define the scope of the inquiry and to ensure that the findings are relevant and meaningful. The decision to employ a phenomenological design was made due to its suitability for exploring the first-hand experiences and perceptions of service workers who work directly with unhoused veterans in Tennessee (Creswell & Creswell, 2020). Specifically, the study aimed to delve into the unique experiences, perceptions, and insights gained from working with homeless veterans.

Delimitations

The objective of this phenomenological study was to elucidate the first-hand perceptions and experiences of service providers working with homeless veterans in Tennessee. Participation in the study was restricted to individuals in paid and unpaid positions, aged 18 or older, who work directly with unhoused veterans in Tennessee (Creswell & Creswell, 2020). This criterion was established to ensure that participants possessed substantial knowledge and insight derived from their direct interactions with unhoused veterans struggling with resiliency issues.

Limitations

The study's scope was limited by the involvement of providers exclusively from eight agencies, with a relatively modest number of participants. While this sample size may have yielded similar results, involving a broader spectrum of providers could have enhanced data collection efforts. A larger sample size may have facilitated the recognition of supplementary struggles unhoused veterans face, potentially reducing frustrations among providers and fostering a greater sense of responsibility among this service population. Additionally, the study's findings may not be generalizable to other populations or contexts. Further research is needed to confirm and expand upon these findings.

Recommendations for Future Research

This phenomenological study provides valuable insights into the experiences and perceptions of service providers working with unhoused veterans in Tennessee. Future research endeavors would benefit from a broader sample size encompassing service providers working first-hand with unhoused veteran populations across Tennessee. A phenomenological study could be considered to gain insights from the first-hand experiences of those who provide care to this vulnerable population of veterans. Additionally, future studies could explore the experiences

of service providers working with homeless veterans in other regions, allowing for a more comprehensive understanding of the unique challenges faced by this population. It is imperative that all potential risks be carefully considered and addressed prior to any future studies to ensure no harm is done to this vulnerable population.

Furthermore, future studies could benefit from a mixed-methods approach, combining phenomenological data with quantitative data to provide a more nuanced understanding of the issues faced by homeless veterans. For instance, a survey could be conducted to gather data on the prevalence of specific challenges faced by homeless veterans, while in-depth interviews could provide insight into the personal and emotional impacts of these challenges. Future studies could also explore the effectiveness of existing programs and services aimed at addressing homelessness among veterans, and identify best practices for supporting service providers working with this population. Finally, exploring existing studies to identify effective strategies for building stronger, more resilient veterans could be beneficial in future research studies.

Summary

The purpose of this phenomenological study was to describe various service providers' experiences and perceptions after interacting with unhoused veterans in Tennessee. Through a qualitative analysis of the data, this study aimed to gain knowledge from the provider's unique experiences and perspectives. The results from the study identified three major themes: (1) abuse of alcohol and substances, (2) lack of available and affordable housing, and (3) transportation issues. These themes were further refined through the development of four sub-themes: (1) Criminal or Legal Issues, (2) Mental Illness, (3) Communication and Correspondence, and (4) Transportation Limitations and Accessibility.

The findings of this study highlight the complexities and nuances of working with homeless veterans, and underscore the importance of tailored approaches to addressing their unique needs. The unhoused veteran population has fluctuated over time and across the country, necessitating varied services based on the region and the specific needs of each homeless veteran. Addressing the concerns of this vulnerable population requires a multifaceted approach that considers the interconnectedness of these themes and sub-themes. Utilizing case studies could be beneficial, as well as reviewing multiple case studies over time, with in-depth data collection from multiple sources. By adopting a mixed-methods approach, future research studies can provide a more comprehensive understanding of the challenges faced by homeless veterans and inform evidence-based interventions to support their recovery and well-being.

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Appendix A: Screening and Demographic.

Please answer each of the questions with one of the responses provided.

Name: _____ D.O.B. _____

Your name and DOB will be removed and kept confidential and is only being requested to ensure there are no duplicate responses, all identifying information will be replaced with alphanumeric codes to ensure confidentiality.

1. What is your gender?

- Female
- Male
- _____

2. What is your age today? _____

3. Ethnicity

- White/Caucasian
- Black/African American
- Hispanic/Latino
- Asian
- Native American/American Indian
- Multiple races _____
- Other: _____

4. Did you serve in the United States Armed Forces.?

- Yes
- No

5. If yes, in which branch of service did you serve?

- U. S. Army
- U. S. Navy
- U. S. Marine Corps
- U. S. Air Force
- U. S. Coast Guard
- Other (the Public Health Service, the Environmental Services Administration, the National Oceanic and Atmospheric Administration, U.S. Merchant Marine)

6. Which of the following best describes your current relationship status?

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership or civil union
- Single, but cohabiting with a significant other
- Single, never married

7. Household type:

- Single combat veteran
- Combat veteran and spouse (partner)
- Combat veteran and child(ren)
- Combat veteran and spouse (partner) and child(ren)
- Pregnant combat veteran
- Nonmilitary
- Other _____

8. Would you consider where you live to be rural, urban, suburban, or metropolitan?

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Rural | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Suburban | <input type="checkbox"/> Metropolitan |
| <input type="checkbox"/> Other | <input type="checkbox"/> Retired |

9. Are you currently homeless?

- Yes
- No
- Own a house
- Rent a house, apartment, trailer, other _____

10. If homeless, which category best describes where you stay at night?

- Homeless staying with friends or family (temporarily)
- Homeless staying in a shelter, temporary housing, other _____
- Homeless staying in a
- | | | |
|-------------------------------|---|---|
| <input type="checkbox"/> Car | <input type="checkbox"/> Park | <input type="checkbox"/> Abandon building |
| <input type="checkbox"/> Tent | <input type="checkbox"/> Motel/hotel | <input type="checkbox"/> On the street |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Under a bridge | <input type="checkbox"/> Other |

11. Have you ever been incarcerated (jail or prison)

- Yes, if yes how many times?
 _____times, _____months, _____ years
- No

Thank you very much for your time and participation in this study, I am hoping this study will help combat veterans not become homeless and will help those who work with homeless veterans more specifically combat veterans, obtain safe secure housing because those who

offered to fight for our FREEDOM should never be unhoused or uncared for. You matter to me, and you matter to America, I cannot thank you enough for your participation in this study and for your work with our veterans.

Appendix B: Interview Questions

Interview Questions

To break the ice and allow the participants to relax and reduce their anxiety, researchers often look to utilize a couple of general non-threatening questions at the beginning of the interview (Moustakas, 1994).

1. What is something that someone else would not know about you just by looking at you?
2. Were you born and raised here in Tennessee? If not, where are you from and how did you end up here in TN?
3. Did you serve in the military, or do you have any military affiliation? If so what? If not, how did you start working with this population?

Working with homeless veterans -

4. What motivated you to work with homeless veterans?
5. What was it like when you first began working with homeless veterans? How is it different from your current experiences working with them today?
6. What are some significant challenges when working with homeless veterans?

Universal aspects commonly found among homeless veterans -

7. What aspects do you believe impact veterans resulting in them becoming homeless?
8. What do you consider are variables that cause veterans to become homeless from your experience working with them?
9. What situations or issues have affected or influenced your experiences helping homeless veterans? And how?

Closing question prompting the participant to share anything not previously covered -

10. Is there anything else you would like to add that you be beneficial to policymakers to decrease the likelihood of additional veterans becoming homeless?

Appendix C: Participant Recruitment Letter

Dear Community Member,

As a doctoral candidate in the EdD Community Care and Counseling - Psychology Department at Liberty University, I am conducting research as part of the requirements for a Ph.D. degree and to better understand the issues surrounding veteran homelessness in America. The purpose of my research is to obtain your first-hand account of your work with homeless veterans, and I am writing to invite you to join my study.

Participants must have paid or unpaid experience working with homeless veterans and be willing to share their lived experiences of the struggles homeless veterans face as they see them.

Participants will be asked to meet in person face-to-face or when this is not possible online via virtual platforms.

These interviews should take approximately 45-90 minutes to complete, and all identifying information will be coded to protect your identity and if you work with an agency their identity.

Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed in the study and will be coded for confidentiality.

To participate, please acknowledge the consent form at the end of this letter. If you have any questions, please contact me at (423) 201-8852 or LBurke17@liberty.edu for further questions.

A consent document is provided as the first page of the survey/is attached to this letter and will be given to you if you meet the study criteria. The consent document contains additional information about my research. If you choose to participate you will need to check the acknowledgment box at the bottom of the consent document to move forward to the survey.

Participants will not be compensated for their participation in this study; however, the hope is this study will help those who work with homeless veterans bridge the gaps to provide the assistance these men and women need to obtain safe secure housing and end veteran homelessness.

Sincerely,

Lynda Burke

Ph.D. Candidate



Appendix D: Information Sheet

Title of the Project: The Forgotten American Veterans: A Phenomenological Study

Principal Investigator: Lynda Burke, Doctoral Candidate, School of Behavioral Sciences,
Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate you must be a paid or unpaid individual, 18 years or older, who works directly with homeless veterans and works in Tennessee. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of this qualitative phenomenological study is to look at the lived experiences of individuals, both paid and unpaid, who work firsthand with homeless veterans in Tennessee. The qualitative research study looks to identify the experiences and reflections of individuals who work first-hand with homeless veterans, as shared through semi-structured interviews with open-ended questions.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. First task: Meet with the researcher in-person or online via Zoom or Teams, for an audio-recorded and/or video-recorded interview that will take no longer than 90 minutes.
2. Second task: Participants will be provided with the transcript of the interview to review and check for accuracy. Participants' confirmation of transcripts will take no longer than half an hour.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include supporting veterans in the reintegration process from military life back to civilian life.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. The published study will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer in a locked office accessible by the researcher only. After three years, all hardcopy transcriptions will be shredded.
- Recordings will be stored on a password-locked computer until participants have reviewed and confirmed the accuracy of the transcripts and then deleted or erased. The researcher and her faculty sponsor will have access to these recordings.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or further relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from this study?

If you choose to withdraw from the study, please contact the researcher at the email or address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Lynda Burke. You may ask any questions you have now.

If you have questions later, you are encouraged to contact her at [REDACTED]

[REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Vail at

[REDACTED]

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations.

The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records.

The researcher will keep a copy with the study records. If you have any questions about the study

after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record/video-record/photograph me as part of my participation in this study.

Printed Subject Name

Signature & Date

Appendix E: Recruitment Flyer

Research Participants Needed

The Forgotten American Veterans: A Phenomenological Study

- Are you 18 years of age or older?
- Do you work firsthand with homeless veterans?
 - (Paid or volunteer)?
- Do you work in Tennessee?

If you answered yes to the questions listed above, you may be eligible to participate in a research study.

The purpose of this qualitative phenomenological study is to look at the lived experiences of individuals, both paid and unpaid, who work firsthand with homeless veterans in Tennessee.

The qualitative research study looks to identify the experiences and reflections of individuals who work firsthand with homeless veterans, as shared through semi-structured interviews with open-ended questions.

Participants will be asked to participate in-person, or online via Zoom or Teams, audio-recorded and/or video-recorded interviews that will take no longer than 90 minutes. Names and other identifying information will be requested as a part of this study, but participant identities will not be disclosed.

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include supporting veterans in the reintegration process from military life back to civilian life.

If you would like to participate, contact the researcher at the phone number or email address provided below.

An information sheet will be provided at the time of the interview.

Lynda Burke, a doctoral candidate in the Doctor of Education School of Behavioral Sciences at Liberty University, is conducting this study.

Please contact Lynda Burke at [REDACTED] for more information.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

Appendix F: Social Media Recruitment

ATTENTION FRIENDS:

I am conducting research as part of the requirements for a doctorate degree in Community Care and Counseling at Liberty University. The purpose of my research is to better understand the correlation between combat and homeless veterans. Participants must be a veteran (18 years or older) who work first-hand with homeless veterans in paid or unpaid roles.

If you are interested in participating or know someone who might be and meet the study criteria, please direct message me for more information. A consent document will be provided prior to the survey.

Thank you in advance for considering being part of my research study.

Appendix G: Institutional Review Board (IRB) Application