

2020

Relationships Between Characterizations of Military Service: Bad Discharge and Veteran Homelessness

Ronnie Fairley
Walden University

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Walden University

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Ronnie Fairley

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Walden University
2020

Abstract

Relationships Between Characterizations of Military Service: Bad Discharge and Veteran

Homelessness

By

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MA, Carnegie Mellon University, 1989

BS, Pittsburg State University, 1984

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

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November 2020

Abstract

Given the current global war on terror, there was concern that the influx of servicemen and women returning from the war with less than honorable discharge would increase veteran homelessness in the United States. Using Castro and Kintzle's military transition theory, the purpose of this nonexperimental correlational design was to determine relationships between military characterizations of service and veteran homelessness. The correlational research design was used to determine the relationship between military discharge and veteran homelessness. Data were acquired from archival data regarding separated American servicemen and women who served in the military from the Defense Manpower Data Center and veteran homelessness data from the Annual Homeless Assessment Report to Congress. Data for the years between 2009 and 2018 were used for the analysis. The sample included active duty separation from 2009 to 2018. The initial sample consisted of 1,910,545 service members. Using a simple regression analysis, a significant relationship was found between punitive discharge and veteran homelessness. The results of the study may be used to increase public awareness of veteran homelessness issues involving the transitional experiences of returning veterans which will educate military officials or policymakers, family, and the public. While understanding the dynamics of military characterization of service, governmental departments can contribute to social change by designing effective programs and comprehensive services that are necessary to help veterans transition successfully.

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Dedication

This dissertation is dedicated to the true cast of my life: Ronnie Zackery (Big Boy) Fairley, James (Schnoor) Fairley, Iva Jane Fairley, Ardell (Big Cat) Fairley, Parnell (Cactus) Fairley, Dr. Connie Hicks, Rosa McNeill, Fannie Cribb, Annie Bell Graham, Betty Woods, Lillie Jacobs, and my late brother Charlie Ray (Chico) Fairley. Thank you to my late parents Mr. Zack Haywood and Mrs. Emma Robinson Fairley. From my mother's death bed, I do not know what is to become of you all (Connie, Charlie, and myself). Well, two Doctors later. You all inspired me throughout my humble life.

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Table of Contents

List of Tables.....	vii
List of Figures.....	viii
Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Background of the Study	2
Problem Statement.....	3
Purpose of the Study.....	5
Research Questions.....	5
Theoretical Framework.....	6
Transitional Theories	6
Nature of the Study.....	7
Assumptions.....	8
Delimitations.....	8
Limitations	8
Definitions of Terms.....	9
Significance.....	14
Summary.....	15
Chapter 2: Literature Review.....	16
Introduction.....	16
Organization of Chapter.....	16
Research Strategies	17

Transitional Theories	17
Military Transition Theory	18
Baltes Life-Span Theory	20
Schlossberg’s Transition Theory	20
Schuetz Homecoming Theory.....	23
Magnusson’s Holistic Person-Context Interaction Theory.....	24
Military Transition.....	25
Transition	27
Reintegration and Readjustment.....	27
Military Culture: The Nature and Experience	29
Military Norms.....	31
Military Identity and Transition.....	32
The Problems of Transition	38
Mental Health Consequences and Transition	43
Readjusting to civilian life	45
Transition Assistant	46
VA & Veterans’ Benefits Claims Process	47
VA Eligibility Criteria	48
DD Form 214	50
Military Justice.....	52
The Nature of Uniform Code of Military Justice – UCMJ.....	53
Military Discharge in the United States.....	53
Punitive Discharge.....	54

Administrative Discharge	54
Reasons for Discharge	54
Characterization of Service.....	55
Military Justice and Service Members.....	57
Wrongful Discharges	59
Homelessness	62
Overview of Homelessness.....	62
Homelessness and Veterans.....	67
Homeless Veteran	69
Demographic Characteristics of Homeless Veterans.....	71
Overrepresentation of Veterans in the Homeless Population	73
Risk Factors for Homelessness among Veterans	74
Combat Exposures	78
Combat-related Injuries (TBI and PTSD), and Service Members.....	82
Combat Exposure and Mental Health of Returning Service Members.....	91
Combat-Related Health Issues and Service Members	91
Military Misconduct and Veteran Homelessness	93
The Military Judicial System and Less Than Honorable Discharge.....	99
VA Benefits and Less Than Honorable Discharge.....	101
Current Policy Shift and Returning Service Members	104
Fairness for Veterans Act 2016.....	109
Summary.....	111

Chapter 3: Research Method.....	112
Introduction	112
Research Questions.....	112
Role of the Researcher	112
Research Design and Rationale	113
Target Population	114
DMDC data.....	115
U. S. Department of HUD AHAR to Congress Data.....	115
HMIS.....	116
Point-In-Time (PIT) Count	117
HIC.....	118
The Importance of HMIS, HIC, and PIT Count	118
Methodology	119
Data Collection Instruments and Reporting.....	121
Criteria for Participating in the AHAR.....	122
AHAR Reporting Requirements	122
Sampling and Sampling Procedures	123
Rights Protection and Permission	125
Operationalization of Variables	125
Data Analysis Plan.....	126
Reliability and Validity.....	128
Ethical Procedures	128

Summary	129
Chapter 4: Results	130
Introduction.....	130
Pre-analysis Data Screening	130
Descriptive and Inferential Statistics	131
Descriptive Statistics of Continuous Variables.....	133
RQ1 and Related Hypotheses	134
Outliers.....	134
Normality	134
Linearity Assumption.....	136
Independence of Error Assumption	137
Single Regression.....	139
RQ2 and Related Hypotheses	139
Outliers Assumption	140
Normality	140
Linearity	142
Homoscedasticity	142
Independence of Error Assumption	143
Simple Linear Regression.....	145
Summary	145
Chapter 5: Discussions, Conclusions, and Recommendations	147
Introduction.....	147

Interpretation of the Findings.....	148
Limitations of the Study.....	152
Recommendations for Future Research.....	155
Implications for Positive Social Change.....	156
Summary of Results.....	160
Conclusion	161
References.....	164
Appendix A: Veterans Demographics	185

List of Tables

Table 1. Eligibility for Common VA Benefits by Military Character of Discharge	52
Table 2. Descriptions of Military Character of Discharge.....	57
Table 3. Demographic Characteristics of Homeless Veterans.....	72
Table 4. Demographic Characteristics by Service Branch	132
Table 5. Descriptive Statistics for Predictor and Veteran Homelessness	133
Table 6. Model Summary	138
Table 7. Pearson correlation between administrative discharge and veteran homelessness	138
Table 8. Results of the simple linear regression with Administrative discharge predicting Veteran Homelessness.....	139
Table 9. Model Summary	144
Table 10. Pearson correlation between punitive discharge and veteran homelessness Veteran Homelessness.....	144
Table 11. Results of the simple linear regression with Punitive discharge predicting Veteran Homelessness.....	145

List of Figures

Figure 1. Schlossberg’s transition theory.....	23
Figure 2. Comparative trends other than honorable and punitive discharges.....	107
Figure 3. Power as a function of the sample size.....	125
Figure 4. Assessment of normality histogram	135
Figure 5. Assessment of normality P-P plot	135
Figure 6. Veteran homelessness by administrative discharge	136
Figure 7. Residuals of homoscedasticity for variables predicting veteran homelessness	137
Figure 8. Assessment of normality histogram	141
Figure 9. Assessment of normality P-P plot	141
Figure 10. Veteran Homelessness by Punitive Discharge	142
Figure 11. Residuals scatterplot for homoscedasticity for punitive discharge predicting veteran homelessness	143

Chapter 1: Introduction to the Study

Introduction

The current global war on terror in Iraq and Afghanistan represents the most prolonged conflict in American history. There was growing concern that the influx of servicemen and women returning from the war would increase veteran homelessness in the United States. The United States Congress has produced numerous programs such as transitional and permanent supportive housing, wellness maintenance, employment assistance, and supportive services for veterans and their families. These programs help returning servicemen and women reintegrate back to civilian culture. Some service members returning from these conflict zones (e.g., Iraq and Afghanistan) are more likely to have less than dishonorable discharge and war-related health issues (e.g., PTSD or traumatic brain injury); Upon their return home, most service members, especially service members with less than a dishonorable discharge find it difficult to transition from military to civilian society. Homelessness could be the fate of many service members if they do not receive proper support and attention from the government and their respective families. The characterization of military service refers to the quality of the individual military service, for example, honorable, general, other than honorable, bad conduct, and dishonorable. Characterization of military service or type of discharge from the military has implications for government benefits or their entitlement. This characterization of military service or the circumstances surrounding discharge from the military affects veterans ability to establish veteran status to claim entitlements and free benefits administered by the Department of Veteran Affairs. This research study fills a gap regarding how the characterization of military service of service members or their

type of discharge from the military restricts their eligibility for benefits and increases the possibility of them becoming homeless.

Background of the Study

This veteran homelessness study focused on understanding whether there is a relationship between the military characterization of service and veteran homelessness. The transition from military to civilian culture is not a simple, easy, and quick process, transitional theoretical perspectives such as Military and Schlossberg's Transitions suggest that military characterization of service impacts veteran homelessness. A successful transition from the military is critical for service members' long-term well-being. Service members honorably discharged from service or the military will have a different transition experience than a service member with a bad conduct discharge. Service members with bad releases may experience additional challenges in terms of proving their eligibility for some of the critical resources they need during the transition, which may lead to homelessness.

The United States Department of Housing and Urban Development (HUD, 2018) counted 37,878 veterans in the United States were exposed to homelessness on a single night in January 2018. Homelessness among veterans has been a primary public concern for policymakers, scholars, and housing providers, as well as the public. According to Donovan and Shinseki (2013), veterans are at higher risk of experiencing homelessness than other homeless subpopulations. Veteran homelessness is associated with different adverse outcomes for the individual, causing behavior and substance abuse, and the public, such as serious medical problems (Tsai & Rosenheck, 2015).

Uncertainty from what American society expects from them as to what new role expectations and problems of adjusting to work-life balance interfere with successfully transitioning to civilian life and increase the likelihood of homelessness. Their experiences in combat have an impact on how veterans reintegrate into the civilian culture. In addition to combat, wartime trauma has been found to sometimes contribute to downward spirals of depression, broken relationships, substance abuse, unemployment, and isolation, which may lead to homelessness (Metraux, 2018). Bad discharge or less than honorable discharge increases the risk for veterans becoming homeless (Brooks & Pedersen, 2017; Perl, 2015; Tsai & Rosenheck, 2015; Umar & Sidath, 2015). Tsai and Rosenheck (2015) suggested service members who received a dishonorable discharge from the military are more likely to have restricted eligibility for their veterans' benefits, have health problems, poor employment records, weaker social support, and are at increased risk of homelessness.

Problem Statement

The current global war on terror, with the Iraq and Afghanistan conflict representing the longest in American history, reflects homeless activists, military leaders, civic leaders, and housing providers growing concern that the influx of servicemen and women returning from the war will increase veteran homelessness in the United States. Characterization of military service or the type of discharge service members received when they separate or left military service affects their eligibility for veterans' benefits, including service-connected housing assistance, healthcare, disability compensation, education assistance, pensions, burial benefits, and vocational rehabilitation. Service members who received dishonorable discharges from the military may have restricted

eligibility for their veterans' benefits. Service members who receive dishonorable discharge cannot access the most benefits, such as housing and medical care. Those service members experience a hard time transitioning from military culture to civilian culture and are at increased risk of homelessness.

According to the HUD (2018), Point-In-Time (PIT) annual counted on a single night in January of 2018 showed just over 37,878 veterans were experiencing homelessness. Between 2017 and 2018, there was a 5.4% decrease in the PIT estimated number of homeless veterans nationwide. During even-numbered years, Continuums of Care (CoCs) are only required to count sheltered persons (those living in emergency shelters and transitional housing), although many CoCs voluntarily collect data about unsheltered persons during those years (HUD, 2018). Rubin, Weiss, and Coll (2013) said engagement in the "Global War on Terrorism" was estimated to cause a significant number of "invisible wounds of war" such as Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and other related mental disorders. Factors such as adverse deployment experiences and exposure to traumatic incidents expose service members to stress, trauma, and substance abuse-related mental health problems that can contribute to veteran homelessness. A successful transition is critical for service members' long-term well-being.

Characterization of military service is a dependent variable that is the most reliable and consistent risk factor in service members' homelessness. Service members dishonorably discharged from the military are not eligible for most Veterans Health Administration (VHA) services. Additionally, these individuals are more likely to be homeless and, therefore, not tracked in various VHA databases. These service members

tend to experience homelessness longer than other homeless subpopulations (Metraux, 2018; Tsai & Rosenheck, 2015). This study focuses on understanding the relationship between the military characterization of service or types of discharge and veteran homelessness. This study also fills a gap in the literature regarding the impact of military discharge status on veteran homelessness.

Purpose of the Study

The purpose of this quantitative research was to examine the relationship between the military characterization of service and veteran homelessness. Characterization of military service is the most consistent risk variable in service members becoming homeless. The characterization of military service may be an indicator of a variety of risk factors associated with veteran homelessness. The researcher's goal was to provide an understanding of the relationship between the military characterization of service and veteran homelessness.

Research Questions

The research questions in this study represented an attempt to remedy a gap in the literature involving the relationship between military discharge and veteran homelessness. The two overarching research questions are:

RQ1: Does administrative discharge impact veteran homelessness?

H₀₁: Administrative discharge does not impact veteran homelessness.

Ha1: Administrative discharge does impact veteran homelessness.

RQ2: Does punitive discharge predict veteran homelessness?

H₀₂: Punitive discharge does not impact veteran homelessness.

Ha2: Punitive discharge does impact veteran homelessness.

Theoretical Framework

Transitional Theories

The theoretical framework for this study was Castro and Kintzle (2017)'s military transition theory. The military transition theory involves the unique process through which service members' transition from military to civilian life, as well as implications of that transition on their mental and physical well-being and functioning (Castro, 2018; Castro & Kintzle, 2017; Delucia, 2016). Castro and Kintzle's (2017)'s theory conceptualize the process of military transition and postulate three overlapping and interacting phases of service members into military, interpersonal, and community phases. The first phase of leaving the military outlines the personal, cultural, and transitional factors that create the base of a successful transition. The interpersonal phase refers to factors that influence individual progression from service members to civilians for different adjustment factors of a person's coping styles, attitudes, and beliefs. In the final phase, the community phase referred to outcomes associated with the transition to wellness categories of adequate employment, new family roles, new social networks, and engagement. These organizational factors affect the transition from military culture to civilian life. The theory illustrates how factors such as characterization of military service and health conditions of service members impede their transition from military culture to civilian life; these insights provide an opportunity to redefine how to help servicemen and women avoid homelessness and adjust to the civilian environment.

Other transitional theories were used to understand the effect of military characterization of service on veteran homelessness in this study. These theories included Schuetz's homecoming theory, which argues that reality and expectations for returning

servicemen and women and their family and friends at home can result in a shock for both sides. Service members experience disconnection from family and friends at home; lack of institutional support is due to the service member's inability to prove service eligibility or apply for their veteran's benefits. As a result of the nature of their military discharge, loss of purpose, and lack of structure upon return or separation from the military can increase the possibility of veterans becoming homeless. Service members' health and mental conditions and their socioeconomic status, as well as the type of benefits they can access, can affect their transition (Schlossberg, 1981b). This lack of social support increases the possibility of veterans becoming homeless.

Nature of the Study

This research involved a nonexperimental correlational design in determining the relationship between military characterization of service, primarily administrative and punitive discharges, and veteran homelessness. This research design allows the researcher to examine and estimate the extent to which bad discharge and veteran homelessness are related. A non-experimental correlational design was deemed a stronger research design when a true experimental design is not possible. Descriptive statistical analyses are conducted on the research variables. Pearson product-moment correlations (r) and simple linear regressions are conducted to analyze the relationship between the variables. Analyses were carried out to examine research questions and evaluate assumptions of analyses. The independent variable for the study was administrative and punitive discharge (a type of characterization of military service), and the dependent variable was veteran homelessness. The raw data were collected from service members or individuals who served in the active or reserve military or who were discharged from the service, as

noted on their DD Form 214. Data were analyzed using Statistical Package for the Social Sciences (SPSS).

Assumptions

Service members who received discharges that were not honorable or general conduct discharges from the military may have restricted eligibility for their veterans' benefits. The benefits may include housing assistance, medical, educational, and career counseling. Service members with not honorable or general conduct discharge will experience a hard time transiting back from military to civilian culture and are at increased risk of homelessness. The health conditions, employment status, and social skills of service members will impede their transition from military culture to civilian life.

Delimitations

Archival study data is delimited to active duty separation American servicemen and women who served in the military from the Defense Manpower Data Center (DMDC) and veteran homelessness data from the Annual Homeless Assessment Report (AHAR) to Congress. The study only involved analyses of homeless veteran and service members who served in the Army, Navy, Air Force, and Marine Corps who were inactive duty between 2009 and 2018. National Guard members who are not on active duty or released from active duty are not included in the population of the study.

Limitations

The study was limited to archival data from the DMDC and AHAR. The research does not involve homeless veterans and service members in the Reserves of the Army, Navy, Air Force, and Marine Corps who were inactive duty between 2009 and 2018. This

study did not analyze data beyond the two archival studies of the DMDC and AHAR, nor analyze homeless veteran data from National Guard reserves.

Definitions of Terms

This section includes specific terminology relating to the research topic used throughout this study.

Bad Conduct Discharge (BCD): Discharge only given by a court-martial (either special or general) as a punishment of a crime against the good order and discipline of the service. Virtually all veterans' benefits are forfeited by a BCD such as GI Bill benefits and VA housing programs.

Character of Discharge: Determines eligibility for VA Benefits. The discharges are honorable or under honorable conditions, general under honorable conditions, other than honorable (OTH), Bad Conduct, dishonorable. The DD Form 214 must have a service characterization of anything other than dishonorable to be considered a veteran.

Chronic Homelessness: Person having a disability and four episodes of homelessness cumulatively within a total of 12 months.

Combat: Action between military forces.

Combat Veteran: Active duty personnel who served in U.S. armed forces that exposed them to mortar attacks, gunfire, attacks, and a threat to life.

Continuums of Care (CoC): Includes nonprofit organizations, State and local governments, instrumentalities of local governments, and public housing agencies designed to promote communitywide commitment to the goal of ending homelessness.

DD-214: Discharge certificate that shows complete documentation of military service. It contains total time in service, dates of entry and discharge, dates of rank,

documentation of foreign service, ribbons, medals and badges awarded, professional military education completed, characterization of service, and reasons for discharge.

Deployment: Movement of military personnel or forces to a different place or on a different assignment.

Disabled Veteran: A person who is discharged or released from active duty because of a service-connected disability or a veteran who is entitled to compensation under laws administered by the Secretary of Veterans Affairs.

Discharge Review Board (DRB): A military board with authority to change, correct, or modify discharges or dismissals that are not issued through a sentence of a general court-martial.

Dishonorable discharge (DD): The most severe type of discharge through a court-martial as punishment for a conviction for any felonious crime. All veterans' benefits are forfeited, making finding employment difficult. Current federal law prohibits anyone who receives this type of discharge from owning a firearm.

Dismissal: For commissioned officers who cannot receive bad conduct or dishonorable discharges, this has the same effect as a dishonorable discharge, making finding employment difficult.

Eligible Veteran: A person who served on active duty for a period of more than 180 days and was discharged or released with another than dishonorable discharge, was discharged or released from active duty because of a service-connected disability, served on reserve active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other

than a dishonorable discharge, or was discharged or released from active duty by reason of a sole survivorship discharge.

Emergency Shelter: A facility with the primary purpose of providing temporary shelter to homeless persons.

General discharge: At discharge, performance and conduct is satisfactory but fall short of reaching the level of an honorable discharge.

Homeless Veteran: service member who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable who lacks a fixed, regular, and adequate nighttime residence.

Honorable discharge: When performance and conduct during military service in the armed forces are proper.

Less than honorable discharge: Discharge status, which provides fewer service members' eligibility for VA benefits, including housing and medical services than honorable discharge.

Military Transition: The act of active-duty personnel, leaving the military to return to civilian life.

Pension: VA benefits are available to veterans who served honorably.

Permanent Supportive Housing: Permanent housing in which supportive services are provided to assist homeless persons with disabilities to live independently.

Point-in-Time (PIT): Performed by Continuum of Care as a snapshot of sheltered and unsheltered people experiencing homelessness on a single night in January used by HUD to report homeless status to U. S. Congress.

Post-Deployment: Period of time after active duty service members return homes and permanently leave their assigned duty station.

Posttraumatic Stress Disorder (PTSD): A cluster of symptoms stemming from original reactions to a traumatic episode such as combat. The sufferer reexperiences the original traumatic event and experiences depression, intense anxiety, hypervigilance, explosive and aggressive behavior, emotional numbing, guilt, intrusive imagery, nightmares, and sleep disturbances (National Center for PTSD, 2019).

Reintegration: A stage of the deployment cycle when service members reenters their civilian lives before deployment.

Special Disabled Veteran: A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of VA for a disability rated at (a) 30% or more, or (b) 10 or 20%.

Supportive housing: Combines housing assistance and supportive services for homeless individuals and serves as transitional housing or an alternative method of meeting the immediate and long-term needs of homeless veterans.

Supportive services: Appropriate services to address the needs of homeless veterans.

Transitional homelessness: Individuals who are homeless due to some transition; these individuals are not caught in the long-term shelter system and require housing due to some unexpected event.

Transitional Housing Program: A type of housing where homeless people may stay and receive supportive services for up to 24 months, which are designed to enable them to move into permanent housing.

Trauma: Physical and or emotional threats experienced by individuals, causing, and having lasting adverse effects on their physical, social, and emotional functioning (SAMHSA, 2013).

Traumatic Brain Injury (TBI): A nondegenerative, noncongenital insult to the brain from an external mechanical force, possibly leading to permanent or temporary impairment of cognitive, physical, and psychosocial functions, with associated diminished or altered states of consciousness.

Under Other Than Honorable Conditions (Less Than Honorable) discharge: The most severe form of administrative discharge usually given when a service member has committed a serious offense or displayed a pattern of misconduct. For this research, less than honorable discharge and other punitive discharges refer to servicemen and women with bad paper.

Unsheltered Homeless Persons: People who live in places not meant for human habitation, such as streets, campgrounds, abandoned buildings, vehicles, and parks.

Veteran: service members who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable (Title 38 benefits purposes).

Willful Misconduct: An act after which veterans cannot receive VA compensation for a disability.

Significance

Understanding the relationship between bad discharge and veteran homelessness is the prerequisite to preventing and ending veteran homelessness. This study is essential to know how service members coping with life stresses play an integral role in military service member and veteran post-deployment reintegration. This study expands on prior findings that veterans, especially returning servicemen and women with bad discharge, are vulnerable to homelessness. This research will increase public awareness of veteran homelessness issues, including transitional experiences of returning veterans and educate military officials and policymakers, friends, family, and the general public.

Understanding the dynamics of military characterization of service and how dishonorable discharge limits the benefits they get from governmental departments tasked with helping veterans adjust can contribute to understanding their health, housing, and employment needs. Insights from this research will empower military leaders, government officials, and military stakeholders to increase and improve benefits and services to veterans. Moreover, they will enhance their response to service members and military families experiencing homelessness.

Transitional theories highlight the importance of a smooth and efficient transition from military to civilian life. Factors influencing veteran homelessness go far beyond the shortage of housing. This study assists policymakers in the creation of new veteran homeless treatment strategies and direct homeless funding initiatives and procedures that can help in terms of service delivery, staff training, treatment strategies, direct homeless funding initiatives, and reevaluating previous policies. At-risk veterans live with lingering effects due to a lack of family and social support networks. Additionally,

information from this study will be used to safeguard the total health and wellbeing of soldiers after they leave the military. Results from this study will identify other risk factors regarding veteran homelessness and lead to a strategic action plan which prevents military service members from becoming homeless. Because ending homelessness will provide a better life for service members whom we owe our freedoms, developing a tracking system and programs to track, will help prevent and end veteran homelessness.

Summary

Homelessness is a significant issue among military veterans. Service members who received a bad or less than honorable discharge increase their risk of becoming homeless. Metraux (2018) suggested that combat impacted veteran reintegration, causing veteran homelessness. Learning about the relationship between bad discharge and veteran homelessness is a prerequisite to preventing and ending veteran homelessness. Chapter 2 includes the problem statement along with a literature review to establish the theoretical foundation.

Chapter 2: Literature Review

Introduction

Veterans have been overrepresented in the homeless population since at least the late 1980s (Tsai & Rosenheck, 2015). There is growing concern that the influx of servicemen and women returning from the war increased the veteran homelessness in the United States. Service members characterization of military service or types of discharge from the military has implications on service members ability to claim these entitlements. This characterization of military service of service members or circumstances involving their discharge from the military affects their ability to establish their veteran status. It has implications for their ability to claim benefits administered by the DVA. This research study fills a gap in research regarding how the characterization of military service of service members or type of discharge from the military restricts their eligibility for benefits and increases the possibility of them becoming homeless. Historical and current studies on veteran homelessness, VA benefits processes, veteran status, and discharge criteria are synthesized in the literature review.

Organization of Chapter

Chapter 2 includes an introduction, literature search strategies, theoretical foundations, a review of the literature, and a summary. The introduction includes the problem statement. The literature search section includes strategies employed to search databases for information. The theoretical foundation section focused on transitional theories and an exhaustive review of key variables and concepts under study. Military transition, veteran benefits claims processes, veterans status, active service criteria,

length-of-service criteria, discharge criteria, and other risk factors impacting service members were reviewed. The chapter ends with a summary and transition to Chapter 3.

Research Strategies

Studies published articles, and government and private documents for this literature review were obtained from:

Academic Search Complete Premier
 EbscoHost
 Federal Reserve Banks Studies
 General Accountability Office (GAO)
 Google Scholar
 National Coalition for Homeless
 National Fair Housing Alliance Studies
 ProQuest
 SAGE
 SOCINDEX
 U.S. Department of Defense (DoD)
 U.S. Department of Housing and Urban Development (HUD) research documents
 U.S. Department of Veterans Affairs (VA) website
 U.S. Department of Veterans Affairs Office of Inspector General (VA OIG)
 U.S. Office of Inspector General (OIG) website
 Walden Dissertations
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The keyword search was used to find articles. The range search was five years for articles published between 2016 and 2020. The keyword search terms were:

characterization of military service, veteran benefits claim process, veteran status, active service criteria status, length-of-service criteria, discharge criteria, depression, mental health, military, Iraq and Afghanistan Wars, homelessness, social support, post-deployment, and PTSD.

Transitional Theories

The researcher used Castro and Kintzle (2014)'s military transition theory as a foundation for this study. Service members who received a dishonorable discharge from

the military may have restricted eligibility for benefits such as housing, medical and may experience a hard time transitioning back from military culture to civilian culture and are at increased risk of homelessness (Fargo et al., 2017; Tsai & Rosenheck, 2015).

The transition from military to civilian culture is not a simple or quick process; it is complicated and can be viewed from multiple transitional theoretical perspectives. Service members honorably discharged from service or the military will likely have a different transition experience than service members with bad discharges. Also, service members with bad discharges may experience additional challenges in terms of proving their eligibility for some of the critical resources they need during their transition, possibly leading to homelessness. Their long-term well-being is critical in understanding the challenges veterans face, how they navigate challenges and approach reconnection, as well as what resources mitigate transition difficulties. Understanding the impact of military characterization of service members' transitional experiences will provide insight into strategies needed to cope with ordinary and extraordinary processes involved in transitioning from military to civilian life, and informing interventions to support successful readjustment.

Military Transition Theory

The researcher used Castro and Kintzle (2014)'s military transition theory as a foundation for this study. This theory-military transition theory corresponds to the military characterization of service, the dependent variable, and postulates three overlapping and interacting phases that describe the individual, interpersonal, community, and military organizational factors that impact servicemembers transition process – military to civilian culture. Because this transition entails moving from military

culture to civilian culture, it results in changes in relationships, assumptions, work context, and personal and social identity of the service members. Moreover, service members transitioning from military to civilian life must possibly find a new home or relocate to a new neighborhood, meaningful employment, cultivate new social networks, and adjust to the civilian culture. Furthermore, given that studies found that transiting servicemen and women encountered unexpected challenges during this transition, which had tremendous implications for post-service well-being and functioning, Castro and Kintzle (2014) and Castro and Kintzle (2016)'s military transition theory helps researchers to conceptualize the process of military transition.

The military transition theory explores the process through which service members' transition from military to civilian life and the implications of that transition on their mental state and physical well-being and functioning. The crucial aspects of military transitions that occur throughout a service member's military career, including joining the military, deployments, moving from one duty station to another, and leaving the military are described and explain. From military culture to civilian life, the theory highlights how some factors impact the transition. The three overlapping components of this theory are approaching military transition, managing the transition, and assessing the transition. The approaching military transition outlines the personal, cultural, and transitional factors that create the base of the transition trajectory. Managing the transition explores the factors impacting the transition's trajectory. Assessing the transition describes the outcome of the transition in the realms of work, family, health, and general well-being. Each transition demonstrate and illuminate how this perspective can improve our understanding of the challenges service members faced and available strategies to be applied. The insights

from this theory provide an opportunity to redefine how we help servicemen and women avoid homelessness and adjust to a civilian lifestyle.

Baltes Life-Span Theory

The lifespan theory of human development (Baltes, 1987) provided a unique perspective on how biological, cultural, and individual factors working together affect the lifelong evolution of the individual; the theory's premise described the sociocultural, multidimensional, multidirectional, plastic, and contextual processes that influence these developments. The traditional perspective on transitions suggest that transiting entails moving from one environment, culture (military culture to civilian culture), and phase in life (e.g., retirement); and that such transitions result in changes in personal relationships, assumptions, work context and personal and social identity of the individual involved. Lifespan perspective emphasizes the development of the course of a lifetime; the theory posits that sociocultural influences are inherent within the setting or environment in which the individual lives. Multidirectional influences include the positive and negative events experienced by the person within the course of human development. Multidimensionality is the perspective that there are multiple pathways in an individual's development. Plasticity is the ability of the individual to adapt to life changes. Contextual influences include the types of changes in resources that occur in response to the individual's needs for resources throughout a changing lifespan. However, this researcher associated these terms - especially plasticity; with the military characterization of service (discharge status of service members) – which affects the nature of the transition.

Schlossberg's Transition Theory

Schlossberg's transition theory focuses on the context of transition. Schlossberg argued that the context of transition depends on the relationship of the service member to the factors (critical resources and environment) influencing the change is crucial to our understanding of the transitions. The context considers the setting of the transition and whether the transition was personal, interpersonal, or communal. Schlossberg noted that individuals undergoing a transition are affected the most by the degree to which the transition alters their daily life. For example, the difference between the highly structured military culture and environment and the less structured civilian culture and environment after and created challenges in the transition from military to civilian life. In a situation where the service members lack the necessary support and critical resources (e.g., housing benefit) due to bad discharges from service, veterans often found it hard to transit from military to civilian culture successfully.

Schlossberg's theory suggested that some coping resources available to service members to deal with the changes affect the transition. According to Schlossberg (1995), there are four types of transitions, namely: anticipated, unanticipated, chronic, and nonevent.

Anticipated transitions are those for which individuals can prepare and would include events such as enlisting in the military, and starting a family or getting married, and retiring from service or work.

Unanticipated transitions are those forced upon an individual and typically involve crises. Expulsion from an institution could represent these (e.g., Military and work), being deployed on short notice as a member of a military service branch's reserve force, reserve, or national guard; or going through a divorce.

Chronic transition can erode self-confidence and lead to an inability to initiate necessary changes (Schlossberg, 1984). Health, employment, and family issues are just some examples of persistent chronic transition that we face in life.

Finally, transitions may take the form of a non-event or an anticipated transition that never occurs.

These transitions result in changes in relationships, assumptions, work context, and personal and social identity. Sargent and Schlossberg (1988) noted that there are four primary categories of resources that individuals can utilize in coping with a transition. The resources are categorized as situational, self, support, and strategy resources, commonly known as the four S's. Situational resources are found in an individual's survey of the entire context of the transition. The experience, attitude, and awareness a person possesses comprise self-resources. Support resources include financial and emotional support sources and interpersonal networks. Finally, individuals must employ some methods of coping with the transition, which constitutes the strategy component. Sargent and Schlossberg (1988) posit that the availability of resources in each of these four categories often predicts how an individual copes with transitions.

Additionally, there are some factors associated with transitioning from the military to the civilian world (Alschuler & Yarab, 2018). These factors, according to Tinto, are manifested in what he calls attributes, which invariably affect their transition. Tinto posited that attributes such as socioeconomic status, family background (family support), the level of education, and skills all affect the service member's transition and has tremendous implications for post-service well-being and functioning. Given that military characterization of service impacts service members' ability to access or receive

their deserved support or the critical resources necessary for a successful transition.

Understanding the context of the transition can provide helpful insights that could inform proactive strategies that could lead to a successful transition for service members. Figure

1 is Schlossberg's Transition Theory.

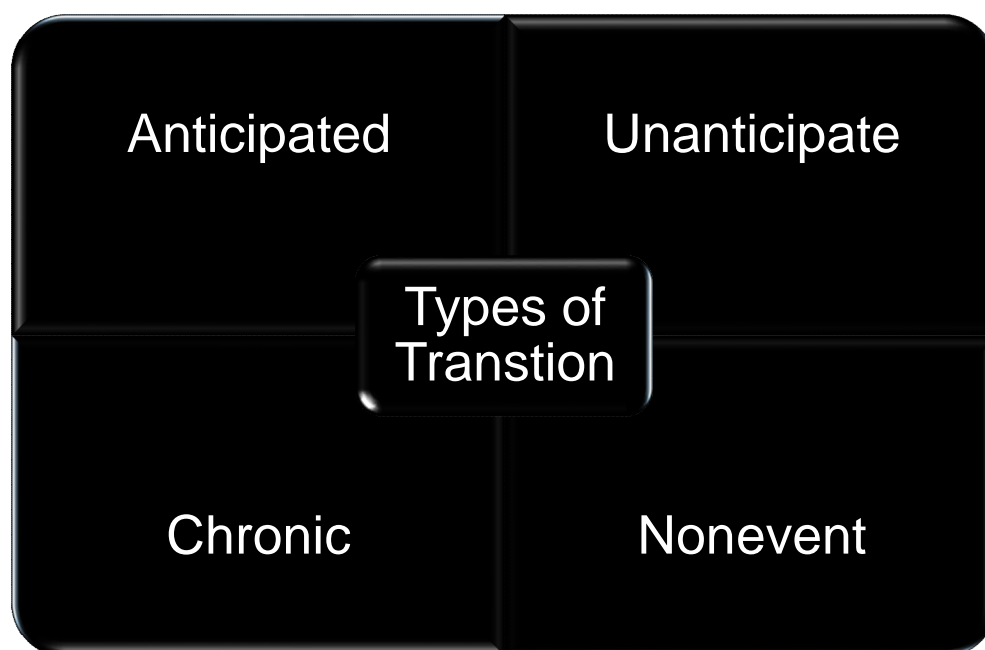


Figure 1. Schlossberg's Transition Theory

Schuetz Homecoming Theory

Schuetz's Homecoming theory was developed after World War II to serve as a valuable context for understanding the challenges in the transition from military culture to civilian culture. Schuetz (1945) argued that because serving men and women faced long and often multiple deployments, exposed to many traumatic events, and the constant risk of injury and death, service members experienced repeated disruption of connections with family members and friends. According to the theory, these factors impact both the individual, their social environments, and the transition process.

The theory posits that serving military men and women are separated from home by space and time. Moreover, service members and family members and friends at home have unique experiences during separation. Because service members experience repeated disruption of connections with family members and friends due to exposure to many traumatic events, injuries, and multiple deployments, both the service members and their families and environments at home change during their deployment, and thus each will be unknown and unfamiliar to the other upon their return. The differences between expectations, resources available to the veteran, and reality for the returning veteran family members at home can result in a shock on both sides. Because transitioning back to civilian life involves reestablishing connections despite these changes, homecoming theory suggests that military characterization of service of the returning service member may pose a challenge or contribute to the success of the transition. Given veteran's problems are well documented, a veteran with bad discharges had difficulties in their transition to civilian life, and many of them faced an increased risk of long-term problems that include homelessness and health. Understanding factors that improve their readjustment needs are critical for a successful transition and veterans' long-term well-being.

Magnusson's Holistic Person-Context Interaction Theory

Magnusson's holistic person-context interaction relates to transition and individual development. Most of the underlying theoretical conceptualization of the Holistic Person-Context Interaction Theory (Magnusson's, 1998) is not unique, but are shared by some transitional theoreticians, for instance, Baltes (1987)'s socio-cultural and Schlossberg (1981a)'s personal, interpersonal, or communal. The theory is rooted in

individual behavior, biological, and environmental factors (Magnusson & Stattin, 2006). The basic proposition of this theory is that the individual is an integrated, active, and purposeful part of their environment-dynamic person-environment system. That the individual and their environment are interconnected and that interaction between the two systems affect development.

According to Magnusson and Stattin (2006), the individual functioning and development depend on the socio-cultural and physical characteristics of their environment. Because the transition from military to civilian culture is a complicated process, and service members' transitioning from military to civilian life must possibly cultivate new social networks, find shelter and adjust to the new civilian culture. The Holistic Person-Context Interaction Theory (Magnusson, 1998) suggested that the nature of the service member's military characterization of service itself is important in understanding how the veteran transition from military to civilian culture (Magnusson & Stattin, 2006). Understanding the challenges service members faced, the theory suggests that a more sophisticated and holistic examination of the service member and their environment, how those interactions affect the individual development and adaptation can provide insights on how to help servicemen and women avoid homelessness and adjust to a civilian lifestyle.

Military Transition

The transition from military to civilian life entails moving from the military environment to civilian culture. Moreover, moving from military to civilian life result in changes in relationships, work context and personal, assumptions, and social identity. Researchers suggested that following the drawdown of the United States (U.S.) military

from combat operations in Iraq and Afghanistan, the numbers of service members and veterans transitioning (reintegrating into civilian society) had been on the rise (Holliday & Pederson, 2017). Holliday and Pederson (2017) suggested that a vast majority of service members and veterans encountered unexpected challenges during this readjustment period. Tsai, O'Toole, and Kearney (2017) showed that most returning service members found it difficult in finding (a) suitable and safe homes, (b) employment, (c) adequate health care, (d) adjusting to family life, (e) connecting to the broader civilian society, and (f) managing relationship stress and break up. These challenges or difficulties not only impede their transition from military to civilian life but adversely has tremendous implications for their post-service well-being and functioning (Tsai, O'Toole & Kearney, 2017). These challenges often lead to involvement with the civilian court system (higher incarceration), multiple emergencies and hospital visits (economic and health burden on society), veteran homelessness (socioeconomic problem), and the higher rate of successful and unsuccessful suicide attempts (Cusack & Montgomery, 2017).

To understand how the transition from military to civilian life occurs, one must identify factors that impede or promote transition, or operationalize those variables linked to transition success. This literature review begins by reviewing literature that examines the definition of transition and explores the basic tenets of military culture, nature, and conditions that can lead service members and veterans to encounter challenges. The review highlights the experience of service members, from induction to discharge, the nature of the military culture, how the differences between military and civilian culture or civilian-military divide affect service members transition. This literature review provided

the knowledge base of military culture and experience, highlight and identify a wide range of personal problems that service members and veterans encounter when they begin their transition to civilian culture. Also, this literature review examined the resources and benefits available to assist service members and veterans in their transition process. Lastly, the literature review assessed the legal obstacles to accessing them.

Transition

Transition refers to either the process or period during which a service member moves from military setting to civilian life. For example, the transition could be used to describe the period of reintegration into civilian life from the military or the return of the service member to their role functions or participation in community life or roles (Ahern et al., 2015; Cooper, Caddick, Godier, Cooper, and Fossey, 2016). It can portray the process of transitioning back into the community and organizational roles after separation or deployment. Alternatively, the resumption of socially and culturally appropriate roles in the community, family, friends, and workforce. The transition can be used to describe service members' movement across or into institutional settings or systems such as the Department of Veterans Affairs and HUD. Furthermore, the transition can be used to describe separation from military and reintegration or moved to a civilian setting or returns from deployment (Keeling, 2018; Keeling, Kintzle, & Castro, 2018). In a nutshell, transition encapsulates the process of change that a service member necessarily undertakes when they are separated from the military or the reintegration and readjustment of the service members when their military career comes to an end.

Reintegration and Readjustment

Reintegration can be defined as the resumption of culturally appropriate social roles in the community, family, and workplace. It can be used to describe return from deployment, or the systems of care and the physical and emotional rehabilitation needs of the service member (Elnitsky, Blevins, Fisher, & Magruder, 2017). Reintegration focuses on the co-occurring social, health-related, psychological, and community-related modes of functioning in the service member's immediate family, friends, and broader social circles. Alternatively, the readjustment of the service member into his or her family, friends, and community life – for example, reintegration refers to the healthy functioning of the service member.

Readjustment refers to the process of adapting to civilian culture after deployment or separation (Elnitsky et al., 2017). Though readjustment evokes the images of a service member struggling with physical or psychological or emotional problems, including PTSD, or used to describe the service member's social struggle with a wide range of life roles and issues. For example, their interpersonal relationships, work, education, and health struggles (e.g., drug addiction, financial, work, family, and marital difficulties). Readjustment can also include in-service program titles such as Readjustment Counseling Service - U.S. Veteran Compensation Programs, 2015, and to refer to education and economic benefits such as the Servicemen's Readjustment Act of 1944 also known as the G.I. Bill. Another common use of the term is in the National Vietnam Veterans' Readjustment Study (NVVRS) of the prevalence of PTSD among Vietnam veterans (Elnitsky et al., 2017).

Even though reintegration tends to focus on the systems of care and physical rehabilitation of the servicemember (e.g., case management, treatment plan, and home

rehabilitation services), readjustment tends to focus on service members physical or emotional or psychological functioning – his or her readaptation to civilian life after deployment, and the movement across or into (Elnitsky et al., 2017; Scherrer et al., 2014). Both (reintegration and readjustment) describe participation in life roles and tend to highlight specific phenomena that pertain to the movement from a military setting to a civilian role of the service member. For this study, the term transition encapsulates both reintegration and readjustment. The transition can thus be described as a dynamic process of adaption that is multidimensional and culturally bound (Elnitsky & Kilmer, 2017; Tiia-Triin & Castro, 2019).

Military Culture: The Nature and Experience

To understand the role of culture or how military culture influences transitioning service members, we need first to define culture. Culture can somewhat or loosely be tied to a set of representations, practices, and texts that give meaning to the individual's environment. Culture is a way of life a manifestation, arts, and the web of significance that humans create. Cultural practices are the things that we do and things we actively participate in, those things that we create and maintain, that are meaningful to us (James, Melodi, & Georgia, 2016; Tiia-Triin & Castro, 2019). It is within a culture that men and women learn what is socially permissible and acceptable in a society- culture is essentially a group phenomenon (Tiia-Triin & Castro, 2019).

Unlike other organizational cultures, military culture is characterized by unique norms, customs, philosophies, and traditions that differentiate them for other organizations (McCormick, Currier, Isaak, Sims, Slagel, Carroll, Hamner, & Albright, 2019; Tiia-Triin & Castro, 2019). Although the purpose of militaries of different nations

tends to point to the defense of that country, a cultural commonality is shared across nations. Not all military cultures are the same; however, there are universal traits that all militaries share (Grimell, 2015; Tiia-Triin & Castro, 2019). There are several commonalities of military cultures across most countries' militaries; for example, most military cultures encapsulate traits such as placing the group above the individual, valuing the collective, reinforcing camaraderie, and having an anti-individualistic perspective. Studies show that these traits within the military culture help form strong in-group identity (Grimell, 2015; Tiia-Triin & Castro, 2019). Although these traits help create or form close psychological attachments to each other, it equally leads to forming a psychological distance between the military and civilian worlds (Tiia-Triin & Castro, 2019).

Military culture promotes qualities such as duty, discipline, unity, physical fitness, self-sacrifice, and a manifest value structure that guides their conduct and promotes the expressions of collective identity (McCormick et al., 2019). Despite the fact that military recruits (men and women) join the military from diverse cultural backgrounds; to fulfill its unique role of preserving our freedom and serving our national interests through the enactment of war, military recruits must discard prior individual habits and identity, and integrate into the military organizational environment (Cooper et al., 2016; McCormick et al., 2019). Military recruits must fully immerse and assimilate into military culture during basic training. New enlisted recruits must spend their time at initial training (boot camp) immersed in the military way of life (learning military lifestyle and culture). Military culture values restraint, obedience, and peacefulness. Meaning that preserving a country's freedom, serving their national interests through waging war - can only occur

as a last resort. That obedience (“compliance”) to orders must be carefully and cautiously pursued only to re-establish balance. Military culture functions through an authoritarian, hierarchical structure with clear order and repetitious responsibilities, and promotes cohesive identity among service members and ensures mission readiness at all times (McCormick et al., 2019).

Military Norms

Though contemporary social theorists are still investigating how cultural practices persist and how cultural adaptation may take place when service members, transit from a different social context (Cooper et al., 2016). To understand how military culture affects service members transiting to civilian life, we have to explore varied aspects of military norms, including the processes by which new enlisted recruits are socialized into it, the ideologies that maintain it, and the influence culture has on the identity formation of service members (Atuel & Castro, 2018; Cooper et al., 2016). The military - just like other organizations, has its norms, norms that encompass the spectrum of values, traditions, beliefs, behaviors, and events that are related to military service and life. Military norms have their language, the language used in communicating within and outside of the chain of command. In the military, new members complete basic training – boot camp; that involves engaging in a set pattern of regimented behaviors and undergoes an indoctrination process (boot camp) that helps realigns their beliefs, behaviors, values, and language to the standards set forth by the military (Atuel & Castro, 2018). The main goals of boot camp, the training ground for all military new enlisted recruits, is to learn military history, values and ethics, customs and courtesies, bearing, how to wear the uniform, and other relevant information that is critical to their success while in the

service. The new enlisted recruits must also learn how to listen to and follow orders, function within the military chain of command. Boot camp helps to socialize new enlisted recruits by stripping them of their civilian identity and replacing it with a military identity, discipline, and control. Both new enlisted recruits and service members are always expected to be disciplined in their actions and words and to control their physical selves and their emotions (Cooper et al., 2016; McCormick et al., 2019). During this time, new members learn the importance of the group over self, integrity, the values of honor, commitment, respect, loyalty, and devotion to duty. And how to communicate within and outside the chain of command. Conformity to military norms, both psychologically and behaviorally, is of utmost importance because of its highly important the success of every mission (Atuel & Castro, 2018; Cooper et al., 2016; McCormick et al., 2019).

Military Identity and Transition

Culture plays a vital role in the formation of military identities. Studies show that military identities are rooted in their everyday activities, practices, and environment. For example, some skills such as weapons and technical equipment handling serve as markers of identity for military personnel (Cooper et al., 2016). Within the military culture, proficiency in skills such as weapons and technical equipment and aptitudes are generally afforded higher value. Consequently, identities based on these abilities convey a degree of social status within the military organization. Military culture tends to encourage loyalty, determination, courage, restraint, integrity, collectivism, commitment to duty, and less tolerance for ambiguity. The military culture aims to create a rigorous socialization process a robust collective identity among new recruits. Collectivism is

largely utilized as a mechanism to reduce individualism, create a strong emotional attachment to the group, strong loyalty to the group, nullify all occurrence of non-uniformity, and support obedience. These values provide an identity for new recruits. According to Tiia-Triin & Castro, (2019), military identity could be described as a role identity that develops within the military, cultural environment. Studies show that the identity shift that will inevitably occur when a service member is transitioning from military to civilian culture is likely to be difficult. Part of the difficulty is the difference between military ethos, core values, and habits that differ from civilian (Tiia-Triin & Castro, 2019). Studies suggest that when core values of an individual come under attack or are questioned, it instigates moral outrage, and this makes identity shifts particularly difficult to navigate (Ehala, 2017; Tiia-Triin & Castro, 2019). Furthermore, research shows that transitioning from a more collective military culture into a strongly individualistic culture (civilian culture) will present several readjustment challenges (Atuel & Castro, 2018; Tiia-Triin & Castro, 2019).

Unlike in a civilian culture where these types of habits and behaviors are typically seen as discretionary by many, individuals or recruits in the military are instilled with values such as duty, selfless service and loyalty from the moment they take the oath to join their various branches of the military (e.g., Army, Navy, and Marine). For example, the military values inculcate into recruits to place other individual needs. They want above their own, to go above and beyond, or go the extra mile for others - selfless service. Although some civilians in some situations (when it is beneficial to them) do exhibit or display this type of behavior, for military personnel, it is not only the right thing to do; it is expected from them of the military (U.S. Army, 2015b). The Army

describes selfless service as “the commitment of each team member to go a little further, endure a little longer, and look a little closer to see how he or she can add to the effort” (U.S. Army, 2015a, para. 5). In light of the compelling cultural differences between military and civilian and the important role culture play in the successful transition of service members who are transitioning from military to civilian culture, cultural adjustment issues have been researched heavily over the last three decades both in civilian and military organizations (Kintzle, 2016; Kintzle, Rasheed, & Castro 2016; Military to Civilian Transition, 2018; Rausch, 2014; Rose, 2016; Teusner, 2016).

The military socialization process and basic training which organizes the activities of service members around regular patterns of behavior and habits; each of which is followed repeatedly, but is also subject to change if a military doctrine or condition changes; has been likened to Goffman's (1976) concept of the “total institution.” A total institution is a closed social system in which life is organized by rules, strict norms, and schedules, and everything that happens inside the system is wholly determined by a single authority whose will is carried out by other members who enforce the rules (Cole, 2017). According to Goffman (1976), total institutions are separated by from wider society bylaws, and protections and distance. Moreover, are closed social systems that require both permissions to join and to leave, and that exists to re-socialize people into changing or new culture (identities and roles). While participation can be either voluntary or involuntary, however, once a recruit joins the organization, the person must discard their former identity to adopt a new one given to them by the institution and also follow the rules of the organization. Sociologically speaking, total institutions serve the purpose

of resocialization and rehabilitation (Cole, 2017). The view of Goffman (1976) suggests that total institutions serve the purpose of resocialization people to a new system.

Studies show that within military institutions, everyday life is tightly administered and scheduled by a single authority from above through rules (Cole, 2017). Studies also show that military culture shares the following characteristics: repetition; automatic in the sense that recruits and service members must follow them with little conscious attention and they do not require substantial cognitive resources (Kahneman, 2011); they are only evoked within specific situations locations, or relationships - are context-dependent, and default habits in military culture are resistant to change. Some studies suggest that the nature of military culture creates difficulties for service members transitioning from military to civilian life. Several other studies that have examined the mechanisms underlying the effects suggest that when situations are stable, just like in the military, automatized behaviors and decisions making process allows for efficient and effective decision making and frees up a cognitive effort for other areas or what Kahneman (2011) calls “cognitive ease.” Though Kahneman (2011) suggested that when the individual is not making an extra effort to fit in a new environment when you can rely on your old habits or you are in a state of cognitive ease, you probably trust intuition, good mood and feel that your situation is comfortably familiar. Some studies suggest that habits, in general, is a behavioral manifestation of the status quo bias - a preference for doing what works or what people have always done rather than making a change. Other studies suggest that preference for the status quo or resistance against change, or preference for whatever is currently in play (Samuelson and Zeckhauser, 1988); and also, the evidence for an existence bias may affect the transition from military to civilian culture. For

example, because old habits can persist in new situations where they may be unproductive/ or meaningless in that they can be conditioned on irrelevant contextual features that are drawn from past situations (Grant, 1996). Other studies suggest that beneficial habits can extinguish as service members become removed from their original context - for instance, habits connected with environments, times, and moods (Wood et al., 2005). Other studies posit that there are ways to mitigate these consequences of cultural shifts when change becomes the norm.

Though transitions are designed to disrupt the stimulus cues that trigger some habits or behavior (Wood et al., 2005), eliminate certain cues for adaptive behaviors, such as training or exercise, such that these behaviors are no longer automatically cued and must fall back on effortful, intentional control before they can become routinized in the new environment or context. Several studies have, in recent years, begun to appreciate the fact that the highly effective training that servicemembers get to deal with combat needs modifying when the service member approaches retirement, discharge, or before separation from the military. Studies show that because many service members during their service will have incorporated into their worldview, several aspects of the military's unique culture. Due to cultural differences, some of their well-honed skills and habits or routines may fail to transfer to the new culture or environment. For example, some of the attitudes, habits, and behaviors that are helpful in a combat context – e.g., hyper-vigilance, aggression, rigid structure and control, obsessive control of one's belongings and suppression and emotional control. Military ethics and norms that serve servicemembers well in some context (e.g., following order, hypervigilance on the battlefield) might persist into a new context where they are no longer adaptive (e.g.,

hypervigilance at home with family, post-deployment); studies suggest that this culture can sometimes be problematic to transiting service members. According to White (2015), service members with physical, emotional, and psychological issues may find it challenging to adapt to some cues for automatic behavior that may be present in the new situation, context, and environment. Some habits such as hypervigilance responses to loud noises and others may affect their ability to transit from the military environment successfully to civilian culture.

In addition to old habits, norms, and military cultures, some studies suggest that the influence of military culture and what happens when a service member immersed in military culture leaves it and returns to civilian culture may produce a cultural tension or shock to the transiting service member. Some military studies on the challenges faced by transitioning military members suggest that transitioning service members experience a “culture shock” when reentering civilian life (Bergman, Burdett, & Greenberg 2014; Kintzle et al., 2016; Minnis, 2014; Schutz, 1945). For example, Schutz (1945), in his theory “The Homecomer,” highlighted this cultural tension. Following World War II, homecoming theory describes the cultural tension or the emotions of being out of place in the civilian environment or “being in the wilderness.” When service members returned to an environment that he or she should be familiar with, Bergman et al. (2014) see this cultural tension as “reverse culture shock” and used it to describe the unexpected difficulties that some service members experience in transition. They suggest that “a comprehensive understanding of the issues involved in transition is essential to the provision of appropriate support to service members the military (Bergman et al., 2014). Like Schutz before, their model of reverse culture shock proposes that a sense of

disorientation can occur when personnel transition; as a result of adjustment into and time spent within the military culture, both the individual's frame of reference and the civilian culture itself may have changed, leading to difficulties in navigating this previously familiar environment. Unlike Schutz, (1945) and Bergman et al. (2014), Kintzle et al. (2016) Minnis, (2014) suggest that the major component of this culture shock is related to the military's culture of selfless service. Similar to Kintzle et al. (2016), Ahern et al. (2015) found that many civilian work organizational cultures lack the norm of sacrificing one's self to a higher calling – the hallmark of military culture.

The Problems of Transition

Several studies have shown that the military-civilian transition is not a seamless experience for some veterans (Atuel & Castro, 2018; Elnitsky et al., 2017; Keeling et al., 2018). While others have identified challenges that service members may face on the transition into the civilian culture or environment. These include the loss securing housing, adjusting to changes, new routines from families, adjust to the new community, employment, addressing physical or mental health issues, and adjusting to providing for their basic needs and necessities such as housing, food, and clothing (Atuel & Castro, 2018; Kintzle et al. 2016). And the emotional shift from being an integral part of the military to an individual in civilian society (Cooper et al., 2016).

A good transition process is one that enables service members to be sufficiently resilient to adapt successfully to civilian culture both now and in the future. For example, be able to adapt their military skills to ensure they would be marketable to civilian employers (Elnitsky et al., 2017). A successful transition requires service members to find new communities and develop new connections to derive social support. Where

immersion into a new community and new connections are not made, service members may be at risk of becoming isolated if they find it difficult to develop and manage new relationships. However, some research shows that most service members generally transition back to their civilian culture successfully (Elnitsky et al., 2017). Studies show that some of the skills obtained during military service aid the veteran in this transition process (Castro & Kintzle, 2016), as many of these skills have direct application to civilian jobs. Other skills that aid veterans in transition include adaptability, enhanced decision-making, and tolerance for ambiguity, among others.

Unlike when they are in the service when the military goes beyond just providing employment to all its service members; to providing other services such as housing food and health care. Once a service member is separated from the military, they must figure out how to provide for themselves (e.g., housing, employment, and how to access the civilian health care system). When a service member separates from the military, employment takes center stage. Employment in civilian society is very individualistic – very interested in individual achievements and skills, unlike in the military where a premium is placed on collectivism-working as a team. The culture shock presents a problem for some service members.

Even though employees with good leadership skills, teamwork, problem-solving, adaptability, decision-making, diversity, and communication skills are in higher demand in the civilian workforce or organizations, the military (e.g., U.S. Army, Navy, Air Force, Marine) incorporates an extensive leadership development program as part of their everyday training. And every servicemember undergoes an extensive training regimen throughout their service years, which includes the acquisition of leadership KSAs, such

as situational awareness, teamwork, integrity, respect, discipline, adaptability, perseverance, and interpersonal communication (Kirchner and Akdere, 2019) many of which are desirable attributes for the civilian workforce. Translation and transferring their respective skills to a civilian job – when attempting to enter the workforce; often delay their ability to get a good job (Brown & Routon, 2016; Hall et al., 2014; 2014; Keeling et al., 2018). Many servicemembers struggled to demonstrate how their military training aligns with post-military employment (Hardison et al., 2017; Kirchner & Akdere, 2017; Kirchner, 2018; Kirchner & O'Connor, 2018; Wenger et al., 2017).

Though some research shows that most of the leadership skills, teamwork, effective communication, supervision, and other non-technical skills (e.g., situational awareness, teamwork, integrity, respect, discipline, adaptability, perseverance, and interpersonal communication) acquire during military training may align with civilian workforce requirements (Hardison et al., 2017; Wenger et al., 2017). When attempting/applying to enter the civilian workforce, some service members have difficulty outlining their military training and corresponding KSAs on a resume designed for civilian employment (Monster, 2016). In other words, even though employers cite their leadership skills as a reason for hiring, veterans still struggle to describe particular leadership KSAs that align with the job they are seeking.

Studies show that some of the returning service members more often return with physical or psychological health issues as a result of military service - PTSD, TBI. Additionally, translation and transferring their respective skills to the civilian jobs – when attempting to enter the workforce; often delay their ability to get a good job (Hall et al.,

2014; Keeling et al., 2018). Returning service members face several challenges, such as skill/experience translation and transferability, health, and employment issues become

Service members harbor unrealistic expectations of quickly finding a good job that meets their skill level desired to earn a reasonable income and living in a befitting, suitable and comfortable house; transiting from military to civilian life is challenging (Castro, Kintzle, & Hassan, 2015; Keeling et al., 2018). Given that translating military qualifications, experiences, and skills to civilian jobs are difficult, most service members find applying for civilian jobs challenging (Hall, Harrell, Bicksler, Stewart, & Fisher, 2014). Studies show that most service members face lengthy unemployment initially upon discharge (Department of Veterans Affairs (VA) report, 2015).

Transitioning from the military to civilian life entails moving from the military way of life to civilian culture. Studies show service members who are transitioning into civilian culture experience myriad obstacles such as housing, family, employment, financial, and healthcare issues (Soergel, 2015; Weber et al., 2017). Moreover, because service members' transitioning from military culture to civilian way of life must build new social networks, relearn or adjust to the civilian culture, relocate to a new community, find new meaningful employment, adequate shelter, and suitable home. Studies show that these issues or obstacles do not only disorient and affect their functioning capabilities of those undergoing the transition, but it also results in changes in their social identity, work context, assumptions, and personal relationships. Pincus et al. (2001) also noted that these challenges that servicemen and women encounter during military to civilian transition could come at a high physical and psychological cost and may have tremendous implications for post-service functioning and well-being.

Studies suggest that military transition can be disorienting, can cause anxiety, and may undermine the individuals functioning capabilities such as performance and health wellbeing. Servicemen and women, just like other members of the society, are creatures of habit which also finds a way to confront change. Returning servicemen and women face transitions on a scale unprecedented when compared with other life transitions. With the constant deployment, for example, the repeated pre-deployment, deployment, redeployment, and post-deployment to Afghanistan, Iraq, and other conflict zones over the past decade (Pincus et al., 2001). Military organizational activities such as military drawdown, downsizing, increased mission tempo, attrition, relocations through deployments, and permanent changes of station. Morphing units continuously adaptation new technologies such as military equipment, transportation, and communication.

Moreover, most importantly, the separation and discharges that take place in the U.S. military forces. These transitions are not only produced or are characterized by different cognitive, social, and emotional challenges for servicemen and women and their family; it is extremely unsettling for greater numbers of servicemen and women who are faced with transitioning from the military to the civilian culture (Brooks & Pedersen 2017; Tice, 2016). For many of these servicemen and women who were separated from the military, they will be making the transition involuntarily. They may find the cultural differences between the military and civilian challenging to navigate, given the unplanned nature of some of their separation from the military. For service members who are voluntarily leaving the military, however, may also find military to civilian life or culture very challenging (Minnis, 2014; Rausch, 2014). Regardless of the nature of their separation, discharge, or how long a service member served in the military, the transition

into civilian life can be one of the most daunting experiences in most service member's life cycle (Kurschner, 2015).

In addition, many of the service members that may have begun their military careers straight from high school or college, do face the challenge of transforming from military way of life to civilian culture – in the transition process; for the first time and becoming familiar with civilian norms and practices (Brooks & Pedersen, 2017; Office of Army Demographics, 2004; Soergel, 2015). Some service members in these brackets may find themselves in need of good support and assistance from both the government and family and friends in order to have a successful transition to civilian life (Brooks & Pedersen, 2017; Soergel, 2015).

Mental Health Consequences and Transition

Though some scholars generally asserted in many veteran military studies that most service members make a smooth transition into civilian life (Elnitsky et al., 2017). However, some literature shows that service members with mental health issues experience difficulties in their transition (Castro, Kintzle, & Hassan, 2014; Cooper et al., 2016; Levine et al., 2018). These include difficulty in getting a job, suitable and adequate homes, maintaining good physical and mental health. Some also experience excessive drug and or alcohol use, homelessness, and crime (National Law Center on Homelessness and Poverty. 2018a; National Law Center on Homelessness and Poverty. 2018b). Studies show that returning service members, mostly those with health issues, face unique stressors associated with military service deployment. During deployment, they are exposed to military combats and are faced with worries about their safety. When service members/veterans return from military service, the need to adapt to the civilian

environment, reconnecting to social support and into family life, and finding civilian employment and redefining their roles in the community can be overwhelming.

Some studies suggest that combat-related issues, such as PTSD and TBI are signature injuries of Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF), has a significant effect returning service members (Bryden, Tilghman, & Hinds, 2019; Kip, D'Aoust, Hernandez, Girling, Cuttino, Long, Rojas, Wittenberg, Abhayakumar and Rosenzweig, 2016). Combat-related issues increase the likelihood of other emotional problems, drug abuse, alcohol, a difficult transition, homelessness, and suicide.

While research on military transition typically addresses the family, employment, and drug abuse, service members encounter physical and psychological issues after separation or discharge from the service (Metraux, Cusack, Byrne, Hunt-Johnson, and True, 2017). Few studies research the impact military characterization of service have on his or her transitioning and examine the relationship between the military characterization of service and veteran homelessness. With the significant number of service members transitioning from military to civilian life and must reunite with their family, build new social networks, adjust to civilian life and often move to a new community, the issue of how best to prepare service members to transition from active duty to civilian life is one that impacts communities across the United States. As tens of thousands of servicemen and women transition from the military to civilian life, the success or failure of their transition socially, politically, and economically affects the broader community. Based on the literature on transition reviewed in this study, the type of military discharge, combat history, and personal characteristics have a greater impact on the personal preparedness of the service member. Furthermore, the nature of the transition (e.g.,

predictable/unpredictable, positive/negative) impeded or contributed to the success of the transition (Castro & Kintzle, 2016; Elnitsky et al., 2017; Cooper et al., 2016).

Readjusting to civilian life

Military service is difficult, demanding, and dangerous. Whether a service member is separated after four years, retiring after 20 years, forced to discharge, or separating due to injury or illness, returning to civilian life from military service poses challenges for the men and women who have served in the armed forces. Both service members who have served exclusively in combat and non-combat zones – especially those with PTSD, face additional challenges and often require a period of adjustment. According to Military to Civilian Transition Report (2018), approximately 200,000 men and women leave U.S. military service – every year to transit to civilian life.

To understand why some veterans have a hard time readjusting from military to civilian life while some make the transition with little or no difficulty, Pew researchers Parker, K., Igielnik, R., Barroso, A., and Cilluffo, A. (2019) analyzed the experiences of service members transiting to civilian culture. Other researchers found that service members that suffered a severe service-related injury or had an emotionally traumatic experience were significantly more likely to have a hard time readjusting from military to civilian life when other factors are held constant. Parker et al., (2019) also found that there is a significant gap between service members who served recently and those who served before 9/11. Their findings show that about half of post-9/11 service members (32%) say that transition was not smooth, while 16% say that transition was difficult for them. By comparison, only about one-in-five service members whose service ended before 9/11 say their transition was not smooth -somewhat (17%) or very (4%) difficult.

The majority of pre-9/11 service members (78%) had a smooth transition. Parker et al., (2019) found that service members who experienced combat are significantly more likely than those who did not to say their readjustment was difficult: 46% of service members with some combat experience, compared with 18% of those without combat experience, describe their readjustment to civilian culture as difficult.

In addition to the emotional strains that may accompany transitioning from the military culture to civilian culture, some veterans have faced health and financial issues. About a third of all veterans (35%) say they had trouble paying their bills in the first few years of their transition. 28% say they received unemployment benefits, 16% had trouble getting access to medical care when they or their family needed it, and 12% utilized food stamps. Parker et al., (2019) also found that struggling to keep up with bills, difficulty accessing health care, and receiving food support is generally common among post-9/11 service members than those who served before 9/11. Furthermore, their findings show that One-in-five service members say they struggled with alcohol or substance abuse in the first few years of their transition.

Transition Assistant

The transition from military culture to civilian life is generally recognized as a sometimes challenging and stressful process for Service members that often includes a series of adjustments, such as looking for a house, job, family roles, relationships, social networks, support systems, and community (Military to Civilian Transition Report, 2018). There are several resources and benefits targeted to help service members. The government, through its departments – e.g., Departments of Veterans Affairs, Defense, Health and Human Services, and Education; and agencies, have been actively engaged in

providing support, developing policies, and programs designed to increase support and benefits to service members. Support and benefits that can ensure a successful transition from military to civilian life. For example, the Office of Warrior Care Policy - through the Department of Defense, supports wounded, ill, and injured Service members recover and reintegrate into civilian life through education and employment initiatives, internships. Department of Education provides guidance, loans, grants, loan forgiveness, and information about college accreditation to service members. Department of Health and Human Services provides resources in assisting service members. While HUD coordinates with other Federal agencies and organizations that provide veteran-related housing programs and services, including helping homeless Veterans find permanent housing (VA, 2019). For the homeless veterans, the VA uses its Housing First model to provide permanent supportive housing to them, and HUD uses the VA Supportive Housing (HUD-VASH) program (Tsai, & Byrne, 2019). HUD-VASH program provides case management and subsidized rent to help veterans acquire and retain permanent independent housing (Tsai, & Byrne, 2019).

VA & Veterans' Benefits Claims Process

Though the military to civilian transition efforts or initiatives occurs within a complex and dynamic network of relationships, services, programs, and benefits, which includes transition planning and assistance efforts by government Service branches, the interagency Transition Assistance Program (TAP), and other resources delivered through state and local government, private industry, philanthropist's organizations and nonprofit organizations (VA, 2019). In coordination with the U.S. Departments of Defense (DOD), HUD and Department of Labor, VA, through the Veteran Benefits Administration (VBA)

provide comprehensive support and assistance to Service members during their transition process. Some of the VA benefits available to Service members include; health, education, insurance, and home-related benefits, and financial assistance, and education counseling (VA, 2019). Under the duty to assist provisions, the VA is required to "make reasonable efforts to assist service members in establishing his or her veteran status. Although the Veterans Claims Assistance Act of 2000 (VCAA) requires the VA to assist service members in filing claims through a certified veterans service organization (VSO), assist in the development of the claim, and notify the claimant of any information or medical or lay evidence that is needed to substantiate the claim. The VA establishes access to benefits based on a former service member meeting the statutory criteria for a veteran, without which, they would generally bar from benefits. Studies show that eligibility for these transition benefits depends on the nature and character of a service member's discharge. Based on VA eligibility criteria, service members can only qualify to access these benefits when their veteran status is confirmed. Although veteran status is established through many pathways, a service member must meet three primary criteria, namely full active duty service requirements, the minimum length of service requirement, and discharge or separation from the military under conditions that are "other than dishonorable.

VA Eligibility Criteria

How a nation defines a veteran not only determines the public recognition, gratitude, and supports that they get after their military service is completed; the definitions influences government policies, eligibility, support, the distribution of and access to resources earmarked for them (Szymendera, 2016; Tia-Triin & Castro, 2019).

Eligibility for most VA benefits - codified in Title 38 of the United States Code; is based upon fulfilling three primary criteria namely; full active duty service requirement: a service member is considered a veteran if he or she served on full-time active duty (other than active duty for training) military service (i.e., Army, Navy, Air Force, Marine Corps, Coast Guard) or commissioned officers of the Public Health Service (PHS), and National Oceanic and Atmospheric Administration (NOAA) or its predecessor, the Environmental Science Services Administration. Minimum length-of-service requirements: a service member must serve at least 24 months of continuous service or the full period for which the service member was called to duty if activated for less than 24 months (applicable to enlistments after September 7, 1980). And finally, service members discharged from active military service under other than dishonorable conditions. When a service member completes his or her obligation under a service contract and separates from the military, the service member receives a discharge. In general, there are five different types of discharges, namely honorable, general, other than honorable conditions, bad conduct, and dishonorable (Moulta and Panangala, 2015). Each of these discharges carries a different meaning and can seriously affect veterans' benefits after service. The military character of discharge is typically included in the former servicemember's DD-214 or other discharge paperwork.

Because the type of service member's discharge, or how they are discharged makes them eligible or ineligible for these benefits (VA eligibility status), studies show that even though the VA's veteran eligibility status was designed to make sure that those that have earned and deserve the benefits and care are steered in the right direction. There is no comprehensive assessment of how the characterization of the service member's

military service-especially the relationship between eligibility rules for VA benefits and less than dishonorable discharge, impacts veteran homelessness. For example, there is no comprehensive assessment of how the denial of benefits and services to a growing portion of less than dishonorable former service members who are most in need of support affect VA efforts' effectiveness and the extent to which they align with all service members' (both those who are honorable and dishonorably discharged) needs.

When it comes to their assessments of the job VA is doing, studies show that service members give the VA mixed ratings. According to Parker et al., (2019) – Pew Research Poll; most service member's veterans (73%) say they have received benefits from VA (educational, medical benefits, job training, a home loan, or a pension). On their assessments of the job VA is doing, only 9% believed that the VA is doing an excellent job meeting the needs, 37% say that their (VA) is doing a good job. About half 37% say they are doing a fair job, while 15% say they are doing a poor job.

DD Form 214

DD Form 214 is a discharge paper or a report of a military separation that is generally issued when a service member performs the active duty or at least 90 consecutive days of active duty training (Schwille, Cherney, Golay, & Schaefer, 2019). The document contains information normally needed to verify military service for retirement, membership in veterans' organizations, benefits, and employment. The information DD Form 214 may include the service member's date and place of entry into active duty, home address at the time of entry, date, and location of release from active duty, home address after separation, and last duty assignment and rank. Other DD Form 214 information includes military job specialty, military education, decorations, medals,

badges, citations, and campaign awards. The total creditable service, foreign service credited, separation information (the type of separation, the character of service, authority, and reason for separation and reenlistment eligibility codes).

Assuming a former service member meets the other requirements (active duty and length-of-service) for veteran status discussed above, the character of his or her discharge will impact eligibility for VA benefits in one of three ways; the VA will:

- determine that the former service member is eligible for benefits,
- determine that the former servicemember is not eligible for benefits, or
- develop the case (i.e., assess the character of service) to make an eligibility determination.

Military service characterized as honorable or general (under honorable conditions) is generally binding on the VA for the purposes of veterans' benefits eligibility, and former service members will typically be awarded benefits for which they are entitled, regardless of the reason for separation. Service members receiving a bad conduct discharge by a general court-martial or a dishonorable discharge are legally barred from receiving veterans' benefits unless, during the course of developing the character of service, the VA determines that they were insane at the time of the offense that led to the discharge or if eligibility for benefits can be established based on a prior period of other than dishonorable service. If the military service is characterized as OTH or a bad conduct discharge by a special court-martial, it is necessary for the VA to develop a formal character of service determination for potential eligibility for benefits. Table 1 illustrates the basic eligibility criteria for common VA benefits based on a former service member's character of discharge.

Table 1

Eligibility for Common VA Benefits by Military Character of Discharge

VA Benefits	Discharged with Most Benefits Eligibility			"Bad paper" Discharges		
	Administrative Discharge			Punitive Discharge (Court Martial)		
	Honorable	General	Other Than Honorable	Bad Conduct		Dishonorable
			Special	General		
Healthcare	Eligible*	Eligible*	COS Determination	COS Determination	Not Eligible	Not Eligible
Education (ie. GI Bill)	Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible
Disability Compensation	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Dependency and Indemnity Compensation	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Survivor Pension	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Burial Benefits	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Special Housing	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Vocational Rehabilitation	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Disabled Automotive	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Reenlistment Right	Eligible*	Eligible*	COS Determination	COS Determination	Not Eligible	Not Eligible

* - May not qualify due to DD Form 214 Narrative / Reenlistment Code

COS - Character of Service (Although VA is obligated to assist with the COS determination, prior service members with OTH or Bad Conduct (Special) Characterizations are often turned away when initially seeking VA benefits.)

Source: Congressional Research Service (CRS) using data from the Naval Justice School study guide. Umar and Sidath (2015).

Military Justice

The Nature of Uniform Code of Military Justice – UCMJ

The UCMJ is a federal law enacted by Congress and signed into law by President Harry Truman in 1950. The law defines the military justice system, lists criminal offenses under military law, the inherent authority of the president, and the military commanders. The UCMJ requires the President of the United States, acting as commander-in-chief of the Armed Forces, to write rules and regulations to implement the military law. The President performs these functions by issuing an executive order known as the Manual

for Courts-Martial (MCM). The MCM spell out in details, rules, and regulations for military court-martial and provides for maximum punishments for each military offense listed in the punitive articles of the UCMJ (United States Code of Military Justice). UCMJ also highlights the jurisdiction exercised by military commanders – concerning non-judicial punishment; and courts-martial.

Military Discharge in the United States

Once servicemembers sign their contract to serve in the military, there are obligated to fulfill their contract just like the military is obligated to reciprocate by providing them a job, the opportunity for promotion, health, and dental care and leave (vacation). However, their obligation to the military continues until terminated. Though the time – the frame is based on the terms of their enlistment contract, earlier termination of their contract or separation from the military may result due to an administrative or disciplinary problem that may be due to a specified or identified conduct on the part of the service-member. There is a difference between retirement, separating, and being discharged. Most people confused separation or discharge with retirement; career U.S. military members who are separated or discharged are not retired; rather, a retired service member enters the retired reserve and may be subject to recall to active duty. There are two forms of early separations given by the military to enlisted service-members: punitive discharges and administrative separations.

Punitive Discharges

Punitive discharge is authorized punishments of courts-martial and can only be awarded by an approved court-martial sentence pursuant to a conviction for a violation of

the UCMJ. There are two types of punitive discharges: Dishonorable Discharge (DD) - which can only be adjudged by a general court-martial and is a separation under dishonorable conditions; and Bad-Conduct Discharge (BCD) which can be adjudged by either a special court-martial or a general court-martial and is a separation under conditions other than honorable.

Administrative Discharge

Unlike punitive discharges, administrative separations are separations from the military not imposed by a court-martial. Alternatively, separation cannot be awarded by a general court or court-martial and are not punitive in nature. An enlisted service member may be administratively separated based on the quality of the characterization of their military service (characterized by separation) or separation as warranted by the facts of the particular case. Administrative separation is generally based on the discipline, mental, psychological problems that may be due to a specified or identified conduct on the part of the service-member (e.g., a pattern of misconduct and weight control failure).

Reasons for Discharge

A discharge is a complete severance from all military status gained by the enlistment or induction concerned. Discharge completely alleviates the service member of any unfulfilled military service obligation. Separation (which may be voluntary or involuntary) is a general term that includes discharge, release from active duty, release from custody and control of the Armed Forces; a separation may leave an additional unfulfilled military service obligation (MSO) to be carried out or transfer to the Individual Ready Reserve (IRR). Some of the most common reasons for discharge are the expiration of term of service, reaching the maximum age limit, disability, dependency, or

Hardship. Other reasons for discharge are pregnancy/parenthood, physical or mental conditions that interfere with military service resulting in being placed on the Temporary Disability Retirement List or the Permanent Disability Retirement List. The Convenience of the Government/Secretarial Authority (voluntary redundancy due to funding cutbacks), unsuitability, Misconduct - Minor Disciplinary Infractions, Entry-level Performance and Conduct, resignation (available to officers only) are also examples. If discharged for any of the above reasons, the service member will normally receive an honorable or a general (under honorable conditions) discharge.

Characterization of Service

Characterization of service member's military service at separation is generally based upon the quality of the member's military service, including the disciplinary, mental issues that may be specified or identify or other reason(s) for separation. Despite the recent changes to military law for charges involving sexual assault, the military – through the military commanders determines the "quality of service" of a service member in accordance with standards of acceptable personal conduct and performance of duty for military personnel found in the UCMJ directive and regulations issued by the DOD and the Military Departments, and the time-honored customs and traditions of military service. The UCMJ under the general article (article 134) provides military commanders with considerable control and flexibility in both administrative separations and courts-martial (Seamone et al., 2014) especially nonjudicial punishments such as (a) conduct prejudicial to good order and discipline, (b) service discrediting conduct, and (c) crimes and offenses not capital – the incorporated crimes article.

A service member's discharge from military service can be in one of five categories: Honorable, General, Other than Honorable, Bad Conduct and Dishonorable. A service member receives an Honorable Discharge when he or she completes their tour of duty, and their service meets or exceeds the required standards of duty performance and personal conduct. A discharge characterized as "Honorable" is appropriate where the service member's service is so meritorious that any other discharge would be inadequate or clearly inappropriate. Similarly, a general discharge indicates some non-judicial action, either because of failure to meet military standards or behavior. General discharge differs from honorable discharge. With general discharge, some VA benefits such as G.I. Bill is off the table – not accessible. Other than Honorable discharge, the service member generally loses most of the VA benefits (Moulta and Panangala, 2015). Each of the last two types - Bad Conduct and Dishonorable; not only carries an element of criminal behavior, but it also stigmatizes the service members and affects their ability to get the mental and psychological care most of them need, a job, and housing to enable them to transition from military to civilian life successfully. The stigmata increase suicide attempts and suicide rates among service members. Table 2 below described all five categories of discharge.

Table 2
Descriptions of Military Character of Discharge

Character of Service	Description
Honorable	Servicemembers who met or exceed the required standards of duty performance and personal conduct, and have completed their tours of duty. Or a situation where the service members have served so meritorious that any other characterization would be clearly inappropriate.
General	Servicemembers whose service or performance is satisfactory or when the positive aspects of their conduct or performance of duty outweigh the negative aspects of their duty, as documented in his or her service record.
Other than Honorable	OTH discharges are typically given to service members convicted by a civilian court in which a sentence of confinement has been adjudged or in which the conduct leading to the conviction brings discredit upon the service.
Bad Conduct (BCD)	The punitive discharge can only be given by a court-martial (either Special or General) as punishment for an enlisted service-member.
Dishonorable Discharge (DD)	The DD is like a BCD, is a punitive discharge rather than an administrative discharge. It can only be handed down to an enlisted member by a general court-martial. Dishonorable discharges are handed down for what the military considers the most reprehensible conduct.

Source: CRS, using data from the Manual for the Courts-Martial United States (2012 edition).

Military Justice and Service Members

Though the Military considers the reasons for separation, including the specific circumstances that form the basis for the separation, on the issue of characterization.

Furthermore, as a general matter, UCMJ regulations require the military to determine characterization upon a pattern of behavior rather than an isolated incident. The UCMJ embodies two vital principles: (1) individualized sentencing; and (2) the military commander's control over the legal process, including both administrative separations and courts-martial. According to Seamone et al. (2014), these two principles provide military commanders with considerable control and flexibility. Some studies suggest that most military commanders use their control over the legal process, including both administrative separations and courts-martial, to dish out less than dishonorable discharge to problematic service members (Seamone et al., 2014).

Because military commanders are responsible for their troop readiness – commanding officers are always held accountable for their unit being 100 percent mission ready and capable of carrying out their task; most military commanders rigidly enforce military justice. Some studies suggest that because the military commander's control of military justice processes, some of them are generally ready or eager to sanction or punish erring service members – even a minor consequence of life stresses; combat and traumatic events that may be detrimental to mission readiness (Phillips, 2016; Tayyeb & Greenburg, 2017). Other studies suggest that minor infractions, such as reporting late for duty, are heavily punished (e.g., rank reduction and extra duty). Other serious misconduct, that might be related combat exposure; can lead to separations from military service: (1) administrative discharges- e.g., less-than-honorable discharge -in which there is no conviction but a blemish on the character of service. Alternatively, (2) courts-martial that lead to a conviction and a punitive discharge - bad-conduct discharge, dishonorable discharge, or officer dismissal (Seamone et al., 2014). The cumulative

findings of most studies suggest that administrative separations have been the most easily accessible tool the military employed to downsize military units and to remove problematic service members without a lengthier court-martial process (GAO, 2017; Phillips, 2016; Seamone et al., 2014; Tayyeb, & Greenburg, 2017).

Wrongful Discharges

Following the drawdown of the United States (U.S.) military from combat operations in Iraq and Afghanistan (Operation Iraqi Freedom –OIF, Operation New Dawn- OND, and Operation Enduring Freedom – OEF), the large numbers of service members and veterans transitioning into civilian society - approximately 2.6 million post-2001 era service members and veterans in the U.S. (U.S. Census Bureau, 2016). Most service members and veterans are discharged honorably (84%) from the military - meaning that they have fulfilled their requirements for the military and are therefore eligible for a full range of VA benefits. Several studies and activists have, on many occasions, claims that the U.S. military wrongfully discharged enlisted service members—failing to properly adhere to discharge protocol (Human Rights Watch, 2016; Tayyeb & Greenburg, 2017).

With, roughly 16% of service members and veterans received less than honorable discharge (Veterans Legal Clinic, 2016). These assertions caught the attention of media outlets and the United States Congress, which forced a review of the then-current discharge procedures. The core issue is the complexity of disentangling those with combat-related issues and personality disorders that pre-dates their military service. While the Department of Defense (DoD) has policies to guard against the wrongful discharge of service members with service-related health issues—TBI or PTSD, studies

suggest that it has deviated from its guidelines for separating service members (Human Rights Watch, 2016; U.S. Government Accountability Office, 2017). The report from Human Rights Watch (2016) suggests that the military-military commanders, practices, or have an unwritten procedure of discharging victims of Military Sexual Trauma (MST) with less than honorable discharges. According to the Human Rights Watch (2016) report, the popular theme or general narrative on their discharge papers is that those service members had pre-existing mental health issues such as personality disorders (Tayyeb & Greenburg, 2017). This procedure or practice not only complicate service members transition from military to civilian life but stigmatize and bars or makes them ineligible for benefits and compensation for service-related sexual trauma and for access to appropriate psychological and mental health services for PTSD, MST, depression, or anxiety. (Tayyeb & Greenburg, 2017). Other studies suggest that military commanders mischaracterize service member's problems by rigidly enforcing military justice, defining service members' problems as stemming from pre-existing mental health issues rather than service-related problems (Tayyeb & Greenburg, 2017)

Although, some studies, congressional hearings, recent military reforms and growing public attention to these practices (misdiagnoses) has prompted a reduction in such practices (Tayyeb & Greenburg, 2017; Seamone et al., 2014). However, other studies suggest that the military still has no framework for revising the fate of those who have been wrongfully diagnosed and stigmatized with less than honorable discharges (Cahn, 2016; Losey, 2016). Thousands of misdiagnosed service members are still plagued to this day by a "Personality Disorder" discharge that has barred them from receiving benefits from the VA. Many of them (service members and veterans) who over

the period of years have been purposely diagnosed with mental illness and handed or discharged with less than honorable discharges; are still stigmatized, and many of them are homeless.

Given that the characterization of the service of these servicemen and women discharges stigmatizes, disenfranchises, and bars them from getting benefits; the views of some advocates such as Swords to Plowshares, with the National Veterans Legal Services Program, the Harvard Law School Veterans Legal Clinic, and Latham & Watkins LLP, suggest that stigmatizing our service members with discharges that strip them of the vital benefits and care they require to transit from the military to civilian life amount to punishing them for going to war, putting their lives on the line for other (Monalto, & Adams, 2017; Phillips, 2016). Even though the military hierarchy and the civilian public are not voicing it, the view of Adams (2017) suggests that wrongful discharges or discharges that deprive them of benefits amounts to saying that these service members do not deserve mental and health care when they have been wounded in the war, does not deserve shelter when homeless, and financial support to buy food and other necessity. Because the conversation for many service members who calls the “Lifeline for Vets” begins with the status of their DD-214 (their discharge document). Furthermore, the success or failure of most service members in transiting from military to civilian life sorely depends on the nature of the discharge or the military characterization of their service (Military Times, 2016). The lack of recourse for wrongfully discharged service members does not help their transition to civilian life, nor does it help the general public. For example, without benefits and the necessary support or care, they require many of them to end up jobless, homeless, get incarcerated, and some attempt and commit suicide.

Some veteran advocates (Adams, 2017) suggest that because military commanders do not want to be burdened by service members with the physical, psychological and emotional issue; many of them see the less than honorable discharge as a way out of their quagmire: meaning that less than honorable discharge offer them an expedient option to a lengthy treatment of that physical wound, mental issues or psychiatric disorder. Studies suggest that service members with less than dishonorable discharges are left with no support and benefits to aid their transition to civilian life nor the shelter and health care to address their housing need and mental health trauma caused by combat exposure. The effect of these discharges from the military not only burden the public health systems – increase service members heavy use of emergency rooms and hospitals; increases rates of veterans in prison and veteran suicide, but an important risk factor for veteran homelessness (Seamone et al., 2014; Tayyeb & Greenburg, 2017).

Homelessness

Overview of Homelessness

Homelessness continues to be a salient economic, public health and social problem, affecting millions of individuals and families each year (Homelessness In America, 2018; Katz, 2017; National Alliance to End Homelessness, 2016; Tsai, 2017; Tsai, Lee, Shen, Southwick, & Pietrzak, 2019; U. S. Department of Housing and Urban Development, 2018). Public opinion polls over the years show that the general public across the political spectrum consider homelessness a very serious problem and are concerned about homeless individuals (Tsai et al., 2019). However, many experts cite structural factors and individual shortcomings for the increase in homelessness (Tsai et

al., 2019). Recent studies suggest that both individual and structural factors are often inextricably linked (Tsai et al., 2019). While HUD point-in-time counts of individuals experiencing homelessness show that homelessness continues to be a persistent and prevalent problem in most major metropolitan cities in America (Tsai, 2017; Tsai et al., 2019; U. S. Department of Housing and Urban Development, 2018). Salhi, White, Pitts, & Wright (2018) suggested that caring for homeless populations that use Emergency Department challenges the assumption that health is the sum of life choices and genetic predispositions (e.g., diet and exercise).

Despite the public acknowledgment of the intractable nature of homelessness, there continue to be divergent perspectives and political policy debates about how to best prevent and end homelessness in America (Tsai, Lee, Byrne, Pietrzak, & Southwick, 2017; Tsai et al., 2019). Most studies suggest that both individual and structural factors are often inextricably linked (Metraux, Meagan, Thomas, Hunt-Johnson, and True, 2017; Tsai et al., 2019). Since homelessness is a byproduct of poverty – or is largely about poverty, and that they tend to re-enforce each other as they are manifest economically, socially, and politically, in American society. Some studies suggest that structural changes within the American economy (e.g., Recession - that implies a shift from a relatively well-paying full-time job to minimum/ temporary/ or part-time jobs; unemployment, and shortage of affordable housing), and lack of government safety net along with inadequate social services are some of the reasons for the rise of homelessness (Nilsson, Nordentoft, & Hjorthøj, 2019). Other studies suggest that individual factors such as substance abuse, alcohol, and mental illness are responsible for the increase in

homelessness. Depending on the circumstances (economic circumstance – e.g., unemployed /or individual circumstance – e.g., health issues) homelessness can occur among single individuals, families with children, in urban cities as well as rural communities at some point in time (days, months and years). Experts have created three categories of homelessness (transitional, episodic, and chronic) based on the amount of time that the families or individuals are homeless. As the name suggests, transitionally homeless people are those who experienced a temporary or short period of homelessness before returning to permanent housing (Metraux et al., 2017; Nilsson et al., 2019). While episodic homelessness refers to those who move in and out of homelessness - those that frequently experience homelessness but do not remain homeless for long periods of time, the final category, chronic homelessness, are individuals that remain homeless for a long period - continue for months and years (Perl, 2015). Despite federal, state, and local government efforts at stabilizing people that are experiencing homelessness - through the provision of shelter, moving them into transitional and permanent supportive housing, and implementing assistance programs to keep them in their housing.

Moreover, other initiatives such as a job training program and food stamps designed to reduce and possibly eliminate homelessness in America; many individuals and families still spend their nights on street corners in cities across the country. There are multiple ways that homelessness could affect the wellbeing of those experiencing it and their community. Homelessness challenges families and individual's ability to access needed resources and regain self-sufficiency. These challenges expose them to traumatic events, which often aggravates their current circumstances. Studies show that while homelessness can have powers, a detrimental effect on the life of families, and

individuals experiencing it, the fiscal cost of homelessness in communities is significant (Comprehensive Report on Homelessness, 2013). Homeless individuals and families often spend more time in our hospitals, utilize emergency services such as police and ambulance response, and emergency rooms more than other members of the community (stably housed members). Studies also show that they tend to have more jail stays due to the fact that homeless individuals are (a) poorly perceived in the community, (b) often the most disenfranchised, marginalized, and disadvantaged in a community (Harris, Kintzle, Wenzel, & Castro, 2017), (c) the general public tends to link homelessness to deviant status, and (d) lastly, the prevalence of laws that criminalize homelessness in some cities such as Clearwater, Florida; Santa Cruz, California; and Colorado Springs, Colorado. Which does nothing to address the underlying causes of homelessness and, instead, violate the civil and human rights of homeless people and only worsen or aggravate their current circumstances (Harris et al., 2017).

Homelessness can be understood as the result of interactions among several risk factors ranging from socio-economic structures, environmental circumstances, and individual conditions (Harris et al., 2017; Metraus et al., 2017). Homelessness manifests itself on a temporal continuum as situational, episodic, or chronic. Over time, a homeless person may experience changes in housing status that include doubling up with friends or family, transitional housing, being on the street, emergency shelter, permanent housing shared dwelling, and hospitalization and incarceration in correctional facilities. On any given night, situational, episodic, or chronic homelessness manifests or exists when individuals and families lack stable, safe, and appropriate places to live. Alternatively, when the (individual or family) live in overcrowded or doubled-up situations, tents or

other temporary enclosures. These individuals and families might have temporarily lost their home shelter, maybe chronically homeless, and facing any number of other issues due to inadequate economic resources and, or health issues (Harris et al., 2017; Metraus et al., 2017). According to the CDC (2017), homelessness is closely connected to declines in physical and mental health; homeless individuals and families experience high rates of health problems such as alcohol and drug abuse, HIV infection, mental illness, tuberculosis, and other traumatic conditions that may result to social consequences, which are commonly detrimental to individuals and family's well-being and negatively affect social interactions within their community. Health problems among homeless individuals and families result from various factors, such as barriers to health care, limited resources, lack of access to adequate food and protection, and social services. Homelessness is a significant economic, social, and public moral crisis playing out across our nation. It is also primarily a public health issue because homelessness leads to poor health. Homelessness complicates individuals' ability to engage in treatment and realize positive outcomes (Wenzel, Rhoades, Harris, Winetrobe, Rice, & Henwood, 2017).

Studies show that homeless individuals and families frequently use hospitals, emergency departments, and clog our criminal justice system. For example, the Comprehensive Report on Homelessness (2013) shows that the annual cost of jail stays and emergency room visits for an average homeless individual was \$16,670 while providing housing, and a social worker cost only \$11,000 in Utah. Utilizing data on Veterans participating in a PSH program at four locations between 2011 and 2014, Cusack & Montgomery (2017) found that homelessness and incarceration share a bidirectional association. They (Cusack & Montgomery, 2017) homeless individuals are

more likely to be incarcerated, and the former inmates are most likely to become homeless after serving their term. Mitchell, Leon, Byrne, Lin & Bharel (2017) used Medicaid claims data from 2010 to estimate the association between the number of Hospital Emergency visits and non-ED health care costs for a cohort of 6,338 Boston Health Care for the Homeless Program patients and found that homelessness is associated with frequent use of emergency department services. Another study in Central Florida found that the total hospitalization and emergency room costs for the cohort of 33 in the Seminole County area are \$21,600,314, or \$2,160,031 per year for 107 chronically homeless individuals (Mitchell, Leon, Byrne, Lin & Bharel, 2017). When comparing the cost of inpatient hospitalization, emergency room use and incarceration of homeless individuals, the moral dimensions of homelessness come into sharper focus when most of those individuals living and sleeping on the streets each night are veteran's servicemen and women who once defended this nation (Donovan & Shinseki, 2013).

Homelessness and Veterans

U.S. Department of Housing and Urban Development (HUD) in regulation 24 CFR §578.3 defined a homeless person as an individual that lacks regular, fixed, and suitable shelter; a person that is frequently moved from one location to another, staying in places not designed for human habitation (e.g., uncompleted buildings, abandoned homes, and vehicles), and in homeless shelters (transitional housing or emergency/seasonal shelter) (Harris et al., 2017; Metraus et al., 2017). Studies show many factors such as poverty, lack of affordable housing, job loss, lack of health care, mental illness, substance abuse, and domestic violence are responsible for the rise in veterans homelessness in America. Within the overall homeless population are different

subgroups, each with slightly different factors contributing to their homelessness.

According to the 2018 Annual Homeless Assessment Report (AHAR) to Congress, Point-In-Time counts, on a single night in January, 553,000 people were experiencing homelessness. Out of this number, 37,878 veterans were found to be experiencing homelessness, meaning that they were sleeping in transitional housing, staying in places not suitable, and designed for shelter.

A veteran is a person who served in the active military, naval or air service, and was discharged or released under conditions other than dishonorable. Homelessness among veterans has been of major public concern for policymakers, scholars, housing providers, and the general public (Tiia-Triin & Castro, 2019). According to Donovan & Shinseki (2013), veterans are at greater risk of experiencing homelessness than other homeless subgroups. Similar homelessness studies show that veteran homelessness is associated with a host of other negative outcomes for the individual and the public such as serious medical problems (Tsai & Rosenheck, 2015; Hicks, Weiss, & Coll, 2016), mental health and substance abuse problems, premature mortality, frequent hospitalizations, greater than average costs per hospital stay, and incarceration (Tsai, Rosenheck, Kaspro, et al., 2014). For example, Schinka, Bossarte, Curtiss, Lapcevic, and Casey (2016) found that Older veterans who were homeless experienced higher suicide and mortality rates than other homeless subpopulations. The fact that these servicemen and women served their country some consider veteran homelessness a violation of a basic human right the right; that is the right to have access to safe and secure housing and violation of trust (Tsai et al., 2014; Tsai & Rosenheck, 2015).

Though some studies (Metraus, Cusaack, Byrne, Hunt-Johnson & True, 2017; Donovan & Shinseki, 2013) suggest that the reasons why veterans are at greater risk of experiencing homelessness are not all related to military service. Others studies suggest clinical diagnoses such as PTSD, TBI, and other wartime trauma (Metraus et al., 2017) which have been found to sometimes contribute to a downward spiral of depression, broken relationships, substance abuse, unemployment, and isolation which may lead to homelessness (Harris, Kintzle, Wenzel, & Castro, 2017). Bad discharge or less than honorable discharge increases the risk for veterans becoming homeless (Perl, 2015; Tsai & Rosenheck, 2015; Umar and Sidath, 2015).

Homeless Veteran

Title 38 of the United States Code defines the term “homeless veteran” as “a veteran who is homeless as defined in section 103(a) of the McKinney-Vento Homeless Assistance Act)” (Blecker, Stichman, Nagin & Ensign 2015). The veteran is considered homeless if the service member meets the definition of homelessness as codified in the McKinney-Vento Homeless Assistance Act (P.L. 100-77); National Health Care for the Homeless Council. 2018b). Specifically, the statute defining the homeless veteran refers to Section 103(a) of McKinney-Vento. According to the McKinney-Vento, an individual is homeless if he or she lacks a fixed, regular, and adequate nighttime residence, defined to mean (Blecker et al., 2015):

□ Having a primary nighttime residence that is a public or private place not designed for, nor ordinarily used as, regular sleeping accommodation for human beings. These may include a car, park, abandoned building, bus or train station, or campground.

□ Living in a supervised publicly or privately operated shelter designed to provide temporary living accommodations. These include transitional housing and hotels, or motel rooms paid for by charitable institutions or government entities.

□ Exiting an institution (such as a jail or hospital) after a stay of 90 days or fewer, and having resided in an emergency shelter or place not meant for human habitation before entering the institution.

Though the United States Homeless Veterans Comprehensive Assistance Act of 2001 provides benefits and services for homeless veterans. The United States Jobs for Veterans Act of 2002 revised and improved employment, training, and placement services furnished to veterans. Title 38, Chapter 41, and Chapter 42, United States Code, provide job counseling, training, and placement services for veterans (Blecker et al., 2015). Based on Title 38 of the United States Code, a service member is homeless when he or she lacks a suitable and constant safe nighttime residence. Homelessness is also when the service member is unable to secure and maintain adequate housing. A veteran is a person who has served in the United States military and was not dishonorably discharged. Veterans are disproportionately represented among homeless persons in the United States (Blecker et al., 2015; Brignone, Fargo & Culhane, 2018). Homelessness is linked with “significant unmet health care and housing needs and an increased risk of morbidity and mortality” (Brignone et al., 2018). Not having the ability to care for themselves and possibly their families can lead to stress, anger, shame, and depression among homeless veterans. Studies show that some veterans may struggle with emotional, mental and physical health problems, such as traumatic brain injury (TBI), PTSD, drug abuse (Brignone et al., 2018; Harris et al., 2017), and pain from combat injuries, and have

little to no access to financial support, housing (Boland, Slade, Yarwood & Bannigan, 2018), and healthcare or support from their immediate family and friends. Some studies suggest that financial stresses, family problems, mental health issues, and substance abuse are the main causes of homelessness among veterans. Family issues such as strained relationships and lack of support from friends and family members are due to emotional, physical, or mental health issues of these service members. Financial stresses may stem from unemployment, lack of affordable housing; lack of medical insurance; and inadequate welfare benefits (Boland et al., 2018; Brignone et al., 2018; Harris et al., 2017). Drug or substance abuse may stem from a lack of mental and health care.

Demographic Characteristics of Homeless Veterans

Until recently, the best data available regarding the demographics of homeless veterans preceded the wars in Iraq and Afghanistan. However, HUD and the VA, in the Annual Homeless Assessment Reports to Congress, include demographic data about veterans living in shelters (the data do not include information about those living on the streets or other places not meant for human habitation). The 2018 Annual Homeless Assessment Report (AHAR) point-in-time evaluation of homelessness presented by the U.S. Department of Housing and Urban Development to Congress reports that on a single night in January 2018, there were 37,878 homeless veterans in the United States. Just under 9% of these veterans were women. Homeless veterans account for 9% of all homeless individuals (HUD, 2018). Based on the results of the 2018 Point-in-Time Count of homelessness across the country, veteran homelessness declined by 5% (2,142 fewer veterans) overall between 2016 and 2017. This means that, overall, veteran homeless have declined by 48% (35,489)- since 2009.

Though the demographic characteristics (Table 3) show that among those (veterans), 90.8% or 34,412 veterans were men, while 8.5% or 3,219 veterans were women. Kenny, & Yoder (2019) found that homelessness among female veterans is rising – due to more women entering the military. Transgender constitutes only 174 veterans (less than 1% or). While Gender Nonconforming constitute only 73 (0.2%). 57.6% of veterans experiencing homelessness were white, 32.5% were black, and 5.2% were multiracial. The remaining 4% were Native American, Pacific Islander, or Asian descent. One in ten veterans experiencing homelessness (9% or 3,558 veterans) was Hispanic.

Table 3
Demographic Characteristics of Homeless Veterans

Characteristics	Number	Percentage
Total	37,878	100
Gender		
Female	3,219	8.5
Male	34,412	90.8
Transgender	174	0.5
Gender Non-conforming	73	0.2
Ethnicity		
Non-Hispanic	33,839	89.3
Hispanic	4,039	10.7
Race		
White	21,825	57.6
African American	12,296	32.5

Asian	324	0.9
Native American	1,168	3.1
Pacific Islander	306	0.8
Multiple Race	1,959	5.2

Source: 2018 AHAR

Overrepresentation of Veterans in the Homeless Population

Looking at veterans as a percentage of the general population or comparing the percentage of veterans who are homeless with the percentage of the homeless population, the likelihood of veterans to be homeless is higher when compared to non-veterans.

Despite the fact the Point-In-Time count or information about veterans experiencing homelessness – those living in shelters and others outside shelters, and other data in Homeless Management Information Systems (HMIS) does not fully represent the accurate number of veterans experiencing homelessness across the country, studies suggest that veterans are overly represented in the homeless population (Perl, 2015).

While some studies suggested some reasons – the presence of additional risk for factors for veterans (e.g., physical and mental health issues); why the number and prevalence of veterans in the homeless population is high. Others suggest that the overrepresentation of veterans in the homeless population is puzzling (Perl, 2015; Brignone et al., 2018; Harris et al., 2017).

Given that veterans are supposed to have exclusive access to an extensive system of benefits that include comprehensive healthcare services, housing assistance, disability and pension assistance, and homeless services. The federal government, through their

departments and agencies, are supposed to make sure that veterans have timely and high-quality access to care – receive all support and benefits such as housing and healthcare they need when they need it. The record shows that funding for veterans’ mental health care has increased by 76%. Since its inception in 2009, the Post-9/11 GI Bill has provided \$65.2 billion in education benefits to over 1.6 million service members (White House, 2016). The VA has served a historic number of veterans, completing nearly 58 million appointments, almost 5 million more than the year before. Most veterans surveyed (90%) are either “satisfied” or “completely satisfied” with the timeliness of their care. The number of veterans accessing mental health care from VA has increased by 80% over the past decade to over 1.6 million veterans (White House, 2016). The VA will be starting a new initiative to provide same-day services for all veterans with urgent mental health care needs. The overrepresentation of veterans in the homeless population – despite the additional risk factors; underscores the need for identifying other correlates or factors of homelessness among the Veteran population as the basis for reducing or preventing homelessness among veterans.

Risk Factors for Homelessness among Veterans

Several studies on veteran homelessness suggest that veterans and non-veterans homeless share the same common risk factors associated with homelessness. That most of the risk factors that impact the general homeless population also affect veterans – e.g., poverty, health, and economic problems. For example, some of the socioeconomic or structural factors, such as unemployment, health issues, shortage of affordable housing, eviction (Cusack, & Montgomery, 2017; Kushel 2018; Tsai & Rosenheck, 2015), and foreclosures, also contribute to veteran homelessness. In addition to single events such as

job loss, eviction and housing cost burden that may significantly increase the odds of being homeless; individual risk factors such as poverty, mental/ physical health problem, and incarceration that often precipitate homelessness in the general population, also affect veterans (Cox, Malte, & Saxon, 2017; Cusack and Montgomery 2017; Dichter, Wagner, Borrero, Broyles, and Montgomery, 2017). According to Metraus, (2018), factors such as unstable living arrangements, financial mismanagement, unemployment, strained family relations, and behavioral health issues. Other studies suggest that veterans, however, due to combat exposure to bring with them a set of additional factors that appear to exacerbate or compound the risk for homelessness - e.g., PTSD, TBI (Bryden et al., 2019), and Military Sexual Trauma (MST) (Tsai, O'Toole & Kearney, 2017). Harris et al., (2017) found that common risk behaviors such as risky sexual practices and substance use are associated with lengthier experiences of homelessness.

Compared to other homeless subpopulations, health-related factors such as substance abuse and mental disorder have been reported at higher rates among homeless veterans. Other studies also show that substance abuse is a strong risk factor for homelessness in the general population as well as among veterans (Metraux, 2018). While some studies found that drug and alcohol abuse is a stronger risk factor than a mental problem, that alcohol and drug abuse increase the risk of veteran homelessness by 2-5 times more than mental illness alone, Metraus et al. (2017) found that most veterans predominantly believe that their homelessness is rooted in nonmilitary factors such as unemployment and relationship issues. Other studies found that illegal drug use or substance abuse increased the odds of homelessness by three times and was the strongest predictor of homelessness. Iraq/Afghanistan homeless veterans were three to five times

more likely to be using illegal drugs compared to non-homeless veterans (Tsai, & Rosenheck, 2015). Furthermore, Baggett et al. (2015) examined the causes of death of 28 033 recorded homeless adults in Boston Health Care for the Homeless Program from 2003 to 2008. The authors calculated population-attributable fractions to estimate the proportion of deaths attributable to alcohol, tobacco, or drug use and found that 52% of the cause of the homeless death is attributable to alcohol, tobacco, or other drugs (Baggett et al., 2015).

Additionally, other studies found that a diagnosis of severe mental illness significantly increased the risk of a veteran experiencing homelessness; and the homeless veterans are at greater risk of experiencing mental disorders (Ding, et al., 2018; Montgomery, Dichter, Thomasson, Roberts, & Byrne, 2015; Tsai, & Rosenheck, 2015). According to MISSION-Vet HUD-VASH Implementation Study – the center designed to study mental illness, substance abuse, and other co-occurring disorders among homeless Veterans; up to 80% of homeless veterans suffer from mental health and/or substance use disorders (VA, 2017). Ding et al., (2018) found that homeless veterans are at greater risk for co-occurring disorders (COD), defined as mental illnesses that include at least one drug use disorder or alcohol use and others, or at least one non-drug-related mental disorder that occurs simultaneously or in a different timeframe to the same individual. Though the prevalence of mental disorders among veteran’s subpopulation vary from 48 to 67% (Ding et al., 2018), previous research also shows that, in the homeless population, the prevalence of substance abuse ranges from 41 to 84% (Ding et al., 2018). Some research found that having a diagnosis of schizophrenia and bipolar disorder or major depression increases the odds of homelessness by 3 and 1.5 times, respectively. The odds

of being homeless for patients with bipolar disorder would increase by nearly 26 times if the patient had a history of recent incarceration (Montgomery et al., 2015; Tsai, & Rosenheck, 2015). Though Metraux (2018) believes that most empirical evidence for an association between PTSD and homelessness are not robust enough, some previous studies show that there is some connection between PTSD and modestly increased risks for homelessness (Metraux et al., 2017).

Other studies show that the daily struggle for food and safety clothing for these struggling veteran populations relegates shelter and health to a distant priority, which, in turn, complicates treatment, exacerbates disease, increases homelessness, and drives excess mortality (Koh & Connell, 2017). For example, Koh & Connell (2017) suggest that the complex burden of substance use problem and medical/ mental health simultaneous increases homelessness and drives excess mortality. The authors found that in addition to injuries, infection, and other communicable diseases such as AIDS, tuberculosis, and viral hepatitis readily spread that complicates the life of this vulnerable subpopulation, chronic conditions such as heart diseases and cancer, fueled by tobacco use represent a major cause of death.

Money mismanagement, defined as writing or going over one's credit limit, participating in scams such as writing bad checks and forging checks, and falling victim to a scam—also increases the possibility of a veteran being homeless, controlling for other factors. While some studies suggest that focusing on veterans with one or more of the following risk factors; mental health issues, the recent loss of income or unemployment, living in overcrowded homes, experiencing excessive housing cost burden -more than 50 percent of income, recently homelessness, and health problems or

chronic illness can help policymakers and service providers identify at-risk veterans, studies show that there are another unique complex set of factors or experiences that increase the risks of veteran homelessness (Adler, Glymour & Fielding, 2016).

The cumulative finding of some reviewed literature reflect the main causes of veteran homelessness are mental health issues, poverty, substance abuse, disabilities or other physical, psychological issues, and a lack of support from friends and family; some studies show that veterans are twice as likely as other members of the public becoming chronically homeless. Tsai et al. (2014) found that veterans living on the streets – some of whom generally avoid medical assistance and shelters are more likely to be chronically homeless than those veterans who are self-referred (Tsai et al., 2014). Although the most frequent issue associated with homeless female veterans is military sexual trauma MST - 38% of female service members experienced MST, compared to 4% among men; female Veterans are at higher risk for homelessness than male Veterans (Metraux, 2018). Studies show that women veterans are more prone to think about suicide than (48.7% versus 44.4%) and to have attempted suicide and are linked to high rates of hospitalization. This literature review confirms that most of the risk factors for the general homeless population is the same for veterans. For veterans, however, subsequent literature suggests that combat exposure or military-related disabilities increase the overall chance of veterans experiencing homelessness (Tsai & Cao, 2019).

Combat Exposures

The long-term impact of combat exposure has become a growing health concern for policymakers and military leaders due to a large number of servicemen and women who have experienced single or multiple combat tour in war zones, such as Operation

Enduring Freedom (OEF) (Afghanistan and Iraq), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) (Ivanov et al., 2017). Studies suggest that due to their long and often multiple deployments, the constant risk of injury and death, and exposure to many traumatic events; service members military experiences negatively affect their overall well-being, adjustment, and transition back to civilian culture; is an important risk factor among homeless veterans (Ahern et al., 2015; Borah & Fina, 2017). When servicemen and women join the military and participate in combat; their exposures to warfare, e.g., blasts from rocket-propelled grenades, improvised explosive devices, and mortar rounds during their mission or participation exposes them to traumatic and life-threatening experiences which can lead to serious health issues such as TBI and PTSD (Ivanov et al., 2017). In military combat, most traumatic brain injuries (TBIs) are mild TBIs (mTBIs). For service members that experience military combat, blast exposure is the leading cause of mTBIs (Ivanov et al., 2017).

Though recent studies suggest that more than one-third of over 2.5 million service members that were deployed in the American Global War on Terrorism (e.g., Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn) that have been exposed to military combat – have combat injuries or disorders (Troyanskaya et al., 2015). Other studies suggest that the true prevalence of combat exposure may be even higher, given that many of the traumatic and psychological injuries went unrecognized both during and after deployment (Chase & Nevin, 2015; Ivanov et al., 2017). The invisible nature of most combat injuries such as mTBI, notably the lack of any external physical evidence of damage in some cases, and the lack of full understanding of the underlying mechanisms of these injuries – e.g., PTSD, TBI; has hampered progress in

diagnosis, treatment, and prevention; has also been a major factor contributing to the impression of inconsequentiality (Ivanov et al., 2017). Despite the accumulating evidence that linked some physical injury or psychic stress or physical brain injury to PTSD. Others suggest that most service members and veterans develop persistent cognitive and behavioral changes after service or mild Neurotrauma (Ivanov et al., 2017). The screening and diagnosing of mild TBI, PTSD, and other traumatic stress issues are complicated by the nature of the condition as initial analyses heavily rely on self-report measures (Ivanov., 2017). Moreover, the overlap of TBI symptoms with those of PTSD and other emotional issues, which is present in at least 30% of returning servicemen and women who have suffered a TBI compound accurate diagnostic.

Some studies suggest that a service member's exposures to warfare affect their cognitive functions. Haran et al. (2013) found that Marines returning from combat with self-reported concussion and symptoms that aligned with a mild TBI exhibits a decline of cognitive performance on a computerized cognitive battery at a 3-month follow-up; however, these deficits recovered from the month (Adam, Mac Donald, Rivet, Ritter, May, Barefield, et al. 2015). By contrast, Troyanskaya et al. (2015) reported that service members with mild TBI showed no performance differences on cognitive measures. Though, the discrepancies in the results of these two studies - Haran et al. (2013) and Troyanskaya et al. (2015); is complicated by the use of different methodologies to assess cognition -i.e., raw scores from paper and pencil tests vs. reaction time on computerized tests; recent studies also suggest that service members with mild TBI and traumatic issues, e.g., PTSD; may, in fact, experience subtle cognitive deficits or demonstrate cognitive deficits that are not often detected in standard neuropsychological assessments

(Adam et al., 2015; Karr, Areshenkoff & Garcia-Barrera, 2014, Ivanov et al., 2017).

According to Ivanov et al. (2017), the extent and nature of cognitive impairment following combat exposure do not exclusively fit with any single profile.

Using logistic regression, a Pew Research Center survey of 1,853 veterans found

(a) serving in a combat zone decreases the chances that a service member will have an easier time readjusting from military to civilian life (78% for veterans who did not serve in a combat zone and 71% for those with combat experience);

(b) knowing someone who was injured or killed also reduces the probability that a veteran will have an easy re-entry by six percentage points (73% for veterans who did not serve in a combat zone and 79% for those with combat experience);

(c) serious injuries and exposure to emotionally traumatic events are relatively common in the military, and

(d) Veterans suffered a serious service-related injury or had an emotionally traumatic experience while serving were significantly more likely to have a hard time readjusting from military to civilian life, when other factors are held constant and (e)

suffering a serious injury while serving decreases the probability of readjusting from military to civilian life by 19 percentage points, from 77% to 58%. The Pew Research Center analysis also pinpoints some of the specific problems faced by returning

servicemen and women who suffered service-related emotional trauma or serious injury.

Predictably, their model shows that most veterans (56%) who experienced a traumatic

event say they have had repeated distressing memories of their experience or flashbacks –

PTSD.

Combat-related Injuries (TBI and PTSD), and Service Members

In addition to other military combat-related injuries, and neurological disorders that are prevalent among service members (e.g., sexual assault/trauma): PTSD and TBI are the two most important types of mental disorders and head injuries that are increasingly sustained by service members, and are especially common, in both returning Iraq or Afghanistan and earlier War-era veterans (Skene, Roder & Incorvaia, 2016). PTSD is a complex, disabling and chronic mental and psychiatric disorder that develops following a traumatic event and is common among service members and veterans (Steenkamp et al., 2015; Skene et al., 2016; Xue, Ge, Tang, Liu, Kang, Wang, & Zhang, 2015). PTSD may develop after service member experiences or witnesses a traumatic event, a violent personal assault, or experiences horrible and life-threatening events such as military combat, or a natural disaster. These types of events can lead to PTSD (VA, 2016). The symptoms associated with PTSD fall into multiple categories, including (Barrera et al., 2015; Skene et al., 2016; Xue et al., 2015):

- “Re-experiencing,” which is characterized by bad dreams, flashbacks (vivid recollections of the event), intrusive memories, and frightening thoughts;
- “Avoidance,” such as avoidance of stimuli associated with trauma, aversion to emotions relating to the catalyzing incident;
- “Arousal and reactivity,” demonstrated by hyperarousal—can negatively affect service members’ abilities to function socially, cope with stress, maintain employment, tension, being easily startled, or having outbursts;

- “Cognition and mood,” evidenced by waning interest in previously enjoyable activities, distorted and negative emotions, and problems with memory; and
- difficulty concentrating,

TBI occurs when a sudden trauma, like a jolt or blow to the head, causes damage to the brain; TBI can also be caused by a “shock wave” from an explosion. The jolt or blow to the head can result in a range of symptoms; the impact can be both short and long-term trauma. Studies show that approximately 14-20% of surviving casualties sustained in combat suffer a TBI (VA, 2016). Studies show that TBI is a well-known consequence of participation in activities such as military combat or collision sports; however, wide variability in eliciting circumstances and injury severities makes the study of TBI as a uniform disease state difficult (Bryden et al., 2019; Armstrong & Sponheim, 2017). According to Ivanov et al. (2017), short trauma - Mild TBI; impacts include dizziness, whereas long-term trauma; more severe outcomes encompass extended periods of amnesia or unconsciousness, concussion, and sub-concussions. Other symptoms may also include difficulty walking, fatigue, speaking, problems with thinking, memory, and attention, as well as other personality disorders like depression or irritability. MTBIs, if progressive, could sometimes persist having long-term debilitating effects. MTBI is the most common traumatic brain injury affecting service members and also the most difficult to diagnose. A single traumatic brain injury can produce accelerated or precipitate age-related neurodegeneration, long-term gray and white matter atrophy, and increase the risk of developing Parkinson's disease, Alzheimer's disease, and motor neuron disease (Ivanov et al., 2017).

TBI and PTSD among service members and veterans have been studied for over 30 years; in relation to combating trauma (McKee & Robinson, 2014; Xue et al., 2015). The impact of combat on TBI and PTSD in service members is a major concern among the public, policymakers, and military leaders. They can lead to life-threatening trauma or be a debilitating consequence of severe. Moreover, TBI and PTSD can interfere with the personal and social functioning of service members, cause substantial distress and subsequently lead to social withdrawal, aggression, and anger (McKee & Robinson, 2014; Xue et al., 2015). Furthermore, TBI and PTSD have a pervasive impact on military readiness and the accomplishment of military goals (Ivanov et al., 2017; Xue et al., 2015). Not surprisingly, PTSD and TBI symptoms can complicate the transition of service member's life from military to civilian culture and can impair their abilities to manage their social and health care needs (Asnaani et al., 2014). Studies suggest that both diagnosed and untreated PTSD has been shown to affect cognition negatively, contribute to individual disorders - e.g., TBI and PTSD related cognitive deficits in service members exposed to combat (Ivanov et al., 2017). Moreover, linked with high rates of violence, antisocial behavior, incarceration, drug abuse, alcohol use, homelessness, and suicide risk, and completed suicides among service members and veterans (Taylor-Clift et al., 2016).

Although the number of Veterans whose participation exposes them to traumatic and life-threatening experiences (e.g., TBI and PTSD); varies by service area, studies show that veterans who experienced combat are diagnosed mostly with TBI and PTSD at alarming rates (VA, 2016). According to the U. S Department of Veteran Affairs (2016), 1-20 out of every 100 Veterans (or between 11-20%) who served in Operations Iraqi

Freedom (OIF) or and Enduring Freedom (OEF) have PTSD each year. 12 out of every 100 Gulf War Veterans – Desert Storm (or 12%) have PTSD each year. The National Vietnam Veterans Readjustment Study (NVVRS) (1980) also shows that 15 out of every 100 Vietnam Veterans (or 15%) were currently diagnosed with PTSD. Based on the most recent study, it is estimated that about 30 out of every 100 (or 30%) of Vietnam Veterans have had PTSD in their lifetime. Metraux et al. (2018) examined the risk factors for becoming homeless among 310,685 veterans who were separated from the military between July 1, 2005, and September 30, 2006 - from VA administrative data. Four different subgroups were analyzed by researchers who served during the era of the Iraq and Afghanistan conflict veteran, others who did not serve (men who served in OEF/OIF, women who served in OEF/OIF, men who did not serve in OEF/OIF, and women who did not serve in OEF/OIF). The researchers found that serving in OEF/ OIF and being diagnosed with PTSD at discharge increased homelessness risk after military separation. Their model - Metraux et al. (2018), shows that serving in OEF/OIF increases the risk of being homeless by 34 percent. Tsai, Pietrzak, & Rosenheck (2013) also found that homeless veterans with combat exposure also report other psychological diagnoses more frequently than other homeless subgroups. Moreover, Schinka, Leventhal, Lapcevic, and Casey (2018) also found that a greater percentage of homeless veterans than non-homeless veterans experience higher mortality rates. According to Schinka et al. (2018), the higher mortality among homeless veterans can be attributed to the external cause; neoplasm; cardiovascular system; digestive system; infectious disease; respiratory system; and endocrine, nutritional, and metabolic diseases. Their findings indicate that homelessness substantially increases mortality risk in veterans (Schinka et al., 2018).

The cumulative findings from these studies not only show that service members that experienced combat are most likely to be diagnosed with TBI and PTSD, but their military experiences – injuries and other health issues also increase the odds of them being given a dishonorable discharge and becoming homeless (Institute of Medicine, 2013). It also suggests that their experiences – combat exposure; will not only disrupt the lifestyle of these service members but lead to a difficult transition to civilian culture (Ahern et al., 2015).

Combat Exposure and Mental Health of Returning Service Members

Recent literature presents compelling evidence that combat exposes service members to several potentially traumatic events, and negatively affects their mental health, especially the incidence of PTSD. Studies show that combat stress is a major cause of mental health disorders in veterans. The stresses that service members encounter during combat – e.g., the life-threatening situations that may expose them to a concussive event and the possibility that military personnel may witness injury and death or may handle human remains; affect their mental health. There is also a strong indication that combat exposure affects health behaviors, which will, in turn, affect physical readiness and health care needs in the future. Several studies have shown that combat exposure can precipitate or exacerbate psychological conditions that may affect service member's transition to civilian life (Bryden et al., 2019; McFarlane, 2015; VA, 2019). Because combatant military personnel are at risk of injury or death and may see others hurt or kill, these dicey situations increase their chances of having PTSD or other mental health problems (National Center for PTSD, 2019). Been exposed to situations where you may have to kill or wound others, witness injury or death creates a moral injury (McFarlane,

2015) that not only affect their inbuilt prohibition, it affects their mental health, relationship with family, and their transition (McFarlane, 2015). According to McFarlane (2015), the violence associated with combat not only impacts on veterans' families but affect the broader society.

For many Servicemembers, combat exposure can cause several problems during their transition to civilian life. Because increased smoking, alcohol abuse, and disordered eating often serve as maladaptive coping mechanisms after traumatic events, some studies suggest that combat exposure or deployment-related stressors can serve as a catalyst to these vices and can increase veteran homelessness, suicide, and behavioral issues. Though the increasing number of veteran homelessness and suicide raises important questions about the psychological costs, and the impact of combat on the mental health of our service members (McFarlane, 2015). Most studies suggest that deployment stressors or combat exposure result in considerable risks of mental health issues, TBI, PTSD, major depression, drug and alcohol abuse, impairment in social functioning, antisocial behavior, increased use of healthcare services, incarceration, homelessness, and suicide (Bryden et al., 2019; McFarlane, 2015; VA, 2019). Although Wilk et al. (2015) suggest that aggression and anger are among the most common problem among returning service members from combat, other studies show that combat exposures may result in increased physical, aggressive behaviors such as angry outbursts, destroying property, and threatening others with violence (McFarlane, 2015). The pathways between combat exposure, aggression, and anger have not been comprehensively characterized as concerns of returning service members. And also, aggression and anger are some of the most common complaints of returning service

members and can have a debilitating impact on their transition to civilian culture (Wilk et al., 2015). These studies have resulted in illuminating the importance of evaluating and managing the aggression and anger in returning service members from combat (Wilk et al., 2015).

Recent studies on the impact of military combat exposure suggest that exposure to military combat or other traumatic events is associated with an increase in psychiatric problems, including substance abuse, depression, anxiety disorders, and PTSD (Highfill-micro et al., 2010; Government Accountability Office – GOA, 2017). According to a federal government report (Government Accountability Office – GOA, 2017), 62% of military personnel discharged for misconduct from 2011 through 2015 had been diagnosed with psychological and mental illnesses that could have been related to their military service. According to the GAO, (2017) report, 57,141 service members discharged for misconduct had been diagnosed up to two years before their release with the "signature wounds" of the Afghanistan and Iraq wars: PTSD, TBI, alcohol-related and substance abuse disorders, adjustment disorders, anxiety, and depression. Conditions that have been known to affect behaviors, moods, and thoughts and may trigger insubordination, alcohol and drug use, absence from the military without permission, and possible crimes.

For example, according to a report in The New York Times on December 30, 2016, Kristofer Goldsmith, an Army veteran, was given a General Discharge after a suicide attempt (Rowan, 2016). Although a General Discharge is not as bad as the last three that completely denies the service member the support and benefits, they require to succeed in their transition. In the case of Kristofer Goldsmith, the military adjudged his

suicide attempt as serious misconduct and failure to meet military standards or behavior. Even though his suicide attempt is related to his combat exposure, the military discharged him without treatment for the PTSD that led to his attempt.

The GAO report also found that the military failed to follow DOD policies designed to prevent inappropriate discharge of service members with PTSD and TBI. The result is that most service members received less than honorable discharges, making them ineligible for housing, education, financial support, and the vital mental and healthcare they require to transit from military to civilian life successfully. The GAO report is immensely disturbing given that service members are discharged for actions triggered by their military service-connected problems, and are cut off from the very support and benefits that would allow them to access housing and mental and health care that would have allowed them successfully transit to civilian life or rebuild their lives and reintegrate back into the civilian community.

The revelation that combat exposure increases the risk of less than honorable discharges for service members suggests that those men and women may have relatively higher levels of PTSD symptoms. This explanation would be consistent with previous and recent findings that military veterans with combat-related PTSD reported more severe symptoms on the Trauma Symptom Inventory than did crime victims with PTSD. Data from the National Vietnam Veterans Readjustment Study showed that specific types of combat exposure were associated with higher PTSD scores. For example, PTSD scores were significantly higher for those who said they had killed compared with those who had said they had not killed. Beckham *et al.* (1998) also found that exposure to atrocities was associated with higher PTSD symptom levels, even after controlling for combat

exposure. Iversen et al. (2008) found that United Kingdom military personnel deployed to Iraq who felt their life had been threatened were significantly more likely to have high levels of PTSD symptoms compared with personnel who did not feel their life had been threatened. These findings suggest that psychological and behavioral responses to trauma may be specific to the type of trauma experienced. Compared with other types of trauma, the experience of combat has also been shown to be related to both distinct PTSD symptom profiles and increased aggressive behavior, both of which could explain the increased behavioral issues and hence, misconduct discharges.

While some of these literatures illuminate the connection between psychiatric diagnoses, TBI PTSD, and misconduct outcomes among deployed service members; their cumulative findings suggest that (a) combat service members with PTSD and other psychiatric diagnoses have a higher risk of misconduct outcomes after diagnosis, (b) less than honorable discharges are less the result of minor misconducts or negligible disciplinary infractions that are actually symptomatic of emotional, physical and psychological injuries or trauma sustained during military service, and (c) less than honorable discharges have increasingly become a tool that the military uses to remove service members exhibiting symptoms of what are often more deeply-seated physical and mental health conditions related to their military service. That finally that most service members have been wrongfully discharged from military service under less-than-honorable conditions.

Because the evidence supporting a connection between combat-related factors and misconduct discharges (less than honorable discharges) is so compelling, considerable potential exists to both to establish clinically actionable biomarkers for early diagnosis of

these combat-related injuries, and neurological disorders, and develop enhanced diagnostic criteria for TBI, PTSD; improve our understanding of the mechanisms responsible for these combat-related injuries, foster development of new treatments for these injuries based on a better understanding of the underlying mechanisms; improve service members physiological needs – e.g., health care, housing needs; to accelerate progress and reduce redundant efforts – e.g., wrongful discharges (less than honorable) that bars them from getting the quality care they need – e.g., health care and housing; and prevent medical practitioners from gaining insight into their peculiar health issues and other need – e.g., housing.

Combat-Related Health Issues and Service Members

Studies on veteran homelessness converge on at least four risk factors that increase veteran propensity toward homelessness. The four risk factors are (1) combat exposure, (2) overall physical and mental health conditions (correlated with TBI, PTSD, MST, and other disorder), (3) co-occurring drug abuse and alcohol issues, and (4) poverty (Bryan, Griffith, Pace, et al., 2015). Among this literature, however, there is significant agreement that combats exposure is linked to co-occurring TBI, PTSD, alcohol and substance abuse issues, and other disorder and physical injuries that heavily contribute to veteran homelessness. In particular, exposure to combat, combat injury, and TBI and PTSD, all of which have an impact on a veteran's physical and mental health condition, appear to directly affect service members' ability to care or keep up with their health care and housing needs (Hamilton 2014).

Though the literature on service members homelessness consistently agrees that exposure to prolonged or intense combat, combat injury, co-occurring alcohol, and drug

abuse issues, and others such as TBI, PTSD, and MST, all of which have an impact on a service members mental health and social functioning, appear to directly affect their ability to secure a stable and suitable home, and successfully transit from the military to civilian life. Studies suggest that the prevalence of homeless service members - with mental health, substance abuse, and chronic medical problems among homeless service members /veterans is higher among members with less than honorable discharge. Suggest that less than honorable discharges certainly make them more vulnerable to homelessness (Hamilton 2014). Service members with less than honorable discharges are more likely to experience homelessness because of their type of discharges (less than dishonorable discharge); many of them are barred from VA benefits. Studies suggest that many of them experience disabling physical and psychological conditions, often incurred or exacerbated by their exposure to military combat. All of which are linked to continued homelessness.

Most homeless service members with less than dishonorable discharges have a disabling condition – e.g., TBI and PTSD; that implies that they are more likely than their veteran with an honorable discharge and non-veteran homeless peers to experience homelessness. Though homeless veterans and non-veterans tend to share some similarities – have drug and alcohol issues. Even though alcohol and drug abuse are widely assumed to be a high-risk factor for veteran homelessness, most of the literature reviewed so far suggest that most of the service members that are exposed to combat, separated with misconduct, diagnosed with PTSD, TBI, or other conditions that could be associated with misconduct (GAO, 2017). Are more likely than their veteran with an honorable discharge and non-veteran homeless peers to experience homelessness. The

relationship between homeless veteran status and veteran incarceration is significant. Metraux (2018) found in their review of the literature that inmates of local jails, as opposed to state or federal prison inmates, had a cyclical pattern of intermittent homelessness and incarceration, leading to prolonged residential instability.

In summary, this review of the literature explored the mental health and wellbeing of the service members; the review examined the findings of a wide range of studies and found that many service members still experience mental, physical, and social health problems related to military combat. The current review sought to better understand how these combat-related health issues affect service members (Oster, Morello, Venning, Redpath, & Lawn, 2017). Understanding and recognizing the interconnectedness across these attributes may facilitate the early identification and improved management of service members transition to civilian life. The mental health literature of service members demonstrates high rates of PTSD in veteran populations. The literature furthermore highlights the worrying interconnection between PTSD and the increased risks for service members' physical health problems, substance use/misuse, suicide, homelessness, and aggression/violence (Debeer, Kimbrel, Meyer, Gulliver, & Morissette, 2014; Oster et al., 2017).

Military Misconduct and Veteran Homelessness

Studies show that service members separated from service for reasons of military misconduct were far more likely to have trouble in their transition to civilian life than those who left the service under normal circumstances. Given that under the current law, service members with less than honorable (OTH) discharges are not eligible for VA benefits, including housing (They are denied housing vouchers under the HUD-VASH

program) and medical services, studies show that are significantly more likely to experience homelessness than other service members with honorable discharge (Gundlapalli et al., 2015; VA, 2015). By military misconduct or Misconduct-related separation, we mean less than honorable discharges and other administrative discharges such as other than honorable and uncharacterized discharges. And punitive discharges such as bad conduct, dishonorable, and unknown discharges status; discharges (administrative and punitive discharges) that affect service members' eligibility for benefits.

Though many gaps still exist in the understanding of the full psychosocial effect of combat, the extent and the relationship between combat disorder/ injuries, criminal behavior, and less than honorable discharge and the exclusion from VA support and care treatment after discharge is still not fully known. Most studies that examined the impact of combat on service members suggest that service member's exposure to combat is linked to higher rates of misconduct (less than honorable) discharges, incarceration, homelessness, and suicides. Even though a provision in the 2010 National Defense Authorization Act requires the military branches to consider whether combat exposure or military service-related behavioral health might have played a role in whatever misconduct officials are using as their reasoning for separating a service member. Studies show that since 2009, over 22,000 service members have been discharged with less than honorable discharge even though they exhibited signs of TBI, PTSD anxiety disorder, or other mental health issues or were diagnosed later (Metraux, 2018).

Other studies suggest that it is easier for military commanders to discharge service members for misconduct than to evaluate them for conditions that may warrant a medical

discharge with attached benefits. For example, studies suggest that servicemen and women are kicked out of the military for combat-related misconduct as minor as the missing formation or work duty or doctor's appointments, exhibiting aggression and anger (fighting), drinking, talking back, and smoking marijuana. Even though discipline is essential for military readiness or being battle-ready, studies suggest that discharging or separating service members with a less than honorable discharge, even though they had TBI, PTSD, or other mental health issues. Moreover, when many of them have been deployed multiple times, witnessed, or seen their closed-friends maimed or killed in battle and themselves sustained physical and or invisible injuries does not help the morale and the recruiting process in the military and support their transition process to civilian life.

Misconduct-related separation such as less than honorable discharge bars service members from receiving disability, education, and housing benefits and precludes them from getting the health care they truly need to address they are mental and health challenges they acquired while in service (Gundlapalli et al., 2015; Metraux, 2018). With most of them (service members) discharged with less than dishonorable discharges among those being over-represented in PTSD, TBI, suicide, drug, and alcohol abuse, incarceration and homelessness subpopulation (Bronson, Carson, Noonan & Berzofsky 2015; Gundlapalli et al., 2015; Human Rights Watch, 2016; Roger et al., 2015; Seamone et al., 2014; Tsai, Kasproff & Rosenheck, 2014). Even though screening for combat-related injuries and mental health issues is now routine after deployment and is mandated by both DOD, the misconduct separations (less than dishonorable discharge) increasingly highlight the number of returning service members who will have no access to VA

services. With many studies suggesting that combat experiences can add more stress to an already stressful situation, may contribute to PTSD and other mental health problems – which often precipitate veteran homelessness. Other studies showing that veterans with less than honorable discharge from the military have higher rates of incarceration and homelessness than those who left with an honorable discharge (Fargo et al., 2017). For example, a report from US Department of Justice, Bureau of Justice Statistics jail and prison surveys published in 2000 and 2007 estimated that in 2007 that 703 000 veterans were in custody or under correctional supervision; and that out of the 12 million Americans arrested in 2007, 9.6% of them were veterans. The report further shows that approximately 20% of veterans in custody lack the character of military discharge (i.e., honorably discharged) to access VA benefits on release from custody. The report also found that veterans with less than dishonorable discharges had high levels of emotional and mental health issues problems and more serious criminal and substance abuse histories than those that are honorably discharged (Fargo et al., 2017; Gundlapalli et al., 2015; Metraux, 2018).

Because former service members with less than honorable discharges are often unprepared – lacks mental and health care and other necessary support such as housing; to transition into civilian life (Castro, Kintzle & Hassan, 2014). Service members with less than honorable discharges face several challenges in their transition from military to civilian life. Members with less than honorable discharges are barred from benefits such as healthcare, education, housing, and job training. In addition, to the stigmatization that many service members face for having received a non-honorable discharge. The lack of appropriate mental and healthcare to care for their combat exposure-injuries, and the

resultant alcohol and substance abuse, may lead, in some cases, to homelessness and suicide (Tayyeb, 2017; Tayyeb & Greenburg, 2017).

Studies show that about 692,000 Vietnam veterans were discharged from the military with less than honorable discharges (Tsai & Rosenheck, 2015). And since 2001, roughly 115,000 veterans have also been released with less than honorable discharged (Panepinto & Richardson, 2014). Using data from the Department of Defense and 448,290 VA patients - VA records, Fargo et al. (2017) found that among veteran who served in Iraq or Afghanistan between 2001 and 2011, 5.6% were discharged for misconduct; they account for 28.1% of veterans who experienced homelessness within their first year out of the military. Utilizing a statistical model that adjusted for age, race, education, and other demographic factors, the researchers calculated that veterans with less than honorable discharges were nearly seven times more likely to be homeless than those with honorable discharges.

The GAO's analysis of DOD data found that out of the 57,141 service members diagnosed with PTSD, traumatic brain injury (TBI), or other psychological conditions within the two years, 13,283 (23 percent) received an "other than honorable" characterization of service, making them potentially ineligible for most of the benefits – from VA; they need for their adjustment and transition back to civilian culture (GAO, 2017). In comparison, the events or type of misconduct that resulted in less than honorable discharged while in service are mostly linked to military experiences – PTSD or using drugs to cope with PTSD (Fargo et al., 2017). GAO report found that the military services' policies to address the impact of PTSD and TBI on separations for misconduct are not always consistent with DOD policy. According to the report (GAO,

2017), contrary to DOD policy, that the Navy, Army and Marine Corps may not have adhered strictly to DOD policy on screening, training, and counseling policies related to PTSD, TBI and or other psychological disorders that may result to misconduct discharge. For example, the GAO's report found that Navy policy does not mandate a medical examination or screening to assess whether a PTSD or other psychological disorder is a factor in some service member's misconduct charged. GAO report also found that the Marine Corps and Army policies are inconsistent with DOD policy. For example, the report found that 18 of the 48 non-generalizable samples of Marine Corps service members separated for misconduct; there was no documentation showing that they were properly screened for PTSD and other psychological disorders. According to the report, some Army officers interviewing service members may not have received training to identify mild TBI symptoms. And finally, the military services do not use their data to routinely verify whether they are adhering to relevant policies on service members' screenings, training, and counseling.

Tsai & Rosenheck (2015) found that in 2014, up to 14,000 (approximately 28%) of the homeless veterans in the US had less than fully honorable discharges. Fargo et al. (2017) also found that more than 142,000, service members have been dismissed from the military since 2001 with less than honorable discharges that usually make them ineligible for VA services. Metraux et al. (2013) also found that veterans with less than honorable had a higher risk of homelessness, compared to those with honorable discharges, and that low pay grade and younger age (ages 25 to 34) were significant risk factors for homelessness after separation for the military.

With evidence showing that combat conditions affect service members' behavior, rather than punish them with punitive discharges, optimal support for their situation-emotional and mental health issues, is required from the military and government. The military and the government have an obligation to evaluate the risks these service members face in combat, invest in injury prevention, and coordinate between their various departments (e.g., VA and Defense) during service members' transition to civilian life. Ensuring that all veterans, service members (Active, Guard, and Reserve alike) and their families receive the support they deserve. And to focus on efforts designed to improve all facets of service member's needs-e.g., expanding suicide prevention strategies and taking steps to meet the current and future demand for mental health and alcohol and substance abuse, homelessness problems for veterans, service members, and their families.

The Military Judicial System and Less Than Honorable Discharge

By military statute, a dishonorable discharge for an officer dismissal normally precludes all meaningful VA benefits. However, those with a bad-conduct discharge from a special court-martial and those with an administrative other-than-honorable discharge still may be entitled to benefits based on the VA's evaluation process (Weber et al., 2017). The character of service, whether the bad-conduct discharge or other-than-honorable discharge, is a major determinant of future eligibility for VA health care, which normally requires a fully honorable discharge or a general under-honorable-conditions discharge. Both types of disciplinary actions frequently result in loss of VA benefits, often without meaningful distinction in the forum where adjudicated.

Several studies suggest that the growing numbers of service members with less than dishonorable discharge not only illuminate the insensitivity of the military to the plight of our service members but highlights the failure of the military to properly consider the effects of PTSD, Traumatic Brain Injuries, Military Sexual Trauma, and other service-related mental health conditions before administratively separating service members with less-than-honorable discharges. With over 3 percent of post-911 veterans have bad paper discharges (Philips, 2016), and tens of thousands from the Vietnam veteran population, with PTSD and having been branded by the black mark of less-than-honorable discharge, resulting in decades of denied VA services and benefits. Studies suggest that historically, commanders have failed to recognize the signs of trauma among soldiers, and instead, have interpreted the symptoms of injury as willful misconduct (Philippis, 2013). For example, current Army policy allows for a soldier's alleged misconduct to take precedence (Poppe, 2015) over their medical conditions so that they can be administratively separated. Today, with less than one percent of our nation's citizens serving in our Armed Forces, it is a true travesty of justice that those who are suffering from service-related conditions—like PTSD, MST, and TBI are being discharged without access (Task & Purpose, 2016) to the VA benefits they desperately need. For most of the less-than-honorable discharges, the stigma of their separation from service, combined with their physical and psychological symptoms, begins a downward spiral. Ousted from their former military community (Peters, 2016) and not eligible for health care and treatment from the VA, these service members are more likely to be homeless (Ismay, 2016); more likely to suffer from substance abuse; more likely to go without treatment for physical and mental injuries; and they are at high risk for incarceration

(Penaloza and Lawrence, 2015) are more likely to die by suicide (Noling, 2016). The month of September is National Suicide Awareness month. According to the National Center for PTSD among service members serving in Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF): About 11-20 out of every 100 Veterans (or between 11-20%) who served in OIF or OEF have PTSD in a given year. For those who served in the Gulf War (Desert Storm), about 12 out of every 100 Gulf War Veterans (or 12%) have PTSD in a given year. For those who served in the Vietnam War, about 15 out of every 100 Vietnam Veterans (or 15%) were currently diagnosed with PTSD at the time of the most recent study in the late 1980s, the National Vietnam Veterans Readjustment Study (NVVRS). It is estimated that about 30 out of every 100 (or 30%) of Vietnam Veterans have had PTSD in their lifetime. According to the VA (2016), since 2001, the rate of suicide among U.S. veterans who use VA services increased by 8.8 percent, while the rate of suicide among veterans who do not use VA services increased by 38.6 percent.

VA Benefits and Less Than Honorable Discharge

Though the government through its departments – e.g., Departments of Veterans Affairs, Defense, Health and Human Services, and Education; and agencies, have been actively engaged in providing support, improving the health, developing policies, and programs designed to increase support and benefits to service members (Weber et al., 2017). Support and benefits that can ensure a successful transition from military to civilian life. Studies suggest that the characterization of service member's military service or how they are discharged makes them eligible or ineligible for VA benefits, including most but not all benefits, for example, housing, education, and healthcare. Although the VA's veteran eligibility status was designed to make sure that those that

have earned and deserve benefits and care are steered in the right direction (Weber et al., 2017). There is no comprehensive assessment of how the characterization of the service member's military service – especially the relationship between eligibility rules for VA benefits and less than dishonorable discharge impacts veteran homelessness. For example, there is no comprehensive assessment of how the denial of benefits and services to a growing portion of less than dishonorable former service members who are most in need of support affect VA efforts' effectiveness and the extent to which they align with all service members' (both those who are honorable and dishonorably discharged) needs.

Studies show that service members with less than dishonorable discharge are twice as likely to commit suicide, in part because combat members (service members) diagnosed with PTSD are 11 times more likely to get a less than honorable discharge (Adams, 2017; Highfill-McRoy et al., 2010). That there are a little more than 615,000 Navy, Army, Marine, and Air Force former service members with less than dishonorable discharges (Defense Manpower Data Center, 2016; Coffman, 2016). According to Rep. Mike Coffman (R-Co.), a retired Marine officer, these numbers are staggering. Some studies found that while 84% of all military discharges are characterized as "honorable," the remaining 16% are characterized as less than honorable discharge. Other studies on the factors that contribute to veteran homelessness found that (a) there is a direct correlation between service members that left military service with less than dishonorable and those who end up homeless (Tyner, 2016), (b) less than dishonorable can be a pathway to homelessness, and (c) service members with such discharge (less than dishonorable) are 5 to 7 times more likely to fall into homelessness (Department of Veterans Affairs, 2017).

Several studies suggest that less-than-honorable discharges complicate and create more challenges for service members who may be experiencing mental illness and other combat-related injuries. Studies indicate that these groups with less than honorable discharge are among those with TBI, PTSD, a higher rate of suicide, drug, and alcohol abuse. And related problems of incarceration and homelessness, and with greater needs for support and care (Bronson et al., 2015; Roger et al., 2015; Tayyeb & Greenburg, 2017). Other studies suggest that the wrongful characterization of service members' military service carries significant consequences. For example, the characterization of their military service (OTH discharge) bars them from receiving government support and most military benefits.

Additionally, many of them with no support and benefits (e.g., housing and healthcare) often face discrimination when seeking employment and are generally experience several difficulties trying to transit from the military to civilian life (Zogas, 2017). McClean & Scapardine (2017) estimated that almost 700,000 veterans suffer from PTSD or depression, including those with delayed onset PTSD symptoms (Hugh McClean and Dan Scapardine, April 17, 2017). And for some of them (service members) been discharged for disciplinary reasons with less than honorable discharge; in lieu of receiving appropriate mental health care has inadvertently complicated their health challenges, and shifted the burden of responsibility for these vulnerable members of our society from the military to civilian society that does not fully understand challenges facing these servicemen and women. The result is that many service members end up homeless, without healthcare and end hospital, incarcerated in prison, committing suicide.

Although less than honorable discharges can be appealed and service members can obtain a discharge upgrade if they can show or demonstrate that their current health issues may have contributed to the misconduct that resulted in their less than honorable discharge. Alternatively, demonstrate a link between their misconduct and their mental health issues. Most of the service members lack the state of mind (afflicted with military-related injuries) and adequate representation to navigate the VA appeals process. Studies show that most servicemen and women with less than honorable discharges often cannot afford an experienced attorney to represent them. Given the complex nature of the appeal process, dedicated, competent, and effective representation is necessary to achieve favorable results. Though, upgrading their discharge will vastly improve their chances of becoming receiving benefits and supports that will aid their transition to civilian life; however, many of them are suffering from conditions that make it impossible to navigate the lengthy and complex appeal process.

Current Policy Shift and Returning Service Members

Despite the efforts of both the federal government through its departments such as the DoD, the Veterans Affairs, HUD and Department of Labor to enhance and ensure a successful transition of our service members, many of them still lack the necessary support and benefits that can help them navigate the challenges of transition from military to civilian life. According to Tsai, Blue-Howells, & Nakashima, (2019), there was no comprehensive examination of the changes in the needs of homeless veterans. Most service members due to the characterization of their military service cannot access housing, health care, and financial support or the regularly needed care that they require to overcome some of the challenges such as mental health issues or disorders, housing,

and financial problems. Without appropriate supports, failure to successfully transit to civilian life can have wide-ranging and negative impacts on the quality of life and the social, emotional, and cognitive functioning of affected service members and the community in general. Although the VA Secretary Dr. David J. Shulkin while testifying in a House Veterans Affairs Committee hearing on March 7, 2017, acknowledged that the number of service members committing suicide (rate of death by suicide - roughly 20 every day) among service members who lack government support is increasing at an alarming rate than Veterans who enjoy or use VA care. Secretary Shulkin made it clear that suicide prevention is one of their top priorities. Secretary Shulkin also announced that the VA would expand access to health care benefits (urgent mental health care) such as (a) offer counseling to a veteran (b) allow service members to “seek treatment at a VA emergency department,” and (c) expand its toll-free suicide hotline, Veteran Crisis Line. To support former service members - with less than honorable discharges which are in mental health distress and may be at risk for suicide or other adverse behaviors (VA, 2017). While several pundits have applauded the VA secretary for committing to do something, some suggest that based on all the things the VA is already done, there is nothing new in the three services. According to Adams (2017), VA Centers offer counseling to combat veterans and survivors of military rape, and less than honorable discharge seeking treatment has been available to service members since the 1970s. The VA has already provided emergency treatment through the VA emergency department to everyone, including nonveterans, as “humanitarian care.” The Veteran Crisis Line is not a new service.

Some studies suggest that less than honorable discharges have become a tool that Commanding Officers used to remove service members exhibiting symptoms of what are often more deeply seated physical and mental health conditions related to their military service. Instead of giving these service members access to long-term physiologic and psychological rehabilitation. Evidence of these indiscriminate punitive discharges can be seen from the increasing percentage of service members have been discharged with less than honorable discharge; a discharge that leaves them effectively ineligible to access or receive Veterans Affairs (VA) healthcare, housing, and education support, and other financial resources and benefits. According to Ali R. Tayyeb and Jennifer Greenburg (2017), less than dishonorable discharges have seen a sharp spike since 9/11, with almost six percent of the entire veteran population of this era excluded from care in comparison with one percent of such discharges among post-WWII veterans. The percentage of punitive discharges has remained steady, the percentage of Other discharges being issued has grown steadily since WWII from 1.0 percent to 2.5 percent during Vietnam, and to a concerning 5.8 percent of the post-9/11 prior service members (Tayyeb and Greenburg (2017)). Figure 2 is comparative trends other than honorable discharges and punitive discharges.

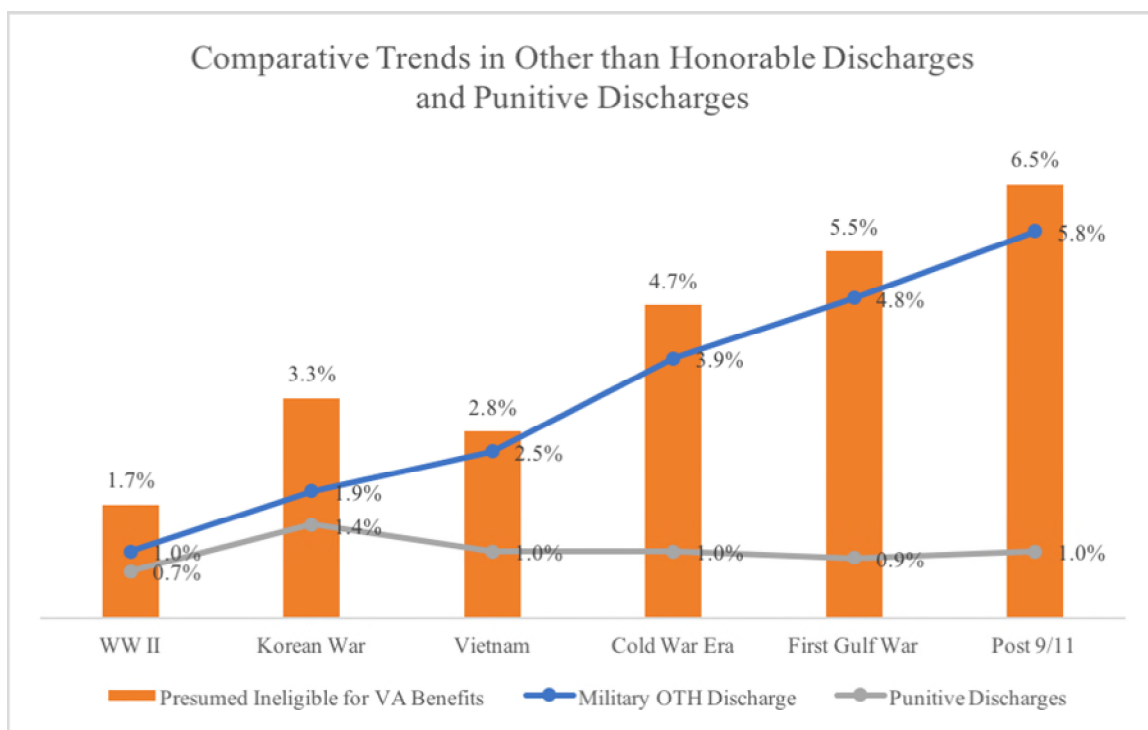


Figure 2. Comparative Trends Other Than Honorable Discharges and Punitive Discharges

Given that most commanders want deployable troops at all time and their ability to manage their unit problems despite the adverse effects of combat duty equally affect their progress. And also the fact that in difficult economic times, there will always be an ample supply of recruits, some scholars believe that some commanders do not have any incentive to consider the socioeconomic, health and cost burden of their punitive discharge – less than honorable discharge; on servicemen and women and the general public.

With commanders capitalizing on minor infractions, such as reporting late for duty, can be handled by sanctions (e.g., extra duty, rank reduction) (Weber et al., 2017;

U.S. Department of Army, 2012). More serious misconduct can lead to two types of involuntary separations from the service: (1) courts-martial that lead to a conviction and a punitive discharge (bad-conduct discharge, dishonorable discharge, or officer's dismissal), or (2) administrative discharges (e.g., other-than-honorable discharge), in which there is no conviction but a blemish on the character of service. The military does not differentiate between felonies and misdemeanors as civilian courts do and, instead, features different types of courts-martial that are statutorily limited in the extent of punishment that can be imposed (e.g., special court-martial vs. more severe general court-martial). Figure 1 summarizes the disciplinary pathways that can result in being discharged other-than-honorably.

Military Commanders want service members or deployable troops who can manage their problems despite the adverse effects of combat duty. Both previous and recent studies suggest that the number of punitive discharges during the Vietnam era and the first decade of the Global War on Terrorism demonstrate that the current Global War on Terrorism Era, which did not involve a Draft; has resulted in comparable levels of punitive discharges, most evident in far greater numbers of dishonorable discharges, which are traditionally reserved for the most severe military offenders and offenses. Some studies suggest that the difficult economic times which gave rise to the surplus supply of recruits gave military commanders more incentive to opt for harsh punishment and less incentive to consider the health and cost burden of their decision - dishing out less than honorable discharges; on service members and the general public. Instead of promoting service member resilience, the ability to bounce back from adversity, stress, and trauma, the effect of punishment from military justice is only resilience-busting.

Service members now have dual problems: those from the war, and those from military justice, setting the stage for revolving door social problems: criminality, mental illness, and drug abuse. Another consequence of a criminal, military record is a bar to future employment in occupations service members are uniquely trained to perform (e.g., law enforcement), which has economic consequences not only for veterans but also for their family. The expedience of a retributive separation is on the side of the military, and the consequences fall to public health. Community, state, and county health service systems incur the cost of addressing the military's unfinished business of the mental health trauma caused by military service. Finally, Schalle (2019) adds yet another cost to the military's justice process in the form of heavy financial burdens on state and local criminal justice systems.

Fairness for Veterans Act 2016

The H.R. 4683 is a bill that was championed by Senator Gary Peters and Kristen Gillibrand, and House members, Representative Mike Coffman, Lee Zeldin, Tim Walz, Walter Jones, Seth Moulton, Ruben Gallego and Tulsi Gabbard, and signed by President Barack Obama (Fairness for Veterans Amendment, 2017). The measure requires Defense Department panels to review military discharges to consider medical evidence from a veteran's health care provider. The bill requires Defense Department panels to review each case, presuming that PTSD, TBI, MST, or another service-related condition led to the discharge. Specifically, the Fairness for Veterans Act 2016, H.R. 4683 amends Section 1553(d) of Title 10 of the United States Code requires the discharge review board to review medical evidence for a veteran who was diagnosed with PTSD or TBI as a result of deployment, and whose application for relief from the terms of military

discharge include a PTSD or TBI related to combat or military sexual trauma. Section 1553(d) also requires the evaluation of the case with a presumption in favor of the fact that PTSD or TBI resulted in a lesser discharge for a veteran that is appropriate.

Given that studies show that several returning service members face a long, uphill battle when seeking benefits, especially when they're discharged with less than honorable, and when trying to upgrade their (less than honorable) discharges. Veterans are required to have honorable or at least "General" discharges to obtain benefits; otherwise, they may miss out on housing, education benefits, and access to the Department of Veterans Affairs health care system, including vital mental health care services. Some studies suggest that service members are often issued less than honorable discharge for minor misconduct that including absence without leave and tardiness to the formation. And these behaviors can be linked to their medical history of TBI, PTSD, and other conditions related to military service. That many of their discharges occur due to undiagnosed post-traumatic stress disorder (PTSD) or other conditions emanating from their military service. Other studies show that since 2009, over 20,000 combat service members with mental health issues have been separated from the military with less than honorable discharges. Fairness for Veterans Act is an acknowledgment from Congress that improper discharges are occurring due to insufficient screening for TBI, PTSD, and other combat-related conditions. Service members are improperly discharged instead of being medically retired or retained for treatment and rehabilitation.

The Fairness for Veterans Act expands and codifies a memo issued by former Defense Secretary Chuck Hagel in 2014. The memo called on DOD to give the benefit of the doubt to service members (Vietnam veterans) who sought to correct their military

records, contending PTSD could have contributed to their other-than-honorable discharges. The Act aims to ensure that service members are not unduly victimized and stigmatized with less than honorable discharges – that amount to no benefits; guarantees that they receive the mental health care and benefits they deserve. Studies suggest that the Fairness for Veterans Act does not automatically upgrade less than honorable discharges, and many service members may not hear of the change or seek their discharges upgraded, due to their health conditions and the complicated nature of the appeal process.

Summary

Chapter 2 composed of the problem caused by the influx of dishonorable discharge service members becoming homeless after military service. In examining the relative risk factors of becoming homeless, the dishonorable discharge from military service serves as a powerful risk factor. The research questions from the literature review reflect the gap in the relationship between military discharge and veteran homelessness. The negative departure terminates eligibility for veteran's benefits, therefore complicates the transition to the civilian environment from the military. The efficient management transition describes the individual, interpersonal, community, and military organizational factors in Castro and Kintzle's military transition theory, which is the foundation for this study. The unexpected, challenging relationship between the military characterization of service and veteran homelessness is examined in Chapter 3.

Chapter 3: Research Method

Introduction

The purpose of this quantitative correlational study is to examine the relationship between the military characterization of service and veteran homelessness. The characterization of military service is the most consistent risk factor in terms of service members becoming homeless and may be a proxy indicator for a variety of risk factors associated with veteran homelessness. This researcher's goal is to provide an understanding of the relationship between the military characterization of service and veteran homelessness. Chapter 3 includes the role of the researcher, research design and rationale, population, and sampling procedures. The chapter describes instruments, operationalization of variables, data analysis, and pre-analysis data screening. This chapter also explains the reliability, threats to validity, and ethical protection of participants. The chapter ends with a summary and transition to Chapter 4.

Research Questions

The two overarching research questions were:

RQ1: Does administrative discharge impact veteran homelessness?

H₀1: Administrative discharge does not impact veteran homelessness.

Ha1: Administrative discharge does impact veteran homelessness.

RQ2: Does punitive discharge predict veteran homelessness?

H₀2: Punitive discharge does not impact veteran homelessness.

Ha2: Punitive discharge does impact veteran homelessness.

Role of the Researcher

The researcher's role in this study is to gather quantitative data to explore the social problem or phenomenon under observation. From the data collected, the researcher used descriptive and inferential statistics to generalize findings from the sample to the defined population. Interpretation of the data is based on the scientific approach. The researcher maintains objectivity by using a systematic empirical approach. The researcher controlled this study by keeping records of the data collection process and data analysis.

Research Design and Rationale

Franklin and Wallen (2003) defined correlational research as a type of nonexperimental research design that enables researchers to measure two or more variables and assess their statistical relationship (i.e., the correlation between the variables). Franklin and Wallen (2000) stated that the correlational research design involves determining the extent of a relationship between two or more variables using statistical data. This research involved a correlational research design in determining the relationship between military discharge and veteran homelessness from the DMDC and AHAR archival data set. The correlational research design was appropriate for this study because it was used to determine relationships among several potential variables in the same study. The study also used causal relationships among variables using statistical techniques such as single regression, and patterns of relationships that are consistent with some causal interpretations and inconsistent with others.

Despite the fact that this design cannot be used to manipulate variables, researchers have no control over data collected. Some of the appeal or advantages of the correlational research design come from its simplicity, as well as its ability to circumvent many practical and ethical issues. The correlational research design with single regression

can be used to control for other potential variables instead of holding these potential variables constant or controlling them by random assignment as in an experiment. The researcher can measure them and include them in the statistical analysis. The design can be used to explore possible causal relationships between variables and to rule out plausible interpretations. The correlational research design is important when experimental research designs are not possible and where the independent variable cannot be manipulated for ethical or practical reasons.

Researchers cannot introduce changes in participant behavior; they can often access data through free archives or records databases. Enormous amounts of data allow a better view of trends, relationships, and outcomes. Another important benefit of the correlational research design is that it opens up a great deal of further research to other scholars and policymakers. The correlational research design provides a good starting position because it allows researchers to determine data strength and direction relationships so that later studies can narrow findings down and, if possible, determine causation experimentally.

Target Population

The target population for this study was American servicemen and women who served between the years 2009 and 2018 in the military. The service members include men and women from the Army, Navy, Marine Corps, and Air Force. The sample frame included those members who met these criteria between 2009 and 2018. The initial sample consisted of 1,910,545 service members. The criteria provide a heterogeneous

sample to promote variability in terms of discovering the underlying causes of veteran homelessness.

DMDC data

DMDC data was the primary data for this study. DMDC, formerly known as Manpower Research and Data Analysis Center (MARDAC), was established in 1974 to collect and maintain an archive of automated manpower, training, personnel, and other databases for the military or DoD. DMDC serves under the Office of the Secretary of Defense (OSD) to collate manpower, personnel, financials, training, and other data for the DoD. DMDC data catalogs service members or personal history in the military, their families for purposes of healthcare, retirement funding, and other administrative needs. DMDC also provides empirical data that supports better decision-making for policymakers and military commanders. The DMDC database contains service members' combat history, military casualties, military discharge, health history, demographic data, and other administrative needs.

U. S. Department of HUD AHAR to Congress Data

The primary data for this study is AHAR data. The HUD report, AHAR, is used to inform the U.S. Congress on the extent and nature of homelessness in the United States. The report provides homelessness estimates nationwide, service use patterns, demographic characteristics, and the capacity to house homeless individuals and families. The data (AHAR) also provides federal legislatures, state, and local policymakers with a deeper insight and understanding of homelessness and changes over time. This information and insights help to inform the public and help policymakers formulate

appropriate policies to prevent and end homelessness in America. And to track and evaluate the progress of some of their strategies.

Additionally, the AHAR is also used by both service providers, affordable housing advocates and communities to better understand the characteristics, number, and service needs of people using homeless services, and to craft their plan. AHAR can be used to inform local homeless assistance planning efforts; for example, most communities use AHAR data for their community planning activities, CoC application, coordinated assessment system planning, consolidated plans, strategic plans to end homelessness, and funding applications. HUD users' core data sets for AHAR are HMIS, HIC, and PIT counts. The three major data sources play a vital role in informing HUD, communities, service providers, all recipients of HUD homeless funds, and the public about homelessness characteristics, trends, and progress in the efforts to prevent and end the nation's homelessness.

HMIS

HMIS is a locally administered electronic system that collects and stores client-level data for those accessing or receiving homeless services (assistance) through a CoC program. HUD deployed experts with HMIS experience to communities to provide one-on-one assistance and extensive technical assistance for HMIS implementation. HUD also sought helpful advice and accommodate input from communities, homeless researchers, service providers, advocates, privacy experts, and HMIS professionals. Similarly, they get and give helpful advice to communities that were slow to implement HMIS. HUD does not have or did not develop software applications that all providers would be required to use, to ensure consistency and data quality. HUD publishes its

HMIS Data Standards, which includes HMIS technical, security, and privacy standards, as well as a format and other notices and guidance. Communities use HMIS to track the homeless population or subpopulations as they access services in their community. HMIS enables communities to develop a rich data set of the homeless from demographic data, services received, and to where they locate after exiting a program. HMIS data provide a more holistic understanding of the homeless population that is being served by service providers and offer an understanding of data on an annual rather than a point-in-time basis.

Point-In-Time (PIT) Count

The Point-In-Time (PIT) Count account or estimate is a one-night count conducted in late January of each year. PIT provides a snapshot of individuals and families that are experiencing homelessness within the particular population, both sheltered and unsheltered on a single night. The PIT counts provide an estimate of subpopulations of people experiencing homelessness; for example, it offers a snapshot of veterans, families, and people under the age of 25 who are experiencing homelessness. The PIT also provides the demographic characteristics of all homeless populations. The demographics characteristics offer a snapshot description of who is living in the area: age, gender identification, sexual orientation, race, and ethnicity. PIT count mostly focuses on sheltered homeless population- which is required every year; and unsheltered population -which is required at least every other year. HUD requires CoC and communities to submit an accurate estimate or count of specific subpopulations, e.g., veterans, families, chronically homeless persons, and unaccompanied youth in the homeless population in their area.

HIC

HIC is an annual inventory of the housing units, beds, and programs designated to serve the homeless population in a specific area. HIC data, subpopulation data, and PIT population data are submitted annually to HUD. HUD requests and mostly requires communities to collect HIC data. The HIC data report is based on the subpopulation, or the types of households served in the inventory. For example, veteran households with one child, households with children, and households without children. The HIC data are often pulled directly from the areas HMIS. HIC data are HUD's primary means of gauging the nature and extent of resources that are dedicated to homeless persons across the country, whether funded by HUD or not.

The Importance of HMIS, HIC, and PIT Count

In addition to the fact that HMIS, HIC, and PIT count produce an in-depth picture of homelessness, policymakers, government agencies, advocates, nonprofit service providers, and the public use these data (PIT Counts, HIC, and HMIS) to inform policies and more effectively engage in preventing homelessness. Policymakers, service providers, and communities use PIT estimates HIC data to determine the level of or extent of homelessness and the resources available in their community. Similarly, HMIS data help them to determine whether the resources available to them (they have) will be enough or effective in mitigating or reducing or ending homelessness in their area. Local policymakers and other homelessness stakeholders use HMIS data to measure the length of stay in emergency shelters, to determine the best-performing projects. HMIS enables communities to assist with low-performing projects or even consider defending them in favor of projects that are more efficient.

The depth and insights in these three data sets have also been a critical factor in national decision making. For example, knowing how many veterans that are homeless enables policymakers and advocates to work with communities more strategically. Given the importance of this data set to HUD and other stakeholders in the homelessness circle, each year, HUD makes sure they are (HMIS, HIC, and PIT data) publicly available, and also, compile and reports the data to Congress in its Annual Homelessness Assessment Report (AHAR). Analyzing data about the homeless persons' service use and length of stay in emergency shelters has provided insights on the type of programs (e.g., transition or permanent housing and supports to continue to exit program). Data collected by HUD is crucial in setting the targets, tracking progress toward accomplishing project goals, and determining which partners and interventions are most effective in reaching these targets. Other agencies and departments, such as the U.S. Department of Veterans Affairs, are beginning to adopt HMIS. For instance, the new Supportive Services for Veteran Families program requires grantees to participate in HMIS.

Methodology

The HUD goal of preparing the AHAR is to gather and compile the most complete and accurate data possible on homeless issues, which will be used to both provide reliable data for policymakers, service providers, and communities to create policies, for local purposes, and improve the precision of their strategies. HUD has data quality requirements, methodological standards for collecting homeless data, homeless programs, and processes for entering data into HMIS and HIC. Uses a variety of approved methodological standards to produce the PIT counts adhered to a format in submitting AHAR data. For example, all data submissions to the AHAR occur through

the Homelessness Data Exchange (HDX). The HDX is a dynamic web-based data collection tool that was designed specifically to collect data on homeless programs for HUD. There several guides, webinars, tools, and other resources related to HDX, HMIS, PIT, HIC, and AHAR are provided to assist communities, service providers, grantees, and the public. For example, there are new HUD HDX Training Modules – a user-friendly training module designed to help communities and homelessness stakeholders to gain the most out of the data.

Even though HUD does not have one software application that all service providers are required to use, providers and all recipients of HUD homeless funds are required to develop and employ software that adheres to HMIS standards. Gathering accurate data on homelessness, both locally and nationally, are key to solving homelessness. The United States Congress mandates HUD to collect and report on the homeless population. HUD, in collaboration and coordinated with service providers, HMIS expertise, and all recipients of HUD homeless funds, has a security standard as well as a format for preparing the AHAR report for submitting to Congress. There are established national standards for the estimation of the homeless population (through a regular PIT estimate), for an annual inventory of homeless housing units and beds, and extensive technical assistance in implementing and operating HMIS at national, regional, statewide, and conferences.

For example, there are numerous tools and incentives that HUD created for communities to collect homeless data. HUD requires communities to aggregate their HMIS data for HUD-funded projects and submit it to HUD through various mechanisms

such as Homeless Assistance Grant (HAG) applications and their Annual Performance Reports (APR).

HUD receives HMIS data through the AHAR process, which collects unduplicated annual HMIS data at the community level to evaluate project coverage and completeness. HUD uses aggregated HMIS data from communities that have sufficient coverage and completeness to determine national estimates on the nation's sheltered homeless population.

Data Collection Instruments and Reporting

Unlike DMDC, data collection methods for AHAR have been evolving beyond mere enumeration to allow a more robust understanding of the trends and nature of homelessness and best strategy or effective interventions to prevent and end homelessness. To develop a nationally representative sample, HUD randomly selected 102 jurisdictions or AHAR sample sites. Each sample site is a Community Development Block Grant (CDBG) jurisdiction, and there are four types of CDBG jurisdictions, namely large cities, medium-sized cities, urban counties, and rural areas.

Sample sites may geographically encompass an entire CoC or maybe a smaller geographic area within a CoC. CDBG jurisdictions correspond to the geocodes that CoCs use to complete the Housing Inventory Count, and thus can be identified using these codes. Data submitted to the AHAR from a sample size should be limited to homeless service providers located within the CDBG jurisdiction, and in some cases, may only represent a portion of a CoC. Participation in the AHAR is a scoring factor in the application for funding that CoCs submit to HUD each year. There are important criteria for CDBG jurisdiction participating in the AHAR and reporting requirements.

Criteria for Participating in the AHAR

There are five criteria for a CDBG jurisdiction to be selected to participate in preparing AHAR. The first three criteria are the CDBG's AHAR data must be generated from an HMIS. HUD requires that all AHAR data submissions be generated from an HMIS, CDBGs must have at least 50% of beds community-wide represented in their HMIS, excluding domestic violence provider beds and CDBGs must collect accurate entry and exit dates for all clients served. The last two criteria are the CDBGs must accurately report information used to calculate bed utilization rates, and CDBGs must reasonably have low missing values. Data completeness is an important measure of data quality, and communities that submit data that are mostly blank or missing may not be accepted for use in the final AHAR to Congress.

AHAR Reporting Requirements

A community's HMIS must have certain capabilities to submit data for the AHAR. The HMIS must be able to produce accurate, de-duplicated counts of people experiencing sheltered homelessness on any given day, on an average day, and during a one-year period, and identify client overlaps throughout reporting categories. HMIS must be able to account for people who are serving in multiple reporting categories and produce counts of people using any combination of reporting categories. The HMIS must also be able to count people by household type. The AHAR counts must different types of households, e.g., individual adults, adults in families with children, children in families with adults, generate counts of people with specific demographic characteristics, provide previous housing situations (ethnicity, race, gender, age ranges, veteran status, disability

status, household type, and household size) and generate total lengths of stay by the person for the reporting category, including by gender and age.

Sampling and Sampling Procedures

The DMDC and AHAR provided the study's primary data. To reduce sampling error, the data of this database and report will be limited to service members who served in the Army, Navy, Air Force, and Marine Corps, in active duty. These inclusion criteria provide a heterogeneous sample to promote variability in discovering the impact of the military discharge on veteran homelessness. A service member is at risk of homelessness when their military discharge prevents them from accessing housing and health benefits from the VA and HUD. To determine whether military discharge or administrative and punitive discharges are linked to an increase in veteran homelessness, three components, namely, the sample size, the effect size, and the alpha level, will be used to establish the power of this study (Cohen, 1988).

Because G-power is easy to use, accurate in conducting power analysis and is freely available online, the researcher used G-power 3.1.9.2 to determine the sample size for this study. A priori power analysis, assuming a small effect size ($t = 1.64$, $\alpha = .05$), using single linear regressions to analyze the relationship between military discharge or administrative and punitive discharge, and veteran homelessness, a minimum sample size of 1,082,219 was required to achieve a power level of .95. To determine whether military discharge or level of less than honorable discharge is linked to veteran homelessness levels after accounting for other potential variables, this study utilized a sample size of 1,910,545 service members, with the effect size of .0001 or small. In the social sciences, an alpha level of .05 is within the acceptable limit. The

significance level was .05, and alpha level 5% to 99% CI (Field, 2013). Figure 3 is a visual representation of the power as a function of the sample size.

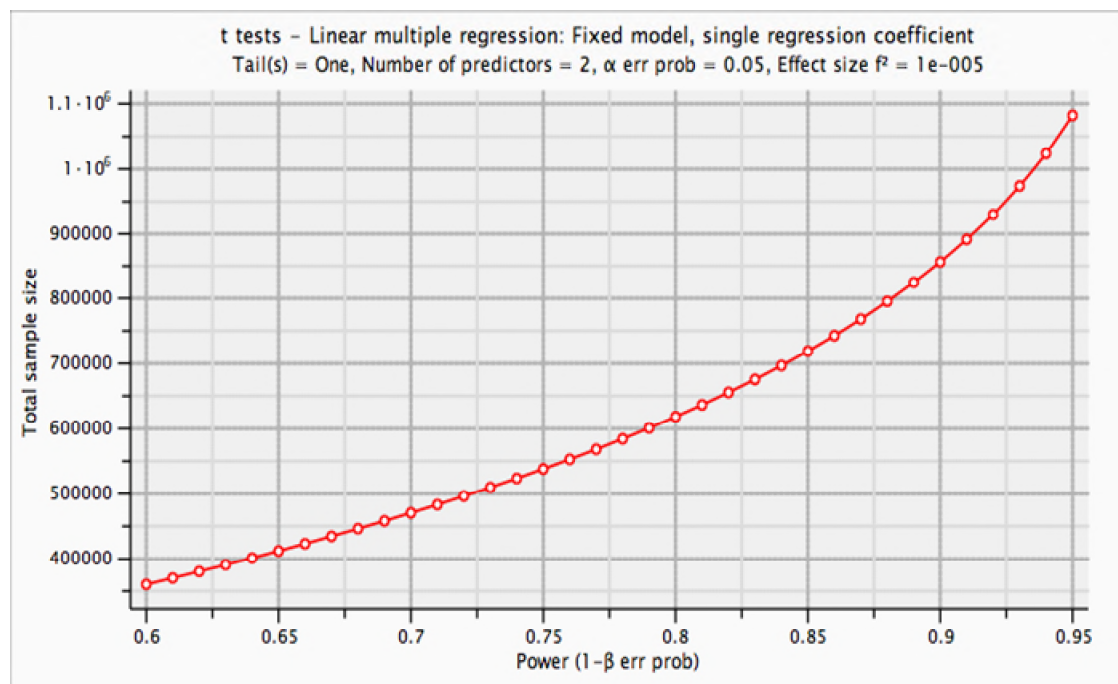


Figure 3. Power as a Function of the Sample Size

Rights Protection and Permission

Archival data from DMDC and AHAR was used in this study; therefore, there no direct contact or interaction with service members. These datasets are publicly available online, and therefore do not pose any threat or setback for any individuals; consequently, there was no need to safeguard the dataset to ensure the confidentiality of participants, or to obtain permission to use the data. The data composed of tables, graphs, maps, and textual materials will be downloaded from the HUD and DMDC website. Permission to conduct research was requested from and granted by Walden's Institutional Review Board (approval #: 08-29- 16-0452657).

Operationalization of Variables

Three key variables were used in this quasi-experimental design study: administrative discharge, a punitive discharge, and veteran homelessness level. The operationalization of these variables was as follows. The administrative discharge and punitive discharge are continuous level variables corresponding to the type of military discharge a service member received during separation.

Given that VA benefits are unique to service members, discharge status affects service members' eligibility for benefits such as housing and medical services (U.S. VA, 2015). And because service members without honorable discharges or general conduct discharge may find it difficult to gain access to VA benefits such as housing and medical services. Moreover, they are at a substantially higher risk of homelessness (Fargo et al., 2017). Despite the fact that honorable discharges and general conduct discharge are types of administrative discharge, this study focuses on the type of administrative discharges, such as other than honorable and uncharacterized discharges. And punitive discharges such as bad conduct, dishonorable, and unknown discharges status that affects service members' eligibility for benefits such as housing and medical services. The Administrative discharge and punitive discharge will be defined as a service member that had serious departures from the performance and conduct expected of a member; service members that have not met or exceed military standards (conduct and performance) and are not eligible for all veterans (and military) benefits. The veteran homelessness level is a continuous level variable corresponding to the number veteran in the shelter and unsheltered. The potential comparable variables are continuous level variables and were measured by their annual percentages (see Table 5).

Data Analysis Plan

SPSS Version 21.0 for Windows was used to analyze the data. Descriptive statistics were calculated to describe the variables used in the study. Means and standard deviations for the variables, military discharge, veteran homelessness level, and other potential control variables were calculated (Table 9). Archival data from the DMDC and AHAR will be screened before analysis for accuracy and missing data, and to ensure that they could be analyzed using Pearson product-moment correlations (r) and single regressions. The Pearson study product-moment correlations (r) and single regression verified the underlying assumptions of these models held true. The assumptions are briefly stated as follows: no significant outliers, normality, linearity, and homoscedasticity. Normality involves assuming the data follows a bell-shaped distribution or that the data follow the normal probability distribution and will be assessed by examination of the normal P-P plot or Schapiro-Wilk test of normality. Linearity assumed there should be an approximate straight-line relationship between the predictor variable (military discharge) and the criterion variable (veteran homelessness). Homoscedasticity assumed the scores are normally distributed about the regression line or that there were linearity and homoscedasticity scatter plots. The linearity and homoscedasticity are assessed by examination of scatterplots.

The analysis was conducted in two stages. First, Pearson product-moment correlations (r) and simple linear regression were conducted to analyze the relationship between military discharge and veteran homelessness. The Pearson correlations were used as preliminary analyses to see if there were significant associations between the continuous variables. Given all the variables were continuous (interval/ratio data) and the hypotheses seek to assess the relationships, Pearson correlations were an appropriate

bivariate statistic. After the Pearson correlations, simple regression were conducted to assess the predictive nature of military discharge on veteran homelessness. Simple linear regressions were an appropriate analysis because the goal of the research was to assess the extent of a relationship between dichotomous or interval/ratio predictor variables on an interval/ratio criterion variable.

Reliability and Validity

Given that correlational research design was used to analyze archival data in this study, there were limited chances for instrumentation, and attrition or mortality threats. Although the correlation research design is an excellent choice for this study, the relationships between military discharge and veteran homelessness can be determined freely without manipulation; the study does not have to manipulate any of the variables or conditions of the study. The research design correlational advantages contribute to its disadvantages. The correlational research design only uncovers a relationship; it cannot provide a conclusive reason for why there is a relationship. A correlative finding does not reveal which variable influences the other. For example, in this study, finding that military discharge or bad discharge correlates highly with veteran homelessness does not explain whether having a bad discharge leads to a more homeless veteran or whether veteran homelessness leads to more bad discharge. Though the reasons for either can be assumed, however, single regression models will be used to determine the impact of other potential variables or other potential threats to validity in this study, such as the service member's level of education, health condition, and marital status.

Ethical Procedures

Archival data from DMDC and AHAR used for this study because these data do not contain respondents' personal information; the risk to respondents is minimum. Because the researcher completed the NIH training course before beginning this study, the researcher was aware of all the requirements for data management strategy designs, necessary to protect participants' personal information such as data storage, file passwords, and computer backups. Hard drives store information in a secure location. Data will be retained for at least five years after completing the study, as per NIH standards. Walden University's IRB number is 08-28-19-0352699.

Summary

Chapter 3 included an explanation of the rationale for using the correlational research design to explore archival data, to test two research questions. The plan for data analysis was presented and included the use of Pearson product-moment correlations (r) and simple linear regression to determine the significance of the differences in the veteran homeless level. Also included in this chapter was a description of the target population, the methodology of the archival DMDC data and AHAR from which the data were derived, and the operation of the variables. Threats to validity alternate to look at other risk factors, and the ethical protection concerns were presented. Chapter 4 examines demographic data, along with a statistical analysis of the research questions.

Chapter 4: Results

Introduction

The purpose of this quantitative research was to examine the relationship between the military characterization of service and veteran homelessness. In this chapter, demographic data will be presented first, followed by descriptive statistics for continuous variables. The reliability analysis was conducted using three scales. Statistical analyses for the research questions included Pearson product-moment correlations and single regression analysis. Significance for statistical assumptions and analyses was evaluated at the generally accepted alpha level, $\alpha = .05$. The sample consisted of 1,910,545 servicemen and women who were on active duty between 2009 and 2018. These service members include men and women from the U.S. Army, Navy, National Guard, Marine Corps, Air Force, Air National Guard, and Coast Guard. These inclusion criteria provide a heterogeneous sample to promote variability in discovering underlying causes of veteran homelessness.

Pre-analysis Data Screening

The data for this research were collected from the DMDC and veteran homelessness data from the HUD's AHAR. Data were comprised of the following variables for analysis: the character of service or character of discharge, and veteran homelessness variables (see Table 5). Data were screened for accuracy, missing data, and outliers. Descriptive statistics and frequency distributions were conducted to ensure that outliers did not distort data, and the responses were within the range of values. For this study, a sample size of 1,910,545 active duty service members from 2009 to 2018 provided a power (1- β) level of .80.

Descriptive and Inferential Statistics

Frequencies and percentages of active-duty members were examined for nominal variables of interest. The sample consisted of slightly more male service members participants (85%) than female participants. Less than one-third (30.1%) of active duty members identified themselves as a racial minority (i.e., Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, multiracial, or other/unknown). Even though Hispanics are not considered a minority race designation, 15.5% of active duty members identify themselves as being of Hispanic or Latino ethnicity. Over half (51.7%) of active duty service members are 30 years of age or younger. Frequencies and percentages for the demographic data are presented in Table 4.

Table 4
Demographic Characteristics by Service Branch

Demographic	Total Number	Percentage
Service Branch		
Army	520,175	37.8
Navy	320,691	23.4
Marine Corps	193,399	14.1
Air Force	321,642	23.4
Gender		
Female	203,682	15.0
Male	1,152,222	85.0
Race/Ethnicity		
White	919,719	69.1
Black	229,120	17.3
Other/Unknown	59,682	4.0
American Indian Or Alaska	19,613	1.5
Asian	52,374	4.0
Native Hawaiian Or Pacific Islander	12,251	0.9
Multiracial	76,830	2.8
Age		
25yrs or Younger	594,691	43.9
26 to 30yrs	299,124	22.0
31 to 35yrs	198,398	14.7
36 to 40yrs	144,209	10.6
41 or Older	119,436	8.8
Education		

No High school	4,581	0.3
High school/GED/College	547,911	41.6
Associate Degree	508,197	36.3
College Degree	165,827	12.3
Advanced Degree	107,711	7.5
<u>Unknown</u>	<u>27,680</u>	<u>2</u>

Source:

Descriptive Statistics of Continuous Variables

Composite scores were computed for the three variables of interest: veteran homelessness, administrative discharge, and a punitive discharge. Scores for veteran homelessness ranged from 6.85 to 11.40, with $M = 9.0340$ and $SD = 1.67402$. Scores for bad discharge ranged from 12.49 to 19.58, with $M = 15.2070$ and $SD = 2.44900$.

Descriptive statistics for the three composite scores are presented in Table 5.

Table 5
Descriptive Statistics for Predictor and Veteran Homelessness

	Min	Max	M	SD
Veteran Homelessness	6.85	11.40	9.0340	1.67402
Admin Discharge	8.54	14.20	11.2360	1.89117
Punitive Discharge	1.03	8.61	3.8710	2.22458

RQ1 and Related Hypotheses

RQ1 and related hypotheses were as follows:

RQ1: Does administrative discharge impact veteran homelessness?

H₀₁: Administrative discharge does not impact veteran homelessness.

H_{a1}: Administrative discharge does impact veteran homelessness

Pearson product-moment correlation (r) and single regression were conducted to assess the relationship between administrative discharge and veteran homelessness and address RQ1. Prior to the analysis, assumptions of outliers, normality, linearity, homoscedasticity, and independence of errors were assessed.

Outliers

The outlier's assumption was tested by visual examination of the histogram scores. The histogram scores indicated no outliers; thus, this assumption was met.

Normality

Normality was tested by visual examination of the histogram and the normal P-P plots of the residuals (see Figure 4 and Figure 5). The residuals in the histogram are approximately normally distributed. While the data in the P-P plots are approximating a line, the dashed line did not significantly deviate from the straight line; thus, the normal distribution assumption was met. Visual assessment of normality is presented in Figures 4 and 5. Figure 4 is the assessment of normality histogram. Figure 5 is the assessment of normality P-P Plot.

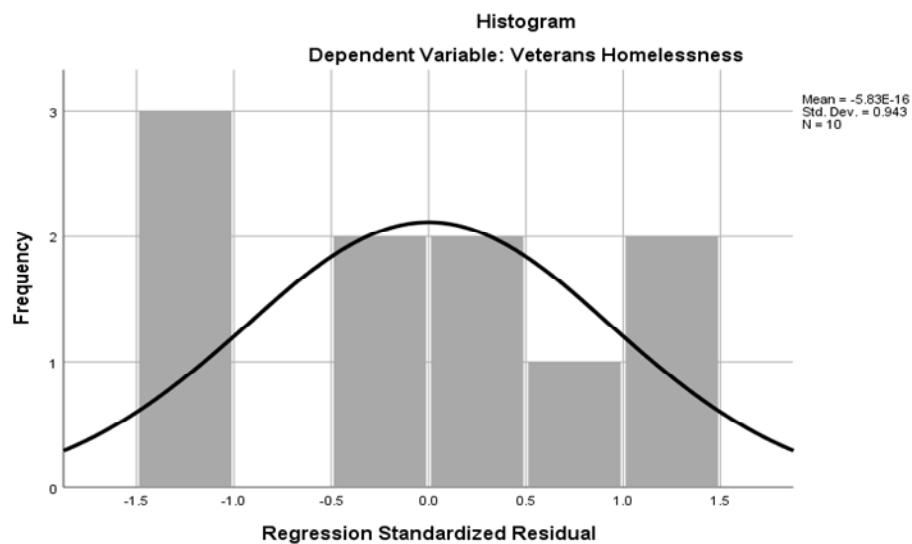


Figure 4. Assessment of normality histogram

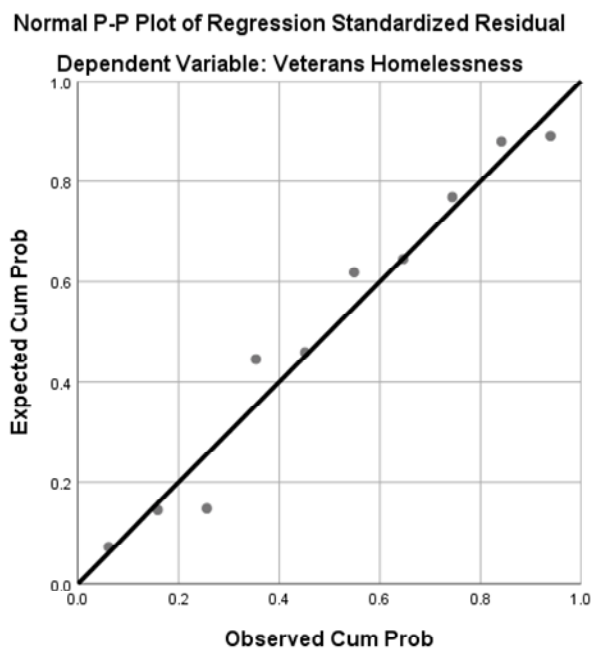


Figure 5. Assessment of Normality P-P Plot

Linearity Assumption

The linearity assumption was tested by visual examination of a scatterplot between administrative discharge and veteran homelessness scores (Figure 6). The assumption was met as the data followed a positive trend. As administrative discharge scores increased, veteran homelessness scores also tended to increase. Figure 6 is the Veteran homelessness by administrative discharge.

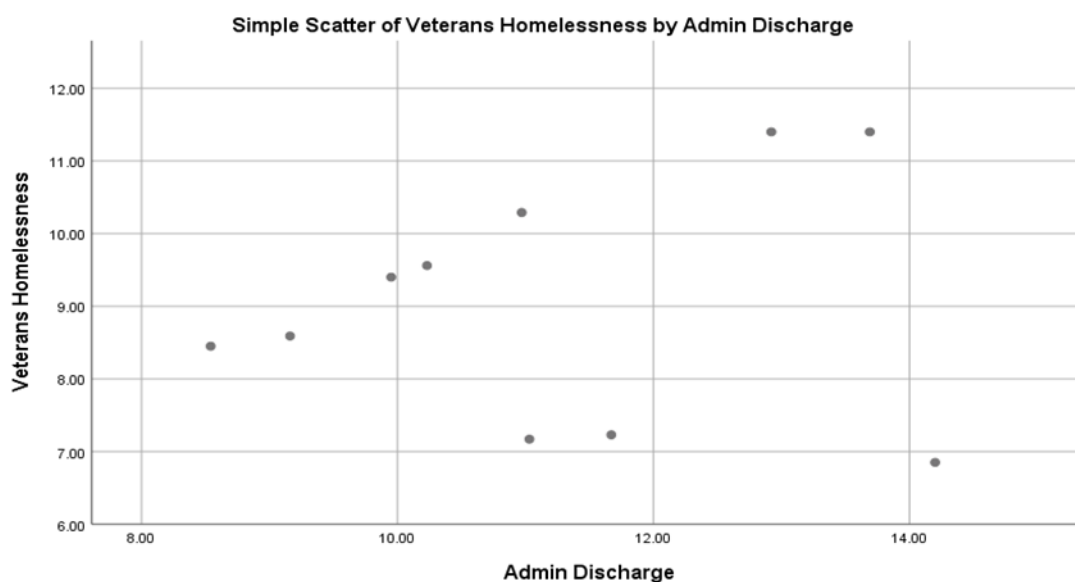


Figure 6. Veteran Homelessness by Administrative Discharge

Homoscedasticity

The assumption of homoscedasticity was assessed by visual examination of a scatterplot between the standardized predicted values and standardized residual values (see Figure 7). The assumption was met because the points were rectangular in distribution, and there was no distinguishable pattern in the data. Figure 7 is the residuals of homoscedasticity for variables predicting Veteran homelessness

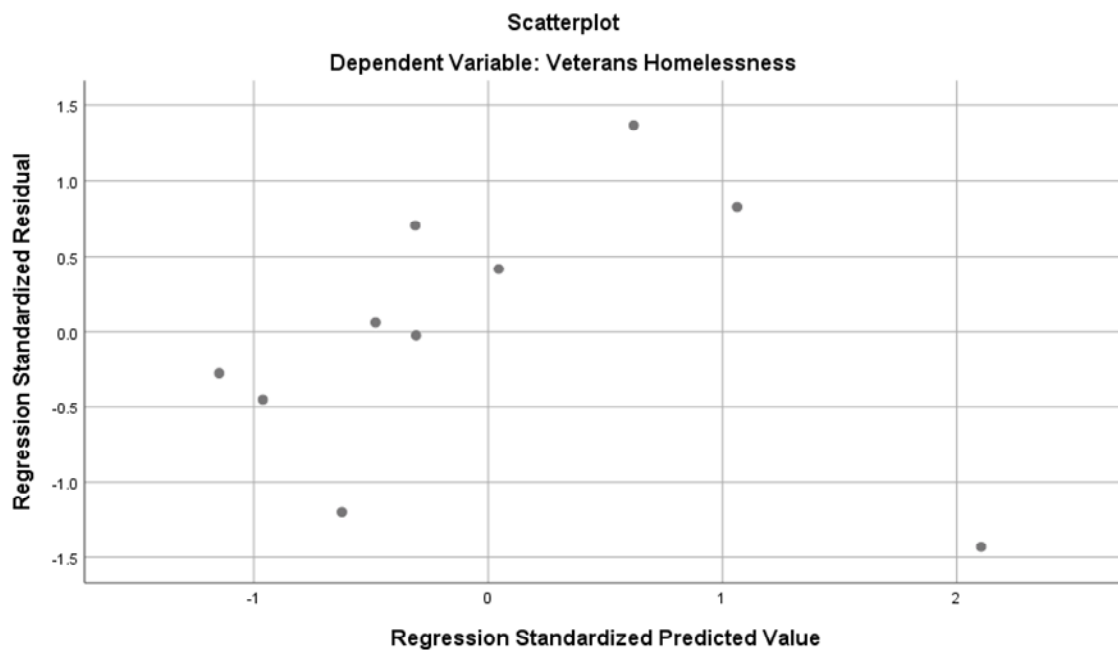


Figure 7. Residuals of Homoscedasticity for Variables Predicting Veteran Homelessness

Independence of Error Assumption

Independence of error assumptions was tested or checked using Durbin-Watson statistics in SPSS software. Because the value of .191 from the Durbin-Watson statistic test (see Table 9) falls within the recommended limits, the test suggests that errors are reasonably independent; thus, the assumption is deemed to have been met.

Table 6.
Model Summary

Model	<i>R</i>	<i>R</i> ²	Adjusted <i>R</i> ²	Durbin-Watson
1	.143 ^a	.021	-.102	.191

Pearson Product-Moment Correlation

A Pearson correlation is an appropriate statistical analysis when the goal of the research is to assess the strength of the relationship between two continuous variables (Pagano, 2009). Results of the Pearson correlation indicated that no significant relationship exists between administrative discharge and veteran homelessness ($r = .14$, $p = .34$). Using Cohen (1988)'s standard for interpreting correlation coefficients, $r = .14$ represents a small association between administrative discharge and veteran homelessness. Results of the Pearson correlation between administrative discharge and veteran homelessness are presented in table 7.

Table 7.
Pearson correlation between administrative discharge and veteran homelessness

Veteran Homelessness

	<i>R</i>	<i>P</i>
Administrative Discharge	.14	.34

Single Regression

A single linear regression is an appropriate statistical analysis when the goal of the research is to assess the predictive relationship between a predictor (independent) variable and a continuous criterion (dependent) variable (Tabachnick & Fidell, 2012). Results of the single linear regression show that administrative discharge did not predict significantly veteran homelessness, $F(1, 8) = .168$, $p < .693$, $R^2 = .021$, suggesting that approximately 2.1% of the variance in veteran homelessness can be explained by administrative discharge. Administrative discharge was not a significant predictor in the model ($t = .409$, $p = .693$). H_{02} for the first research question cannot be rejected. The results of the simple linear regression are presented in Table 8.

Table 8.

Results of the simple linear regression with Administrative discharge predicting Veteran Homelessness

Model	<i>B</i>	<i>SE</i>	β	P
Administrative discharge	.127	.310	.143	.69

Note. $F(1, 8) = .168$, $p < .693$, $R^2 = .021$

RQ2 and Related Hypotheses

RQ2 and related hypotheses were as follows:

RQ2: Does punitive discharge predict veteran homelessness?

H₀₂: Punitive discharge does not impact veteran homelessness.

H_{a2}: Punitive discharge does impact veteran homelessness.

Pearson product-moment correlation (r) and the simple linear regression were conducted to assess the relationship between punitive discharge and veteran homelessness to address RQ2. Prior to analysis, the assumptions of linearity and homoscedasticity were assessed.

Outliers Assumption

The outlier's assumption was tested by visual examination of the histogram (figure 6) scores (Field, 2013; Tabachnick & Fidell, 2012). The histogram scores indicated no outliers; thus, this assumption was met.

Normality

Normality was tested by visual examination of the histogram and the normal P-P plots of the residuals (Figure 8 and Figure 9). The residuals in the histogram are approximately normally distributed. While the data in the P-P plots are approximating a line, the dashed line did not significantly deviate from the straight line; thus, the normal distribution assumption was met. Visual assessment of normality is presented in Figures 8 and 9.

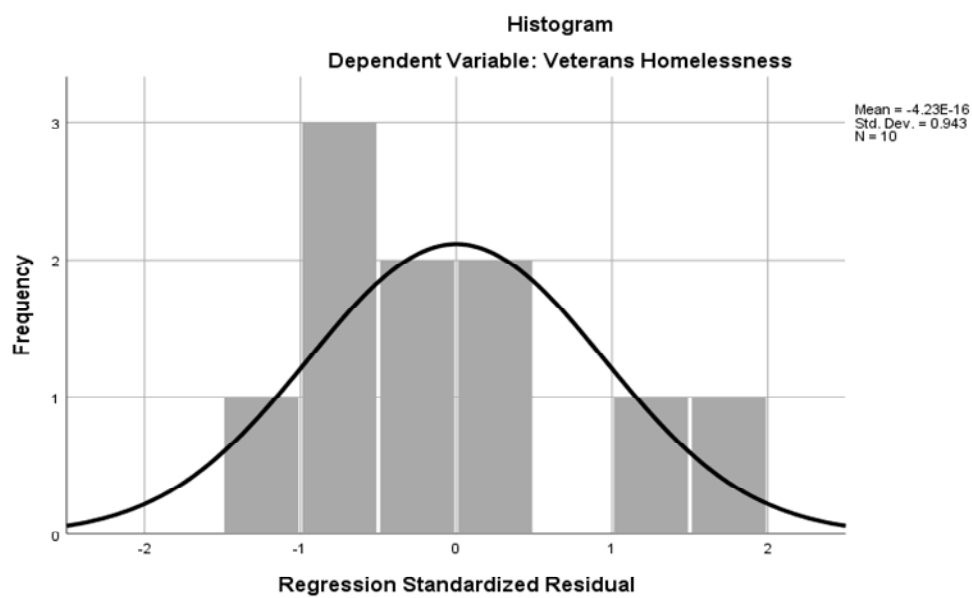


Figure 8. Assessment of Normality Histogram

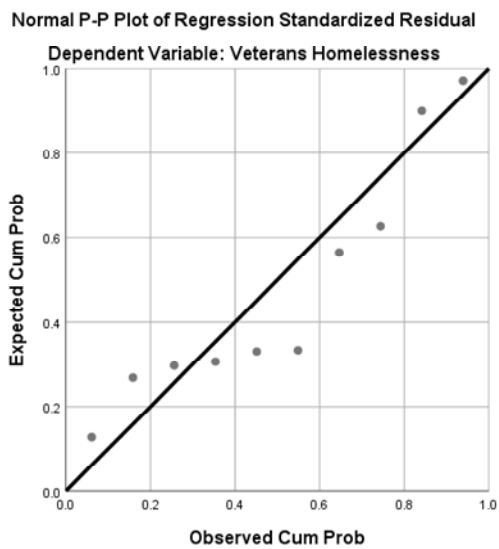


Figure 9. Assessment of Normality P-P Plot

Linearity

The linearity assumption was tested by visual examination of a scatterplot between punitive discharge and veteran homelessness (Figure 10). The assumption was met as the data followed a positive trend. As punitive discharge scores increased, veteran homelessness scores also tended to increase. Figure 10 is Veteran homelessness by Punitive Discharge.

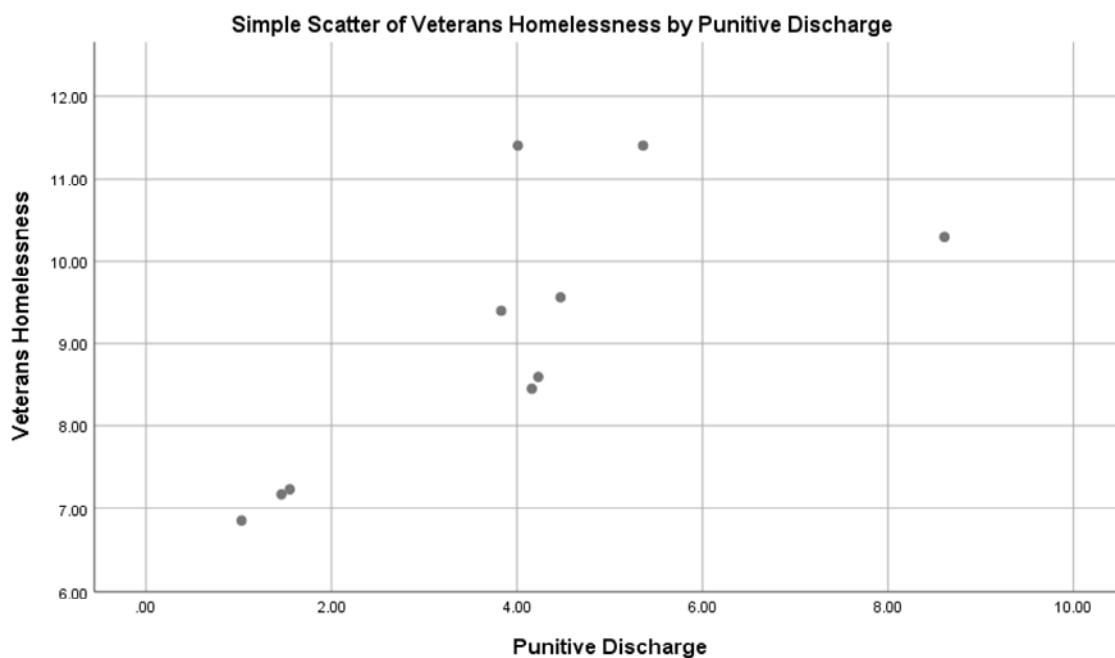


Figure 10. Veteran Homelessness by Punitive Discharge

Homoscedasticity

The assumption of homoscedasticity was assessed by visual examination of a scatterplot between the standardized predicted values and standardized residual values (Figure 11). The assumption was met because the points were rectangular in distribution,

and there was no distinguishable pattern in the data. Figure 11 is the residuals scatterplot for homoscedasticity for punitive discharge predicting Veteran homelessness.

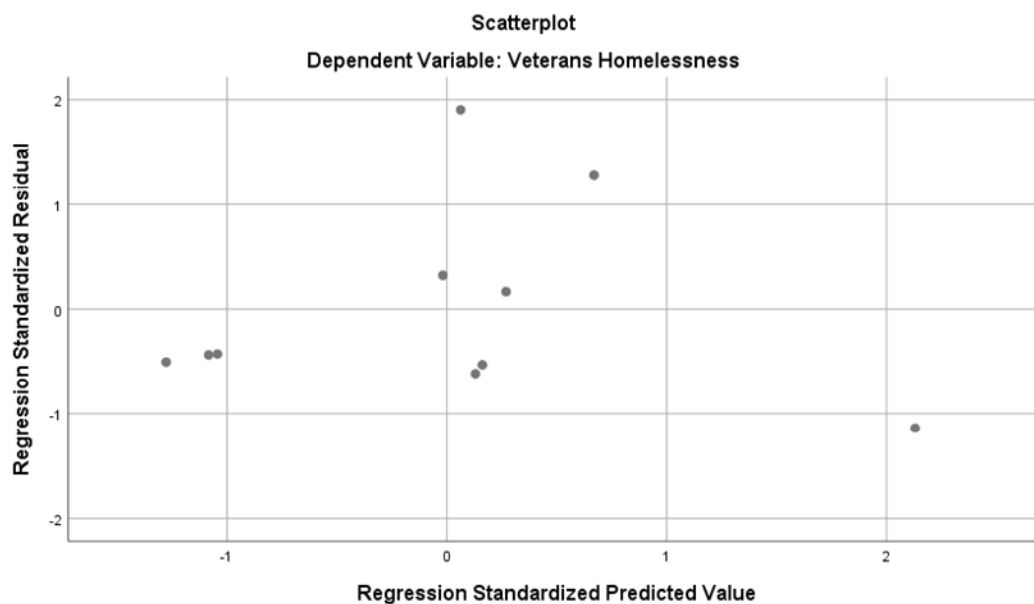


Figure 11. Residuals Scatterplot for Homoscedasticity for Punitive Discharge Predicting Veteran Homelessness

Independence of Error Assumption

Independence of error assumption was tested or checked using Durbin-Watson statistics in SPSS software. Because the value of 1.092 from the Durbin-Watson statistic test (see Table 9) falls within the recommended limits, the test suggests that errors are reasonably independent; thus, the assumption is deemed to have been met.

Table 9

Model Summary

Model	<i>R</i>	<i>R</i> ²	Adjusted <i>R</i> ²	Durbin-Watson
1	.736	.541	.484	1.092

Pearson Product-Moment Correlation

A Pearson correlation is an appropriate statistical analysis when the goal of the research is to assess the strength of the relationship between two continuous variables (Pagano, 2009). Results of the Pearson correlation indicated that a significant positive relationship exists between punitive discharge and veteran homelessness ($r = .736$, $p < .008$). Using Cohen's standard for interpreting correlation coefficients, $r = .74$ represents a large association between punitive discharge and veteran homelessness. Results of the Pearson correlation between punitive discharge and veteran homelessness are presented in Table 10.

Table 10

Pearson correlation between punitive discharge and veteran homelessness
Veteran Homelessness

	<i>R</i>	<i>P</i>
Punitive Discharge	.736	.008

Simple Linear Regression

Simple linear regression is an appropriate statistical analysis when the goal of the research is to assess the predictive relationship between a predictor (independent) variable and a continuous criterion (dependent) variable (Tabachnick & Fidell, 2012). Results of the simple linear regression between punitive discharge and veteran homelessness indicated a significant relationship, $F(1, 8) = 9.446$, $p < .015$, $R^2 = .541$, suggesting that approximately 54% of the variance in veteran homelessness can be explained by punitive discharge. The punitive discharge was a significant predictor in the model ($t = 3.073$, $p = .015$), suggesting that for every one-unit increase in punitive discharge, veteran homelessness scores increased by 0.18 units. The null hypothesis (H02) for the second research question can be rejected. The results of the simple linear regression are presented in Table 11.

Table 11
Results of the simple linear regression with Punitive discharge predicting Veteran Homelessness

Model	<i>B</i>	<i>SE</i>	<i>B</i>	<i>P</i>
Punitive discharge	.554	.180	.736	.015

Note. $F(1, 8) = 9.446$, $p < .015$, $R^2 = .541$

Summary

The purpose of this quantitative research study was to examine how administrative and punitive discharges affected veteran homelessness. The results of RQ1 indicated that there is no significant relationship between administrative discharge and

veteran homelessness; thus, H_01 cannot be rejected. Results of RQ2 indicated that a significant relationship existed between punitive discharge and veteran homelessness; therefore, the H_02 could be rejected. In Chapter 5, these findings will be discussed further, and connections will be made back to the study literature review. The statistical findings will be linked to the research questions. This research will include limitations of the study, recommendations for further research, implications for positive social change, and a conclusion.

Chapter 5: Discussions, Conclusions, and Recommendations

Introduction

The purpose of this quantitative correlational research study was to examine how administrative and punitive discharges affect veteran homelessness. Chapter 5 includes a summary of results, limitations, interpretations of findings, recommendations, implications for positive social change, and a conclusion. The summary of results is presented in the order that the research questions were examined, followed by limitations experienced during analysis and interpretations of findings. Recommendations for further research, implications for positive social change, and conclusions derived from the study are also presented in Chapter 5.

I expected that service members with bad releases might experience additional challenges in terms of proving their eligibility for some of the critical resources they need during the transition, which may lead to homelessness. Specifically, this study predicted that veterans are at higher risk of experiencing homelessness than other homeless subgroups. Furthermore, both administrative and punitive discharges impact veteran homelessness. These theoretical predictions derived from transitional theoretical perspectives and prior research were explored using Pearson correlation and simple regression analyses. Pearson correlations were used to analyses variables and see if there were significant associations between the continuous variables. After the Pearson correlation, simple regression was conducted to assess the predictive nature of military discharge on veteran homelessness.

Data from this study were analyzed using Pearson product-moment and simple linear regression. The analyses were centered on two research questions.

RQ1: Does administrative discharge impact veteran homelessness?

The results did not support H_{01} ; therefore, H_{01} was rejected. The Pearson product-moment correlation indicated that a significant positive relationship existed between administrative discharge and veteran homelessness. The simple linear regression between administrative discharge and veteran homelessness showed no significant relationship. The simple linear regression predictor model suggested that approximately 2.1% of the variance in veteran homelessness can be explained by administrative discharge. The administrative discharge was not a significant predictor in the model.

RQ2: Does punitive discharge predict veteran homelessness?

The results did not support H_{02} ; therefore, H_{02} was rejected. The Pearson product-moment correlation indicated that a significant positive relationship existed between punitive discharge and veteran homelessness. The simple linear regression between punitive discharge and veteran homelessness indicated a significant relationship suggesting that approximately 54% of the variance in veteran homelessness can be explained by punitive discharge. For every one-unit increase in punitive discharge, veteran homelessness scores increased by 0.18 units. The impacts of punitive discharge on veteran homelessness aligns with existing literature that suggested that service members who received a dishonorable discharge from the military are more likely to have restrictive eligibility in terms of their veterans' benefits, and are at increased risk of homelessness.

Interpretation of the Findings

Following the growing concern that the influx of servicemen and women returning from the war will contribute to increasing veteran homelessness in the United

States, this research was about the relationship between military discharges and veteran homelessness. DMDC and HUD data from 2009 to 2018 contributed to existing empirical studies already available regarding the impact of military discharge on veteran homelessness. This study concludes that punitive discharge has an impact on veteran homelessness.

Based on statistical results in Chapter 4, the null hypothesis for RQ1 was not rejected, while the null hypothesis for RQ2 was rejected. When administrative discharge scores from 2009 to 2018 are considered, the results of the Pearson correlation revealed that no significant relationship exists between administrative discharge and veteran homelessness. Interpreting correlation coefficients, $r = .14$ represents a small association between administrative discharge and veteran homelessness. While the results of the single linear regression show that administrative discharge did not significantly predict veteran homelessness, approximately 2.1% of the variance in veteran homelessness can be explained by administrative discharge. Administrative discharge was not a significant predictor in the model ($t = .409, p = .693$). Though the number of service members with administrative discharge from 2009 to 2018 was a nonsignificant predictor of veteran homelessness in this study, much was learned from this study's findings. Despite the nonsignificant nature of administrative discharge, the discharge status of service members affects eligibility for benefits, including housing, medical services, and the ability to get a job. The findings from this study showed that a substantial proportion of veterans in this study who left military service without honorable or general conditions, mostly veterans with punitive discharges, are at risk of homelessness.

Among the two predictor variables that were examined in this study, the highest correlation found was between punitive discharge and veteran homelessness. Although other factors such as combat exposure, alcohol and drug abuse, and PTSD and other health problems are possible factors that may increase veteran homelessness when punitive discharge scores from 2009 to 2018 are considered the results of the Pearson correlation revealed that a significant positive relationship exists between punitive discharge and veteran homelessness. Based on the correlation coefficients, there is a large association between punitive discharge and veteran homelessness. While the results of the simple linear regression between punitive discharge and veteran homelessness reveal a significant relationship, suggesting that approximately 54% of the variance in veteran homelessness can be explained by punitive discharge. The punitive discharge was a significant predictor in the model, suggesting that for every one-unit increase in punitive discharge, veteran homelessness scores increased by 0.18 units. H_02 can be rejected. The results of the simple linear regression are presented in Table 9. Comparing the impact of military discharge on veteran homelessness, the results of Pearson correlations indicated that punitive discharge had more impact than administrative discharges on veteran homelessness. The results of the simple linear regressions suggest that there is a reasonable relationship between punitive discharge and veteran homelessness, that punitive discharge had more impact than administrative discharge on veteran homelessness.

Consistent with most recent studies, which indicated that transition from military to civilian culture is not a simple, easy and quick process; and transitional theoretical perspectives that suggested that military characterization of service impacts veteran

homelessness (Castro & Kintzle, 2014; Schuetz, 1945; Schlossberg, 1984; Baltes, 1987; Magnusson, 1998). This evidence that punitive discharge is a significant predictor of veteran homelessness is not surprising; rather, it reinforces the notion that punitive discharge for a service member is a pathway to homelessness. Moreover, for service members without honorable or general conditions discharges, they do not have any margin of safety or the regular insulation that VA benefits provide when they are trying to reenter civilian society. Given that a successful transition is critical for service member's long-term well-being. This finding showed that service members honorably discharged –administrative; from service or the military will have a different transition experience (successful transition) than a service member with punitive discharge. Service members with bad releases or punitive discharges may experience additional challenges in proving their eligibility for some of the critical resources they need during the transition, which may lead to homelessness. Transitional perspectives posit that some coping resources available to service members to deal with the changes affect the transition.

Increasingly, researchers are exploring ways in which transitional theories enrich our understanding of veteran homelessness. This study extends this theoretical perspective by examining the relationship between military discharge and veteran homelessness. The study finds support for the core assumptions of transitional theories. Based on the correlation coefficient between punitive discharge - the predictor variable and veteran homelessness (see Table 14), the results revealed that punitive discharge was meaningfully correlated to veteran homelessness, and administrative discharge was not correlated to veteran homelessness.

Finally, the summary of the simple regression analysis addressed whether the relationships between the predictors and veteran homelessness hold up, and further provides a perspective on the importance of military discharges in explaining veteran homelessness, or service members at risk of homelessness. It was determined that examining the percentage of service members with punitive discharges can significantly improve the ability to predict veteran homelessness. There is evidence aligned with the postulate of transitional theories that servicemembers without honorable or general discharges are at a substantially higher risk of homelessness. Another significant finding is the understanding that the characterization of service of servicemembers can provide helpful insights that could inform proactive strategies that could lead to a successful transition for service members. This finding not only fills an essential gap in the literature regarding the direct link between military discharge and service members experiencing, or at risk of homelessness, it also serves a vital sign for policymakers to take the issue of veteran homelessness.

Limitations of the Study

The divergent findings on veteran homelessness reflect several methodological and data challenges. As noted in Chapter 1, the focus of this topic to gain insight and a better understanding of how the characterization of military service of service members impede their transition from military culture to civilian life and contributed to veteran homelessness. Establishing a causal relationship between some of the risk factors of veteran homelessness-alcohol and drug problems, PTSD; is difficult. However, I noted several limitations to the generalization to service members or veterans as I embarked on this study. The data for this study was limited to active duty separation data of American

servicemen and women (2009-2018) in the military from the Defense Manpower Data Center (DMDC) and veteran homelessness data from the Annual Homeless Assessment Report to Congress data. These active duty service members include men and women from the U.S. Army, U.S. Navy, National Guard, U.S. Marine Corps, U.S. Air Force, Air National Guard, and U.S. Coast Guard. Therefore, the results cannot be generalized to all service members – active duty service branches include DoD’s Army, Marine Corps, Navy, and Air Force; and the Reserve components include DoD’s Army National Guard, Army Reserve, Marine Corps Reserve, Navy Reserve, Air National Guard, and Air Force Reserve, and DHS’s Coast Guard Reserve.

The dataset contained a sample of 1,910,545 separated active duty service members from 2009 to 2018. A limitation when using an available archival dataset is that the researcher must utilize the sample identified in the dataset and the variables contained therein (Cheng & Phillips, 2014). The majority (82.8%) of the sample consisted of males (n=100). No data on the number or percentage of transgender people in the sample. A total of 68% of the service members identified as White. A total of 17.3% of participants identified as Black or African American. A total of 4.5% of participants identified as Asian. A total of 1.2% participant identified as American Indian/Alaskan Native. Although the service members in this study are representative of the active duty service member veteran population, it is important to note that veteran homelessness impacts both active duty and reservists within the military population. The government classifies race as White, Black or African American, American Indian/Alaskan Native, Asian, Native Hawaiian, or Other Pacific Islander, Multiracial, and Other (Reynolds & Shendruk, 2018).

Additionally, the government views ethnicity as separate from the race and includes the category of either Hispanic or Latino or not Hispanic or Latino under the classification of ethnicity (Reynolds & Shendruk, 2018). This study did not include the socio-demographic characteristic of ethnicity to define the makeup of the study sample. Since the government classifies Hispanic or Latino as an ethnicity rather than race, statistics on participants who identified their ethnicity as Hispanic or Latino were not included in this study's socio-demographic characteristics (Reynolds & Shendruk, 2018). It is suggested that future studies include both race and ethnicity and that the classifications be distinct and clear to stratify study participants effectively.

Researchers suggested service members who received a less than dishonorable discharge from the military were more likely to have a restrict eligibility for their veterans' benefits, had health problems, TBI, PTSD, alcohol, and drug problem (Schulker, 2016; James et al., 2016; Tsai & Rosenheck, 2015; Zogas, 2017), weaker social support and were at increased risk of homelessness. Based on transitional theories, the researcher anticipated that homelessness could be the fate of many service members if they do not receive an honorable discharge from the military. The scope of this study only covers administrative and punitive discharges, and the predictors in this study do not include alcohol and drug problem, PTSD, TBI, and health issues, which previous studies suggest increases the risk of veteran homelessness. However, other studies suggest that combat experience, wartime trauma can contribute to a downward spiral of depression, broken relationships, substance abuse, which may lead to homelessness (James et al., 2016; Fargo et al., 2017; Perl, 2015; Tsai & Rosenheck, 2015; Umar & Sidath, 2015).

Limitations on systemic data have also complicated assessments of other risk factors impact on veteran homelessness, as has the other exogenous factors that may be impacting on veteran homelessness. Despite these limitations on the impact of veteran homelessness, previous research on the impact of military characterization of service on veteran homelessness have informed the design of this study and can offer insights, lesson, and provide an opportunity to redefine how we help servicemen and women avoid homelessness and adjust to the civilian lifestyle.

Recommendations for Future Research

Recommendations for future research on the impact of military discharge on veteran homelessness are centered on the non-random distribution of the veteran homelessness sampling size, and expansion of the scope of the present study to cover other risk factors or variables such as PTSD, TBI, MST (Mota et al., 2016), Substance use and abuse; alcohol problem, unemployment, and poverty (Fargo et al., 2012; Mares & Rosenheck, 2004; Perl, 2015; Tsai & Rosenheck, 2015; Umar and Sidath, 2015). This study was conducted using 1,910,545 separated active duty service members from 2009 to 2018, a sample size that might have accounted for or prevented the administrative discharge - predictor variables from reaching a significant level veteran homelessness. A larger sample is required to increase the power of the model.

Although these results conform to transitional theories, the results suggest that punitive discharges increase veteran homelessness. As such, it is not unreasonable to hypothesize that other factors such as adverse deployment experiences, exposure to traumatic incidents or events associated with warfare that exposed service members to stress, trauma, and drug and substance abuse, mental health problems, and other events

that could lead to PTSD can increase veteran homelessness. The degree of difficulty that most service members encounter while trying to readjust to civilian life may be related to their combat exposure, physical health issues, weak social networks, life, or health induced choices - substance abuse and alcohol problem. Further research should be conducted to determine the causal order of these events.

The scope of this study should be expanded to include these variables. Mixed-methods research should be conducted when increasing the scope. The mixed-methods approach might bring about a better understanding of how administrative discharges, service members' health conditions, employment conditions, and family situations affect their transition and contribute to veteran homelessness. Moreover, conducting interviews through qualitative methods could highlight the impact of military discharges on service members' wellbeing, an aspect that was not adequately addressed in this study.

Although this research failed to find statistically significant evidence indicating that beyond punitive discharges, another predictor of administrative discharge is a crucial predictor of veteran homelessness, further research is warranted to understand how the other key variables might be influential in predicting veteran homelessness. Further studies incorporating data collected by service providers, formerly homeless veterans about the impact military discharge had on their transition to civilian society, and policymakers may be beneficial in revealing the connections between military discharge, combat-related health issues, and poverty variables, and veteran homelessness.

Implications for Positive Social Change

This study has multiple implications for positive social change for American service members. Given that returning service members and veterans require coordinated

supports and effort that provides medical and essential physical health care solutions, aftercare, housing, personal development, and empowerment. Understanding the impact of administrative and punitive discharge on veteran homelessness can help the government efforts to reduce and end homelessness among Veterans. Evidence from this study can help policymakers, VA, and HUD, and civic leaders to better understand the association between administrative and punitive discharges and veteran homelessness.

Other implications for social change for this study may be that understanding how the characterization of military service or punitive discharge impede on service members transition from military culture to civilian life, and how these discharges impact on veteran homelessness may provide insights on how to end veteran homelessness and a concise overview of how to revitalize existing veteran homeless programs.

Understanding how the characterization of military service of service members contributes to veteran homelessness can provide an opportunity to redefine how we help servicemen and women to avoid homelessness and adjust to the civilian lifestyle. Instead of focusing on multiple homelessness programs – of which most of the programs are underperforming; VA and HUD should focus on programs that produce quality results and the desired numerical outcomes, they should focus on programs that are working so that those models can be supported and replicated.

Understanding the impact of discharges variable on veteran homelessness can be relevant at the local level. It can help local policymakers to design other programs that can help homeless veterans to stabilize their lives. This includes programs that can provide service members with a place to live while they sort out their veteran status, or

search for a job, mental health issues, recover from drug and alcohol addiction, and finding permanent housing.

Given that service members can receive assistance from both the VA and HUD, provided they have an eligible discharge status; another implication is that understanding the impact of military discharge on veteran homelessness may be necessary for pinpointing the potential directions of veteran homelessness, provide the knowledge needed for identifying at-risk service members and support the intelligent forecast of veteran homelessness. A better understanding of how the characterization of military service of service members or the forms of their discharges from the military affects their ability to establish their veteran status, and have implications for their ability to claim entitlement to the numerous ranges of gratuitous benefits administered by VA and HUD. This study fills a gap regarding how the characterization of military service of service members or their type of discharge from the military restricts their eligibility for their benefits and increases the possibility of them becoming homeless.

The findings from this study provide knowledge of veteran homelessness and may help VA, HUD, local decision-makers in generating effective policy initiatives proactively seek out Veterans in need of assistance, connect service members, or at-risk Veterans with the necessary supports that match their needs. These findings may further contribute to cost-effective and flexible strategies and policies that are better able to accommodate areas with unique characteristics. Increased knowledge of the variables that drive veteran homelessness could provide policymakers with the insights to not only reduce veteran homelessness but also provide required supports to service members who are homeless or at imminent risk of becoming homeless.

The implications for positive social change are tied to a more in-depth understanding of the impact of military discharge on veteran homelessness. Understanding the relationship between military discharge and veteran homelessness is the prerequisite to preventing and ending veteran homelessness. This study is important as researchers have validated the need for increased support for returning servicemen and women who transition back into civilian life after serving in active duty military. Because this study expands on prior findings that veterans were especially returning servicemen and women with bad discharge are vulnerable to homelessness. The results of this research will increase public awareness of veteran homelessness issues, illuminating the transitional experiences of returning veterans, educate military officials or policymakers, family, and the general public. The results will also have significant implications for positive social change in terms of veteran benefits status. Understanding the dynamics of military characterization of service, how administrative and punitive discharge limits the benefits they get from governmental departments - DOD, Veteran Affairs Department, and HUD- government departments tasked with helping veterans adjustment; can contribute in several areas such as designing effective programs and comprehensive service that are necessary to help each veteran transition successfully. Programs or initiatives that focus on veteran health needs, housing needs, employment needs, and others. Insights from this research can empower military leaders, government officials, policymakers, and veteran advocates to increase and improve benefits and services to veterans. Moreover, it also enhances their response to service members and military families experiencing homelessness.

Transitional theories highlight the importance of a smooth and efficient transition from military to civilian life. This may indicate that factors influencing veteran homelessness go far beyond the shortage of housing. This study could assist policymakers in the creation of new veteran homeless treatment strategies and direct homeless funding initiatives and procedures that can help in service delivery, staff training, treatment strategies, direct homeless funding initiatives, and reevaluate previous policies. At-risk veterans live with lingering effects of the lack of family and social support networks. Additionally, information from this study can be used in safeguarding the total health and wellbeing of soldiers after they leave the military. Results from this study can be used to identify other risk factors in veteran homelessness and spark a strategic action plan which prevents military service members from becoming homeless. Because ending homelessness will provide a better life for service members whom we owe our freedoms, developing a tracking system and programs to track, prevent will help end veteran homelessness.

Summary of Results

Data from this study were analyzed using Pearson product-moment correlation analysis and simple linear regression. Analyses were centered on two research questions.

RQ1: Does administrative discharge impact veteran homelessness?

The results did not support the H_01 ; therefore, H_01 was rejected. The Pearson product-moment correlation indicated that a significant positive relationship existed between administrative discharge and veteran homelessness. The simple linear regression between administrative discharge and veteran homelessness showed no significant relationship. The simple linear regression predictor model suggested that approximately

2.1% of the variance in veteran homelessness can be explained by administrative discharge. The administrative discharge was not a significant predictor in the model. The H_0 for RQ1 cannot be rejected.

RQ2: Does punitive discharge predict veteran homelessness?

The results did not support the null hypothesis; therefore, the null hypothesis was rejected. The Pearson moment correlation indicated that a significant positive relationship existed between punitive discharge and veteran homelessness. The simple linear regression between punitive discharge and veteran homelessness indicated a significant relationship suggesting that approximately 54% of the variance in veteran homelessness can be explained by punitive discharge. The simple linear regression predictor model is suggesting that for every one-unit increase in punitive discharge, veteran homelessness scores increased by 0.18 units. The impacts of punitive discharge on veteran homelessness aligns with extant literature (Fargo et al., 2017; Metraux et al., 2018; Tsai & Rosenheck, 2015) that suggested that service members who received a dishonorable (punitive) discharge from the military are more likely to have restrictive eligibility for their veterans' benefits, and are at increased risk of homelessness.

Conclusion

Several studies and transitional theories have shown that service members upon their return home- especially service members with less than a dishonorable discharge find it difficult to transit from military to civilian society. However, limited empirical research has examined the implication of military misconduct related discharges such as administrative or punitive discharges on the returning or transiting service members. The results of the present study provide empirical confirmation of these claims and conform

to transitional theories. The present study provided evidence that both administrative and punitive discharges have an impact on veteran homelessness. The result also shows that punitive discharge had more impact than administrative discharges on veteran homelessness. The higher impacts of punitive discharges over administrative discharges fit into transition theories. This study also fills a gap in the literature regarding the impact of military discharge status on veteran homelessness, and are consistent with most recent studies, which indicated that transition from military to civilian culture is not a simple, easy and quick process; and transitional theoretical perspectives that suggested that military characterization of service impacts veteran homelessness. The evidence that punitive discharge is a significant predictor of veteran homelessness reinforces the notion that punitive discharge for a service member is a pathway to homelessness.

Moreover, for service members without honorable or general conditions discharges, they do not have any margin of safety or the regular insulation that VA benefits provide when they are trying to reenter civilian society. Findings from this study suggest that understanding the impact of administrative and punitive discharge on veteran homelessness and how it contributes to veteran homelessness can provide an opportunity to redefine how to help servicemen and women to avoid homelessness and adjust to the civilian lifestyle. This may also help government efforts to reduce and end homelessness among veterans. Furthermore, understanding how the characterization of military service of service members contributes to veteran homelessness can provide an opportunity to redefine how to help servicemen and women to avoid homelessness and adjust to the civilian lifestyle. Instead of focusing on multiple homelessness programs, the VA and

HUD should focus on programs that produce quality results that can be supported and replicated.

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Appendix A: Veterans Demographics

VA Benefits & Health Care Utilization		Updated 7/31/19
Number of Veterans Receiving VA Disability Compensation (as of 6/30/19):		4.89 M
Number of Veterans Rated 100% Disabled (as of 6/30/19):		750,993
Number of Veterans Receiving VA Pension (as of 6/30/19):		243,854
Number of Spouses Receiving DIC (as of 6/30/19):		416,233
Number of Total Enrollees in VA Health Care System (FY 18):		9.17 M 1
Number of Total Unique Patients Treated (FY 18):		6.34 M 1
Number of Veterans Compensated for PTSD (as of 6/30/19):		1,092,511
Number of Veterans in Receipt of IU Benefits (as of 6/30/19):		363,248
Number of VA Education Beneficiaries (FY 18):		903,806
Number of Life Insurance Policies Supervised and Administered by VA (as of 6/30/19):	5.81 M	
Face Amount of Insurance Policies Supervised and Administered by VA (as of 6/30/19):	1.19 T	
Number of Veterans Participating in Voc Rehab (Chapter 31) (FY 18):		125,513 ³
Number of Active VA Home Loan Participants (as of 6/30/19):		3.24 M
Number of Health Care Professionals Rotating Through VA (Academic Year (AY) 17-18):	120,890	
Number of Veterans with Major/Minor Amputations Utilizing VA Health Care (FY 18):	93,936 ²	
Source: VBA Office of Performance Analysis and Integrity; Health Services Training Report; VBA Education Service; ¹ VHA OABI and VSSC (10E2A); ² VA VSSC Amputation Cube. Produced by the National Center for Veterans Analysis and Statistics; ³ Includes 1,707 Veterans in interrupted case status over one year. http://www.va.gov/vetdata/pocketcard/index.asp		
Veterans Demographics		
Projected U.S. Veterans Population:	19,602,316	{Female 1,902,553 9.7%}
Projected Number of Living WW II Veterans:		496,777
Estimated Number of WW II Veterans Pass Away Per Day:		348
Percentage of Veteran Population 65 or Older:		47.1%
Veteran Population by Race:		White 81.3% Black 12.5%
	Asian/Pacific Islander 1.8%	Other 3.6%
	American Indian/Alaska Natives 0.7%	Hispanic 7.5%
About VA		
Number of Full Time VA Employees Employees in Pay Status:	372,528 400,060	
Number of VA Medical Centers (VAMC):		172
VAMC with Acute Inpatient Care Services:		143
Number of VA Outpatient Sites:		1,241 ¹
Number of VA Vet Centers:		300 ⁵
Number of VBA Regional Offices:		56
Number of VA National Cemeteries:		136
FY18 Appropriations (actual) ² FY19	Appropriations (enacted) ²	FY20
VA: \$195.46B	VA: \$197.97B	VA: \$218.43B
VHA: \$74.29B ³	VHA: \$77.67B ³	VHA: \$85.00B ³
VBA-GOE: \$2.92B ⁴	VBA-GOE: \$2.96B ⁴	VBA-GOE: \$3.00B ⁴
NCA: \$306M	NCA: \$316M	NCA: \$329M
OIT: \$4.05B	OIT: \$4.10B	OIT: \$4.34B
Source: Veteran Population (VP2016) as of 09/30/18; VA Employ Pay Status Count 6/30/19; Veterans Affairs Site Tracking (VAST) 9/30/18 ¹ (Does not include temporarily deactivated sites); NCA as of 6/30/19; Office of Budget; Health Services Training Report AY17-18; ² Includes MCCF; ³ Medical Care w/ MCCF, joint, medical research; ⁴ Discretionary Spending Only; ⁵ VAST Retroactive count revised on 1/18/2019.		