

Homelessness Risk among Post-9/11 Era Veterans

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Abstract: Media and advocacy outlets have expressed alarm about homelessness among post-9/11 era veterans, with little systematic research available to evaluate these claims and to offer an empirically-based profile of the nature and extent of homelessness. In this review, we draw upon research, media and advocacy accounts to identify the factors that are particular to homelessness among this most recent cohort of veterans, with a particular focus on defining military-based factors of this era and broader systemic forces that were formative to their experiences after returning to civilian life. These factors, we argue, interact to create a set of circumstances that do not appear to currently create substantially elevated rates of homelessness among post-9/11 veterans, but potentially do warrant policy attention and interventions in specific areas, as well as further monitoring of homelessness risk over the cohort's collective lifecourse.

*“As the Iraq war winds down and those troops return home ... a new generation of Americans ... will have to develop a fresh mindfulness of what these hundreds of thousands of men and women have been through and may be struggling with when they return.”*¹ – Mike Scotti

Introduction

Homelessness among veterans represent an uncomfortable American paradox. Over recent decades the nation has shown support and reverence for those who have served, yet on a given night tens of thousands of veterans of all ages are homeless and lacking basic material supports. As a result, a highly charged, moral rhetoric permeates the understanding of homelessness among veterans. In response, the federal government, under the Obama Administration, made ending homelessness among veterans a policy priority and, with the cooperation of Congress, greatly expanded housing and prevention services for homeless and at-risk veterans.² These Obama-era assistance levels have so far continued under the Trump Administration. "We've got to keep fighting for the dignity of every veteran," Obama proclaimed at a 2016 Disabled American Veterans convention, "and that includes ending the tragedy, the travesty of veterans' homelessness".³

This discordance between veteran status and homelessness is most visible among those who have served most recently. The attacks of September 11, 2001, pivotal in many respects, ushered in the recent era of military service. This post-9/11 era includes the two longest-running wars in US history, a military comprised of people who voluntarily enlisted, and unprecedented levels of female service members. These military personnel, both during their service and subsequently as veterans, have enjoyed a high, sustained level of public and political support.⁴ Nevertheless, there has been a pervasive concern that this support has been insufficient and that, as a result, veterans have struggled to reestablish their civilian lives.⁵

Concerns regarding homelessness—particularly among veterans in the post-9/11 era cohort returning from Afghanistan, as part of Operation Enduring Freedom (OEF), and Iraq, as part of Operation Iraqi Freedom (OIF) or Operation New Dawn (OND)^a—are central to a narrative of the damaged veteran cast into an uncaring community.⁶⁻⁹ The resulting perceptions of a “tsunami of homelessness”⁶ among post-9/11 era veterans have preceded more systematic, empirically-based studies of the problem. This chapter examines empirical realities of post-9/11 American veterans in light of the popular perceptions, manifested in advocacy and media accounts, that connect military service with homelessness among this most recent cohort of veterans.

In doing so, we focus on the dimensions of homelessness that are particular to veterans of this most recent era. This includes aspects of both their military and veteran experiences, where military factors, insofar as they are antecedents to homelessness, interact with more general factors that occur following military service. In this manner, we take an approach consistent with Schuetz’s essay “The Homecomer,”¹⁰ where the veteran returns to civilian life having to face the transformations within him or herself, as well as a civilian world that has also changed over the tenure of his or her service.¹¹ We do not dwell upon more general, non-service related risk factors for becoming homeless that post-9/11 era veterans share with other veterans and non-veterans, such as mental illness, substance abuse, extreme poverty and adverse childhood experiences, and have been covered elsewhere.¹²⁻¹⁶ Instead, we explore dimensions of military service that are particular to the post-9/11 era, the socioeconomic factors they faced upon returning to civilian society, and how these military and civilian factors interact to impact the risk for homelessness.

How Many Post-9/11 Veterans Experience Homelessness?

Tsunamis of homelessness should be quantifiable, in that numbers provide a basis for distinguishing human tidal waves from hyperbole. There have, however, not been any systematic attempts to assess the extent of homelessness among post-9/11 veterans. In the absence any official estimates of the homeless, post-9/11 veteran population, the most widely disseminated unofficial estimate is that 12,700 OEF/OIF/OND veterans experienced homelessness sometime in 2010. This estimate appears on websites of organizations as diverse the National Coalition for Homeless Veterans,¹⁷ the American Psychological Association,¹⁸ and the Congressional Record.¹⁹

None of these outlets describe who derived this estimate, or how it was derived. However, it almost certainly comes from the 2010 Veteran Supplement to federal government's Annual Homelessness Assessment Report (AHAR). In this report, an estimated 12,714 veterans aged 18 to 30 were in shelter or transitional housing on at least one night in 2010.²⁰ In effect, age here became a de facto proxy for deployment.

Despite the obvious problems with using an estimate of homeless veterans under age 30 to stand in for an estimate of homeless veterans who were deployed to Iraq or Afghanistan, in 2010 this was a plausible estimate. By circumstance, the number of OEF/OIF/OND veterans was roughly equivalent to the number of veterans under age 30, both coming in at about 1.2 million and overlapping in that a large portion of the veterans under age 30 would have deployed to Iraq or Afghanistan during their service. Using either veteran subpopulation as a denominator, and the 12,700 estimate as the numerator, yields an approximate annual prevalence rate of 1%. This rate roughly corresponds to annual prevalence rates found for general non-veteran populations after adjusting for age,²¹⁻²² suggesting that this estimate falls within a believable range.

However, this equilibrium did not hold. Between 2010 and 2015, VA studies show that number of veterans who deployed to Iraq and Afghanistan increased by 57%,^b while the numbers used for the AHAR reports indicate that, over this time period, the number of all veterans under age 30 increased by only 28%.^c Moreover, the under age 30 *homeless* veteran estimate in the 2015 AHAR actually decreased by 5% during this period (from 12,746 in 2010¹⁹ to 12,089²³ in 2015) so that in 2015 the annual prevalence rate dropped to 0.8%. Applying this lower prevalence rate to a 2015 estimate of almost 2 million OEF/OIF/OND²⁴ veterans yields a very rough estimate of about 16,000 OEF/OIF/OND veterans who were in shelters or transitional housing at some point in 2015. Thus the numbers of homeless OEF/OIF/OND veterans has almost certainly increased from homelessness among this group in 2010.

The numbers we calculate here are intentionally left vague, as both the 2010 and our updated 2015 estimates employ decidedly back-of-the-envelope methodologies. To stretch these tenuous estimates even further, approximately half of all post-9/11 veterans never deployed to Iraq or Afghanistan,²⁵ so an estimate covering the entire post-9/11 cohort would be around double what any OEF/OIF/OND estimate would be.

In place of a definitive numerical estimate, we conclude this chapter with two more general trends that should impact the extent of homelessness among the post-9/11 veteran cohort. First, by a general consensus, overall homelessness among veterans has declined substantially (by as much as 45% since 2009),²⁶ and this trend should also have impacted this cohort. Second, the post-9/11 era of military service is ongoing, and as such the numbers of veterans belonging to this era, and who have been deployed to Iraq and Afghanistan, continues to grow. If both of these trends hold, then the past decade should have seen an increase in the number of veterans in this

cohort who became homeless (by virtue of sheer demographics), but this increase should have been limited by a corresponding decline in the rate by which these veterans became homeless.

Taken together, “rising tide” may be a more accurate metaphor than “tsunami” for the homelessness dynamics among post-9/11 veterans. Implicit to both metaphors is a call for increased attention and resources to the housing instability of this veteran subpopulation, but the alarmist tsunami rhetoric appears misleading. The question of “how many” homeless post-9/11 veterans there are is far from settled. This underscores the call made by Iraq and Afghanistan Veterans of America (IAVA) in their most recent policy agenda for the federal government to “collect data on the number of chronically homeless veterans and the number of homeless veterans by conflict-era.”²⁷ For, in the words of former VA Secretary Eric Shinseki: “I learned a long time ago I couldn’t solve a problem I can’t see”.²⁸

Military Factors Linked to Homelessness

Each military service era has defining features that shape veterans’ military experiences and continue to impact them in their subsequent civilian lives. Post-9/11 era veterans have served during the time of the two longest wars in US history. The casualties of these wars have further been associated with two signature injuries: post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). Two key dynamics of this era include having women serve in unprecedented numbers and roles; and conducting the first protracted modern wars without conscripted recruits. Additionally, there has been a growing number of other than honorable (OTH) discharges among this era’s veterans,^d leading to concern that combat and other service-related issues are addressed in an inappropriately punitive and harmful manner. All of these issues have an impact on this veteran cohort, as well as the perceptions and realities of homelessness among them.

Deployment, Wartime Experience, and PTSD and TBI

The U.S. Interagency Council on Homelessness (ICH), in its strategic plan to end and prevent homelessness, stated that: “combat and repeated deployments introduce additional factors that contribute to the risk of homelessness, including post-traumatic stress and the disruption of connections to family and community supports” (p. 27).² Indeed, the most common narrative for explaining homelessness among recent veterans underscores how wartime experiences have impacted OEF/OIF/OND veterans so that, in the extreme, they are unable to effectively reintegrate into civilian life.

Of the different ways to measure wartime exposure, deployment is perhaps the simplest. Here deployment amounts to a largely binary measure of whether a veteran participated in OEF, OIF, or OND. By 2015, just under 2 million veterans were deployed to one or both of these war theaters.²⁴ Just spending an extended time period in a far off, wartime environment will have lasting effects on a veteran that may impact the risk for homelessness. Three studies assess this, but all have substantial limitations. Both Metraux and colleagues²⁵ and the VA’s Office of the Inspector General²⁹ reported, based upon the use of VA homeless services among 310,000 post-9/11 era veterans, a substantially higher (albeit unadjusted) rate of homelessness among deployed veterans compared to their non-deployed contemporaries, (2.1% to 1.4%). Edens and colleagues, in contrast, found OEF/OIF deployment to be associated with substantially lower risk of VA homeless services use among a large but singular group of veterans of all ages who used VA specialty mental health services in 2009.³⁰ Finally, Tsai and his colleagues³¹ use data from the National Health and Resilience in Veterans Study³² to look at homelessness risk among the overall veteran population, but the small number of OEF/OIF/OND veterans (34 total, 4 of

whom reported homelessness) in the survey precluded drawing any definitive conclusions about homelessness among this group.

Breaking down deployment experiences and examining the relationships of these component parts with homelessness among OEF/OIF/OND veterans yields similarly inconclusive findings. A study by Elbogen and colleagues using the VA's National Post-Deployment Adjustment Survey found a post-military, one-year homelessness rate of 4.5% in the study group,^e and a significant, positive bi-variate association between combat experience and homelessness.³³ This association became non-significant, however, upon introducing other covariates into a multivariate regression model. These data warrant a second look, however, as the Elbogen's focus was on the association between money mismanagement and homelessness (see chapter 6), and did not examine the impact of a broader set of military risk factors on homelessness beyond their role as potentially confounding factors. Other studies that examined homelessness specifically among OEF/OIF/OND veterans do not contain any measures that even broadly differentiate aspects of veteran deployment experiences.^{25,29,34-37}

The third measure of wartime experience is PTSD. PTSD is, more precisely, a medicalized proxy for adverse wartime experience³⁸ that has become a means in the popular and advocacy literature for explaining negative veteran outcomes such as homelessness. PTSD emerged following the Vietnam War as a mental health disorder based upon a set of discrete psychological symptoms and reflective of the lasting behavioral responses to wartime (and other traumatic experiences) that become maladaptive in later life. The prevalence of the disorder likely ranges somewhere between 10% and 17% among combat veterans, with lower rates when deployed non-combatants are included.³⁹ PTSD can impede a veteran's ability to function in society and, in extreme manifestations, has been linked to homicide and suicide.

The empirical evidence to support the association between PTSD and homelessness has been far less robust than the popular belief in this association.⁴⁰ The most rigorous study that examined this connection looked at Vietnam veterans and did not find a direct association between the two.⁴¹ In the context of the Afghanistan and Iraq wars, four of the studies that examined homelessness among OEF/OIF/OND veterans reported findings related to PTSD. Two of these studies found associations between PTSD and modestly increased risks for homelessness^{25,34} while two others^{30,33} reported no significant associations after controlling for other factors.

Again, this body of evidence is an insufficient basis for drawing firm conclusions on the extent to which PTSD impacts the risk for homelessness. If there is an association, it may well be an indirect one, meaning that, in addition to a PTSD diagnosis, the presence or absence of other factors will be crucial to the role that PTSD plays in becoming homeless. Other factors may include the presence of other behavioral health diagnoses, as PTSD frequently co-occurs with diagnoses for depression and substance abuse disorders,⁴² which both the Metraux and the Edens studies found to be associated with increased homelessness risk.^{25,30} On the other hand, as suggested in the Edens study, when supports such as access to VA behavioral health care and disability benefits are available to veterans diagnosed with PTSD, then PTSD may indirectly act as a protective factor against homelessness.^{30,43}

While more research is needed to better understand the relationship between PTSD and becoming homeless, studies have found a high prevalence of PTSD among post-9/11 veterans who experience homelessness. One study of OEF/OIF/OND veterans who were placed into VA supportive housing called attention to the contrast between the high rates of PTSD diagnoses (67%) found in this group and the much lower rates found among older cohorts of homeless veterans.⁴⁴ Another study, based upon interviews of post-9/11 veterans who experienced

homelessness, identified PTSD as a key theme in the veterans' accounts and showed how PTSD symptoms led to circumstances, such as difficulties maintaining employment and family relations, that directly contributed to homelessness. Furthermore, these accounts showed how PTSD and homelessness interact to exacerbate one another.⁴⁵

There has been no evidence that links TBI, the second signature injury of the Iraq and Afghanistan wars, with increased risk for homelessness. Two studies have examined TBI among veterans who are homeless and, while both noted a high prevalence of TBI, they found most incidences were not military-related.⁴⁶⁻⁴⁷ Conversely, the circumstances of being homeless appear to increase the risk, regardless of veteran status, of sustaining a TBI due to accidents, assaults, and other hazards of living on the streets.

In summary, while media reports readily link PTSD and homelessness, the research presents a less dramatic and more complicated picture. There may indeed be a higher prevalence of homelessness among this veteran cohort that is connected to the adversities of going to war. Yet the findings to date also suggest that the wars have yet to bring on an onslaught of homelessness among post-9/11 era veterans. Nor would homelessness disappear among this cohort in absence of any war. Yet in the midst of the uncertainty about relationships between PTSD and homelessness, addressing homelessness for an undetermined but substantial proportion of post-9/11 era veterans involves taking into account the sequelae of their wartime experiences.

Gender and Family Issues Related to Military Service

Recent media reports have described women as the “fastest growing demographic” among veterans who experience homelessness.⁴⁸⁻⁴⁹ This oft-repeated and unsupported assertion

is difficult to verify, but a closer examination of it promises insights about the role of gender in homelessness among post-9/11 veterans.

By consensus, female veterans are at higher risk for homelessness than male veterans.⁵⁰ Male and female veterans differ in that, among male veterans, the risk for experiencing homelessness increases with age up to age 65, while among women it is the younger age groups that have the highest risk.⁵¹ This suggests that homelessness risk among female veterans would disproportionately fall upon those in the post-9/11 cohort.

In terms of literally assessing this “fastest growing” claim, the best resource is the AHAR, referred to earlier, which provides an ongoing series of nationwide estimates of the homeless population. Based upon these estimates, between 2009 and 2015 there was a net increase of 725 female veterans, from 11,098 to 11,823. This 6.5% increase over a six-year period appears modest, although it becomes more substantial when considering that, in this same time period, the overall veteran homeless population (as measured by annual prevalence) declined by 12.6%.²³ So while there was an increase, whether it warrants the moniker “fastest growing” will be up to the beholder, and would depend upon the nature of the comparison groups.

This growth in the number of female veterans in the homeless population comes at a time of substantial growth in the number of women in the military. As a result, the female veteran population has been increasing in size and decreasing in age, even as the overall veteran population has been declining in size and increasing in age. While 9% of the total veteran population are women, 17% of all post-9/11 era veterans are women and 40% of all female veterans served during the post-9/11 era.⁵² Among the homeless veteran population, women also

are substantially younger than men, with a higher proportion of women having served during the post-9/11 era.⁵³

Studies have not found female veterans in the post-9/11 cohort to be any more likely than their male counterparts to use VA homeless services.^{34,54} However, focusing exclusively on VA services, as research on homelessness among veterans often does, is certain to miss female veterans who experience homelessness but do not use VA services. While no research exists on where female veterans go when they become homeless, they are more likely than male veterans to turn to non-VA, community-based homeless services for shelter and other assistance.⁵⁰ VA homeless services have traditionally been geared towards accommodating and serving older, single male veterans.⁵⁵ In such arrangements, when women seek assistance from veteran focused organizations, they often have to negotiate almost exclusively male environments and do not find services that meet their needs, especially when they are homeless with children. Even though the 2015 AHAR found no increase between 2009 and 2015 in the proportion of veterans in shelters who were accompanied by children (about 3%), one study found that 57% of post-9/11 era homeless female veterans had custody of children.⁵⁶

The issue most frequently associated with gender with respect to veteran homelessness is military sexual trauma (MST). An estimated 38% of female service members experienced MST, compared to 4% among men,⁵⁷ with several studies finding higher rates of MST among female veterans who experience homelessness.⁵⁸⁻⁶⁰ One study linked MST to significantly higher risk of homelessness among both female and male OEF/OIF veterans.⁶¹ Furthermore, MST is associated with mental health comorbidity, including PTSD, that may contribute to a greater risk for and longer duration of homelessness.⁵³ Thus, MST appears to transcend gender in its association with veteran homelessness, although because women experience MST in much higher proportions

than men, MST and its sequelae are much more pervasive among women in homeless populations.

In summary, “fastest growing” in the context of homelessness among female post-9/11 veterans reflects not only the growth in the number of women who are currently serving in the military, but also the difficulties women have faced in the military and how such difficulties carry over into civilian life. Primary among these are inclusion into military and veteran environments that remain male-oriented;⁶² the strain between military and family roles that manifest themselves both in military service and veteran services;⁶³ and significantly greater exposure to MST. These issues are specific to female veterans regardless of service cohort, but are particularly salient to post-9/11 era veterans because of the increased prevalence and prominence of women in the military during this era. This has led to greater pressure on both the DOD and VA to address these issues, and provides an impetus for increasing the amount of research that currently exists on gender and veteran homelessness.⁵⁰

All-Volunteer Military

The Iraq and Afghanistan wars, the longest in US history, have been waged without resorting to conscription. The staffing of two wars with volunteers has created personnel challenges for the military, and these challenges may be linked to the subsequent homelessness risk among veterans from this era.

The framework for linking recruitment to subsequent homelessness comes from the research of Rosenheck and colleagues, who ascertained that the cohort of veterans at greatest risk of homelessness were those who served in the early years of the post-Vietnam era, and during the implementation of the All-Volunteer military. During this time, military service was

unpopular, paid low salaries, and was forced to reduce standards in order to meet recruiting quotas. Rosenheck and colleagues argued that this brought in a higher number of recruits with factors such as behavioral health issues and criminal histories that would predispose them to a higher risk for homelessness over their post-military lifecourse.⁶⁴ In effect, they argued that one of the most effective veteran homelessness prevention initiatives may be maintaining rigorous recruiting standards.

A similar situation may have occurred during the mid-2000s, during the early war years. As recently as 2005 the military fell substantially short of its recruiting goals, and up through 2009 the military regularly provided waivers for health and legal situations that would ordinarily bar potential recruits from enlisting.⁶⁵⁻⁶⁶ This situation has since reversed, but these recruiting dynamics may contribute to an elevated risk for homelessness and other adverse outcomes among a subset of post-9/11 era veterans over the lifecourse. At this point, however, whether or not the quality of personnel recruited during the 2000's was in fact degraded is a point of contention.⁶⁷⁻⁶⁹ And although linking of recruiting standards to homelessness risk appears compelling, in the absence of further research the evidence for such a link remains circumstantial.

Recruiting shortfalls during the course of the two wars has also led to the deployment of large numbers of National Guard and Reserve personnel, and active duty personnel being deployed for extended periods (i.e., “stop loss”), for multiple deployments, and with less time between the multiple deployments.⁷⁰ The added stress and uncertainty of such open-ended service requirements have been linked to more difficulties with transitioning back into civilian life⁷¹ and, conceivably, to greater vulnerability to homelessness. However, linking stop-loss to

homelessness amounts to conjecture at this point, given the lack of studies that have empirically examined this relationship.

Other than Honorable Discharges

The Colorado Springs Gazette first brought public attention to an alarming increase in the number of misconduct discharges among service-members leaving the military,⁷² and the advocacy group Swords to Plowshares⁷³ subsequently provided evidence that 125,000 veterans (6.5% of all post-9/11 veterans) are ineligible for VA services due to other than honorable (OTH), bad conduct, or dishonorable discharges. The vast majority of such discharges are OTH, which are administrative discharges due to misconduct. The US Government Accountability Office⁷⁴ found that 62% of servicemembers who separated due to misconduct had PTSD or TBI diagnoses,^{35,75} supporting contentions that the increase in OTH discharges were due to the military's systematically discharging personnel with medical or psychiatric conditions for punitive reasons.⁷² Under these circumstances, "expedient military justice will continue to generate a hidden cost of combat" (p. 1809).⁷⁶

Such findings of troubled veterans deprived of VA support have led to media headlines such as "'Bad Paper' Discharge Can Lead to Homelessness, Hopelessness".⁷⁷ This association is supported by Gundlapalli et al. (2015), who found that VA-eligible OEF/OIF veterans with misconduct-related discharges comprised 5.6% of their study group but accounted for 20.6% of those who became homeless in the subsequent 5 years, with a corresponding adjusted odds ratio for becoming homeless of 6.3.³⁷ In contrast to this study group, the large majority of post-9/11 veterans with misconduct discharges are, by policy, ineligible for VA services and this alone would presumably contribute to an even higher risk for homelessness. Verifying these

presumptions, however, is difficult as these veterans are invisible to the VA. They do, however, appear to be disproportionately represented among veterans in the mainstream homeless systems, as when a 2016 survey of Minnesota's homeless population found that 11% of the veterans (from all eras) reported negative discharges.⁷⁸ This is almost twice the rate cited earlier in the Swords to Plowshares study.

Post Military Factors and Homelessness

Just like there are specific features that differentiate the military service of post-9/11 era veterans from their predecessors, there are also features that uniquely shape the experiences of this veteran cohort as they subsequently seek to reestablish and resume their civilian lives. Some of these features are directly attached to their veteran status, such as the transition process from military to civilian life, or their access to a unique set of benefits and services. Other features, such as the economic vagaries of past decade, are more general in their impact but may affect veterans differently than they affect non-veterans. These features have all, to some extent, been prominently linked to risk of homelessness among this cohort, either directly or in conjunction with the military factors reviewed in the previous section. Thus, they are essential to understanding the singular elements of homelessness risk specific to this cohort.

Transitioning to Civilian Life

A key part of the media and advocacy narrative on the vulnerability to homelessness among post-9/11 era veterans is that homelessness occurs much sooner among this cohort, especially among veterans returning from Iraq and Afghanistan. As Amy Fairweather, from the advocacy group Swords to Plowshares, told the San Francisco Chronicle:⁷⁹

“We are seeing Iraq and Afghanistan veterans, who are homeless, coming in very quickly. After Vietnam, it generally took about five to 10 years to end up on the streets. We’re seeing people on the streets three months after they come home.”

It is unclear where Fairweather got her statistic about time to homelessness among Vietnam-era veterans, as it was over a decade after the end of the Vietnam service era (1975) before anyone started looking at Vietnam veterans becoming homeless.⁸⁰ In contrast, Fairweather’s comments underscore how concerns about homelessness now follow the veteran from the moment he or she starts the transition back to civilian life.

Transitioning to civilian life has received renewed attention among post-9/11 veterans, particularly among those who were deployed to Iraq and Afghanistan. Difficulties in this process highlight the increasing incongruence between military and civilian life. The post-9/11 era has been a time of both near-constant warfare and diminishing proportions of the US adults serving in the military. Attenuated connections between military personnel and the broader civilian population⁴ have led to concerns about the formation of a separate “warrior caste”.⁸¹⁻⁸³ Such a disconnect can make military service members feel, in the words of one veteran, “alien”.³⁸ Alienation, and broader issues of identity and belonging, are among the potential problems that new veterans face during the transition period that may create increased vulnerability for homelessness.⁷⁰ In a review, Sherman, Larson and Borden group these problems into six domains of “postdeployment impairment.”⁸⁴ Three of these domains: mental health, relationship functioning and family life, and financial well-being are all closely linked to homelessness.

The extent to which homelessness occurs during the transition period is readily measurable, through surveys and through linking military records and homeless services data. Two studies in particular, both based upon matching DOD and VA records, have reported results on time from military discharge to onset of homeless services use for cohorts of post-9/11 era

veterans. A study by the VA's Office of Inspector General identified 5,574 veterans as using homeless services out of the 310,685 post-9/11 era veterans they followed over a four to five-year period (5-year incidence rate of 3.7%). The median time period between discharge and first use of VA homeless services was 3 years.²⁹ Another study, by Blackstock and colleagues, followed 445,319 veterans who had deployed in Afghanistan and Iraq between 2001 and 2009. For the 7,431 veterans who were identified as using VA homeless services, the median time for their initial use of homeless services use was 1.9 years after separation from the military.³⁴ While the results from these two studies differ due in part to differences in the study periods they used, both indicate relatively little homelessness occurs in the period immediately following separation from the military.

Instead of focusing on immediate onset of homelessness, qualitative research suggests that a more common trajectory involves a period of housing instability and other issues during the transition period that usually precedes literal homelessness. Here makeshift housing arrangements, loosening social supports, and a reluctance to obtain help are common themes along a diverse range of pathways and over an extended time period.^{45,62} Instead of becoming homeless in the wake of leaving the military, becoming literally homeless takes several years and, as time passes, longer. Such a perspective suggests that transition assistance could include housing and related assistance as a means for preventing homelessness in the long term.

Unemployment and Housing

Post-9/11 era veterans have exited military service to fluctuating economic circumstances, depending on when their service ended. Overall, the economic outlook was relatively positive up to 2008, after which both the housing and labor markets were hit with what

would be called the Great Recession. Since about 2010 the economy has been recovering, though the magnitude of this economic improvement is currently a subject of debate tempered by political perspectives.

Throughout this period of economic fluctuation, post-9/11 era veterans had higher unemployment rates than their non-veteran counterparts.⁸⁵ A RAND report on this disparity found that, even after controlling for differences in sociodemographic factors such as gender and race, the employment disparity between younger veterans and non-veterans during the Great Recession persisted. This appeared to be a period effect, as, with increased age, the level of veteran unemployment decreased and the veteran-based disparity disappeared. Most of the disparity was a function of new veterans transitioning out of the military and taking time to locate employment.⁸⁶ Another study finds that female veterans, and veterans with lower levels of education, were particularly disadvantaged with regards to employment, while Black veterans do not show such a disadvantage.⁸⁷ Unemployment levels reported in the most recent BLS study shows that that, in the years following these studies, the unadjusted, veteran-based disparity decreased as the overall unemployment rate went down.⁸⁸

It is unclear how these employment dynamics impact homelessness on a population level. Insofar as education level stands in for socioeconomic status, veteran status among people in poverty may be an additional disadvantage in finding employment, and thereby could increase the risk for homelessness. Similarly, employment difficulties may increase vulnerability to homelessness among poor female veterans, but mitigate it some among poor Black veterans. More direct links than this, however, are currently lacking. Taken together, unemployment and lower earnings disproportionately affect adults of younger age, and younger veterans in particular. This is consistent with individual accounts of veterans, where the inability to find

work is a major factor in the pathway to homelessness.^{45,62,89} However, on a population level, there is as of yet no clear indication that higher unemployment mediates higher homelessness risk among post-9/11 era veterans when compared to their non-veteran peers.

Housing is another key dynamic linking the overall economy to homelessness. Overall, the US has been experiencing an affordable housing crisis,⁹⁰⁻⁹¹ with housing affordability continuing to deteriorate and disproportionately impacting the low end of the housing and rental markets.⁹² While housing affordability has become more critical overall, there is no evidence that this is a particular problem for veterans. The only recent report to specifically focus on housing and veterans⁹³ concluded that:

“while overall, veteran households were less likely to experience a housing cost burden than non-veteran households, there were significant disparities among veteran households. In particular, veterans who are racial minorities, who are women, who have disabilities, and who served after September 11, 2001, have the greatest need for affordable housing” (p. 1).

This elevated housing need among post-9/11 era veterans appears to be more a function of factors that they share with their non-veteran peers, such as family formation and being less established vocationally, than it does with anything related to their military service.

Behavioral Health

Behavioral health issues, focusing on mental health and substance use disorders, are consistently among the most salient individual factors related to homelessness outcomes among both veterans and non-veterans. This appears the case for post-9/11 era veteran cohort as well.²⁵ A more general overview of behavioral health issues among homeless veterans is the topic of chapter 3. Beyond that, three specific behavioral health conditions have received additional

scrutiny for their disproportionate affected upon this cohort: PTSD (discussed earlier), suicide and opioid misuse.

Considerable public concern has focused on rising suicide rates among military personnel and veterans. With findings that suicide risk was 22% higher among veterans than among non-veterans,⁹⁴ the Trump Administration has made suicide prevention a top priority for VA policy. Among post-9/11 veterans, suicide has been cast in the media as an epidemic.⁹⁵⁻⁹⁶ While this appears hyperbolic, the rate of suicide for post-9/11 veterans (regardless of deployment) is higher than that of the comparable non-veteran population.⁹⁷ The media often casts veteran suicide as an outcome of having experienced substantial wartime trauma, but research has offered inconsistent support for such a link among post-9/11 veterans.⁹⁸⁻⁹⁹ Similarly, while a link between veteran suicide and homelessness has not been widely recognized in the research literature, one recent review¹⁰⁰ argues for such a connection based on evidence from several studies.¹⁰¹⁻¹⁰³ Given the priority that the VA has given to both issues,^{15,105} more research on this topic is likely to emerge and add to a fuller understanding of how suicide and homelessness interact among veterans from all eras.

Opioid abuse and overdoses, via prescription and illicit means, have also been cast as being at epidemic levels, with post-9/11 era veterans being at particular risk.¹⁰⁶⁻¹⁰⁷ In contrast, the most systematic assessment of opioid use among OEF/OIF/OND veterans found “relatively modest” use and at a much lower level than suggested by the media and other research studies.¹⁰⁸ Among the post-9/11 era veterans who do abuse opioids, the most common trajectory is one which starts through pain management for service-connected injuries, and then diffuses to misuse for recreational purposes or to cope with (and ultimately exacerbate) transition-related issues.¹⁰⁹ Taken together, there are two perspectives here. On an individual level, veterans who

misuse opioids have an elevated risk for homelessness, particularly when combined with poverty and lack of family support. On a population level, however, there is no evidence to date that suggests anything about post-9/11 veterans that renders them more vulnerable to opioid misuse or more likely to become homeless as a result of such misuse.

PTSD, suicide and opioid abuse all carry stigma that have more generally colored military service during the post-9/11 era, particularly in conjunction with the Iraq and Afghanistan wars. The media documents a reluctance among employers to hire post-9/11 veterans due to concerns related to PTSD and mental instability.¹¹⁰⁻¹¹¹ A commonly cited statistic of 22 veterans per day committing suicide carries presumptions that most of these deaths are war-related, when the majority of such suicides occur among older veterans.¹¹² And the stigma of prescription opioid abuse now extends beyond veterans to where the VA has received criticism for overprescribing opioids.¹¹³ In a more systematic and nuanced view, Kleykamp and Hipes present evidence that print media coverage of Iraq and Afghanistan veterans has indeed framed this cohort as damaged by their service, but as nonetheless deserving of government benefits and assistance by virtue of their having suffered as a result of their military service.¹¹⁴ This may help to marshal resources on behalf of post-9/11 veterans, but also risks casting these veterans as damaged goods.

Smith and True associate, and differentiate, mental disorders such as these (and PTSD in particular) and the psychological distress more generally rooted in the identity conflicts inherent to transitioning back to a civilian milieu.³⁸ Central to this psychological distress is a sense of alienation from a civilian population that is increasingly detached from military culture.¹¹⁵ This framing emphasizes the social dimension of psychological distress, as opposed to casting it in a clinical domain, and thereby lends itself better to explaining a veteran-specific vulnerability to

homelessness. Casting homelessness in more psychosocial terms would avoid the inherent medicalization found in the more direct associations between behavioral health disorders and homelessness,¹¹⁶⁻¹¹⁷ and invites scrutiny on how social aspects of disorders such as PTSD, suicidal ideation or opioid dependence (rather than the clinical aspects of the diagnoses) drives veterans to homelessness.

Interactions with the VA – Health Care, Benefits and Homelessness Assistance

Veterans enjoy an “integrated web of institutional supports” that contrast with the “fragmented, conditional nature of the civilian welfare state”.¹¹⁸ The VA is by far the largest provider of such support services, and provides eligible veterans^f with an extended safety net that includes health care, income supports, housing and homeless services, and education benefits. All OEF/OIF/OND veterans with other than dishonorable discharges receive automatic eligibility for VA health care for five years following their service, and all post-9/11 veterans who were discharged honorably can receive tuition and a living stipend in conjunction with enrollment in a post-secondary education program. Routine VA health care services and income assistance benefits have doubtlessly prevented homelessness for an uncountable number of veterans of all eras. VA homeless services have provided more targeted emergency assistance and facilitated rehousing for hundreds of thousands of veterans. Ending veteran homelessness was a VA policy priority during the Obama Administration, and continues to be a rallying cry backed by bipartisan support and a significant commitment of federal resources.²

There is no evidence that the post-9/11 cohort is making disproportionate use of VA homeless services. Conversely, beyond making efforts to better accommodate women and children, the VA has not substantially modified its homeless services to specifically target post-

9/11 veterans. One exception to this was a pilot program called the Veterans Homelessness Prevention Demonstration program (VHPD). This joint effort between the Departments of VA, HUD and Labor served almost 2,000 veteran households (the majority serving during the post-9/11 era) in five locations (San Diego CA, Tampa FL, Killeen TX, Tacoma WA and Watertown NY) who were either literally homeless or at imminent risk for homelessness. These households received short-term housing and financial assistance, case management, and employment services in an effort to both stabilize their immediate housing situation and gain long-term self-sufficiency. Veterans, as noted in the program evaluation, presented needs that were very similar to those of non-veterans, although they found that veterans, and especially post-9/11 era veterans, respond better to services that are competent in military culture, and that engage veterans in settings that are not specific to providing housing assistance (e.g., community-based locations or other types of service locations).¹¹⁹ Although the VHPD showed positive outcomes in facilitating housing, employment and income gains among the veteran households that were served, the program was not continued after this demonstration.

Post-9/11 veterans have shown an ambivalence towards the VA. In a series of in-depth interviews, veterans acknowledged and appreciated the health and mental health care services they received through the VA, as well as additional housing and homeless services that are not available to non-veterans. However, like many veterans generally, they often expressed frustration with the accessibility of VA health care services, and the lengthy process required to gain VA disability benefits. One of the services from non-VA provider agencies that the respondents found most valuable was assistance in navigating a byzantine VA bureaucracy.⁴⁵

Looking Ahead

In this chapter, we have examined associations in the popular media and in the advocacy literature between the unique circumstances facing post-9/11 era veterans and their vulnerabilities to homelessness. We find that more systematic examinations of these associations often produce a more mixed and nuanced picture, and that there are numerous and substantial gaps in research that hamper making clear conclusions about the nature of these associations. For the attention and concern that homelessness among post-9/11 era veterans has generated, it remains a poorly understood phenomenon.

Judging from the available evidence, homelessness among post-9/11 veterans occurs on a magnitude comparable to other veteran cohorts, and popular notions of why these veterans become homeless, while often overstated, should not be discarded. For example, PTSD does not appear to be a primary driver of homelessness among this cohort, as is widely believed, however homelessness is more difficult and prolonged for many post-9/11 veterans due to PTSD and other combat sequelae.⁴⁴⁻⁴⁵ In another example, onset of homelessness among most post-9/11 veterans who experience homelessness appears to occur after transitioning back to civilian life, but the precursors to this homelessness likely emerge much sooner after separating from military service.

The advocacy group Iraq and Afghanistan Veterans of America (IAVA) lists addressing homelessness as one of their eleven top policy priorities. Many of their specific recommendations apply more generally to homelessness among all veterans.²⁷ Likewise, many of the elements we identified as key to the post-9/11 veteran homelessness narrative, such as gender, psychological distress and disorder, and money management, extend beyond this cohort and are covered in their own right in other chapters in this book. Conversely, the veteran-specific housing and homeless services initiatives that were launched and expanded in the previous

decade have likely mitigated the rise in homelessness among this cohort as they have contributed to the dramatic decline in overall veteran homelessness. As we turn to outstanding concerns related more specifically to this cohort, this broader accomplishment should not be overlooked.

One cohort-specific concern, also mentioned in IAVA's policy agenda, are for services that better accommodate the needs of veterans who are homeless with children. Most veteran families who experience homelessness are headed by single women of childbearing age, virtually guaranteeing that they will have served in the post-9/11 era. Providing homeless services to veteran families represents unfamiliar terrain for the VA and other veteran service providers, as homeless veterans in previous cohorts have been almost exclusively single men. In a broader context, it also challenges the VA in its more general efforts to provide a more gender inclusive environment. In the absence of this, veteran headed families will be more likely to seek services through non-veteran providers, a process that will deprive veteran families of veteran-specific assistance and can foster an alienation associated with their veteran identities.

Another concern involves other than honorable (OTH) discharges. OTH discharges and corresponding VA ineligibility occur disproportionately among post-9/11 era veterans, and are associated with high risk for becoming homeless.^{37,76} Ironically, many of these veterans are in particular need of the services that are unavailable to them. As the overall homeless veteran population decreases, veterans with OTH discharges will likely be more overrepresented among those who remain homeless. Some policy gains have been made recently towards giving veterans with OTH discharges increased opportunities to upgrade discharges and access services, especially when the OTH discharge cooccurs with service-connected medical or mental health issues.^{27,120} Further steps toward normalizing the veteran status of this group likely also would reduce the homelessness risk among over 125,000 post-9/11 veterans with such discharges.

A third area concern involves transition. Currently and for the foreseeable future, all transitioning veterans join the post-9/11 cohort upon separation from the military, and only this cohort receives new ranks. While the onset of homelessness appears to most often occur well after transitioning out of the military, the trajectory to homelessness, including issues such as financial stability, family support, and behavioral health issues, often appear in the transition period.⁸⁴ Focusing on such issues in a more prevention-oriented approach, rather than focusing directly on imminent homelessness, may thus more effectively ward off homelessness over the long term. Furthermore, the fixed number of new veterans and the distinct process by which they leave the military makes initiating prevention initiatives more feasible. Here separating military personnel could receive assessments and briefings related to housing, with Department of Defense and VA administrative records, along with recent advances in predictive modeling techniques, providing a promising foundation for identifying vulnerable veterans. At-risk veterans can then receive ongoing, largely passive monitoring, with service interventions occurring at a point before housing instability becomes outright homelessness. Such a model, in better identifying and addressing immediate transition-related issues, could thereby head off both imminent and more distal threats of homelessness.

[insert figure about here]

Finally, we offer some prognostication on the future based on trends identified in the past three decades of contemporary homelessness. The figure shows changes in the age distribution of veterans served by VA homelessness services over time. It shows a distinct cohort effect among the homeless veteran population, with the largest numbers of homeless veterans belonging to the post-Vietnam era cohort,⁴¹ and experiencing similar socioeconomic dislocations as their non-veteran counterparts in this birth cohort.¹²¹ While this figure indicates that veteran homelessness

still primarily impacts older veterans, the 2010 curve shows a small bump that represents the post-9/11 veteran cohort. Were this bump to grow, it would form the kernel of a next generation of veteran homelessness. It also underscores how veterans from past eras have become homeless throughout their lifecourse and, unless circumstances surrounding veteran homelessness change, the trajectory of homelessness among post-9/11 veterans is poised to increase along the lines seen in previous cohorts.

As such, this chapter, like the post-9/11 cohort itself, remains open-ended. In two years, the Afghanistan war will have spanned the entire lifetime of the military's youngest recruits, and right now some children are likely already serving in the same wars in which their parents served. As this cohort continues to grow and mortality continues to shrink an increasingly aging veteran population, the post-9/11 era veterans will simultaneously become more monolithic and variegated. Those who served in the earlier years of the era, who comprise the bulk of those who are currently homeless in this cohort, will have very different experiences than the veterans who will continue to join this cohort for the indefinite future. This will further enhance the challenges related to accurately portraying homelessness of veterans from this era, and to providing an evidentiary basis for efficient and effective responses to the problem into the future.

Endnotes

a -This cohort has also been referred to as "Gulf War 2 era" veterans. For this chapter, Gulf War 2 and "post-9/11 era" are interchangeable, though only the latter term is used. Collectively, the subset of post-9/11 era veterans who were deployed to Iraq and Afghanistan during this era are at times referred to by the aggregate of these acronyms, i.e., "OEF/OIF/OND veterans".

b - OEF/OIF/OND population increased 57%, from an estimated 1,250,000 in 2010 (based upon extrapolations from 2011 to 2015 counts of OEF/OIF/OND veterans) to 1,965,534 in 2015 as described in a series of reports by the US Department of Veterans Affairs Public Health office.²⁴

c - This increase is based upon numbers used for AHAR estimates. Based on numbers provided in Exhibit 3.1 (p. 7) of the 2010 AHAR Veteran Supplement,²⁰ there were approximately 1,164,000 veterans under age 30 in 2010. The 2015 extrapolation is a bit more complex. Over the course of 2015, 132,847 veterans used an emergency shelter or transitional housing program, which amounted to 1 in 170 veterans experiencing sheltered homelessness during the course of that year (p. 5-7).²³ From this (exact number is unavailable) there was a base number of approximately 22,584,000 total veterans in 2015. Of these, the AHAR reports that 6.6% (or approximately 1,490,000) were under age 30. Compared to 1,164,000 veterans under age 30 in 2010, this corresponds to a 28% increase in the number of veterans under age 30 since 2010.

d - Here we consider anyone who has served in the military, regardless of discharge status and whether they are eligible for VA benefits and services, as a veteran.

e - There is no clear explanation for why the homeless prevalence rate in the Elbogen study was higher than the comparable studies cited in this subsection, other than it used a wider-ranging (and less precise) definition of homelessness.

f - Eligibility is based primarily on nature of military service (i.e., active duty or service in a combat theater), discharge status (conditions other than dishonorable), presence of a service connected medical or psychiatric condition, and income.

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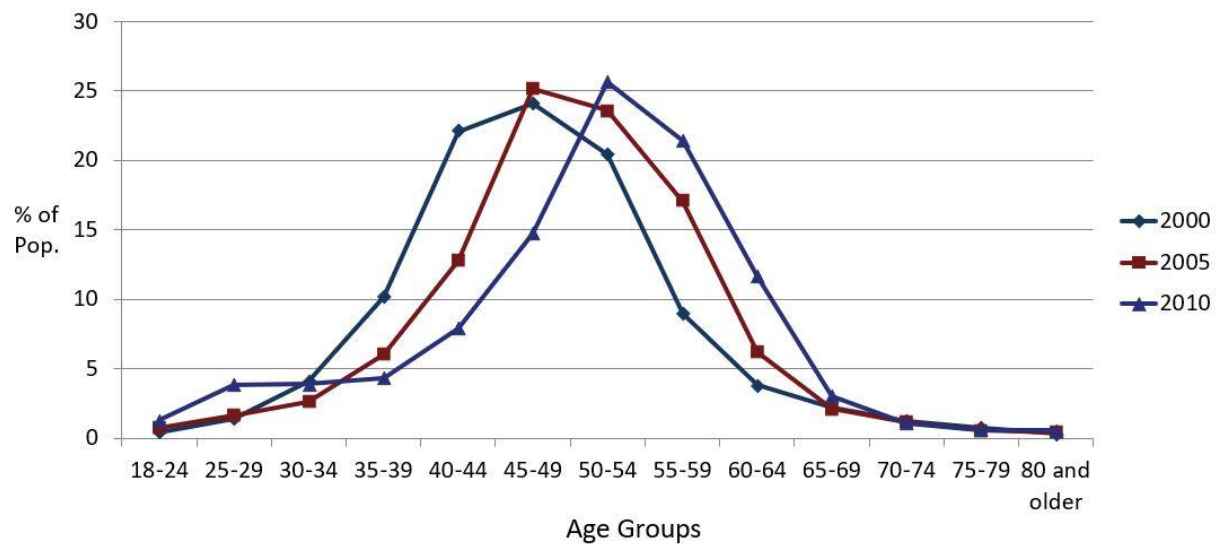
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Figure – Progressive Age Distribution for Homeless Veterans Served by US Department of Veterans Affairs Programs



Source: Unduplicated count of all Veterans who completed Form X (an intake form for those receiving services from VA's Health Care for Homeless Veterans Program) in each year from 2000-2010