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THE EXPERIENCE OF HOMELESSNESS AMONG CANADIAN FORCES AND ALLIED FORCES VETERANS

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Introduction

There is a lack of research concerning homeless Canadian Forces (CF) and Allied Forces (AF) Veterans and whether or not they are homeless as a result of military service. International research indicates that the number of veterans in the homeless population is quite significant. In the United States for example, veterans comprise 11% of the total male population aged 18 and over, but account for more than 26% of the male homeless population (Cunningham, Henry, & Lyons, 2007).

In Australia, it is estimated that there are at least 3,000 homeless veterans representing approximately 3% of the homeless population (Chamberlain, & MacKenzie, 2006). A recent United Kingdom (UK) study found that an estimated 6% of London's current nonstatutory ('single') homeless population has served in the Armed Forces (Johnsen, Jones, & Rugg, 2008). If the international research is placed in a Canadian context, it can be inferred that the number of homeless CF and AF Veterans could range anywhere from 3% to 26% of the homeless population. Factors such as alcoholism and social isolation contributing to homelessness among CF and AF Veterans remain unknown.

Literature Review

Presently, there have been no studies and no statistics conducted on the homeless veteran population in Canada. Most published studies of homeless veterans are American based on samples from the 1980s. While there are some inconsistencies, these studies tend to show that homeless veterans are older and better educated than homeless nonveterans. In the groups that have been studied, white men were also overrepresented among homeless veterans when compared to other homeless men who had not served in the Armed Forces (Robertson, 1987; Rosenheck, Leda, Frishman, Lam, & Chung, 1996; Tessler & Dennis, 1992).

Recent research studies from the United States have indicated a complex pattern of influences which predispose veterans to homelessness including extreme poverty as well as post military psychiatric disorder and social isolation (Cunningham, Henry, & Lyons, 2007; Tessler, Rosenheck, & Gamache, 2001; Tessler, Rosenheck, & Gamache, 2002). It appears that at least some of the problems which put veterans at risk of homelessness were not present when they were screened for military services, but instead developed later. On the other side of the ledger,

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there is more evidence of alcohol dependence and abuse among the homeless veterans than among the homeless nonveterans. A recent British study found that Veterans' vulnerabilities and support needs are, on the whole, very similar in *nature* to those of other homeless people, but a greater *proportion* of ex-Service personnel have alcohol, physical and/or mental health problems (Johnsen, Jones, & Rugg, 2008).

The CF releases approximately 5,000 personnel a year, of which 20-25% are released medically. This includes both those with service related medical conditions and those whose medical condition is not attributable to service. The number of releases appears to be increasing due to demographics (CF slowed recruiting in the 90's and cut personnel as directed by government for deficit reduction) and increased operational tempo, which creates more casualties and wears personnel out. It is estimated that 30 per cent of CF Veterans transitioning to civilian life have an Operational Stress Injury (OSI) described as "any persistent psychological difficulty resulting from military service" such as posttraumatic stress disorder (PTSD), addictions and other mental health problems (Statistics Canada, 2003). Many of these returning Veterans have undiagnosed mental health problems and suffer in silence (Ray, 2009a, 2009b). Despite Veterans Affairs Canada (VAC)'s provision of transition services, the re-adjustment experience and transition back into civilian life especially for the younger generation of returning veterans can be very difficult (Ray, 2009a, 2009b; Ray & Vanstone, 2009).

Internationally, veterans make up 3% to 26% of the homeless population (Chamberlain, & MacKenzie, 2006; Johnsen, Jones, & Rugg, 2008; United States Department of Veterans Affairs, 2008). If the international research is placed in a Canadian context, it can be inferred that many CF veterans become part of the homeless population (Strogan, 2009). However, until quantitative research is done for the Canadian situation, no determination about the exact proportion of

veterans in the total Canadian homeless population can be safely made. In addition, there is no research on approximately 24,000 Allied Forces (AF) war veterans in Canada many of whom may be part of the homeless veteran population.

Significance

There is a gap in the research literature regarding homelessness among CF and AF veterans. Research on understanding the experience of homelessness in the Canadian context among CF and AF veterans, its underlying causes, and the supports needed are required to close the knowledge gap. The Canadian context of the experience of homelessness for veterans is needed as applying findings from studies in other countries may not be relevant to the Canadian experience. The knowledge gained from this research will help to inform how best to provide the supports and services needed to prevent and reduce homelessness among the CF and AF Veteran population.

Purpose

This study aimed to understand the experience of homelessness, the underlying causes of homelessness and the supports needed to prevent and reduce homelessness among veterans of the Canadian Forces (CF) regular forces, and/or reservists who have served in Special Duty Areas (SDA's) and Allied Forces (AF), in order to assist them in optimizing their health and productive contribution to Canadian society.

This was addressed through the following objectives: to engage with CF and AF veterans in focus groups or individual interviews to understand their experience of homelessness and to address the underlying causes of homelessness; to identify the supports needed to prevent and reduce homelessness among the CF and AF veteran population; to begin the development of

appropriate supports needed to prevent and reduce homelessness among the CF and AF veteran population; to put strategies in place for future evaluation of supports within the communities for the on-going improvement of services delivered to CF and AF veterans; to increase strategic engagement of partners such as Veterans Affairs Canada (VAC) and the community agencies in London, Toronto, Victoria, Vancouver and Calgary and surrounding areas to improve coordination and delivery of services to CF and AF veterans and to increase knowledge about homelessness among the CF and AF veteran population in order to support better informed policies, investment decision making and provision of services.

Research Questions

1. What is the experience of homelessness among CF and AF Veterans?
2. What are the influencing factors that contribute to homelessness among CF and AF Veterans?
3. What supports or services are needed to help prevent and/or reduce homelessness among CF or AF Veterans?

Methodology

The methodology for the study was an interpretative phenomenological approach. There is limited knowledge about the experience of homelessness among veterans of the Canadian Forces (CF) and Allied Forces (AF). The reasons why and the supports and services needed to reduce

and prevent homelessness among veterans of the CF and AF remain unknown. An interpretative phenomenological approach is a methodology used when little is known about the research topic (Van Manen, 1998).

An interpretative phenomenological methodology focuses on understanding the perceptions and attitudes toward everyday lived experience, the importance of shared social meanings, and the value of embodied experience for the purpose of understanding the human experience (Merleau-Ponty, 1962; Ray, 1994; Van Manen, 1998). Such a methodological framework is appropriate for this study as it will focus on understanding the experience of homelessness among CF and AF veterans from the perspective of the participants. An interpretative phenomenological approach will be used to first uncover the experience of homelessness among CF and AF veterans then secondly to identify underlying causes and supports needed to prevent or reduce homelessness among this population.

The goals of this methodology are to enter another's world to discover the practical wisdom, possibilities, and embodied understandings found there. Moreover, such a methodology is justified when attempting to elicit the meaning of a phenomenon from the participants themselves.

An interpretative phenomenological study is credible when it represents an accurate account of the participants' experiences, as defined by the participants themselves. This type of approach is particularly important in that it helps to ensure that the study findings will have meaning and relevance in the lives of homeless CF and AF veterans. The significance of an interpretative phenomenological approach rests with the opportunity to provide a richer and deeper understanding of the experience of homelessness among CF and AF veterans, the

underlying causes of homelessness and the supports needed to prevent or reduce homelessness among this population.

Method

Ethics approval was obtained from the Research Ethics Board for Health Sciences Research Involving Human Subjects at the University of Western Ontario. The research team was comprised of a primary co-principal investigator, a co-principal investigator and graduate student research assistants. In addition, some members of the team were affiliated in various ways, as volunteers, staff, and/or board members, with the agencies that are included in the research.

Inclusion and Exclusion Criteria

Potential participants had to be veterans of the Canadian Forces (CF) regular forces, and/or reservists who have served in Special Duty Areas (SDA's) or Allied Forces (AF) veterans. They had to be presently homeless or homeless within the past year. For the purpose of this study, homeless was defined as accessing the shelter system, living in the rough such as parks or under bridges, living in abandoned buildings, a tent or car and /or couch surfing with friends or family. Participants had to be able to give a written informed consent related to the research and needed to be able to speak and understand English to the degree necessary to participate in the interview.

Sampling

Initially, a purposive sample of 30 to 36 homeless CF and AF veterans who met the inclusion criteria in a mid-size city (London, Ontario) and its catchment area were to be interviewed in either focus groups of 6 to 8 participants or individual interviews. Three months into implementing the study, it was decided to expand the sample to 30-60 participants and to

expand the locations to Toronto, Hamilton, Vancouver, Victoria, Calgary and surrounding areas. In each city, the primary principal investigator made contact with the various shelters and other community agencies serving the homeless population to discuss the study. An in-service about the study was held at the local London VAC office and flyers were left with the VAC counsellors to hand out to potential participants to contact the research team if interested in participating in the study. In addition, the primary co-principal investigator contacted local VAC representatives in Hamilton, Toronto, Vancouver, Victoria and Calgary to discuss the study.

When the study was implemented it was decided that a focus group would be arranged when six to eight veterans had agreed to participate after contacting the researchers. However, three months into the study, only one or two potential participants contacted the research team directly and both requested an individual interview. Therefore, flyers were sent to the various shelters and community agencies with specific times and dates for the primary principal investigator or the research assistants to conduct individual interviews or focus groups rather than waiting for potential participants to call the research team. Nine months into the study, 32 individual interviews had been conducted with 32 homeless veterans in London, Toronto and the surrounding areas. By the 10th month of the study, 16 more homeless veterans were interviewed individually in Vancouver and Victoria. Six more interviews were conducted in Calgary at two homeless shelters and one drop in centre.

Data Collection

The interview guide was semi-structured to allow for the exploration of the experience and circumstances that led participants to their current situation of homelessness, the underlying causes of homelessness and the supports and services needed to prevent and reduce

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homelessness among the veteran population. As well, participants were asked what would have been helpful that they did not receive. All participants received an honorarium of \$20 for each data collection session. Prior to the start of the interview, the researchers asked the potential participants for their service number to ensure that they were a veteran of either the CF or the AF. The service number was not retained. The interviewer reviewed the letter of information, any questions were addressed, and consent was obtained from those who agreed to participate.

Data was collected through individual interviews lasting 20 to 60 minutes and a demographic questionnaire was completed. Each individual interview was audiotaped and notes were taken by the interviewer. Audio tapes were transcribed verbatim by the research assistants. Confidentiality was ensured and all original data was locked in a file in which only the primary co-principal investigator, the co-principal investigator and research assistants have access. The list of identifiers was destroyed once data collection was completed. However, data with no identifying information was retained for further analysis in the future.

Data Analysis

As analysis of successive transcripts proceeded, common themes among the various descriptions were noted. Data analysis proceeded until understandings of the experience of homeless veterans were attained. The following are the findings from the 54 interviews transcribed and analysed.

Demographics

Of the 54 participants interviewed, all were male with an average age of 55 years. On average, they had served in the CF for 6 years and had been released 27 years ago from the CF. Eighty-seven per cent had served in the Regular CF and 13 per cent in the Reserves. Forty four

per cent were either separated or divorced and 37% were single. The majority (42.6%) had a high school education and 74% identified themselves as Caucasian Canadian. On average; they had experienced their first episode of homelessness 11 years ago and had spent a total of 7 years homeless. Seventy per cent were in shelters, 26 per cent were presently housed and 4 per cent were no fixed address (NFA). Additional demographic information is provided in Tables 1.

Results

There was one overarching analytical interpretation and three themes that emerged from the inquiry based on the 54 analysed transcriptions. *A downward spiral that can become a vicious circle* is the overarching analytical interpretation and the three underlying themes are: *A long journey from the military home to homelessness; the best and the worst of the system; and, two different Worlds...like being on Mars & Coming to Earth*. Each theme will be followed by excerpts from the participants and then, comparisons with prior studies and recommendations for practice, education and research will be discussed.

Theme I: A long journey from the military home to homelessness

Alcoholism, other drug addiction and mental health problems were some of the major issues identified by the participants that lead ultimately to homelessness many years after their release from the military. The following excerpts illustrate this theme.

Participant 4:

I would say the number one cause...alcoholism & drug addiction, that's how I dealt with the problems when I came out of the military. There isn't enough help for you to make the transition...you resort to drugs & alcoholism because it makes you forget.

Participant 17:

A real hard adjustment from getting out of the service for me was the loss of all that structure...a lot of bouncing around from jobs, changing a lot of addresses...I was suffering from depression and I was drinking a lot...a lot of heavy drinking went on in

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the military. That's what ultimately helped to lead to my homelessness was undiagnosed depression...and you still continue to drink and the depression takes over...it's a real downward spiral...

Participant 5:

Lack of support...family issues...the PTSD I suffered through my service. I've become cold and unapproachable...distant, closed off...

Participant 33:

Getting out of the army and I have to wear a common tie and jacket and completely lost it. Something I just can't fit into it, I'm embarrassed.And I go for a drink to recover this...loss of self-esteem...you're dirty and you've got no money...sometimes it's another drink and you just keep continuing, continuing.

On average, the participants had been released 27 years ago from the military. Many stated that their drinking started or increased during their military service as at the time drinking off duty was very much part of the military culture. Many found the transition to civilian life very difficult and resorted to drinking or other drugs to cope with their problems. For many these problems lead to depression and further drinking and drugs to cope. Ultimately, this lead to a downward spiral of broken relationships, inability to find work or losing jobs, no income to retain a place to live and finally, homelessness many years after their release from the military. Because these problems and homelessness occurred many years after their release, no causal link can be made between military service and homelessness. If addictions, mental health problems or physical health problems cannot be attributed to military service, then the veteran is not eligible for benefits. In addition, if a veteran leaves the military with less than 10 years service, any compensation or pension is limited.

These findings were very similar to the results from a recent UK study whereby homeless veterans were divided into four different groups (Johnsen, Jones & Rugg, 2008). Some had had experienced difficulties from childhood (i.e. fraught relationships with parents, problematic drinking) that followed them into the Armed Forces and later civilian life. Approximately one

quarter of the ex-Service personnel interviewed fell into this group. Others encountered difficulties within the Armed Forces, such as the onset of alcohol or mental health problems which continued to affect them after discharge. A further one quarter of the Ex-Service personnel interviewed reported these experiences. The third group included those who had a successful career in the Armed Forces but found the adjustment to civilian life (particularly employment and 'normal' family life) very difficult. This was the smallest group, comprising approximately one in six ex-Service interviewees. The fourth group had successful careers in the Armed Forces and did not encounter difficulties until an apparently unrelated event later in life – such as relationship breakdown, bereavement, or financial crisis. This was the most widespread experience, reported by one third of ex-Service interviewees.

Many of the service providers in the UK study were cautious of implying causality, but all unanimously agreed there was a link between military service and alcohol problems within the homeless veteran population (Johnsen, Jones & Rugg, 2008). Milroy (2009) also found that many homeless UK veterans suffered from alcohol misuse to varying degrees that for some spiralled into alcoholism many years after their military service. These findings were similar to the findings from this study and other studies that found there was more evidence of alcohol dependence and abuse among the homeless veterans than among the homeless nonveterans (Cunningham, Henry & Lyons, 2007; Tessler, Rosenheck & Gamache, 2001; 2002).

Similar to the American studies, the veterans in this study were older and better educated than homeless nonveterans and had problems such as poverty and alcohol addiction that ultimately lead to homelessness (Cunningham, Henry, & Lyons, 2007; Tessler, Rosenheck, & Gamache, 2001; Tessler, Rosenheck, & Gamache, 2002). Unlike the American studies (Robertson, 1987; Rosenheck, Leda, Frishman, Lam, & Chung, 1996; Tessler & Dennis, 1992),

post military psychiatric disorders such as Post Traumatic Stress Disorder (PTSD) and depression were not as evident in this study. However, this is inconclusive as no measurements were used to determine psychiatric disorders in this study. Quantitative studies are needed to determine the extent of mental health problems in the Canadian homeless veteran population.

Theme II: The best and the worst of the system

The participants were asked about the best services received and what they liked the least about the services they were presently receiving. Services included those provided by Veterans Affairs Canada (VAC) and other services including the shelter system. The following excerpts illustrate this theme:

Participant 3:

I went to the detox place to get some treatment finally for my drug & alcohol abuse. I have nothing bad to say it has been a good experience for what I needed it for. I am happy here (shelter) for them telling me how to go about it & showing me how to do the referrals to all the places.

Participant 2:

Two & a half years after my injury, I'm receiving enough money to go to pay rent and have enough to eat... also received a pension settlement from VAC which is allowing me to pay for my tuition for college for two years.

Participant 49:

He hooked me up with VAC. Cause my ears are shot...it's in the process now. The audiologist called me...and he said he got a letter from them...they ok him working on my ear...and my hearing.

For the majority of veterans in this study, the best services were provided by the shelter system. The shelter staff and services offered a variety of resources and referrals including those who needed detox and follow up treatment for drug and alcohol abuse. Two veterans stated that they had received the best services from VAC as illustrated in the above excerpts. On the other

hand, several veterans stated that they had had no contact or follow up from VAC since their release from the military. The following three excerpts illustrate this theme:

Participant 6:

I have never been contacted by VAC...Forgotten & abandoned. I screwed up my knees in the forces...Both cartilages are gone. I have had two operations. It wasn't bad enough for them to give me a pension. I would have liked a little bit of follow- up.

Participant 7:

If there is somebody there who's like a liaison...the military is not in the business of helping ex-military people to deal with reality. You're controlled 24/7 on the base...To have it all gone...you're on your own completely. I've heard a lot of guys that are having trouble getting things done with VAC or getting to be heard.... I haven't had contact with them at all.

Participant 52:

Nope, once I was sort of out the door and the door was closed. Files closed, forgotten instantly. Good-bye.

Regardless of the best and worst of the system, many of the veterans stated that the shelters were run like businesses and that there needed to be affordable descent housing. Because of substandard housing and lack of money, many veterans were forced back into the shelter system thereby, setting up a vicious repeating cycle. The following excerpts illustrate this situation:

Participant 18:

What tends to happen is a vicious circle, people are going to filthy housing with the bed bugs...they come back to the system again, because they get fed up with it. There definitely should be a better housing situation.

Participant 41:

The first direct experience of realizing that I would be homeless was due to the government policies regarding receiving EI, and receiving welfare...the government of the day decided that they were going to be hard core in their policies and not give people as much money, or as much services...I couldn't work enough to get enough money to pay the rent and the food here..

Substandard housing and lack of affordable housing is a common theme for the homeless population whether or not they are a veteran. A person's ability to live in affordable good quality housing is important to their health and well-being. In Canada, the lack of a National Housing Policy and access to affordable and adequate housing is a critical problem contributing to poorer health for many. Extensive literature exists on the powerful and adverse relationship between homelessness and poor mental and physical health (Frankish & Hwang, 2001; Forchuk, Csiernik & Jensen, 2011). The evidence, both at a national and international level, indicates that individuals that are homeless tend to have multiple, complex health needs that are often exacerbated by periods of homelessness and/or stays in marginal or temporary accommodation (Canadian Institute for Health Information, 2007; Cheung & Hwang, 2004; Hwang, Wilkins, Tjepkema, O'Campo, & Dunn, 2009; Martens, 2001). Affordable decent housing is needed for homeless veterans not only to break the vicious cycle of being forced back into the shelter system but also for their health and well-being.

Theme III: Two different Worlds...like being on Mars & Coming to Earth

The majority of the veterans expressed how different it was from the military to the civilian world and therefore, found transitioning to civilian life to be one of the major problems that lead to homelessness. The following excerpts illustrate this theme:

Participant 13:

I was trying to set up a business at the time with no financial presence in the civilian world ... Which made it hard to get loans...I wound up at that time homeless...As a military person living in barracks I wasn't entirely prepared for what real finances in the real world was like...all of my expenses came out of my pay check...boiled down to never having been exposed to the reality of civilian finances... I was rather coddled in the military. Big, big difference...Like 2 completely different worlds...

Participant 46:

They don't have that structure anymore, you know people telling you what to do all the time...it's the same with guys in jail when they get out...most of them are lost they don't know what the hell to do 'cause they haven't got told what to do every day afterwards, right?

The participants were asked what would have been helpful in transitioning to civilian life that they have not received. They were also asked about the supports needed to prevent and reduce homelessness among the veteran population. The following are some of the recommendations made by the veterans.

Participant 2:

The Department of National Defence (DND) and VAC services need early identification of specific problems related to for one: Alcoholism.

Participant 13:

No one from VAC contacted me. A transitional program definitely...My family has been full of military people...for generations and every one of them has had trouble adjusting to the civilian world.

Participant 17:

A staffed call centre for people going through a transition period and have VAC staff who have the training that are equipped to know the paper work.

Participant 20:

VAC needs to follow up for a certain period. Most of the problems happen pretty fast usually within the first year but after three years you are probably dealing with other chronic problems...just follow up for three years. Participant 5:

In depth family counseling.... to help not only the soldier returned from active duty to adapt to civilian life, but also for the family members to learn how to better adapt to the fact that the man or woman they knew no longer exists.

Participant 15:

If they had somebody from VAC show up at the shelters twice a week...it'll make a big difference. There are a lot of us now on the street.

Participant 8:

VAC needs to design a shelter to deal with ex-military not just for those suffering from a drug addiction...suffering from mental illnesses, post-traumatic stress that are caused by military.

Participant 18:

Veterans as a group should be kept separate and dealt with separately... have their own shelters... Should have their own housing.

Participant 34:

I would love to see the services put advertisements up: hey are you homeless? Did you serve? Come and see us, call us, see what we can do for you.

Participant 44:

But these things are so part and parcel, like you should have PTSD programs that include addiction...and then move on to transition housing.

Discussion

As illustrated in the above excerpts the veterans made several recommendations that they felt would have helped in easing their transition to civilian life and thereby, may have prevented or reduced homelessness among this particular veteran population. Many felt that the DND/VAC needed early identification and screening of specific problems especially alcohol and drug related either prior to their release or immediately upon their release. Since the 1980s, the Second Career Assistance Network (SCAN) seminars about programs and services offered has been in place for CF members transitioning to civilian life. However, none of the veterans interviewed mentioned the SCAN program. Perhaps since on average their release from the CF was over twenty years ago, they may have forgotten that information about the SCAN program had been given to them. Regardless, at the time of their release from the military, the majority of veterans felt that there was inadequate transitioning services and follow up offered by either the DND and /or VAC. Many of the veterans felt that a structured transitional program over several months would have assisted them to adapt to civilian life. In particular, they suggested a transitional program that included such topics as financing, budgeting, writing resumes, and vocational rehabilitation.

Many of the veterans suggested family counseling not only to help with assisting the veteran to adapt to civilian life but also to help families to adjust to the changes in the veteran. Several suggested the need for a stream lined VAC staffed call in centre for veterans during the transitional period that would help them with the paper work in regards to eligibility for benefits or a pension. Many of the veterans recommended that VAC follow up with veterans at least three years after their release from the military as many chronic problems including mental health issues begin to emerge at that time.

Recommendations

In Canada, the Department of National Defence (DND) is responsible for monitoring the health of personnel for six months after their release from service (Rossignol, 2007). The findings suggest that an extended follow up period of at least three years may have reduced and/or prevented alcoholism several years after their release from the military. Presently, the VAC Rehabilitation Program aims to help veterans and their families acquire professional help in order to handle problems, particularly medical, psychosocial, and vocational issues, interfering with the veteran's ability to transition successfully to civilian life; notably, family members are able to contribute to the veteran's rehabilitation program (Veterans Affairs Canada, 2006).

Westwood, Black, and McLean (2002) highlighted a potential order for practitioners to best manage the care of veterans transitioning to civilian life. They suggested that transition issues should be addressed; starting with interpersonal re-adjustment, followed by emotional and social needs, as addressing these issues first would likely ease the transition to the civilian labour force. This approach for these types of programs and services would be beneficial for reducing or

preventing homelessness among the veteran population by easing the transition experience to civilian life (Westwood, Black, & McLean, 2002).

In regards to future directions, there is a need to research the efficacy of such VAC counselling programs for veterans. In addition, future longitudinal research studies are needed to aid veterans and their families over the long-term and to re-adapt existing programs and services to changing circumstances. There is a need for future research to understand the experience of homelessness among the veteran population within the context of the veteran culture and to develop a transition model that situates the veteran culture as the overarching framework for testing (Ray & Heaslip, 2011).

In regards to their present situation of homelessness, many of the veterans recommended that VAC outreach counsellors should come to the shelters to identify veterans and to discuss eligibility for benefits or a pension. Currently, VAC has launched three projects — in Montreal, Vancouver and Toronto — specifically geared to find and help homeless vets, and is partnering with veteran, mental health and community groups. Follow up studies are needed to determine if this outreach approach is effective for assisting the homeless veteran population in regards to VAC services and benefits. All the veterans stated that they were different than the rest of the homeless population because of their service in the military. They felt that fellow veterans understood and could support each other more so than the general homeless population.

Therefore, the majority felt that there should be shelters or transitional housing designed for veterans to deal not only with alcohol and drug addiction but mental illnesses including post-traumatic stress disorder. Currently, Cockrell House in Colwood, near Victoria, B.C., is the only transitional house specifically for homeless veterans. In 2009, the project was spearheaded by the

local Legion with funding from the federal government, individuals and veteran and regimental groups. Evaluation studies are needed to determine the long term effectiveness of transitional housing for veterans.

Conclusion

The veterans in this study became homeless many years after their release from the military. Alcoholism, other drug addiction and mental health problems were some of the major issues identified by the participants that lead ultimately to homelessness. The findings from this study suggest that DND and VAC personnel would benefit from education on the early detection of alcohol abuse and other drug addictions prior to and immediately following veterans' release from the military. Alcohol and /or other drugs were used to cope with many problems that occurred while transitioning to civilian life. The difficulty in transitioning to civilian life was one of the major findings that emerged from this study.

DND and VAC could benefit from an evaluation of transitional programs to determine their effectiveness to reduce and or prevent homelessness among the veteran population. The study also identified an opportunity for closer follow up with veterans determine eligibility for benefits and /or a pension. According to English (2000), it is not surprising, that whenever injury and illness among military personnel are perceived as being due to personal failings of any kind, support for Military Veterans Health Care (MVHC) decreases. It may be important to address the notion of a social covenant rather than a social contract in regards to caring for the homeless Veteran population. A social covenant is enduring and unchangeable and requires adequate, and if necessary increasing, levels of support to veterans (Sacks, 2008).

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Your responsibility for the rest your life is to avoid anything that will make you deviate from the responsibility you have for your fellow warriors who still live and, in turn, for the rest of humanity. ... You have to get your back up Finn. You have to get mad as hell and start fighting back for what you know is truly right. (p.185)

The above excerpt was written by a Viet Nam veteran who had been shattered by his experiences in the war, suffered from PTSD and ended up an alcoholic and homeless for 10 years in the streets of San Francisco. He felt anger and sadness every time he saw a homeless Viet Nam veteran pushing a shopping cart through American streets (Mulligan, 1997).

This study clearly presents findings to inform future directions aimed at better supporting homeless veterans, like Finn. The findings demonstrate the importance of context in that results from other countries cannot assume to apply in the Canadian context. More research is needed to further understand both similarities and differences.

References

- Canadian Institute for Health Information. (2007). *Improving the health of Canadians: Mental Health and homelessness*. Ottawa: CIHI.
- Chamberlain, C., & MacKenzie, D. (2006). *Australian Census Analytic Program: Counting the homeless*. Canberra: Australian Bureau of Statistics. Retrieved 5 November 2009, from www.abs.gov.au/AUSSTATS/subscriber.nsf/log.
- Cheung, A., & Hwang, S.W. (2004). Risk of death among homeless women. *Canadian Medical Association Journal*, 170(8), 1251-52.
- Cunningham, M., Henry, M., & Lyons, W. (2007). *Vital Mission: Ending Homelessness Among Veterans*. Washington, DC: National Alliance to End Homelessness, Homelessness Research Institute.
- English, A. (2000). Leadership and Operational Stress in the Canadian Forces. *Canadian Military Journal*, 1(3), 33-8.
- Forchuk, C, Csiernik, R., & Jensen, E (Eds.), *Homelessness, housing, and mental health. Finding truths-creating change*. Toronto, ON: Canadian Scholars' Press Inc.
- Frankish, C.J., & Hwang, S.W. (2001). Homelessness and Health. *Canadian Medical Association Journal* 164(2), 229-33.
- Hwang, S.W., Wilkins, R. Tjepkema, M., O'Campo, P. J. & Dunn, J.R. (2009). *Mortality among residents of shelters, rooming houses, and hotels in Canada: 11 year follow-up study*. *BMJ*, 339, b4036.

Johnsen, S., Jones, A., & Rugg, J. (2008). The Experience of Homeless Ex-service Personnel in London. The University of York Research Report. Retrieved September 30, 2009, from <http://www.york.ac.uk/inst/chp/publications/PDF/HomelessExServiceinLondon.pdf>

Martens, W.H. (2001). A Review of Physical and Mental Health in Homeless Persons. *Public Health Review*, 29, 13-22.

Merleau-Ponty, M. (1962). Phenomenology of perception. M. Smith (Trans.), New York, NY: Routledge.

Milroy, H. (2009). From welfare to well-being: Turning things around among homeless veterans
In J.A. Mancini & K. A. Roberto (Eds). *Pathways of Human Development: Explorations of Change*, (pp. 327-346). Maryland: Lexington Books.

Mulligan, J. (1997). Shopping Cart Soldiers. Willimantic, CT: Curbstone Press.

Ray, S.L. (2009b). Contemporary treatment approaches for trauma from the perspective of peacekeepers. *Canadian Journal of Nursing Research*. 41(2), 114-182.

Ray, M. (1994). The richness of phenomenology: Philosophical, theoretical, and methodological concerns. In J. Morse (Ed.), *Critical issues in qualitative methods*. (pp.117-133). Thousand Oaks, CA: Sage.

Ray, S. L. (2009a). **The experience of contemporary peacekeepers healing from trauma.** *Nursing Inquiry*, 16(1), 53-63.

Ray, S. L., & Heaslip, K. (2011). Canadian military transitioning to civilian life: A discussion paper. *Journal of Psychiatric and Mental Health Nursing*. 18 (3), 198–204.

Ray, S.L., & Vanstone, M. (2009). The impact of PTSD on veterans' family relationships: An interpretative phenomenological inquiry. *International Journal of Nursing Studies*. 46(6), 838-847.

Robertson, M. (1987). Homeless Veterans: An emerging problem?. In *The Homeless in Contemporary Society*, by R.E. Green, S.B. White & R.D. Gingham (Eds). Beverly Hills, CA: Sage.

Rosenheck, R., C. Leda, L. K. Frishman, J. Lam, & Chung, A. (1996). Homeless Veterans. In *Homelessness in America: A reference Book*, by A.Z. Phoenix & J. Daumohl (Eds), 97-108. Phoenix, AZ: Oryx Press.

Rossignol, M. (2007). Afghanistan: military personnel and operational stress injuries. Ottawa: Parliamentary Information and Research Service.

Sacks, J. (2008) The address of the Chief Rabbi of Britain to a major conference of the worldwide Anglican Communion highlights the salient differences between a covenant and a contract. Jonathan Sacks, "Address by Chief Rabbi Sir Jonathan Sacks to The Lambeth Conference 28th July 2008," Retrieved February 6, 2011 from: <http://www.chiefrabbi.org/UploadedFiles/Articals/lambethconference28july08.pdf>.

Statistics Canada. Canadian Forces (2003). CCHS supplement: Briefing document. Ottawa: Statistics Canada.

Strogan, P. (2009). Homeless veterans: A discussion paper. Ottawa: Veterans Affairs Canada.

Tessler, R.C., & Dennis, D. L. (1992). Mental illness among homeless adults: A synthesis of recent NIMH funded research. In *Research in Community and Mental Health*, by J.R. Greenley & P.J. Leaf (Eds), 3-54. Greenwich, CT: JAI Press.

Tessler, R.C., R. Rosenheck, & Gamache, G. (2001). Gender differences in self-reported reasons for homelessness. *Journal of Social Distress and the Homeless 10(3)*, 243-254.

Tessler, R.C., R. Rosenheck, & Gamache, G. (2002). Comparison of homeless veterans with other homeless men in a large clinical outreach program. *Psychiatric Quarterly 73(2)*, 109-119.

United States Department of Veterans Affairs. (2008). Community Homelessness Assessment, Local Education and Networking Group (CHALENG) for Veterans: The Fourteenth Annual Progress Report on Public Law 105-114, Services for Homeless Veterans Assessment and Coordination. Retrieved September 30, 2009, from http://www1.va.gov/homeless/docs/CHALENG_14th_annual_Rpt_7-7-08.pdf

Van Manen, M. (1998). *Researching lived experience*. (3rded.). London, ON: The Althouse Press.

Veterans Affairs Canada (2006). *Rehabilitation*. Retrieved November 10, 2009, from,

<http://www.vac-acc.gc.ca/clients/sub.cfm?source=forces/nvc/programs/rehab>.

Westwood, M.J., Black, T.G., & McLean, H.B. (2002). A re-entry program for peacekeeping soldiers: Promoting personal and career transition. *Canadian Journal of Counselling*, 36(3), 221-232.