Homeless Veterans: Perspectives on Social Services Use

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This study analyzes the nature and scope of homelessness and issues related to social services use. Using focus group interviews, this exploratory study examined the expressed needs of homeless veterans and the obstacles encountered in obtaining health and human services. Types of problems and social services barriers were developed with exemplars from the interviews. These veterans self-reported a high incidence of health and mental health problems, limited resources, negative public perceptions and treatment, insensitive service providers, dehumanizing policies and procedures, and high levels of stress and frustration with the service delivery system. They encountered personal, situational, and bureaucratic barriers to obtaining services and were highly critical of service providers. These findings suggest a need for greater emphasis on advocacy-based case management services, affordable housing, employment opportunities, increased sensitivity in service delivery systems, and empowerment-centered practice.

Key words: *direct services; homeless veterans; mental health; qualitative research; service use*

Homelessness in America has been well documented since the mid-1980s. Studies have focused primarily on the definition of homelessness, its underlying causes, and the health and mental health characteristics of homeless people (Johnson & Cnaan, 1995). Although statistics vary considerably, the official national estimate is between 567,000 and 600,000 homeless individuals (Burt & Cohen, 1988; Leda, Rosenheck, Medak, & Olson, 1989), and this number continues to grow in urban and rural communities nationwide (First, Rife, & Toomey, 1994; U.S. General Accounting Office [GAO], 1985; Wright, 1989). Furthermore, it is estimated that on any given day, there are approximately 200,000 veterans experiencing homelessness, with twice that amount homeless during the course of a year (Rosenheck & Koegel, 1993). Despite such statistics, there is limited research on the plight of homeless veterans and the specific social problems, needs, and obstacles they face. Because data regarding the size of the homeless population and their diverse needs are inconsistent, rational approaches to understanding and planning for this heterogeneous population are severely hampered.

This article describes the findings of an exploratory qualitative study using focus group interviews to explore the perceptions of

homeless veterans about the nature and scope of homelessness, as well as the obstacles encountered in obtaining services. Within these areas the following questions were explored: What social problems do homeless veterans experience on a daily basis? What obstacles do veterans encounter in obtaining health and human services?

Causes and Problems of Homelessness

There are contrasting views on the causes of homelessness and the diverse needs of subpopulations of homeless people. However, most researchers agree that despite the heterogeneity within this population, extreme poverty is the underlying cause of most homelessness (Johnson & Cnaan, 1995; Rossi, 1989). Other reasons commonly cited in the literature include shortages of low-income housing, extended periods of unemployment, deinstitutionalization, and a decline in local and state income assistance programs (Leda et al., 1989; GAO, 1985, 1988; Wright, 1989). Homelessness may also reflect an increase in the number of people living in extreme poverty during the past decade, compounded by the problem of below-average incomes that prevent individuals and families from securing even the lowest cost, minimal housing units such as single-room-occupancy hotel rooms (Lindblom, 1992). Thus, the combined effects of poverty, housing shortages, low incomes, and a growing population of homeless veterans have resulted in a national problem that threatens to escalate in the future.

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Similarly, the problems experienced by homeless individuals are as varied as the causes of homelessness. Among the major problems experienced by homeless individuals are severe mental and physical illness, alcohol and other substance abuse, chronic unemployment, and menial jobs and wages (Robertson, 1987; Rosenheck & Koegel, 1993). Negative public attitudes and reactions to homelessness such as laws aimed at curbing panhandling, public nuisance, loitering, and sleeping in public places have also been cited as problems (National Law Center on Homelessness and Poverty, 1993). Other problems affecting homeless veterans include physical, addictive, and postmilitary psychiatric disorders; social isolation; social and vocational dysfunction; mental health and community adjustment problems; war and nonwar-related traumatic experiences; and low self-esteem (Rosenheck, Gallup, & Leda, 1991; Surber, Dwyer, Ryan, Goldfinger, & Kelly, 1988; Winkleby & Fleshin, 1993). The diverse problems facing the homeless veteran population represent a growing concern to health and human services practitioners faced with the difficult task of delivering services to this highly vulnerable group.

Although the problems affecting the general homeless population are numerous, veterans of color experience double jeopardy. In addition to the problems facing the general homeless population, they must contend with issues of prejudice and racial discrimination. As a result of racism in the United States, homelessness is disproportionately higher for African Americans and Hispanics than for white Americans (First, Roth, & Arewa, 1988).

Method

This study used a focus group approach to obtain emic data, also referred to as "insider perspectives," from veterans in a natural or indigenous form. The focus group sessions allowed individuals "to respond in their own words using their own categorizations and perceived associations" (Stewart & Shamdasani, 1990, p. 13) regarding what they consider to be the major problems and barriers confronting homeless veterans seeking social services. The focus groups were conducted in May 1993 as part of a local community initiative to provide veterans with respite, food, and shelter in a "tent city" offered by a coalition of professionally trained practitioners. The coalition represents local, state, and federal agencies that offer a range of

services such as health and social services, legal assistance, health screening, mental health counseling, employment and educational counseling, and related services.

A focused or semistructured interview guide (May, 1991) was developed with input from Veterans Affairs (VA) staff. Therapists, administrators, service providers, and veterans offered feedback on substantive areas that should be included in the final interview guide, and several areas of special interest were added and revised.

The focus group interviews were conducted by two researchers with former military experience who were skilled in interviewing techniques and who developed the interview guide for this study. On average, the interviews lasted one to 1½ hours, depending on the level of interaction occurring in the session. Sessions were facilitated by research assistants, who tape-recorded the general discussions with the consent of the veterans. Following each session the researchers met to debrief and make detailed notations of critical comments and to process group dynamics that occurred during the interviews.

Sample Selection

A convenience sample was used to select veterans for this study. Veterans were informed of the focus group sessions at intake and invited to sign up for one of five focus group sessions. Tent leaders also encouraged the participation of veterans whom they felt would be verbal and add diversity to the group. The sample population reflected a diverse cross section of veterans that included veterans of different wars and military experience, veterans who were members of various racial and ethnic groups, chronic and recently homeless veterans, veterans familiar and unfamiliar with social services, and veterans representing a wide range of age groups. Unfortunately, we were unsuccessful in getting female veterans to participate in any focus groups.

A total of 60 male veterans volunteered to participate in one of five focus groups held over a three-day period. The sample population ranged in age from 25 to 68 years, with the average age being 34 years. Service branches included the Army (56 percent), Navy (17 percent), Air Force (13 percent), and Marines (11 percent) (data were missing for two respondents). Their racial and ethnic backgrounds were African American (65 percent), white (24 percent), and Hispanic (6 percent) (data were missing for three respondents). Education levels ranged from ninth grade to five years of college, with the average number of years of schooling being 12 (43 percent).

Analysis

The data were examined through content analysis, which involved coding and sorting the data into categories, reducing the number of categories, and ordering and clustering the data. The categories, each with its set of exemplars, properties, or characteristics, were further examined for themes and emergent patterns that revealed more global interpretative or explanatory statements about veterans' perceptions and practices (Stewart & Shamdasani, 1990). Two researchers worked closely developing the coding system and reading the transcripts jointly to reach interrater reliability and agreement on categories, themes, and patterns.

Because this was an exploratory study, the researchers did not seek to confirm a set of preconceived notions about the nature and characteristics of homelessness, but rather allowed themes to emerge from the natural statements made by the veterans. One caveat of this research is that our small convenience sample limits any generalization to other homeless populations and limits our findings to a select group of veterans. However, the small sample is appropriate for exploratory qualitative research and provides a rich and valuable source of information and insight into these veterans' perspectives.

Findings

Problems Confronting Veterans

Our first area of analysis focused on the nature of expressed or perceived problems experienced by homeless veterans. In our discussions veterans revealed three types of problems: health and mental health, resource related, and public perception problems (Table 1).

Table 1

Problems Confronting Veterans

Category of Problem	Specific Problems
Health and mental health problems	Alcohol and drug addiction Depression Suicidal tendencies Flashbacks Posttraumatic stress disorder Seizures Self-worth issues Feelings of worthlessness Frustration Low self-esteem Feelings of weakness Low motivation
Resource-related problems	Employment and wages Lack of employment opportunities Low wages Lack of job skills development Housing Lack of housing options Affordability Eligibility criteria Transportation Lack of transportation Unavailability of bus tokens or passes Hygiene facilities Unavailability of public bathrooms
Public perception problems	Public rejection Dehumanization Prejudice Lack of respect Fear of veterans

Health and mental health problems reflected a wide range of concerns centered around chronic health problems, substance abuse, psychosocial and clinically diagnosed problems, and self-esteem problems. Substance abuse was viewed as a major obstacle to overcoming homelessness. Addictive behaviors such as alcoholism and drug abuse were repeatedly identified in every focus group discussion, with many participants describing their experiences with alcohol and drugs and the drug culture that dominates the world of homelessness. They spoke of the harmful interactive effect of substance abuse and the crime that threatens the lives of all people who live on the streets.

Veterans consistently discussed their efforts to deal with medical and clinical problems such as seizures, depression, schizophrenia, adjustment issues, posttraumatic stress disorder (PTSD), and flashbacks and the compounding effects of these problems on their daily struggle for survival. Most psychosocial and psychiatric problems came from veterans who experienced combat duty while serving in Vietnam. These veterans noted that their experiences had a profound impact on their ability to fully adjust in society. For example, the following statements describe some veterans' struggle to adapt and survive:

> Keeping jobs has been my problem because of my temper. . . . I have such a violent temper, I just can't stand to be told too many things. . . . I work hard, but sooner or later someone says something and I snap. . . . Before Vietnam I was

polite, courteous, and kind. . . . Now it doesn't really matter.

* * *

We were never deprogrammed when we came back from the war. . . . A lot of us are suffering from PTSD-type symptoms. . . . Personally, it's affected my social and personal life . . . my violent temper and having problems with anger control.

* * *

You are programmed to do nothin' but kill or be killed. . . . It took me 21 hours to get back [from Vietnam] and when I got back, it took me 20 years to get halfway adjusted . . . and I'm not adjusted yet. . . . It's a mental thing.

Another commonly cited mental health problem related to negative self-esteem. Veterans expressed feelings of negative self-worth and their profound impact on their ability to cope. Although they expressed a strong desire to overcome their current problems, their lack of self-esteem was a barrier that often destroyed their will and determination to escape homelessness. One veteran stated, "It's like the path of least resistance. . . . After a while, your self-esteem gets really low and you don't feel competitive any longer . . . like you are already defeated."

According to the veterans, their negative self-esteem was the result of a multitude of setbacks in both personal and social interactions, such as the severing of familial ties, the loss of peer support, and the loss of autonomy and self-sufficiency. One veteran described self-esteem as a work issue: "I lose a lot of my self-esteem. . . . The less money you make the harder you work for it. . . . They make up an excuse and they say 'OK, man, I'm sorry, but we gotta let you go,' so there goes my self-esteem again . . . that's it."

Resource-related problems were related to a set of formal services and programs designed to enhance a person's health and welfare, socioeconomic and psychological well-being, and overall functioning in society. These included health and human services, medical services, employment, transportation, housing, education, and other related services. Veterans discussed a range of issues and concerns about the availability of resources and the problems in identifying and securing these services. In particular they focused on the lack of available jobs with adequate wages, the lack of affordable housing and transportation, and the lack of basic amenities such as hygiene facilities. Veterans overwhelmingly identified job opportunities as the single most important resource necessary for attaining self-sufficiency. Among the barriers identified in seeking employment were the requirement of a permanent address, employers' distrust of people residing in temporary shelters, employer rejection, and the lack of training opportunities for people who have been absent from the labor force. Capturing the essence of this issue, the veterans stated,

Jobs . . . this is the main issue. . . . I need a job. . . . If I had a job, there's a lot of things I can do. . . . I can relieve myself of the homelessness . . . I can get back with my family . . . you know, there's a lot of things that a veteran can do for himself if he just had a job.

* * *

I filled out an application but they told me there was no job, to keep calling every week, and I've been calling every week for about a year and can't get a job over there. . . . It's things like that that stand in your way.

* * *

The problem with employment . . . if you are homeless . . . there is no way you can get a job. You have to have an address and a phone number or else they won't even talk to you. . . . Even the companies now know the addresses of all the missions. . . . If they see that address . . . they turn their back on you.

Housing options were also considered a major resource problem confronting veterans on the streets, who attributed homelessness to the lack of jobs and lack of housing. One veteran described the situation as an interrelated problem: "They go hand in hand. . . . If you don't have a job you can't get a house and if you don't have a house you can't clean up and go to a job. . . . One scratches the other's back, they go hand in hand—employment and housing." In discussing housing options veterans focused on the lack of affordable, decent housing that is accessible without stringent requirements such as a one-month security deposit, evidence of

permanent employment, and a credit history. In addition, veterans addressed the limitations that exist with temporary housing such as shelters or private single-room-occupancy hotels that allow individuals to rent a room on a daily, weekly, or monthly basis. They indicated that this housing option is based on the individual's ability to pay on a timely basis. However, when veterans are unemployed or become unemployed—as is often the case—and fall behind on their rent, they are quickly evicted, and other tenants are waiting for such vacancies: "I started living in the YMCA, but the minute I miss a check, the minute I get fired from my job, I'm homeless again and someone else takes my place till it happens to them. . . . If you are like me, you are always one check away from being homeless."

Some veterans harshly criticized shelters as an option with severe limitations. Homeless people are restricted in the number of days they can avail themselves of this service: "This shelter is ridiculous around here . . . like these people talkin' about shelter. This shelter action is a joke. Here is a place you have 10 days, over there you have seven days. Out of 365 days a year, you've got a total of 17 days right here in the downtown area where you can stay. And they wonder why all those people sleep on the sidewalk down there."

Two other commonly identified resource problems related to lack of transportation and a lack of hygiene facilities. Regarding transportation, veterans noted the difficulty in obtaining tokens for the bus system, which is the only viable means of moving around in a large city when seeking jobs or services. The cost of a token thus represents a nagging and expensive problem that prevents many veterans from improving their circumstances. The lack of hygiene facilities was also a major resource problem. Homeless veterans spoke of their constant search for public bathroom facilities and their feelings of indignity when they are denied use of these services. As one homeless veteran stated, "You can't even go into McDonald's and use the bathroom, I'm not saying to wash your face or brush your teeth, just plain ol' using the bathroom. . . . You know there's a lock on it and they inspect you before you go in there. . . . Everyone's urinating in the streets because won't nobody let 'em use the bathroom."

The third type of problem examined focused on public perception problems. According to these homeless veterans, the stigma associated with homelessness often results in homeless people being victimized and blamed by the general public for their circumstances in life. Homeless veterans depicted a society that "blames the victim" (Ryan, 1971) for their misfortunes and offers the "false generosity of paternalism" (Freire, 1993, p. 36) through acts of kindness that do little to raise individuals out of poverty and despair. They described themselves as victims who have few rights or privileges and who are often perceived as lazy, violent, or addicted and as having a greater desire to remain on the streets than to escape homelessness. Veterans also described themselves as victims of distorted public perceptions that most Vietnam veterans suffer from psychological problems and pathological disorders or are angry about not being recognized for fighting an unpopular and undeclared war. They characterized such public attitudes and behaviors as hateful, stereotypical, unfounded, and degrading:

> A lot of people are afraid of Vietnam veterans . . . because they figure number one, he's on drugs; number two, we supposed to be violent automatically.
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> We're not asking to be treated like we're something out of the ordinary. . . . We just want to be treated like we are human beings . . . and not some kind of subhuman incapable of feeding himself. . . . Just treat us like we are f——— people.
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> People look down on you, not only in this city but any city. . . . I even notice little children. . . . They just stare and make fun and funny gestures with their hands and mouths and eyes and they be saying, "Look at that bum" or "that tramp." And it all goes back to how they are raised—their parents, their peer groups, or whatever. From the aristocrat to the middle class to the poor to the super poor, it don't make no difference where you go. The homeless is just gonna face that prejudice and hate and hostility. . . .

> People have this very nasty attitude toward the homeless.

Barriers to Service Use

For these homeless veterans, the use of health and social services was considered a primary source of direct assistance and benefits. These veterans viewed the service delivery system as an insensitive, confusing tangle of policies, programs, and procedures. The veterans described three categories of barriers: insensitive service providers, negative policies, and an ineffective service delivery system (Table 2).

The use of services is generally associated with availability, accessibility, and affordability of services and programs. In describing their experiences, the veterans noted that one of their most pressing concerns related to insensitive service providers. Their experiences included lack of respect for their human dignity, apathy, indifference, callousness, service-connected labeling, degrading comments, and put-downs. Veterans became very agitated, angry, or frustrated when describing their experiences, particularly those that dealt with insensitive service providers.

Veterans also described their feelings of frustration and fastidiousness with "foreigners," whom they characterized as not being able to communicate effectively in English. In describing their experiences, the veterans perceived service providers who were immigrants as unapproachable people who were "making it" in American society while the veterans remained homeless:

> Me, myself, when I go to talk with someone he either be a Vietnamese or an Italian or someone from Africa, someone not even from this country. . . . I mean I was born and raised here, and they have more than I'll ever have. . . . I have tried to deal with the system but there is always a foreigner in the place of me trying to do something. Every time I turn around when I walk these streets every one is a Vietnamese. I don't hate these people and what they did is good, but why? Why let them in this country and neglect

Table 2

Barriers to Service Use

Category of Problem	Specific Problem
Insensitive service providers	Service providers' attitudes
	Workers' negative attitudes
	Service-connected labelling
	Lack of recognition for veterans
	Lack of respect for veterans
	Language barriers
	Veterans' own negative perceptions
	Foreign providers
Negative policies and procedures	Age discrimination
	Limited assistance for older clients
	Dehumanizing rules and regulations
	Systematic denial of benefits
	Need to prove homelessness
	Address requirement
Social services system	Service delivery issues
	Long waits
	Lack of veterans within staff
	Inadequate services
	Runaround
	Inaccessibility
	Discouraging system

us? We was over there fightin' them people. Why, what was the whole purpose for? We the ones that are being treated like dogs, we the ones being kicked down, slapped around, being spit on. Why? . . . I don't understand.

Our discussion moved from service providers to negative social policies and practices affecting homeless veterans (Liebow, 1993). For many veterans, the service delivery system is a maze of bureaucratic policies and procedures that operate as "buffer zones" or "filtering systems" designed to delay, if not prevent, veterans from obtaining needed services. For example, they discussed policies or practices that covertly discriminate on the basis of age, race, or physical disabilities. They identified other barriers such as cumbersome rules and regulations that serve only to dehumanize individuals, narrow eligibility criteria that systematically eliminate veterans from receiving services, and bureaucratic red tape that can discourage and degrade clients rather than enable them to secure services:

> The biggest obstacle we're facing is government bureaucracy, rules and regulations, and red tape . . . you understand what I'm saying.
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> Rules and regulations, it's the bureaucracy I'm talkin' about. It's something all of us go through—when you get something accomplished, you feel real lucky.
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> You have to prove that you are homeless. . . . Now, how do you do that? How do you prove that you are homeless . . . going in there and telling them that you're sleeping on the street? Seems like that would be enough proof in itself to go in there and degrade yourself and tell them . . . "I live in the streets."

For many veterans personal problems and low status in society were exacerbated by unwieldy policies and practices that reflect a "band-aid" approach to a "hemorrhaging" problem:

> I went to the VA hospital in an ambulance throwing up blood from bleeding ulcers, and it took them nine hours to wait on me. I was just sitting in that waiting room. It gets to the point where you get so frustrated trying to get help. . . . Instead of referring you to other places, you just say, "Forget it, I'll get it on my own" . . . because you get tired of spending the day without getting anything done. . . . We need something that can help us today. . . . We may not live till next week.

The service delivery system constitutes the third category of barriers to service use. According to homeless veterans, services are often difficult to obtain because the delivery system is unwieldy, inadequate, and inaccessible. They described the delivery system as a complex maze of programs and services with limited resources, staff that are excessively spread out, and inadequate funding to effectively address the severe problems facing homeless veterans.

According to the veterans, "the system" was designed to meet its own bureaucratic needs rather than those of homeless veterans. Veterans often characterized the VA as technologically poor in tracking homeless clients' medical conditions and service records. They portrayed the VA system and other service delivery systems as lacking comprehensiveness and fairness in meeting the pressing needs of diverse cohorts of veterans who differ by age, gender, medical conditions, and mental health problems. The following statements describe their frustration with the service delivery system:

> I feel like the system has rules and regulations designed to discourage you so that you will eventually fall through the cracks . . . and then they don't have to be putting up with you no more.
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> I had an abscess on my tooth so I went to the hospital at four o'clock in the evening, and four o'clock in the morning they still hadn't saw me. When they did see me at six o'clock in the morning, they gave me some antibiotics and told me to go to the county dental service. So I do this and they tell me over there, "No, you don't have a county health card, and anyway we have a backlog for three months." I leave and walk back to the VA cause I don't have no bus token. When I get to the VA they tell me, "No, you're not 100 percent disabled, you wasn't a POW [prisoner of war]," and something else you had to have before they do any dental work. So I walk back

> from the VA to downtown and I got nothing. . . . Two days of going through all of this and I got absolutely nothing.

In summary, homeless veterans described a health and social services system fraught with insensitive providers, bureaucratic obstacles, and internal problems that make it difficult, if not impossible, for agencies to meet the growing demand for client services. They concluded that these problems force homeless veterans to develop informal support systems and life-coping skills to survive on the streets.

Implications for Practice

The problems and needs of homeless veterans are not unlike those affecting the general homeless population and are largely associated with poverty, unemployment, social isolation, substance abuse, and chronic mental illness. To the extent that homeless veterans share similar problems and conditions with other special populations, such as homeless adolescents, homeless elderly people, homeless women with children, and homeless people of color, then all homeless people should be served equitably in the most efficient manner. Some problems, however, are more specific to veterans, such as war-related posttraumatic stress, readjustment problems, and feelings of victimization related to unmet expectations about war service recognition. Addressing these problems are specialized programs serving homeless veterans exclusively that emphasize psychiatric, medical, and residential treatment services. There is the need to provide specialized services, many of which can best be offered through the Department of Veterans Affairs and its range of programs and services. Our implications relate to veterans in need of services, whether general or veteran specific, and focus on three major themes—community-based services, mental health intervention, and social services systems.

Community-Based Services

Community-based services represent a primary resource for veterans attempting to reintegrate into society as productive, contributing individuals and families. Unfortunately, many homeless veterans continue to encounter problems in securing the most basic of human needs and services or in finding advocates to assist them in securing services and benefits. One strategy that has proved effective involves case management. Particularly effective are on-site shelter services offered by "shelter advocates" (Ziefert & Brown, 1991), who work with individuals and families to secure long-term and short-term services including permanent and transitional housing, child care, transportation, services for children, employment counseling and vocational training, family skills building, and family assistance such as Aid to Families with Dependent Children. From this perspective, a comprehensive system of "multidisciplinary, networked services" (Hutchison, Searight, & Stretch, 1986) combined with a base of public entitlements (for example, Supplemental Security Income, Medicaid, and public assistance) coordinated by case management advocates may help promote self-sufficiency of, stabilize family relations for, and provide supportive services to veterans and their families to better integrate them into the community. Also of particular value are community-based rehabilitation and treatment services for homeless veterans that have proved to be effective (Center for Mental Health Services, 1994).

Interrelated with community-based services is the need to secure transitional and affordable permanent housing for veterans and their families involved in the process of stabilization and reintegration. Successful efforts to create housing options that should be replicated or expanded include the community block grants in New York that acquired housing property for renovation or construction; the Cleveland Housing Network, which restores houses and offers renters an opportunity to become homeowners through lease–purchase agreements (Weicksnar, 1992); the Department of Housing and Urban Development–Department of Veterans Affairs Supported Housing Program (HUD-VASH), which provides permanent housing for veterans through HUD rental assistance vouchers; and the HUD Section 8 program, which provides rental subsidies for low-income families based on fair market rental rates and veterans' personal incomes. Nationally and locally, greater emphasis must be placed on creating community-based services in

tandem with viable housing options that involve the private and public sector and federal agencies in joint ventures (Johnson & Castenegra, 1994; Rosenheck & Leda, 1991; Stegman, Quercia, McCarthy, Foster, & Rohe, 1991).

Mental Health Intervention

The second major theme that emerged from the study relates to mental health intervention. For veterans suffering from mental illnesses such as depression, schizophrenia, and posttraumatic stress disorder, the Veterans Affairs Medical Centers and the Homeless Chronically Mentally Ill (HCMI) veterans program help veterans break the cycle of homelessness. For example, the HCMI program provides extensive outreach, intake assessment, medical and psychiatric examinations, treatment, residential treatment, referral, and ongoing case management to veterans with mental health and substance abuse problems. Innovative programs to assist homeless veterans such as the Compensated Work Therapy/Therapeutic Residence program, the Social Security Administration–VA Joint Outreach Initiative, and HUD-VASH also exemplify the need for new programs that integrate case management, rehabilitation, long-term housing, and residential treatment. Non-VA clinical programs that provide integrative treatment services to veterans and their families experiencing varying levels of stress and dysfunction are equally essential as second lines of defense and are a necessary part of a comprehensive, integrated network of clinical and social services (Phillips, DeChillo, Kronenfeld, & Middleton-Jeter, 1988).

Social Services Systems

The third theme of this study is related to service delivery barriers affecting veterans seeking services. Veterans often perceive health and social services systems such as the VA as bureaucracies that deliver the same treatment or service to all veterans who enter the agency without regard for their individual needs and preferences. This perspective has had a negative effect on veterans, many of whom become disillusioned with existing resources and refuse services that they think have little effect on improving the quality of their lives. This finding may suggest a need for planners and service providers to consider the types of services provided in relation to access, use, and satisfaction with services, with special attention to bureaucratic, situational, and individual barriers. In addressing this issue, attention to current levels of efficiency (the degree to which an agency makes optimal use of its resources) and effectiveness (the degree to which homeless services meet the identified needs of client) in serving clients is critical (Netting, Kettner, & McMurtry, 1993). Johnson and Cnaan (1995) concluded that needs assessments should focus on basic needs, stabilization needs, emergency needs, change-oriented needs, economic needs, educational needs, and other professional service needs.

The final issue related to service delivery involved veterans' feelings of powerlessness and victimization. For many veterans, feelings of powerlessness and "being used" by a government and society that abandoned them after the Vietnam War are still-powerful sentiments. For those who express feelings of resentment and anger, community-based counseling programs may help them move beyond their feelings of victimization and disempowerment to develop a critical awareness of their human potential and their significant role in and appreciation by society. Empowerment-centered practice may be especially useful in helping veterans overcome feelings of oppression by focusing first on the development of personal and interpersonal power through self-awareness about victimization, next on the development of concrete skills for survival and social power (Gutierrez, GlenMaye, & DeLois, 1995), and finally on the development of cognitive and behavioral strategies for dealing with stressful negative events.

Clearly, the implications of this study are many and call for creative planning and policies across different levels. Even with the development of highly effective strategies for improving service delivery, homelessness continues to be a way of life for many veterans, some of whom have little hope or expectation of breaking this cycle of isolation and poverty. From this standpoint, social workers can play a pivotal role in reversing the downward spiral of homelessness and hopelessness, because many

of these veterans can be reached through sound social work practice and advocacy. This outreach demands an integrated approach to addressing individual and group problems combined with aggressive political social work practice at the federal, state, and local levels. For many veterans, time is at a premium because there are few tomorrows. It is time for social workers not only to work toward fundamental changes in service provision, but also to help reverse this national problem. ■

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