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Research Brief: "Risk Factors for Homelessness among Women Veterans"

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Risk Factors for Homelessness among Women Veterans

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RESEARCH HIGHLIGHTS:

- About 2.3 to 3.5 million people experience homelessness in any given year, with 26% of homeless adults belonging to the veteran population. Female veterans are almost four times as likely as their non-veteran peers to become homeless.
- Homeless female veterans in this study were found more likely to be unemployed, disabled, and low-income than their housed female veteran peers, as well as more likely to have experienced military sexual trauma (MST). Homeless female veterans also had worse health overall, as they were more likely to have diagnosed medical conditions, were more likely to screen positive for anxiety disorders and PTSD, and more likely to be in fair or poor health than housed female veterans.
- The prevalence of MST among homeless female veterans was 53%; the effects of having experienced MST on top of other risk factors may help explain the increased risk for female veterans becoming homeless. Programs focused on preventing and alleviating homelessness in female veterans should address the effects of MST and possible treatment for both its physical and mental health consequences.

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ABSTRACT:

"Background: Women veterans are three to four times more likely than non-veteran women to become homeless. However, their risk factors for homelessness have not been defined.

Methods: Case-control study of non-institutionalized homeless women veterans (n=33) and age-matched housed women veterans (n=165). Health, health care, and factors associated with homelessness were assessed using multiple logistic regression with a Monte Carlo algorithm to estimate exact standard errors of the model coefficients and p-values.

Results: Characteristics associated with homelessness were sexual assault during military service, being unemployed, being disabled, having worse overall health, and screening positive for an anxiety disorder or post-traumatic stress disorder. Protective factors were being a college graduate or married.

Conclusions: Efforts to assess housed women veterans' risk factors for homelessness should be integrated into clinical care programs within and outside the Veterans Administration. Programs that work to ameliorate risk factors may prevent these women's living situations from deteriorating over time."

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Implications

FOR PRACTICE

In both the veteran and non-veteran populations, a lack of financial and social resources significantly increases the risk of homelessness. However, veteran women have a much higher rate of homelessness than non-veteran women. This study found that 53% of veteran women had experienced MST, which, on top of other risk factors, may partially explain the increased risk of homelessness among this population. Self-reported physical health scores for homeless female veterans were almost 10 full points lower than those for housed women, which is significantly concerning as a 10 point decrease in physical health in previous studies of veterans has been linked to an increased risk of death. Homeless female veterans also had higher rates of mental health co-morbidity and substance abuse co-morbidity. Treatment programs and health initiatives for homeless veteran women should focus on providing a comprehensive, gender-specific model that addresses access to care for both their mental and physical health needs. These programs should also add a component that specifically addresses MST and its consequences, both mentally and physically.

FOR POLICY

Although the federal government has focused on homelessness in veterans in a variety of ways, both homelessness and negative consequences stemming from periods of homelessness remain significant problems. This could be due to the "patchwork" way in which services are delivered, and the male-dominated gender ratio when dealing with the veteran population. A limited number of VA contract shelter beds and transition programs, as well as intervention programs, focus specifically on homeless women and homeless female veterans. The larger and more widely available programs often cannot accommodate gender specific concerns, including privacy and the concerns of women with children. In addition, few of these programs can offer the unique care necessary for women with a history of trauma. As VA healthcare has been changed and expanded to better address women's healthcare needs, policy makers should now focus on expanding and improving other programming including those programs for homeless veterans and female veterans. Policy makers should focus on increasing the geographic availability of female-only programs, expanding the availability of transitional housing for women and those with a history of trauma, and providing programming to address MST in the female veteran population.

FOR FUTURE RESEARCH

As much of the research on female veterans has focused on mentally ill populations, these studies have been unable to accurately assess the factors increasing female veteran's risk of homelessness. Future studies should focus on non-institutionalized groups of women veterans, as well as including control groups for comparison. Because the sample included for this study was restricted to one geographic area, the results are only generalizable to this area and possibly other large urban areas with similar characteristics. Researchers should aim to collect data from samples that are more nationally representative, and to collect longitudinal data, as this study cannot provide causation information. For example, poor mental or physical health in this sample may have preceded homelessness, or may have developed as a result of homelessness for extended periods. Further research is also needed to identify cost-effective and adequate job training, transitional housing, and MST treatment for homeless female veterans.

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