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“Homelessness and Trauma Go Hand-in-Hand”: Pathways to Homelessness among Women Veterans

PUBLICATION: *Women’s Health Issues* (2011); 21(4S), 203-209.

PUBLICATION TYPE: Peer-Reviewed Journal Article

KEYWORDS: Women, veterans, homelessness, trauma, mental health

RESEARCH HIGHLIGHTS:

- Homelessness among women veterans is on the rise, because women now make up a larger proportion of the military and are continually returning from the recent Iraq and Afghanistan conflicts. Community-based organizations serving homeless women need to be equipped to address the unique needs of women veterans.
- More than 50% of participants described pre-military adversity, including child abuse and domestic violence, which either resulted in homelessness pre-military, or sowed “seeds of homelessness.” Almost 80% of participants described being traumatized, victimized by a colleague or superior, or otherwise rejected and stigmatized during active duty service.
- Homeless women veterans are caught in a web of vulnerability, with multiple roots and contextual factors. Findings suggest 5 predominant roots of homelessness: childhood adversity, trauma and/or substance abuse during military service, post-military abuse including possible relationship termination, post-military mental health issues, and unemployment.

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ABSTRACT:

“Background: Veterans comprise a disproportionate fraction of the nation’s homeless population, with women veterans up to four times more likely to be homeless than non-veteran women. This paper provides a grounded description of women veterans’ pathways into homelessness.

Methods: Three focus groups were held in Los Angeles, California, with a total of 29 homeless women veterans.

Results: Five predominant “roots” (precipitating experiences) initiated pathways toward homelessness: 1) childhood adversity, 2) trauma and/or substance abuse during military service, 3) post-military abuse, adversity, and/or relationship termination, 4) post-military mental health, substance abuse, and/or medical problems, and 5) unemployment. Contextual factors, which promoted development of homelessness in the setting of primary roots, included women veterans’ “survivor instinct,” lack of social support and resources, sense of isolation, pronounced sense of independence, and barriers to care. These contextual factors also reinforced persistence of the roots of post-military adversity and mental health and substance abuse problems, serving to maintain cycles of chronic homelessness.

Conclusion: Collectively, these multiple, interacting roots and contextual factors form a “web of vulnerability” that is a target for action. Multiple points along the pathways to homelessness represent critical junctures for VA and community-based organizations to engage in prevention or intervention efforts on behalf of women veterans. Considering the multiple, interconnected challenges that these women veterans described, solutions to homelessness should address multiple risk factors, include trauma-informed care that acknowledges women veterans’ traumatic experiences, and incorporate holistic responses that can contribute to healing and recovery.”

Implications

FOR PRACTICE

Women in this study described several points at which they did not report or seek help for the challenges they faced. Many women who had experienced abuse early in life entered the military to escape such situations; however once in the military they experienced further revictimization. Patterns of non-reporting among women who had experienced trauma continued into their military service, where reporting often resulted in further abuse, stigmatization and damage to their self-esteem and sense of safety. The results of this study show this pattern of revictimization to be a root cause of homelessness and demonstrate the importance of intervention and counseling services for women who experience trauma. Counselors, community advocates and clinicians working with homeless women veterans should be aware of the multiple and interconnected challenges described here to provide trauma-informed care. Because trauma-informed care acknowledges traumatic experiences and incorporates holistic responses, this kind of care has the potential to contribute significantly to healing and recovery for homeless women veterans. Community programs should also provide increased gender-appropriate outreach and psychological care for incarcerated or homeless women veterans. In providing care, psychologists should dismantle counterproductive notions of “independence” that increase isolation and undermine self-esteem in women veterans. Primary care physicians should focus on screening women continually for histories of trauma, and acting as a safety net to provide appropriate care and referrals to women veterans.

FOR POLICY

The findings of this study suggest multiple ways in which policy makers and VA officials can introduce preventive actions and interventions to reduce the prevalence of homelessness for women veterans. Although military intake interviews could be a useful tool in identifying service members with risk factors for revictimization, such interviews may screen out women with histories of trauma from military service. Policy makers should therefore work with Department of Defense and VA officials to provide resources to boost resiliency and reduce the chance of homelessness after service to all women veterans, as well as optional additional mental health, trauma and counseling services. It is essential that policy makers and military leaders review procedures for addressing military assault to ensure that women are not penalized for making their claim and psychological services are offered immediately. Social and psychological services for women veterans should be reviewed to ensure that they provide counsel for multiple issues including relationships, substance abuse, mental health and domestic violence. VA centers providing care for homeless women should screen for both veteran status and military sexual trauma, and VA job training programs should be reviewed to remove any gender related barriers to women’s participation.

FOR FUTURE RESEARCH

Because the majority of women in this study experienced challenges stemming from difficult childhood and pre-military experiences, it is vital that researchers continue to investigate the availability and effectiveness of social and economic safety nets for women. Systemic evaluations of counseling, intervention and treatment services provided to abused women could be especially beneficial to determine the degree to which these services are actually reaching those in need. Researchers should also explore the impact of military trauma longitudinally, in terms of social, economic, and mental health outcomes, as many women in this study attributed their post-military challenges to trauma they experienced during their military service. This study is not able to determine the magnitude of the relationship between women’s military service, combat exposure and homelessness; however, it is clear that many women attributed their challenges after military service to trauma they experienced during service. Researchers should further evaluate the connections between combat trauma, abuse, and homelessness for women post-military, as well as potential strategies to boost social and economic resources for women veterans. Attention should also be paid to women who experience homelessness but do not have histories of trauma, mental illness, and/or substance abuse; these women may become homeless in different ways and may experience unique barriers to services and care designed more for those with these histories.

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