

# Women Veterans who are Homeless

## *Characteristics, Risk Factors, Needs*

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VA HSR&D Center for  
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Provider Behavior



# Overview

- Background
- Characteristics & risk factors
- Service Needs
  - ▶ Health care
  - ▶ Homeless assistance
  - ▶ Barriers
- Implications



# Background: Women Veteran Population

- Fast growing segment of military and veteran population
- 15% of active duty military
- 20% of new military recruits
- U.S. women veteran population numbers more than 1.8 million

# Women Veterans who are Homeless

- Estimated 1 in 4 homeless adults are veterans
- Relative to homeless male veterans, women present different needs related to privacy, gender-related care, physical & sexual trauma treatment, housing support, and care for dependent children
- Scant research on homeless women veterans
- 1996 study: Women Veterans 3-4x more likely to become homeless than non-veteran women
- Full magnitude of homelessness among Women Veterans is unknown

*Sources:* National Law Center on Homelessness and Poverty. 2007 annual report, Washington, DC, 2008. Available at: <http://www.nlchp.org>  
Gamache, Rosenheck, Tessler. Am J Public Health. 2003;93(7):1132-6.

# Objectives: Study of Homelessness among Women Veterans

- Describe characteristics of women veterans who are homeless
- Identify risk factors for homelessness in women veterans
- Obtain homeless women veterans' perspectives on service needs and barriers

# Methods

- Case-control study: non-institutionalized women veterans who are homeless (n=33) & housed women veteran controls (n=165)
- Enrollment criteria – spending at least 1 night of the prior 30 in:
  - ▶ a shelter or transitional residential facility, voucher-paid hotel, car, abandoned building, nonresidential building, other non-dwelling, or on the street
- 1-hour interviews, Los Angeles, CA, 2006

# Methods (continued)

- Controls from dataset collected 2 yrs earlier\*
  - ▶ matched on age, geographic region, service period
- Survey measures: Homelessness, socio-demographic, military experience, and health characteristics; health care use; homeless service needs
- Analysis: Chi square & t-tests for bivariate comparisons; multiple logistic regression with Monte Carlo algorithm for exact std errors

*Source for Survey Measures:* \*VA HSR&D #GEN-00-082 Women Veterans' Ambulatory Care Use Project (PI – Washington DL); RAND-UCLA Los Angeles Homeless Women's study (PI – Gelberg L)

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# Characteristics of Women Veterans who are Homeless

<b>Homelessness Characteristics</b>	
Age, mean (range), years	50 (36-68)
Age first homeless, mean (range), yrs	36 (15-60)
Homeless prior to age 18 (%)	9%
Homeless prior to military service (%)	18%
Length of time homeless over lifetime, median (interquartile range), years	2.1 (3.5)
Lifetime entries/exits from homelessness (mean)	4
<b>Dependent Children</b>	
Children under age 18 living with them past 12 months	16%
Children under age 18 dependent on them for support	7%

# Characteristics of Women Veterans who are Homeless

<b>Violence History</b>	<b>Percent</b>
Lifetime history of physical assault	77%
Physical assault in prior 12 months	20%
Lifetime history of rape	80%
Rape in prior 12 months	13%
<b>Legal Issues</b>	
Currently on parole	3%
Currently on probation	29%

# Socio-demographic Characteristics of Homeless & Housed Women Veterans

	Homeless (n=33)	Housed (n=165)
Racial / ethnic minority	64%	47%
College graduate*	9%	36%
Unemployed*	26%	7%
Disabled*	61%	19%
Married*	10%	46%
Annual income $\leq$ \$20,000*	97%	22%
Health insurance*	32%	63%

Source: Washington, et.al. J Health Care Poor Underserved. 2010; 21:81-91.

\*p < 0.05

# Military Service Characteristics of Homeless & Housed Women Veterans

	Homeless (n=33)	Housed (n=165)
Ending period of military service (matching criteria)		
Vietnam War era	18%	17%
Post-Vietnam to present	82%	83%
VA service-connected disability rating		
Service-connected	27%	46%
Not service-connected	73%	54%
Military sexual trauma*	53%	27%

Source: Washington, et.al. J Health Care Poor Underserved. 2010; 21:81-91.

\*p < 0.05

# Physical Health Characteristics of Homeless & Housed Women Veterans

	Homeless (n=33)	Housed (n=165)
Overall health fair or poor*	58%	29%
SF-12 physical component score* mean(SD), [0-100, higher is better]	33 (12)	43 (13)
Any diagnosed medical conditions*	97%	82%
Current tobacco use*	64%	24%
Hazardous alcohol use (past yr)	21%	37%
Current or prior polysubstance abuse	32%	not measured

Source: Washington, et.al. J Health Care Poor Underserved. 2010; 21:81-91.

\*p < 0.05

# Behavioral Health Characteristics of Homeless & Housed Women Veterans

	Homeless (n=33)	Housed (n=165)
SF-12 mental component score* mean(SD), [0-100, higher is better]	39 (11)	48 (13)
Diagnosed depression (lifetime)*	73%	46%
Depression screen positive	33%	23%
Anxiety disorder screen positive*	46%	14%
PTSD screen positive*	74%	33%
Psychotic symptoms	36%	not measured

Source: Washington, et.al. J Health Care Poor Underserved. 2010; 21:81-91.

\*p < 0.05; PTSD denotes post-traumatic stress disorder

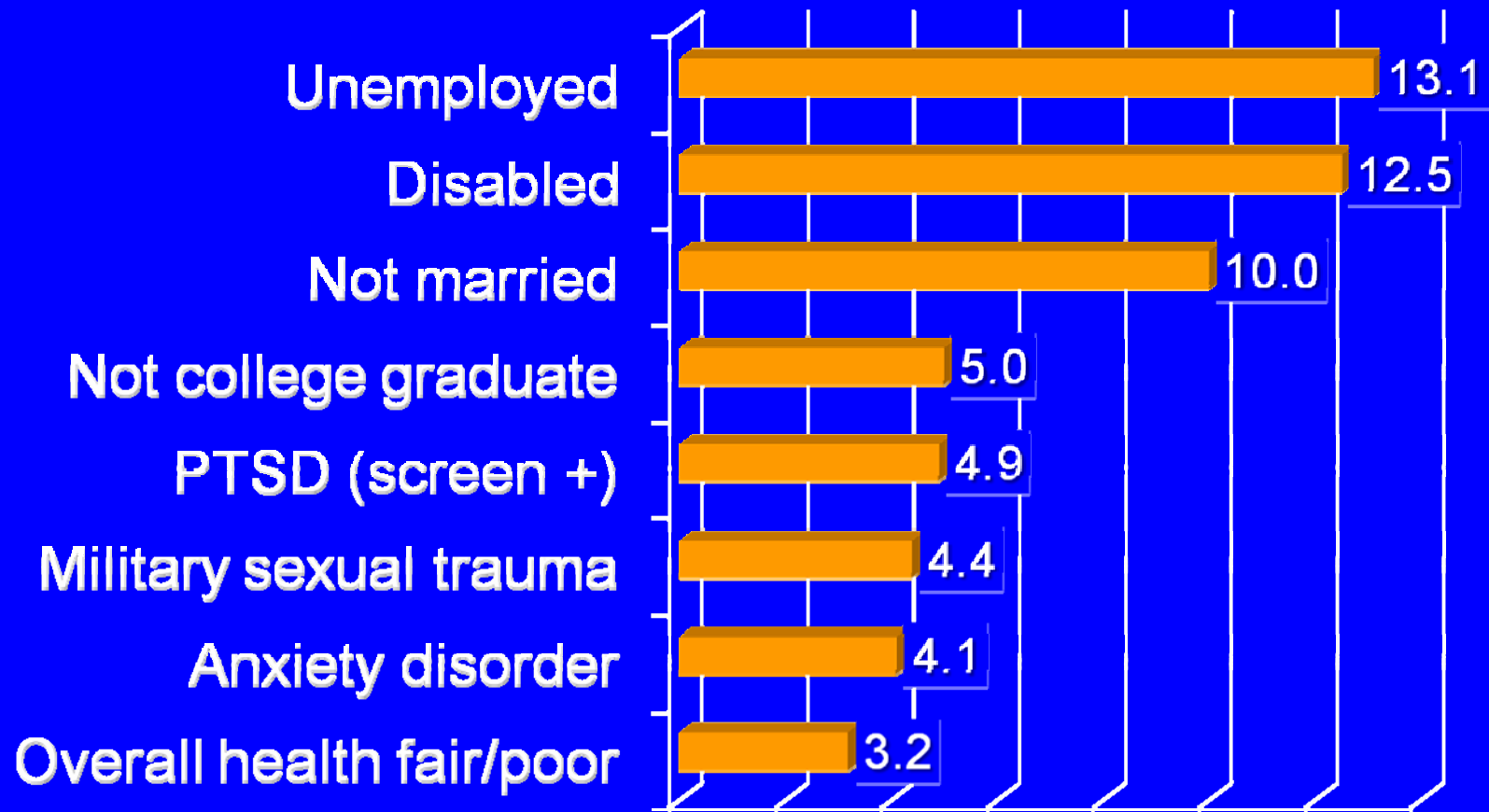
# Health Care Utilization of Homeless & Housed Women Veterans

Characteristics – prior 12 months	Homeless (n=33)	Housed (n=165)
Has usual provider for care	73%	78%
Health care use (any setting)	100%	95%
VA use*	100%	58%
Hospitalized (any setting)*	32%	15%
Unmet need for health care	21%	18%

Source: Washington, et.al. J Health Care Poor Underserved. 2010; 21:81-91.

\*p < 0.05

# Independent Risk Factors\* for Homelessness (adjusted odds ratio)



\*Not significant: racial/ethnic minority, insurance, service-connected, current tobacco use, hazardous alcohol use, diagnosed depression, hospitalized prior 12 months

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# Service Needs

- Wide range of service needs, including those related to housing, employment & finances, and physical, mental, and dental health care
- Perceived highest priority services reflected both immediate needs, and skills & services that could help transition out of homelessness
- Immediate needs:
  - ▶ Priority rank – Need
  - ▶ 1 – Dental care
  - ▶ 3 – Mental health care
  - ▶ 5 – Emergency shelter
  - ▶ 5 – Transportation
  - ▶ 5 – Medical services
- Other high priorities:
  - ▶ Priority rank – Need
  - ▶ 2 – Permanent housing
  - ▶ 4 – Job training
  - ▶ 4 – Getting financial help or disability payments

# Current Health Care Service Needs of Women Veterans who are Homeless

Current health care service need	% reporting
Dental care	79
Medical services	58
Services for emotional or psychiatric problems	58
Getting into a drop-in center or day program	24
Treatment for substance abuse	22
Help with medications	21
Detoxification from substances	13

# Current Homelessness Assistance Service Needs

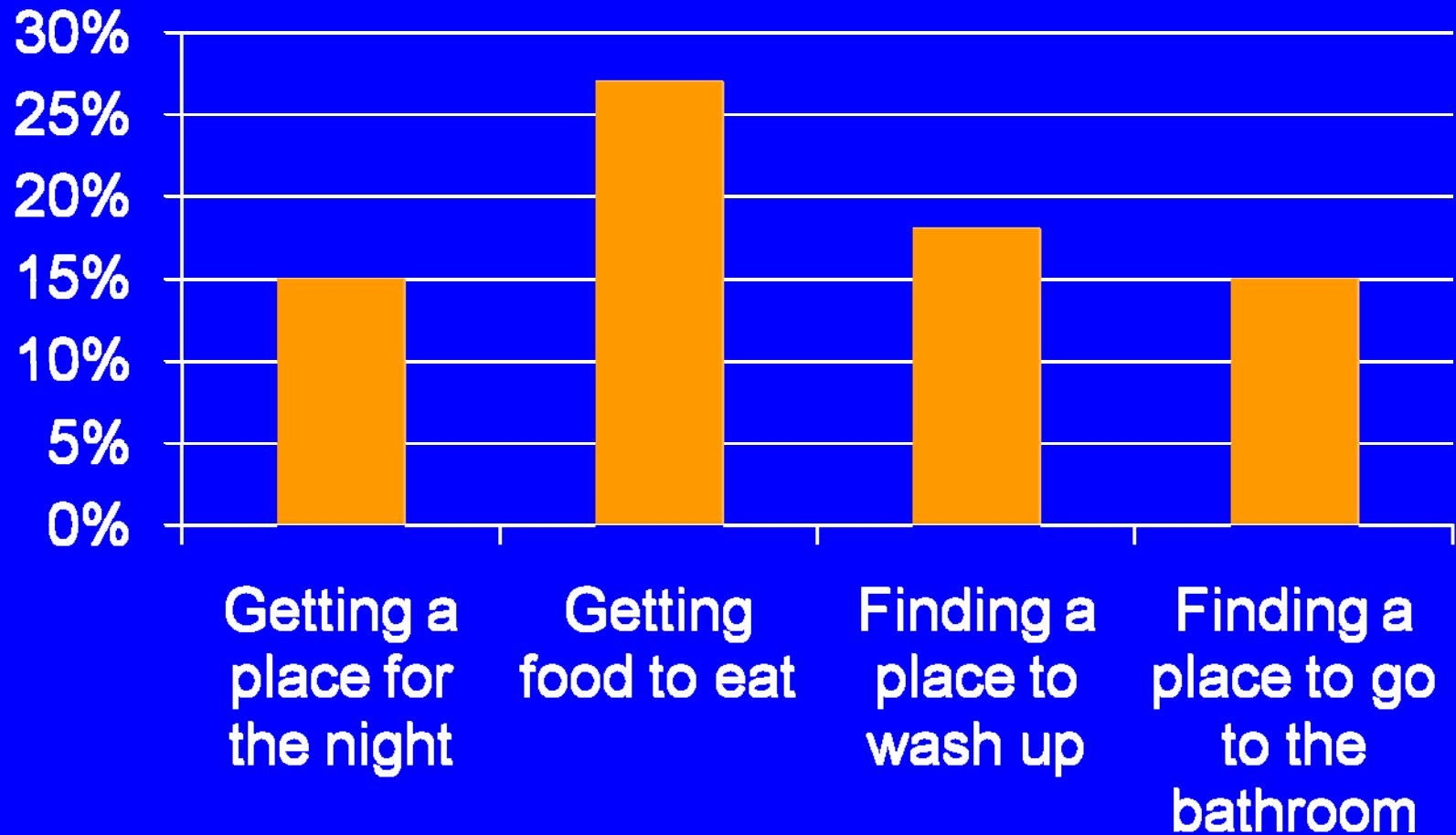
Current service need	% reporting
Food	46
Clothing	42
Immediate shelter (emergency place to stay)	42
Halfway house or transitional living facility	46
Long-term, permanent housing	75

# Current Service Needs Employment, Finances, Other

Current service need ... help with	% reporting
Transportation	55
Getting public financial help or disability payments	52
Managing money	36
Job training	33
Finding a job or getting employment	33
Getting needed documents or identification	33

# Difficulty Obtaining Basic Needs in prior 30 days

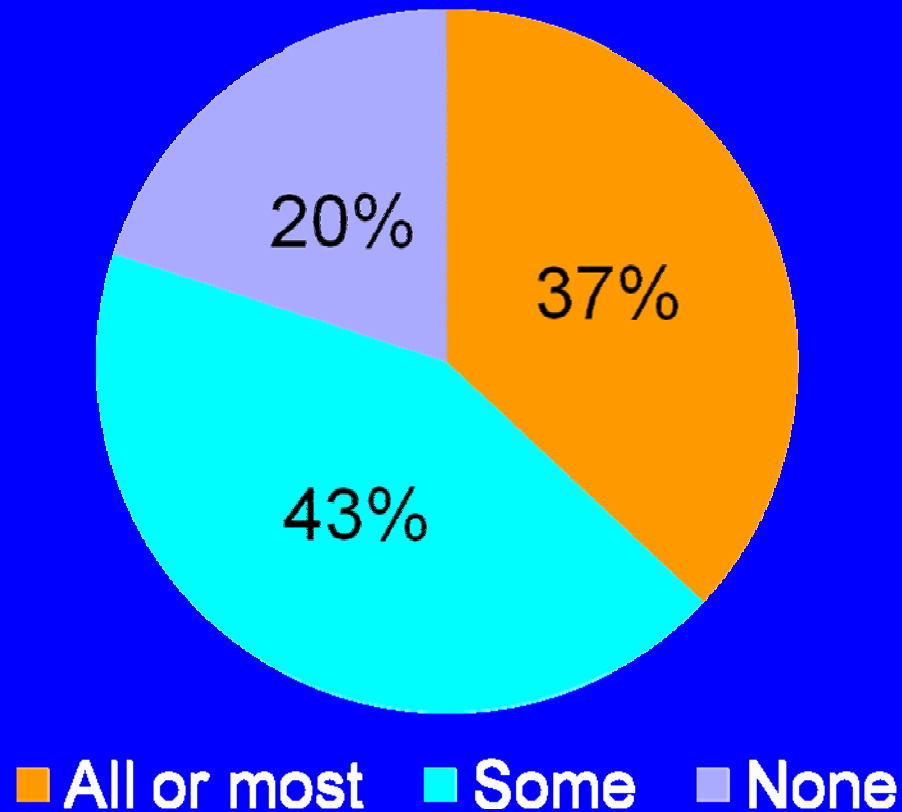
(% reporting usually or sometimes a problem)



# Barriers to obtaining health care for Women Veterans who are homeless (% reporting)

How big a problem in getting health care is ...	Big problem
Not being able to see a female doctor?	30%
The time you have to spend in the waiting room?	24%
Having many other things to do, like getting food and a place to sleep?	21%
Fear of finding out bad news about your health?	21%
Remembering when to go for your appointments?	19%
The time it takes to travel to care?	18%
Seeing a different doctor each time you go for health care?	18%
The cost of health care?	15%
Finding health care?	3%

# Do Women Veterans have the information they need about VA homeless services? (amount of information, % reporting)



# Barriers to VA Use for Women Veterans who are Homeless

Focus group findings:

- Co-ed PTSD treatment programs are not an appropriate therapeutic environment for women veterans with MST-related PTSD
- Limited availability of women-only treatment programs (e.g., PTSD programs)
- Targeted nature of some contract programs (e.g., housing linked to substance abuse treatment) excludes those without active SUD or MH treatment needs

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# Implications: Health Characteristics

- Self-reported physical & mental health status much worse than housed women veterans
  - ▶ Magnitude of difference equivalent to 1.4x increased odds of death post-surgery in other veteran studies
  - ▶ Rationale for co-locating primary care, mental health, and homeless services
- High rates of mental health and substance use disorders, but these were not universal
  - ▶ While co-locating services is essential, housing and job training programs that are not linked to MH & SUD treatment should also be available

# Implications: Homelessness Risk Factors

- Lack of financial and social resources are significant risk factors (just as in non-veterans)
  - ▶ Strongest predictors: being unemployed, disabled, not married
  - ▶ Skills & services to address these risk factors are needed to transition out of homelessness – e.g., job training identified as high priority need
  - ▶ Information gaps found – outreach and education needed for women veterans not receiving VA care
- Pre-military risk factors may also be important

# Implications: Trauma and Violence

- High levels of violence exposure, including military sexual trauma (MST)
  - ▶ Compared with non-veteran women, women veterans have added risk factor of MST – this may account for women veterans' increased risk
  - ▶ Many VA and contract programs cannot accommodate or are not structured to address privacy and gender-specific concerns of women, particularly those with trauma histories or children
  - ▶ Expanding geographic availability of female-only residential and mental health treatment programs will facilitate access to needed care

# Implications: Homelessness History

- History characterized by frequent entries into and exits out of homelessness
  - ▶ Suggests this group arises from larger population of unstably housed at-risk women
- Interventions should be aimed at alleviating homelessness and its consequences, and preventing homelessness in at-risk women
  - ▶ Job training, education, transitional housing
  - ▶ Assessments of women veterans' risk for homelessness should be integrated into clinical care programs within and outside the VA

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