

CONSORTIUM • PBRN

# VA WOMEN'S HEALTH RESEARCH NETWORK

Supporting Practice and Research Collaboration

## **Spotlight on Women Cyberseminar Series**

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# Risk Factors for Homelessness among Women Veterans: Implications for Prevention and Services

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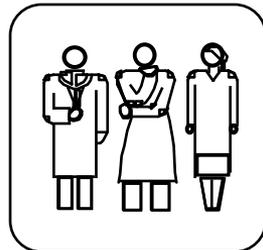
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Spotlight on Women's Health  
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VA GREATER LOS ANGELES  
HEALTHCARE SYSTEM



*A Division of VA Desert Pacific  
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# POLL QUESTION #1

Which category describes your current role in working with women Veterans who are homeless (select all that apply)?

- Primary care provider
- Mental health provider, substance use or other counselor
- Social worker, case manager (e.g., HUD-VASH)
- Administrator
- Researcher

# POLL QUESTION #2

In which setting do you serve women Veterans who are homeless?

- VA medical services (e.g., primary care, ER)
- VA mental health
- VA homeless program/housing services
- Settings outside of the VA (e.g., community organization)
- Not applicable

# POLL QUESTION #3

For those who do not work in homeless services, how often do you screen patients for homelessness?

- Most or all of the time
- Some of the time
- Rarely
- Never
- Not applicable

# POLL QUESTION #4

How many people, including yourself, are using your computer/phone line to listen to this presentation?

- 1 – I am viewing this presentation alone
- 2
- 3-5
- 6-10
- >10

# BACKGROUND

- Eliminating homelessness among Veterans is a federal and VA priority
  - VA, HUD, Dept of Labor, DHHS
- Best estimate is that 107,000 Veterans are homeless on any given night; and 200,000 over the course of 1 year
- Women Veterans up to 4 times more likely to be homeless than women who are not Veterans

# BACKGROUND:

## Homelessness in Women Veterans

- Homelessness takes many forms: unsheltered, sheltered, doubled up
- In healthcare settings, it is often not readily apparent that a woman Veteran is experiencing homelessness
- Important to know what puts women Veterans at elevated risk for homelessness to address those risks and deter or prevent homelessness

# OBJECTIVES

- Characterize risk factors for homelessness among women Veterans
- Describe how risk factors interplay and accumulate over women Veterans' life course to result in homelessness
- Highlight implications for prevention and services

# METHODS: Study design & sample

- Matched case control design
- Women Veterans in Los Angeles County who were homeless each matched with five housed historical controls from Women Veterans ambulatory care use study
  - Enrollment criteria: spent at least 1 night of the prior 30 in a shelter or transitional residential facility, voucher-paid hotel, car, abandoned building, nonresidential building, another non-dwelling, or on the street
  - Matching criteria: geographic region, military service period, age group

# Study design & sample (continued)

- Recruitment 12/05 – 01/06 through VA and non-VA homeless service organization contacts
- Homeless Women Veterans Coordinator outreach included:
  - shelters, soup lines, county jail
  - transitional housing programs
  - residential substance use rehabilitation programs
  - “Skid Row” (area of downtown LA)
- Total sample size: 198

# Procedures & measures

- In-person (91%) and phone (9%) interviews
- Survey items drawn from both the housed women Veteran's survey and a previously fielded homeless women's survey
- Homelessness measures: length of time homeless, number of entries into and exits out of homelessness
- Veteran-specific factors: period of military service, service-connected disability rating, and military sexual assault (MST) history

# Analysis

- Comparisons of homeless versus housed: Fisher's exact test for binary measures, chi sq for categorical, t-test for continuous
- Independent risk factors assessed using multiple logistic regression model with a Monte Carlo algorithm to estimate exact std errors of model coefficients and p-values
- Measures with bivariate  $p < 0.2$  included if not a matching criteria, correlated with other measures, or highly skewed distribution

# RESULTS: Characteristics of Women who were Homeless

- Age in years, mean (SD): 49.7 (6.9)
- College grad 9%, employed 6%, married 10%
- Children under age 18 living with them in the prior 12 months: 16%
- Prevalence of: psychotic symptoms 36%  
polysubstance abuse 32%

# Homelessness characteristics

- Average of four cycles in and out of homelessness
- Median length of time homeless (over lifetime) 2.1 years (interquartile range 3.5)
- Median length of time since last stably housed 1.0 years (interquartile range 1.8)

# BIVARIATE RESULTS:

## Socio-demographic characteristics

- Homeless women Veterans significantly more likely than housed women Veterans:
  - to be unemployed, disabled, low-income
  - to have experienced MST
- Homeless women Veterans significantly less likely:
  - to be college graduates, employed, married
  - to have health insurance

# Health characteristics

- Homeless women Veterans significantly more likely than housed women Veterans:
  - to have diagnosed medical conditions
  - to screen positive for an anxiety disorder, PTSD, or tobacco use
  - to have lower self-reported physical and mental health
  - to be in fair or poor health

# Health care use in prior 12 months

- Homeless women Veterans significantly more likely than housed women Veterans to have:
  - Mental health services use
  - VA health care use
  - Hospitalization

# MULTIVARIATE RESULTS

- Not included in multivariate model to assess independent risk factors for homelessness:
  - Matching factors: age, military service period
  - No matching data: substance use, psychotic symptoms
  - Skewed data distribution: income, VA use, mental health use

# Independent risk factors for homelessness in women Veterans

	<b>Adjusted OR (95% CI)</b>
• Unemployment	13.1 (2.7, 63.0)
• Disability	12.5 (3.5, 45.0)
• Single/divorced/separated	10.0 (2.5, 100.0)
• Not a college graduate	5.0 (1.1, 25.0)
• PTSD screen (+)	4.9 (1.9, 12.7)
• Prior military sexual assault	4.4 (1.4, 14.0)
• Anxiety disorder screen (+)	4.1 (1.3, 13.2)
• Fair or poor overall health	3.2 (1.3, 7.9)

A closer look: focus groups with  
women Veterans experiencing  
homelessness

# METHODS: Sample & setting

- 3 focus groups with 29 participants
- Los Angeles, CA, 12/05-01/06
- Recruitment concurrent with case control study

# Analysis

- Focus groups audiotaped & transcribed
- Constant comparison method to analyze transcripts in Atlas.ti
  - Focus group as unit of analysis
  - Top-level codes derived from interview guide
  - Each top-level code divided into subcodes
  - Compared & contrasted content across focus groups

# RESULTS: Participant characteristics

- Average age
  - Military discharge – 26 years
  - First homelessness – 36 years
  - Focus group participation – 48 (range, 32-68)
- Race/ethnicity: African American (52%), White (31%), Hispanic (7%), did not state (10%)
- 58% not service-connected
- 88% single or divorced/separated
- 0% employed, 65% disabled

# Roots of homelessness

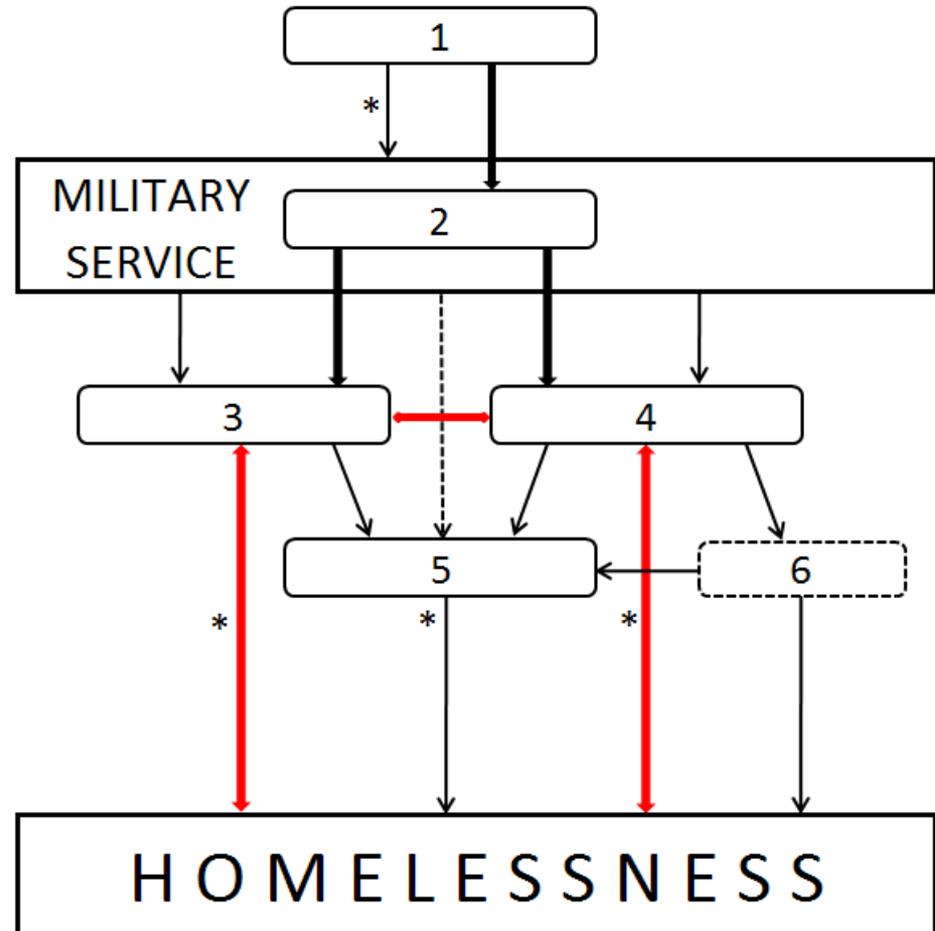
Five predominant “roots” (precipitating experiences) initiated pathways to homelessness:

1. childhood adversity
2. trauma or substance abuse in military service
3. post-military abuse, adversity, and/or relationship termination
4. post-military mental health, substance abuse, and/or medical problems
5. Unemployment

Subsidiary factor: 6. criminal justice involvement

# MAJOR THEME: Web of vulnerability with distinct pathways into homelessness

- (1) – (5) predominant “roots” initiating pathways into homelessness
- (6) subsidiary factor
- (\*) contextual factors
- Pathways (arrows) may be unidirectional or bidirectional, with the latter linking to factors that both lead to and result from homelessness (leading to a cycle)



# Contextual factors reinforcing homelessness

- Contextual factors: promoted development or maintenance of homelessness
  - “survivor instinct”
  - lack of social support and resources
  - sense of isolation
  - pronounced sense of independence
  - barriers to care

# Three main barriers to care

1. Lack of information about available services
2. Limited access to services
3. Lack of coordination across services

Plus:

Sense of isolation and abandonment

# Barrier: Lack of information

- Women unsure about many aspects of services:
  - eligibility requirements
  - location
  - terms of use (e.g., duration of stay)
- Women used focus groups as opportunity to share information about services
- Women wanted information and help from other women Veterans

# Barrier: Limited access to services

- Access to services limited by several factors:
  - lack of options for gender-appropriate care (e.g., safety issues in mixed gender programs, few women-only programs)
  - geographic distance/inconvenience
  - lack of long-term housing options
  - restrictive entry criteria of many programs (e.g., current/past substance abuse)

# Barrier: Lack of coordination across services

- From screening to services
- From jail/prison to community
- From temporary to permanent housing
  
- Challenges with money management
- Difficulty connecting VA and non-VA services

# SUMMARY

- Women Veterans who are homeless face numerous challenges accessing information about and entry into programs to address their multiple needs
- Women expressed a fundamental need for safe and stable housing
- Homeless women Veterans' want and need coordinated, women-only services

# IMPLICATIONS: Screening & homelessness prevention in women Veterans

- Screen for homelessness in VA clinical settings and assess for vulnerability to homelessness (risk factors)
  - Current VA efforts
- Outside VA, screen for Veteran status, and for MST if Veteran

# IMPLICATIONS: Services

- VA / HUD / DOL engaged in several initiatives to address homelessness among Veterans
- Our findings suggest the need for:
  - Greater availability of women-only programs
  - Attention to entry criteria: families, substance use
  - Tailoring of mixed-gender programs to address safety concerns of women Veterans & improve continuity of care
  - Interventions that reflect homeless women Veterans' preferences for peer support & information-sharing

# Services (continued)

- Need to address victimization experiences in women's histories, and to reduce/eliminate (re)victimization in women's post-military lives
  - Need for trauma-informed care
  - Need to screen for domestic violence and other trauma in primary care
  - Need to address relationship issues
- Consider strengths-based approach, building on women's problem-solving skills
- Empowerment-oriented approach

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