

HEALTH & HOMELESSNESS AMONG WOMEN VETERANS

RESEARCH UPDATE

AUGUST 2012

This Research Update provides a focused literature review on health and homelessness among women veterans in the United States. This topic is gaining increasing attention in research, public policy, and the media due to rising levels of deployment and an elevated risk of homelessness among women veterans.

Increased Deployment and Risk of Homelessness

The deployment of women rose from 41,000 in the Gulf War to 200,000 in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF), with women totaling 12% of OEF/OIF veterans; combat-related roles have also increased for women service members, a shift from their historically back line duties.^[1, 2]

Between October 1, 2008, and September 30, 2009, women veterans accounted for 10,214 of the 136,334 sheltered veterans.^[3] Following military service, women veterans are at three to four times greater risk of homelessness than non-veterans; this risk is increasing for those who served in Iraq and/or Afghanistan.^[4, 5, 6] According to Fargo et al., women veterans who were African American or between the ages of 18 to 24 years were at an even higher risk of homelessness.^[7] According to Washington et al., other characteristics found to be 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 (PTSD); meanwhile, protective factors were being a college graduate or married.^[6]

Distinct Experiences Influencing Health and Homelessness

Women veterans often encounter distinct experiences, which influence their health status. Stress resulting from motherhood and deployment can affect women veterans uniquely. A report by Iraq and Afghanistan Veterans for America stated that 40% of women veterans have children and 30,000 of them are single mothers.^[5] Vogt et al. found that women report higher levels of stress over their deployment's effect on their family than their male counterparts.^[8]

Hamilton et al. studied women veterans' pathways into homelessness through focus groups and identified prevalent precipitating experiences and contextual factors—collectively forming a “web of vulnerability” that could lead to homelessness.^[9] The five precipitating experiences that initiated homelessness included: 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. The common contextual factors included the “survivor instinct” among women veterans, a lack of social support and resources, sense of isolation, sense of independence, and barriers to care.

Zinzow et al.'s study revealed that experiences of trauma affect 81-93% of women veterans, with more than half experiencing trauma or abuse prior to military service.^[10] Military Sexual Trauma (MST) — defined by the VA as “sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of geographic location of the trauma, gender of victim, or the relationship to the perpetrator”—affects between 20-48% of women veterans in the form of sexual assault and 80% in the form of sexual harassment.^[11] According to listening sessions conducted by the U.S. Department of Labor (DOL) Women's Bureau (WB), women veterans experienced a breadth of traumatic experiences, including childhood abuse, intimate partner violence, combat-related stress, MST, and the loss of social supports and stable housing; additionally, a common theme was the stress of being a woman in a male-oriented military culture.^[5]



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Traumatic experiences before, during, and after military service can have major implications on health status and daily functioning, including increased substance abuse, mental health issues, trouble accessing and maintaining employment, and hesitance to utilize support services.^[5] Regardless of its source, trauma exposure can be a risk factor for homelessness and PTSD.^[12, 13]

Varied Accounts of Health Care Utilization and Perceptions

Literature regarding women veterans' health care utilization is largely concentrated in the Veterans Health Administration (VHA) setting and varies in frequency of utilization patterns. Blackstock et al. evaluated the sex-specific risk of using a VHA homeless program among the 443,419 OEF/OIF veterans with at least one VHA clinical visit between 2001 and 2009.^[2] Of the 7,431 veterans who utilized a VHA homeless program, 12.9% (961) were women. Women were as likely as men to utilize a VHA homeless program and their median time to first use was similar. Women veterans in the following sub-groups were at an increased risk for VHA homeless program use in comparison to men: ages 26-35 years, 100% service-connected disability rating, PTSD, and northeast location.

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Although not specific to homeless populations, Washington, Bean-Mayberry, Riopelle, and Yano found that women veterans underutilize the VHA system in comparison to their male counterparts.^[14] Of the 3,611 women veterans surveyed, 19% had delayed health care or unmet need. Several barriers – general and veteran-specific – predicted delaying or foregoing care, including unaffordable health care, inability to take off from work, transportation barriers, being uninsured, knowledge gaps about VA care, perception that VA providers were not gender-sensitive, and military sexual assault history.

Similar findings regarding gender-sensitive VA perceptions were identified by the Women's Bureau's Listening Sessions.^[5] Participants perceived a shortfall in health services tailored to their specific needs and were less likely to seek care in what they perceived to be male-oriented programs. Hesitance to identify as a veteran, sometimes triggered by avoidance of traumatic military experiences or a perceived lack of acknowledgement from society, also prevented some participants from utilizing veteran-specific services. Participants expressed a desire for more programs offering culturally competent, trauma-informed service provision and targeted outreach and communication regarding the VA system to ease their transition into civilian life. The Women's Bureau also drew upon the perspectives of community-based services providers, who noted a lack of communication with the VA regarding veteran-specific services and uncertainty over how to best support women veterans experiencing homelessness.

Discussion

Literature on the health status and health services utilization of women veterans experiencing homelessness remains limited. However, the increasing role of women in the military has been documented. Women veterans are at three to four times greater risk of homelessness than non-veterans, are being deployed at faster rates than ever before, and are serving in more combat-related roles. Experiences of trauma, stemming from childhood to after military service, affect 81-93% of women veterans and can negatively impact health status, daily functioning, and willingness to access services. Numerous barriers prevent unstably housed women veterans from accessing veteran-specific services, leading to a pattern of under-utilization. These include the hesitance to identify as a veteran, lack of affordable health care, gaps in knowledge of available services, experiences of trauma, and

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perceptions of male-oriented programs. These barriers must be rectified so that women veterans can utilize and benefit from the care and resources earned through their military service.

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