Homeless Female Veterans in a National Supported Housing Program: Comparison of Individual Characteristics and Outcomes with Male Veterans

Military Focused Article

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This study examined housing outcomes among male and female Veterans in the Housing and Urban Development- Veterans Affairs Supportive Housing program with administrative data. Homeless females were younger, less likely to have substance use disorders, and more likely to have PTSD compared to male homeless Veterans in this program. There were no gender differences in housing outcomes or between those who stayed in and left the program.

Key Findings:

- At baseline, homeless female Veterans were younger, more likely to have children (either in custody or living with them), and to have mood disorders, PTSD and other disorders. In addition, homeless female Veterans were less likely to report combat exposure, to be retired/disabled, to have lengthy histories of homelessness or incarceration, and much less likely to have alcohol and drug use disorders compared to homeless male Veterans.
- For all Veterans, it took an average of 40 days to be admitted to the Housing and Urban Development – Veterans Affairs Supportive Housing program after referral, 40 days to receive a voucher after being admitted, and 50 days after receiving a voucher to sign a lease; female Veterans were admitted to the program about 10 days sooner than male Veterans.
- There was substantial attrition from the program over the period of one year; only 31% of those admitted were still in the program at that time.
- Female Veterans had worse mental health scores, but lower drug use ratings over time compared to male Veterans.

Implications for Programs:

- Programs could continue to provide routine screenings for mental health concerns for Service members and Veterans.
- Programs can continue to provide housing services for Veterans, including tailoring specific services to meet the different needs of male and female Veterans. For example, given the higher rates of substance abuse disorders and histories of incarceration among females, programs may wish to target these specific issues in their services.

Implications for Policies:

- Resources to expand family- and child-oriented services and "family" friendly types of supportive housing may be important.
- Additional funding could be directed at streamlining the process for the Housing and Urban Development – Veterans Affairs Supportive Housing program.
- Policies could encourage various housing and health care programs to partner in an attempt to identify and service Veterans at risk of homelessness.

Avenues for Future Research:

- Further research could explore the causes of the high rate of attrition from the Housing and Urban Development – Veterans Affairs Supportive Housing program; it may be that these Veterans have successfully transitioned from homelessness or returned to homelessness or due to incomplete reporting by clinicians.
- Experimental studies of gender-specific interventions for homelessness could identify the most effective models to help male and female Veterans exit homelessness.
- An understanding of what happens both psychologically and physically for Veterans as they wait to be admitted to the Housing and Urban Development – Veterans Affairs Supportive Housing program may be important in understanding the challenges they face and the services they need.

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Background Information

Methodology:

- National VA administrative data on Veterans referred to the Housing and Urban Development – Veterans Affairs Supportive Housing program from January of 2008 to April of 2011 were analyzed.
- Self-reports in patients' medical records were used by VA mental health clinicians to gather demographic data, recent housing history, medical problems, and psychiatric diagnoses.
- Mental health symptoms and social quality of life measures were obtained at baseline and 3 months after admission.
- Effect sizes were calculated to compare male and female Veterans' individual baseline characteristics.
- Mixed linear models were used to examine gender differences in housing and clinical outcomes over time.

Participants:

- 43,853 Veterans (89% male) were referred to the program; however, fewer Veterans were surveyed due to rejection or attrition from the program. Thus, 29,203 (67%) Veterans were assessed at 3 months post-admission, 14,443 (49%) at 6 months post-admission, 11,698 (38%) at 9 months post-admission, and 8,956 (29%) at 12 months post-admission.
- Mean age= 49.4 (SD=12), 48% Black, 40% White; 63% divorced, 26% single.
- 75% Vietnam/post-Vietnam era, 22% Persian Gulf era, 3% pre-Vietnam; 20% military combat exposure; 23% had any VA service connection.
- 54% had been homeless 0-1 times in the previous 3 years, 37% 2-4 times; 43% lifetime incarceration of 1 year or less, 35% no incarcerations, 23% more than 1 year.

Limitations:

- Only homeless Veterans referred to the Housing and Urban Development – Veterans Affairs Supportive Housing program were included in this study. Therefore, these results may not generalize to homeless Veterans as a population.
- It is not known what the high attrition rate indicates – successful housing obtained, loss of data, decompensation - and this is an essential outcome in order to address the problem of homelessness for Veterans.
- Gender was not reported at each follow-up (3, 6, 9, and 12 months post-admission).

Assessing Research that Works

Research Design and Sample — Quality Rating: ★★☆

	Excellent (★★★)	Appropriate (★★☆)	Limited (★☆☆)	Questionable (☆☆☆)
The design of the study (e.g., research plan, sample, recruitment) used to address the research question was....	☐	☒	☐	☐

Research Methods — Quality Rating: ★★☆

	Excellent (★★★)	Appropriate (★★☆)	Limited (★☆☆)	Questionable (☆☆☆)
The research methods (e.g., measurement, analysis) used to answer the research question were...	☐	☒	☐	☐

Limitations — Quality Rating: ★★☆

	Excellent Minor Limitations (★★★)	Appropriate Few Limitations (★★☆)	Limited Several Limitations (★☆☆)	Questionable Many/Severe Limitations (☆☆☆)
The limitations of this study are…	☐	☒	☐	☐

Implications — Quality Rating: ★★☆

	Excellent (★★★)	Appropriate (★★☆)	Limited (★☆☆)	Questionable (☆☆☆)
The implications of this research to programs, policies and the field, stated by the authors, are…	☐	☒	☐	☐

☐ Not applicable because authors do not discuss implications

Overall Quality Rating ★★☆