Moderator: We’re going to start our research plenary session. Our first speaker is Ann Elizabeth Montgomery and Ann is going to talk about housing instability and intimate partner violence. We’ve got ten minutes for each presentation and that will be followed by five minutes of questions for that speaker.

Ann Montgomery: These are not my slides. There we go. So, I’m Ann Elizabeth Montgomery. I’m an investigator with the National Center on Homelessness among Veterans in a growing MVA medical center. Today, I’m going to talk about the correlates of increased risk of housing instability among women Veterans with recent experience in partner violence. First I want to just acknowledge my coauthors particularly Melissa Dichter who I believe is in the room. Also just sort of this variety of funding that got us here. We received a small grant through the National Center on Homelessness among Veterans that has leveraged two larger grants and allowed us to look at the data from both of those to sort of answer questions about the relationship between housing instability and intimate partner violence.

So, homelessness among Veterans was identified as a priority area in 2009 by Secretary Shinseki and the White House. Since then there’s been significant scale up and resources and billions of dollars towards homelessness prevention and rapid rehousing. The VA’s implemented a universal screening for homelessness and risk. That’s sort of led to since 2009, about a fifty percent decrease in the number of Veterans experiencing homelessness.

But we found sort of that based on the data sources that you look at that women Veterans are over represented within the Veteran homeless population. One of the primary pathways for women generally and women Veterans specifically into homelessness is intimate partner violence which is psychological, physical or sexual violence perpetrated by one’s current or former partner. Studies of sort of general populations of women have found experience of IPV increases the risk of housing instability by about a factor of four. As many as a third of women starting in active duty and about half of women’s Veterans who access VHA care have reported an experience of IPV.

So, to address this VHA is currently piloting a soon to be universal screen for IPV among women Veterans who present for VHA care. Today I’m going to sort of share some of the data from the pilot of that screener sort of combined with other electronic medical record data. So, we have two aims. The first is just to assess the relationship between a positive screen for IPV and whether a female Veteran has indicators of housing instability in her electronic medical record. Then, to look at just a population of women who have screened positive for IPV to better understand among those women what may contribute to her experience of housing instability.

So, we use data from about eighty-five hundred women Veterans who responded to this IPV screen during two years amid thirteen sites. Through the EMR we also collected sociodemographic and military characteristics, mental health and substance abuse related diagnoses and three indicators of housing instability. We measured those during the six month period after the Veteran responded to the IPV screen. These indicators are a positive response to VA’s universal screening for housing instability, a diagnostic code in the medical record indicating housing instability and use of VHA homeless programs.

So, we ran a series of logistic regression. The first just assessing the dependent variable in both being housing instability. But the first just assessing the relationship between a positive screen and housing instability and the second just looking at just a cohort of women who screen positive for IPV. So, our cohort of about eighty-five hundred women mostly slight majority middle-aged, primarily white and not Hispanic. The majority are receiving compensation related to a service-connected disability and about a third report being married. About a quarter serve in the recent conflicts in Iraq and Afghanistan. There’s also a pretty high rate of military sexual trauma, mental health diagnosis and around five percent of the women have a substance use disorder.

The first, sort of basic thing we looked at were the rates of IPV and the rates of housing instability among these eighty-five hundred women. We see that about 8.4 percent screen positive for IPV and 11.3 percent screen positive for housing instability. When we look at the overlap we see that among women who screen positive for IPV about a quarter of them experienced housing instability or had an indicator in their medical record that they did. Sort of, alternately, among those who screen positive for housing instability about almost twenty percent had screened positive for IPV. It’s just important to note that these rates are more than double of the general population or all the women who responded to this screen.

So, the first series of logistic aggressions again, just looks sort of very simply at the relationship between a positive screen for IPV and the Veteran having indicators of housing instability in her medical record. This any indicator of housing instability is looking if the Veteran had any of those three indicators that are listed below. The diagnostic code VHA Homeless Program used or a positive screen. So, a women Veteran who screened positive for IPV was almost three times more likely to have an indicator of housing instability in her medical record during the six months after responding to that screen.

The final analysis, again, just looked at women Veterans who screened positive for IPV and sort of what other factors may increase their odds of housing instability. So, we found, in addition to a few demographic characteristics around race and age that women who did not have a service-connected disability, which we sort of use as a proxy for income because they’re receiving some level of compensation for that. They were at increased risk of housing instability as well as women who were unmarried and had experienced military sexual trauma as well as those with a mental health diagnosis. You can see that women Veterans who had a diagnosis of a substance use disorder were about seven times more likely than those who did not to then have an indicator of housing instability in her medical record. You may remember from the earlier slide less than five percent of women actually have a substance use disorder in this cohort so that effect is pretty significant.

The implications of this first is we’re seeing that almost one in four women Veterans who screen positive on these IPV screens reporting in the past year they’ve experienced IPV that they are at increased risk of housing instability. Which really sort of tells us that housing providers, VHA Homeless Programs, when they’re working with the female Veteran they really need to assess for intimate partner violence and consider issues like safety planning or other issues around IPV and even thinking about housing. While on the other hand, interventions to directly address IPV need to assess for housing issues.

We also found that women Veterans who experienced IPV who are unmarried and were not receiving compensation related to the service-connected disability were much more likely to have an indicator of housing instability. One thought we had was that may be related to the lack of resources to be able to leave her abusive supporter or to be able to sort of find a new place to live. There’s the Support Services for Veteran Families Program. They can provide temporary financial assistance. The objective is with any Veteran to rapidly rehouse Veterans who have experienced housing instability. So, that may be a potential partnership that should be encouraged.

Finally, we see that intimate partner violence, mental health, substance use disorders and experience of sexual trauma in the military all sort of create a lot of risk for women Veterans in terms of housing instability. It’s very likely clearly interrelated. Women Veterans with multiple experiences and multiple traumas may be particularly affected so it’s really important to have available these services along with housing. The VA espouses a housing first approach which means basically women Veterans shouldn’t have to address these issues or take these services but they should be available. They should be presented and provided with a trauma-informed care approach. We just really need to know more about how these issue are interrelated, the pathways into homelessness among women Veterans generally and those who have experienced IPV.

One way that we’re doing that is through analysis of qualitative data. Tomorrow Melissa Dicher will be sharing some preliminary results of that if you want if you want to know more about it. But, in the meantime, if you have any questions I’m happy to answer either now or later. Thank you.

[Applause]

Moderator: Questions. Please feel free to come up. We have time for about four minutes of questions.

Susan Frayne: Hi. Susan Frayne from Palo Alto. Thanks so much for that Ann Elizabeth. Can you say a little bit more about what you think the homelessness programs can be doing to apply your results and typically kind of which parts of the programs could be targeted to reach out to women.

Ann Montgomery In all honesty this is a recently completed analysis and the goal of the National Center on Homelessness among Veteran’s grant that we received to look at this sort of interaction between IPV and housing instability. The objective of that is to really feed those results back into the homeless programs into the field. We haven’t sort of gotten to that part yet. But, I think, really, sort of at all levels I think it needs to be something that homeless programs generally, regardless of the type of program that it is, really need to sort of think about in terms of deciding on the appropriate housing intervention. I think that Support Services for Veteran Families because they do have a mechanism to help Veterans rapidly rehouse and they supply support services in case management. So, I think the training around safety planning and things like that would be helpful. That’s our next step, to really figure out how to do that.

Susan Frayne: Great. Thank you.

Ann Montgomery: Great question.

Patty Hayes: Hi. I’m Patty Hayes. VA central office, women’s health and I apologize because I did come in a little bit late. I’m interested of the issue of dependent children and how that factors into housing instability. I know a lot about how it factors into the fact that we don’t have much available but what about the perception of instability?

Ann Montgomery: Yeah. So, it definitely factors in. Unfortunately when we are using secondary data mostly from the electronic medical records it doesn’t have information about dependent children. It’s something we really need to know about and it’s something we really need to study but we haven’t gotten our hands on it. It’s part of another project. We do have access to data that looks at a lot of different risk factors and sort of situational factors that may lead to housing instability. So, there’s sort of work in another project to look at that. But, we have heard anecdotally. When I was visiting a program in D.C. on Monday, a HUD-VASH program in that there’s a focus on families but there’s often not housing units that are large enough. Because you can only have one child per room unless they’re of the same sex. So, I think it’s a pretty complicated issue and something that the VA hasn’t traditionally addressed are issues around children so I think there’s a lot to be learned there.

Patty Hayes: I think it’s actually very interesting in your findings that an age group that we may not be thinking as much about. The forty-five to fifty year olds who may not have dependent children. I know it’s very much of an impact for the younger women Veterans but it’s a group that we may need to spend more attention on, that age group. For both men and women I know it’s a factor but it’s that group that’s the largest number of women coming into VA. We need to take a look at those homeless risks.

Ann Montgomery: I agree.

Patty Hayes: Thank you for your work.

Ann Montgomery: Thanks.

[Applause]

Moderator: Thanks. The next speaker is Cynthia Lucero-Obusen and her topic is firearm injury encounters.

[End of audio]