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A Critical Review of the Literature Regarding Homelessness among Veterans

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EXECUTIVE SUMMARY

BACKGROUND

In 2009, President Obama and Secretary Shinseki committed to ending homelessness among Veterans. In support of that effort, the Federal Strategic Plan to Prevent and End Homelessness 2010 developed by the United States Interagency Council on Homelessness (USICH) established as one of its goals to prevent and end homelessness among Veterans in five years. An understanding of the epidemiology of homelessness among Veterans and the methodological strengths and weaknesses of this evidence base may inform program-planning efforts and future research needs. Understanding the risk factors for homelessness among Veterans and how these risk factors compare to the general population is important in developing identification and prevention programs for Veterans at risk for homelessness. This report was requested by VA Central Office and The National Center for Homelessness Among Veterans as part of that effort to identify what is known and what is not known about the prevalence of homelessness among Veterans, and about the risk factors for homelessness among Veterans, including risk factors related to military service and incarceration.

The key questions were:

Key Questions #1a. What is the prevalence and incidence of homelessness among Veterans?

#1b. How has the prevalence and incidence of homelessness among Veterans changed over time?

#1c. How prevalent are psychiatric illness, substance abuse, and chronic medical illness among homeless Veterans?

Key Questions #2a. Which risk factors are associated with new homelessness or a return to homelessness among Veterans? How do these risk factors differ from non-Veteran populations?

#2b. Have risk factors for homelessness among Veterans changed over time?

Key Question #3. Are there factors specific to military service that increase the risk of homelessness, or is the increased risk a marker for pre-military comorbidities and social support deficiencies?

Key Question #4. What is the relationship between incarceration and homelessness among Veterans?

METHODS

Key questions were developed with the input of experts from the National Center for Homelessness Among Veterans and the VA New England Healthcare System, and with feedback from national experts on homelessness and homelessness among Veterans. A search for relevant literature was conducted in MEDLINE, the Cochrane Database of Systematic Reviews, Sociological Abstracts, and Criminal Justice Abstracts from database inception through

July 2010. We also monitored Table of Contents alerts for several publications to identify new research published in 2010; searched several non-medical qualitative journals including Qualitative Research and Qualitative Health Research; and sought guidance on other sources from a survey of technical experts. For all Key Questions, the reference lists of articles returned were reviewed for any additional relevant studies. Because of the exploratory nature of this review, few restrictions were placed on articles to be considered for inclusion.

DATA SYNTHESIS

The existing evidence base relevant to this topic does not lend itself to a quantitative synthesis, since sample populations and variables investigated were rarely consistent across studies. In this report, we did not conduct a quantitative data synthesis or meta-analysis, but rather focused on presenting the strength of each existing study's findings and developing a conceptual model for understanding what these findings mean collectively, as well as indicating where there are significant gaps in our knowledge on this topic.

PEER REVIEW

A draft version of this report was reviewed by six technical experts. Reviewer comments were addressed and our responses were incorporated in the final report (Appendix A).

RESULTS

KEY QUESTION #1A. What is the prevalence and incidence of homelessness among Veterans?

The recently released report *Veteran Homelessness: A Supplemental Report to the 2009 Annual Homeless Assessment Report to Congress* (2009 Veteran AHAR) estimates that on a single night in January 2009 there were 75,609 homeless Veterans and that an estimated 136,334 Veterans spent at least one night in an emergency shelter or transitional housing program between October 1, 2008 and September 30, 2009. With nearly 23 million Veterans in the U.S. population in 2009, the prevalence of Veterans experiencing homelessness on a single night in January 2009 was approximately 33 for every 10,000 Veterans. Approximately 60 out of every 10,000 Veterans spent at least one night in an emergency shelter or transitional housing between October 1, 2008 and September 30, 2009.

KEY QUESTION #1B. How has the prevalence and incidence of homelessness among Veterans changed over time?

Because of changes in reporting and in the methods for counting the number of homeless, estimates of the prevalence of homelessness among Veterans over time are not comparable. With regard to the percentage of Veterans among the homeless, in 1996, the National Survey of Homeless Assistance Providers and Clients estimated that 23 percent of the homeless population were Veterans. More recently, the first four Annual Homeless Assessment Reports (AHARs) estimated that the percentage of Veterans among the homeless stayed relatively steady at about 15 percent. The most recent AHAR reported a decrease to 16 percent of adults and 12 percent of

all homeless individuals. The demographic composition of the Veteran homeless population is changing. According to the CHALENG report, VA facilities have recently reported an increase of 24 percent in homeless Veteran families seeking services. In addition, the percentage of homeless women Veterans is expected to increase as the percentage of female Veterans has increased dramatically in recent years.

KEY QUESTION #1C. How prevalent are psychiatric illness, substance abuse, and chronic medical illness among homeless Veterans?

There are few studies directly assessing the prevalence of psychiatric illness, substance abuse, or chronic illness in the general population of homeless Veterans. The 2009 Veteran AHAR estimates that approximately 53 percent of homeless Veterans have some kind of disability. This estimate is based on a definition of disability that includes substance abuse, mental illness, and physical disabilities. Estimates for specific disabilities are not provided. However, most other studies rely on already morbid populations seeking treatment for services and so cannot provide estimates of prevalence in the homeless population as a whole. Prevalence estimates from a limited evidence base vary. A study based on a convenience sample of homeless adults admitted to homeless shelters in Santa Clara County, California between November 1989 and March 1990 found that 17 percent of Veterans had been admitted for overnight treatment of psychiatric problems; that 29 percent reported actual and 39 percent perceived alcohol abuse; and 22 percent reported illegal drug use. More recently, a survey of randomly selected homeless adults in Pittsburgh and Philadelphia found that 61.4 percent reported psychiatric problems, 79.5 percent reported alcohol or drug abuse or dependence, and 66.1 percent reported having at least one chronic medical condition.

KEY QUESTION #2A. Which risk factors are associated with new homelessness or a return to homelessness among Veterans? How do these risk factors differ from non-Veteran populations?

Risk factors most strongly and consistently associated with homelessness in both Veteran and non-Veteran populations include childhood risk factors such as inadequate care by the parents, experiencing foster care or group placement, and prolonged periods of running away from home. Low or unstable income, low social support and a history of incarceration appear to place both Veterans and non-Veterans at increased risk for homelessness.

The most important risk factors for homelessness do not differ substantially between Veteran and non-Veteran populations. There are notable differences in the prevalence of some characteristics often found to be protective: Veteran homeless tend to be older and better educated; to have had better, early family cohesion; and are more likely to be or have been married than non-Veteran homeless. The reasons for this lack of expected protection are not well understood. It may be that the differences between these populations are too small to influence outcomes significantly. Alternatively, there may be unique Veteran experiences associated with either service or post-deployment readjustment that actively undermine the protective mechanism associated with these factors in other populations.

KEY QUESTION #2B. Have risk factors for homelessness among Veterans changed over time?

Evidence shows that over time, certain risk factors become more salient than others and affect different sub-populations. With the increasing number of women in the military, military sexual trauma (MST) has become an important and prevalent additional trauma-associated risk factor. The wars in Iraq and Afghanistan have led to an increase in the number of National Guard Veterans serving often repeated tours of duty in these conflicts. Since these Veterans are more likely to have families during and immediately after deployment, the importance of factors related to homelessness among families may increase. Economic and structural factors also strongly influence who is at risk. In good economic times, those most vulnerable because of personal risk factors will become homeless; as economic conditions worsen, an increasing number of those less vulnerable will also become homeless.

KEY QUESTION #3. Are there factors specific to military service that increase the risk of homelessness, or is the increased risk a marker for pre-military comorbidities and social support deficiencies?

Some studies have found that homeless Veterans have lower prevalence of some general population risk factors (such as family dysfunction) and higher prevalence of protective factors (such as higher educational levels). These findings suggest that pre-military risk factors or comorbidities do not account for the over-representation of Veterans among the nation's homeless. Veterans appear to be at risk for homelessness for much the same reasons as other Americans. However, their unique experiences as Veterans may mean that the pathways through which they come to be exposed to or develop these risks may be qualitatively different. This is an area which warrants further research.

An example of the influence of unique Veteran experiences may be found in considering the existing evidence on the impact of combat exposure. Although associated with only a subset of Veterans and homeless Veterans, prolonged or intense combat exposure has been found to negatively impact mental health, employment, income and social support, thus indirectly but substantially increasing the risk of homelessness among those Veterans who have had intense combat exposure compared to those who have not. Given that non-Veterans in the United States are unlikely to experience intense combat exposure, their pathways to low social support or poor mental health can only partially inform our understanding of homelessness among Veterans.

Some behaviors which may place Veterans at increased risk of homelessness seem likely to emerge during military service or during the readjustment/post-deployment period. These include problem alcohol use, problem substance use and/or low social support. While exposure to these risk factors is not intrinsic to military service, evidence suggests that military culture and/or the inherently disruptive nature of military service tours increase the likelihood of negative outcomes for both substance use and social support.

Though only examined to date by one small study, MST has been associated with increased risk of homelessness among female Veterans. Further research is needed.

KEY QUESTION #4. What is the relationship between incarceration and homelessness among Veterans?

After a steady rise in the number of Veterans in prison since 1985, the number, which peaked at about 153,100 in 2000, had declined by about 9 percent to 140,000 by 2004. Literature on

incarceration and homelessness makes apparent the demographic similarities between homeless and incarcerated populations – both are typically poor, uneducated, and minority populations with few job skills – and suggests a bi-directional association between homelessness and incarceration. Factors found to be associated with homelessness among the incarcerated include ineffective discharge planning, legal and regulatory restrictions, full sentencing laws, and financial instability.

LIMITATIONS OF THE EVIDENCE

Although there is consistent evidence associating specific risk factors such as substance abuse and mental illness with homelessness, there are significant limitations with the data in terms of how well risk factors were defined and prevalence measured. Association does not, on its own, indicate causality, and very few studies reviewed were designed to measure the direction of associations. Studies are limited by several factors, including: inclusion of morbid populations seen in clinical settings that may not be generalizable to the broader population of Veterans; use of varying and often inconsistent definitions of homelessness; use of measures of unproven validity; and limitations in study design.

FUTURE RESEARCH

This report identifies a number of gaps in the literature and makes key suggestions to define an agenda for future research on Veteran homelessness:

- Longitudinal studies with Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) Veterans are needed to capture data on exposures occurring before homelessness occurs. Given the VA's current policy of pro-active enrollment and engagement of this cohort, opportunities exist to conduct longitudinal studies that collect information on all of the risk factors identified in this report. This research should control for structural risk factors such as housing market costs and available assistance programs.
- Longitudinal studies with all new cohorts of enlisting military service members could better determine the pre-existing presence of risk factors such as low social support, alcohol or substance abuse problems before military service. Policies should be developed to facilitate the use of data from enlistment screenings in research.
- Qualitative studies employing longitudinal, ethnographic methods to investigate the distinct experiences of homeless Veterans will help researchers to understand what is unique about Veteran exposure to risk factors common to the general homeless population. This remains poorly understood at present but may have important implications for designing homelessness prevention programs that will be effective for Veterans.
- Current research suggests that risk for violent criminal behavior varies by service branch. Research to confirm these differences and how to identify individuals at risk for continued post-military violent criminal behavior may help target interventions to those most at risk for post-military incarceration.

- Research on the post-deployment period is needed, with a particular focus on risk factors for loss of income and social support during this transition period, as well as rates of short-term homelessness experienced during this period. These data could be collected as part of longitudinal studies looking for relationships between short-term and more chronic homelessness, a topic that has been the focus of past research.
- Further research on MST, its relationship to homelessness, and appropriate MST prevention and treatment programs is recommended.
- Research on Veterans Courts and other types of specialty courts should be conducted in order to determine how they can most effectively provide alternatives to incarceration for Veterans.
- Systems-perspective research on collaborations among Departments of Corrections, the VA, the Department of Housing and Urban Development (HUD), and local community health agencies could inform efforts to reduce the likelihood of homelessness upon re-entry from incarceration, including developing a better understanding of how to identify those most at risk for homelessness post-release.
- Most of the measures used to assess risk factors and personal characteristics of the homeless, including measures of substance abuse, mental health, and measures of social support, have been developed and normed on populations living in conditions very different from the homeless. The applicability of these measures to homeless populations is unknown. Research should be undertaken to assess the applicability of these measures, and to modify or develop new measures where warranted. Similarly, better defined research on the aspects of social support most relevant to improving Veterans' post-deployment adjustment would contribute both to addressing Veteran homelessness and the literature's broader understanding of the function of social support.
- Long-term studies repeatedly collecting both quantitative and qualitative data, though always relatively difficult and costly to conduct, would greatly improve our understanding of Veterans' difficulties in re-engagement and re-integration over long periods of time after deployment, not just in the initial post-deployment year, which is more frequently studied.
- Studies that include both individual and structural risk factors should be conducted to assess both their independent and contingent effects.
- Research is needed to investigate the relationship between the unique Veteran experience of "family readjustment difficulties" in the post-deployment period and other, more generalized concepts such as social support, as well as the relationship between family readjustment difficulties and clinical diagnoses of mental illness.
- To our knowledge, the direct relationship between injury/disability and increased risk of homelessness has not been well studied in the Veteran population. There is a need for research designed to examine injury as a risk factor for homelessness, both directly and indirectly, and taking into account the complex effects of serious injury on both income and quality of life/well-being.

ABBREVIATIONS TABLE

ACCESS	Access to Community Care and Effective Service Supports
AFDC	Aid to Families with Dependent Children
AHAR	Annual Homeless Assessment Report
ASI	Addiction Severity Index
CHALENG	Community Homelessness Assessment, Local Education and Networking Group
CI	Confidence interval
CMHS	Center for Mental Health Services
CoC	Continuum of Care
DCHV	Domiciliary Care for Homeless Veterans
DRRI	Deployment Risk and Resilience Inventory
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
ELI	Extremely Low Income
ESP	Evidence-based Synthesis Program
FMR	Fair market rent
GAINS	National GAINS Center: Gathering information; Assessing what works; Interpreting/integrating the facts; Networking; Stimulating change
GAO	Government Accounting Office
HCHV	Health Care for Homeless Veterans
HCMI	Homeless Chronically Mentally Ill Veterans Program
Health VIEWS	Health of Vietnam Era Veteran Women's Study
HEARTH	Homeless Emergency and Rapid Transition to Housing
HMIS	Homeless Management Information System
HR	Hazard ratio
HSR&D	Health Services Research and Development Service
HUD	Department of Housing and Urban Development
MCS	Millennium Cohort Study
MOS	Medical Outcomes Study
MPSI	Multi-Problem Screening Inventory
MST	Military sexual trauma
N or n	Number
NSHAPC	National Survey of Homeless Assistance Providers and Clients
NVVRS	National Vietnam Veterans Readjustment Survey
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom

OR	Odds ratio
p	Probability
PIT	Point-in-time
PTSD	Post-traumatic stress disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
SSDI	Social Security Disability Insurance
SSI	Social Security Supplementary Income
TANF	Temporary Assistance for Needy Families
TCE	Targeted Capacity Expansion
USICH	United States Interagency Council on Homelessness
VA	Veterans Affairs
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Networks