



NATIONAL COALITION *for* HOMELESS VETERANS

“Homeless Veterans Who Served in Iraq and Afghanistan: Gender Differences, Combat Exposure, and Comparisons with Previous Cohorts of Homeless Veterans”

Tsai, Jack; Pietrzak, Robert H.; Rosenheck, Robert A.

Quick Takeaways:

- OEF/OIF/OND homeless veterans suffer from higher rates of PTSD, and lower rates of psychosis and substance abuse, than older cohorts of homeless veterans.
- OEF/OIF/OND homeless veterans receive, on average, lower service-connection ratings from the VA on entrance to the HUD-VASH program.

Study:

This study used administrative data from the Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH) program between 2008 and 2011, which contained 44,577 veterans, of which 2.23 percent were OEF/OIF/OND. The research sought to better understand the sociodemographic characteristics of homeless OEF/OIF/OND veterans, including their service-connection. The study also examined the relationship between combat exposure and psychiatric diagnoses among homeless OEF/OIF/OND veterans and their older counterparts from previous eras.

Findings:

The study found substantially higher rates of PTSD among OEF/OIF/OND veterans compared to previous cohorts; 67 percent of these veterans were diagnosed with PTSD. More than half of these veterans (both men and women) were also diagnosed with a mood disorder. Rates of psychosis and substance abuse were lower among the OEF/OIF/OND veterans than previous cohorts, at 5 percent and 38 percent respectively. Researchers found that OEF/OIF/OND veterans exposed to combat were more likely to be diagnosed with PTSD. For women veterans, there was also a significant association between combat exposure and homeless history. Homeless OEF/OIF/OND women veterans were also younger and more likely to be Black.

Many of the demographics of the OEF/OIF/OND population studied were similar to those of previous cohorts of homeless veterans. However, homeless OEF/OIF/OND veterans were younger, had shorter homeless histories, and appeared less likely to have a history of incarceration than the older cohorts. The authors attribute these variations to the different ages of the veteran populations at the time of comparison. The average rates of service connection for OEF/OIF/OND veterans, both men and women, entering HUD-VASH were lower than those of older cohorts.

Conclusion:

This study suggests treatment of PTSD plays a crucial part in securing stable housing, particularly among this subpopulation of homeless veterans. Programs that serve OEF/OIF/OND homeless veterans should incorporate a focus on PTSD in their intake and referral processes, as well as in their treatment models.

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The authors also claim VA service-connection payments are a protective factor against homelessness. More broadly, this finding could encompass stable income, to include stable employment.

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