Quick Takeaways:

- Increased incidence of homelessness for OIF/OEF Veterans is connected to PTSD, gender, and economic conditions veterans face on reentering civilian life.
- Veterans aged 25 and older who served on active duty in OEF-OIF rather than in the Guard or Reserves were more likely to experience an incident of homelessness.

Summary:

This study used data from the VA Office of the Inspector General (OIG) data to examine the relationship between OEF-OIF military service and homelessness. Researchers analyzed data from 310,685 veterans who separated from the military between July 1, 2005, and September 30, 2006, had no prior history of homelessness and used VA or Department of Defense (DoD) services after discharge. The purpose of the study was to identify characteristics of veterans with elevated risk for becoming homeless after returning to civilian life and to refine targeting for VA homelessness prevention assistance to only those most likely to become homeless.

The study included variables related to military pay grade, age, military branch, duty type, discharge status, and behavioral health disorders. The data was analyzed from the point of military separation for five years for any occurrence of homelessness.

Findings:

This study found that OEF-OIF service significantly increased the risk for becoming homeless by 34 percent. Overall, 3.8 percent of those released from the military between July 1, 2005 and September 30, 2006 experienced a period of homelessness in the five years following their discharge. Veterans in lower military pay grades as well as veterans that served on active duty rather than in the Guard or Reserves both experienced homelessness at a higher rate. The study found that 72 percent of those who experienced homelessness were in the lowest military pay grade category and 44 percent of those who experienced homelessness suffered from either behavioral health or substance abuse.

The risks for homelessness substantially rose for veterans who served on active duty in OEF-OIF and for veterans with behavioral health issues such as PTSD. Other factors that significantly raised risk of homelessness among OEF-OIF veterans included incidence of PTSD, substance abuse, and behavioral disorders.

Conclusion:

The authors recommend continuing to use administrative data to identify veterans at an elevated risk for becoming homeless on their return to civilian life. Based on this study, homelessness prevention efforts must utilize targeted instruments and more thorough screening in order to better identify individuals at risk of homelessness.