HOMELESSNESS AMONG WOMEN VETERANS:

A SYSTEMATIC REVIEW OF

THE RISK FACTORS

by

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Abstract

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Background: As more women joined the armed forces the population of women veterans inevitably increased and with it so did the rates of women veteran homelessness. Women veterans are a unique group of women who also possess protective factors from homelessness, yet are 3 to 4 times likely to become homeless than non-veteran women. The purpose of this systematic review is to glean from other articles and studies what the risk factors for women veteran homelessness are. *Method:* A systematic review of 7 articles were conducted using the PRISMA method as a guideline for selecting the articles. *Results:* 5 articles were female veteran focused and 2 had female veterans as a sub-group. Articles were categorized in 3 groups, Military Risk in General, Trauma as a Risk Factor, and Women Veterans' Perspectives on Risk Factors for homelessness. *Conclusion:* Traumatic experiences of all types have been the repeated theme in the articles reviewed. And, no singular traumatic type can be pin-pointed as the cause of women veterans' homelessness.

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CHAPTER 1

INTRODUCTION

For as long as there has been a US military, women have been answering the call to serve their country in some capacity. Whether that may be during World War I when women went to work in factories to free up men to fight, when they served as nurses, served as Women Airforce Service Pilots (WASP) in World War II, or present day where women now serve in combat related Military Occupational Specialties (MOS). American women have consistently answered the call to serve, and the current number of women serving has been steadily increasing. As of August 2016, the total number of women active duty service members account for 15.85% of the total Armed Forces. An increase of 0.54% since May 2015 (Active Duty Data, 2016). Additionally, as women served and exited the military, the total of women veteran's population has expectedly increased. According to the National Coalition for Homeless Veterans (n.d.), women veterans make up roughly 9% of the total veteran population and "within the next 10 years, the population of women Veterans will increase to almost 2.5 million, or 13 percent of all Veterans" (Hamilton, Washington & Zuchowski, 2014, p. 92). Unfortunately, this increase in the women veteran population brings with it an increased risk of homelessness. Available literatures have suggested that female veterans are at a higher risk for homelessness than their male counterparts when looking at risk factors such as physical abuse, prior sexual trauma, Military Sexual Trauma (MST), depression and Post Traumatic Stress Disorder (PTSD) (Hamilton et al., 2014). They are also three times as likely to be homeless than non-veteran women.

The topic of women veteran homelessness is a very important one considering all veterans are taught to be resilient and to "adapt and overcome", not only in the performance of

their duties but in their personal lives as well. In fact, veterans are often asked to call upon these in-grained teachings in times of conflict and stress. For example, Jarrett (2008) detailed his experiences teaching Warrior Resilience Training (WRT), a "warrior-oriented, combat stress prevention class…using insights and philosophies derived from the survivor, resiliency, and prisoner of war literature, Stoic philosophy, Army Warrior Ethos, and Army values" (p.33). The author explained this training is based on the warrior ethos and Army values which are based on *personal courage*, *self-control*, *loyalty to comrades* and *dedication* (Jarrett, 2008). These values help shape and guide a soldier's actions. Other branches of service have their version of values. The United States Marine Corps (which fall under the Department of the Navy) and the United States Navy shares the values of *honor*, *courage* and *commitment*. So, if veterans can rely on their respective branch of service's values in times of combat, why not apply those same teachings to address adversities such as homelessness?

In another article the authors reviewed studies comparing non-veteran homeless women to homeless women veterans and "found that veteran homeless women had higher rates of employment, educational attainment, and being married -all resources that should make them more resilient to homelessness" (Washington et al., 2010, p. 87). By all accounts, women veterans should be the population most insulated against homelessness. However, they are still at a greater risk for homelessness even with the same in-grained values of resiliency as male veterans. Therefore, the purpose of this study is to learn what the literatures have found to be the risk factors for women veteran homelessness.

Research Question

What are the risk factors for female veteran homelessness in the literature?

Rationale

While there are numerous studies on homelessness and veteran homelessness, the majority of those studies focused on the non-veteran homeless population or the homeless male veteran population. Although women have been serving since as early as 1901, it wasn't until 1980 that the US Census began asking women whether they have served their country prompting the Veteran Health Administration (VHA) to start providing them service (Ganzer, 2016). As a result, women veterans were finally included in the discourse of homelessness, but not in as much depth as their male counterparts. In the recent years many studies and researches pertaining to the homeless women veteran population have been published, in particular looking at military sexual trauma, PTSD, and mental illness as co-occurring with homelessness. However, in addition to those risk factors this systematic review examines the available literatures for other risk factors, if any, for female veteran homelessness.

Problem Analysis

In 2010, the Obama administration announced an initiative to eliminate veterans' homelessness. This initiative was in response to the more than 300,000 veterans who either lived on the streets or in shelters. This 300,000 is a result of an increase in homeless veterans over time. As the number of service members increased so did the number of veterans who exited the service and became homeless. In particularly, post September 11, 2001 saw many individuals joined the armed forces of which they later exited and subsequently ended up homeless. Although resiliency is a characteristic of most veterans, a staggering number still ended up homeless. Unfortunately, the homeless female veterans it seems has been an increasing

population. Although, when compared with homeless male veterans, the number of homeless women veterans are lower than the "25% - 40% of homeless men veterans" (Gamache, Rosenheck & Tessler, 2003, p. 1132). A number that has since been reduced as a result of the Obama administration's "opening doors" initiative. However, in comparison with non-veteran homeless women, "women who have served in the United States military [were] three to four times more likely to become homeless" (Washington, et al., 2010, p. 82). A possible explanation is after discharge from military service veterans will move to a new geographic location based on connections they have made in the military, or back to their home of record to pick up where they've left off prior to joining the military. As a result, they do not have a support system as they are either new to the area, or grew apart from those connections they had prior to joining the military. Consequently, this lack of support system can contribute to veterans being depressed, unemployed, under employed and for women veterans, physically abused by an intimate partner. All of which can increase their risk for homelessness.

Since the beginning of the "Opening Doors" initiative unveiled by the Obama Administration with the Departments of Housing and Urban Development, Health and Human Services, labor and the Veteran's Affairs, the total number of homeless veterans have been significantly reduced (HUD opening-doors, 2015, p. 26). According to The National Alliance to End Homelessness report for 2016, at the 2015 point-in-count the number of homeless veterans nationwide was 47,725, a decrease of over 2,000 since the 2014 point-in-count. However, with all the work that has gone into reducing veteran's homelessness, through programs such as Supporting Services for Veteran Families (SSVP) and Housing and Urban Development-VA Supportive Housing program (HUD-VASH) there still remains the task of identifying ways to prevent veteran's homelessness versus intervening when it occurs.

In its annual homeless assessment report to congress, the Department of Housing and Urban Development (HUD) reported at the point-in-time (PIT) count conducted in November 2016, that there were a total of 3,328 homeless women veterans in the United States. (HUD AHAR-pdf, 2016, p. 52). A PIT count is generally conducted one night during the last 10 calendar days of January or whenever deemed appropriate by HUD to count sheltered and unsheltered homeless persons. (HUD PIT-Count guide, 2014, p.4). However, women veterans who couch surf are not available to be counted and therefore are not included in the PIT count data. Additionally, many homeless women veteran have minor children in their custody making them homeless families rather than individuals (Tsai et al., 2015), and therefore difficult to accurately account for. According to the United States Government Accounting Office (2012), there is no detailed data collection on homeless women veteran (GAO, 2012). As a result, it is unclear the true magnitude of the homeless women veteran population.

CHAPTER 2

LITERATURE REVIEW

A characteristic of most veterans is their resilience – a person's "ability to bounce back from an adverse event" (Johnson, 2014, p. 218). Subsequently, after service, very few veterans will ever lose that or the values, attitudes and behaviors they've learnt and come to rely on in the service (Conard & Armstrong, 2015). So one may find it difficult to comprehend why many veterans become homeless and in particular women veterans. Considering the fact that compared to non-veteran women, women veterans generally have a higher rate of employment, being married and attaining higher educational success (Washington et al., 2010). At such, the rate of homelessness might be expected to be considerably lower for women veterans. However, despite those protective factors, some women veterans still end up homeless, and one study noted "women veterans were four times more likely than non-veteran women to experience homelessness" (Hamilton et al., 2014, p. 93).

Other than their risk factors for homelessness, research has helped to identify specific characteristics about homeless woman veterans. According to the literatures, the homeless women veteran demographic characteristics include being unmarried, unemployed, and having a mental health or substance abuse issue (Women Veterans and Homelessness, 2016, p. 5). It is important to note here the subtle contrast in how the literature reports on risks factors for homelessness between males and females. For example, among homeless male veterans, being unmarried is listed as a characteristic of homelessness rather than a risk factor. This attests to the subtle sexism in our understanding of homelessness. In the Montgomery, Dichter, Thomasson, Fu & Roberts (2015) study, the authors identified the age differences in women veterans at risk for homelessness and those women veterans who were homeless. According to the study,

women veterans ages 55 years and older were significantly less likely to report being homeless, compared to those women veterans 35 years and younger. On the other hand, women veterans "between the ages of 35 and 54 were more likely to report being at risk for homelessness than women veterans 35 years and younger" (Montgomery et al., 2015, p. 44). In addition, the study also noted whites were less likely to be identified as being at risk for homelessness compared to Blacks and other races such as, Asian, Pacific Islander, Native Hawaiian etc. Additionally, nearly half of homeless women veterans had dependent children (Bryne, Montgomery & Dichter, 2013). It is also estimated that 1-2% of all women veterans will become homeless over the course of a year (va.gov); a disappointing outlook for those women who joined the military in search of a better life. As one study noted, "adversity often contribute to women's decision to enter the military" (Hamilton, Poza, Hines & Washington, 2011, p. s205). For example, some women join the military as a place to "turn for escape, safety and opportunity" (Hamilton et al., 2014, p. 94). Despite the outlook though, a very high percentage of women veteran go on to attain success from their time in service. In fact, compared to non-veteran women, women veterans were likely to have a bachelor's degree. Since 2004, the number of women veterans with advance degrees have been significantly higher than non-veteran women (va.gov).

The roles of women in the military have increased in the recent years as more jobs traditionally closed to women have been opened. For example, combat support jobs which puts them in likely contact with enemy combatants. For these women, life in the military is one consisting of stressors both at home as mothers and intimate partners, and in service as leaders and comrades. These stressors put them at risk for domestic violence, military sexual trauma, substance abuse, and poor mental health. All of which are risk factors for homelessness among women veterans. One service related stressor in particular that seems to be more detrimental to

women veterans, compared to male veterans, is deployment. According to the literature, deployments present a unique stressful situation for women veterans in that of leaving their family behind for an extended period, being exposed to combat or traumatic situations and living and working [in close proximity] with fellow troops (Ganzer, 2016). One study noted that "more than 30,000 single mothers have deployed to Iraq and Afghanistan" (Mattocks et al., 2012, p. 538). Furthermore, for single mothers, finding someone to care for the children in their absence if the father is not available compounds the stress of deployment. One regulation put in place by the Department of Defense to alleviate the stress of finding care for minor children of deployed parents is the Family Care Plan, DOD instruction 1342.19. The instruction mandates that single and dual military parents of minor children identifies in writing a guardian to care for their children (Family Care Plans, 2010). Unfortunately, while the family care plan mandate works for single parents during their military service, it does not translate to similar support after the military. A possible explanation is the absence of access to military facilities and financial arrangements to care for the children. The literature also noted that "women who were deployed and had combat exposure reported symptoms of mental health condition, including PTSD, at nearly twice the rate of non-deployed women" (Ganzer, 2016, p. 34). Additionally, Ganzer (2016) referenced a study in which active duty women service members were screened for PTSD following their return from Iraq. In that study, among the 54 women screened, "one third of the participants showed either clinical or subclinical levels of PTSD symptoms; 11% screened positively for PTSD [and], between 9% and 17% reported one or more symptoms of depression" (p. 35). Consequently, for women veterans, serving their country is not only physically demanding, but mentally demanding as well.

Notably, the pathways to, and subsequent experiences, being homeless is different for each woman veteran. To gather insights on the homelessness experience of women veterans, Miller (2015), used an interview technique to elicit what it meant to be homeless for the women veterans in the study. The results of the study were that the experiences of homelessness look different for each homeless woman veteran. In addition, the study participants described homelessness as a loss of independence and basic human needs such as food, clothing and shelter. One participant recounted her experience being homeless stating, "if you do not have a drug or alcohol problem, you do not want to tell someone that you are homeless", (Miller, 2015, p. 47) in that if an individual seemed able bodied he or she shouldn't be homeless. Another participant's account of homelessness is the "fear of not knowing what you are going to do, where you going to sleep, if someone going to bother you, hoping that you will make it to the next day" (Miller, 2015, p. 51). In Keene's (2012) study that looked at the meaning of homelessness to women veterans, the study participants described their meaning of homelessness as being empty, hopeless and in a downward spiral. One participant stated "homelessness is a sort of helplessness, because you feel like you don't have any control over where you are going or any control over your life" (Keene, 2012, p. 56). Another participant stated, "homelessness meant being on the streets and overwhelmed" (Keene, 2012, p.56).

Overall, there is less available literature on homeless women veterans compared to literature on homeless male veterans. This is in no way due to women veterans' homelessness being insignificant or a lack thereof in contributions women veterans make to their country. But rather women veterans' experiences and challenges have been overshadowed by those of their male counterparts (Mattocks, et al., 2012). In one study conducted on veteran homelessness, the authors noted that a significant risk factor for women veterans was a correlation of screening

positive for an anxiety disorder and PTSD (Washington et al., 2010). In addition to PTSD, the literature also identified the impact that the women veteran's health had on their risk for homelessness. According to Tsai, Rosenheck & McGuire (2012), women veterans are less healthy than their non-veteran female counterparts and are in poorer mental health compared to male veterans. A possible explanation for these poor health statistics is not fully accessing available Veteran's Administration (VA) health benefits. This can be from a lack of information about what services are available, not identifying health issues or not addressing identified health issues prior to separation from the military. For example, in a study conducted by Hamilton et al. (2011) homeless women veterans listed a lack of information, limited access to services and, the lack of coordination of services as barriers to health services. Consequently, as more women serve in combat, and are increasingly exposed to posttraumatic stress their risk for deterioration in health increases and so does their risk for homelessness upon discharge from military service.

Other literature on the topic included the impact homelessness has on the veteran's mental health and her substance use. In the Bryne et al. (2013), systematic review of literatures on women veteran homelessness, the findings were literatures dominated by studies answering epidemiological questions such as the characteristics of homeless women veterans, with few studies that identified an effective intervention to end homelessness. From what limited literature that is available, we are able to gather that the risk factors were mostly independent and, or stemmed from their military service.

CHAPTER 3

METHODS

Design

A systematic review of available literature on homeless female veterans was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement checklist, an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses (Liberati et al., 2009). With these set of items, the PRISMA checklist works as a guideline to effectively complete a systematic review by reminding the author to add all relevant information needed for each section of the systematic review. For this systematic review, the PRISMA statement's checklist is also useful in selecting articles with the specified eligibility criteria by selecting those articles that also followed the PRISMA checklist. In addition to the PRISMA checklist, the PICOS (Liberati et al., 2009, p. 20) approach was used to help formulate the research questions and search strategy for the online search databases. PICOS is the acronym for ***P****opulation,* ***I****ntervention(s),* ***C****omparison,* ***O****utcome* and ***S****tudy design*. The PICOS approach is useful in clearly identifying the population, intervention(s) used, comparison of population or interventions, the outcome expected in the systematic review and in searched articles, and the study designs. No protocol or registration exists for this systematic review.

Inclusion and Exclusion Criteria

For eligibility criteria, the PICOS approach was utilized to identify the characteristics of studies for review. *Population* – homeless women veterans, *Intervention* – risk factors for homelessness, *Comparison* – comparison of homeless male veterans and non-veteran homeless women to homeless women veterans, *Outcome* – to identify other risk factors for women veteran homelessness, and *Study Design* – any study having a female veteran population size of 3% or

more of the total sample size. The rationale for using "risk factors for homelessness" is for this research to provide practitioners and policy makers with knowledge about what factors are risks for homelessness, and thus, to be able to take the necessary steps to negate these risks e.g. supportive services and housing programs. As a result, when using the PICOS approach "risk factors for homelessness" was used as a search term instead of an intervention or treatment.

Criteria for articles included were studies written in the English language due to the researcher's fluency in English language only, a predetermined timeframe, and articles dealing with U.S. – based samples. The timeframe selected was January 2000 through December 2016. The rationale for this timeframe was the increase of women service members during that time period. The number of U.S. women veterans doubled from 4 to 8% of the Armed Forces from 1990 to 2000 and again to its current total of 16.1% as of December 2016 (DOD Report, 2016). With this increase in women service members, the U.S. Veterans Administration has recognized the need to include the female veterans in more of its studies. As a result, there are more available studies relating to the female veteran population during the selected time period. Additional criteria are pertaining to veteran homelessness and women veterans. The criteria for articles excluded are those out of the predetermined timeframe, blogs postings, Newspaper articles, studies with a female veteran population of less than 3% of the total sample size, and English-language studies conducted in countries other than The United States of America e.g., homeless veteran studies conducted in Australia, Canada or the United Kingdom (UK), and non-English-language studies.

Definition of Terms

*Homelessnes*s – According to the Department of Housing and Urban Development (HUD) homeless individuals are identified in four categories.

Category 1: An individual or family who lacks a fixed, regular, and adequate nighttime residence.

Category 2: An individual or family who will imminently lose their primary nighttime residence.

Category 3: Unaccompanied youth and families with children and youth defined as homeless under other federal statutes.

Category 4: Individual or family who is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions (HEARTH Act: Defining "Homeless", 2011).

For the purpose of this systematic review unaccompanied youth was not considered for the obvious reason. This definition is also extended to include veterans who are couch surfing, staying with friends or in transitional housing.

Risk factor – A variable, "emanating from an individual or from the environment that contributes to their adversities" (Johnson, 2014, p. 18). For this systematic review, *risk factors* are those variables that are contributing to homeless, e.g. loss of financial resources, substance use disorders, victim of sexual trauma, combat related traumas, and other mental disorders as a result of a trauma.

Unsheltered (Homeless people) – To "stay in places not meant for human habitation, such as streets, abandon buildings, vehicles or parks" (HEARTH Act: Defining "Homeless", 2011).

Veteran – Title 38 of the Code of Federal Regulations defines a veteran as a person who served in the active military, naval, or air service and who are discharged or released under conditions other than dishonorable (38 C.F.R. §3.1-Definitions, 2017). However, for the purpose of this

systematic review the term veteran is extended to include a person who has served in the United States military.

Women – Refers to persons born biologically of the female gender. For the purpose of this systematic review, the terms women and female are used interchangeably and are based on individuals' self-report.

Search Strategy

In the literature review, it was identified that there were limited articles on the subject of homeless women veterans. Therefore, in an effort to yield every possible article on the subject, the researcher conducted the online database searches using the following terms in any combination: *homeless, vagrant, vagrancy,* and *unsheltered.* These terms were used as synonyms of homelessness to achieve a better search result. Additional terms: *unstable housing* (living with friends or transitional housing) and, *women veterans* were also included in the search terms. This search yielded over 1000 records after the eligibility and exclusion criteria were applied. So, with the PICOS approach as a guide, the terms *homeless veteran, women, risk factors / homelessness,* and *women veterans* were use in searching the online databases. Only peer reviewed and scholarly articles were reviewed. The search was conducted in electronic databases available through the University of Texas at Arlington (UTA) online library (http://library.uta.edu). The databases selected for search of available literatures were *Academic Search Complete*, *Family Studies Abstract*, *Social Work Abstracts*, *MEDLINE*, *Military and Government Collection*, *PsycINFO*, *Social Services Abstract*, *PubMED*, *CINAHL Complete,* and *ProQuest Dissertations and Theses Global database*. The rationale for these databases was to use those that would include social issues such as homelessness, health and psychological effects of homelessness, and military reports of veteran homelessness. The database search was

conducted during the month of March 2017. To conduct the search, the UTA electronic library was accessed via logon identification and password. After selecting the option "Databases A to Z", the researcher clicked on the hyperlink for one of the pre-identified databases which took the researcher to the EBSCOhost page. From this location the researcher clicked on the "choose databases" hyperlink and selected Academic Search Complete, CINAHL Complete, Family Studies Abstract, Social Work Abstracts, MEDLINE, Military and Government Collection, and PsycINFO followed by selecting "OK." The researcher is then forwarded to the EBSCOhost page where the search terms, *homeless AND women veteran AND risk factors* were used. Other combinations of the search terms such as; *homelessness AND women veteran AND risk factors* were also used. The search terms *homeless veteran, women, and risk factors* yielded records of a more manageable size after duplicates were removed. Although the online search databases allowed the researcher to do a simultaneous search of the databases, there were limitations as a few databases required separates searches. As a result, a similar database search process was conducted by returning to "Databases A to Z" and individually selecting those databases requiring separate searches - ProQuest Dissertations and Theses Global, PubMed and Social Services Abstracts databases. In addition to the database searches, the researcher reviewed the reference list of other systematic reviews on the subject of homeless veterans and homeless women veterans to identify as many articles as possible on the subject. From these reference lists reviewed, other relevant articles were identified for inclusion in the record screening process.

Study Selection

In the study selection process, articles were selected that met the predetermined eligibility criteria. Those articles meeting the eligibility criteria were further screened and selected for

inclusion in the systematic review if: (1) included over 3% of women veterans in their total sample size, and (2) risk factors or predictors of homelessness. The database searches yielded *N*=187 records of which 14 were requested through the UTA Inter-Library Loan (ILL), with an additional N=4 records identified in the reference lists of other systematic reviews as relevant to this research topic. Duplicate records were removed resulting in *N*=120 for further screening. The researcher applied the inclusion criteria resulting in *N*=53. The exclusion criteria were applied eliminating an additional 29 records. Seventeen of those records were excluded based on their abstract as not relevant to this systematic review. For example, health issues such as dealing with Human Immunodeficiency Virus (HIV) as a homeless individual. The other 12 were excluded due to a small female veteran sample size or the lack thereof. An additional 13 records were excluded for the following reasons: one blog, eight News reports, and four for subject matter. Although having met the eligibility criteria, the four records removed for subject matter either applied to the homeless women population or the women veteran population, but not the topic of *homeless women veteran*. For example, one article focused on the "emerging issues relevant to the development of posttraumatic stress disorder (PTSD) among women deployed to Iraq and Afghanistan" (Street, Vogt & Dutra, 2009, p. 685), but was not relating to homelessness. Another article focused on the "lifetime sexual trauma histories among 29 homeless women" (Weinrich et al., 2016, p. 237). Although the Weinrich et al. (2016) article discussed Military Sexual Trauma, a main risk factor of homelessness for women veterans, the focus was on the civilian homeless population with the sample size of only four women veterans. An additional four articles were also excluded from the review due to obscurity surrounding its female veteran sample size. One such example of obscurity is in the Tsai, Rosenheck, & Kane (2014) article in which the authors conducted a study with a population size of N=29,143. In its

table of *background, housing and clinical characteristics of homeless veterans*, the gender male was listed with a representative sample percentage. However, the gender female was missing from the table. The full texts of the remaining seven records were retrieved for the review (see flow diagram in figure 1 for a visual reference). The same remaining seven eligible articles for this systematic review were categorized into three topics; military risk in general, trauma as a risk factor, and women veterans' perspectives on risk factors. Two items on the PRISMA checklist, data collection process and data items were not applicable to this systematic review. No forms were created to extract data for this review. The researcher screened individual articles for its study design, population and sample sizes.

Rigor Criteria

Articles were screened for potential biases using criteria such as its sampling methods, sample size, and sample composition. Those with sampling methods that were not random were considered biased. For example, convenient sampling methods were used for those studies conducted for the Veterans Administration. This included sampling veterans at a VA clinic who came in on their own and a sampling of discharge records sent to the VA. Another rigor criterion used was to identify whether studies used comparison or control groups in their study.

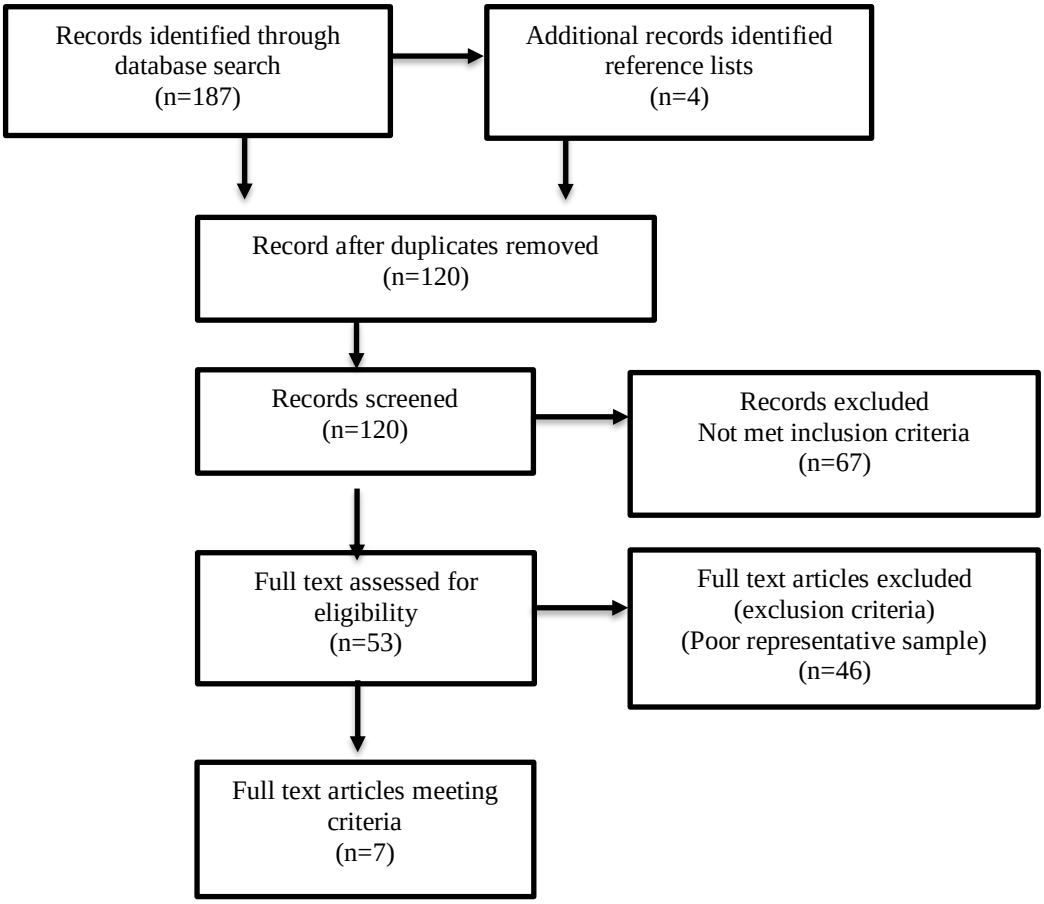

Figure 1. Flow diagram

CHAPTER 4

RESULTS

Seven full text articles all met the criteria for this systematic review and are analyzed based on two categories; methodological characteristics (Table 1) and topic areas of risk factors for homelessness (Table 2). The methodological characteristics of studies of homeless women veterans included the design and sample information. In total, five (70%) used a quantitative design and two (30%) a qualitative design. Regarding the sample sizes of homeless veteran women in the studies, five (70%) were female veterans exclusively and two (30%) had female veterans as a sub-group. The topic areas of risk factors for homelessness detailed three topic areas of different risk factors. First, the topic area Military Risks in General include those articles relating to risk factors for homelessness occurring during military service. For example, combat exposure, posttraumatic stress disorder and anxiety disorder as a result of combat exposure. The second topic area is Trauma as a Risk Factor. These are related to the different types of traumatic risk factors. For example, military sexual trauma, pre-military traumatic experiences such as violent assaults, natural disasters and witnessing the death of someone. Finally, the third topic area is Women Veterans' Perspective. This included those articles in which homeless women veterans themselves identify the risks factors that contributed to their homelessness.

In the quantitative study article by Washington et al. (2010) the authors detailed a case-controlled study in which a sample size of *N*=33 homeless women veterans were matched with *N*=165 randomly selected housed women veterans to assess the different risk factors associated with homelessness. To obtain study participants, the researchers used VA-affiliated, non-VA affiliated, and direct contacts to recruit homeless subjects. Some direct contacts included

shelters, residential in-treatment facilities, soup kitchen lines and skid row. The study had a control group of housed women veterans to evaluate whether housed women veterans shared the same characteristics as homeless women veterans. For this comparison, each of the 33 homeless women was matched with five housed women. The sample of housed women veterans were selected from an existing dataset of housed women veterans interviewed about their "military experiences, health, and healthcare use" (Washington et al., 2010, p. 83). The demographics of the sample included an average age of 49.7 years (SD=6.9) for homeless and 47.5 years (SD=7.5) for housed. The race/ethnicity breakdown was 54.6% Blacks, 36.4% White, 6.1% Hispanic and 3.0% other for homeless veteran women. For the housed women veterans, the breakdown was 26.6% Blacks, 53.3% White, 11% Hispanic and 9.1% other. The results of the study were that the homeless women veterans reported significant risk factors for being homeless compared to the housed women veterans. Homeless women veterans reported military sexual assault at 53.3% compared to 26.8% for housed women veterans. In addition, 72.7% homeless women veterans reported having a diagnosis of depression, 74.2% screened positive for PTSD and 45.5% screened positive for anxiety disorder. In comparison, 46.1% of housed women veterans reported having a diagnosis of depression, 32.7% screened positive for PTSD and only 13.9% screened positive for anxiety disorder. Additionally, the study reported when compared to non-veteran homeless women, homeless women veterans had a higher rate of being married, higher rates of employment, and educational attainment – "all resources that should make them more resilient to homelessness" (Washington et al., 2010, p. 87).

In a second quantitative study conducted by Tsai, Pietrzak and Rosenheck (2013), to compare gender differences in combat exposed homeless Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) veterans to previous

cohorts of homeless veterans, the researcher compared *N*=205 homeless OEF/OIF/OND female veterans with *N*=789 homeless OEF/OIF/OND male veterans. Participants were recruited through VA mental health or HUD-VASH clinicians, in addition to "National administrative data on homeless veterans referred to the HUD-VASH January 2008 to April 2011" (Tsai et al., 2013, p. 400). Study information was collected through a structured assessment form in which participants self-reported age, gender, race, marital status, military service, combat exposure, VA service-connected disability, income, and homelessness and incarceration histories. Sociodemographic included an average age of 30.62 years (SD=7.70) for females and 30.87 years (SD=7.01) for males. Race/ ethnicity of female sample 48.53% Blacks, 27.94% White, 17.16% Hispanic, and 6.37% other. Male sample included 46.6% White, 29.37% Blacks, 19.80% Hispanic and 4.47% other. The results of the study were that compared to veterans of other eras, more OIF/OEF/OND veterans reported combat exposure and reported having "substantially higher rate of PTSD diagnosis" (Tsai et al., 2013, p. 402). Furthermore, the study reported a "significant association between combat exposure and homeless history among female veterans" (Tsai et al., 2013, p. 404). Of the sample of OIF/OEF/OND female, N=120 had combat exposure of which 65.55% reported being homeless none or once in the past three years, 31.93% reported being homeless two to four times, and 2.52% reported five or more time homeless in the past three years.

In a quantitative study article by Decker, Rosenheck, Tsai, Hoff, & Harpaz-Rotem (2013), it compared data from homeless women veterans reporting military sexual assault (MSA) and homeless women veterans that did not. Participants were recruited through program evaluations of "newly established specialized homeless women veteran's programs conducted at 11 VA medical centers" (Decker et al., 2013, p. e374). The sample included *N*=509 homeless

women veterans who were deemed eligible to participate in the study based on a case manager's determination of their homelessness or high risk for becoming homeless, among other criteria (Decker et al., 2013, p. e374). Two hundred and nine reported MSA and three hundred reported no MSA. Data from the study participants were gathered by interviews conducted upon their entry into the study and included data for a Post-Traumatic Stress Disorder checklist. Additionally, the researchers used a 4-point Likert scale to assess participant's interest in treatment. The participants' demographics included an average age of 43.24 years (SD=8.02) for women reporting MSA and 43.63 years (SD=8.53) for those with no MSA. The study did not report a breakdown of race and ethnicity for different races, but reported that *N*=335, 65.8% "most likely identify as Black, Hispanic, or other racial/ethnic minority" (Decker et al., 2013, p. e375). The findings were, although MSA is prevalent as a risk factor for homelessness among women veterans, other potentially traumatic events such as being attacked, having a friend or family member killed, and childhood sexual abuse plays a role as well.

The quantitative study by Tsai, Rosenheck, Decker, Desai & Harpaz-Rotem (2012), examined women veteran's lifetime exposure to traumatic events and its correlation to housing and psychosocial outcomes. The sample consisted of *N*=581 female homeless veterans who were enrolled in homeless women veterans program. The study data were "based on an administrative evaluation" (Tsai et al., 2012, p. 625) of newly established Homeless Women Veterans Program (HWVP) at 11 VA medical centers. The study did not use a comparison or control group. To collect data, researchers used an adapted version of the "17 item Life Events Checklist", a 15 item measure from the Post-Traumatic Stress Disorder checklist civilian version (Tsai et al., 2012, p. 625), and structured questions to assessed housing and clinical statuses. The participant characteristics were an average age of 43.28 years (SD=8.51), 50.17% Blacks,

33.68% White, 8.76% Hispanic, and 7.39% Asian/other. The results of the study were that different trauma types had different correlation to homelessness. Trauma from sexual assault had a correlation to more days homeless while trauma from disasters, illnesses or death of a friend or family member result in poor physical health (Tsai et al., 2012).

Gamache et al., (2003) study used clinical and non-clinical data from three non-VA sources to compare vulnerabilities for homelessness among women veterans and women non-veterans. Samples were obtained from the Access to Community Care and Effective Services and Supports (ACCESS) program, the National Survey of Homeless Assistance Providers and Clients (NSHAPC) and the Current Population Survey (CPS) (p. 1132). Sample size consisted of *N*=143 women veterans and *N*=3354 women non-veterans. Data from the NSHAPC consisted of a nationally represented sample in which randomly selected agencies' clients were randomly selected and interviewed. Subscales of the Addiction Severity Index (ASI) were used to measure alcohol, drug and psychiatric problems. Participants were also asked questions to measure childhood abuse. The study reported a higher rate of sexual trauma and posttraumatic stress disorder among women veterans compared to the general population. In addition, the results of the comparison of homeless women veterans and homeless women non-veteran within the ACCESS, NSHAPC and CPS data, reported that homeless veteran women had a 3.6, 2.7, and 4.4 times respectively, greater risk for homelessness. The study also reported there was not a statistical difference in the Addiction Severity Index (ASI) measures of alcohol, drug abuse, or mental health problems.

Two qualitative study articles were reviewed. In the article by Hamilton et al. (2011), the researchers conducted three focus groups in the Los Angeles, California area with homeless women veterans to determine pathways to homelessness for female veterans. All three focus

groups had a combined sample size of *N*=29 women veterans. Participants for the focus groups were recruited "during an annual open house for women veterans who are homeless or who have accessed homeless services" (Hamilton et al., 2011, p. S204). The study used a semi-structured moderator guide to elicit participants' information on military experience, homelessness histories among other variables. The focus groups were recorded and the interview transcripts analyzed (Hamilton et al., 2011, p. S204). The results of the study showed the study participants associated their pathways to homelessness as either

> "(1) Pre-military adversity (including violence, abuse, unstable housing), (2) military trauma and/or substance abuse use, (3) post-military interpersonal violence, abuse, and termination of intimate relationships, (4) post-military mental illness, substance abuse, and/or medical issues, and (5) unemployment" (Hamilton et al., 2011, p. S204).

Furthermore, this study referenced Washington et al. (2010) study and supported its findings that "military sexual trauma, unemployment, disability, poor health, and screening positive for PTSD were primary risk factor for homelessness among women veterans" (Hamilton et al., 2011, p. S207). The study did note that data were incomplete for some demographic items.

Another qualitative study by Hines (2009) used a sample of *N*=6 homeless women veterans to gather information on their experience of homelessness. The participants were recruited by engaging women individually at the Salvation Army, Rescue Mission and feeding routes during the weekends (Hines, 2009). Homeless women identifying as veterans were informed about the study and asked for their participation in sharing their experiences. Data was collected through a semi-structured interview and later analyzed using the "constant comparative coding process [to] determine the true meaning of homelessness to the study participants" (Hines, 2009, p. 10). The article listed the participants as ranging in age 47 years to 59 years.

Race/ethnicity reported were: four participants (66%) as Blacks and two (33%) White. In addition to eliciting the women's homeless experience, the study also gathered information on the risk factors which contributed to their homelessness. According to the author, the theme of loss resulting from a premature discharge was pervasive in contributing to homelessness. For example, "loss of housing, loss of income, loss of training...[and] loss of comraderies or unit support" were contributors (Hines, 2009, p.127). As a result, "discharge from military service due to early release was a direct link to homelessness in women veterans" (Hines, 2009, p.127).

Additionally, the reviewed literatures listed other possible contributors to the women veterans' homelessness issue as their low income, or unemployment due to non-transferrable skills gained in the military. For example, skills in certain Military Occupational Specialty (MOS) can be difficult to transfer to civilian jobs. Explosive Ordnance Disposal Technician and Bulk Fuel Specialists are a few. To further explain, a woman service member with those skill sets will have difficulties finding work in the civilian sector depending on her geographical location. For example, a service member returning to New York would be unable to find work with those skill sets, whereas a service member returning to Texas could obtain work in the oil fields. Also identified during this review, was the plentitude of VA funded studies compared to non-VA funded. A possible explanation for the increase in studies is the VA's effort to address the needs of the growing population of women veterans. It is also in response to an increase rate in women veteran homelessness, and finding the best ways to address this crisis.

Summary of Results

From these studies two types of military related risk factors risk factor for homelessness emerged. The first type of military related traumatic experience affecting homeless women veterans is Military Sexual Assault (MSA). MSA have been identified across the studies as a predominant risk factor for homelessness among women veterans. The Tsai, et al., (2012) study reported that homeless women veterans experienced many different types of trauma. They reported 99% of study participants having had at least one trauma with rape being the most common of the reported traumas among the study participants. In addition, 42% of those participants reported it having occurred in the military. Furthermore, in women veterans seeking medical or mental health services at the VA, the prevalence of MSA is 30% to 41% (Decker et al., 2013). In the Washington et al., (2010) study, it compared homeless women veterans to housed women veterans and found 53.3% of homeless women veterans compared to 26.8% of housed women veterans had been sexually assaulted during military service. The second type of military related traumatic experience that plays a role in the homelessness of women veterans is combat exposure. Combat exposure has been identified as a root cause for psychiatric difficulties such as; schizophrenia, bipolar disorder, PTSD and even alcohol and substance abuse (Tsai et al., 2013). Furthermore, PTSD has been identified in the literature review as a risk factor for homelessness. In the Tsai et al. (2013) study of OEF/OIF/OND homeless veterans, 75.23% of homeless women veterans and 92.59 of homeless male veterans reported combat related PTSD. Additionally, 77.06% of homeless women veterans in the sample had a co-occurring mood disorder with the diagnosis of PTSD.

In addition to trauma that occurs as a result of being in the military such as MSA and combat exposure, homeless women veterans also reported traumatic experiences occurring

outside of the military. One study found that homeless women veterans who experienced MSA also experienced pre-military traumas such as childhood sexual assault and, physical and emotional abuse (Decker et al., 2013). Another study found in addition to trauma experiences of MSA and combat exposure, homeless women veterans also experienced being robbed, physical assaults, and illness or death of close friend of family member (Tsai et al., 2012). The result of these traumas, in most cases is PTSD, a contributor to poor mental health, and subsequently homelessness as has been noted. The Tsai et al. (2012) study also looked at the correlation between the traumatic experiences and housing status of homeless veterans. What the study found is that trauma from sexual assaults resulted in more days homeless, while other trauma types had more days in their own place. The study also noted that "severely traumatized women may be especially careful to avoid public shelters due to their harsh conditions and primarily male environments" (Tsai et al., 2012, p. 630). A possible explanation for more days homeless compared to other trauma types.

In contrast to those studies on the types of trauma experienced by homeless women veterans, two studies reported on the women veteran's perspective of the risk factors for homelessness. This perspective offered a unique opportunity to hear from homeless women veterans what risk factors they believed have contributed to their homelessness. Across the studies detailing the homeless women veteran's perspective, unexpected exit from the military has been noted as one of the factors contributing to their homelessness (Hines, 2009). Unexpected exit from the military appeared in the form of punitive discharges or medical separation. In addition to the fact that leaving the military early does not allow time to prepare financially, a punitive separation affects future benefits or monetary assistance from the VA. For example, in Hines (2009) qualitative study, one study participant stated that her punitive

discharge "made her ineligible for VHA health care benefits" (p. 127). A punitive discharge can also result in the loss of educational benefits and job training resources that would have otherwise be provided through the VA. Furthermore, for those veterans who prematurely exited the military with a service connected disability or a medical discharge from service, having access to VA healthcare and some monetary compensation may not be enough to maintain steady housing and insulate them from homelessness. According to Hines (2009), an unexpected discharge from the military affects the woman veterans' housing, income, camaraderie and is "a direct link to homelessness in women veterans" (p.127).

Table 1. Characteristics of Studies of Homeless Women Veterans *(N=7)*

Characteristics	*N*	%
Design		
Quantitative	5	70%
Qualitative	2	30%
Sample		
Female veteran focus	5	70%
Female veteran subgroup	2	30%

Table 2. Topic areas of Risk Factors for Homeless Women Veterans (*N*=7)

Topic	Author	Sample total	Sample Female Veterans	% Female Veterans
Military Risk in General				
-Homeless Veterans Who Served in Iraq and Afghanistan – gender differences, combat exposure, and comparisons with previous cohorts of homeless veterans	Tsai et al. (2013)	994	205	20.6%
-Risk Factors for Homelessness Among Female Veterans	Washington et al. (2010)	198	198	100%
Trauma as a Risk Factor				
-"Homelessness and Trauma Go Hand-in-Hand": Pathways to Homelessness among Women veterans	Hamilton et al. (2011)	29	29	100%
-Military Sexual Assault and Homeless Women Veterans: Clinical Correlates and Treatment Preferences	Decker et al. (2013)	509	509	100%
-Trauma Experience Among Homeless Female Veterans: Correlates and Impact on Housing, Clinical, and Psychosocial Outcomes	Tsai et al. (2012)	581	581	100%
Women Veterans' Perspective on Risk Factors				
-Homelessness: Women Veteran's Perspective	Hines, V.A (2009)	6	6	100%
-Overrepresentation of Women Veterans Among Homeless Women	Gamache et al. (2003)	3,490	143	4.1%

CHAPTER 5

DISCUSSION

This systematic review on women veteran homelessness identified 7 articles that met the pre-selected criteria. Other systematic reviews relating to homeless women veterans were identified for review. However, they were disregarded due to focusing on the health issues of the homeless women veteran population and not the risk factors for homelessness. For example, HIV or drug abuse prevalence among homeless women veterans. The findings from this review uncovered themes of risk factors such as traumatic experiences within the military, e.g. MSA, other traumatic experiences, and unexpected discharge from the military.

Implications for Practice

The women veteran population will continue to grow as more women join the armed forces. As a result, mental health practitioners and social services provider must be aware of the vulnerabilities of these women. While women veterans have been trained to be resilient and may have some protective factors against homelessness, practitioners and service providers should always be aware that this population is still four times likely to be homeless compared to non-veteran women. Therefore, with this in mind, an area that needs to be address when providing services for homeless women veterans is case management. Practitioners and service providers outside of the VA healthcare system need to be trained to be culturally competent in the military culture the same way they are expected to be culturally competent in issues of race, class, and gender. In this way, they will be able to understand the unique experience of female veterans, their unique risk factors, and perhaps how to engage them more effectively in case management.

Effective case management is vital when providing services to a woman veteran. Whether that may be through securing transitional housing if needed, or psychological services.

It is important to consider the women veteran's vulnerabilities and trauma histories when providing case management. In addition, considering the results of numerous studies identifying premature exit from the military, military sexual trauma, and combat exposure as risk factors for homelessness, practitioners and service providers should be mindful when conducting psychosocial assessments of women veteran clients. For example, with clients identifying as women veterans, the service providers should identify a history of sexual trauma, PTSD, and depression as risk factors for housing instability. By identifying and addressing the risk factors for homelessness, the service provider can target efforts in areas that will be beneficial to the client. For example, supportive housing services or VA healthcare services. One study reviewed noted, "the perceptions of VA care differ for women with histories of sexual assault trauma" (Hamilton et al., 2011, p. 54) than those without. These perceptions can range from negative stories of sub-standard care to detailing trauma histories in the presence of male. The VA is aware of these perceptions and as a result created a separate women's clinic within the VA clinic where female veterans are only seen by female providers. Furthermore, to encourage women veterans to use the VA clinics, service providers ought to consider how negative perceptions of the VA discourage some female veterans from using VA services and how they can help these women to overcome their reluctance. Alternatively, they may need to help these female veterans to identify alternative healthcare providers.

In addition to having differing perceptions of VA care, some women veterans may not be aware of benefits they are entitled to base on their military service, or whether or not they have a VA service-connected disability. For example, one participant in the Hines (2009) study stated she "had been discouraged from seeking VHA assistance prior to being released from the brig" (p. 168). Also, in the Keene study participants talked about the difficulties they had "trying to

get assistance from community resources after the military" (2012, p. 64). In another study by Tsai et al., (2012) the authors noted sexually assaulted homeless women veterans tends to avoid shelters or other environments where men are residents. This avoidance of co-ed housing can also result in more days homeless for these women as referenced earlier in the Tsai et al., (2012) study. With this in mind service providers should work with homeless women veterans to identify any service connected disabilities for monetary compensation which can help maintain a household and prevent homelessness. The Montgomery et al. (2015) study noted, "receipt of benefits related to service-connected disability are associated with lower odds of homelessness" (p. 44). As a positive result of dispelling negative perceptions of VA healthcare may be that homeless women veterans who uses the VA clinics will not only be able to receive healthcare and find suitable housing, but also submit claims for service connected disabilities compensations.

In addition to resources for healthcare and housing, case management should also address employment. As noted in studies by Keene (2012) and Hines (2009), unexpected exit from the military is a risk factor for homelessness. Therefore, as a result of prematurely exiting the military, some homeless women veterans lacked the transferrable skills they would have gained over time necessary to obtain a job outside the military. Additionally, if the premature exit from service is a result of punitive actions, it can drastically limit the type of jobs the veteran is able to acquire. For example, losing security clearances due to punitive actions can result in becoming unemployable in their trained job field. One way in which the military can reduce premature exit is to work with service members, especially in their first four years, to establish investments and pursue education goals. The establishment of goal can motivate service members to complete their time in service without legal reprimands. For those service members that an establishment

of goals is beyond their purview then a post separation class will be ideal. This post separation class can give service members an opportunity to receive resource information after they have re-grouped and have an idea how their new life will work. Furthermore, exiting the military is a stressful time for most veterans. They are preoccupied with deciding where to live, finding a job, and adjusting back to a civilian way of life. As a result, information provided before separation from the military can be overlooked or just not be of importance at the time. Therefore, social services provider should incorporate a review of resources and benefits available to veterans.

In addition to case management, another area in which services with homeless women veterans can be positively affected is through preventive services. Preventive services in the military is one way to address the issue of homelessness among women veterans before it becomes problematic. It can be achieved prior to women starting their service as they complete the medical in-process. This can be accomplished by screening women for histories and type of traumatic experiences that could make them vulnerable to future traumatic experiences. According to Hamilton et al. (2014), the experiences of some women coupled with their being in a "male dominated institution produced vulnerability for homelessness" (p. 96). This is due to adversities or the risk factors for homelessness they have faced prior to joining the military; and in some cases wanting to escape their environment. For example, a woman who was abuse as a child may seek out the comradery and bond the military offers. Another possible prevention service in the military is the use of screening tools for homelessness prior to exiting the military. In the Montgomery et al., (2014) study a homelessness risk assessment tool was developed and tested among veterans at a VA outpatient client. This instrument had positive results and had an overall internal consistency reliability of 0.85 (Montgomery et al., 2014). A tool such as this

could be adjusted and used as a homelessness screening tool prior to individuals separating from military service.

Implications for Policy

The VA has taken many steps to address the issue of homelessness among the women veteran population. They have funded many studies, including some in this systematic review that looked at the homeless women veteran population in terms of trauma experiences, health concerns, and housing outcome. The VA has also established the Homelessness Screening Clinical Reminder (HSCR) to conduct a "universal screen for homelessness and risk among veterans accessing outpatient health services" (Montgomery et al., 2015, p. 43). And, a women's clinic within the VA clinic systems where women veterans can receive preventive care and treatment. This is particularly beneficial for those women who are victims of military sexual trauma. In addition, the current funding of services includes the SSVP and HUD-VASH programs to assist homeless veterans find and maintain permanent housing. However, these programs are only available to those veterans who are eligible for VA healthcare. Therefore, an area where additional policies can assist homeless women veterans is in the determination of eligibility for VA services. The current policy is that VA eligibility determination is based on having served on active duty and receiving a discharge other than a dishonorable discharge. For veterans who have a dishonorable discharge, they are excluded from VA healthcare benefits, disability compensation, and VA housing assistance programs. For those veterans in need, these resources can mean the difference between being sheltered and being homeless. While some may argue that disability benefits promote illness of the recipients because of their "false reporting of illness or injury" to receive money (Mares & Rosenheck, 2007, p. 58), it can be a lifesaver to those in need. Contrary to that argument of false reporting of illness for benefits, it

has also been "found that increased public support payments were associated with increased housing tenure" (Mares & Rosenheck, 2007, p. 59). While the monetary compensation for disability can go a long way, the other non-monetary benefits in the form of education and job training resources are more beneficial as this translates into earning potential. However, due to the eligibility requirement of a discharge other than dishonorable, some veterans would still be denied. Consequently, there is more that can be done in the area of policies to address homelessness in this growing population. One suggestion would be to update the policies to provide education and job training resources to any veteran that has served regardless of discharge status.

Implications for Research

While there has been an increase in women veteran focus studies in recent years, in particularly the area of MST, other areas are lacking. MST warranted the focus due to the increasing rates of sexual traumatic incidences compared to other traumas. For example, in a study conducted by Tsai et al., (2012) which looked at the correlation between trauma experiences and the housing, clinical and, psychosocial outcomes of homeless women veterans, the author noted that while women veterans' exposure to combat stress was less compared to that of male veterans, women veterans however, did report higher rates of sexual harassment and sexual assaults (Tsai et al., 2012). Furthermore, a plethora of studies on homeless male veterans were discovered during this systematic review. While the literature on women veteran homelessness in areas beside MST is still lacking. As a result of the deficiencies in studies concerning women veterans, the area of women veteran homelessness has not been studied in great detail as it has for male veterans. As more women joins the service, and the women veteran population increases there will be a need to address not only MST but other prevalent

issues that can influence the outcome of risk factors for homelessness. For example, physical well-being, and financial security.

Still, another research area needing to be explored for its influence on the risk factors for women veteran homelessness is the difference branches of service (i.e., Army, Navy, Air Force, Marine Corps and Coast Guard). The literatures reviewed revealed an absence of studies that identified participants by the branch in which they served. Research comparing women veteran homelessness across the U.S. military branches would highlight within veteran differences such as higher or lower rates of stress, incidences of sexual assaults, and female-supportive cultures and climates, all of which may be related to higher or lower risk for homelessness upon exiting the military. With this information, a researcher can compare current Department of Defense data on incidences of sexual assaults and sexual harassment within the military to see if there is a correlation. Overall, more research is needed to properly address homelessness among women veterans.

Limitations

Limitations consisted of search strategy, sample sizes and the author's own experience as a woman veteran. The search strategy, though thought out in the proposal phase became a restriction. The search terms lacked the variety to include all aspects of women veteran homelessness. For example, the terms *literally homeless* and *unstably housed* were omitted, but were terms used in a few of the articles reviewed. These terms were also significant terminologies in both the VA and HUD's classification of homeless individuals. Another limitation was the sample sizes of the women veterans in the studies. In addition to the limited articles available, many had sample sizes that were too small to be considered in the systematic review. Also, few comparison group studies which compared homeless women veterans to

housed women veterans. Or, any groups with women veterans whom have never been homeless or at risk for being homeless. Finally, as a woman veteran the author's own experience in service caused her to look at some information as irrelevant. Perhaps limiting information that could have been important to those with no military experience.

Conclusion

In summary, the rate of the women veteran population is on the rise and with it the likelihood of more women veterans who will become homeless. Although, the rate of homeless women veteran population is not as high as that of male veterans, women veterans are still three to four times more likely to be homeless than non-veteran women. Despite the increasing number of women veterans, there is still a need for more literature where the homeless women veteran population is concerned. More studies are needed in order to learn about other risk factors for homelessness and how they can be prevented. In addition to MST, PTSD and mental illnesses such as depression, the literatures reviewed also identified risk factors such as prematurely exiting the military, and past traumatic experiences such as death of a friend or family member, and physical abuse. And according to Kuehn, (2013) all the risk factors for women veterans are not yet known. Overall, the total number of homeless veterans has been reduced with the aid of the opening doors initiative, and VA programs to screen for homelessness and provide housing assistance. Still, proactive steps need to be taken to identify those women veterans at risk for homelessness prior to them exiting the military.

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Biographical Information

The researcher is a veteran of the United States Marine Corps. After retiring from the service, she enrolled in the Bachelor of Social Work (BSW) program at The University of Texas at Arlington, TX earning her BSW in 2015. She went on to earn her Master of Social Work (MSW) in 2017 also at The University of Texas at Arlington, TX. She became interested in the social work field after working as a Family Readiness Officer (FRO) while on active duty. As a FRO she worked with service members and their families assisting with resources, preparation for deployments and separation from the military. This duty and her own experience as a young single mother who was unprepared to exit the military prompted her interest in the homeless women veteran population. She hopes that as a social worker, she can transition from service of country to serving those in her community.