



BOB WOODRUFF FOUNDATION

Beyond Financial Assistance: Addressing Risk Factors for Homelessness Among Veterans

ISSUE/CHALLENGE

On a single night in January 2022, roughly 33,000 veterans experienced homelessness in the United States—a decline of 11 percent from 2020.¹ Although great strides have been made in reducing veteran homelessness, significant challenges remain. Many veterans experiencing or at risk of homelessness face other obstacles, such as health issues or a lack of social support, that make it harder for them to achieve long-term housing stability. Systems of care for those veterans have been further strained by the nationwide shortage of affordable housing and the expiration of pandemic-era increases in funding and flexibility for federal programs that provide homeless services.

Financial problems are a key risk factor contributing to homelessness, but they do not account for all veteran homelessness. For example, a 2021 survey of low-income veterans found that although a majority of respondents who had been evicted experienced homelessness, they made up just 39 percent of veterans with a history of homelessness.² Clinical factors (such as psychiatric diagnoses, medical conditions, and substance use) were more strongly associated with homelessness among survey respondents than sociodemographic factors (such as age, gender, and income level), which were more strongly associated with evictions.

Programs funded through the Departments of Veterans Affairs (VA), Labor, and Housing and Urban Development work to rehouse veterans experiencing homelessness through a combination of services. Those services include emergency and transitional housing, intensive case management, help navigating the health care system, counseling, connections to behavioral health care, employment services, and financial assistance. However, other community-based programs and stakeholders that focus on preventing veteran homelessness often try to address housing instability only through emergency financial assistance and financial literacy programs.

Financial interventions are an important part of homelessness prevention, but they are unlikely to fully address veterans' underlying risk for homelessness.

KEY FINDINGS

Besides financial problems, research has identified several clinical or social factors that are associated with an increased risk for veteran homelessness:

- **Diagnosed mental health and substance use disorders**, including psychotic disorders, are among the most consistently identified risk factors for veteran homelessness. Substance use and psychotic disorders in particular show a significant impact on veterans' overall risk.³ Among Iraq and Afghanistan veterans, behavioral health diagnoses were more than twice as prevalent among veterans who later experienced homelessness as among veterans who did not.⁴
- **Post-traumatic stress disorder (PTSD)** also increases the risk of homelessness, particularly among Iraq and Afghanistan veterans, though less so than substance use disorders and no more so than other mental health disorders.⁵ In addition, PTSD increases the risk that recently housed veterans will return to homelessness.⁶ And research on Army veterans identified any prior experience with PTSD or major depressive episodes as two of the top three predictors of homelessness.⁷
- **Having little social support** is a risk factor for veteran homelessness—particularly in the first year after discharge from the military—as is being unmarried.⁸ Low social support may also be associated with a longer duration of homelessness (12 or more months) and more chronic homelessness (at least one year of continuous homelessness, or at least four episodes of homelessness in the previous three years).⁹
- **Adverse social outcomes, such as incarceration and other-than-honorable discharges**, increase veterans' risk for experiencing homelessness. Those factors can also prevent veterans from accessing the resources and services they need to successfully transition out of homelessness.¹⁰ Among male Iraq and Afghanistan veterans, the risk of homelessness is 137 percent higher for veterans with other-than-honorable discharges than for those with honorable discharges.¹¹
- **Domestic violence and military sexual trauma** are also risk factors for homelessness. Among veterans using the VA health care system, female veterans who experienced intimate partner violence are at increased risk for housing instability, as are both male and female veterans who experienced sexual trauma in the military.¹²

In addition to clinical and social factors, certain demographic factors increase the risk of veteran homelessness. For example, Black, Hispanic, and Native American veterans, LGBTQ+ veterans, and former junior enlisted personnel are at higher risk for homelessness than other veterans.¹³ No clear difference in risk exists between male and female veterans overall. But female veterans who experience homelessness are much more likely to have minor children with them, which can make it more difficult to find an appropriate shelter or transitional housing as they work toward a permanent housing situation. In 2022, 48 percent of female homeless veterans were unsheltered (sleeping outside or in cars or abandoned buildings), compared with 40 percent of male homeless veterans.¹⁴

IMPLICATIONS

Ending veteran homelessness requires more than connecting homeless veterans with permanent, sustainable housing and preventing them from slipping back into homelessness. It also requires providing comprehensive support services to reduce the risk of homelessness before veterans experience it. Eviction prevention efforts and one-time financial assistance play an important role in avoiding homelessness among veterans who are facing an immediate housing crisis, particularly in the aftermath of the COVID-19 pandemic. But focusing only on eviction prevention and financial aid leaves other risk factors unaddressed.

Veterans take many different pathways to homelessness, so effective homelessness prevention requires a collaborative, multifaceted approach that maximizes community resources. Many of the risk factors for homelessness that veterans face do not occur in isolation. For example, lack of social interaction can contribute to poor mental health, and untreated mental health conditions in turn can strain veterans' relationships with their family and friends. Financial problems also play a role in the connection between serious mental illnesses and homelessness, because people with illnesses such as psychotic, bipolar, or depressive disorders tend to have less income and more financial barriers than people without those mental health challenges. In addition, adverse outcomes such as involvement in the criminal justice system or other-than-honorable discharges can make it harder to access services to address mental illness, social isolation, and housing instability.

Government funding for homeless service providers mainly equips them to address current homelessness in their communities, leaving few resources available to prevent homelessness. As high levels of need and limited options for affordable housing strain the systems of care that rehouse veterans, other social service providers—especially behavioral health care providers and programs that foster community and social support—will need to play a key role in preventing future veteran homelessness.

GOALS FOR THE FUTURE

Community-based service providers and funders must develop comprehensive homelessness prevention strategies that address the multiple risk factors veterans face. Those strategies should emphasize collaboration between sectors and use a “whole-person” approach—one that acknowledges the relationship between a veteran’s mental, physical, financial, and social well-being—to reduce veterans’ risk for homelessness.

Homeless service providers and organizations that offer financial assistance to address housing instability should partner with community-based behavioral health care providers and local VA medical centers to refer veterans with mental health needs to high-quality care. In addition, behavioral health care providers should work to engage veterans’ families and support networks in their care whenever possible to improve patient outcomes and families’ understanding of their loved one’s condition.¹⁵ Behavioral health care providers should also build partnerships with organizations that foster social connection to reduce veterans’ isolation and increase their social support. Finally, greater collaboration is needed between homeless service providers and legal aid providers to address legal issues that threaten veterans’ housing stability.¹⁶

Funders and stakeholders committed to homelessness prevention can maximize their impact by expanding their investments in upstream services to reduce veterans’ long-term risk for homelessness. **Besides focusing on eviction prevention efforts, funders should invest in the following:**

- **Programs that increase veterans’ access to high quality mental health care,**
- **Community-building programs that reduce social isolation, and**
- **Legal and diversionary treatment programs that help veterans involved in the criminal justice system and those with other-than-honorable discharges access benefits and resources and successfully reintegrate into their communities.**

Finally, where resource disparities exist within the veteran population, funders and service providers should ensure that the veterans with the greatest risk for homelessness and the highest barriers to care have access to the resources they need to achieve long-term stability.

About Stand SMART For Heroes

The Bob Woodruff Foundation is proud to partner with best-in-class scientific organizations to provide important research findings to the community of organizations that represent and serve post-9/11 veterans, service members, families, and caregivers.

For more information on the Bob Woodruff Foundation and Stand SMART For Heroes, please see bobwoodrufffoundation.org.

RESOURCES

- ¹ Department of Housing and Urban Development, *The 2022 Annual Homeless Assessment Report (AHAR) to Congress—Part 1: Point-in-Time Estimates of Homelessness* (December 2022), p. 60, <https://tinyurl.com/mry262w6>.
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- ⁹ Tsai and Rosenheck, “Risk Factors for Homelessness Among U.S. Veterans,” p. 188; Suzanne L. Wenzel and others, “Indicators of Chronic Homelessness Among Veterans,” *Hospital and Community Psychiatry*, vol. 44, no. 12 (December 1993), pp. 1172–1176, <https://doi.org/10.1176/ps.44.12.1172>; and Carissa van den Berk-Clark and James McGuire, “Elderly Homeless Veterans in Los Angeles: Chronicity and Precipitants of Homelessness,” *American Journal of Public Health*, vol. 103, no. S2 (December 1, 2013), pp. S232–S238, <https://doi.org/10.2105/AJPH.2013.301309>.
- ¹⁰ Tsai and Rosenheck, “Risk Factors for Homelessness Among U.S. Veterans,” p. 188; and Metreaux and others, *Risk Factors for Homelessness Among Post-9/11 Veterans*, p. 2.
- ¹¹ Metreaux and others, “Risk Factors for Becoming Homeless Among a Cohort of Veterans Who Served in the Era of the Iraq and Afghanistan Conflicts,” p. S258.
- ¹² Perl, *Veterans and Homelessness*, p. 13.
- ¹³ Tsai and Rosenheck, “Risk Factors for Homelessness Among U.S. Veterans,” p. 189; Metreaux and others, *Risk Factors for Homelessness Among Post-9/11 Veterans*, p. 2; and Metreaux and others, “Risk Factors for Becoming Homeless Among a Cohort of Veterans Who Served in the Era of the Iraq and Afghanistan Conflicts,” p. S256.
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