



RESEARCH BRIEF

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Emerging Populations: Female, OEF/OIF/OND and Older Veterans

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EXECUTIVE SUMMARY

Background

The number of Veterans experiencing homelessness nationwide on a given night dropped by 47% between 2010 and 2016. To maintain and sustain this progress, three emerging sub-groups of the homeless Veteran population will warrant special focus in coming years:

- Female Veterans
- Veterans who served in Operations Enduring or Iraqi Freedom or Operation New Dawn (OEF/OIF/OND)
- Older Veterans

This report provides population projections over the next ten years for these three sub-populations and characterizes distinct need and use patterns among current users of VA homeless programs within each sub-population. The intent is to provide information to policy makers and program planners about the potential demand for services among Veterans who will become homeless or face risk for homelessness over the next ten years as well as potential characteristics of that need so that programming and capacity can be proactively considered.

Results

This report developed projections of changes in the number of Veterans in each of the three groups who are likely to access some form of assistance from a VA specialized homeless program in Federal Fiscal Years (FY) 2015-2025 using a straightforward method that relied on data from Veterans Health Administration (VHA) Support Services Center (VSSC) and the VA Office of the Actuary's Veteran Population Projection Model (VetPop) 2014. It also used a statistical method known as Latent Class Analysis (LCA) to identify distinct need and service use profiles within each group of interest.

Key findings from the report include:

- The projected numbers of women Veterans who may subsequently either become homeless and or be at risk for becoming homeless will increase 4.4% from 36,443 in FY 2015 to 38,048 in FY 2020 and to 39,686 in FY 2025, representing an overall projected increase of about 9% between FY 2015 and FY 2025.
- The number of OEF/OIF/OND Veterans using VA homeless programs or with a homeless identification was 55,629 in FY 2015. Between FY 2015 and FY 2020 this number is projected to grow by about 33% from 55,629 to 73,789. By 2025 the number is projected to rise to 83,774 representing a total increase of 51% from FY 2015.

- Veterans aged 55 and above comprised about 50% of all Veterans who accessed a VA specialized homeless program or who had a homeless indication in FY 2015. The number of Veterans aged 55 or more who may need assistance from a VA homeless program is projected to decline by 5% between 2015 and 2020, and by about 11% overall between 2015 and 2025, from 176,607 Veterans to 166,580 and 155,315 Veterans, respectively. However, even with declining numbers, older homeless Veterans will continue to make up a large share of the overall pool of Veterans using VA homeless assistance programs. In 2025, for example, the projected number of older homeless Veterans who may need assistance from a VA homeless program is 3.9 times and 1.9 times higher than the corresponding projections for female and OEF/OIF/OND Veterans, respectively.
- The results of the LCA identified between 5 and 6 distinct profiles within each sub-population. These profiles demonstrate that service needs are likely to vary both across and within members of each of the three populations.

Conclusions

The composition of the Veteran population is changing, bringing about key shifts in the kinds of Veterans who experience homelessness or face risk of homelessness. Findings from this report suggest that there will be growing need for assistance among female and OEF/OIF/OND Veterans, while older Veterans will be a declining, but still sizeable, constituency for VA homeless assistance programs. This report is a first step towards providing information to help VA homeless services to align strategically with these shifts. There are many critical questions around how to determine the type and constellation of services that will be effective for the various sub-groups within the three populations discussed here. Future work to address these questions should include the perspective and input of female, OEF/OIF/OND, and older Veterans to help ensure that there is continued progress towards preventing and ending homelessness among Veterans.

INTRODUCTION

The U.S. Department of Veterans Affairs (VA) has made preventing and ending homelessness among Veterans a top priority. VA has re-aligned its approach and invested substantial energy and resources in programs and practices that help Veterans obtain and maintain stable, permanent housing.

These efforts have borne success: the number of Veterans experiencing homelessness nationwide on a given night dropped by 47% between 2010 and 2016.¹ However, in the upcoming years, three emerging sub-groups of homeless Veteran population warrant special focus:

- Female Veterans
- Veterans who served in Operations Enduring or Iraqi Freedom (OEF/OIF/OND)
- Older Veterans

The first two groups comprise an increasing share of the overall Veteran population and a growing proportion of those experiencing homelessness who receive assistance from VA specialized homeless programs. Female Veterans account for about 10% of VA homeless program users and OEF/OIF/OND Veterans make up roughly 15%. There is also evidence that women Veterans and OEF/OIF/OND Veterans have characteristics and needs that differ from those of their male counterparts and predecessors from previous service eras, respectively. Older Veterans are also an important group, as Veterans aged 55 and above currently comprise about 50% of all VA homeless program users and will continue to constitute a significant share of participants over the next decade.

This report provides population projections for these three sub-populations over the next ten years and characterizes distinct need and use patterns among the current women, OEF/OIF/OND and older Veterans accessing VA homeless programs. The intent is to inform policy makers and program planners of potential demand for care and services among Veterans who will become homeless or at risk for homelessness over the next ten years as well as potential characteristics of that need so that programming and capacity can be proactively considered.

METHODS

We developed projections of changes in the number of Veterans in each of the three groups who are likely to access some form of assistance from a VA specialized homeless program in Federal Fiscal Years (FY) 2015-2025. These projections were developed using a straightforward two-step method that relied on data from the Veterans Health Administration (VHA) Support Services Center (VSSC) Homeless Services Dashboard 1 Report and the VA Office of the Actuary's Veteran Population Projection Model (VetPop) 2014.² In the first step, we calculated the proportion of the overall group of interest (i.e., females, OEF/OIF/OND Veterans, Veterans aged 55+) who, according to the VSSC data, had received a VA specialized homeless service, benefit, or indication in FY 2015. To achieve this, we used VSSC estimates of the unique number of Veterans in each group who received a VA homeless service, benefit, or indication in FY 2015 as the numerator, and the VetPop estimate for the total number of Veterans in each group in 2015 as the denominator. We then multiplied this figure by the VetPop estimates for the group's total population in each year from 2016-2025. For example, the VSSC data indicated that in FY 2015, a total of 36,443 female Veterans received a VA specialized homeless service, benefit, or indication and the VetPop estimates indicated that in FY 2015 there were a total of 2,035,213 female Veterans nationwide. Thus, we calculated the proportion of female Veterans accessing VA homeless services or with a homeless identification to be about 1.8% ($36,443/2,035,213 = .018$). Then, to project the number of female Veterans likely to be candidates for VA homeless prevention or other services in 2020, we multiplied this proportion (1.8%) by the VetPop projection for the total number of female Veterans in 2020 (2,124,866). This resulted in an projected estimate of 38,048 homeless or at-risk female Veterans who are likely to be candidates for VA homeless prevention or other services in 2020. This two-step approach is mathematically equivalent to multiplying the VSSC estimates of the unique number of Veterans in each group who received a VA homeless service, benefit, or indication in FY 2015 by the percent change in the total number of Veterans in each group from the VetPop projections from 2015 to each subsequent year.

To describe the need and care use characteristics of these sub-populations, we used a statistical technique known as latent class analysis (LCA) to identify distinct profiles within each group of interest. LCA was conducted on a sample of Veterans in each group who accessed a VA homeless program at some point during FY 2014. We used the following variables to conduct the LCA and identify distinct profiles: gender, age, service in OEF/OIF/OND, race, ethnicity, presence of behavioral health diagnoses, presence of chronic health diagnoses, and utilization of VA inpatient and/or outpatient services in FY 2014.

Limitations and Caveats to Methodology

There are several important caveats to this projection approach. First, the VSSC estimates used as the basis of these projections capture Veterans who are both homeless or at risk of homelessness and it should not be assumed that all of these individuals will become literally homeless.

A second limitation of the VSSC estimates is that they only capture Veterans who touch the VA system and therefore miss an unknown proportion of Veterans who only use community-based homeless assistance programs. As such, the projection results are best understood as estimates of the number of

Veterans—both homeless and at-risk—who will have contact with the VA at some point over the course of a year, rather than as estimates of the number of Veterans experiencing homelessness.

A further caveat to the projections is that they assume that the proportion of Veterans in each group who are potential candidates for assistance from VA specialized homeless programs in future years will remain constant at their 2015 levels. Implicit in this assumption is that baseline economic conditions (e.g., unemployment rate, housing market conditions) and other factors that may affect the proportion of Veterans who are homeless or at risk of homelessness are held constant in future years. Thus, the projections do not account for future changes in economic or other factors including the effectiveness of upstream interventions and the impact they may have on the population of Veterans who may become homeless or at risk of homelessness. The corollary of this assumption is that any projected changes in the number of Veterans who will access VA homeless programs will come solely from changes in the underlying population of Veterans as they are currently projected by VetPop.

Finally, while these groups represent the majority of Veterans who will be served by VA homeless programs, they do overlap (i.e., OEF/OIF/OND Veterans who are women). While their projections are considered separately, the projected numbers should not be considered exclusive or additive.

FEMALE VETERANS

The Female Veteran Population in Context

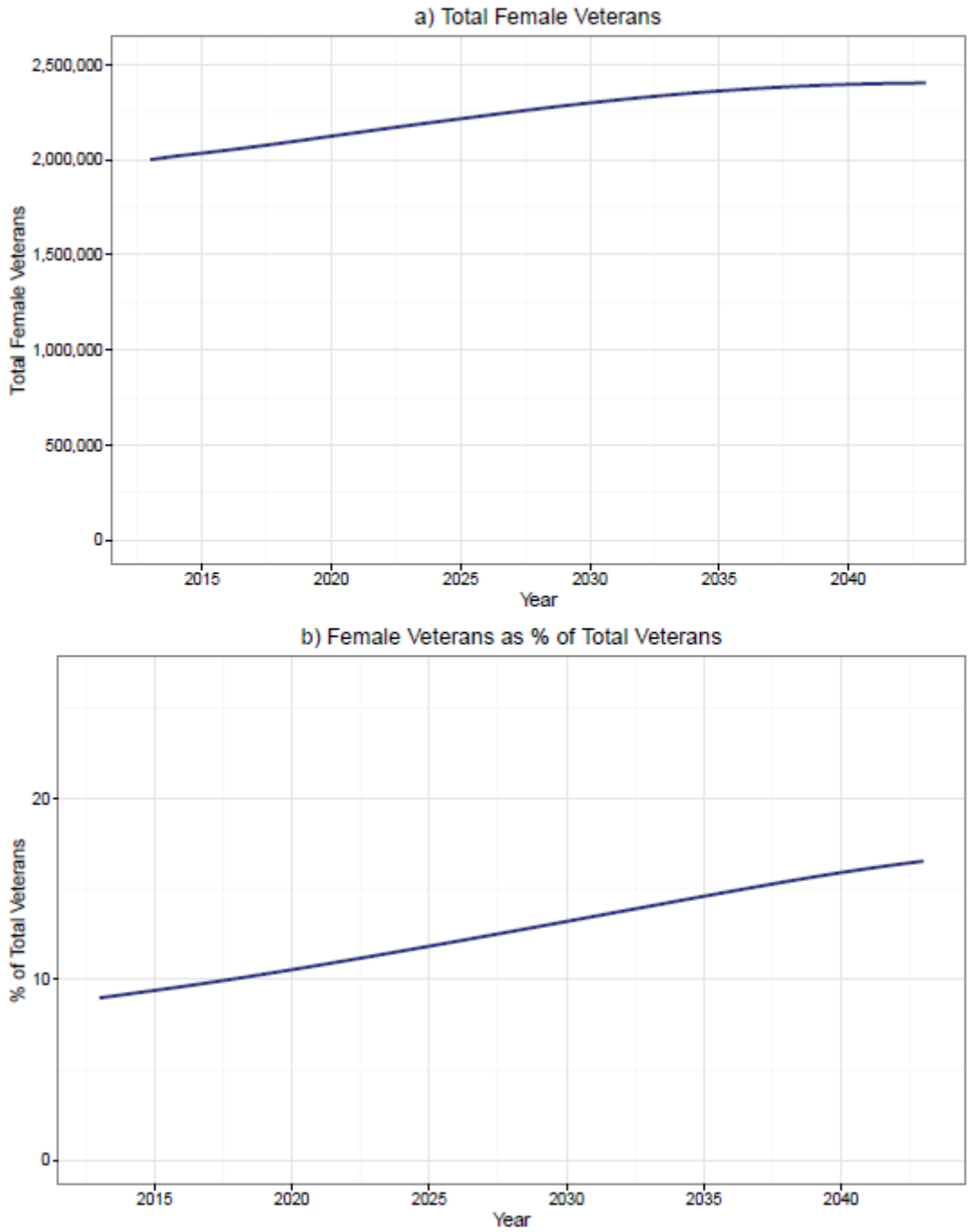
Women are an increasingly important part of the United States Military. According to figures from the Department of Defense, in 2014 there were roughly 201,000 women on active duty in the armed forces, comprising 15.1% of all active duty members.³ This represents a roughly five-fold increase over the past 40 years; in 1975 women comprised roughly 4.6% of the armed forces.⁴ In concert with this trend, the overall number of female Veterans also stands to grow substantially in the coming years, both in absolute numbers and as a share of the overall Veteran population. This is illustrated in Figure 1. In FY 2015 there were an estimated 2 million female Veterans comprising about 9% of the overall Veteran population. By 2025 these numbers are expected to grow to 2.2 million and 12% respectively, and by 2040 there will be an estimated 2.4 million female Veterans who will make up 16% of the overall Veteran population.

The anticipated growth in the female Veteran population has important implications for VA specialized homeless programs. Evidence suggests that female Veterans who experience homelessness are characteristically different from their male counterparts. For example, more than a third have experienced military sexual trauma⁵ although they have lower rates of substance abuse and mental health problems than their male counterparts.⁶ Female Veterans who experience homelessness are more likely to be part of a family with children,⁷ and their homeless experience may impact their parenting ability and outcomes for their children.⁸

Projecting Future Need for Assistance from VA Homeless Programs

Figure 2 presents the projections of female Veterans who will need assistance from VA homeless programs. The number of women accessing VA specialized homeless programs or with a homeless identification has grown substantially in recent years, from 11,016 in FY 2010 to 36,443 in FY 2015, which is likely due to the growth in VA program capacity in recent years.

Figure 1 - Projection of Female Veteran Population and Female Veterans As Share of Total Veteran Population

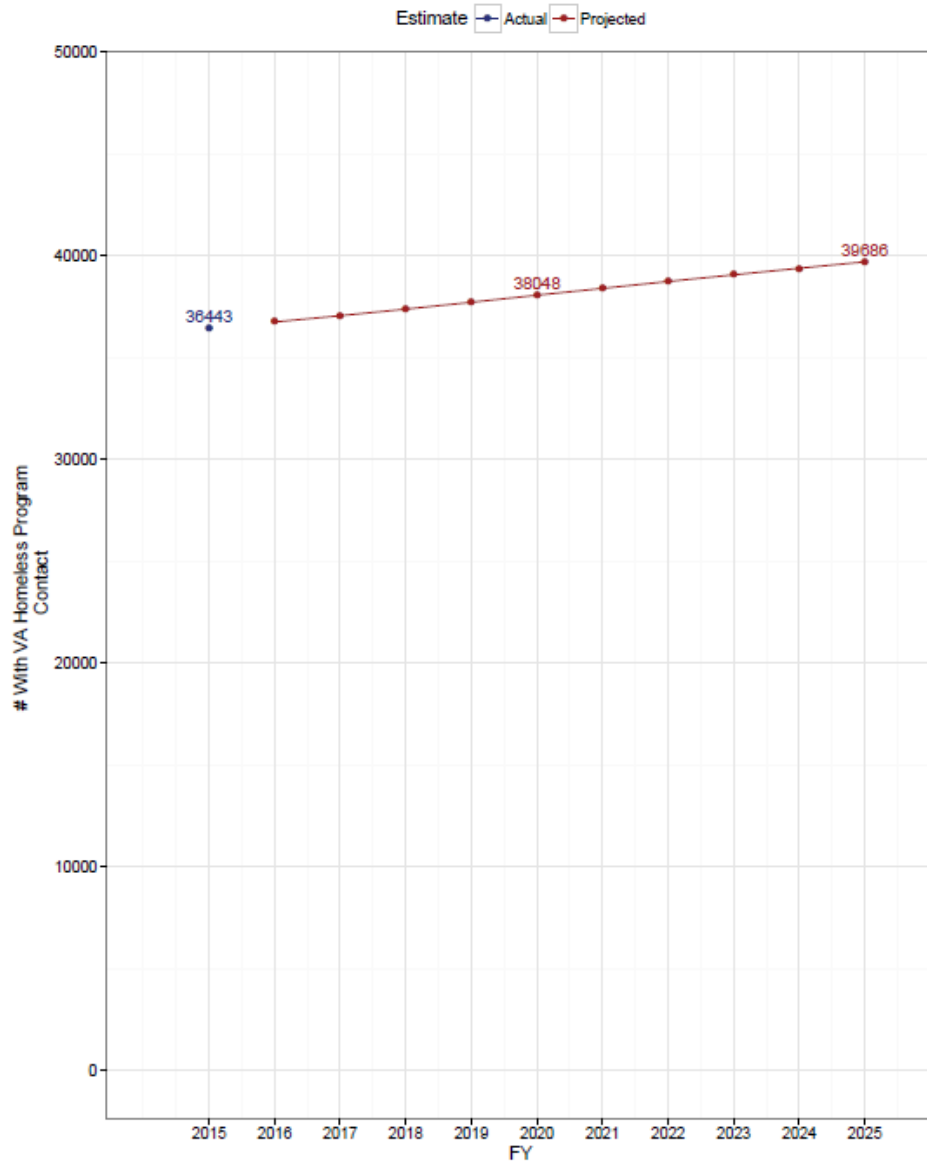


Source: VetPop2014, Table 1L

Based on the projected number of women separating from military service and enrolling in VA, the projected numbers of women Veterans who may subsequently either become homeless and or be at risk

for becoming homeless will increase 4.4% from 36,443 in FY 2015 to 38,048 in FY 2020 and to 39,686 in FY 2025, representing an overall projected increase of about 9% between FY 2015 and FY 2025.

Figure 2 - Actual and Projected Number of Female Veterans Who May Require Assistance from a VA Specialized Homeless Program, FY 2015-2025



Identifying Profiles of Female Veterans Served by VA Homeless Programs

The Latent Class Analyses conducted for female Veterans identified six distinct profiles. These are described briefly below.

1. Middle-Aged, Limited Health Care Service Users

The largest profile group comprised 40% of all female Veterans using VA homeless programs. They were largely middle-aged (roughly 50% were between the ages of 40 and 60) and were characterized by low rates of VA health care services use, suggesting they have a limited connection with VA services or more limited clinical needs.

2. Older, Low Health Care Service Users

The second largest profile group comprised 31.4% of all female Veterans using VA homeless programs. They were generally older (roughly 50% were aged 50 and above and nearly 15% were aged 60 and above). They also had limited use of VA health care services. It is possible that some members of this group may only require a limited form of assistance, although some may need more intensive services as they age and experience more complex health and aging-related challenges.

3. OEF/OIF/OND Veterans

This group comprised 8.5% of all female Veterans using VA homeless programs. All members in this group had a record of service in OEF/OIF/OND and the vast majority (82%) were aged 39 or younger.

4. Medium-Need, Medium Health Care Service Users

This group comprised 8.5% of all female Veterans using VA homeless programs. Roughly 1 in 10 persons in this group had a behavioral health diagnosis and nearly 60% had a chronic medical condition. They made more intensive use of VA health care services than all other identified sub-groups, except for the high-need, high service users.

5. High-Need, High Health Care Service Users

This profile group comprised 7.4% of all female Veterans using VA homeless programs. They were generally older (the majority were aged 40 and above, and roughly 1/3 were age 50+) and were characterized by high rates of both behavioral health diagnoses (roughly 25% had a diagnosis indicating a serious mental illness, 6% had a drug/alcohol disorder, and 11% had both) and chronic health conditions (76% had a diagnosis for a chronic health condition). This group also made more extensive use of both inpatient and outpatient VA health care than any other group.

6. Younger Veterans

The smallest profile group comprised 4.3% of all female Veterans using VA homeless programs. Nearly 40% of persons in this group were between the ages of 18 and 29 and 28% had a record of service in OEF/OIF/OND. This group made very limited use of VA health care services.

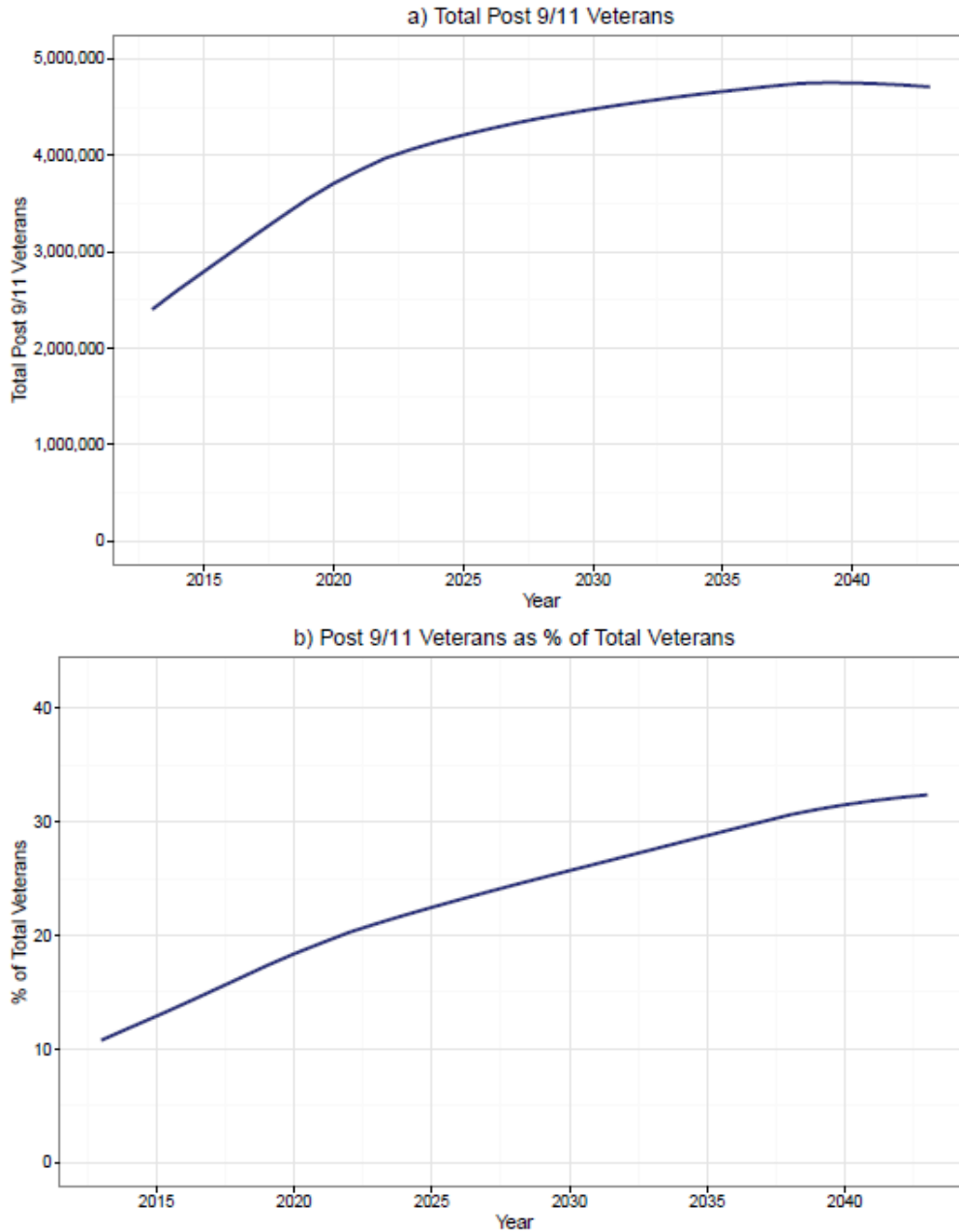
OEF/OIF/OND VETERANS

The OEF/OIF /OND Veteran Population in Context

An estimated 2.5 million men and women have served in some capacity in the recent conflicts in Iraq and Afghanistan.⁹ As these conflicts continue to wind down, a growing number of service members will transition back to civilian life and comprise an increasingly important segment of the overall Veteran population. Although there are no readily available estimates of the expected growth in the number of Veterans who served specifically in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn, such estimates do exist for the more general cohort of Veterans who served in the post-9/11 era. Figure 3 below plots the expected growth in Veterans who served in the post-9/11 era over the next

several decades. In a trend that mirrors what was observed for female Veterans, the number of post-9/11 era Veterans is expected to rise substantially in the coming years, growing by 50.6% between FY 2015 and FY 2025, from about 2.8 million to about 4.2 million, where it is expected to plateau.

Figure 3 - Projection of Total Veteran Population, Post-9/11 Veteran Population and Post-9/11 Veterans As Share of Total Veteran Population



Source: VetPop2014, Table 2L

Veterans in the post-9/11 cohort represent a group that is characteristically distinct from their peers who served during earlier eras. Not only do women comprise a greater share of OEF/OIF/OND era Veterans,

but these Veterans are more racially diverse than other Veterans: non-whites comprise a third of male Veterans (relative to 20% of male Veterans from previous eras) and 45% of female Veterans (relative to 30% from previous eras).¹⁰ In addition, post-9/11 Veterans have a rate of service connected disability (31%) that is about double that of Veterans from prior cohorts (16.3%) and are also more likely to receive public assistance and have lower median incomes than their older counterparts.¹² There is also evidence that OEF/OIF/OND Veterans who experience homelessness have behavioral health treatment needs that differ from their counterparts from previous eras. One study found that OEF/OIF/OND Veterans had much higher rates of Posttraumatic Stress Disorder (PTSD) but lower rates of substance abuse and psychiatric disorders than those who served in previous eras, although this may also be related to increased detection rates.¹¹

Projecting Future Need for Assistance from VA Homeless Programs

Figure 4 shows the number of OEF/OIF/OND Veterans projected to need VA homeless program assistance in future years. Between FY 2015 and 2020 this number is projected to grow by about 33% from 55,629 to 73,789. By 2025 the number is projected to rise to 83,774, representing a total increase of 51% from FY 2015.

As has been noted, these projections do not account for changes in external factors that may mitigate risk of homelessness experienced by OEF/OIF/OND Veterans. While the pathways to homelessness among this group are not entirely well understood, it is possible that as time elapses and the cohort moves further away from military service, their risk for homelessness may change in several ways. For example, more Veterans who need treatment for PTSD/Traumatic Brain Injury (TBI) or other conditions may be accessing preventative clinical services or receiving disability pensions, mitigating their risk. Similarly, time may allow for the rebuilding of social and familial ties that may have been strained by a Veteran's deployment. On the other hand, for members of this group experiencing homelessness on a more prolonged basis, exiting homelessness may become increasingly difficult.

Identifying Profiles of OEF/OIF/OND Veterans Served by VA Homeless Programs and Projecting Future Need for Specific Interventions

The results of the LCA conducted for OEF/OIF/OND Veterans identified five distinct profiles. The three largest profile groups were comprised of Veterans who made very limited use of VA health care services, suggesting either fairly low clinical needs, or low levels of engagement with VA health care services. These three groups are distinguished by their demographic characteristics (especially race and gender), but are otherwise nearly identical. Thus, they may have similar needs with respect to the forms of assistance that will help them obtain successful housing outcomes but additional research is needed to determine this. The complete set of profiles are briefly described below.

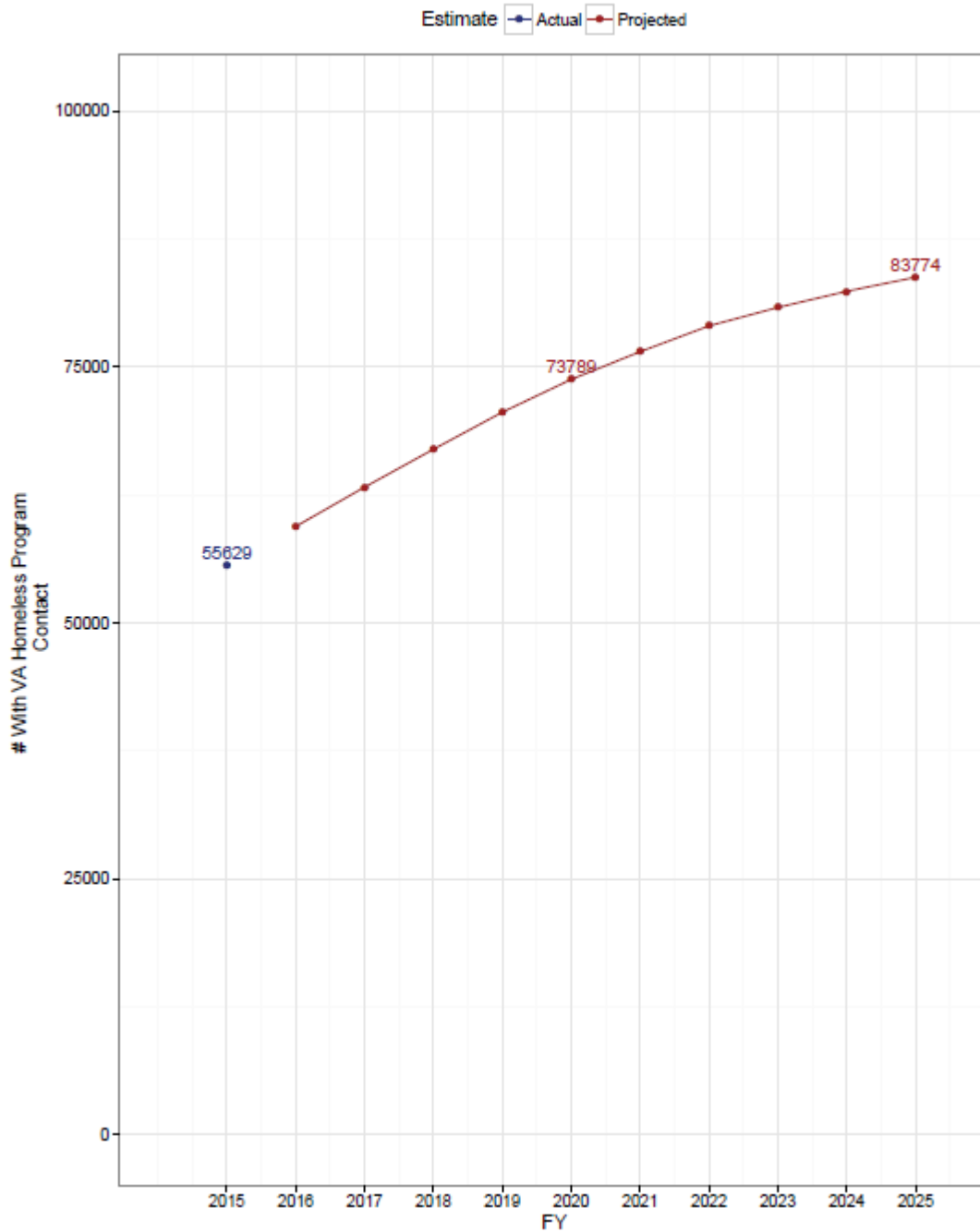
1. Predominately white limited health care service users

The largest profile group comprised 30.9% of all OEF/OIF/OND Veterans using VA homeless programs. They were mostly (66%) white, predominantly male, and had very low rates of VA health care services use. Only about 5% of persons in this group had an episode of VA inpatient or outpatient service use in FY 2014.

2. Younger male limited health services users

This group comprised 28.1% of all OEF/OIF/OND Veterans using VA homeless programs. They were all male and younger than other groups (50% were between the ages of 18-29). Fewer than 1 in 10 members of this group used VA inpatient or outpatient care in FY 2014.

Figure 4 – Actual and Projected Number of OEF/OIF/OND Veterans Who May Require Assistance from a VA Specialized Homeless Program, FY 2015-2025



3. Mixed gender limited health care service users

The third largest profile group comprised 27.2% of all OEF/OIF/OND Veterans using VA homeless programs. This group had the highest proportion of females (25%) relative to all other groups. About 8% had an episode of VA inpatient or outpatient service use in FY 2014.

4. Veterans with chronic health conditions

This profile group comprised 7.9% of all OEF/OIF/OND Veterans using VA homeless programs. About 60% had an identified chronic health condition. Members of this group also had high levels of engagement with VA outpatient health care.

5. Veterans with complex health and behavioral health needs

This profile group comprised 5.9% of all OEF/OIF/OND Veterans using VA homeless programs. The group was defined primarily by its high rate of identified behavioral health conditions (47% overall, including 38% with a serious mental illness either alone or in combination with a substance abuse disorder) and chronic health conditions (77% with an identified chronic health condition). This group also made more extensive use of both inpatient and outpatient VA health services than any other OEF/OIF/OND profile group.

OLDER VETERANS

The Older Veteran Population in Context

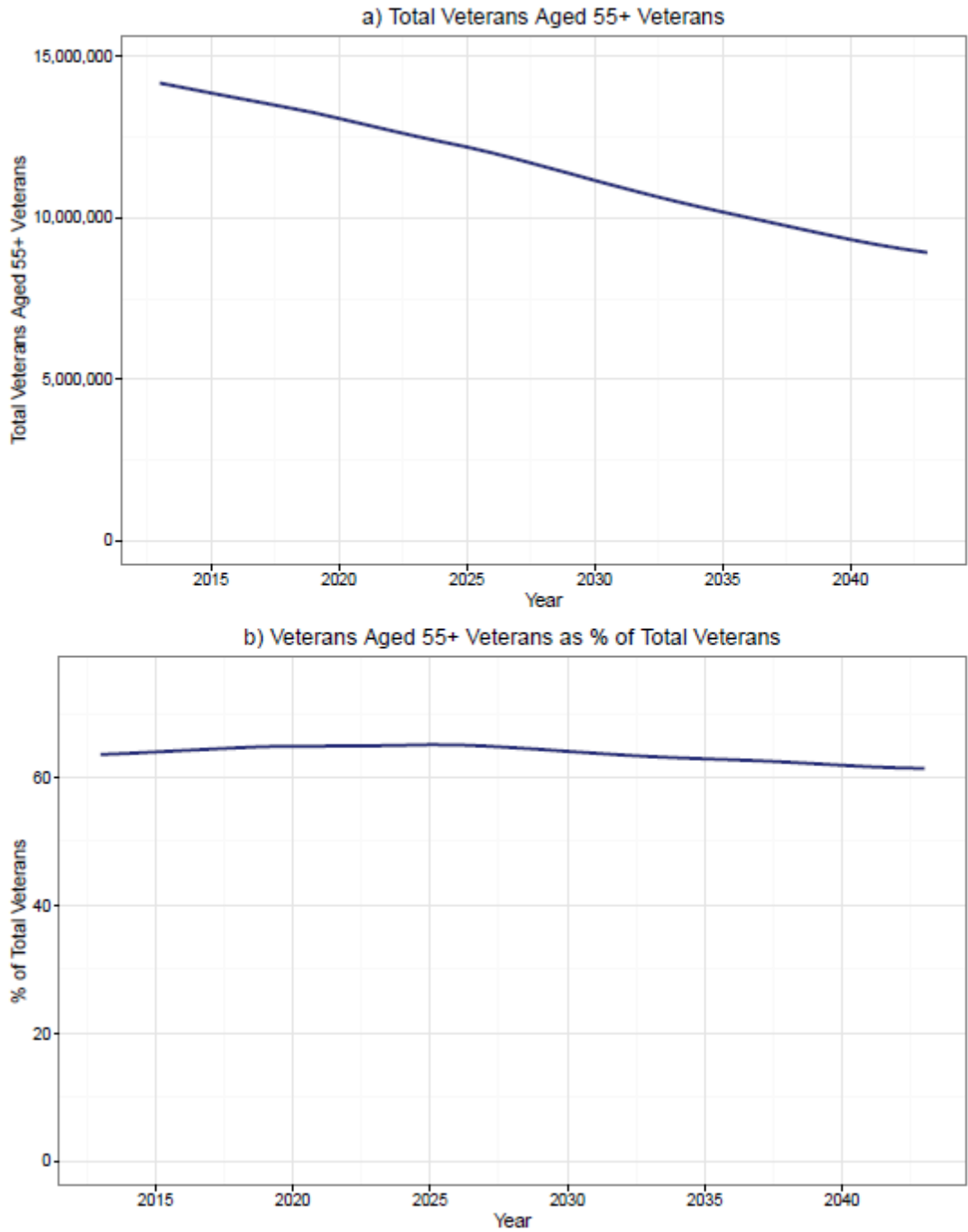
In contrast to female Veterans and OEF/OIF/OND Veterans, the number of older Veterans in the overall Veteran population stands to decline sharply in coming years. As Figure 5 shows, the number of Veterans aged 55 and above nationwide is projected to drop by about 33% between 2015 and 2040, which will drive a corresponding decrease in the overall Veteran population.

Nonetheless, older Veterans will continue to comprise a majority of the Veteran population for the foreseeable future with Veterans who are now between the ages of about 50 and 60 continuing to constitute a significant share of all Veterans who receive assistance from VA specialized homeless programs. Veterans aged 55 and above comprised about 50% of all Veterans who accessed a VA specialized homeless program or who had a homeless indication in FY 2015. As this cohort continues to age its members are likely to have increasingly complex health and aging-related needs. Thus, it will be important for VA homeless assistance programs to adapt to the evolving needs of older Veterans.

Projecting Future Need for Assistance from VA Homeless Programs

Figure 6 presents a summary of the number of Veterans aged 55 and above who are projected to access VA homeless program services over the next ten years. The number of Veterans aged 55 or more who may need assistance from a VA homeless program is projected to decline by 5% between 2015 and 2020 and by about 11% overall between 2015 and 2025. This decline is expected for the following reasons: First, high rates of mortality in this population may contribute to the reduction. Second, some members of the cohort will have aged into eligibility for Social Security, providing them with a source of income that could help them exit homelessness. Third, some members of this group may become medically frail enough to require care in a nursing home and therefore no longer need assistance from a VA specialized homeless assistance program. Whatever the cause, the projections suggest that this decline is likely to continue as the underlying number of older Veterans decreases as well. However, it is important to note that, even with declining numbers, older homeless Veterans will continue to make up a large share of the overall pool of Veterans using VA homeless assistance programs. In 2025, for example, the projected number of older homeless Veterans who may need assistance from a VA homeless program is 3.9 times and 1.9 times higher than the corresponding projections for female and OEF/OIF/OND Veterans, respectively.

Figure 5 - Projection of Total Veteran Population, Veteran Population Aged 55+ and Veteran Population Age 55+ As Share of Total Veteran Population



Source: VetPop 2014, Table 1L

Identifying Profiles of Older Veterans Served by VA Homeless Programs and Projecting Future Need for Specific Interventions

The results of the LCA conducted for older Veterans identified five distinct profile groups. The complete set of profiles are briefly described below.

1. Late middle-aged African-American Veterans with limited health care service use

The largest profile group comprised 42% of all Veterans aged 55 and above using VA homeless programs. They were mostly (66%) African American, and the majority (55%) were between the ages of 55 and 59 in 2014. This group was also characterized by its limited use of VA health care services. The group did not have any use of inpatient services, and only about 1 in 10 had an episode of VA outpatient service use in FY 2014.

2. Veterans in advanced old age

The second largest group comprised 21.2% of all older Veterans using VA homeless programs. This profile group was almost entirely male and was markedly older than the other groups. All Veterans in this group were aged 60 or more, with nearly one third 70 years old or above. This group did not have identified chronic health or behavioral health conditions and made very limited use of VA health care services. Given their relatively older age, it is assumed that some members of this group will require more intensive services as they age and experience more complex health and aging-related challenges.

3. Veterans in late middle age

This group comprised 20.5% of older Veterans. Nearly 80% were Veterans 55 to 59 and none were 70 or above, hence the designation of this group as Veterans in late middle age. This group was also characterized by low rates of chronic and behavioral health conditions and limited use of VA health care services.

4. Older Veterans with chronic health conditions

This profile group comprised 8.2% of all older Veterans using VA homeless programs. About 54% of the group had an identified chronic health condition, with around 12% who also had an identified behavioral health condition, including approximately 9% with a serious mental illness. Members of this group also had relatively high levels of engagement with VA outpatient health care.

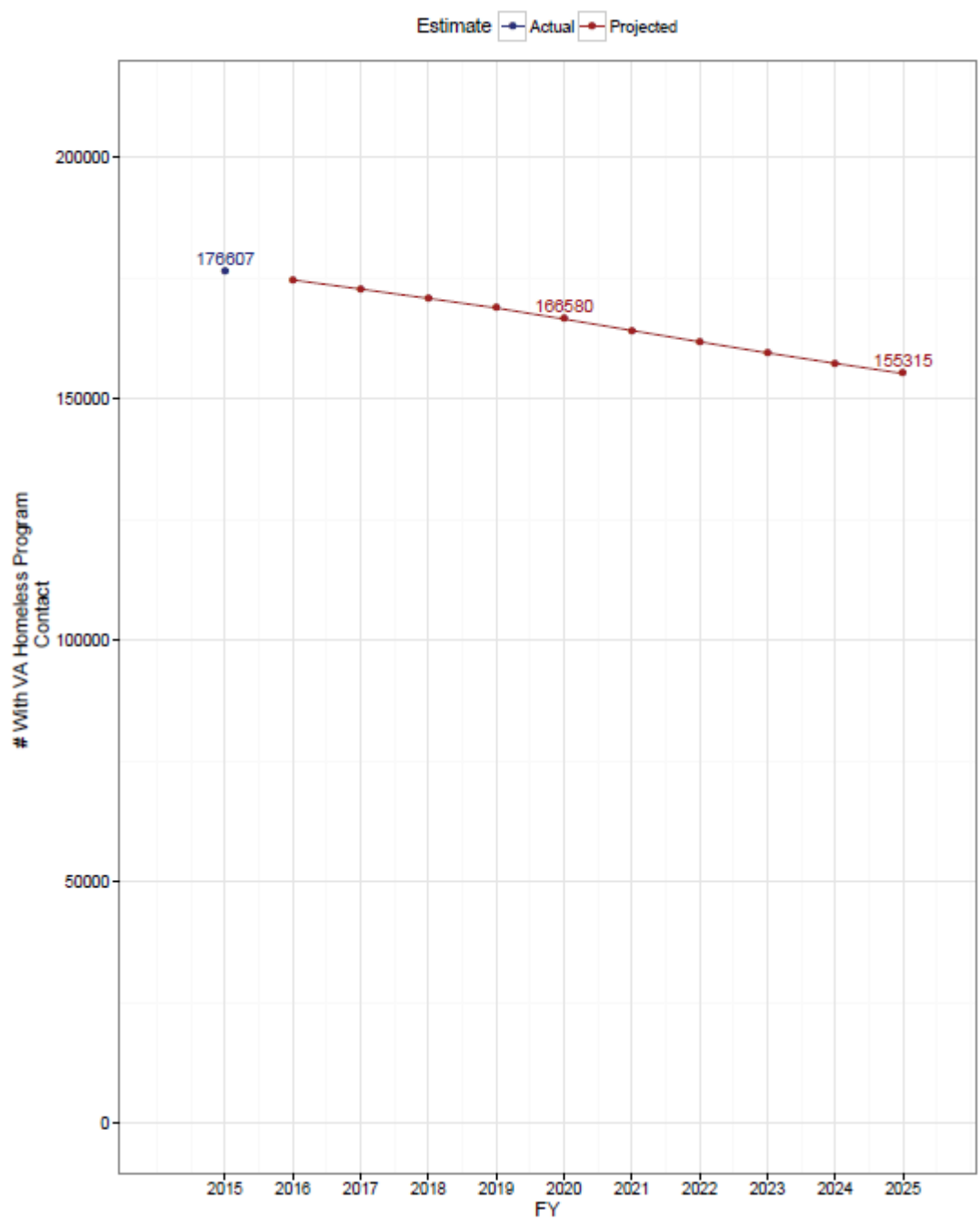
5. Older, heavy service using Veterans with multiple needs

This profile group comprised 8.2% of all older Veterans using VA homeless programs. The group was defined primarily by its high rate of identified behavioral health conditions (38% overall, including 34% with a serious mental illness either alone or in combination with a substance abuse disorder) and chronic health conditions (72% with an identified chronic health condition). This group also made heavy use of VA inpatient services, with nearly 1 in 5 having at least one inpatient stay during FY 2014. They also made much greater use of outpatient services than any other group, with nearly all (96%) having 10 or more outpatient visits in FY 2014.

CONCLUSIONS

Since 2010 the VA has undertaken an ambitious efforts to address homelessness among Veterans. This has resulted in a significant reduction in the number of homeless Veterans and a growing list of cities and states that have effectively ended homelessness for Veterans in their communities. However, the

Figure 6 - Actual and Projected Number of Veterans Age 55+ Who May Require Assistance from a VA Specialized Homeless Program, FY 2015-2025



composition of the Veteran population is changing, bringing about key shifts in the kinds of Veterans who experience homelessness or face risk of homelessness. This report is a first step towards providing information to help VA homeless services to align strategically with these shifts.

To that end, there are three key takeaways from this report. First, the number of female Veterans and OEF/OIF/OND Veterans who may need homeless prevention and assistance services is likely to grow in the coming years, especially among the OEF/OIF/OND cohort. Second, the number of older Veterans who may need VA homeless assistance services appears to be declining and is likely to continue to drop consistent with decreases in this sub-population projected within the overall Veteran pool. Nonetheless, Veterans aged 55 and above will continue to comprise a large share of the population of Veterans who are homeless or at risk of homelessness and will need VA services. Third and finally, service needs are likely to vary both across and within members of each of the three populations of interest in this report. Individual preferences should be solicited and taken into account when matching Veterans with forms of assistance that will help them obtain stable housing.

In closing, there is a clear need for additional work to build on this report. There are many critical questions around how to determine the type and constellation of services that will be effective for the various sub-groups within the three populations discussed here. Future work to address these questions should include the perspective and input of female, OEF/OIF/OND, and older Veterans to help ensure that there is continued progress towards preventing and ending homelessness among Veterans.

Tom Byrne, PhD, is an Investigator at the VA National Center on Homelessness Among Veterans. He is also Assistant Professor at the Boston University School of Social Work. His research focuses broadly on homelessness and housing policy, with recent studies examining community-level determinants of homelessness, profiles of unsheltered homelessness among Veterans and housing outcomes of Veterans receiving homelessness and rapid rehousing services.

Opinions expressed in this research brief represent only the position of the National Center on Homelessness Among Veterans and do not necessarily reflect the official policy of the U.S. Department of Veterans Affairs.

ENDNOTES

- ¹ Obama administration announces nearly 50 percent decline in veteran homelessness. U.S. Department of Housing and Urban Development Web site. <https://www.hudexchange.info/news/obama-administration-announces-nearly-50-percent-decline-in-veteran-homelessness/> Updated August 1, 2016. Accessed August 2, 2016.
- ² U.S. Department of Veterans Affairs Office of the Actuary. Veteran Population Projection Model-VetPop2014. Available at: http://www.va.gov/vetdata/veteran_population.asp. Accessed March 6, 2016.
- ³ Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy). 2014 Demographics Profile of the Military Community. Washington, DC: Department of Defense; 2014.
- ⁴ U.S. Department of Defense. Population Representation in the Military Services, Appendix Table D13. 2014. Available at: https://www.cna.org/pop-rep/2014/appendixd/d_13.html. Accessed March 10, 2016.
- ⁵ Decker SE, Rosenheck RA, Tsai J, Hoff R, Harpaz-Rotem I. Military Sexual Assault and Homeless Women Veterans: Clinical Correlates and Treatment Preferences. *Women's Heal. Issues* 2013;23(6):e373-e380. doi:10.1016/j.whi.2013.09.002.
- ⁶ Tsai J, Rosenheck RA, Kane V. Homeless female U.S. veterans in a national supported housing program: comparison of individual characteristics and outcomes with male veterans. *Psychol. Serv.* 2014;11(3):309-16. doi:10.1037/a0036323.
- ⁷ Tsai J, Rosenheck RA, Kaspro WJ, Kane V. Characteristics and Use of Services Among Literally Homeless and Unstably Housed U.S. Veterans With Custody of Minor Children. *Psychiatr. Serv.* 2015;66(10):1083-90. doi:10.1176/appi.ps.201400300.
- ⁸ Byrne T, Montgomery AE, Dichter ME. Homelessness among female veterans: a systematic review of the literature. *Women Health* 2013;53(6):572-96.
- ⁹ Adams C. Millions went to war in Iraq, Afghanistan, leaving many with lifelong scars. *McClatchy Newspapers*. March 13, 2013.
- ¹⁰ U.S. Department of Veterans Affairs National Center for Veterans Analysis and Statistics. Profile of Post 9/11 Veterans: 2013. Washington, DC: U.S. Department of Veterans Affairs Web site. http://www.va.gov/vetdata/docs/SpecialReports/Post_911_Veterans_Profile_2013.pdf Updated August 1, 2015. Accessed August 2, 2016.
- ¹¹ Tsai J, Pietrzak RH, Rosenheck RA. Homeless veterans who served in Iraq and Afghanistan: gender differences, combat exposure, and comparisons with previous cohorts of homeless veterans. *Adm. Policy Ment. Health* 2013;40(5):400-5. doi:10.1007/s10488-012-0431-y.