

Recent Intimate Partner Violence and Housing Instability Among Women Veterans



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Introduction: Women Veterans are at increased risk of both housing instability and intimate partner violence compared with their non-Veteran counterparts. The objectives of the present study were (1) to assess the relationship between women Veterans' experience of intimate partner violence and various indicators of housing instability, and (2) to assess what correlates help to explain experiences of housing instability among women Veterans who experienced past-year intimate partner violence.

Methods: Data were collected from U.S. Department of Veterans Affairs electronic medical records for 8,427 women Veterans who were screened for past-year intimate partner violence between April 2014 and April 2016 at 13 Veterans Affairs' facilities. Logistic regressions performed during 2017 assessed the relationship between past-year intimate partner violence and housing instability.

Results: A total of 8.4% of the sample screened positive for intimate partner violence and 11.3% for housing instability. Controlling for age and race, a positive intimate partner violence screen increased odds of housing instability by a factor of 3. Women Veterans with past-year intimate partner violence were more likely to have an indicator of housing instability if they identified as African American, had screened positive for military sexual trauma, or had a substance use disorder; receiving compensation for a disability incurred during military service and being married were protective.

Conclusions: For women Veterans, intimate partner violence interventions should assess for both physical and psychological housing needs, and housing interventions should coordinate with intimate partner violence programs to address common barriers to resources.

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INTRODUCTION

Among Veteran outpatients seeking care at Veterans Health Administration (VHA) facilities, women Veterans are identified more frequently as experiencing housing instability than their men counterparts: during fiscal year 2016, the rate of positive screens on VHA's universal screen for homelessness and risk was approximately 40% higher among women.¹ Pathways to homelessness are varied and complex, reflecting the dynamic interplay of multiple individual and structural risk factors over time. Among these risk factors, traumatic life experiences are known to increase risk for homelessness both among men and women in general and specifically among women Veterans.^{2,3}

Women Veterans may experience trauma in many ways and at different points in their lives: prior to

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enlistment, while serving in the military, and following discharge. A qualitative study of women Veterans experiencing homelessness identified a web of vulnerability that included five roots of women Veterans' "downward spiral" into homelessness; these roots included childhood adversity; trauma or substance abuse during military service; and abuse, adversity, and relationship termination during the period following discharge from the military.²

Intimate partner violence (IPV)—psychological, physical, or sexual forms of violence or abuse perpetrated by a current or former intimate partner—is a significant pathway to homelessness among women Veterans⁴ (as it is among non-Veterans) and occurs more often among women who have served in the military than those who have not.⁵ Approximately 18.5% of women Veterans who use VHA primary care report past-year IPV.⁶ IPV is associated with a number of negative outcomes including substance use,^{7,8} social isolation and social network disruption,⁷ mental health conditions,^{7,9} and economic hardship, including housing instability.^{6,10} It is estimated that 1%–2% of all women Veterans and 13%–15% of women Veterans living in poverty experience homelessness—the most egregious form of housing instability—over the course of a year.^{11,12}

In addition to routinely assessing housing instability among all Veteran outpatients, the VHA has begun to routinely screen for IPV experience among female patients.^{13,14} Although it is known that IPV is an important pathway to housing instability among women Veterans, additional information is needed to better understand the extent to which women Veterans who report recent IPV also experience housing instability, and to determine whether there are particular risk factors that contribute to homelessness among this population. As an integrated healthcare system and early adopter of the electronic medical record, VHA is uniquely positioned to identify and intervene with women Veterans at increased risk of homelessness related to IPV and other factors, thereby addressing an important public health concern.¹⁵

The objectives of the present study were (1) to assess the relationship between women Veterans' experience of IPV and various indicators of housing instability, and (2) to assess what correlates help to explain experiences of housing instability among women Veterans who experienced past-year IPV.

METHODS

To assess the relationship between recent IPV exposure and housing instability, the study analyzed data collected in Veterans' electronic medical records and extracted from the U.S.

Department of Veteran Affairs (VA) Corporate Data Warehouse. The study was approved by the Corporal Michael J. Crescenz VA Medical Center IRB.

Measures

Sociodemographic and military service characteristics included age at time of IPV screening; race; ethnicity; marital status; whether the Veteran served in Operations Enduring Freedom or Iraqi Freedom (OEF/OIF); whether the Veteran screened positive on VA's universal screen for military sexual trauma (MST) indicating experience of sexual assault or harassment during military service; and VA Enrollment Priority Group coded as a binary variable indicating whether a Veteran receives compensation related to a disability incurred during military service. Mental health diagnoses, identified by ICD-9/-10 codes, were categorized as anxiety, depression, psychosis, or post-traumatic stress disorder. Substance use disorder (SUD) indicates a diagnosis of an alcohol- or drug-related disorder.

Past-year IPV was based on in-person IPV screening conducted by clinical staff during an outpatient visit using the Extended-Hurt, Insult, Threaten, Scream (E-HITS) scale. The E-HITS assesses the frequency of violence perpetrated by a current or former partner during the past year, including being physically hurt, insulted or talked down to, threatened with harm, screamed or cursed at, or forced to have sexual activities.^{16,17} Likert-type responses for each item ranged from 1 (*never*) to 5 (*frequently*); a total score, constructed by summing the seven E-HITS items, of ≥ 7 is the widely accepted cut off for a past-year IPV positive screen.¹⁸

To explore the relationship between IPV status and housing instability, this study used several surrogate indicators of housing instability available through VA's administrative data systems; these indicators were evaluated during an 18-month time frame, including the 12 months prior to and 6 months following women Veterans' response to the IPV screen. The first set of indicators of housing instability were based on the presence of a diagnostic code or clinic stop codes indicating that the Veteran accessed a VHA Homeless Program (ICD-9 v60 code and ICD-10 z59 code). VHA Homeless Programs include Health Care for Homeless Veterans, which provides outreach and drop-in services; Grant and Per Diem, which provides transitional housing; and the U.S. Departments of Housing and Urban Development–VA Supportive Housing (HUD-VASH) program, which provides permanent supportive housing. VHA Homeless Programs included in the category of other (because of infrequent use by the study cohort) are Compensated Work Therapy–Transitional Residence, Domiciliary Care for Homeless Veterans, Health Care for Reentry Veterans, and Supportive Services for Veteran Families. A composite measure indicates whether a Veteran had either a v60 or z59 code or used a VHA Homeless Program during the observation period.

The second set of housing instability indicators were based on Veterans' response to the Homelessness Screening Clinical Reminder (HSCR), which is VHA's universal screen for homelessness and risk that is administered to all Veteran outpatients at least annually. The HSCR includes two questions, one indicating that the Veteran experienced housing instability, or homelessness, within the past 60 days, and the second indicating that the Veteran is at imminent risk of housing instability within the next 60 days. Combined, these questions assessed an overall positive response to the HSCR (i.e., a positive response to either question). Finally, a

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