Military Sexual Assault and Homeless Women Veterans: Clinical Correlates and Treatment Preferences


Homeless female Veterans were interviewed about their experiences with military sexual assault, other potentially traumatic experiences, and mental health symptoms. Findings indicate that a large proportion of homeless female Veterans have experienced military sexual assault (41%), and that military sexual assault is associated with PTSD and other psychiatric symptoms. However, those who have experienced military sexual assault also show more interest in and receptivity toward therapy than their peers who have not experienced military sexual assault.

Key Findings:
- 41% of homeless female Veteran participants reported experiencing sexual assault while in the military.
- Participants who experienced military sexual assault were significantly more likely to experience PTSD or other psychiatric symptoms, in addition to having lower self-esteem, quality of life, and an increased likelihood of experiencing recent nonviolent crimes.
- Those who reported experiencing military sexual assault were significantly more likely to also report experiencing various other forms of potentially traumatic experiences before age 18 compared to those without military sexual assault experiences.
- Participants who had experienced military sexual assault were more interested in therapy than those who had not experienced military sexual assault.

Implications for Programs:
- Programs could provide special services for victims of military sexual assault (e.g., peer support programs, referrals to practitioners who provide evidence-based therapies).
- Programs could continue to routinely screen Service members for mental health concerns and traumatic experiences (i.e., victimization and military sexual assault).

Implications for Policies:
- Policies may recommend the development and evaluation of specific services for female Veterans who have experienced homelessness (e.g., support for both housing and possible mental health problems).
- Policies may recommend routine screenings for military sexual assault and other potentially traumatic experiences.

Avenues for Future Research:
- Future studies could include groups of homeless female Veterans and female Veterans living in domicile to determine whether important differences exist between the two groups.
- Future studies could include paper-based or online surveys to help participants feel more anonymous and reduce likelihood of social desirability.
Homeless Women Veterans Programs conducted program evaluations at 11 VA medical centers between January 2000 and December 2005.

To meet eligibility requirements, participants had to be female, homeless, and a Veteran and had to have mental health or addiction problems.

Participants were asked questions about their demographics (race/ethnicity, marital status, military branch, duration of homelessness), military sexual assault, clinical symptoms (alcohol use, drug use, psychiatric symptoms; PTSD, self-esteem; quality of life), victimization (number of times in past year experienced a violent crime or intimate partner violence), potentially traumatic experiences, and interest in mental health treatment.

Data were analyzed using odds ratios and t-tests to compare homeless female Veterans across a variety of demographic and mental health constructs.

509 homeless female Veterans completed interviews.

The majority of participants were Black, Hispanic, or another racial/ethnic minority (66%), not married (94%), had been homeless for a mean of 2.42 years (SD = 4.39), and had a mean age of 43.47 years (SD = 8.32).

Data were all based on self-reports provided in face-to-face interviews, so social desirability may have influenced results.

No inter-rater reliability was available because only single individuals collected data from each participant.

Several non-validated instruments were used to assess key concepts (e.g., childhood abuse, military sexual assault, victimization, interest in treatment).

Detailed demographic information was not provided for military branch, age range, breakdown of racial/ethnic group, and marital status.