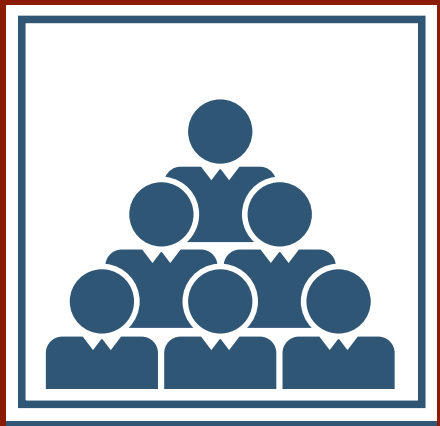
NVTAC
National Veterans Technical Assistance Center

BEST PRACTICES #10



A literature review on this topic revealed the following practices to be evidence based and effective. The intention of this review is to substantiate best practices in HVRPs with research findings in the professional workforce development literature, such as they exist and are relevant to the HVRP population. Where research is limited or not directly about veterans or homeless populations, inferences were made to inform HVRP practices.

WHAT WORKS?

Research at Your Fingertips

WORKING WITH WOMEN VETERANS: THE EVIDENCE

The needs of women veterans experiencing homelessness can differ from those of their male counterparts, due to gender-related issues, differing life experiences, and much higher rates of military sexual trauma. Successful approaches take these differences into account and address the unique needs of women veteran, such as trauma histories, potential childcare needs and caregiving responsibilities, and many other challenges. A review of the literature revealed insights that Homeless Veterans' Reintegration Programs (HVRPs) can use to better understand and respond to women veterans and address their needs in a way that is gender responsive and trauma informed.

The number of women veterans is rising, as is the number of women veterans experiencing homelessness. A 2016 publication titled *Women Veterans and Homelessness: The Homeless Evidence & Research and Roundtable Series* noted that although the overall veteran population is projected to decline substantially over the next 25 years, the number of women veterans will increase (VA National Center on Homelessness Among Veterans, 2016). There were an estimated 2 million women veterans in 2015, and by 2020 those numbers will rise to around 2.2 million; by 2040 there will be about 2.4 million women veterans (VA National Center on Homelessness Among Veterans, 2016).

The number of women accessing U.S. Department Veterans Affairs (VA) specialized homeless programs or with a homeless identification is also rising. In fact, it tripled from 2010 to 2015; in Fiscal Year 2015, there were 36,443 homeless women veterans, which is 1.8 percent of the women veteran population (VA National Center on Homelessness Among Veterans, 2016). The growth in numbers may be due, in part, to the expansion of VA homeless programs in recent years. However, VA data only counts women who use the VA health system, so an unknown number of women veterans who only use community-based homeless assistance programs may be missed.

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Taking these issues into account, it is projected that the growth in the number of women veterans "who may require assistance from a VA homeless program between FY 2015 and FY 2025 will rise by about 4.4 percent—from 36,443 in FY 2015 to 38,048 in FY 2020. In FY 2025, the number is projected to increase again to 39,686, representing an overall projected increase of about 9 percent between FY 2015 and FY 2025" (Byrne, 2016).

Women veterans have a greater risk of homelessness than male veterans and non-veteran women. In 2013, researchers conducted an extensive literature review of 26 studies to assess and summarize existing research on homelessness among women veterans. Findings provided important baseline epidemiologic information about homelessness among women veterans and indicated they are at an increased risk of homelessness compared with their male veteran and female non-veteran counterparts (Byrne, Montgomery, & Dichter, 2013; Gamache, Rosenheck, & Tessler, 2003). In fact, one study showed women veterans are up to four times more likely to be homeless than non-veteran women (Gamache, Rosenheck, & Tessler, 2003).

Women veterans experiencing homelessness differ from their male counterparts in several ways. Studies show that, compared to male veterans who are homeless, homeless women veterans are:

- Younger than the males (Tsai, Kasprow, Kane, & Rosenheck, 2014; Tsai, Rosenheck, & Kane, 2014).
- More likely to have children with them (Tsai, Kasprow, Kane, & Rosenheck, 2014).
- More likely to have a VA service-connected disability (Tsai, Rosenheck, & Kane, 2014).
- More likely to have a diagnosis of an affective disorder, PTSD, and other anxiety disorders (Tsai, Kasprow, Kane, & Rosenheck, 2014; Tsai, Rosenheck, & Kane, 2014).

Research shows several independent risk factors for homelessness in women veterans. When applying research to women veterans, there are several considerations to keep in mind. Risk factors associated with homelessness among women veterans include diagnosis of an anxiety disorder, trauma histories or post-traumatic stress disorder (PTSD); fair or poor health overall; unemployment; being unmarried; substance abuse; mental health issues; having a 100 percent service-connected disability rating or being otherwise disabled; being younger; suicide attempts or self-inflicted injury; experiencing intimate partner violence; identifying as African American; and living in the Northeast (Montgomery, 2016; Hamilton et al., 2016; Fargo et al., 2012; Hines, 2009; Hamilton et al., 2011).

One research study ranked eight factors that increase a woman veteran's risk of becoming homeless (Washington, Yano, & McGuire, 2010) in order of their impact, which are:

1. Unemployment
2. Disability
3. Single/divorced/separated
4. Not a college graduate
5. Positive PTSD screen
6. Prior military sexual assault
7. Positive anxiety disorder screen
8. Fair or poor overall health

Several "root" causes can contribute to homelessness among women veterans. Beyond risk factors, some research studies look at the "root" causes of homelessness. Although lack of housing is the definition of homeless, there are other external factors that can contribute to the incidences of homelessness. Research by Hamilton et al., points to the five central "roots," or precipitating experiences, of homelessness among women veterans (Hamilton et al., 2011):

- Childhood or pre-military adversity (e.g., childhood abuse, foster care)
- Trauma or substance abuse in military service

- Post-military abuse, adversity, and/or relationship termination
- Post-military mental health, substance abuse, and/or medical problems
- Unemployment after military service

Other factors that lead to development of homelessness in the setting of the above five roots included "women veterans' 'survivor instinct,' lack of social support and resources, sense of isolation, pronounced sense of independence, and barriers to care" (Hamilton et al., 2011). The authors noted that these contextual factors reinforce "the persistence of the roots of post-military adversity and mental health and substance abuse problems, serving to maintain cycles of chronic homelessness."

In addition, researchers in one study asked homeless veterans to self-report their reasons for homelessness. In doing so, "males were more likely to cite the following as their main reasons for homelessness: loss of a job, discharge from an institution, mental health problems, and alcohol or drug problems. Women were more likely to cite the following as their main reason for homelessness: eviction, interpersonal conflict, and someone no longer able or willing to help" (Tessler, Rosenheck, & Gamache, 2001).

Programs that address homelessness among women veterans will likely be most effective when they address these root causes through services such as mental health treatment, health care, supported employment, trauma interventions, links to social service organizations and community support, and peer support.

Trauma is likely associated with homelessness among women veterans. Women veterans have much higher rates of interpersonal trauma than male veterans, including much higher rates of military sexual trauma (MST) and intimate partner violence (IPV) (Zinzow et al., 2007; U.S. Department of Veterans Affairs, 2011). In fact, one study places the prevalence of trauma histories among women veterans at 81 to 93 percent (Zinzow et al., 20017), which is much higher than the general population. Studies have shown that exposure to trauma is associated with homelessness, PTSD, mental and physical health problems, and substance use disorders, so HVRP grantees looking to assist women veterans must take trauma histories into consideration when deciding which services a woman needs (Hamilton, Poza, & Washington, 2011; Washington, et al., 2010).

Researchers in one study looked at national, cross-sectional data of 126,598 homeless veterans who used Veteran Health Administration (VHA) outpatient care in fiscal year 2010 to try and assess the link between MST and homelessness. They found that among homeless veterans in VHA, 39.7% of women veterans had experienced MST, compared with 22% of all VHA users (Pavao et al., 2013). They also found that "homeless veterans who experienced MST demonstrated a significantly higher likelihood of almost all mental health conditions examined as compared to other homeless women and men, including depression, posttraumatic stress disorder, other anxiety disorders, substance use disorders, bipolar disorders, personality disorders, suicide, and, among men only, schizophrenia and psychotic disorders" (Pavao et al., 2013). Another study found that one in five women veterans report having experienced MST, and given that this is a very under-reported crime, the actual rates are thought to be six times higher (National Coalition for Homeless Veterans [NCHV], n.d.; Department of Veterans Affairs, 2010). In addition, women who experience MST are nine times more at risk for developing PTSD (NCHV, n.d.).

Another study focused on 509 women veterans with and without MST who enrolled in 11 VA Homeless Women Veterans Programs. Findings showed that more than one-third of participants (41.1 percent) reported MST. After conducting multivariate analyses, the researchers found that homeless women veterans "who reported MSA [military sexual assault] endorsed greater severity of PTSD and other psychiatric symptoms" (Decker et al., 2013). In addition, homeless women veterans who had experienced MST were more likely to report interest in treatment and treatment focused on safety. Given the high rates of MST among women veterans, trauma-informed services targeting trauma recovery and protective factors should be encouraged.

Women veterans also experience IPV more often than male veterans, which is traumatic and leads to psychological and physical safety issues. It is helpful for HVRP staff working with women veterans to receive training about how to address issues and traumas experienced by women veterans, such as MST and IPV. Understanding the principles of a trauma-informed approach and putting it into action will help women veterans with trauma histories feel safer and be better able to thrive. It is vital that organizations such as HVRPs work toward creating a safe and supportive environment that avoids re-traumatization and prioritizes security and privacy (Guarino, Clervil, & Beach, 2014). Staff should be made aware of common triggers and work with women veterans to develop coping strategies. In many cases, referral to trauma-specific mental health interventions, domestic violence organizations, and law enforcement assistance will be of great benefit.

These studies highlight the importance of offering trauma-informed care to homeless women veterans and helping them access mental and physical health services to heal from trauma. Even if a woman veteran finds housing and employment, if she is still dealing with PTSD and the intense after-effects of MST, she will likely have a harder time maintaining the employment, and thus paying her rent.

It is important to note that even if certain women veterans are not eligible for VA services, they might be eligible for free MST-related care, as there are special eligibility rules surrounding MST-related services. In fact, all VA facilities have an MST coordinator who serves as the point person for MST-related issues. HVRPs can connect their women clients with those coordinators when MST is a factor.

Women veterans experiencing, or at risk, of homelessness may benefit from specialized programs that address their unique mental health needs. Women veterans, compared to their homeless male veteran counterparts, tend to have "lower rates of substance use disorders, but higher rates of mental health problems" (Blackstock et al., 2012; Leda, Rosenheck, & Gallup, 1992; Ttsai, Rosenheck, & McGuire, 2012). The high rates of mental health issues, such as PTSD and depression, suggest that mental health services could be of great benefit in helping homeless women veterans gain mental stability and move forward to housing and employment. For example, referring women veterans to gender-specific and gender-responsive psychological services with staff who understand military culture could help advance the healing process.

In addition to trauma histories, many women veterans, especially those who were deployed, have military-related experiences that increase their risk factors for poor mental health outcomes, which differ from male veterans. These factors include family separation (especially from children). As one example, in 2010, more than 30,000 single mothers were deployed to Iraq and Afghanistan (NCHV, n.d.). Studies also show that lack of social support, and higher risk of sexual harassment and assault, are all more strongly associated with adverse mental health outcomes for women veterans than for male veterans (Street, Vogt, & Dutra, 2009; Vogt et al., 2005).

As an example of trauma-specific mental health program that may be of benefit to women veterans, one study focused on the impact of the evidence-based program Seeking Safety on women veterans who were homeless (Desi et al., 2008). Seeking Safety is an intervention designed for people with PTSD and substance use disorders. It comprises 25 individual modules that address issues of safe behaviors and relationships, life skills, and relapse prevention. The study found that over a 1-year follow-up period, the women veterans who participated in the Homeless Women Veterans Programs after the implementation of Seeking Safety "showed modest but significantly greater improvement in psychiatric symptoms, PTSD symptoms (particularly hypervigilance and avoidant behavior), and social support, compared with women in the comparison condition" (Desi et al., 2008). Even for homeless women veterans without a formal diagnosis of either PTSD or substance abuse or dependence, Seeking Safety may be a beneficial intervention, as it can improve their ability to feel and remain safe.

Women veterans experiencing, or at risk, of homelessness have differing physical health needs than male veteran. Women veterans also have differing physical health needs and outcomes than their male counterparts (Haskell et al., 2011; Leslie et al., 2011; Maguen et al., 2010). There are obvious sex-related health needs, such as the need for annual mammograms, pap smears, and other reproductive health care services (Cope et al., 2006). Studies also show that women experiencing homelessness (including veterans) are exposed to more HIV risk behaviors and report higher rates of physical/sexual violence (Wenzel et al., 2004), which increases their need for gender-responsive health services that are trauma informed.

MST can also lead to physical health issues. As noted in a VA fact sheet about MST, it affects both mental and physical health. In addition to PTSD and depression, MST can lead to higher rates of headaches, gastrointestinal issues, sexual dysfunction, chronic fatigue, and chronic pain (Department of Veterans Affairs, 2010). Programs serving women veterans should take these risks and their impact into account when seeking mental and physical health services, and prevention programs, for women veterans experiencing homelessness.

Women veterans experiencing homelessness are more likely than male veterans to be primary caretakers of their children. Nearly 30 to 50 percent of homeless women veterans have dependent children, compared with 9 percent of homeless male veterans, which can reduce the housing options for women (Tsai, Rosenheck, Kasprow, & Kane, 2015; U.S. Department of Housing and Urban Development and U.S. Department of Veterans Affairs, 2010, 2011).

Being homeless with children complicates matters, as housing options are more scarce. A recent study done by the Government Accountability Office (GAO) found that more than 60 percent of organizations with Grant and Per Diem programs (GPD) did not have enough resources to provide housing for the children of veterans (NCHV, n.d.). Out of the 52 that provide housing, 70 percent had major restrictions, including the number of children per veteran and age limits.

Many homeless shelters also often do not allow teenage boys to be housed with their mothers, because men and women are most often in separate sections of the shelter. These limitations often mean a mother has to choose between being separated from some of her children, being housed in a separate area from her older male children, or finding alternative shelter (e.g., “tent cities”, a friend of relative willing to provide living space, a vehicle).

Given the large percentage of homeless women veterans who have dependent children, and who are single parents, lack of accessible and affordable childcare is often significant barrier to finding and maintaining a job. “Those who provide care for homeless veterans need to consider the practical and ethical implications of serving homeless parents and their children, with a particular focus on VA’s supported-housing program” (Department of Veterans Affairs, n.d.). Some Supportive Services for Veteran Families (SSVF) programs, for example, use program funds to offset childcare expenses.

Many women veterans who are single parents want to use HVRP services to go to work, yet much of their energy goes into finding suitable, albeit temporary, housing. This leaves less time for finding suitable childcare that allows her to work. Earnings from employment may be part of the solution to renting an apartment, but child care is often not available or is unaffordable, making it impossible to maintain steady employment (Shaheen & Rio, 2013). When HVRPs can connect with childcare provider agencies or government-funded childcare programs, or help women veterans find safe, affordable childcare (and resources to pay for it), they have a greater likelihood of helping women veterans with children find work and stay employed.

Women veterans who are homeless face barriers to employment and services. Other barriers unique to women veterans include a lack of services specifically geared toward women veterans, particularly those who are homeless; lack of awareness of what benefits and services are available for women veterans; and lack of self-identification as a veteran, as some women veterans feel "society does not readily acknowledge female veterans or their needs" (Guarino et al., 2014; Guarino et al., 2009). HVRPs can address these barriers by placing a greater focus on providing woman-specific services, doing an exhaustive search of services available to women in their community, and outwardly acknowledging women veterans, their specific needs, and the service they provided to our country.

Certain factors improve the likelihood of employment success for women veterans. The Department of Labor reports that Jobs for Veterans State Grant (JVSG) services, which support Disabled Veterans Outreach Program Specialist and Local Veterans Employment Representatives, are associated with better employment outcomes, particularly for women veterans. Women veterans who utilize these services experience higher entry employment rates and higher wages than their non-veteran female peers. Interestingly, the gender wage gap is considerably smaller for women veterans served by JVSG than it is for non-veteran women (U.S. Department of Labor, n.d.)

Women veterans in rural areas have unique challenges and barriers to employment. Women veterans seeking employment in rural areas often face unique challenges, such as geographical barriers, limited employment opportunities, lack of public transportation, and a lack of childcare resources within their communities. A three-pronged approach is recommended for addressing the needs of women veterans in rural environments. The three areas of focus are:

1. Measuring the effectiveness of current programs utilizing metrics specific to rural women veterans,
2. Revising programs to fit the needs of rural areas, and
3. Forming new partnerships to engage and educate rural employers on the value that women veterans bring to the workplace (Szelwach, et al., 2011).

This approach takes active outreach and engagement, and considerable time investment, on the part of HVRP providers, but it is worth the effort when it improves employment outcomes.

Homeless women veterans sometimes experience barriers to getting access to VA care. Focus group studies among homeless women veterans who experienced barriers trying to access VA care identified four main barriers: lack of information about social and psychosocial services, limited access to services, lack of coordination across services, and a sense of isolation (Hamilton, 2016). These women also noted they lacked information about what services were available to veterans, such as VA benefits, housing programs, and mental health care, especially care for trauma. They also talked about barriers such as having limited access to programs, including gender-responsive services; services being inaccessible due to distance; and the lack of long-term housing options.

The VA healthcare system has done a lot in recent years to reach out to and better serve women veterans. Many VA Medical Centers have women-specific healthcare clinics and have shifted from a male-oriented service model to a more inclusive one. Mental health services, including homeless programs and other social programs, are no exception to this transition. The *VA Guide to VA Mental Health Services for Veterans & Families* states:

> "VA offers a full range of mental health services for women veterans, including outpatient, residential and inpatient services. Available outpatient services include assessment and evaluation, medication management, and individual and group psychotherapy. Specialty services are available to target problems such as PTSD, substance abuse, depression, conditions related to military sexual trauma (MST), and homelessness. In addition to the mixed gender residential and inpatient resources, VA has regional or national resources that provide treatment to women only or that have separate tracks for women."

"All VAs maintain treatment environments that can accommodate and support women with safety, privacy, dignity, and respect. VA has almost a dozen residential or inpatient programs that provide treatment to women only or that have separate tracks for men and women. Mixed gender inpatient units or residential treatment centers must ensure safe and secure sleeping and bathroom arrangements, including, but not limited to, door locks and proximity to staff. Each regional VA network (called a VISN) must have residential care programs able to meet the needs of women Veterans. However, the needs for some types of sub-specialty care (for example, women with PTSD) may be limited, and women Veterans who need these services may be referred to regional or national resources." (U.S. Department of Veterans Affairs, 2008).

Conclusion

This growth of the women veteran population emphasizes the need for service providers to target their services to better meet the needs of women veterans. This growing population is certain to have increased social, along with physical and mental health, needs in the coming decades. Homeless women veterans' want and need coordinated, gender-responsive, women-only services, and homeless service providers need to be prepared to offer them (Washington & Hamilton, 2012). Also of importance is the availability of trauma-informed services and trauma-specific interventions, given the high rates of PTSD and MST among homeless women veterans.

The impact of more women in the veteran population is already affecting the field of service providers and systems that serve veterans and will continue to do so as this population grows. More research on this complex and growing population is ongoing and will continue to be of benefit to HVRP grantees seeking to best serve women veterans.

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