

A NATIONAL SUMMIT ON WOMEN VETERAN HOMELESSNESS

A LEADERSHIP DIALOGUE

Chicago—May 2013

Prepared by:

Institute for Veterans and Military Families, Syracuse University

ABOUT THE INSTITUTE FOR VETERANS AND MILITARY FAMILIES

As the first institute of its kind in the nation, the Institute for Veterans and Military Families at Syracuse University (IVMF) leverages the intellectual, programmatic and human capital resources of higher education in support of the post-service life course of the nation's veterans and military families. The IVMF focuses on developing impactful programming, cultivating actionable research, conducting policy analysis and providing technical assistance positioned to address the social, economic and public policy challenges facing the veterans' community. The IVMF team approaches this mission as a collaboration, forging enduring partnerships with government, private industry, institutions of higher education, philanthropic organizations and stakeholders committed to supporting transitioning service members, veterans and their families.

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SYRACUSE UNIVERSITY
INSTITUTE for VETERANS
and MILITARY FAMILIES
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Message from the Director

DEAR COLLEAGUES:

I am pleased to offer you the summary of the National Summit on Women Veteran Homelessness, held in Chicago on May 2-3, 2013 and hosted by the Institute for Veterans and Military Families at Syracuse University (IVMF).

Over these two days, some of the nation's leading experts on homelessness among veterans, especially among women veterans, applied their expertise to help us understand the roots of women veteran homelessness so that it can be prevented; the policy, programs, and services that women veterans need so that they can escape homelessness; and the gaps that better research, policy and practice can fill so that no woman veteran or her family need ever fear becoming or remaining homeless.

These veterans who have sacrificed so much in the service of their country deserve to have a safe and affordable place to live, a civilian job at a living wage and the support needed to recover from mental health disabilities or sexual trauma. To seek new knowledge and opportunities to make this a reality, researchers, policy experts, program practice experts, foundation representatives, national veterans' technical assistance center leaders and women veterans with the lived experience of homelessness worked closely together throughout the summit.

This summit summary is only the first in a series of events and initiatives that the IVMF will roll out over the remainder of the year. Others include White Papers on Preventing and Addressing Women Veteran Homelessness, a bi-monthly Report on Veteran Homelessness, and development of a blueprint for ending women veteran homelessness to accompany our National Veterans Strategy.

In conclusion, to all of the national experts who worked with us at the summit, and especially to participants who are veterans, thank you for your service and hard work, and thank you for joining us in the effort to end women veteran homelessness.



*J. Michael Haynie, Ph.D.
Executive Director, Founder
Institute for Veterans and Military Families
Syracuse University*

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*— Mike Haynie, Ph.D.
Executive Director, Founder
Institute for Veterans and
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Introduction

The transition from military to civilian life is discontinuous and oftentimes difficult. Research suggests that this transition — when coupled with the social, wellness and economic challenges facing some veterans — creates a circumstance where the likelihood that the service member will become homeless, either in the short or long term, is increased.

The causes of homelessness are complex and multiple. A slide into homelessness is the result of a number of economic and social factors that impact an individual or family at a personal level. There are many pathways to homelessness for this heterogeneous population; in most cases, it is the intersection of structural factors, personal histories and individual characteristics that lead to homelessness. Addressing the root causes of homelessness for each individual is necessary to improve circumstances and foster stability in that person's life. These challenges are compounded when

many federal and state agencies seek to address these issues through systems and services that may not always be effectively coordinated and communicated. As a result, individual and community needs are often addressed by multiple service sectors in fragmented or overlapping ways.

The Obama Administration established the national goal of ending veteran homelessness by 2015. Veterans are overrepresented in the homeless population and a recent study found that approximately 14 percent of adult males and 2 percent of adult females were veterans (The National Center on Homelessness among Veterans, 2011). Nearly 21,000 female veterans were homeless or at risk of homelessness between October 2011 and September 2012, with California, Texas, Florida, New York and Georgia accounting for 40 percent of these female veterans (Veterans Integrated Services Network, 2012). The percentage of women among sheltered veterans has

Although the risk of homelessness among veterans can affect veterans of all genders and crosses racial and socio-economic categories, women veterans may face some unique challenges



The National Summit on Women Veteran Homelessness brought together noted researchers, policy and practice experts, and women veterans with the lived experience of homelessness in a day and a half of facilitated dialogue sessions.

increased by 2.3 percentage points since 2009 (U.S. Department of Housing and Urban Development, 2012). Overall, women veterans are two to four times more likely to become homeless as compared to non-veteran women (Gamache, 2003).

Although the risk of homelessness among veterans can affect veterans of all genders and crosses racial and socio-economic categories, women veterans may face some unique challenges. For example, a recent report on focus groups with homeless women veterans found that more than half of those participating experienced military sexual trauma, which can be among the precipitators of their homelessness (Washington 2010). To better understand the reasons women veterans may be at risk for homelessness and determine the most effective interventions, the IVMF developed and implemented a National Summit on Women Veteran Homelessness in Chicago, Illinois on May 2-3, 2013.

SUMMIT OVERVIEW

The National Summit on Women Veteran Homelessness brought together noted researchers, policy and practice experts, and women veterans with the lived experience of homelessness in a day and a half of facilitated dialogue sessions. Our purpose was threefold. First, we wanted to call attention to the growing national problem of homelessness among women veterans. Second, we wanted to better understand the unique challenges facing women veterans who have lost their homes or are at risk of homelessness. Finally, we sought to gather information and ideas for solutions to prevent and end homelessness among women veterans.

Rich information was obtained

from these sessions that will help us to understand the complex conditions that can result in women veteran homelessness, isolate the key areas where action to remediate the issues is required and create comprehensive and sustainable solutions that reduce the risk of women veteran homelessness and help those who are already homeless to achieve full reintegration into their communities.

This report begins with a summary of presentations delivered by three experts who provided background on the demographics of homeless veterans, key programs at the U.S. Department of Veterans Affairs (VA), a research perspective on the challenges homeless women veterans face and litigation and advocacy as tools for change. The core of the report, called the Summit Dialogue Sessions, summarizes three roundtable discussions centered on the following themes: 1) pathways to homelessness for women veterans; 2) strategies for exiting homelessness; and 3) approaches to preventing women veterans from falling into homelessness.

The report then turns attention to the list of actionable tasks which grew out of the roundtables, as well as two facilitated “fishbowls” in which subgroups of Summit participants explored specific issues related to policy, practice and research. Together, these offer not only a record of the work accomplished at the Summit, but also a pathway to future research, policy and program initiatives that hold the hope and potential for preventing and ending women veteran homelessness.

Appendices to this report include brief biographies of the three presenters, a list of all summit participants and their affiliations and the summit agenda.

Presentations

DEMOGRAPHICS OF THE POPULATION

Vince Kane, M.S.W., Director, VA National Center for Homelessness Among Veterans

Kane observed that, according to 2012 data supplied by the annual Point-in-Time Count conducted by the Department of Housing and Urban Development (HUD), there are 62,000 homeless veterans, half of whom live in four states: California, Texas, Florida and New York. While homelessness among veterans can exist in any rural or urban community, the fact that specific states encounter more than others suggests opportunities for further research. Focus areas include why these concentrations exist and in what ways strategies for preventing and ending veteran homelessness in these high-density states may differ from the strategies that work best in states with lower homelessness rates.

Data from the homeless registry of the Department of Veterans Affairs (VA) shows that approximately 21,000 female veterans are homeless or at risk of homelessness. Of the 200,000 veterans who seek VA assistance on health care and housing, about 10 percent are veterans of recent wars. Of these 26,736 recent veterans approximately 13% or 3,456 are women veterans. A younger generation of veterans may call for a different strategy than previous generations and it is important to listen carefully to their needs and desires.

Top mental health issues among veterans include suicide, depressive disorders, alcohol dependence and abuse, other drug abuse and anxiety. For those who have experienced combat, however, post-traumatic stress disorder (PTSD) tops the list. Among women veterans specifically, mental health issues include major depression, PTSD and anxiety. Substance abuse is less common among women veterans than among the general population of veterans.

Women veterans currently account for 13 percent of the tenancy in the Departments of Housing and Urban Development and Veterans Affairs Supportive Housing program (HUD-VASH), which offers veterans permanent housing in apartments scattered throughout communities and uses a Housing First model (Tsemberis and Eisenberg, 2000). Of these 2,865 women, 43 percent have custody of their children. Just over 13 percent of the veterans who use the VA's newest homeless veterans program, the Supportive Services for Veteran Families (SSVF), are women veterans.

Observations on Addressing the Challenges of Women Veterans

Kane observed that within the VA, the focus is on moving veterans with behavioral health problems from street to home with wraparound services. Many female veterans have moved toward programs like HUD-VASH. Many have dependents and want to be with their families in safe permanent housing. Some women receive help from the VA's SSVF program, which prevents homelessness for veterans at imminent risk of losing their housing and also provides a rapid rehousing service when veterans do fall into homelessness, quickly returning them to permanent housing. It provides support of less duration and intensity than HUD-VASH.

Kane emphasized the importance of forging partnerships at every level — especially the community level — to solve the problem of women veteran homelessness. He said it was critical to think of how services are delivered to women veterans and ensure that all services are trauma informed. In addition to addressing trauma among the veterans themselves, providers should be aware of the impact of trauma on family members. Finally, Kane recommended that we implement data-driven, evidence-based solutions together to get to zero homeless veterans by the end of 2015.

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— Vince Kane, M.S.W., Director, VA National Center for Homelessness Among Veterans

While military service can provide strengths and resilience skills that help women veterans to survive and to thrive in civilian society and the work place, some learned skills could actually be a hindrance to successful civilian transition, especially for those who have disabilities or have experienced trauma.

—Alison Hamilton Ph.D., M.P.H., VA HSR&D Center of Excellence for the Study of Healthcare Provider Behavior, Los Angeles, California

THE RESEARCH PERSPECTIVE

Alison Hamilton Ph.D., M.P.H., VA HSR&D Center of Excellence for the Study of Healthcare Provider Behavior, Los Angeles, California

Hamilton provided insights into the causes and effects of women veteran homelessness based upon empirical research. The research indicates that there are a number of factors that precipitate women veteran homelessness and suggests that if these root causes can be addressed, we will have greater success in preventing homelessness or its reoccurrence among women veterans.

Researchers find that women veterans can face a “web of vulnerability” created by many contributing factors. Many women have experienced more than one of these factors. A recent research project funded by the Department of Health and Human Services Office on Women’s Health and the VA Women Veterans Health Strategic Health Care Group explored the pathways to homelessness among a sample of women veterans. The objectives of the study were to: 1) characterize risk factors for homelessness among women veterans; 2) describe how risk factors interplay and accumulate over women veterans’ life course to result in homelessness; and 3) highlight implications for prevention and services.

The research team conducted three focus groups that were held in Los Angeles with a total of 29 homeless women veterans. The women described five predominant “roots” (precipitating experiences) that contributed to their pathways toward homelessness. These included:

1. Childhood adversity
2. Trauma or substance abuse in military service
3. Post-military abuse, adversity and/or relationship termination
4. Post-military mental health, substance abuse and/or medical problems
5. Unemployment

A sixth path, criminal justice system involvement, is a subsidiary factor for women but is significant for some of them.

While military service can provide strengths and resilience skills that help women veterans to survive and to thrive in civilian society and the workplace, some learned skills could actually be a hindrance to successful civilian transition, especially for those who have disabilities or have experienced trauma. For example, the survival instinct honed in the military seems to keep some women from seeking help, making them more self-reliant without the tools and supports they need to strengthen recovery. Hamilton noted that it is important to screen people at the right time to identify risk factors. This should occur while they are in the military as well as post-discharge.

In addition to the “survival instinct,” contextual factors that promote homelessness include a lack of social support and resources, a sense of isolation, a pronounced sense of independence and barriers to care. These contextual factors may also reinforce mental health and substance abuse problems, leading to recurring episodes of homelessness.

Collectively, these multiple, interacting roots and contextual factors form a “web of vulnerability” that is a target for action. Multiple points along the pathways to homelessness represent critical junctures for VA and community-based organizations to engage in prevention or intervention efforts on behalf of women veterans. Considering the complex challenges that women veterans described, solutions to homelessness should consider and address multiple risk factors. All service providers should offer trauma-informed care that acknowledges the prevalence of trauma among women veterans and should incorporate holistic responses that can contribute to healing and recovery.

SALIENT ISSUES RELATED TO LITIGATION AND PUBLIC ADVOCACY

Rachel Natelson, J.D. Prior to her time at Service Women's Action Network (SWAN), Rachel developed and presided over the Veterans and Service members Project at the Urban Justice Center in New York City, and served as a staff attorney at the National Law Center on Homelessness & Poverty.

Natelson highlighted intersecting factors that contribute to women veteran homelessness and discussed their implications for litigation and public advocacy on behalf of these veterans. She observed that, based on VA disability compensation data, there is a strong link between income support and housing stability. The common denominator in applications from women tends to be military sexual trauma (MST). To access disability compensation, women usually need to prove they served in the military. While there is a presumption of service in certain circumstances that expedites timely processing of claims, there is no such presumption for MST. Natelson observed that many of those responsible for processing claims are not well-informed about MST. Most of them do recognize that the person may not have

primary records proving MST but accept statements from family and friends. They also look at changes in work performance on the assumption that a sudden drop in performance might support the claim; however, they often fail to realize that some women throw themselves into work in response to an experience of MST and productivity actually could improve rather than deteriorate.

Discharge status can also be a barrier to civilian reintegration. After reporting assault, women may experience retaliation. They could be charged with an offense, possibly one that bars them from accessing disability compensation. Many women are concerned that use of medical health services might have adverse consequences for their careers (for example, when filling out security clearance documents), which may delay treatment. Other challenges for women veterans include difficulty translating their skills into nonmilitary arenas and a lack of sensitivity to their needs on the part of courts for veterans. While all of these challenges are significant, Natelson noted that some progress has been made on policy issues. Clearly, the VA and other federal agencies are beginning to address these issues.

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—Rachel Natelson, J.D.



The Summit Dialogue Sessions

Summit participants were charged with discussing a series of questions in a roundtable format, using a “World Café” method to identify barriers and facilitators to preventing and ending women veteran homelessness (Brown and Isaacs, 2005). These active, robust conversations were followed by two panel discussions (“Fishbowl Sessions”) that identified actionable research, policy and program strategies. The results of the conversations are reported here following the seven key questions posed to the Summit participants.

FROM YOUR EXPERIENCE, WHAT FACTORS CONTRIBUTE TO HOMELESSNESS AMONG WOMEN VETERANS?

Women veterans may experience a lack of self-esteem, often connected with trauma or domestic violence. They may also make poor choices in their attempts to stay off the street, such as accepting accommodations that are unsafe. Another salient factor that can contribute to homelessness is reluctance to seek help from a male-dominated system. Women veterans may also experience a lack of a support system upon return that can contribute to their risk of homelessness.

As they transition from a structured military environment to civilian life, women may lose their sense of a “mission” that enables them to move forward. The challenge of restructuring their lives can lead to poor decision-making about relationships, jobs and other life priorities. The consequences can be increased risk for homelessness. Women may lack the ability to transfer their skills to civilian work opportunities. Some experience difficulty transitioning from a “team” approach to work requirements to functioning as an individual. Their pride and independence are strengths, but can also work against them. Women veterans

are often slow to seek help, fearing that admitting a need for help will adversely affect their record and employability.

In summary, a key element in understanding homelessness risk factors is exploring the challenges of veteran to civilian transition. When skills learned for military survival need to be “unlearned” for civilian survival or when transferable skills are not well-supported in women veteran transition, the risk of homelessness may increase.

WHAT SERVICES DO WOMEN VETERANS NEED TO PREVENT AND HELP THEM EXIT HOMELESSNESS?

Summit participants highlighted several gaps in available services, including:

- A lack of services for people who are not literally homeless
- A lack of services specifically for women
- Lack of services for women who do not have an honorable discharge (sometimes because of use of drugs in response to trauma or stress)
- Lack of services for women who have not experienced trauma, but have other issues
- Lack of programs to address the needs of mothers with children
- Lack of access to legal services
- A shortage of accessible services in rural areas
- Lack of affordable care in urban areas.

Women veterans who are homeless have an array of complex needs and conditions that may not be well-understood by service providers. Participants highlighted several shortcomings among service systems intended to serve women veterans or a total lack of availability to them. These include:

Summit participants noted that women veterans may not be able to take advantage of opportunities even though they have the skills and aptitudes required. Many need help navigating complex systems.

- Insufficient help transitioning from the military
- Inadequate outreach and engagement for women veterans
- Poor publicity for existing programs
- Marketing literature that does not show or refer to women, leading women to assume they are not eligible
- Failure to screen for veteran status (especially for women)
- Lack of well-trained staff prepared to serve women veterans and refer them to the proper sources of help within the VA
- Lack of understanding of the types of services women veterans want and need
- Lack of trauma-informed services
- A lack of follow-along support, including access to peer mentors.

Summit participants also noted that women veterans may not be able to take advantage of opportunities even though they have the skills and aptitudes required. Many need help navigating complex systems. Some may be prepared to accept work, but they may encounter potential employers who perceive veterans as “damaged goods” and need education to recognize their skills and potential contributions. More must be done to reduce stigma and misconception on the part of potential employers. Participants also stressed the importance of making programs attractive to women veterans and participants. For example, when agencies provide services for children, it helps to engage the mothers (examples include day care, children’s educational and play activities and health care).

A recurring theme was that programs do not adequately understand the particular services that women veterans need. More work also needs to be done to disseminate what we know about women veteran-friendly programs that produce tangible and positive outcomes so that other providers can emulate these practices.

ONCE WOMEN DO BECOME HOMELESS, WHAT SERVICES DO THEY SEEK AND WHAT ARE THEIR EXPERIENCES WITH THOSE SERVICES? WHAT HELPS THEM TO GET BACK ON THEIR FEET?

Accessing safe and stable housing was identified as a primary need. Along with housing, women veterans and their families need access to clothing and health care. They seek employment, but to accept employment they often need help accessing transportation and child care (with extended hours to support job stability). Some women need training to help them take the next step, including education on financial literacy.

Women veterans who are homeless face a number of personal challenges that could be barriers to seeking and following through on assistance. Participants widely acknowledged that the military experience can help women veterans develop the skills, attitudes and aptitudes needed for success in the civilian sector.

Roundtable participants noted that many women veterans need help addressing underlying problems such as trauma, substance abuse and mental health issues. Non-pharmaceutical strategies for managing trauma, such as yoga, biofeedback and guided imagery, can help many women veterans exit homelessness. These dimensions of healing that help women veterans take advantage of housing and work opportunities should be combined with peer support from other women veterans. Noting that women veterans with criminal justice backgrounds will need accessible legal advice, participants acknowledged that exiting homelessness cannot be accomplished by only providing a clean and safe place to live. If ending women veteran homelessness is to be achieved, then comprehensive and well-integrated services for health, wellness, education and training must be provided.

Women veterans who are homeless face a number of personal challenges that could be barriers to seeking and following through on assistance. Participants widely acknowledged that the military experience can help women veterans develop the skills, attitudes and aptitudes needed for success in the civilian sector. However, some of the skills needed for military success may not translate well to civilian environments, especially when trauma and homelessness are concerned. For example, military training that promotes individual strength to overcome adversity may translate in the civilian sector as reluctance to admit a need and seek help. Rank and pride of accomplishment in the military become, in the civilian world, a fear of harming job credentials by admitting a problem. When women transition from the military, more needs to be done to help them understand how the skills and knowledge they acquired in military life can become sources of strength for success in the civilian sector. Programs can also help individuals identify transferable skills as part of their assessment process.

While personal factors can be barriers to accessing help, participants also addressed a number of factors at the program level (as noted above). More consideration should be given to veteran programs with distinct women-only services. To make programs more welcoming to women, Summit participants encouraged both the VA and local provider agencies to recruit and deploy more female staff, especially women veterans as counselors. Since programs have confusing and differing eligibility standards, women need trained staff or navigators who can help them find services for which they are eligible so they do not waste time and effort applying for programs for which they are ineligible — a process that only increases frustration and discouragement.

Employment is both a challenge to be addressed and an element in the successful transition to community life. Key points included:

- Transitional jobs at the VA or elsewhere can provide a slow entry ramp to sustained employment and help build skills and confidence.
- Once a veteran is placed in a job, it is helpful to have someone to intervene if there are problems before the person is fired.
- The pathway out of homelessness is not only a job, but a job with growth opportunity.
- Women veterans may need help planning and accessing training and education that can lead to careers.

Lack of coordination and communication among the various veteran-serving organizations can be a barrier to care. Participants pointed to insufficient linkage among resources, which can lead to unhelpful referrals. Overall, participants reported service systems that are not well-coordinated, not in tune with women veteran needs and fail to address the root causes and effects of homelessness, providing instead what one person described as “way too many band aids.”

WHAT WOULD HELP TO PREVENT HOMELESSNESS AMONG WOMEN VETERANS?

Roundtable discussants were asked to think about and share their recommendations for improving services. They suggested solutions to several issues:

- To address the need for better information to help women veterans make more informed choices, women veterans could benefit from a clear, easily understood explanation of what services they are eligible for — online, interactive and tailored to specific situations.
- Better publicity for available programs will help women access services.
- To reduce services fragmentation, women veterans should get more consistent help navigating the VA and other services.

- The intersection of health, wellness and homelessness prevention, access to affordable health care and the need to link housing, employment and family support services to health care prompted some participants to suggest that more could be done to understand the “health home” model, including its implications for serving women veterans.
- Peer supports should be consistently available from the point of veteran engagement through post-housing and employment stability.

Although most of the discussion addressed actions that can occur following military service, many participants felt that women veterans needed better screening and assistance during their military careers, especially in identifying and addressing underlying trauma.

- Comprehensive assessments are needed. Women veterans who are homeless may present upon intake as needing shelter or a home, but a comprehensive health, wellness, employment and support systems assessment should also be completed.

Prevention means quick and early intervention. Those interventions should be applied when women are at the “couch surfing” stage, before they are literally homeless. Citing the successes and future potential of the VA’s SSVF national initiative, participants offered that a key prevention factor is providing rapid re-housing and timely, practical help. Even before a person becomes homeless, veteran-serving organizations should proactively provide assessment and targeted assistance for those who are criminal justice-involved, including help with employment as part of the overall plan to help in the transition to community life. All interventions should

be age-appropriate; complicating factors and responses might be very different for a veteran in her early 20s than for a veteran in her 60s.

All services and supports should be designed to ensure that women feel safe and comfortable using them. Examples include a women-only day at the clinic and women-only “Stand-Downs.” Participants stressed the importance of having a single point of contact that a woman veteran can trust. For example, places such as Community Resource and Referral Centers (CRRC) should have at least one person who is prepared to connect women veterans with the full range of services for which they are eligible. This type of support is an important homelessness prevention tool.

Although most of the discussion addressed actions that can occur following military service, many participants felt that women veterans needed better screening and assistance during their military careers, especially in identifying and addressing underlying trauma. For those who have experienced trauma, help in managing “triggers” is needed. Some participants suggested that shaping a more thoughtful, longer-term transition back to civilian life would integrate career and life planning throughout military service.

After military separation, women veterans need improved services that help with housing and employment for those without behavioral health issues as well as those who have them. Increased and improved community-based assessment and services supported by the VA would help. Recognizing the need to address diversity, respondents suggested that creating more cultural competency for providers serving women veterans would make those programs more welcoming to women veterans of diverse cultural and ethnic backgrounds. Such training should also include an appreciation for military culture.

From Dialogue to Action: Recommendations for Next Steps

Discussion roundtables and “fishbowl” discussions generated lists of research, policy and practice action steps that should be considered to prevent and end women veteran homelessness.

THE RESEARCH ACTION AGENDA

1. What are the risk factors for women? What are the demographics? Current data is needed to better understand these issues.
2. Why do women enter the military? Does it meet their expectations? What do they experience afterward? (Long-term study is needed.)
3. What is the timeline for contemporary female veterans to become homeless? How does discharge status affect homelessness? What is the relationship between the military experience and homelessness? Would women who become homeless be homeless without military service? Does it make it more or less likely?
4. How well is the TAP program achieving its objectives, particularly in early identification of homelessness risk and in addressing trauma, especially MST?
5. What does effective prevention at the community level look like? What public education is needed? How can we get better data on utilization of services by women veterans?
6. What delivery methods for tools, resources and supports work best to help women veterans maintain wellness in civilian life? Can research show that this makes a difference?
7. What are the necessary elements of a flexible service delivery model that allows women to select the services they



8. need? How would a model using this consumer-driven orientation compare to other models?
9. How do we capture information on “experience-based” approaches that do not necessarily meet standards for evidence-based approaches?
10. What alternative approaches can help to address issues such as PTSD and anxiety? Are pharmaceutical approaches overused? How do such alternative approaches relate to homelessness? Do they help or hinder stability?
11. How can more and better randomized controlled studies of outcomes for female veterans who have experienced homelessness be designed to help inform policies and practices?
12. What are the trends that need to be examined concerning use of technology-based interventions to reach out to women veterans?
13. What forms of peer support are most effective for women veterans? In what types of environments are each of these most effective? How can peer roles be clearly distinguished from clinical support roles?
14. What are the primary and secondary factors that precipitate homelessness among women veterans?
15. Does service in the military mitigate the possibility of homelessness for veterans who enter the military with significant risk factors?
16. What changes in the VA would improve access to health care for women veterans? How many women veterans seek care there and how many return?
17. What can we learn from women who exit homelessness about what helped them and what did not? Qualitative research on resilience can inform prevention initiatives.
18. How will recovery supports be funded as the Affordable Care Act (ACA) is implemented? What information based upon trends and themes would help states address veteran recovery as they craft policies?

Women veterans are often slow to seek help, fearing that admitting a need for help will adversely affect their record and employability.

18. How well are women with HUD-VASH vouchers doing as compared to their male counterparts?
19. What is the relationship between employment and housing (e.g., in HUD-VASH)? What employment services/approaches are most helpful? Where should they be located? What is the cost-benefit for investing in employment? How are mainstream services responding to homeless veterans? What helps people retain employment once they have it?
20. How can researchers learn about and contribute to surveys planned by states or agencies that could provide useful information on women veterans?
5. Better availability and access to free or low-cost clinics for legal information and a clearinghouse of these resources by locality would be helpful.
6. Housing options for women veterans who have experienced abuse should include single-sex housing for those who need this for safety.
7. Better military-civilian transition services, perhaps beginning well before separation from service, can help create a safety net of resources and services that could prevent homelessness.
8. Incorporating trauma-informed services and supports into women veteran homelessness services with trained staff and/or strong linkages to partner resources should be considered by both policy and practice sectors.

THE POLICY AND PRACTICE ACTION AGENDA

1. Service organizations need to collect better data on what is working. This information is not captured through Homeless Management Information Systems (HMIS) at the level needed.
2. What can the VA tell local programs from its own data about how to assist veterans and prevent homelessness? How can evidence-based data be shared that will identify programs and program components that are most effective?
3. We need to better respond to the adverse events that occur during service, when they occur. This includes, but is not limited to, MST.
4. More should be done to improve rapid access to services. One method might be to introduce a presumption of eligibility for VA services in favor of the individual seeking services rather than lengthy conflict/case management and prolonged eligibility assessments.
9. Programs should hire, train and deploy more women veterans as program staff.
10. Greater attention should be given to training staff to prepare them to provide women-specific services and supports for veterans.
11. Identify and implement the cultural competencies required to serve women veterans. This includes helping community providers develop a better understanding of military culture. Practice guidelines may help to inform service policies.
12. Improve collaboration between the VA and local providers. This includes promoting the philosophy of trauma-informed care as well as improved access to mental health care. It also includes blending funding streams to enable local agencies to be effective.
13. Programs should consider the needs of a wide range of veterans: LGBT, those with disabilities, etc.



Data from the homeless registry of the Department of Veterans Affairs (VA) shows that approximately 21,000 female veterans have been touched by the VA's homeless programs. Of the 200,000 veterans who seek VA assistance on health care and housing, about 10 percent are veterans of recent wars and about 13 percent are women.

14. Make women veterans more visible in marketing literature for services so they feel welcome and included.
15. Hear the voices of the women veterans who are being served. What do they consider helpful? What makes them feel welcome?
16. Offer preventive services to people without behavioral health issues. Be prepared to offer referrals and “takeaway information.”
17. Map out the mandated legislative and policy requirements for eligibility and remove barriers to service wherever possible.
18. Remove barriers to housing, including allowing a service animal when needed.
19. Programs that intend to end women veteran homelessness through employment also need to focus on the quality of jobs being provided. Jobs should pay a living wage and have growth potential.
20. Helping women veterans with families obtain, retain and advance in jobs also means accommodating child care issues while they are working or attending training.

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