



LESSONS LEARNED FROM THE U.S. DEPARTMENT OF LABOR GRANTEES:

Homeless Women Veterans and Homeless Veterans with Families

Issue Brief: August 2013 *(Revised August 2017)*



NOTICE: *This document has been re-released in 2017, with some updates, to make the information available to current Homeless Veterans' Reintegration Program (HVRP) grantees. Although the lessons herein emerged from Homeless Female Veteran and Homeless Veterans with Families grant programs, the practices from these pioneering programs can inform how HVRPs can best serve women veterans and veteran families in HVRP. Many current HVRP grantees opted to dedicate a certain percentage of their enrollments for women veterans. NVTAC suggests that these programs consider the issues discussed in this Issue Brief, as they improve their services to women veterans.*

INTRODUCTION

The United States Department of Labor-VETS (DOL) sponsors Homeless Veterans' Reintegration Programs (HVRPs) throughout the country that help veterans who are homeless, including women veterans, and veterans of both sexes who have families, to obtain and sustain employment. HVRPs also stimulate the development of effective service delivery systems that address the complex problems facing homeless veterans. HVRP was initially authorized under Section 738 of the Stewart B. McKinney Homeless Assistance Act in July 1987. It is currently authorized under Title 38 U.S.C. Section 2021, as added by Section 5 of Public Law 107-95, the Homeless Veterans Comprehensive Assistance Act of 2001.

In 2010, DOL-VETS issued a special solicitation within HVRP to address the particular employment issues of women veterans, recognizing that their needs may be different from their male counterparts: "Homeless Female Veterans and Homeless Veterans with Families (HFV/HVWF) Grants" (SGA 10-03).

HOMELESS FEMALE VETERANS AND HOMELESS VETERANS WITH FAMILIES GRANTS (2010-2012)

- 1,406 homeless veterans served
- Average cost per veteran was \$3,203

DOL then funded 24 HVRP grants targeting women veterans and veterans with families in 15 states and the District of Columbia, totaling more than \$5 million during Fiscal Year (FY) 2012–2013. DOL-VETS announced FY 2013–2014 awards of 22 grants, totaling more than \$5 million, to provide about 1,900 homeless female veterans and veterans with families with job training to help them succeed in civilian careers. These HVRPs apply concentrated attention to the unique needs of women veterans and help ensure that their complex barriers and support challenges are better addressed and provide them with a better chance of securing employment and ending their homelessness. It is important to note, however, that other grantees in DOL's

portfolio of HVRPs also provide services to homeless women veterans and to veterans with families.



The National Veterans Technical Assistance Center (NVTAC) seeks to better understand the challenges and facilitators to employment of veterans who are homeless, including women veterans, and address them through direct training and technical assistance to DOL-funded HVRPs. Recognizing the significance of the grantees' experience, NVTAC prepared this report to capture and transmit "lessons learned" so that the needs of these populations can be better met in the future. In fact, in the 2017–2018 funding cycle for HVRP, there were no set-aside grants for targeting homeless female veterans or homeless veterans with families. Instead, applicants were encouraged to identify what percentage of their enrollments would target this subpopulation. The lessons learned from the 2012–2013 cohort of grantees in this report provide new applicants with best-practice strategies.

In preparing this report, we sought to understand how grantees approached the task of employing and supporting women veterans and their families to obtain and sustain employment during the FY 2012–2013 program year. We found that grantees were challenged to design programs that assist eligible veterans by providing job placement services, job training, counseling, mentoring, supportive services, and other assistance to facilitate the reintegration of homeless women veterans and homeless veterans with families into the workforce. They were also asked to use a client-centered case management approach to address the complex problems associated with their clients' transition to employment and to form partnerships to meet other veteran needs, such as housing. During the July 1, 2010, to June 30, 2011, period covered by this report, these grantees served 1,406 homeless women veterans

at a cost of \$3,203 per person. On average, women veterans entering employment earned \$11.01 per hour. Comparative data from subsequent years was not yet available for analysis here.

Many grantees used a “Work Fast” strategy focused on getting clients competitive employment as quickly as possible after referral. All of them participated in local Continuums of Care and maintained partnerships with local U.S. Department of Veterans Affairs Medical Centers and local career centers supported by DOL. Through community collaborations, the grantees sought not only to assist veterans with employment, but also to help them access housing and essential services.

Following a brief section that frames the grantees’ experience by providing background from the literature, NVTAC presents the story of one of the female veterans who found assistance through the grants. Next, it offers insights from the programs themselves. Beginning in the first year of the NVTAC cooperative agreement (2010–2011), the NVTAC facilitated regular “Community of Practice” calls with HFV and HVWF grantees. These calls convened HFV staff and NVTAC staff in conversations to identify common challenges, share methods to address them, and prioritize ways to fill needs and gaps. The final section of this report shares the insights that grantees learned together and shared as a community.

BACKGROUND

HOMELESS WOMEN VETERANS

Homeless women veterans are found in communities across the country, and a true count of their numbers is unknown. The U.S. Department of Housing and Urban Development (HUD) requires a count of homeless people in communities across the country known as the Point in Time (PIT) count. The PIT count estimates the number of veterans that were homeless on one night in January 2012 as 62,619 (HUD, 2012). The PIT counts showed that homelessness among veterans declined by 7.2 percent from the previous year and by 17.2 percent since 2009. The veterans who were counted as homeless in January 2012 accounted for about 13 percent of all homeless adults. Nearly half of them were located in major cities. About 56 percent of them were sheltered and 44 percent were unsheltered. Almost all

the reduction in the number of homeless veterans occurred in the reduction of those who were using emergency shelters or transitional housing; the number of unsheltered veterans has remained about the same since 2011.

HOMELESS WOMEN VETERANS: AT A GLANCE

- A total of 20,944 women veterans were identified as homeless, or at risk of homelessness, between October 2011 and September 2012; 40 percent of these were in five states—California, Texas, Florida, Georgia, and New York (Kane, 2013). Of the 141,000 veterans nationwide who spent at least one night in a shelter in 2011, nearly 10 percent were women (HUD, 2012).
- Numbers of homeless women veterans are expected to increase as more return from Iraq and Afghanistan (GAO 2011).
- Women veterans are four times more likely to become homeless than their civilian counterparts (Gamache et al., 2003).
- For women veterans, the risk of homelessness is highest among the 18- to 29-year old age group, and the risk declines as age increases (Fargo et al., 2011).

Homelessness among veterans declined by 47 percent between 2009 and 2016 (HUD, 2016). However, the numbers remain unacceptably high (New York Times, 2016). In January 2016, according to the PIT count, 39,471 veterans were experiencing homelessness. The number of veterans experiencing homelessness during the course of one year is unknown.

Consistently across the past 5 years, *The Annual Homeless Assessment Report to Congress* shows that homeless veterans are predominantly men, with women making up approximately 8 percent. Although the number of homeless female veterans is small compared to the total number of homeless veterans, there are many reasons to pay attention to this subpopulation of homeless veterans.

Women veterans are four times as likely to become homeless as their civilian counterparts (Gamache et al. 2003), and numbers of homeless female veterans are expected to increase as more women return from Iraq and Afghanistan (Government Accountability Office,

2011). Women represent 6.8 percent of all veterans and 10.2 percent of veterans who are living in poverty (Perl, 2013). The number of women served in U.S. Department of Veterans Affairs (VA) homeless programs is between 4.6 and 4.9 percent, depending on the program (U.S. Department of Labor [DOL], 2011). Within specific programs such as the U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH), the supportive housing partnership between HUD and the VA, 13 percent of the move-ins in FY 2012 were women veterans. Of those admitted, 48 percent had dependents younger than 18 years of age, 43 percent had legal custody of dependents, and 39 percent were living with dependents at the time of their assessment. In the Supportive Services for Veterans with Families (SSVF) 7.7 percent of assessments were women veterans (Kane, 2013).

Four experiences have been identified as predominant pathways for homelessness among women. These include childhood adversity; trauma or substance abuse in military service; post-military abuse, adversity, and/or termination of a relationship; and post-military mental health, substance abuse, and/or medical problems (Hamilton, Poza, & Washington, 2011). These factors are not isolated, but interconnected in what Hamilton and colleagues have called a “web of homelessness vulnerability” (Hamilton, Poza, & Washington, 2011). The “survivor instinct” and “pronounced sense of independence” among these women are among the contextual factors that work to maintain homelessness. Others include a sense of isolation, a lack of social support and resources, and barriers to care (Hamilton, Poza, & Washington, 2011).

TRAUMA: A COMMON THREAD

Trauma and its lasting impact on mind, body, and spirit have influenced veterans and their ability to gain and sustain housing and employment. Many women veterans experienced trauma and violence prior to military service, which may then have been compounded by combat, sexual harassment, and military sexual assault, affecting overall health and well-being. An estimated one in five female veterans has experienced domestic violence, which can sever connections to services and supports (Zinzow et al., 2007). Many women in danger from domestic violence

do not report it, and some female veterans have told grantees they did not want to speak up for fear of “seeming vulnerable.”

HOW COMMON IS TRAUMA AMONG WOMEN VETERANS?

Among women veterans:

- 81 to 93 percent have been exposed to some type of trauma
- 27 to 49 percent experienced childhood sexual abuse
- 35 percent experienced childhood physical abuse
- 29 to 40 percent experienced sexual assault and about 50 percent experienced physical assault as adults
- 18 to 19 percent have experienced domestic violence
- one in four to five report having experienced military sexual trauma (MST), and given that this is a very under-reported crime, the actual rates are thought to be six times higher
- 41.1 percent in VA Homeless Women Veterans Programs reported MST

Sources: Zinzow et al., 2007; National Center for Homeless Veterans, n.d.; Department of Veterans Affairs, 2010, 2015; Decker et al., 2013.

Research revealed six potential trauma categories: being robbed, experiencing accident or disasters, illness or death of others, combat, sexual assault, and physical assault (Tsai et al., 2012b). However, trauma reported at baseline was not predictive of 1-year outcomes, suggesting that the type and frequency of trauma does not negatively affect the housing (*or employment*) gains that homeless women veterans can achieve through homeless services (Tsai et al., 2012b).

The effects of multiple experiences of trauma may include difficulties trusting others and forming and maintaining healthy relationships; difficulty understanding, talking about, and managing feelings; adopting high-risk behaviors as coping mechanisms; and severe and persistent physical and mental health issues such as post-traumatic stress disorder (PTSD) (DOL, 2011). In-depth interviews with a small group of women veterans experiencing homelessness

revealed their sense of pervasive loss from betrayal and trauma reduces social supports and feeling unsafe (Hines, 2010).

The impact of military sexual trauma (MST) on female veterans is especially pronounced. Female veterans assaulted in the military are nine times more likely to exhibit PTSD symptoms and more likely to have problems with alcohol or drugs, have lower economic and educational outcomes, and experience difficulty maintaining relationships (DOL, 2011).

“Female veterans can find themselves unable to attach to the labor market after their service for a number of reasons, which can lead to homelessness. Notably, there is a disproportionate number of female veterans experiencing military sexual trauma. One in five female veterans report experiencing some form as opposed to one in 20 male veterans.”

(Greendlinger, 2012)

A great deal of attention to the issue has increased our understanding of PTSD as an impact of trauma, including MST and combat exposure (Tsai et al., 2012a; Sterneke, 2011; Street et al., 2009). Symptoms include avoiding situations or experiences that remind the person of a past traumatic experience; persistent feelings of heightened anxiety, including being constantly on alert for danger and focused on survival; re-experiencing the traumatic event in the form of flashbacks, nightmares, intrusive thoughts, and images; and disconnecting or “dissociating” from overwhelming feelings associated with the traumatic experience. This disconnection can lead to difficulties feeling and expressing a range of positive and negative emotions (Monson et al., 2009). Knowledge about how PTSD relates to occupational outcomes for women veterans is important in addressing the needs of this growing segment of the veteran population, in which PTSD is a prevalent condition (Schnurr & Lunney, 2010).

The prevalence of MST among women veterans ranges from 20 to 48 percent, and 80 percent of women veterans have reported being sexually harassed (Foster & Vince, 2009). A 2010 report stated that 3,191 sexual assaults were reported in the military in 2011, but because historically only a fraction of such crimes

are reported, the true incidence of sexual assault likely approaches 19,000 (Parrish, 2012). Women victims of MST often continue to experience sexual harassment and assault and are reluctant to report incidents, often for fear of reprisal. Of significant concern are the under-reporting of MST and a lack of information about services for victims of MST.

The after effects of trauma can interfere with all aspects of daily life and successful job placement by making environments and relationships, including those related to job seeking and work, feel physically and emotionally threatening. To respond to the prevalence of trauma, service providers need to provide trauma-informed care, screen for domestic violence and other trauma, and address relationship issues, using a strengths-based and empowerment-oriented approach to increase resilience (Hamilton, Washington, et al., 2012). Further, given that domestic violence may be the immediate precipitating factor for homelessness, it is critical to address not only the effects of past trauma, but also immediate concerns related to the woman’s safety.

BARRIERS TO ENDING HOMELESSNESS

For many veterans, return to civilian life from deployment is a difficult transition. The psychological toll of their experiences is an impediment to housing retention and sustained employment. The employment challenges faced by these veterans may be a direct result of their deployment experiences and the complexities of returning to changed family environments. Additionally, veterans are returning to a changed job market in which specialized skills are needed. It is often difficult for both employers and veteran job-seekers to translate military experience into the types of job skills needed in the current economy. For women, the challenges of this transition may be exacerbated by increased responsibilities for child and/or elderly dependent caregiving.

Participants in three focus groups held in Los Angeles, California, with a total of 29 homeless women veterans described three primary, proximal (current) barriers to exiting homelessness: lack of information about services, limited access to services, and lack of coordination across services (Hamilton, Poza, Hines, & Washington, 2012). Compared to nonveteran homeless women, the research found that women veterans poten-

tially face additional challenges due to trauma exposure during military service, post-military readjustment issues, and inadequate services specific to women veterans. Understanding their service needs and experiences

is critical to the development of relevant and appropriate employment and supportive services that move homeless women veterans away from vulnerability and into safety.

TELLING HER STORY: A FORMERLY HOMELESS FEMALE VETERAN IS “READY TO GIVE BACK”

The testimony of Dee Rogers exemplifies the experiences of many female homeless veterans and provides a striking example of how the HVRP/HFV assisted them in their pathway to housing and employment stability.



FROM TRAUMA TO TRIUMPH—A VETERAN PUTS DOWN HER ROOTS

Danielle “Dee” Rogers describes herself as a “tough girl.” Five-foot-tall and heavily tattooed, she asked her mother to sign a waiver so she could join the Marines at age 17. She sailed through training to become a radio operator and was meritoriously promoted, graduating at the top of her class. But the trauma Ms. Rogers experienced at home dogged her in the military, where she was one of only a handful of female Marines. She says she was ostracized and experienced sexism, leading her to go AWOL multiple times to escape. After a brief stay in a psychiatric hospital and confinement to her barracks, Ms. Rogers received a general discharge from the Marines in 1998. She did not see combat during her years in the military, but her battles had just begun.

There is little about the next 10 years Ms. Rogers remembers. She says she drank heavily, camped out, and began riding trains. She worked from time to time, but describes her life as a “roller coaster.” She befriended someone who wanted to take a cross-country road trip and ended up on the coast of Oregon, far from her home in New Jersey.

A WAKEUP CALL

In Seaside, Oregon, Ms. Rogers’s luck began to change. She encountered a policeman—a fellow veteran—who referred her to the VA Medical Center in Portland for help. Ms. Rogers was ready to go. Her mother, also a heavy drinker, had recently died, and Ms. Rogers says that was her “wakeup call.” She didn’t want to die sick and alone.

At the VA, Ms. Rogers received help detoxing from alcohol. She also received counseling and was connected to housing through a collaborative partnership between the U.S. Departments of Housing and Urban Development and Veterans Affairs. Some of her fellow veterans told her about a job club held at Partners in Careers, a job training and workforce agency based in Vancouver, Washington. Partners in Careers receives funds from the DOL’s HVRP for HFV/HVWF.

Ms. Rogers attended the job club every Tuesday, where, she says, “We would talk about our struggles and receive job leads.” Her HVRP counselor helped her complete the requirements to earn a child care license because Ms. Rogers was interested in working with children. Through the Partners in Careers’ ride-to-work program, HVRP staff got her a bicycle for transportation.

GROWING VEGETABLES AND A HEALTHIER LIFE

In the meantime, one of the staff members at Partners in Careers connected Ms. Rogers to their new Roots to Road program, a 6-month program designed to help jobless and/or formerly homeless veterans learn agricultural skills so they can find employment. As one of the original participants, Ms. Rogers was later hired to help coordinate the program. She told a reporter for *The Oregonian*, which recently featured the Roots to Road program, “It has completely cleared my head. It’s so satisfying to put things in the ground and see them grow.”

Now 34, Ms. Rogers says, “I have more confidence. I have structure I didn’t have before and a sense of accomplishment.” She credits becoming sober and getting a job, along with the healthy relationships she found through the HVRP program, with turning her life around. In particular, she notes that the HVRP staff treated her like anyone else. They didn’t let her outward appearance or tough demeanor color their thinking.

GIVING BACK TO HER NEW FAMILY

Now that she is working with fellow veterans, Ms. Rogers believes it’s very important to give back. She says of the participants in the Roots to Road program, “You need to give them room to breathe. There’s still a lot of stigma attached to being a homeless veteran. We are also a determined group who often think we have to do it on our own.” She acknowledges that being a supervisor is challenging, but adds, “I try to remember I’m helping someone.”

Though she goes by the nickname “Dee,” Ms. Rogers is particularly pleased that her given first name, Danielle, means “God is my judge.” Always one to keep her own counsel, Ms. Rogers has nonetheless finally found the family she was seeking all along.

LEARNING FROM DEE ROGERS’S EXPERIENCE

Although the military has implemented programs designed to prevent harassment to improve reporting, “Female soldiers continue to experience sexual harassment and assault and are reluctant to report incidences” (DOL, 2011). As Ms. Rogers’s experience shows, such experiences may have a profound impact, even when exposure to combat does not occur as part of deployment.

Her success demonstrates the importance of the “employment first” philosophy, community partnering, resource development, strength-based approaches, peer support, and trauma-informed practices that are essential aspects of the HVRP program. She became visible, was recognized as a veteran, and accepted assistance from a fellow veteran at a point in time when she was ready for her life to change. The officer she encountered had awareness and knowledge of the VA and the services offered there. Community partnerships existed to facilitate housing, mental health and substance abuse treatment and support, and employment. Her peers told her about the job club where she could be honest about her struggles and get employment support.

HVRP program staff took the time to understand Ms. Rogers as an individual with interests, strengths, and resources. They worked with her to build on her interests and leadership skills, to restore hope for her future, and to offer assistance in practical areas such as transportation. Her life was transformed through sobriety and getting a job. Coming full circle, she now provides peer support to others. Ms. Rogers’s journey of recovery is one of the many diverse stories of the women veterans served in the HVRP, and it demonstrates that the HVRP approach can help veterans who have experienced homelessness find the way back to fulfilling participation in community life.

HOMELESS VETERANS WITH DEPENDENT CHILDREN

The 2012 PIT count indicates 239,403 people were homeless as persons in families on a given night, 38 percent of all homeless people. This includes married and unmarried men and women who present together, a single parent with one or more children or a two-parent household with one or more children. It can also include an adult and other adult family member who presents as homeless (e.g., an adult woman and her adult niece). The same PIT count reports that 62,619 veterans were homeless in the United States, which is about 13 percent of all homeless adults. Unfortunately, the PIT does not inform us about the number of veterans with families who were homeless on that night in 2012.

Grantees reported significant difficulty helping veterans with dependent children find housing; even interim housing is not available in many communities. This claim makes sense given the limited amount of housing for veterans that targets veterans with families. According to the Government Accountability Office (2011), 600 current Grant and Per Diem (GPD) programs have 13,888 beds that primarily provide transitional housing—typically up to 24 months—to homeless veterans. Around 178 GPD programs serve women, and 42 of these programs opened in the last two years. Currently, as many as 2,605 beds are available to women veterans. At least 956 of these beds are currently designated solely for homeless women

veterans. These figures include 74 beds at the six GPD providers receiving special needs funds to serve women veterans with children. Grantees also noted that homelessness among single veteran parents with children is not exclusively a women's issue; many male veterans who are homeless also are single parents and face similar challenges in finding family housing, securing day care, finding employment, and attending to their children's health, educational, and wellness needs while living as a homeless family.

Although the VA is rapidly addressing these shortfalls, from the experience of these grantees, there is limited housing for female or male veterans with children. Only about one-third of GPD programs with a capacity to serve women could also house their children, and many of these programs had restrictions on the ages or number of children per family. The program that serves the highest percentage of female veterans is HUD-VASH; approximately 11 percent of veterans who have received vouchers are women (GAO, 2011).

During FY 2012, the percent of women veterans moving into HUD-VASH increased to 13 percent. Of the 2,865 women veterans in VASH, 48 percent had dependent children and 39 percent were living with their dependents at the time of their VASH assessment. Just over 13 percent of the veterans receiving services from the VA's SSVF were homeless women veterans (Kane, 2013).



A VETERAN WORKS THE PROGRAM TO MOVE HIS FAMILY FORWARD

With a determined voice, Louis described his journey through high school, military service, and homelessness, and the road back to work. Born in 1958 to working parents in New York City, he joined the Marines in early 1981. “I was trained as a combat soldier, prepared to go to the frontline; wherever and whenever I was called. . . I spent a great deal of time training at Camp Pendleton, just outside San Diego, California.” Following orders, learning and doing what his country asked of him, Louis eventually separated from his beloved Marines in 1984 and headed back to his New York City home.

“I relied on my vocational training in the building trades,” he says. He worked in carpentry, building construction, demolition, pouring foundations, and any labor work he could find in the construction industry. Unfortunately, work became scarce, reflecting the struggling economy, and his take-home pay proved insufficient to support himself and his then 7-year-old son, Malikai. His son’s mother died when he was 4 years old, and Malikai seemed to make an adjustment, despite the scars one might expect. It was a tough time, however, and they were grateful for the shelter in Brooklyn that put a roof over their heads for 25 months and kept them off the streets.

Louis speaks proudly of his son who “goes with the flow and steps up when I need him to—whether that was when we had to camp out or get along with other families in the shelter—he gets along well with his peers, follows my lead really well, does well in school and, when we can, we both love to hit the beach during the summer.” While in the shelter, a social worker told him about Services for the Underserved (SUS), a New York City nonprofit agency that operates an HVRP grant from the U.S. Department of Labor’s Veterans Employment and Training Service, as well as an SSVF grant from the VA.

SUS not only helped Louis with resume development, interviewing skills, and job leads, the staff also helped him and his son get an apartment. “It was a homerun for us,” says Louis. Initially he worked as a dishwasher for a contractor providing corporate food services in a large mid-town New York law firm. He also did some temp work setting up event tents for performances in Central Park. These work experiences led Louis to a maintenance job at the Jacob K. Javits Convention Center in Manhattan, where he continues to work since starting there in November 2012. Louis and Malikai live in a small apartment in Sheepshead Bay, a neighborhood just north of its namesake in Brooklyn. Thirty percent of the rent is paid from Louis’s job and the balance by a HUD-VASH voucher. He is full of hope for Malikai and for himself—a bigger apartment, a better job, his son’s success in school, which are all homeruns by anyone’s standard.



PROGRAM PERSPECTIVES ON CHALLENGES: WHAT WORKS, AND WHAT DOESN'T?

Testimony by Ms. Rogers and other women veterans provide valuable insight into the types of HVRP services that help end women veteran homelessness through employment and supportive services. Testimony from male veterans who are homeless and single parents like that provided by Louis provides insight into a segment of the veteran population that often does not get the attention it deserves. To improve knowledge and use of effective practices, it was also important that HFV grantees share challenges and success among themselves using a peer-peer training method. Thus, NVTAC invited the 24 HFV grantees to participate in an ongoing Community of Practice (COP) to share innovations and challenges with their colleagues in other HFV programs. The goals of the COP approach were to provide technical assistance and form an ongoing learning community among peers serving similar populations using similar approaches, and join together for information sharing and problem solving. NVTAC provided support, coordinated the conversations, recorded summaries of interactions, and provided additional resources to grantees post-calls. The following section captures some of grantees' insights. Their suggestions may not yet be evidence-based, but it makes good sense to keep them in mind: they literally represent the voices of experience.

BUILDING A "COMMUNITY OF PRACTICE"

The term "community of practice" (Wenger-Trayner, 2015) is of relatively recent coinage, even though the phenomenon it refers to is age-old. A growing number of people and organizations in various sectors are now focusing on COPs as a key to improving their performance. These learning communities are groups of people who share a concern or a passion for something they do and want to learn how to do it better through interactions with others who share that desire to improve. Participants engage in a process of collective learning in a shared domain of human endeavor. In this case, that domain concerns the needs of women who served in the United States military who subsequently

became homeless and jobless, as well as the needs of veterans (whether male or female) who are homeless with families.

All 24 grantees were invited to participate in this COP, and the rate of attendance on these calls averaged 50 percent. Staff from HFV projects participating in the COP represented communities across the United States with extensive experience reaching out to and serving people who are homeless, including women veterans. Many of the staff members in these projects are veterans themselves, and some have experienced challenges in their own adjustment to the community following their service commitment.

The grantees became intimately familiar with the unique needs and challenges of women veterans returning from deployment, the complications of targeted outreach and engagement, the dynamics of their traumatic experiences and impact after military separation, and their responsibilities for children and other family members.

Communities of Practice are groups of people who share a concern or a passion for something they do and who want to learn how to do it better by interacting with others who share that desire to improve.

WORKING TOGETHER: THE PROCESS

Initially, calls occurred every two weeks, but the grantees determined that monthly 90-minute COP calls would provide the greatest benefit and align best with their schedules and workloads. All 24 grantees were invited for each call; notes were taken and disseminated after the call, along with relevant supporting documents and resources discussed on the call. Typically, four to eight programs were represented on a call. Four programs attended regularly, and other participants varied from call to call. Themes were chosen based upon grantee request, from common themes proposed by the NVTAC, or from conversations on previous calls. Frequent topics included:

- service coordination,
- documentation,
- case management realities,

- welcoming and engagement strategies,
- assessment approaches,
- employer relationships,
- job development,
- program sustainability,
- job readiness challenges,
- use of routine background checks,
- sustainable housing, and
- trauma-informed practices.

Nationally recognized content experts also participated in the COP by invitation when members expressed the desire for their assistance. NVTAC senior staff included an expert on trauma-informed practices and peer support who co-facilitated most of the COP calls with a senior expert on employment for homeless populations. A special session on trauma-informed care and service to women veterans featured Stephanie Moles, founder of Grace After Fire, who provided content expertise on MST and the implications for housing and employment. Mary Ross, a veteran herself and president of the National Association of Women Veterans, also provided an overview of issues unique to homeless women veterans.



Most of the time on the calls was spent sharing questions, insights, and resources with one another to improve practice, address unanticipated programmatic needs, share inspiring successes, and disseminate effective tools and electronic resources. For example, when the topic of employment skills assessment was discussed, a grantee shared information about the software and online resources the program uses for skill assessment and online computer training. The grantee then sent links to NVTAC for dissemination to the COP.

Increasing grantee participation in the COP proved challenging. However, those who attended the monthly call repeatedly voiced their appreciation and desire for the calls to continue.

ISSUES RAISED AND ADDRESSED

The grantees were highly committed to effectively serve women veterans and veterans with families and eagerly strategized ways that they could address challenges in a number of domains: outreach and engagement; case management; and issues with mental health and substance abuse services, or family life, that impact job attainment and retention. In each area, successes in serving women veterans who are homeless were shared amongst the COP, and challenges were brought forward as opportunities for further exploration and problem-solving. There were also lessons learned when the challenges could not be resolved within the structure of the HVRP program.

Outreach and Engagement

HVRP staff's early attempts confirmed that there are unique outreach and engagement challenges in working with women veterans and homeless veterans with families. Grantees unanimously agree that this population of veterans requires longer amounts of time to locate, build rapport, understand their case management needs, accurately assess employment skills, and build trust in order to effectively support housing attainment and job retention.

Grantees shared several lessons based on their experience:

- **Partner with other community resources to enhance outreach.** For example, join existing job fairs and other community events targeting people who have served in the military, such as annual Stand Down events.
- **To reach women, seek out places where women typically gather.** Examples included laundromats, stores, and hair salons.
- **Tailor language used in conversations based on cues from the women.** Often, women did not identify with the term "military" or see themselves as veterans after separation. Grantees suggest asking the woman whether she was ever in the military or had a "military job."

- **Set outreach target numbers realistically.**

Because of the challenges in serving these particular subgroups among veterans, many grantees struggled to identify enough candidates who both meet the eligibility requirements for enrollment and were likely to achieve successful training and employment outcomes in the expected programmatic and quarterly time frames. Some grantees had to abandon plans to reach large numbers of women at once; instead, they looked for opportunities to reach a smaller number, but target participants who are eligible and ready for services.

“Vets enter with their guard up and it is difficult to appropriately assess needed and actual skills. If the vet doesn’t trust enough, they are unlikely to disclose their weaknesses or actual service needs.”

HVRP Grantee

- **Create welcoming environments.** Grantees said creating a sense of welcome begins at the front door. It is important to immediately acknowledge someone’s presence, sending an affirming message at a time when ambivalence is high. The courage it takes to come in is recognized and staff is aware that if the experience feels unwelcoming and unsafe, the woman is less likely to return. Trauma survivors may enter with their guard up, and grantees developed clear strategies to lower suspicion and build trust. However, these approaches take time and if rushed will impede the assessment and training processes. As one grantee stated, “vets enter with their guard up and it is difficult to appropriately assess needed and actual skills. If the vet doesn’t trust enough, they are unlikely to disclose their weaknesses or actual service needs.”
- **Offer women-only service spaces.** Because women are often reluctant to go to U.S. Department of Veteran Affairs Medical Centers or settings where their male counterparts gathered and were widely served, some grantees created welcoming women-only spaces that were bright, clean, organized, not crowded, and offered ample seating.
- **Use the Internet for outreach.** Grantees had mixed success with using social media as an

outreach strategy. Grantees found their program’s web page was more useful than Facebook or Twitter. The two strategies deemed most helpful were to post success stories on the agency web page and to post advertisements for available employment opportunities. One grantee shared that veterans appear more comfortable using the Internet to access web pages than to use social media. Facebook was found to be more useful for distinct purposes, such as forming a closed group of participants who are all in school.

- **Campus veteran’s groups can help.** Successful outreach can occur on college campuses through the campus veteran’s groups, which make contact with people who are job ready and a good match for the grantee’s resources. Veterans on campus may be homeless, living in temporary housing, or at-risk of homelessness.
- **Be ready when the veteran is ready.** One of the fundamental necessities during outreach is to have the resources HFV/HVWF programs need at the time in the encounter when the veteran is ready to seek help. Veterans tend to move in and out of homelessness depending upon the seasons and possible temporary work, potential to stay with friends and family members, receipt of disability benefits, an urgently rising concern, and the availability of funds tied to school enrollment. The temporary availability of any job opportunity may be attractive to veterans who have responsibility for dependent children, aging parents, or other dependents. Grantees observed, however, that it is difficult to have consistent contact for job readiness with the pressing demands of these responsibilities.

“Veterans are prepared to have strong survival skills. If she has food and some shelter, the weather isn’t unbearable, and she hasn’t exhausted available family options, she may never show up at a homeless shelter. She may be more likely to stay with friends and relatives, until she no longer has housing available and is unable to live on the street.”

HVRP Grantee

- **Educational opportunities don’t always help.** Adding complexity is the heavy recruitment of veterans by educational institutions (some

reputable and some less so). The attraction for most veterans is the time-limited GI Bill educational benefits that can become available to the veteran sooner than other benefits and before they can find meaningful employment. If the veteran puts off employment goal development until after the educational benefits are exhausted, they can find themselves without a job and potentially without all of the education they need for a job that they want. Educational classes may not directly relate to the development of employable skills. As a result, veterans may emerge from the educational opportunity in debt and still unemployed or underemployed. Also, veterans sometimes have difficulty maintaining housing when money runs out between semesters.

HOUSING



Grantees report that finding a job is not typically the top priority for people who are homeless—finding housing is. If the housing need is unmet, progress in addressing the lack of employment may not happen. It can also be difficult to focus veterans' attention on training opportunities. To address this challenge, HVRP grantees can partner with community members and do their best to find suitable housing. However, they are often challenged by the lack of housing stock that meets the unique needs of the grantee. Housing may be of unacceptable quality, located in a neighborhood that is unsafe or one where drugs are sold, or have eligibility criteria that the grantee cannot meet (e.g., limited to the opposite gender or to veterans with, or without, families). Also, some of the veterans require services included with permanent supportive housing, which is likely to be in short supply. Furthermore, grantees cannot provide services to veterans if the veteran is already in permanent housing prior to enrollment in HVRP. This can be problematic if the veteran needs

permanent housing as a stable platform from which to launch a job-finding quest.

Grantees report that unexpected challenges often arise in regard to housing. For example, in a rural program, the offices of the HFV housing partner relocated to offices that were 2 hours away from the grantee, directly impacting recruitment and enrollment. Alternately, in an urban setting, the multiple housing partners did not allow the grantee to directly recruit participants inside the shelters. To resolve the challenge, the shelter staff widely promoted the services offered by the grantee, providing a steady pool of potential participants. Given that housing and employment needs are intertwined, it is clear that the solution needs to integrate permanent housing and employment; which comes first may be based on the needs, capacity, and motivation of the veteran, as well as the opportunities in the community.

“One of our fathers was housed in a shelter separate from his dependent children because the local shelter system could not accommodate them as a family.”

HVRP Grantee

Many veterans who are single parents accompanied by their children want to use HVRP services and want to go to work. However, much of their energy goes into finding suitable, albeit temporary, housing. Although earnings from employment may be part of the solution to renting an apartment, child care is often not available or is unaffordable. For grantees, this often meant spending a great deal of time assisting a parenting veteran with housing and child care needs before attending to job development activities. Sometimes, the veterans were linked to another agency to address these concerns, and then re-referred by that agency back to the HVRP for job placement.

A recurring theme of each call was the difficulty reaching out to and meeting needs of women veterans who have children or aging family members. An example shared by a grantee involved the impossibility of locating a shelter that would accept a woman with a teenage son. These challenges are at least equally true for male veterans with children. One grantee reported, “One of our fathers was housed in a shelter separately from his dependent children because the local shelter system could not accommodate them as a family.”

READINESS FOR EMPLOYMENT

Job-seeking veterans, not unlike their civilian counterparts, may be at different degrees of readiness for competitive employment. The HFV grantees routinely place women with clear occupational goals into jobs and women who have the skills and experience that employers want. But it is far more common for jobseekers to come to the HFV/VWF program with more complicated circumstances. Examples include undefined occupational goals; limited education, skills, or experience; the need for childcare assistance; and the need for mental health treatment. For those needing many additional supports, case management challenges can be daunting.

“We didn’t know until she lost her job that her anxiety kept her from being indoors for an eight-hour shift.”

HVRP Grantee

Combat conditions and skills learned in the military may not be readily transferable to jobs currently available in the community.

Grantees regularly make use of military to civilian occupation translators to help women identify their skill strengths appropriate to the needs of the local labor market. Examples of online resources to help translate skills include [Career One Stop’s Military to Civilian Translator](#), [Military.com’s Military Translator](#), or [Clearance.com’s Common Military-to-Civilian Translations](#).

The behavioral health challenges and impact of trauma may also impact accurate vocational assessments, job placement options, and capacity for job retention.

Grantees expressed many common challenges in serving women veterans. During the job development planning, staff often discovered that the skills described verbally at intake did not actually align well with actual skills observed later when the process of job placement was underway. One explanation was that intake results were clouded by the veteran’s ability to “cover up” the weaknesses she perceived that she had; another was to under-estimate challenges related to the need for emotional or physical protection that could impact employment, particularly if the veteran had experienced trauma and needed to develop coping skills. Grantee staff offered that developing close and trustful partner-

ships with women participants over time was a more effective way of garnering needed information, and it is through that trusting relationship that an accurate skills, strengths, and needs assessment develops.

Grantees sometimes felt pressured to enroll participants who were not in stable housing or had other significant barriers to employment, because they needed to meet grant performance expectations or were empathetic about the plight of homeless women veterans needing income (or both). Often, the result was a longer time in job readiness activities or lack of sustainable job placements. For example, a grantee reported, “We didn’t know until she lost her job that her anxiety kept her from being indoors for an eight-hour shift.” Absent needed supports, job placement prior to securing stable housing can lead to failure. Grantees stressed that it was critical to address housing simultaneously with job placement. Grantees recognize that it is not always appropriate to sequence housing before employment, especially when earned income is needed for rent money. However, a housing plan is essential to employment success. The Goodwill of Houston described their close collaboration with a landlord who is sensitive to the needs of veterans and who is ready and willing to quickly make apartment units available to the women veterans.

In grantees’ experience, it can take 6 months or more before veterans are ready to work. There is a struggle about the timing of enrollment, the need to serve applicants, and the individual complex needs of the women veterans seeking HVRP services. Given the needs and the vulnerabilities of this population, up-front work is vital to obtain positive outcomes. However, this critical provision of service is not “counted” toward successful service delivery under the DOL-VETS HVRP grant. These challenges have prompted some grantees to seek additional funds (in addition to US-DOL funds) to support the critical case management services they provide.



CHALLENGES FOR FAMILIES

It is common for women to have complex issues that differ from their male counterparts. Children are more likely to be in the custody of the mother or her family's custody, but there are also many single male parents. HVRP staff often find themselves to be a primary resource for comprehensive housing, health, and wellness support, if these are not well addressed by other providers in the community. Employment decisions are often impacted by location of schools, family support, and childcare resources at a time when parents are reconnecting with their children. As one grantee observed, "If a woman has kids in school in one area of the community and chooses not to move because of the impact of changes on the children, she cannot access HVRP services. These complex problems require more time to address than anticipated. Resources for the population are limited, scattered around the state, and not readily available to help her."



Each veteran's situation is unique and often involves family members other than young children, such as aging parents or male children over the age of 13, who are under the veteran's care and responsibility. For example, in program year 2010, the HFV "Our POWER Up" enrolled 65 veterans who, among them, lived with 100 additional family members. Engaging and supporting family is often a necessary part of the work in these programs. Support often means more time listening to their stories, assisting women with their children, providing transportation to appointments for both the veteran and her children, or locating temporary housing. Very few transitional housing options are available to families, so considerable time may be needed to secure permanent housing prior to employment. Further complicating assistance, veterans with dependent children may worry about being identified as homeless and fear the misperception

that they are not good parents, which can mean investigations by child protective services and possible loss of custody.

In response to challenges such as these, grantees expanded their partnerships to make service coordination as seamless as possible. These collaborations might be with the VA and their women's health care clinics, local GPD contractors, transitional housing agencies, landlords, local career offices, and Temporary Assistance for Needy Families (TANF) agencies. However, they reported that some veterans with children feel overwhelmed with the idea of relying on yet another social service agency to help them and do not want to break the ties created with the HVRP staff.

Grantees were clear that their primary charge was to develop relationships with employers, and they relied on other homeless assistance providers whose primary function is developing relationships with landlords. A grantee explained that male and female veterans with children take much longer to engage in the search for employment, as they are more protective of their families; this can be seen as greater reluctance to receive services.

Overall, the needs of the family often loom large, inhibiting veterans from intensively pursuing competitive employment. Universally, grantees have been challenged by the time and effort it takes to support a family. At the same time, they stressed that it is unrealistic to expect to serve only the veteran, as if that person is disconnected from his/her family. A more holistic approach is essential to enable veterans to address their roles as parents, jobseekers, workers, and heads of family households as they strive to leave joblessness and homelessness behind.

THE IMPACT OF TRAUMA OVER TIME

An overarching theme for all grantees is the pervasiveness of trauma in the lives of women veterans. Trauma from sexual harassment and sexual assault continues to impact veterans, their families, and their capacity to gain sustainable housing and employment. The impact of trauma influences all phases of recruitment and engagement and must be considered as a factor in the time it takes to build trust and move forward. Often, trauma must be addressed as part of the "up front" work that must be completed before women are ready

to be enrolled in the program. The effects of trauma can also be triggered after job placement by events in the workplace.



The scope of these experiences may continue to impact work readiness and job retention. Women are in need of trauma-informed environments to promote healing and, in some cases, in need of trauma-specific behavioral health interventions. These supports may not be readily available in all communities. If they are not offered in Veteran Affairs Medical Centers or other helping agencies, women may not feel comfortable about attending.

Grantees found that it could take months to build rapport and explore the needs and available options. The level of betrayal experienced in MST can cause profound disconnection, and reconnecting to self, others, and community requires exceptional supports.

Women who have experienced MST often have many layers of self-protection, and staff members working with them need to be well versed in trauma-informed practices. One grantee has counselors and social workers come to job sites as part of work readiness to help people manage triggers. Interventions such as the manualized, evidence-based curriculum titled Seeking Safety may be of benefit for homeless female veterans. Seeking Safety is noteworthy in that it can be delivered and implemented by case managers with little or no prior counseling experience (Desai et al. 2008).

SERVING JUSTICE-INVOLVED VETERANS

Complexity is added when providing services to women with criminal justice histories. Women who are incarcerated have unique health needs and often experience different mental health issues that may have contributed to or arisen out of their confinement. Yet, perhaps the most significant factor that distinguishes women from their male counterparts relates to their real and perceived responsibility for their children. Eighty

percent of women veterans involved with the criminal justice system have children, even if they are the non-custodial parent (American Legion, n.d.). It is the impact of the parental role that often weighs most heavily on the justice-involved woman and guides her choices upon release.

Justice-involved veterans have often been surprised by what is documented in their criminal records. Grantees reported this creates difficulty when they do not disclose their criminal-justice involvement on applications or in job interviews. Veterans have lost jobs they may have already been hired to do because they did not disclose their record before the background check was completed. It is important for justice-involved women veterans to secure a copy of their Record of Arrests and Prosecutions (“RAP sheet”) and review it for accuracy. Women should also prepare themselves for job interviews by learning strategies to present their records and describe their abilities to perform the job for which they are applying.

A number of discussions were held on COP calls about use of background checks to help veterans better understand their criminal history information and the impact on their employability. In response, NVTAC disseminated electronic resources that included links for documents with strategies to help HFV/HVWF be prepared to handle the issue on job applications and interviews. The supporting documents also included approaches to get records expunged and information on the federal Equal Employment Opportunity Commission’s recent strong stand against employer policies such as “no felons hired.” This stand has been endorsed by the DOL and the U.S. Department of Justice. The US-DOL federal bonding program is another resource for the justice-involved population. Given the positive feedback from grantees on this assistance, future training and TA on working with justice-involved women would be welcomed.

FINDING EMPLOYMENT IN RURAL AREAS

Women veterans seeking employment in rural areas face challenges such as geographical barriers, limited employment opportunities, and a lack of childcare resources within their respective communities. The challenges that arise in transition from military to civilian employment for rural women veterans stem from issues

that are specific to women, specific to veterans, and specific to rural areas, respectively. These include their societal roles as primary caretaker for children (including single parents), gender-specific mental health issues resulting from MST and negative experiences during military service, self-perceptions that they are not veterans if they did not serve in combat, and lack of awareness by employers and the larger community that women can be veterans and that they bring valuable leadership skills to the workplace.



Female and male veterans in rural areas experience many of the same barriers when they transition from military life. These include a lack of understanding or misperceptions by employers, the learning curve required to transition from military to civilian life, issues unique to National Guard and Reserve service members, and health issues. Lastly, long travel distances and a lack of suitable public transportation are significant barriers to accessing employment and such supportive services such as health care and job training. Constraints related to the rural infrastructure, such as lack of connectivity, limited access to childcare and mental health resources, and limited industries are also barriers (Szelwach et al., 2011).

BUILDING PARTNERSHIPS

Grantees have shown that they understand how to partner with other services and build relationships with providers who can assist with up-front needs such as food, housing, transportation, hygiene products, peer support, clothing, child care, and behavioral health. They consistently make referrals to mental health and substance abuse providers, both in and out of the Veterans Health Administration, recognizing that multiple options are needed. One of the grantees

identified services that “most women” would want and proceeded to educate those service providers to increase their sensitivity to the needs and experiences of veterans. To increase community sensitivity, Tampa Crossroads began this process by participating in community meetings with a continuum of care, joining more than 50 other nonprofit agencies, religious organizations, and other community members.

This same commitment to partnering is in evidence with employers for job development. Grantees establish relationships with employers to prepare both them and the veterans for interviewing, hiring, and job placements. Employers attend job training programs to meet prospective hires and conduct mock interviews. They attend job fairs and are guests at grantee events. When women are placed in jobs, it is often these relationships that help sustain placements when challenges arise. As one grantee stated, “Placements end, but I need the employer to take the next person we recommend.”

HELPING WOMEN GET JOBS

In the initial months of their programs, HFV/HVWF grantees expected to place large numbers of women in employment. Grantees told us that they are helping veterans get jobs, but not at the pace they originally anticipated. During the first year for which data was available, 685 women veterans were placed into employment, for a placement rate of 49 percent. Wages averaged \$11.03 at placement, with 23 women retaining employment three quarters after exiting the program (see Appendix II for Performance Data). The types of jobs range from computer-oriented work or jobs at Home Depot for a competitive wage to a wide range of other available work. With varying skill sets, transportation concerns, and readiness to work, grantees attempted to match employers to veteran capabilities.



What is now clear is that the intensity of the up-front work that is needed means that staff must take the time to cultivate employer relationships. Employer development activities are tailored to individual employers' circumstances and should endure, even when a placement does not work out well.

Some grantees observed that the likelihood of success was linked to the veteran's date of separation from service. For example, one grantee attributes the program's success to the women who are Iraq and Afghanistan veterans. They believe their skills are more adaptable to the present job market and they possess more "soft" skills. This perception was echoed anecdotally by other grantees. Once trauma is considered and adaptations made, those veterans are better able to adapt and therefore stay employed. Conversely, grantees reported that older veterans and males experienced greater challenges in using computers for job searches and training, although these veterans were easier to engage in services.

It may be that women veterans have a harder time finding employment than male veterans (Anselm, 2011). Across the country, women veterans returning from Iraq and Afghanistan are facing unemployment, hunger, homelessness, and continuing to suffer from physical and mental traumas sustained during their service. Women make up nearly 12 percent of the veterans of the Iraq and Afghanistan wars. In 2012, the unemployment rate for all veterans fell by 1.3 percentage points to 7.0 percent. Among male Gulf War-era II veterans, for those who had served in the Armed Forces sometime since September 2001 and had returned to civilian life, the unemployment rate fell by 2.5 percentage points to 9.5 percent from 2011 to 2012. The rate for women veterans, at 12.5 percent in 2012, was little different from the prior year (Bureau of Labor Statistics, 2012).

Veteran unemployment is greater than the civilian population in certain age groups, in particular among 20- to 24-year old veterans. From 2005 to 2008, unemployment among a homeless veterans' sample with co-occurring disorders increased from 47 to 66 percent (O'Connor et al., 2013). Although unemployment decreased for Current Population Survey (sponsored jointly by the U.S. Census Bureau and the

U.S. Bureau of Labor Statistics) groups from 2006 to 2007, homeless veterans with co-occurring disorders experienced a 35.62 percent increase in unemployment (O'Connor et al., 2013).

Grantees are very aware of job retention as a priority and see housing and other concerns as contributing factors. At times, job challenges are a result of organizational culture—lax work environment or unclear lines of communication can be in direct opposition to the veteran's experience of military culture. Grantees also observed patterns that connect housing loss to job disruption. With women, child and dependent care issues and lack of trauma-informed environments and supports can make sustaining employment difficult. Other challenges for women who have experienced trauma include working with male supervisors, being in male-dominated professional settings, and being in male/female co-located veterans' services. To transition into male-dominated and hierarchical work environments, some women will need help acquiring the skills they need to acclimate to these situations and counseling to better cope with trauma triggers.



SUMMARY AND RECOMMENDATIONS

Grantees have attempted to meet the needs of HFV and HVWF through a variety of creative approaches. For example, they have tried to better address the traumatic experiences women have during deployment that impact their ability to sustain housing and employment. With support, healing is possible and employment can be a strategy to end their homelessness. However, a great deal of time is needed to address the upfront case management needs.

The DOL-VETS HVRP grant program is one of two federal programs specifically focused on employment services for homeless veterans (the other is the VA sponsored Homeless Veterans Supported Employment Program or HVSEP). It requires the coordination of other homeless assistance services needed to reach, engage, and support participants. The complex needs of this population require a strong partnership of communities, employers, and providers to develop a safety net to support women veterans in acquiring sustained housing and employment.

Although DOL deploys around 2,000 Disabled Veterans Outreach and Local Veterans Employment Representative staffs across the country in One Stop Career Centers, grantees stated that more must be done to connect these employment staff to HVRPs and HFVs. Grantees are central to the process at the individual level but need additional support to succeed in the task of helping these veterans secure and maintain competitive employment.

Grantees appreciated the opportunity to network as a group. Facilitated conference calls begin to address this need but there is no substitute for in-person networking meetings, which, unfortunately, are impacted by DOL-VETS travel restriction policies. NVTAC will continue to convene HFV providers by conference call and through other technology-based means during the remainder of the 2012 to 2013 program year. Helping women veterans escape homelessness with employment as a key ingredient is becoming more widely recognized. NVTAC will continue to provide the direct

training and technical assistance grantees need to meet their grant performance measures and ensure that women veterans need not remain homeless or unemployed.

As the grantees complete their third operating year in June of 2013, there is opportunity to build on these early ventures. Across the country, HVRPs are either co-located in the same agency or partner with the VA's SSVF program that is intended to prevent veteran homelessness. This presents one potential area for cross-agency coordination around women veteran homelessness issues, as both programs address housing and employment needs of veterans.

It was clear to the NVTAC that a concentrated and distinct direct training and TA effort needs to occur to address the distinct needs of women veterans. Future NVTAC work plans will outline a strategy for this effort by building upon:

- the lessons learned that are outlined in this report,
- the results and recommendations of a recent [IVMF National Summit on Women Veteran Homelessness](#), and
- a [Listening Session on Women Veterans](#) issues convened recently by DOL-VETS and other initiatives.

Through these efforts, we hope and expect that no woman veteran, nor her family members, need fear becoming or remaining homeless and that each has the opportunity to obtain jobs and careers that they want at wages that provide a financially secure future.



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APPENDIX I. LIST OF GRANTEES

Goodwill Industries of Houston.....	TX
Fast Forward	SC
All Faith Consortium	DC
Atlanta Center for Self Sufficiency.....	GA
Services for the UnderServed, Inc.	NY
Volunteers of America Greater Los Angeles, Inc.	CA
Saratoga County Rural Preservation Company	NY
Volunteers of America Illinois.....	IL
Okaloosa Walton Homeless Continuum of Care Opportunity, Inc.	FL
American GI Forum Nat'l Veterans Outreach Program, Inc.	TX
St. Francis House, Inc.	AR
Tampa Crossroads	FL
United Veterans of America, Inc. dba Soldier On	MA
Black Veterans for Social Justice	NY
YWCA of Greater Harrisburg	PA
Veterans, Inc.	MA
Partners in Careers	WA
Volunteers of America Michigan, Inc.	MI
Central City Concern	OR
Mental Health Association in Hawaii, Inc.	HI
United States Veterans Initiative.....	CA
Vocational Training Institute, LLC dba Job Ready Training-San Antonio	TX
Philadelphia Veteran Multi-Service & Education Center.....	PA
Ethos Educational Services, LLC dba Excel Learning Center	TX

APPENDIX II. GRANTEE PERFORMANCE DATA

GRANTEE PERFORMANCE DATA (JULY 1, 2010 – JUNE 30, 2011)*

PERFORMANCE CATEGORY	VALUE
Participants Enrolled	1,407
Total Number Placed into Employment	685
Average Hourly Wage at Placement	\$11.03
Exiters	1,407
Earned Wages in 1st Quarter After Exit	565
Earned Wages in 1st and 2nd Quarters After Exit	415
Earned Wages in 1st, 2nd and 3rd Quarters After Exit	321
Average Earnings	\$10,935.81
Participant Services Costs	\$4,096,918.57
Administrative Costs	\$561,131.50
Total Costs	\$4,658,050.07
Placement Rate	48.7%
Entered Employment Rate	40.2%
Employment Retention Rate	56.8% (321/565)
Cost Per Participant	\$3,310.63
Cost Per Placement	\$6,800.07
Female Placement Rate	46.5% (374/805)

* Includes follow-up through March 31, 2012

