

United States Department of Labor

Women's Bureau

Homeless Women Veterans Listening Sessions

The Women's Bureau, in order to develop projects and initiatives in direct response to the needs of its constituents, often utilizes community-based methods such as listening sessions to gather first-hand information. The Homeless Women Veterans Listening Sessions Report summarizes the information and viewpoints gathered from homeless women veterans and the service providers that assist them.

U.S. Department of Labor, Women's Bureau
Homeless Women Veterans Listening Sessions

The mission of the Women's Bureau (WB) is to improve the status of wage-earning women, improve their working conditions, increase their efficiency, and advance their opportunities for profitable employment. In support of this mission and the Secretary of Labor's vision for Fiscal Year 2010 and beyond — ***Good Jobs for Everyone***— the WB seeks to help women veterans who are homeless find gainful employment as a critical step to uplifting them to financial stability.

From August 5 through September 10, 2009, the WB hosted a series of 28 moderated listening sessions with formerly and currently homeless female veterans, and service providers to this population, in New York, Pennsylvania, Texas, Kansas, California, Oregon, and Washington. The sessions focused on obtaining information related to:

- Factors that lead to homelessness for women veterans
- Improving services/resources for homeless women veterans
- Increasing participation and engagement in programs/services
- The role of the military and the Department of Veteran Affairs (VA) in combating homelessness among women veterans

The listening session participants consisted of 75 women veterans who are currently homeless, three women who had recently secured permanent housing, and 86 providers serving this population. The women veterans ranged in age from mid-20s to early 60s, with the majority in their 40s and 50s, and represented diverse ethnic (African-American 47%, Caucasian 42%, Latino 7%, and Other 4%) and educational (high school to master's degree) backgrounds. The service providers represented government and community-based organizations offering services such as advocacy, counseling, health resources, employment training, and transitional housing.

Factors that lead to homelessness for women veterans

A diverse set of complex issues and behaviors was identified as contributing to homelessness among the women veterans:

- *Unemployment*— due to job loss, lack of job training and skills assessment, and difficulty transferring skills obtained while in the military to the civilian economy
- *Lack of veterans benefits*— some veterans are not eligible for benefits (e.g., as a result of having a less than honorable discharge); others have difficulty determining eligibility and understanding and accessing benefits for which they qualify.
- *Legal trouble post-military*, e.g., probation
- *Mental health issues*, e.g. Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and mental illness
- *Disabilities*
- *Divorce/Separation*
- *Domestic violence*
- *Lack of family or social support network*
- *Substance abuse*

Improving services/resources for homeless women veterans

A common theme in the listening sessions was the perception that existing programs/services for veterans favor men. Participants believed that many seemingly gender-neutral programs failed to ensure equality in the level and types of assistance provided to both men and women. The top priorities of the women veterans were achieving independence, finding permanent housing, obtaining education/training and employment, meeting their financial obligations, as well as fulfilling their parental responsibilities. They sought resources and programs to facilitate achieving these goals. To better serve all veterans, programs should include:

- **Sex-segregated residential centers:** The women veterans expressed a desire for sex-segregated residential centers staffed by qualified individuals who are sensitive to the female veteran culture. Women, especially those with a history of MST and domestic violence, report feeling more secure and comfortable in a female-only environment. Single-sex housing and treatment arrangements may facilitate recovery for women. Locating centers in safer residential areas, away from drug dealers and violence, is also important.

- Childcare, housing, and programs for female veterans with children : Homeless women veterans are often separated from and lose custody of their children. The ideal residential center would accommodate women with children by offering housing for children of all ages, 24-hour daycare services, support groups for mothers, and special programs for female veterans with young children.
- Career counseling, skills assessment and job training, support, and placement assistance : Career-related services would include assistance with locating good jobs for the women, work-appropriate clothing, and affordable or free public transportation. In November 2009, the Women's Bureau conducted follow-up discussions with participants of the earlier listening sessions to discuss specific barriers that limited the veterans' ability to maintain employment.¹ The barriers included many of the factors that contribute to homelessness, such as their own or a family member's medical/ psychological disabilities, substance abuse, abusive relationships, layoffs and employers going out of business.
- Personal, family, and financial counseling: Service providers reported the need for long-term professional counseling on issues such as mental health, domestic abuse, and substance abuse. The women reported needing help improving their credit and other financial counseling. Programs are also needed to facilitate connections between homeless women veterans and their families and communities, including religious institutions. Peer-to-peer mentoring programs are beneficial in helping women learn from each other's experiences.
- "Women Veterans Resource Professionals": These specially trained individuals would have a good understanding of both military and civilian environments, and would provide confidential guidance on a range of issues specific to women. For example, in addition to support in locating permanent housing, legal services, and documentation assistance (e.g., birth certificates, governmental applications, child immunization), they could offer referrals to health care services not offered at VA hospitals and assistance documenting MST and service-related disabilities.

Service providers raised specific concerns related to program design and implementation. They noted that it would be helpful if funding were awarded for periods of five to ten years to aid in long-term program planning and administration. Otherwise, they worry about money running out and not being able to get additional funding. Grant guidelines could be modified to permit greater flexibility in how money is spent, such as the ability to reallocate funds when necessary. One service provider suggested that the government establish special hiring considerations for homeless veterans tied to grant funding. Another expressed a desire for the VA to provide remote access to its computer system in order to improve documentation and paperwork. Currently, home visitation personnel have to go back to the office to document visitation. A third service provider found it difficult to hold veterans involved in the court system accountable for their treatment plans. Another found complying with per diem rules difficult and confusing.

Increasing participation and engagement in programs/services

It is important to ensure that both homeless women veterans and their service providers are aware of national and local services and resources.

The WB found that there is no a highly-publicized central source of accurate information for women veterans, and that there is an opportunity for one governmental agency to take the lead in providing it. It was suggested that a national coalition of governmental and community organizations be formed to organize partnerships to support homeless women veterans. A central source of comprehensive information could then be compiled and publicized to women veterans in order to facilitate their access to needed services and support. Service providers also would gain a clear understanding of veteran-related resources and eligibility for benefits. In the listening sessions, they noted a desire for more integrated communication and delivery of veteran services/benefits. To facilitate marketing the resources to the widest audience, the VA could conduct more extensive research on how women veterans learn about and are motivated to seek services.

According to the listening sessions, homeless women veterans face many barriers to seeking services, including not knowing where to turn for help, lack of awareness/understanding of veterans benefits (especially education benefits) and eligibility requirements, mistrust of authority, shame, pride, lack of transportation, and a resistance to self-identify as "veterans." According to participants, there is a disincentive to seek treatment for health issues prior to separation because that may delay the separation process. Also, military members who report substance abuse and mental problems face the threat of a dishonorable discharge. One suggestion for collecting more accurate assessments from veterans, and thus connecting them to the appropriate resources for assistance, would be to survey them after their discharge.

One way service providers can improve program uptake is by increasing outreach and communication regarding the resources that are available. One participant explained, *"If you are going to get the word out and want to get the public's attention, you should put the information (posters, brochures) at the public libraries, emergency room areas of hospitals, pediatrician offices, rehabilitation centers, food stamp offices, welfare offices, police stations, jails, prisons, everywhere."* Other suggested venues included homeless shelters, domestic violence shelters, pregnancy clinics, Reserve units, subways, radio and other media, food pantries, and churches. Social service agencies should screen for female veterans, and other community and religious organizations should also be a source of referral. Outreach counselors that reach out to women veterans where they live, in shelters and under bridges, are believed to be a vital component in successfully communicating and fostering program participation.

Another idea conveyed through the listening sessions was the need for broader access to veterans' services. Establishing satellite programs and distributing resources in non-urban areas would facilitate this. Eligibility criteria should enable anyone needing assistance to receive some degree of service. All staff should be non-judgmental and sensitive to differences in gender, religion, race, sexual orientation, drug use, and lifestyle choices. The VA could advise all staff and providers of the issues and solutions that homeless women veterans consider key to improving their lives, and use this knowledge to improve services.

Simplifying the process for accessing services would also benefit homeless women veterans, who find the VA bureaucracy difficult to navigate. Making changes in the hours of service at VA centers to accommodate working women and those with care giving responsibilities may also help the decrease the likelihood of homelessness among women veterans. The VA system must be capable of handling an increased demand for its services.

The role of the military and the VA in combating homelessness among women veterans

Listening session participants had various suggestions for improving the military separation process in order to help prevent/overcome homelessness. They described their transition experiences as inefficient, unsatisfactory, and non-user-friendly. For some women, leaving the military entailed emotional, physical, and professional upheaval, which was compounded by the fact that the stages of the process were not outlined in advance. To better prepare military service members for re-entering the civilian economy, the military could extend the time period for discharge planning (e.g., to six months or longer) in order to provide additional information on job training and financial planning.

The women veterans reported being unaware of services and resources to assist with the transition into civilian life. Most did not participate in the Transition Assistance Program (TAP) because they did not receive enough or any information about TAP. Others reported that the TAP was instituted after they left the military. Two participants that did attend TAP remarked that military personnel were providing insufficient information, materials, and assistance in gaining employment.

Establishing better connections between the Defense Department and the VA prior to discharge is important. Some women who are eligible for treatment services for an injury incurred while in the military experience lag time in getting compensation, which presents serious problems to their financial stability. It was reported that low staffing levels sometimes prevent VA representatives from attending all transitional de-briefings from the military. Moreover, if VA used computerized records, it might facilitate the flow of service members from one system to the next. Also, the VA could develop a mechanism for ongoing communication to veterans, such as a lifetime email account. One listening session participant suggested assigning each veteran a social worker to serve as a resource.

Conclusions

Overall, the listening session participants conveyed a strong need for programs and resources geared to women veterans who are homeless. A lack of timely and comprehensive information regarding benefits and entitlements was discussed as a primary challenge to overcoming homelessness among women veterans. Implementing women-specific veteran programs may help dispel the lingering distrust of the military/VA and the lack of self-identification as veterans, especially among homeless women veterans. Programs, services, and resources for this population must address the various factors that contribute to homelessness, including military sexual trauma, PTSD, unemployment, and family dysfunction. Programs must be broadly communicated, and include job, life and financial skills, as well as address mental and physical health, housing, transportation, childcare, and family support issues.

The listening session participants emphasized the need for programs targeting homeless women veterans "that are more proactive than reactive." Preventing homelessness, such as by providing rent assistance and other supports, is easier than dealing with the problem later. A 24-hour, toll-free hotline linking women to a database of national and local services, including residential facilities, would be a step to combat the prevalence of homelessness among women veterans. An *Organizational Guide to Serving Women Veterans Experiencing Homelessness* could provide valuable resources to homeless women veterans and their service providers. Advocacy, sustained funding and support are required to coax homeless women veterans "in from the shadows" to seek recovery and provide women the same opportunities as men upon leaving the service. With the wave of new Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veterans and their families, the VA system needs sustained resources to adequately serve all eligible veterans.

¹ From these sessions the Bureau also learned that many women veterans were employed, or had previously been employed in the following occupations: clerical, corrections, counseling/first response, domestic caretaking, electronics, government, non-traditional, nursing and other hospital/medical technician, and sales/customer service. Some of the homeless women veterans reported that their civilian jobs did not relate to what they did in the military, and of this group, the majority had held clerical jobs in the military. Some of the participants said they had some transferable skills but would have benefited from additional support in finding a civilian job. Those women who stated that their civilian job was consistent with what they did in the military worked in the areas of career counseling, nursing, and electronics assembly.