

Uploaded to the VFC Website August 2013

This Document has been provided to you courtesy of Veterans-For-Change!

Feel free to pass to any veteran who might be able to use this information!

For thousands more files like this and hundreds of links to useful information, and hundreds of "Frequently Asked Questions, please go to:

Veterans-For-Change

Veterans-For-Change is a A 501(c)(3) Non-Profit Organizaton Tax ID #27-3820181 CA Incorporation ID #3340400 CA Dept. of Charities ID #: CT-0190794

If Veterans don't help Veterans, who will?

We appreciate all donations to continue to provide information and services to Veterans and their families.

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=WGT2M5UTB9A78

Note: VFC is not liable for source information in this document, it is merely provided as a courtesy to our members & subscribers.





RAUMA-INFORMED CARE for Women Veterans Experiencing Homelessness

A GUIDE FOR SERVICE PROVIDERS



EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

The number of women in the military is growing rapidly. Women are now 20% of new recruits, 14% of the military as a whole, and 18% of the National Guard and Reserve. While women represent only 8% of veterans, their risk factors are rising disproportionately to their numbers. Women veterans are at four times greater risk of homelessness than their non-veteran civilian counterparts. Over the last decade, the number of homeless women veterans has nearly doubled. Women veterans represented 7.5% of the 136,334 homeless veterans who were sheltered sometime between October 1, 2008, and September 30, 2009.¹

In an effort to better understand the factors that lead to homelessness, the U.S. Department of Labor's Women's Bureau conducted listening sessions with homeless women veterans and service providers. The sessions revealed that the experience of multiple traumas increases the risk of homelessness and severely impacts women veterans' ability to readjust to civilian life.

Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers, also known as the "Trauma Guide," was created to address the psychological and mental health needs of women veterans. The guide is also a compilation of best practices aimed at improving effectiveness in engaging female veterans. Written for service providers, the guide offers observational knowledge and concrete guidelines for modifying practices with the goal of increasing re-entry outcomes. *Trauma-Informed Care for Women Veterans Experiencing Homelessness* includes:

• USER'S GUIDE

- A handbook offering information on the experiences and needs of female veterans, what it means to provide trauma-informed care, and resources for staff training and education.

• ORGANIZATIONAL SELF-ASSESSMENT FOR PROVIDERS SERVING FEMALE VETERANS

 A manual of best practices that can be integrated into daily programming for homeless female veterans.

RESOURCE LISTS

- Compilations of provider-targeted materials, videos, and websites on a variety of topics, including: female veterans, homelessness and trauma, cultural competence, traumainformed services, participant involvement, and self-care.

UNDERSTANDING THE EXPERIENCES AND NEEDS OF FEMALE VETERANS

Research suggests that 81-93% of female veterans have been exposed to some type of trauma – a significantly higher number than within the nonveteran, civilian population. More than half of female veterans surveyed experienced some type of trauma or abuse *before* joining the military, indicating that the problem extends far beyond the veteran population. Twenty-seven to 49% experienced childhood sexual abuse and 35% experienced childhood physical abuse. For many, these traumas extended into adulthood, with 29-40% of female veterans reporting sexual assault and about half experiencing physical assault. About 19% of female veterans have experienced some type of domestic violence.

Military sexual trauma (MST) in the form of sexual harassment and assault remains a significant concern for female soldiers. According to the U.S. Department of Veterans Affairs, an alarming 20% of female veterans who served in Iraq and Afghanistan have been identified as experiencing MST. According to the U.S. Department of Defense, approximately one in three military women has been sexually assaulted compared to one in six civilians.

Research indicates that prevalence of military sexual assault among female veterans is between 20 and 48%, and 80% of female veterans have reported being sexually harassed. Despite the implementation of prevention programs and improved reporting mechanisms, female soldiers continue to experience sexual harassment and assault, and are reluctant to report incidences. Of significant concern is this under-reporting of MST and a lack of information about services for survivors of MST.

In addition to the high rates of MST, women in the military face challenges that may differ from their male colleagues. According to a report by Iraq and Afghanistan Veterans of America, more than 40% have children and approximately 30,000 single

¹ The latest data available

mothers have been deployed. Women report higher levels of stress over the impact of their deployment on family and relationships.

The experience of trauma prior to enlistment, coupled with trauma experienced while in uniform, make abuse a common denominator among homeless female veterans. The impact of MST is especially pronounced. Female veterans assaulted in the military are nine times more likely to exhibit post-traumatic stress disorder symptoms; are more likely to have problems with alcohol or drugs; have lower economic and educational outcomes; and experience difficulty maintaining relationships, housing, and employment. Even though the female homeless veteran population has tremendous service needs, many of these are going unmet.

Needs include therapy to address the impact of trauma; supportive services; transitional employment and job training; safe living environments; and options for substance abuse treatment. Since mixed-gender living arrangements and therapy groups can present risks for sexual harassment and assault, separate female veteran homelessness transitional housing programs that are not co-located with programs/housing for male veterans are recommended.

Experiences of trauma and the subsequent impact on daily functioning can present a significant challenge as women veterans readjust to civilian life, and can be a risk factor for homelessness.

Listening sessions with homeless female veterans revealed a unique set of challenges compounded by their military experiences and multiple roles as breadwinner, parent, and spouse. These sessions found that:

- Female veterans who are homeless have significant histories of trauma.
- Exposure to trauma impacts all aspects of daily functioning.
- Female veterans do not always selfidentify as veterans.
- Female veterans often find themselves without a support network.
- Services that are trauma-informed and tailored to female veterans are minimal.

PROVIDING TRAUMA-INFORMED CARE IN HOMELESS SERVICE SETTINGS

The principles of trauma-informed care include:

• UNDERSTANDING TRAUMA AS WELL AS ITS IMPACT

- recognizing that behaviors which seem ineffective and unhealthy may actually represent adaptive responses to past traumatic experiences.

• PROMOTING SAFETY

 – establishing a safe physical and emotional environment where basic needs are met, safety measures are in place, and provider responses are consistent, predictable, and respectful.

• ENSURING CULTURAL COMPETENCE – understanding how cultural

understanding how cultural context influences traumatic experiences and the recovery process; respecting diversity, providing opportunities to engage in cultural rituals, and using interventions respectful of cultural backgrounds. Unique to this population, ensuring "military cultural competence" must also be considered. This understanding includes knowledge of military language, acronyms, paperwork, service delivery systems, and experiences of female military service members and veterans.

• SUPPORTING WOMAN VETERAN CONTROL, CHOICE, AND AUTONOMY

helping women veterans regain
a sense of control over their daily
lives; keeping them well-informed
about all aspects of the system;
outlining clear expectations;
providing opportunities for women
veterans to make daily decisions
and participate in the creation of
personal goals; and maintaining
awareness and respect for basic
human rights and freedoms.

SHARING POWER AND GOVERNANCE

 promoting democracy and equalization of the power differentials across the service provider agency; and sharing power and decision-making across all levels of an organization, whether related to daily decisions or in the review and creation of policies and procedures.

• INTEGRATING CARE

 maintaining a holistic view of women veterans and their process of healing and facilitating communication within and among service providers and systems.

• **HEALING HAPPENS IN RELATIONSHIP** – believing that establishing safe, authentic, and positive relationships can be corrective and restorative to survivors of trauma.

RECOVERY IS POSSIBLE

- understanding that recovery is possible for everyone regardless of how vulnerable she may appear; instilling hope by providing opportunities for woman veteran involvement at all levels of the system; facilitating peer support; focusing on strength and resiliency; and establishing goals.

DEVELOPING AND PILOTING THE ORGANIZATIONAL SELF-ASSESSMENT FOR PROVIDERS SERVING FEMALE VETERANS

Concrete "trauma-informed" practices that reflect the needs and ideas shared by women veterans and service providers are among the guide's most important contributions to the limited field of study on homeless women veterans. The *Self-Assessment* covers six domains, or areas of programming, for service providers to evaluate as they assess their ability to provide traumainformed care. These domains are:

• SUPPORTING STAFF DEVELOPMENT

 This includes training and education on trauma, supervision that includes discussions about trauma, self-care for the service provider, and staff development activities regarding the special needs of female veterans.

 CREATING A SAFE AND SUPPORTIVE ENVIRONMENT

 Understand how military culture impacts a service member's world view.

ASSESSING AND PLANNING SERVICES

- Do this through intake assessment questions about: personal strengths, current level of danger from other people, suicidal thoughts and behaviors, military service and experiences (branch, rank and job in the military), history of trauma, head injury, and past experiences with the Department of Veterans Affairs (VA)/vet center-based services; screenings for post-traumatic stress disorder and traumatic brain injury; determination of eligibility for VA and non-VA benefits and services; and goal development generated by the female veterans themselves.

INVOLVING WOMEN VETERANS

- Recovery and success for trauma survivors is largely based on their

ability to regain control of their lives, and organizations facilitate empowerment by giving women veterans a voice in what happens on a daily basis in their service program.

ADAPTING POLICIES

 Trauma-informed service providers consider trauma and its impact when creating policies to avoid recreating feelings associated with traumatic experiences.

• WORKING WITH CHILDREN

- Children of female veterans have unique experiences, including: moving to new bases, having an absent parent during deployment, and/or dealing with a parent's death or injury. There is a great need for providers to better connect with children's agencies for the purpose of referrals and collaboration.

IMPLEMENTING THE ORGANIZATIONAL SELF-ASSESSMENT FOR PROVIDERS SERVING FEMALE VETERANS

There are basic steps that can guide service providers into better traumainformed care practitioners. Initially, organizations must identify leaders to be "champions of change." Those leaders should act as educators within their organization, educating staff on trauma-informed care and its related issues; the relationship between trauma and homelessness; trauma's impact on homeless female veterans; and the unique needs of female veterans who are homeless. Many organizations will need to assess their respective abilities for change and address conflicting views. The Self-Assessment can be used during this step to provide a framework to facilitate a discussion among staff.

After assessment, the organizational leadership and staff should work

collaboratively to create a strategic plan for change. The plan should include specifics, which includes goals, resources, timeframes, and names of staff responsible for monitoring progress. Additionally, staff should document the impact of trauma-informed change on program participants. These efforts may include woman veteran feedback and outcomes, such as the number of terminations from the program, and the number of successful housing and job placements.

Female veterans who become homeless often find few services designed to meet their needs. Understanding how experiences of trauma impact them and tailoring practices to provide traumainformed care will best facilitate their recovery and re-entry.

The Women's Bureau offers this guide with the ultimate goal of creating a network of community-based service organizations equal to the task of serving those women who have so proudly and courageously served our country.

FOR MORE INFORMATION, CONTACT U.S. DEPARTMENT OF LABOR WOMEN'S BUREAU PHONE 202-693-6710

Women'sBureauNetwork@dol.gov www.dol.gov/wb

