

ISSUE BRIEF SERIES

Trauma-Informed Care for Veterans Experiencing Homelessness

Meeting the Needs of Women Veterans

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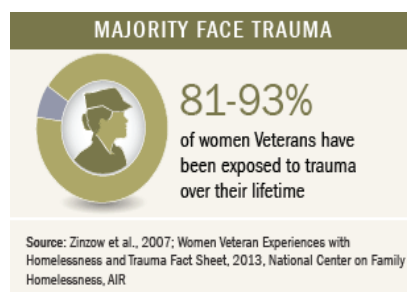
Trauma-Informed Care for Veterans Experiencing Homelessness: Meeting the Needs of Women Veterans

Trauma-Informed Care for Women Veterans Experiencing Homelessness, funded by the Bristol-Myers Squibb Foundation from 2012 to 2014 as part of its Mental Health & Well-Being initiative for returning veterans and families, was a multisite demonstration project designed to build the capacity of veteran-serving agencies—particularly those serving women veterans—to adopt a universal, organization-wide approach to understanding and responding to trauma. The National Center on Family Homelessness at American Institutes for Research (AIR/NCFH) partnered with three organizations in Massachusetts—New England Center for Homeless Veterans, Veterans Inc., and Soldier On—that serve homeless veterans and were interested in adopting trauma-informed care. Project activities included (a) introducing an organizational framework for becoming trauma-informed; (b) building the capacity of organizations to integrate trauma-informed care; and (c) evaluating the project’s impact on organizational culture and practice. Project findings suggest that adopting trauma-informed care enhances quality of care for veterans in homeless services and is a promising framework for veteran service systems.

This brief is the third in a three-part series entitled *Trauma-Informed Care for Veterans Experiencing Homelessness*. To access the entire series, visit www.FamilyHomelessness.org.

Trauma in the Lives of Women Veterans

The percentage of women in the military and among the ranks of veterans is growing dramatically. According to the U.S. Department of Veterans Affairs (VA), approximately 2.1 million female veterans represent 10% of all veterans, and it is estimated that the percentage of women veterans will increase to approximately 16% by 2043.¹ As women veterans reintegrate into civilian life, they face unique challenges including lower incomes and higher rates of unemployment than their male counterparts, lack of services and social supports tailored to their needs as women and veterans, and high rates of trauma—the impact of which is particularly profound.²



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The prevalence of traumatic life events is extremely high among women veterans, with an estimated 81–93% exposed to trauma at some point in their lives.³ Traumatic experiences occur within and outside of military service, beginning for some women in childhood and continuing into adulthood. Traumatic stressors in childhood and adulthood and experiences of

trauma during military service (e.g., Military Sexual Trauma [MST], combat-related stressors) can have a significant impact on the health and well-being of returning women veterans and are identified risk factors for homelessness.^{4,5}

Trauma in the Lives of Women Veterans

Women veterans experience trauma at higher rates than the general population.^{3,6}

More than 50% experience some type of interpersonal violence before joining the military.⁶

- 27–49% have experienced childhood sexual abuse.⁶
- 35% have experienced childhood physical abuse.⁶
- 24–49% have experienced sexual assault as adults.⁶
- 46–51% have experienced physical assault.⁶
- 39% report that they have experienced intimate partner violence.⁶

Exposure to trauma while serving in the military is prevalent.

Of women veterans accessing VA services:

- Approximately one in four screens positive for Military Sexual Trauma (MST).⁷ MST is the term used by the Department of Veterans Affairs (VA) to refer to experiences of sexual assault or repeated, threatening acts of sexual harassment.
- Prevalence of sexual assault in the military among women veterans ranges from 20 to 48%.⁸
- 80% reported being sexually harassed.⁸
- 20% of women veterans who served in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) have been identified as having experienced MST.⁶
- 41% have been exposed to combat-related stress.⁹

Exposure to traumatic stress increases the risk of developing significant health and mental health challenges.

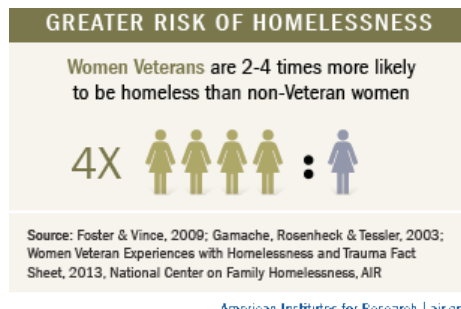
- According to the VA, approximately 20% of women veterans of OEF/OIF have been diagnosed with Post-Traumatic Stress Disorder (PTSD).¹⁰
- Women veterans with histories of civilian sexual assault are up to five times more likely to develop PTSD than those without sexual assault histories.^{11,12}
- Women veterans with histories of sexual assault in childhood are seven times more likely to develop PTSD.¹²
- Women who experience MST are up to nine times more likely to have PTSD.¹²
- Additional challenges associated with history of sexual assault include major depression, anxiety, physical health issues, and substance abuse.^{3,7,12}

(From *Homelessness and Trauma in the Lives of Women Veterans* Fact Sheet
National Center on Family Homelessness, 2013)

The Intersection Between Trauma and Homelessness

Homelessness among women veterans is increasing, and women veterans are up to four times more likely to be homeless than nonveteran women.¹³ According to the VA, the number of homeless women veterans doubled from 1,380 in 2006 to 3,328 in 2010; and these numbers only include women veterans who receive VA health care, which is approximately 57.4% of women veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn.

Women veterans comprise nearly 5% of the nation's homeless veteran population, and the VA estimates this rate will climb to 15% as the number of women veterans continues to rise.¹⁴



Characteristics and Needs of Homeless Women Veterans

According to a 2011 Government Accountability Office report on homeless women veterans, neither the Department of Housing and Urban Development nor the VA collects data on total numbers of homeless women veterans in the general population. Recent national comparison studies of homeless male and female veterans enrolled in VA services offer more details about the characteristics of this population.^{15,16} Compared to homeless male veterans, homeless women veterans were:

- Younger than their male counterparts (e.g., more likely to have served from 1991 to the present).^{15,16}
- More likely to have children in their custody and have children living with them. In one study, up to 30% of literally homeless female veterans had dependent children at the time of their involvement with the VA.¹⁵
- More likely to have received a VA service-connected disability.¹⁶
- More likely to be diagnosed with affective disorders as well as military-related and non-military-related PTSD and other anxiety disorders. One study found homeless women veterans had more than two times the odds of having non-military-related PTSD.^{15,16}

Exposure to trauma and its impact is a significant risk factor for homelessness.^{4,5} Women veterans experiencing homelessness report even higher rates of trauma than the general population of women veterans:

- 52% report premilitary adversity (including child abuse and intimate partner violence);
- 79% describe some experience of being traumatized, victimized by a colleague or superior, or otherwise rejected and stigmatized during active duty; and
- 53% report experiencing MST.^{4,5}

The impact of these experiences is profound:⁵

- 32% struggle with substance abuse issues;
- 45% screen positively for anxiety;
- 57% present with health-related issues;
- 72% report being diagnosed with depression at some point in their lives; and
- 74% screen positively for PTSD.

*“They treat us like men, but we are not men.
When it comes to services, some services need to be just for females . . .”*

—FEMALE VETERAN

In addition to high rates of trauma and associated impact among homeless veterans, women identify a range of barriers to care unique to their experiences as women veterans including

- lack of services specifically for women veterans, particularly women veterans who are homeless;
- lack of awareness of available benefits and services for women veterans and the need for greater outreach to this group; and
- lack of self-identification as a veteran. Some homeless women veterans feel society does not readily acknowledge female veterans or their needs.²

Trauma-Informed Care for Women Veterans Experiencing Homelessness

*“You feel safe.
You have spiritual, mental, physical needs met right here.
You are not made to feel like you are asking for a handout.
So that makes you want to get better so you can share and give back.”*

—FEMALE VETERAN

How an organization responds to the needs of women veterans who have experienced trauma has a significant impact on their process of recovery. High rates of trauma and subsequent impact among women veterans underscore the need for healthcare providers to adopt a trauma-informed approach to serve this population adequately.^{5,15,16}

A “trauma-informed” approach to service provision has been adopted across mental health and homeless service systems to address the unique needs of trauma survivors. Trauma-informed care is defined as a “strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma; that emphasizes physical, psychological, and emotional safety for both providers and survivors; and that creates opportunities for survivors to rebuild a sense of control and empowerment.”¹⁷

Commissioned by the Department of Labor Women’s Bureau, AIR/NCFH developed *Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers*. The central component of the *Guide* is the *Organizational Self-Assessment for Providers Serving Female Veterans* (the *Self-Assessment*).¹⁸ The *Self-Assessment* includes concrete strategies for providing trauma-informed care to women veterans across the following six domains: Supporting Staff Development; Creating a Safe and Supportive Environment; Assessing and Planning Services; Involving Consumers; Adapting Policies; and Working With Children.

Piloted with three organizations in Massachusetts as part of AIR/NCFH’s multisite demonstration project, *Trauma-Informed Care for Women Veterans Experiencing Homelessness*, the *Self-Assessment* includes universal strategies for adopting trauma-informed care that are applicable regardless of population served, along with unique considerations for providing trauma-informed care to women veterans that we highlight here (see the first and second briefs in this series for an organization-wide framework for adopting trauma-informed care with all veterans and supporting workforce development more broadly).

Domain 1: Supporting Staff Development

Staff serving female veterans at all levels of the organization need to receive training and education on a variety of topics related to female veterans and homelessness. These include: traumatic stress and its impact on the brain and body; particular types of trauma such as MST, combat-related trauma, and intimate partner violence; military culture and language, and the experiences of female service members; common mental health issues; service

Impact of Training

Staff members report learning

- ✓ “a whole new way of looking at and relating/interacting with clients”;
- ✓ “[to] re-evaluate my interactions with veteran resident clients”;
- ✓ “how to identify trauma-based behavior”; and
- ✓ “specifics about trauma with women veterans.”

needs of women veterans; and benefits and services, including VA programs for women. In addition, staff members require training on specific skills and strategies for working with female veterans in a trauma-informed way. Strategies can include

- motivational interviewing;
- de-escalation;
- safety and crisis prevention planning;
- steps for helping female veterans identify triggers;
- establishing and maintaining healthy professional boundaries;
- case management strategies for helping female veterans make and maintain community-based provider connections (e.g., VA, housing, employment, education); and
- cultural competence.

Trainings may be delivered in a “hybrid” or blended” approach that combines face-to-face trainings with online courses, and trainings can be conducted agencywide and/or in program-specific staff meetings. Special presentations on particular topics, such as MST, can be targeted to staff in clinical roles who may be more likely to work with veterans on the issue.

Military Sexual Trauma

The VA defines Military Sexual Trauma (MST) as “sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of geographic location of the trauma, gender of the victim, or the relationship to the perpetrator.”

MST in the form of sexual harassment and assault is a significant concern for female soldiers. According to the Department of Defense, approximately one in three military women has been sexually assaulted compared to one in six civilians.⁷ Twenty percent of female veterans who served in Iraq and Afghanistan have been identified as having experienced MST.¹⁹ Of homeless veterans who use VA, almost 40% of women veterans screen positive for MST compared with 3% of male veterans.¹⁹ The impact of MST is particularly significant. Women who experienced MST are more likely to exhibit symptoms of Post-Traumatic Stress Disorder (PTSD), problems with drug and alcohol use, lower economic and education outcomes, and difficulty maintaining relationships and stable housing.^{11,13}

The VA has adopted a number of strategies to address this problem.²⁰ All veterans seen in VA healthcare settings are asked if they experienced MST. All treatment of conditions related to MST are free, and special eligibility rules associated with MST care, related to length of service or financial means, do not apply. The VA does outreach to veterans about available services and trains staff on MST-related issues. Every VA facility has an MST coordinator, and the VA offers specialized treatments to address MST.

Domain 2: Creating a Safe and Supportive Environment

A foundational element of any trauma-informed environment is safety—physical and psychological. Establishing a safe and supportive environment involves paying attention both to the physical space as well as how staff interact with veterans. Sometimes it is easiest, when becoming trauma-informed, to start with assessing the physical environment by asking: Is it safe and secure? Is it welcoming to people of all genders and cultural backgrounds? Is information clearly posted, easy to access, and tailored to women veterans (e.g., information about MST, trauma, benefits and available services for women veterans)? Are there comfortable meeting rooms that allow for privacy and ensure a sense of confidentiality? Are we incorporating military-related decorations and materials that include and are relatable to female veterans and honor their service?

*“People genuinely care about you...rules are explained clearly.
They ask our opinions on what is working.”*

—FEMALE VETERAN

Strategies for creating a supportive environment for women veterans include

- ensuring confidentiality and privacy;
- demonstrating an understanding of military culture (e.g., familiar with [and can refer to] acronyms, branches, forms, how the military system works, experiences of service members);
- assisting women in developing safety and crisis-prevention plans that include potential triggers and coping strategies; and
- acknowledging women veterans’ military service and strengths, skills, and past successes related to this service.

Domain 3: Assessing and Planning Services

In all service settings, completing a thorough intake assessment and referring veterans to appropriate services are essential to providing quality care. Considering traumatic experiences and their impact on female veterans should be a routine part of the assessment and service planning process. People who have experienced trauma have specific needs that may remain mislabeled or misinterpreted if their history of trauma is not addressed as part of the intake process. The intake and assessment process should include questions regarding: military service and experiences in the military; history of emotional, physical, and sexual abuse, and other types of trauma (e.g., military sexual trauma, combat-related stressors, and domestic violence); mental health; risk of suicide; and VA services they are receiving. Given the risk for PTSD and traumatic brain injury among female veterans, screening tools should be used to diagnose these issues.

When serving female veterans, their veteran status and related service needs must be a routine part of the intake process. Important services to consider for homeless female veterans include

- evidence-based trauma-specific services for those diagnosed with PTSD;
- substance abuse treatment options;
- domestic violence counseling and safety planning;
- peer-to-peer supports;
- gender-specific services;
- job programs and skills training;
- legal assistance that includes, but is not limited to, child support; and
- housing programs/vouchers for veterans.

Other factors to consider when serving female veterans include providing transportation and child care options, as these are often significant barriers to accessing services. It is also helpful to consider staffing—that is, female veterans having access to female case managers—particularly, whenever possible, case managers who are veterans themselves. Developing relationships with the state VA women veterans’ coordinator, VA, and veterans’ centers is also critical.

“I feel that my PTSD is being addressed here on my own pace, and they showed me how to deal with it when I was ready.”

—FEMALE VETERAN

Domain 4: Involving Consumers

“In order to be trauma-informed, an organization must integrate consumers in designing, providing, and evaluating services. Significant consumer involvement not only creates a better program, but provides an empowering growth experience for the consumers involved.”²¹

Recovery and success for trauma survivors is based largely on their ability to regain control of their lives. Female veterans who are homeless have experienced many events, both interpersonal and economic, that have resulted in a loss of control over their lives. Organizations can facilitate empowerment by giving all female veterans a voice in what happens on a daily basis in the program. Giving consumers a voice can begin by facilitating regular meetings at which consumers can address questions, concerns, and ideas about the

program. Involving consumers also means providing opportunities for them to be involved directly in developing program activities and evaluating program practices.

Gathering feedback on the quality of the services from veterans, and incorporating their ideas and concerns into program planning, can enhance service delivery and empower consumers in their recovery. This can be done in anonymous and/or confidential ways through the use of suggestion boxes, regular satisfaction surveys, and focus groups.

Former consumers have unique and invaluable perspectives. People who have experienced homelessness in the past know firsthand what was helpful and what was not along their road to recovery. Veterans have a unique perspective that offers an advantage when providing services to other veterans. It is important to involve formerly homeless staff and women veterans in program development and service provision (e.g., peer-run support groups, question-and-answer sessions, educational and therapeutic groups). Organizations can make a broader commitment to involving former consumers by recruiting people to their boards who have similar experiences to those being served in the program (e.g., veterans, formerly homeless men and women) as well as hiring them as paid program and operations staff.

The Organizational Self-Assessment for Providers Serving Female Veterans: Consumer Version

AIR/NCFH adapted its *Organizational Self-Assessment for Providers Serving Female Veterans* for consumers and created a consumer version to enable organizations to gather feedback directly from the veterans being served in the program. The domains in the consumer version of the *Self-Assessment* correspond with the provider version, allowing organizations to assess how veterans themselves view the program and gather their input on needed changes.

Domain 5: Adapting Policies

Trauma-informed policies include a formal commitment to understand trauma and its impact and engage in trauma-sensitive practices. As part of this commitment, programs establish written policies based on an understanding of the impact of trauma on consumers. When evaluating policies or rules, organizations should ask themselves if the policy or rule is necessary and how it helps veterans. In doing so, it is important to consider whether the policy facilitates or hinders participant inclusion and control, and whether the policy or rule could retraumatize the veteran (e.g., limit consumer control and power, or lead to fear and confusion). Finally, when working with female veterans, consideration should be given to whether policies require additional tailoring to meet their needs. Key policies listed below are those that all organizations serving female veterans experiencing homelessness should include in their programming.

Essential Policies for Serving Female Veterans Who Are Homeless¹⁸

- The program has a written statement that includes a commitment to understanding trauma and engaging in trauma-sensitive practices.
- The program has a written statement that includes a commitment to understanding the needs of female veterans and tailoring services to meet those needs.
- The program has a written commitment to hire female veterans and formerly homeless veterans.

Domain 6: Working With Children

Female veterans with children may return to unstable living conditions and limited employment opportunities. Children in military families often have to cope with the stress of moving periodically to new bases and/or having a parent deploy, be absent, and reintegrate. For some children, these experiences may be overwhelming or even traumatic. When working with female veterans, it is important to maintain a parent-focused and family-centered orientation and consider the needs of the whole family. To meet children's needs, the intake assessment should include an assessment of the child's functioning and developmental needs. In addition, it should include an assessment of the female veteran's needs as a *mother*—Does she need concrete parent supports? Parent-skills training? Child care? Assistance with transportation to a child's school? Providing a thorough intake assessment can identify a child's and family's needs, and services can be provided to support a mother's ability to parent and provide for her child.

Next Steps

Trauma-informed care is a promising model for serving women veterans experiencing homelessness. Next steps for the field include: (a) bringing this model to scale across homeless and veteran-serving systems, and (b) strengthening the evidence base for trauma-informed care for this population. A commitment by all leaders in homeless and veteran organizations, community agencies serving female veterans, and federal leadership is needed to direct funding to support research and the resources aimed at effective implementation. Such coordinated system responses can ensure that no matter what door a female veteran walks through to seek support, her military experience is honored and understood, and her history of trauma is attended to.

Conclusion

The prevalence and impact of trauma in the lives of women veterans experiencing homelessness require a comprehensive approach to trauma intervention—one where trauma-specific services for PTSD are embedded in trauma-informed systems. Without an understanding of trauma, service providers run the risk of misunderstanding, misdiagnosing, and re-traumatizing the women they serve, further contributing to a sense of mistrust and suspicion that may lead veterans, particularly women, to avoid services altogether. Integrating a trauma-informed approach in homeless- and veterans'-service settings allows providers to create safe and supportive environments where female veterans can be heard, understood, and respected; and where services are designed to empower these service members to regain a sense of control over their lives as they progress on their self-identified paths to recovery.

- 1 U.S. Department of Veterans Affairs. (2014). *Projected veteran population 2013–2043*. National Center for Veterans Analysis and Statistics. Retrieved at <http://www.va.gov/vetdata>.
- 2 Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). *Trauma-informed organizational toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Daniels Fund, National Child Traumatic Stress Network, and W. K. Kellogg Foundation. Retrieved from <http://homeless.samhsa.gov> and www.familyhomelessness.org
- 3 Zinzow, H., Grubaugh, A., Monnier, J., Suffoletta-Malerie, S., & Freuh, B. (2007). Trauma among female veterans: A critical review. *Trauma, Violence, & Abuse*, 8, 384–400.
- 4 Hamilton, A. B., Poza, I., & Washington, D. L. (2011). Homelessness and trauma go hand-in-hand: Pathways to homelessness among women veterans. *Women's Health Issues*, 21(4), 203–209.
- 5 Washington, D. L., Yano, E. M., McGuire, J., Hines, V., Lee, M., & Gelberg, L. (2010). Risk factors for homelessness among women veterans. *Journal of Health Care for the Poor and Underserved*, 21(1), 82–91.
- 6 U.S. Department of Veterans Affairs. (2011). *National Center for PTSD: Intimate partner violence*. Retrieved from <http://www.ptsd.va.gov/public/pages/domestic-violence.asp>
- 7 Kimerling, R., & Hyun, J. (2012). *Conducting research with VA data on military sexual trauma* [PowerPoint slides]. Cyberseminar presented by U.S. Department of Veterans Affairs, Women's Health Services Research and Development Service.
- 8 Foster, L. K. & Vince, S. (2009). *California's women veterans: The challenges and needs of those who served*. Sacramento, CA: California Research Bureau.
- 9 Kelly, U. A., Skelton, K., Patel, M., & Bradley, B. (2011). More than military sexual trauma: Interpersonal violence, PTSD, and mental health in women veterans. *Research in Nursing Health*, 34(6), 457–467. doi: 10.1002/nur.20453.
- 10 United States Government Accountability Office. (2009). *VA health care: Preliminary findings on VA's provision of health care services to women veterans*. Retrieved from: <http://www.gao.gov/new.items/d09899t.pdf>
- 11 Suris, A., Lind, L., Kashner, T. M., & Borman, P. D. (2007). Mental health, quality of life, and health functioning in women veterans: Differential outcomes associated with military and civilian sexual assault. *Journal of Interpersonal Violence*, 22, 179–197.
- 12 Suris, A., & Lind, L. (2008). Military sexual trauma: A review of prevalence and associated health consequences in veterans. *Trauma, Violence & Abuse*, 9(4), 250–269.
- 13 Gamache, G., Rosenheck, R., & Tessler, R. (2003). Over-representation of women veterans among homeless women. *American Journal of Public Health*, 93(7), 1132–1136.
- 14 National Coalition for Homeless Veterans. (2010). Facts about homeless veterans. Retrieved from http://nchv.org/index.php/news/media/background_and_statistics/
- 15 Tsai, J., Kaspro, W. J., Kane, V., & Rosenheck, R. A. (2014). National comparison of literally homeless male and female VA service users: Entry characteristics, clinical needs, and service patterns. *Women's Health Issues*, 24(1), e29–e35.
- 16 Tsai, J., Rosenheck, R. A., & Kane, V. (2014). Homeless female U.S. veterans in a national supported housing program: Comparison of individual characteristics and outcomes with male veterans. *Psychological Services*, 11(3), 309–316.

- 17 Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homeless service settings. *The Open Health Services and Policy Journal*, 3, 80–100.
- 18 Guarino, K. (2011). *Trauma-informed care for women veterans experiencing homelessness: A guide for service providers*. Washington, DC: U.S. Department of Labor Women’s Bureau.
- 19 U.S. Department of Veterans Affairs, Center for Women Veterans. (2010). *Women veterans—A proud tradition of service*. Advisory Committee on Women Veterans Report. Retrieved from http://www.va.gov/WOMENVET/docs/ACWV_Report_2010.pdf
- 20 Pavao, J., Turchick, J. A., Hyun, J., Karpenko, J., Saweikis, M., McCutcheon, S., Kane, V., & Kimerling, R. (2013). Military sexual trauma among homeless veterans. *Journal of General Internal Medicine*, 28(2), S536–S541.
- 21 U.S. Department of Veterans Affairs. (2014). Fact sheet: Military sexual trauma. Retrieved from http://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf
- 22 Elliot, D. E., Bjelejac, P., Fallot, R. D., Markoff, L. S., Reed, B. G., & Slavin, S. (2005). Trauma-informed or trauma-denied: Principles, competencies, and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33(4), 461–477.



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