

**Protecting the Home-Front:
An Educational Curriculum for Service Providers in Support of
Stable Housing for Female Veterans**

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Abstract

Female veterans have increased risks for housing instability and homelessness linked to predictors such as housing affordability challenges, abuse and trauma experiences, education and employment barriers, mental health and substance use conditions, and social support deficiencies. Social service providers specializing in services to veterans benefit from specialized training in these areas to support female veterans seeking their services. This project evaluates the effectiveness of the “Protecting the Home-Front” curriculum designed to inform social service providers serving veterans about these risk factors, service strategies, and resources available to support stable housing for female veterans. Through analysis of pre- to post-program knowledge of material, results suggest that service providers displayed significant increases in knowledge of presented material, service strategies, and available resources to support female veterans. These findings provide a model for a synthesized training curriculum for service providers to become equipped in providing supportive services to unstably housed and homeless female veterans within their communities.

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Chapter I: Introduction

The Problem and Its Setting

Defining the problem

In 2010, the US Department of Veterans Affairs (VA) committed to end homelessness among all veterans by the end of 2015 (USICH, 2010). With 49,933 veterans identified as experiencing homelessness on a single night in 2014, a multitude of housing resources and supportive services have been commissioned to community-based organizations by the VA to assist them in reaching their goal (HUD, 2014c). Across both the civilian and veteran populations, female veterans experience higher rates of vulnerability to housing instability and homelessness by nearly 400% (Burton & James, 2008; Foster, 2010; Gamache, Rosenheck, & Tessler, 2003; Hamilton, Poza, & Washington, 2011; Tessler, Rosenheck, & Gamche, 2003; Tsai, Mares, & Rosenheck, 2012a; Tsai, Rosenheck, Decker, Desai, & Harpaz-Rotem 2012b; USICH, 2013; VA, 2012; Washington, Yano, McGuire, Hines, Lee, & Gelberg, 2010). As community-based organizations work to fulfill their roles in assisting the VA in ending veteran homelessness, training specific to the experiences of female veterans experiencing housing instability and homelessness is vital.

Female Veterans. Since the Vietnam War, the presence of women in the United States Armed Forces has grown significantly. According to the United States Department of Veterans Affairs (2011), there were nearly 1.5 million women veterans in the United States in 2009, constituting 8 percent of the total veteran population. That percentage is expected to increase to 15 percent by 2035. With more opportunities for rank advancement and skill-training, women are considering the Armed Forces as a platform for development and career building (Street, Vogt, & Dutra, 2009; VA, 2011; Women in Military Service for America Memorial Foundation, 2009). As a result, female deployment has increased dramatically from 7,000 during Vietnam, to 41,000 during the Persian Gulf War, to more than 200,000 for Operations Enduring Freedom and Iraqi Freedom (IOM, 2010; VA, 2011). Currently, there are approximately 355,904 active female service members constituting 16% of the United States' military force (DOD, 2012).

Female Veteran Homelessness. A challenging experience faced by some veterans across the United States, both male and female, is that of homelessness. According to the U.S. Department of Housing and Urban Development, the federal definition for someone or some group experiencing homelessness occurs when “a person [or group] lacks a fixed night-time residence or whose primary residence is a supervised public or private shelter designed to provide temporary living accommodations, and institution accommodating persons intended to be institutionalized, or a public or private place designed for, or ordinarily used as, a regular sleeping accommodation for human beings” (HEARTH ACT, 2009; Housing and Urban Development Final Rule, 2011). For decades, the experience of homelessness was thought to be reserved to middle aged white males with a disabling condition (Gulati, 1992; McBride, 2012; Minnery & Greenhalgh, 2007; Tipple & Speak, 2009; Tsai, Pietrzak, & Rosenheck, 2013). Although males continue to represent the majority of the overall homeless population, over the past two decades, women have become increasingly at-risk to experiencing homelessness (Bassuk, 1991; Colorado Coalition for the Homeless, 2012; Minnery & Greenhalgh, 2007; NAEH, 2008; Shinn et al., 1998). For both men and women who served in the Armed Forces, the likelihood of experiencing housing instability and homelessness also increases.

In 2014, approximately 578,424 people were counted as meeting the definition for homelessness across the United States (HUD, 2014c). Of that total number, 49,933 were veterans, and approximately ten percent of those homeless veterans were women (4,722). Within the Washington DC Metropolitan Region, homelessness among veterans is considerably lower (5%) than the national average (12%). Female veterans, however, are higher than that of the national average (Metropolitan Washington Committee on Governments, 2014). Out of 589 veterans who reported experiencing homelessness in the Washington DC Metropolitan Region, 71 were women, constituting 12% of the homeless veteran population in the region. Statistically, the rate of women veterans experiencing homelessness in the region is concerning.

Predictors of homelessness

A wealth of research has explored predictors of housing instability and homelessness for both civilian and veteran populations and has been used to assist the development of supportive services to address the needs of those experiencing housing instability and homelessness. Although predictor types may be common for all population groups experiencing homelessness, the rates of experience and their level of impact make them unique for each population group.

Demographics. With the increased presence of women in the Armed Forces since the Vietnam War, specific demographics on female veterans experiencing homelessness have been identified. When compared against each other, both homeless female veterans and females from the civilian homeless population most often identified as being single or a single-mother, were of an ethnic minority, and ranged in age between their late-20s to mid-40s (Anderson & Koblinsky, 1995; NAEH, 2008; Shelley, 2008). During Operations Iraqi Freedom and Enduring Freedom, nearly 12% of the Armed Forces were women (Benda & House, 2003; Blackstock, Haskell, Brandt, & Desai, 2012). Of those women who served during these conflicts, most identified as African American, in their mid-30s, and single without children (Blackstock et al., 2012; Metraux, Clegg, Daigh, Culhane, & Kane, 2013; Myers, 2009; Tsai et al., 2013; VA, 2012; Vogt, Pless, King, & King, 2005). Even though these demographic factors for women veterans are similar to those of women within the general homeless population, women veterans are still four times more likely to experience homelessness than the general population (Burton & James, 2008; Foster, 2010; Gamache et al., 2003; Hamilton et al., 2011; Tessler et al., 2003; Tsai et al., 2012a, 2012b; USICH, 2013; VA, 2012; Washington et al., 2010).

Housing Availability and Affordability. Concerns about housing affordability have consistently played a major role in the discussions on what contributes to homelessness within the United States. Over the past forty years, the number of affordable housing units has dropped sharply while the rise in household incomes have failed to keep pace with this steep decrease (Anderson & Koblinsky, 1995; Schwartz & Wilson, 2007). A household is considered to be in affordable housing when 30% or less of their gross household income is dedicated to housing costs (HUD, 2014; Schwartz & Wilson, 2007). A

majority of those who are at risk for or have fallen into homelessness report spending between 50% and 65% of their gross income on housing costs at the time of housing crisis (HUD, 2014; Wood, Valdez, Hayashi, & Shen, 1990). More than 1.5 million veteran households, or 25% of all veterans, are faced with heavy housing cost burden (Arnold, Bolton, & Crowley, 2013). The inability to locate, obtain, and maintain affordable housing has been identified as the most significant factor in leading to homelessness across the United States (Bassuk, 1991; Fitzpatrick, 2000; Gulati, 1992; NAEH, 2008; Shinn et al., 1998; Tipple & Speak, 2009; Wood et al., 1990). Until affordable housing becomes a common occurrence across the nation, those experiencing housing instability and homelessness, from all populations, will continue to struggle in finding and maintaining the place they call “home.”

Abuse and Trauma. Another identified predictor of the experiences of housing instability and homelessness is an individual’s history of abuse and trauma. The majority of the experiences of abuse reported by both the civilian and veteran female homeless populations have been identified as those of a physical, psychological, or sexual nature that have occurred within their most recent household, relationships, or from their family-of-origin (Bassuk, Melnick, & Browne, 1998; Burt, 2001; Burton & James, 2008; Tessler, Rosenheck, & Gamche, 2002). For many female veterans, the Armed Forces served as an avenue of escape from these abusive environments. In fact, more than 50% of female veterans have reported experiencing abusive events prior to enlistment (Zinzow, Grubaugh, Monnier, Suffoletta-Malerie, & Freuh, 2007). Unfortunately, the Armed Forces have reportedly offered little to no aid in shielding women from experiences of abuse once in uniform. Experiences with trauma have also been prevalent among female veterans. In a study completed by Zinzow et al. (2007), between 81-93% of women veterans reported some form of trauma in their lifetime, including physical, psychological, and sexual trauma. Other trauma experiences reported often by female veterans include combat exposure, witnessing death or serious injury, and other natural or man-made disasters (Kuehn, 2013). These experiences are particularly acute for women who served during Operations Iraqi Freedom, Enduring Freedom, or New Dawn (Blackstock et al., 2012; Hamilton et al., 2011; Kuehn, 2013).

With the increase of national attention on sexual abuse allegations within the Armed Forces over the past decade, the number of research studies related to the impact of sexual abuse and sexual trauma among female veterans and service members has increased dramatically. In multiple studies, more than 80% of female veterans have reported being sexually harassed while in the service, and more than 40% reported having experienced Military Sexual Trauma (DOD, 2014; Foster & Vince, 2009; Murdoch & Nichol, 2009; Washington et al., 2010). Both of these statistics are believed to be under reported. Several researchers have identified these increased experiences of abuse and trauma to be one of the primary indicators for why female veterans experience housing instability and homelessness at an elevated rate when compared to all other population groups (Foster, 2010; Hamilton et al., 2011; Tessler et al., 2003; Tsai et al., 2012b; USICH, 2013; VA, 2012; Washington et al., 2010).

Education and Employment. Levels of education and an individual's ability to be employed have also been identified as predictors to the experiences of housing instability and homelessness. Both of these areas are often considered to contribute to one's socio-economic status (Bassuk, Rubin, & Lauriat, 1986; Calsyn & Rodes, 1994; Hernandez-Jozefowicz-Simbeni & Israel, 2006; Hutchinson, Searight, & Stretch, 1986; Miller & Lin, 1988; Myers, 2009; NAEH, 2008; Zaretsky, Flatau, & Brady, 2008). Nearly all female veterans have completed at least a high school degree or equivalent level as a condition for enlistment into the Armed Forces. Many female veterans also report higher levels of completed education when compared to the civilian homeless population (Vogt et al., 2005; Washington et al., 2010). Although higher education levels often correlate to better paying jobs, homeless female veterans often encounter barriers to employment and experienced higher rates of unemployment when compared to the civilian population (Cooney, Segal, Segal, & Falk, 2003; Garamone, 2014). The rate of unemployment among female veterans who served during Operations Enduring Freedom, Iraqi Freedom, and New Dawn (30.2%) is nearly double that of the civilian population (16.1%) (DOL, 2011a). Homeless female veterans who are unable to obtain employment as an income source are forced to survive with no income or from other sources of income such as Veteran Disability Compensation, Social Security, or other public supports (Long, Rio, & Rosen, 2007). According to the Office of the Inspector General for

the VA (2012), all veterans experiencing homelessness, whether male or female, were more likely to receive service connected disability compensation and higher disability ratings than those veterans who were domiciled. Although completed education levels have not been found to directly correlate with the likelihood of someone experiencing homelessness within the civilian homeless population (i.e. low education leads to higher likelihood, or vice versa), a significant portion of the population of those experiencing homelessness have reported a completion of high school or less (Burt, 2001). Education and employment factors are often intertwined and influence each other to create an even larger challenge for those experiencing homelessness: persistent poverty (Shinn et al., 1998). Compounded with the presence of low levels of affordable housing, the ability to resolve experiences of homelessness on an individual level can be challenging.

Mental Health and Substance Use. For many years, the experience of homelessness across all populations was most often considered to be caused by issues related to mental health concerns and substance use/abuse (Gulati, 1992; Minnery & Greenhalgh, 2007; Shelley, 2008; Shinn et al., 1998; Tipple & Speak, 2009). Explanations about etiology have centered around the shared liability model and/or the causal model (Berenz & Coffey, 2012). Many female veterans have experienced a variety of abusive and traumatic events that they have already been coping with prior to enlistment. Mental health concerns most often diagnosed among female veterans include anxiety, bipolar, depressive, personality, and other mood disorders (Banerjea, Pogach, Smelson, & Sambamoorthi, 2009; Blackstock et al., 2012; DOL, 2011b; Eisen et al., 2012; Kimerling, Gima, Smith, Street, & Frayne, 2007; Lietz, Stromwall, & Carlson, 2013; Street, 2014; Tsai et al., 2012b; Washington et al., 2010). Post-traumatic stress has also been identified in female veterans with both combat trauma and Military Sexual Trauma and is considered a significant predictor of housing instability and homelessness (DOL, 2011b; Lietz et al., 2013; Mulhall, 2009; OIG, 2012; Pavao, et al., 2013; VA, 2012; Washington et al., 2010; Williamson & Mulhall, 2009). Overall rates of diagnosed mental health among female veterans are both significantly higher than their male counterparts and highest for female veterans having served during OEF/OIF/OND

when compared with any other service eras (DOL, 2011b; Eisen et al., 2012; Metraux et al., 2013; VA, 2012; Vogt et al., 2005).

In addition to mental health concerns, substance use/abuse behaviors among female veterans may have been inherited or learned. Substance use issues may have come from families-of-origin or developed as a means of coping from traumatic experiences and/or mental health concerns (Cucciare, Simpson, Hogatt, Gifford, & Timko, 2013; Davis & Wood, 1999; Lietz et al., 2013; Street, 2014). When compared to their male counterparts, female veterans have reported lower rates of substance use, across all substance forms, but most readily chose alcohol as their preferred substance (Blackstock, et al., 2012; Davis & Wood, 1999; Metraux et al., 2013; Runnals et al., 2014). Regardless of whether a female veteran is coping with a mental health or substance use condition, the presence of either has been found to be the strongest predictor of homelessness following discharge from active duty (OIG, 2012). In some instances, female veterans may be coping with the presence of both.

Social Supports. A final predictor identified in contributing to a female veteran experiencing housing instability and homelessness is that of the loss or lack of social ties and supports. Researchers have suggested that disruptions in vital personal relationships with family, friends, or other supportive relationships lead to both individuals and family units experiencing homelessness and having difficulties resolving their housing loss quickly (Bassuk et al., 1986; Bassuk et al., 1997; Dornbusch, 1994; McChesney, 1992; Myers, 2009; NAEH, 2008; Patterson & Tweed, 2009; Roth, Toomey, & First, 1992; Shinn et al., 1998; Wood et al, 1990). For those experiencing a housing crisis, feelings of isolation were often reported as individuals felt disconnected and alone from both the lack of key relationships and the rifts developed with those they felt closest to (Bassuk, 1991; Dornbusch, 1994; Swick, 2006). For many female veterans, relationships were often already strained or broken by the time they entered military service as they fled abusive situations or family discord (Gamache et al, 2003; Tessler et al., 2003). These relationships often remained in similar states upon their discharge from military service and offered little to no support as they navigated their transition back to civilian life (Gamache et al., 2003; Perl, 2009). Without a supportive system to assist in this transition and to aid with effects from combat and

trauma exposure, the likelihood of female veterans facing homelessness increases significantly (LePage & Garcia-Rea, 2008; Lietz et al., 2013). In an examination of the civilian homeless population, Goodman (1991) reports that nearly a third of all homeless individuals are dealing with some form of social support problem. The majority of those experiencing this challenge are female. Overall, social supports for women from both the civilian and veteran populations are of great importance for ongoing housing stability.

Significance

With the formation of the *Opening Doors Federal Strategic Plan to End Homelessness in the United States* (USICH, 2010), significant attention and funding by federal, state, and community entities has been directed toward ending homelessness in the United States. As part of that Opening Doors Plan, the United States Department of Veterans Affairs committed to ending Veteran Homelessness by the end of 2015. To this end, they have reduced these experiences by 33% through a variety of homeless assistance and prevention programs (HUD, 2013, 2014b; USICH, 2010, 2014; VA, 2013, 2013b). As supportive services for veteran housing have increased, the need to equip service providers with information pertaining to the experiences of the veterans they are serving will be vital in supporting the veterans journey toward housing stability. Given that female veterans experience housing instability and homelessness at significantly higher rates than all other populations, equipping service providers with information pertaining to the predictors of homelessness may assist with service delivery and support for this population.

Rationale

This project utilized a multi-unit curriculum to provide information pertaining to the experiences of housing instability and homelessness among female veterans to assist service providers in providing housing stability services. Identified predictors contributing to the experiences of housing instability and homelessness for female veterans include demographics, housing affordability, abuse and trauma, education and employment, mental health and substance use, and social supports. The curriculum drew upon resources and supports based within the Washington DC Metropolitan Region to direct service

providers to available assets that may assist female veterans with the identified predictors discussed. Evaluation of the curriculum material was conducted through a retrospective pre-test/post-test questionnaire. This evaluation format was used to assist the researcher in ongoing development of the curriculum with the intention to provide a universal program to assist service providers in supporting female veterans with housing.

Theoretical Framework

This project is informed and constructed within the framework of ecological systems theory. Developed by Urie Bronfenbrenner, this theoretical construct suggests that the development of individuals is influenced by multiple layers of systemic interactions that constitute the contextual environment (Bergen, 2008; Bronfenbrenner, 1979; Toro, Trickett, Wall, & Salem, 1991). For Bronfenbrenner, there are five systemic layers that have influence over a person: the microsystem (closest environment), mesosystem (interactions between microsystems), exosystem (entities outside the individual), macrosystem (culture, beliefs, ideologies), and chronosystem (time and historical context) (Bergen, 2008; Bronfenbrenner, 1979). According to Bronfenbrenner (1979), development is influenced by “the mutual accommodation between an active, growing human being and the changing properties of the immediate settings [systems] in which the developing person lives, as this process is affected by relations between these settings [systems], and by the larger contexts in which the settings[systems] are embedded” (p.21). Every female veteran can describe how each contributing factor of housing instability impacts them on multiple layers of the ecological system and how those interactions influence their ongoing development. The ecological systems theory framework will assist service providers with how female veteran experiences with identified predictors for homelessness influence their personal development and their responses to the environment around them.

Purpose of the Project

The purpose of this project was to develop and evaluate the effectiveness of material provided through a multi-unit curriculum focused on identified predictors of housing instability and homelessness for female veterans. The curriculum was designed to provide information to service providers offering

supportive services to female veterans within the Washington DC Metropolitan Region who are working to end homelessness among veterans. Through the use of a curriculum evaluation tool, the project explored the responses of service providers' interaction with the presented material as it supports their work. The knowledge gained from this project will be helpful in continued development of the curriculum to potentially be used across more communities providing supportive services to female veterans experiencing housing instability and homelessness.

Chapter II: Literature Review

Introduction

There is a wealth of information pertaining to the experiences of housing instability and homelessness among female veterans and the factors that contribute to those experiences. For example, The National Alliance to End Homelessness (2008) identified common factors, such as poverty, low-education, low employment, lack of support networks, a history of trauma, mental health, and ethnic minority as common predictors of homelessness. When compared to the civilian homeless population, research suggests female veterans had a greater risk of homelessness when any of these factors were present (Burton & James, 2008; Tsai et al., 2012a, 2012b). Unfortunately, no existing synthesis of this information into a training curriculum for service providers dedicated to providing supportive services to this population has been identified. A multi-unit curriculum to address these predictors may aid service providers in gaining useful information that can be supportive to providing stable housing opportunities to the female veterans they serve.

Demographics

With the growing presence of women in the Armed Forces since moving to an all-volunteer force following the Vietnam War, the female veteran population has grown to more than 1.5 million since 2009 (VA, 2011). With more opportunities for rank advancement and skill training, women have increasingly been considering the military as a platform for both personal and career development (Street et al., 2009; VA, 2011; Women in Military Services for American Memorial Foundation, 2009). As a result, enlistment and deployment of women in the Armed Forces has drastically increased. Since Vietnam, the rate of active duty deployment has increased from roughly 7,000 female service members to more than 200,000 during the height of Operations Enduring Freedom and Iraqi Freedom (IOM, 2010; VA, 2011). According to a survey by the Department of Defense (2012), there were approximately 355,094 women enrolled in the Armed Forces, constituting 16% of the entire military force in 2011. Additionally, nearly 12% of those serving in Operation Iraqi Freedom and Enduring Freedom were women (Benda & House,

2003; Blackstock et al., 2012). As these women are discharged from their commitment to the Armed Forces, they will have to transition into assuming their new role as veterans.

The majority of women from the veteran population who have experienced housing instability or homelessness identified as being from a minority group (predominantly Black/African American), in their mid-30s, and single without children (Blackstock et al., 2012; Metraux et al., 2013; Myers, 2009; Tsai et al., 2013; VA, 2012; Vogt et al., 2005; Wolfe et al., 2000). These demographic trends are similar to the statistics reported by women from the civilian population who have also experienced housing instability and homelessness. Within the civilian population, women have identified as coming from a minority group (predominantly Black/African American or Hispanic/Latino), were between their late-20s and mid-40s, and were either single or single mothers (Anderson & Koblinsky, 1995; NAEH, 2008; Shelley, 2008). Despite the similarity, female veterans are four times more likely to experience episodes of housing instability or homelessness than any other populations (Burton & James, 2008; Foster, 2010; Gamache et al., 2003; Tsai et al., 2012a, 2012b; USICH, 2013; VA, 2012; Washington et al., 2010). This increased risk of homelessness for female veterans may be a result of a combination of identified predictors for homelessness. Overall, the experience of homelessness among female veterans has been observed to be on the increase since the events of 9/11 as more and more women have chosen to enlist in the Armed Forces.

Housing Affordability

The challenge of locating and acquiring affordable housing is one that is shared by many households across the Washington DC Metropolitan Region and the United States as a whole. Affordable housing can be defined as when a household is paying 30% or less of their gross household income toward their housing needs (HUD, 2014a; Schwartz & Wilson, 2007). In addition to understanding affordable housing for a resident/tenant, affordable housing in terms of actual housing units is determined by area median income levels and fair market rental housing values determined by either state or local governments. Additional oversight is provided by the U.S. Department of Housing and Urban Development as part of initiatives to preserve affordable housing across the US (HUD, 2014a).

The issue of heavy housing cost burden is not specific to a particular population group, but increased risks have been identified for female veterans. Heavy housing cost burden is considered to be present when a household is using 30% or more of their total household income toward basic housing needs (HUD, 2014; Schwartz & Wilson, 2007). Identified housing costs for renters include such items as rent and utilities, including electricity, gas, water, sewer, and other home-specific utilities (Schwartz & Wilson, 2007). Many households across the United States who were at-risk for or have fallen into homelessness as a result of heavy housing cost burden were spending between 50-65% of their household income on rent or mortgage (HUD, 2014a; Wood et al., 1990). These housing cost burden rates are also similar for all populations of veterans. Across the United States, over 1.5 million veteran households, or 25% of all veterans are faced with heavy housing cost burden (Arnold et al., 2013). In a report released through the National Alliance to End Homelessness by Cunningham, Henry, and Lyons (2007), more than 72,000 post-9/11 veterans were forced to pay more than 50% of their income and assets toward housing sustainability. This number is also expected to increase as a result of increased enlistment and discharges to veteran status.

In 2013, the National Low Income Housing Coalition published a report with the assistance of The Home Depot Foundation to highlight the present condition of housing instability among veterans across the United States (Arnold et al., 2013). Data from the 2011 American Community Survey was utilized to help provide statistics on these challenges faced by veterans. Significant findings include:

- Seven in ten veteran households with Extremely Low income (30% AMI and below) are severely housing cost burdened across the country.
- In terms of identifying trends in racial demographics, more than 50% of black, non-Hispanic veteran households with an AMI between 50%-80% were housing cost burdened, while 36% of white, non-Hispanic and 48% of Hispanic veterans experienced similar housing cost burdens.
- Veterans with a service connected disability rating of 70% or greater were approximately one quarter of veteran households who were severely cost burdened.

- OEF/OIF Veterans were more likely to be housing cost burdened than other veterans (87% vs 70%).
- Veteran households who were low income, racial minorities, female-led, held a disability rating, and who served post-9/11 were more likely to face housing cost burden than other veteran households.

In addition to identifying these specific trends for all veteran households, the report also addressed the specific challenges of female veterans who are housing cost burdened. For female veterans, the likelihood of experiencing heavy housing cost burden is extremely high.

- Female veteran households with housing cost burden reported as being predominantly African American.
- Single female veteran households are more likely to be housing cost burdened (26%) than single male veteran households (19%) at either Very Low or Extremely Low income levels
- Eighty-four percent of family households led by women at Very Low income levels were housing cost burdened, as well as 75% of single female veteran households.
- Female veteran led households with children under 18 with Extremely Low Income experienced housing cost burden at a rate of 93%, as well as 90% of single female veteran households.

Income levels have not increased enough to compensate for the reduction in affordable housing over the past four decades and have contributed to housing cost burden for both veteran and non-veteran households (Anderson & Koblinsky, 1995; Schwartz & Wilson, 2007). Without the availability of more affordable housing opportunities for female veterans, the presence of high housing cost burden will continue to be a predictor for experiences with housing instability and homelessness.

Abuse and Trauma

The definition of abuse can vary depending upon the type of action that is associated with it. TheFreeDictionary.com defines abuse as “any action (or inaction) that intentionally harms or injures another person.” Abuse can be categorized into several areas to include physical abuse, sexual abuse,

psychological abuse, neglect, and other actions that cause harm. Trauma is defined more by an individual's response to an event or experiences that result in distress or disruption within the individual. The American Psychiatric Association (2000) identifies the following responses to be commonly expressed through exposure to trauma:

- Feeling a threat to one's physical and/or emotional well-being
- Feeling overwhelmed
- Intense feelings of fear and a lack of control
- Feelings of helplessness
- Changes/alterations to the way an individual understands themselves, others, and their surrounding environment

Many abuse experiences have been considered to be traumatic because they elicit similar response to those outlined by the American Psychiatric Association. However, an experience of trauma does not have to be firsthand; it may occur through observation or from learning about a particular event (APA, 2013). As long as an event causes distress or a disruption in an individual's functioning, it can be considered traumatic. Expressions of distress or disruption may come from experiences where an individual has encountered physical trauma (wound/injury), psychological trauma (emotional distress), physical abuse (DV/IPV), verbal abuse, and sexual harassment, abuse, or assault. Experiences with housing instability or homelessness have also been identified as a form of psychological trauma (Goodman, Saxe, & Harvey, 1991).

For many women who have experienced some degree of housing instability or homelessness in their lifetime, experiences of abuse and trauma across the lifespan have been reported as significant events. According to these women, the most common forms of abuse and trauma were those of a physical, psychological, or sexual nature, and were most often experienced within close relationships of the family-of-origin, partner relationships, or with other close family members (Bassuk et al., 1998; Burt, 2001; Burton & James, 2008; Gamache et al., 2003; Tessler et al., 2003). In order to escape these abusive

and traumatic experiences at home, some women chose to enlist in the Armed Forces. For those who did enlist, more than half reported experiencing some form of abuse prior to their enlistment (Zinzow et al., 2007). Unfortunately, many of these female service members continued to experience similar abusive and traumatic situations once in uniform.

One area related to abuse and trauma that has received increasing research attention has been that of sexual harassment and sexual assault in the military. Multiple studies reveal that more than 80% of female veterans have reported some degree of sexual harassment while in the service (DOD, 2014; Foster & Vince, 2009; Murdoch & Nichol, 1995; Washington et al., 2010). One study conducted by Murdoch and Nichol (1995) conducted a survey of 333 female veterans about their experiences of domestic violence and sexual harassment. Of those surveyed, 90% of those under the age of 50 reported an experience of sexual harassment while in uniform. Within the same age group, 25% reported a rape or attempted rape during their time of service across all military branches.

Military Sexual Trauma (MST) has become a more defined experience by female veterans that has received significant attention over the past decade. Military Sexual Trauma, as defined by the United States Code, is “a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment that occurred while a service member was serving on active duty or on active duty for training purposes (Title 38, Section 1720D). The experience of MST is not designated for a specific gender. In fact, about 1% of male veterans have reported an experience with MST during their service (Kimerling et al., 2007; National Center for PTSD, n.d.). An exact count on the prevalence of MST within the Armed Forces can be difficult, as incidents are believed to be under-reported due to fear of further assault, intimidation, labeling, and/or possible discharge as a means of retaliation. From multiple studies that have attempted to gain an understanding of these experiences, the reported rate of MST among female veterans ranges from 20-48% and is significantly higher than reported rates of sexual assault and trauma among the civilian population (DOD, 2014; Foster & Vince, 2009; Hamilton et al., 2011; Lietz et al., 2013; Murdoch & Nichol, 1995; Pavao et al., 2013; Tsai et al., 2012a; Turchick & Wilson, 2010; Washington et al., 2010; Wolfe et al., 2000).

For female veterans who have reported experiences with MST, a number of additional health and wellness concerns have been identified. In literature reviews conducted by Lietz, Stromwall, and Carlson (2013) and Turchick and Wilson (2010), MST was related to higher rates of mental health diagnoses, alcohol problems, posttraumatic stress, and physical health challenges among female veterans. MST has been identified to have an impact on the experiences of housing instability and homelessness among female veterans as well. In a study by Pavao et al. (2013) on the rate of MST among homeless veterans, nearly 40% of 8,915 female veterans experiencing homelessness reported at least one incident of MST while enlisted. Most female veterans in this study identified with having served during Operations Enduring Freedom, Iraqi Freedom, and New Dawn and reported having a service connected disability, a mental health condition (depression, anxiety, adjustment disorder, PTSD), or a substance use disorder. Most participants in the study also identified as being single and non-white.

Post-Traumatic Stress Disorder has been another reported experience among female veterans. PTSD is a condition where an individual has had some exposure to a traumatic event either through direct experience, witnessed/observed experiences, or learned experiences, that causes significant distress or impairment in social interactions, work, and other areas of vital well-being and functioning (APA, 2013). The development of PTSD can occur from either a singular traumatic event or the result of compounded trauma over time. Traumatic events experienced by female veterans may include combat trauma, MST, and any pre-enlistment or post-discharge traumatic experiences (s.a. childhood abuse, assault, etc.) (Blackstock et al., 2012; DOL, 2011b; Kuehn, 2013; Tsai et al., 2013). Higher involvement of female service members in Operations Enduring Freedom, Iraqi Freedom, and New Dawn than in any other service era and an increase in reported experiences with combat exposure, serious injury, witnessing death, and other trauma experiences have led to a rise in PTSD rates (Blackstock et al., 2012; Hamilton et al., 2011; Kuehn, 2013). Although combat exposure has been reported as the primary trauma factor among male veterans, sexual trauma has been reported as the primary for female veterans coping with post-traumatic stress (Benda & House, 2003; Kuehn, 2013; Zlotnick, Zimmerman, Wolfsdorf, & Mattia, 2001). According to a report by the Department of Labor (2011b), female veterans are nine times more

likely to display symptoms associated with PTSD when they have experienced sexual assault while enlisted.

Experiences with abuse and trauma have also been identified as factors in housing instability and homelessness among female veterans. The Office of the Inspector General of the Department of Veterans Affairs (2012) conducted a review of the incidences and risks of veterans experiencing housing instability and homelessness and found that there were increased rates of homelessness for female veterans coupled with experiences of trauma, mental health, and/or substance abuse issues. Rates of housing instability and homelessness were also found to be the highest among OEF/OIF/OND female veterans compared to any other service era. Sexual trauma was identified as the most significant trauma experience related to homelessness among female veterans. Hamilton et al. (2011) reported that female veterans also had increased rates of homelessness when they had experienced multiple traumatic events across their lifespan. Zinzow et al. (2007) conducted a literature review of studies related to trauma among female veterans and reported that 81-93% of all female veterans have experienced at least one traumatic episode in their lifetime. Compounded trauma among female veterans has also received attention through the research as it relates to homelessness among female veterans. In a study conducted by Tsai et al., (2012b), a survey of 581 female veterans reported a 99% trauma experience rate in their lifetime. The study also reported that the mean of reported traumatic events was 31, and a mean of 7.4 different types of trauma. These various trauma forms included physical assault, serious illness, rape, unwanted sexual touch, combat exposure, domestic violence, and more. Within that same study, 42% reported having been raped during their military service. As a result of the increased likelihood of exposure to abuse and trauma by female veterans, multiple researchers have identified it as a primary reason that female veterans experience homelessness at a rate nearly four times greater than the general homeless population (Foster, 2010; Hamilton et al., 2011; Kuehn, 2013; Tessler et al., 2003; Tsai et al., 2012b; USICH, 2013; VA, 2012; Washington et al., 2010).

Education and Employment

For female veterans and women from the civilian population, one's level of education and employment history have been identified as factors in the experiences of housing instability and homelessness. Both predictors are known to contribute to the socio-economic status of an individual as well as the ability to obtain housing. For many women who have experienced housing instability or homelessness, at least one of these predictors has been present (Bassuk et al., 1986; Calsyn & Roades, 1994; Hernandez-Jozefowicz-Simbeni & Israel, 2006; Myers, 2009; NAEH, 2008; Zaretsky et al., 2008).

Across the United States, education has been grounded into the lives of its citizens from an early age through reading, writing, math, history, and other vital subjects. For female veterans, most if not all have completed at least a High School Diploma, GED, or an equivalent level of education as a requirement for their enlistment into the Armed Forces. Beyond this level of education, many female veterans have also reported completing other forms of higher education, including Associates, Bachelors, and Masters Degrees (Vogt et al., 2005; U.S. Census Bureau, 2013; Washington et al., 2013). Higher completion rates by female veterans may be a result of additional benefits available to them as a result of their active duty service through the Montgomery GI Bill, Post 9/11-GI Bill, or other benefits direct from universities. When compared to completed levels of education within the civilian population experiencing housing instability and homelessness, female veterans have reported higher levels overall (Vogt et al., 2005; Washington et al., 2010). Nearly 47% of female veterans have completed some college work, and 30% have a Bachelors degree or greater (VA, 2011). For those experiencing housing instability and homelessness within the civilian population, the majority have reported earning a High School Diploma, GED, or less (Burt, 2001). For both female veterans and female non-veterans, education levels have not been identified to directly correlate to increased rates of housing instability and homelessness (Burt, 2001). If this were the case, the risk level for female veterans would be less due to their reported higher completion levels of education.

The ability to obtain and maintain sufficient employment plays a significant part in one's ability to address daily living needs with adequate income resources. In many instances, higher levels of

education and skill sets have often been associated with the ability to obtain higher paying and more advanced employment. This has unfortunately not been the case for many female veterans following their careers post-service (Cooney et al., 2003; Garamone, 2014). When compared to the civilian population, female veterans experienced lower rates of employment and higher rates of unemployment or job loss regardless of race or ethnicity (Cooney et al., 2003). A significant challenge that female veterans face following their release from active duty is the ability to navigate the civilian job market. Many of the skills that they acquired and utilized on a daily basis during their active duty service are either non-transferrable to the civilian workforce or identified as being relevant to male-dominant positions (NCHV, n.d.). For female veterans who enlisted directly from High School, this barrier to employment can be extremely challenging due to the potential of limited to no work history prior to the Armed Forces. For many of these veterans, enrolling in educational settings to gain new or additional skill sets may be their first stop. Although the ability to navigate and relate to the civilian workforce can be challenging, many female veterans work to “remove the boots” from their resume to boost their chances for employment.

Unemployment rates among female veterans have also been found to be considerably higher when compared to the civilian population. This has been particularly challenging for those women who served in support of Post-9/11 military engagements. For female veterans aged 18-24 who served in support of Operations Enduring Freedom, Iraqi Freedom, or New Dawn, the rate of unemployment is 30.2%. This is nearly double the rate of those from the civilian population (16.1%) (DOL, 2011a). Another barrier for female veterans when seeking employment is the difference in earnings potential when compared to their male counterparts. For every \$1.00 earned by a male veteran in the workforce, female veterans earn about \$0.85 in comparison (VA, 2013). Although female veterans have a lower earnings rate than male veterans, they still earn considerably more than their civilian counterparts (US Census, 2012). As a result of this observed earnings potential gap, high rates of unemployment, and other factors that impact the ability for female veterans to obtain needed income sources, approximately 10% of female veterans are found to be living below the poverty line (VA, 2013).

In addition to the barriers of unemployment and lower earnings rates, some female veterans may not be able to gain or maintain employment as a result of a service related disability or other health related matter. Due to these conditions, other income sources must be sought to help address a female veteran's financial needs. Other income resources may include Veteran Disability Compensation, Social Security, Pension, or other public benefits (Long et al., 2007). Many female veterans who are seeking a service connected disability determination through the Department of Veterans Affairs must wait anywhere between 3-12 months prior to knowing how much compensation they may receive (VA, 2015). When a service connected disability rating is determined, monthly financial compensation is then provided based upon the percentage of disability impact determined by the VA. In a study conducted by Tsai et al. (2013), most female veterans who received a service connected disability award received an average of \$533.86 per month at a disability rating of about 40%. For those who have a disability rating of 30% or greater, additional compensation is available to the veteran based upon the number of dependents (partner/children) located within the household who they may be responsible for supporting. Although some female veterans are able to work while also receiving service connected disability compensation, there are many female veterans who are unable to acquire additional financial supports due to the severity of their disability or a lack in available jobs.

Mental Health and Substance Use

Prior to understanding how mental health conditions and substance use concerns impact the experiences of female veterans, it is important to understand their etiology. Although a number of theories and models may be used to explain the development of these two areas, two models have been routinely used: the Shared Liability model and the Causal model. In a research paper published by Berenz and Coffey (2013), an evaluation of understanding etiology and treatment of co-occurring Post-Traumatic Stress Disorder and substance use disorders was discussed. In the shared liability model, the presence of these conditions is believed to derive from a combination of internal and external factors. The most common factors for each are those of familial/genetic roots and environment, respectively. The studies within Berenz and Coffey's (2013) research paper outline how there is shared liability between

genetic and environmental factors common to veteran experiences with combat exposure, alcohol consumption, PTSD, and other drug dependencies (Koenen et al., 2003; McLeod et al., 2001; Xian et al., 2000). Later in their research document, Berenz and Coffey (2013) bring the causal model into discussion of how the preexistence of one factor may lead to increased odds of experiencing the other. This model suggests that the preexistence of a substance dependency concern increases the likelihood of an individual developing a mental health condition or an increased risk of trauma exposure as a result of risky use. The model can also be viewed in terms of how a preexisting mental health condition may then increase the likelihood of developing a substance use issue as a means to cope with one's condition. Studies referenced in the research reflected relationships where each factor directly impacts the presence and rate of the other (Kaysen, Neighbors, Martell, Fossos, & Larimer, 2006; Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997; Messman-Moore, Ward, & Brown, 2009). Most studies, however, indicated that the presence of PTSD tended to predict substance use behaviors as a means for self-medication and coping (Khantzian, 1999; O'Hare, & Sherrer, 2011; Waldrop, Back, Verduin, & Brady, 2007).

Mental health can be identified by the areas of life that make up our emotional, psychological, and social well-being that influences the way that one thinks, feels, and acts (USHHS, 2015). Mental health is referred to in terms of a problem or condition when there is some form of interruption or distress present in an individual's emotional, psychological, or social well-being. For female veterans, significant attention regarding mental health has most often been linked to their exposure to traumatic experiences. Out of these traumatic experiences, Military Sexual Trauma has been reported the most. From those reported instances of Military Sexual Trauma, elevated experiences with mental health conditions are significantly higher for female veterans when compared to both their male veteran counterparts and the civilian population (Lietz et al., 2013; Mulhall, 2009; Pavao et al., 2013; Williamson & Mulhall, 2009). Experiences with Military Sexual Trauma for female veterans have also been identified to increase the risk of developing mental health concerns at nearly three times the rate of all other population groups (Conard, Young, Hogan, & Armstrong, 2014; Lietz et al., 2013; OIG, 2012; Street, 2014). The most common mental health conditions diagnosed in female veterans are Post-Traumatic Stress Disorder,

anxiety disorders, bipolar disorder, major depressive disorder, eating disorders, personality disorders, and other mood disorders (Banerjea et al., 2009; Blackstock et al., 2012; DOL, 2011b; Eisen et al., 2012; Kimerling et al., 2007; Lietz et al., 2013; Pavao et al., 2013; Street, 2014; Tsai et al., 2012a; Washington et al., 2010).

When compared to male veterans, female veterans report higher rates of major depression, anxiety disorders, and other medically related conditions. This was particularly true for female veterans who served during the OEF/OIF/OND conflicts (DOL, 2011b; Eisen et al., 2012; Vogt et al., 2005). Male veterans were found to have higher instances of PTSD diagnoses and substance use disorders (Conard et al., 2013; Hamilton et al., 2011; Hoglund & Schwartz, 2014; Leda, Rosenheck, & Gallup, 1992; Runnals et al., 2014; Seal, Metzler, Gima, Bertenthal, Maguen, & Marmar, 2009). In a study conducted by Tsai et al., (2012b) of 789 OEF/OIF female veterans, 77% reported a co-occurrence of mental health conditions. A significant relationship between combat exposure and PTSD was also reported to contribute to increased rates of housing instability and homelessness. In a study focused on the risk factors for housing instability and homelessness among female veterans, Washington et al. (2010) reported that 72% of participants who were homeless female veterans reported major depression, 45% an anxiety disorder, and nearly 75% PTSD. Overall, female veterans have been identified to carry a higher risk for mental illness and greater acuity of their mental illness than that of the civilian population (Eisen et al., 2012; OIG, 2012).

Substance use concerns have also been intertwined within the traumatic experiences of female veterans across the lifetime. When compared to male veterans, however, female veterans reported significantly lower rates of substance use concerns across all substance forms (Blackstock et al., 2012; Metraux et al., 2013; Runnals et al., 2014). For many female veterans who reported a substance use concern, most reported that they had experienced extensive traumatic experiences (e.g. combat trauma, MST/sexual harassment), and were also coping with both mental health and medical conditions (Cucciare et al., 2013; Davis & Wood, 1999; DOL, 2011b; Gamache et al., 2003; Lietz et al., 2013; Street, 2014;

Washington et al., 2010). Each of these three areas have been identified as potential risk factors for substance use concerns.

Female veterans who reported a substance use concern most often reported alcohol as their substance of choice. Other substances reported included marijuana, cocaine, and narcotic/opiate pain medications (Davis & Wood, 1999). One study identified tobacco products as the primary substance of choice for female veterans, but this may be attributed to being from an older generation of female veterans (Banerjea et al., 2009). It is likely that alcohol is used as the primary choice for substance use by female veterans due to the ease of availability and general low cost. Binge drinking has been an area of significant concern for female veterans and is present when there is a consumption rate of alcohol at four or more drinks in a two hour period for women (NIAAA, 2015). Binge drinking has been identified in a number of studies as the primary means for substance use and abuse among female veterans (Cucciare et al., 2013; SAMHSA, 2012). For female veterans, the rate of binge drinking ranges from 5-35% of the population (Bradley, Bush, Davis, Dobie, Burman, Rutter, & Kivlahan, 2001; Hoggatt, Jamison, Lehavot, Cucciare, Timko, & Simpson, 2014; Lietz et al., 2013; NCADD, 2015).

Several studies have also identified trends of substance use concerns as they relate to the causal model. In a study by Davis and Wood (1999), a higher incidence rate of PTSD from sexual trauma among female veterans was noticed as it related to reported substance use concerns. The study also found that there were increased rates of substance abuse among female veterans who reported that they had experienced Military Sexual Trauma. A literature review by Lietz et al. (2013), also identified higher rates of alcohol binging and substance use concerns among female veterans who reported having been sexually harassed or assaulted in the military or identified as having PTSD or major depression. Although there were no direct studies that specifically identified substance use concerns as being a direct predictor to housing instability and homelessness for female veterans, substance use concern was often associated with trauma experiences as having an impact on one's housing stability (Hamilton et al., 2011). Substance use concerns, therefore, must be seen in light of additional factors and would benefit from

receiving attention through the course of recovery with trauma, mental health, and other identified challenges.

Social Supports

Vital relationships and social supports have often been considered an important part of the development of each individual through the experiences of love and belonging (Maslow, 1943). These relationships may consist of either an individual or a group of individuals where the opportunities for acceptance, love, and trust can be fostered and supported. This may be within a family, a romantic relationship, friendships, or other support areas such as places of worship. The loss of these key relationships or a lack of social ties and supports have been identified to increase the risks of housing instability and homelessness for female veterans and for others within the civilian homeless population. Not only does a lack of social supports contribute to the increased risk of experiencing homelessness, but it also makes it more difficult to resolve housing crises once they have occurred (Bassuk et al., 1986; Bassuk et al., 1997; Dornbusch, 1994; McChesney, 1992; Myers, 2009; NAEH, 2008; Patterson & Tweed, 2009; Roth et al., 1992; Shinn et al., 1998; Wood et al., 1990). Many individuals expressed feelings of isolation and being disconnected as they have had few to no relationships to turn to for help (Bassuk, 1991; Dornbusch, 1994; Swick, 2006). In a study conducted by Goodman (1991) among the civilian homeless population, nearly one-third of those surveyed reported coping with some form of social support loss or non-existence. Of all those surveyed, women reported the most impact of having few to no social supports.

For many female veterans, experiences with strained or broken relationships with parents, siblings, friends, and other social supports often occurred prior to their decision to enter military service. For some, the decision to enlist was a means to escape abusive situations or family discord (Burton & James, 2008; Gamche et al., 2003; Tessler et al., 2003). As a result of leaving these difficult situations, the state of these relationships often remains unchanged. When a female veteran is then discharged from their military obligations, these unchanged relationships were often unable to provide the necessary support to assist in the transition back to civilian life (Gamache et al., 2003; Perl, 2009). In a study

conducted by Hamilton et al. (2011) of 29 homeless female veterans in Los Angeles, California, a lack of social supports and resources was identified as a significant contextual factor that promoted the development of homelessness among those surveyed. This lack of social supports was reported in conjunction with other predictors of homelessness such as trauma and abuse exposure, substance use, mental health, and unemployment. For those female veterans who have experienced combat, injury, or other traumatic experiences, the lack of social supports upon their return creates greater challenges in their transition home. Without a supportive system present to assist in the transition period following active duty, the rate of housing instability and homelessness for female veterans dramatically increases (LePage & Garcia-Rea, 2008; Lietz et al., 2013; Metraux et al., 2013). The acute impact of limited social supports on the well-being and status of homelessness among female veterans has been observed in those who have served during OEF/OIF/OND combat operations and for those who served in either the National Guard or Reserves (Foster, 2011; Street et al., 2009).

As indicated earlier, the impact of low social supports can also contribute to challenges in resolving housing crises. During these housing crises, social supports may be accessed by an individual or household in order to assist them with resources or to provide shelter during episodes of instability. Overuse of these supports can fatigue or damage these relationships with profound impact on future interactions. In a study conducted by McChesney (1992), most women experiencing homelessness had previously exhausted all resources from the social supports of their parents, siblings, friends, and other close relatives when they encountered a housing crisis. Many of these women reported feeling unwelcome as a result of these damaged relationships, and feelings of isolation were also expressed. For some, reports of substance use behavior and mental health conditions became present as a result of attempting to cope with the stress and grief of these lost relationships (Bassuk, 1991; Dornbusch, 1994; Swick, 2006).

Conclusion

With a number of key predictors identified as leading to the experience of homelessness among female veterans, knowledge of these predictors will serve as vital information for service providers

dedicated to assisting female veterans experiencing housing instability and homelessness. The development of a curriculum focused on addressing these predictors and providing information about resources and supports available throughout the community may allow service providers to more effectively support female veterans and assist them with resolving their housing crisis.

Chapter III: Project Method

Project Design

This project is focused upon the development and evaluation of a multi-unit curriculum that addresses identified predictors for housing instability and homelessness among the female veteran population. The curriculum was developed based on the presented review of the literature by this author and facilitated during a one day training event. Evaluations were distributed to participants at the conclusion of the program. The evaluation was used to evaluate the project's three primary learning objectives: to provide knowledge and awareness of predictors for housing instability and homelessness amongst female veterans, to share strategies between service providers through group discussion to support female veterans experiencing housing instability and homelessness and to provide knowledge and awareness of local and regional resources that may support female veterans in housing stability across the Washington DC Metropolitan Region (Appendix A).

Targeted Audience

The targeted audience for this project was service providers working with female veterans experiencing housing instability or homelessness across the Washington DC Metropolitan Region. The Washington DC Metropolitan Region consists of the following counties: Washington DC, Prince Georges County (MD), Montgomery County (MD), Frederick County (MD), Alexandria City (VA), Arlington County (VA), Fairfax County (VA), Loudoun County (VA), and Prince William County (VA).

Recruitment Procedures

The author contacted service providers/organizations across the Washington DC Metro Region identified to provide supportive services to female veterans experiencing housing instability or homelessness. Invitations for participation were sent via email to identified service providers/organizations to attend the program and to complete an evaluation (Appendix B). Criteria for participation included working for a service provider/organization supporting female veterans experiencing housing instability or homelessness. Information pertaining to the curriculum program event was managed by an Eventbrite page established by the author. Vital information included in the

Eventbrite page included date, time, location, program description, and contact information of the author/facilitator. Participants were invited to RSVP for the event to ensure that enough materials were available, but an RSVP was not required.

Project Facilitation

The presented curriculum to address predictors of housing instability and homelessness among female veterans was facilitated by the author with support from the development of a facilitator guide (Appendix C – Available upon request). At the start of the curriculum program, participants were provided with a program handbook to follow along with the presented material (Appendix D – Available upon request). To support live facilitation and guidance with the presented material, the facilitator utilized a PowerPoint presentation, videos, and other supportive media (Appendix E – Available upon request). The facilitator (author) introduced the curriculum by providing an overview of the material being covered, including the predictors of experiences of housing instability and homelessness among female veterans, the cooperative development of strategies for service provider engagement with female veterans, and the provision of relevant resources and supports in the Washington DC Metro Region. A review of Bronfenbrenner’s (1979) Ecological Systems Theory was provided as it related to each predictor of housing instability and homelessness for female veterans presented through the curriculum. The facilitator also provided guidelines for safety and confidentiality as sensitive subjects may be present as a result of either curriculum material or group discussion.

The curriculum was split into five distinct units, with each lasting between 45-60 minutes in length. The duration of the full curriculum was approximately six and one half hours and included time for breaks. An overview of the project schedule was also provided prior to the start of the curriculum. The introduction section of the program lasted approximately fifteen minutes. Each curriculum unit was presented to participants in a large-group setting, and the units covered the following predictors of housing instability and homelessness among female veterans:

- Demographics and Housing Affordability
- Abuse and Trauma

- Education and Employment
- Mental Health and Substance Use
- Social Supports

Following the facilitator presentation of material in each unit, participants were invited to break into small groups to discuss and develop service support strategies as it relates to their work with supporting the housing needs of female veterans in the Washington DC Metro Region. Small groups (4-6 participants) were provided with questions for guidance. Small groups were able to share with each other current strategies that they may be implementing to support female veterans with housing or develop new strategies for doing so in regards to each unit's material. Small group discussion for each unit lasted approximately 15-20 minutes.

After each small group discussion, the facilitator called participants back to the large-group setting to highlight resources and supports available to female veterans as they pertain to the material presented in each unit. Participants were directed to the "Resources and Supports" section of each unit within their handbook to find resources and supports specific to each county located within the Washington DC Metro Region. These resources and supports consisted of written and web-based contacts for local, state, and national services. Participants were also provided with a listing of references used in the development of each curriculum unit for future reading if desired.

Project Evaluation

Upon the conclusion of the fifth curriculum unit, participants were invited to complete an evaluation and demographic questionnaire to aid in the assessment of the curriculum's effectiveness (Appendix F). Each participant was provided with an evaluation form and envelope. The facilitator reviewed the evaluation instructions and information pertaining to the use of provided responses. Consent to participate in the evaluation process was implied through the completion and return of evaluations and questionnaires by each participant. Upon completion of the questionnaire, participants sealed their responses in the provided envelope and deposited them in the designated location identified by the facilitator.

The evaluation form was designed to gain an understanding of the level of knowledge that participants have regarding the presented material both prior to attending the curriculum program and following it. Statements were developed to address the identified learning objectives of the project within each unit.

Chapter IV: Results

Event Details

The implementation of the “Protecting the Home-Front” curriculum was conducted on July 21, 2015, in Washington DC. Twenty-four attendees from four different agencies serving homeless and unstably housed female veterans across the Washington DC Metropolitan region attended. Recruitment was conducted through an Eventbrite announcement distributed through a training distribution list established for agencies serving female veterans. The curriculum was facilitated by this author, and attendees received additional support from an assistant facilitator monitoring the well-being of attendees throughout the course of the curriculum. The program lasted approximately 6.5 hours in length, including a 45-minute lunch break and two 15-minute breaks. Each unit was approximately 60 minutes in length. A fifteen-minute introduction to the program was also included. Following the completion of the program, attendees were provided with a program evaluation and demographic questionnaire which they were invited to complete following review of the informed consent page. Twenty-two evaluation forms were returned from the twenty-four individuals in attendance.

Demographic Results

As part of this evaluation, attendees were asked six demographic questions pertaining to gender, race, age, veteran status, title, and length of time serving female veterans. Demographic data was collected from 22 participants with a 91% response rate (Appendix G). Sixty-eight percent (68%) of participants were female; 27% were male; 5% were Transgender. Fifty-nine percent (59%) of participants reported their race as African American/Black, 27% as White/Caucasian, 9% as Asian, and 5% as Other. Fifty percent (50%) of participants reported their age being between 25-34; 23% between ages 35-44, and 9% each for the ages of 18-24, 45-54, and 55-64. Twenty-seven percent (27%) identified as a Veteran, while 73% did not. Seventy-three percent (73%) of participants reported as direct service staff, 18% as managers, and 5% as administration. One participant did not respond to this question. Thirty-six percent (36%) of participants reported working with female veterans for at least 1-2 years; 23%

for 7 months to 1 year; 18% for 6 months or less; and 5% each reported a length of service 2-3 years, 3-4 years, 4-5 years, and 10+ years. One participant did not respond to this question.

Two demographic characteristics are important to note. Eighteen percent (18%) of participants identified as a female veteran. Participants identifying as female veterans may be able to relate more effectively with female veterans while providing services due to their own experiences as female veterans and possible housing stability challenges. The other key demographic reported by participants were that the majority of attendees reported being between the ages of 18-34, are serving in a direct service capacity, and have been working with female veterans for two years or less. In sum, the majority of participants can be identified as younger direct service staff with short histories of serving female veterans. Information and resources provided through this program may be beneficial to this group of participants as they continue to provide direct services to female veterans in need.

Program Evaluation Results

As part of the evaluation, attendees were asked a series of questions about each curriculum unit as it pertained to their knowledge and understanding of the material prior to participation in the program and then following their participation. Each pre-program and post-program question were evaluated on a scale of 1-5, with 1 representing “No Knowledge” or “No service strategies” and 5 representing “Expert” or “Many service strategies.” Attendees provided responses to these questions by circling the answer that best described how they felt regarding each statement. Paired sample T-tests were conducted with captured data in order to observe pre- and post-program mean responses and to observe the degree of change through participation in the “Protecting the Home-Front” program.

**Results of t Tests Comparing Pre-Program and Post-Program Test Scores
of “Protecting the Home-Front” Curriculum Objectives (N=22)**

<i>Unit Objective Evaluation Questions</i>	<i>Pre-Program</i>		<i>Post-Program</i>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Demographics & Housing: Knowledge	2.9545	.78542	3.8182	.39477	-5.231
Demographics & Housing: Service Strategies	2.9091	1.01929	3.7727	.86914	-5.231**
Demographics & Housing: Resources/Supports	2.7273	.70250	3.7727	.61193	-6.243
Abuse & Trauma: Knowledge	3.6818	.64633	4.1818	.39477	-3.487
Abuse & Trauma: Service Strategies	3.0000	.87287	3.9091	.68376	-5.684*
Abuse & Trauma: Resources/Supports	2.8636	.94089	3.8636	.71016	-6.205*
Education & Employment: Knowledge	3.3182	.83873	3.9545	.57547	-4.107*
Education & Employment: Service Strategies	3.4091	.79637	4.0000	.61721	-4.161*
Education & Employment: Resources/Supports	3.1818	.90692	3.8636	.63960	-5.631**
MH & SU: Knowledge	3.5455	.96250	4.0455	.48573	-3.487**
MH & SU: Service Strategies	3.3182	.99457	3.9091	.68376	-3.775**
MH & SU: Resources/Supports	3.2727	.88273	3.9545	.72225	-4.948**
Social Supports: Knowledge	3.4545	.96250	4.0000	.69007	-3.813**
Social Supports: Service Strategies	3.2273	1.06600	3.8636	.71016	-5.137**
Social Supports: Resources/Supports	3.0909	.86790	3.9091	.61016	-5.238*

Note: Means reflect rating on scale ranging from 1 (No Knowledge/No Service Strategies) to 5 (Expert/Many Service Strategies). MH = mental health; SU = substance use
*p<.05. **p<.001

Following data analysis, paired sample t tests revealed significant differences among reported scores from the program evaluation related to each unit objective except for three. Participants reported significant increases in knowledge of how education and employment, mental health and substance use, and social supports contribute to homelessness and housing instability; increased knowledge in providing service strategies to support female veterans dealing with housing affordability, abuse and trauma, education and employment, mental health and substance use, and social support challenges; and increased knowledge of area resources and supports for female veterans dealing with abuse and trauma, education and employment, mental health and substance use, and social support challenges. Although increased knowledge in many areas was reported by participants, changes in pre- to post-program levels were not significant regarding the impact of housing affordability and abuse and trauma on housing instability/homelessness for female veterans, and knowledge of resources and supports to combat housing affordability challenges. All participants reported having some level of prior knowledge regarding each curriculum topic, service strategies for each topic, and knowledge of local resources, yet reported

significant gains across the majority of objectives to be further used in their ongoing work to support female veterans experiencing housing instability and homelessness.

Open Response Results

An open response section was provided with the evaluation forms to allow for written feedback of the material covered, as well as suggestions for future inclusion.

Question 1: What topic/topics did you find most useful in learning about the impact on housing stability for female veterans?

Participant responses to this question identified which topic/topics or units they found to be most useful through the program. Some participants provided multiple responses within this section. Overall, participants identified Unit 2: Abuse & Trauma as the unit they found most useful in learning about the impact on housing stability for female veterans. Additional responses included Unit 1: Demographics & Housing Affordability (5), Unit 3: Education & Employment (4), Unit 4: Mental Health & Substance Use (3), and Unit 5: Social Supports (1). One participant reported that they benefited from understanding the statistics and rates of experience regarding each topic, while another participant reported that they found all units useful.

Question 1 Response Results

Most Useful Topic	Number of Responses
Unit 1: Demographics & Housing Affordability	5
Unit 2: Abuse & Trauma	11
Unit 3: Education & Employment	4
Unit 4: Mental Health & Substance Use	3
Unit 5: Social Supports	1

Question 2: What topic/topics did you find least useful in learning about the impact on housing stability for female veterans?

There were considerably fewer responses to the question regarding which topic/topics were least useful to participants. From provided responses, participants reported that they found Unit 3: Education & Employment to be the least useful in understanding the impact on housing stability for female veterans.

Units one, four, and five were also reported as being least useful to some participants. One participant reported that the topics covered through the program were "...informative and added to the knowledge already acquired." Responses to this question were fewer (11) than the previous question on the most useful topic/topics (19).

Question 2 Response Results

Least Useful Topic	Number of Responses
Unit 1: Demographics & Housing Affordability	2
Unit 2: Abuse & Trauma	0
Unit 3: Education & Employment	4
Unit 4: Mental Health & Substance Use	1
Unit 5: Social Supports	2

Question 3: Are there any additional topics that you feel would be important to cover in the "Protecting the Home-Front" program as it relates to housing stability for female veterans?

Eleven participants offered input on additional topics to be covered within the "Protecting the Home-Front" program. From the provided responses, four primary topics were identified: Housing Challenges, Abuse & Trauma, Childcare, and Household Challenges.

Question 3 Response Results

Suggested Topics to Incorporate	Number of Responses
Housing Challenges	3
Abuse & Trauma	2
Childcare	2
Household Challenges	4

Participants reported that they would benefit from an expansion of material within two of the units covered within the program: Housing and Abuse & Trauma. Additional housing resources and landlord engagement strategies were two areas that participants felt would be beneficial in learning how to leverage more opportunities in assisting female veterans to stable housing. It was also reported that an expansion on both local and national housing policies and their impact on female veterans gaining housing would also be beneficial. Regarding the topic of abuse and trauma, two participants reported that they wished more information had been provided on the experience of domestic violence among female

veterans and the difference in rates of experience between sexual harassment and sexual abuse [physical] under the greater topic of Military Sexual Trauma.

There were two new topics suggested by participants as well. Two participants reported that they would like to learn about how the challenges of child care accessibility and costs impact housing stability for female veterans. The greatest recommendation for expanding topics in the program was in regards to addressing household composition challenges. Multiple participants reported that they would like to learn more on how challenges to housing stability for female veterans differed based upon the make-up of the household. Cited household compositions included female veteran head-of-household homes, female veteran single parent household, and two-parent households with dependents where one member is a female veteran.

Question 4: What information and/or resources do you feel would be important to add to the “Protecting the Home-Front” program?

Participants provided a number of responses to the question regarding information or resources to be added to the program. From eleven responses, participants reported that they wished to have more resource information regarding healthcare, landlord/housing supports, and support groups for female veterans. Participants reported that, by having more information about potential resources within their community, they believe they can assist female veterans more effectively.

Chapter V: Discussion

Summary

Prior to the development of this program, there were no identified curricula or training programs for service providers which synthesized information about the most common factors contributing to homelessness and housing instability among female veterans. Results from the program evaluation of “Protecting the Home-Front” suggest that service providers benefited from having the opportunity to learn about the most common factors contributing to housing instability and homelessness among female veterans, to learn about service strategies for aiding women veterans within a small-group setting, and to learn about available resources and supports to assist women veterans regarding each common factor linked to increased experiences with housing instability and homelessness. Across all units, participants reported that their knowledge of the presented material increased as a result of this program.

Across the five units that addressed the impact of factors identified to increase the risk of housing instability and homelessness among female veterans, participants reported two units as most beneficial: Demographics & Housing Affordability and Abuse & Trauma. Although data analysis identified these two topics as bearing no significant gains in terms of pre- and post-program knowledge, participants’ open responses identified these areas as most useful to them. This may be due to participants encountering these challenges frequently through their work, and they may have found a review of the material helpful to reinforce their knowledge of these two topics. Both of these areas have been identified as the two greatest contributing factors to female veterans experiencing housing instability and homelessness. Female veteran households, with and without dependents, that have extremely low income experience heavy housing cost burdens at 93% and 90%, respectively (Arnold et al., 2013). These elevated risks in addition to a lack of affordable housing units across the United States have a significant impact on the ability for female veterans to gain and maintain stable housing. In terms of the impact of abuse and trauma on the housing stability of female veterans, the presence of these experiences can nearly be considered a given experience for all female veterans. In a study by Tsai (2012b), 99% of respondents reported at least one trauma experience in their lifetime. Within the study, the average mean for traumatic

events experienced by female veterans was thirty-one. This factor alone has been identified as the primary reason that female veterans experience homelessness at a rate nearly four times greater than the general homeless population (Foster, 2010; Hamilton et al., 2011; Kuehn, 2013; Tessler et al., 2003; Tsai et al., 2012b; USICH, 2013; VA, 2012; Washington et al., 2010). As participants continue to provide supportive services to female veterans within their community, the necessity to be equipped in supporting a female veteran who has experienced trauma will continue to grow.

The opportunity for participants to gather in small groups to share about their experiences with each of the presented topics and to share about service strategies that have been successful was also reported as beneficial. Overall, participants reported significant gains in knowledge regarding service strategies to support female veterans experiencing housing instability challenges identified in each unit. This increased growth may be a result of several factors. Participants may consistently be serving female veterans who are impacted by each of these areas and are looking for more service strategies to provide service support. Participants may also have reported increased gains from this section as well due to having experiences of working with female veterans facing these challenges in the geographic area. As participants shared service strategies within their small groups, other participants may have found these strategies beneficial due to seeing their success within the shared geography of the Washington DC Metropolitan Region.

The final objective of this program, providing information on available resources and supports related to each unit, was considered the most beneficial portion of the program by participants. For those working in direct service positions with female veterans, the ability to have tangible resources to offer to someone in need that could make a positive change was reported as extremely valuable. Similar to the other objectives, participants reported significant increases in knowledge of resources and supports for all units except Unit 1: Demographics and Housing Affordability. Given that all participants currently provide housing support services as their primary service means with their organization, this non-significant result is not surprising. Participants may already have significant knowledge of available housing resources and supports within the community, contributing to lower gains from this program.

In this program, participants reported that they benefited from the presented material, service strategy discussions, and resource information in order to support their ongoing work and support of female veterans in ending homelessness. Although the ability to directly impact the root causes of housing instability and homelessness for female veterans may be extremely challenging, the ability to assist female veterans during an episode of housing crisis can be influenced. As participants continue to provide supportive services to female veterans, the information obtained through this program may contribute to not only stronger supportive services, but more effective services in ending homelessness for female veterans more rapidly.

Limitations

There are several limitations to this project. First, by not seeking participants outside of service providers working with veterans, the author may have missed the opportunity to evaluate non-specialized service providers. Although veteran specific service providers have a greater likelihood of engaging with female veterans, non-veteran specific service providers may also engage with female veterans in need. Generalized service providers are significantly greater in number and provide more diversified services than those who are veteran specific, and may see female veterans within their services first. As generalized service providers may not receive the degree of specialized training regarding veteran experiences, this group may have varying levels of knowledge regarding the topics covered in this program. Evaluation of the change in knowledge pre- to post-program may yield greater understanding of the effectiveness of the “Protecting the Home-Front” program. During the open response section of the evaluation questionnaire, one participant commented that it may be beneficial to offer this program to generalized service providers to increase their knowledge of working with the female veteran population.

Another limitation to the project was the focus on the specific geographical area of the Washington DC Metropolitan Region. Identified risk factors for female veterans were provided using data provided from national research to represent the greater experience of female veterans, but resources and supports for addressing presented topics were predominantly specific to the Washington DC Metropolitan Region. Resources available online or national resources available to female veterans in the

locality were included. Some participants expressed wishing to know more about resources and experiences of female veterans in other metropolitan regions.

Implication for Future Use

In terms of future implications for this program, there are a few areas worth considering. First, ongoing updates of recent findings and data regarding the key background information for each unit will offer the most accurate reports of the female veteran experience. An expansion of the material would also be considered based upon participant feedback from evaluations. Material to be added would include an expansion on domestic violence experiences, impact on female veterans based upon household composition, and child care availability/cost influence. During the live portion of the program, participants also expressed wanting more information regarding suicide risks for female veterans. Updates to the program curriculum would need to be made on an annual basis to ensure accuracy of information.

A second implication for future use would be to maintain the use of small-group discussion to support service strategy. Guiding questions provided in the program could remain consistent with the original plan, but discussed service strategies would vary by participant groups. This portion of the program will have the greatest variability during future use, as service strategies may vary by the experiences of attendees and the presence of service challenges by providers within a service region. With these taken into account, maintaining this section of the program is seen as beneficial as it allows for participants to share successful experiences. Additionally, the ability to capture service strategies shared during small group discussion times may also be beneficial to not only participants in other small groups but to be used as examples of service strategies during future project events. The designation of a recorder or scribe in each small group may support the capturing of these service strategies in order to be reported back to the larger group and for future use.

A third implication for future use is the need for ongoing resource and support updates. As this portion of the program was made specific for the Washington DC Metropolitan Region, the use of this program outside of the geographic region would necessitate full updates of each section to incorporate the

resources and supports specific to that location. In order to capture additional resources that service provider participants may know of and are not already identified by the program, a bulletin board with Post-it notes will be made present during future program events for participants to share resources with other participants and the program facilitator.

In order to assess long-term effectiveness of the program's presented material, a follow-up evaluation with participants would be recommended to capture feedback on how information from the program has been utilized in their direct support of female veterans and if it has been found beneficial. Another area of potential support for participants through this program would be the promotion of ongoing peer support. By establishing a means for the sharing of new resources and/or service support strategies following the program, participants may be able to be a support to one another through their ongoing work with female veterans across a specific geographical region.

As information provided within the program focuses on the national experience of female veterans and their experiences with housing instability and homelessness, the ability to conduct live training may not be possible on an ongoing basis. Reformatting this program into a web-based program may assist in widespread distribution of the material but would reduce the potential effectiveness of both small-group discussion on service strategies and resource/support information. The author recommends that the training still be conducted in a group of providers to support small-group discussions or to incorporate a web-based bulletin board of shared service strategies. To address the need for providing resources and supports for each unit, the author would be able to include all web-based and nationally identified resources but would need to consider alternative options to meet the need of addressing local resources and supports. This may be done through extensive resource gathering and establishing a database of all resources and supports that would fit within each covered unit. A second option would be to offer guidance in how participants may search for supportive resources around their location to support female veterans in need. Whatever may be necessary to assist in supporting the ongoing work of service providers with female veterans to end homelessness should be considered.

Conclusion

The “Protecting the Home-Front” program was developed to synthesize available research and information pertaining to the causes of housing instability and homelessness among female veterans for the use of service providers. With this background information, forum to share service strategies, and information on available resources and supports to help female veterans, service providers can feel better equipped to serve and support all female veterans they encounter and to assist them with resolving their housing instability and homelessness.

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Appendix A:

Protecting the Home-Front

Curriculum Outline

“PROTECTING THE HOME-FRONT” CURRICULUM OUTLINE

INTRODUCTION

- I. Registration and Materials
 - a. Participants will be invited to register upon arrival and complete a nametag.
 - b. Participants will be provided with a program handbook and writing utensil.

- II. Welcome and Program Introduction
 - a. Facilitator will introduce themselves to attending participants
 - b. Facilitator will provide an overview of the program’s purpose, the identified population (female veterans), overview of units to be covered, and learning objectives.
 - c. Facilitator will provide an overview of Bronfenbrenner’s Ecological Systems Theory.
 - d. Facilitator will provide an overview of the evaluation process at the conclusion of the program.
 - e. Facilitator will review program safety and confidentiality.
 - f. Facilitator will provide an overview of the schedule, directions to restroom facilities, water, food/snacks, and common areas available if participants require during the program.

UNIT 1: DEMOGRAPHICS & HOUSING AFFORDABILITY

Unit Material	Learning Objective
<ol style="list-style-type: none"> I. Overview of Demographic Predictor <ol style="list-style-type: none"> a. Information pertaining to female veteran demographics b. Comparison to general population of homeless females II. Overview of Housing Affordability Predictor <ol style="list-style-type: none"> a. Defining affordable housing b. Defining housing cost c. Defining housing cost burden (>30% Gross Income) d. Affordable housing rates (Nation/Region) e. Housing cost burden and female veterans III. Housing Affordability and the Ecological System 	<ol style="list-style-type: none"> I. Participants will gain knowledge and awareness of identified predictors for housing instability and homelessness within the female veteran population

Small-Group Discussion	Learning Objective
<p>I. What are your initial reactions/responses to hearing about how demographics and housing affordability have been found to impact housing instability and homelessness among female veterans? Do you agree with the presented material? Why or Why not?</p> <p>II. What are some service support strategies that you have been able to offer to female veterans experiencing housing instability or homelessness as they relate to the presented material?</p> <p>III. What are some new service support strategies that you may be able to begin utilizing to support female veterans experiencing housing instability or homelessness as they relate to the presented material?</p>	<p>II. Participants will gain insight through reflection and group discussion of service support strategies utilized and still needed in support of female veterans experiencing housing instability and homelessness.</p>
Resources and Supports	Learning Objective
<p>I. Overview of local and regional resources available to assist female veterans who are experiencing housing instability and homelessness related to the predictor of housing affordability</p> <p>II. Overview of Housing Cost Calculator and Budget Worksheet</p>	<p>III. Participants will gain knowledge of local and regional resources that may support female veterans in housing stability.</p>

UNIT 2: ABUSE & TRAUMA

Unit Material	Learning Objective
<p>I. Overview of Abuse and Trauma Predictors</p> <ul style="list-style-type: none"> a. Defining abuse b. Defining/Identifying trauma c. Overview of Military Sexual Trauma (MST) d. Overview of Post-Traumatic Stress Disorder e. Impact of abuse and trauma on housing <p>II. Abuse and Trauma and the Ecological System</p>	<p>I. Participants will gain knowledge and awareness of identified predictors for housing instability and homelessness within the female veteran population</p>
Small-Group Discussion	Learning Objective
<p>I. What are your initial reactions/responses to hearing about how abuse and trauma have been found to impact housing instability and homelessness among female veterans? Do you agree with the presented material? Why or Why not?</p> <p>II. What are some service support strategies that you have been able to offer to female veterans experiencing housing instability or homelessness as they relate to the presented material?</p> <p>III. What are some new service support strategies that you may be able to begin utilizing to support female veterans experiencing housing instability or homelessness as they relate to the presented material?</p>	<p>II. Participants will gain insight through reflection and group discussion of service support strategies utilized and still needed in support of female veterans experiencing housing instability and homelessness.</p>
Resources and Supports	Learning Objective
<p>I. Overview of local and regional resources available to assist female veterans who are experiencing housing instability and homelessness related to the predictors of abuse and trauma</p> <p>II. Informational Session/Overview of the Veterans Health Administration Women’s Clinic of Washington, DC.</p>	<p>III. Participants will gain knowledge of local and regional resources that may support female veterans in housing stability.</p>

UNIT 3: EDUCATION & EMPLOYMENT

<p>Unit Material</p> <ul style="list-style-type: none"> I. Overview of Education Predictor <ul style="list-style-type: none"> a. Understanding completed levels of education among female veterans b. Understanding resources supporting education among female veterans II. Overview of Employment Predictor <ul style="list-style-type: none"> a. Overview of employment/unemployment rates among female veterans b. Navigation of civilian workforce c. Overview of earnings differentials between populations d. Overview of income sources e. Overview of service connected disability rates III. Education and Employment and the Ecological System 	<p>Learning Objective</p> <ul style="list-style-type: none"> I. Participants will gain knowledge and awareness of identified predictors for housing instability and homelessness within the female veteran population
<p>Small-Group Discussion</p> <ul style="list-style-type: none"> I. What are your initial reactions/responses to hearing about how education and employment have been found to impact housing instability and homelessness among female veterans? Do you agree with the presented material? Why or Why not? II. What are some service support strategies that you have been able to offer to female veterans experiencing housing instability or homelessness as they relate to the presented material? III. What are some new service support strategies that you may be able to begin utilizing to support female veterans experiencing housing instability or homelessness as they relate to the presented material? 	<p>Learning Objective</p> <ul style="list-style-type: none"> II. Participants will gain insight through reflection and group discussion of service support strategies utilized and still needed in support of female veterans experiencing housing instability and homelessness.
<p>Resources and Supports</p> <ul style="list-style-type: none"> I. Overview of local and regional resources available to assist female veterans who are experiencing housing instability and homelessness related to the predictors of education and employment 	<p>Learning Objective</p> <ul style="list-style-type: none"> III. Participants will gain knowledge of local and regional resources that may support female veterans in housing stability.

UNIT 4: Mental Health & Substance Use

Unit Material	Learning Objective
<p>I. Overview of Models of Cause</p> <ul style="list-style-type: none"> a. Shared Liability Model b. Causal Model <p>II. Overview of Mental Health Predictor</p> <ul style="list-style-type: none"> a. Defining mental health b. Overview of common mental health conditions c. Overview of impact of mental health concerns on female veterans d. Overview of impact on housing stability <p>III. Overview of Substance Use Predictor</p> <ul style="list-style-type: none"> a. Defining substance use/abuse b. Overview of substance use impact on female veterans c. Defining binge drinking d. Overview of binge drinking impact on female veterans e. Overview of substance use risk indicators <p>IV. Mental Health & Substance Use and the Ecological System</p>	<p>I. Participants will gain knowledge and awareness of identified predictors for housing instability and homelessness within the female veteran population</p>
Small-Group Discussion	Learning Objective
<p>I. What are your initial reactions/responses to hearing about how mental health and substance use have been found to impact housing instability and homelessness among female veterans? Do you agree with the presented material? Why or Why not?</p> <p>II. What are some service support strategies that you have been able to offer to female veterans experiencing housing instability or homelessness as they relate to the presented material?</p> <p>III. What are some new service support strategies that you may be able to begin utilizing to support female veterans experiencing housing instability or homelessness as they relate to the presented material?</p>	<p>II. Participants will gain insight through reflection and group discussion of service support strategies utilized and still needed in support of female veterans experiencing housing instability and homelessness.</p>

Resources and Supports	Learning Objective
I. Overview of local and regional resources available to assist female veterans who are experiencing housing instability and homelessness related to the predictors of mental health and substance use	III. Participants will gain knowledge of local and regional resources that may support female veterans in housing stability.

UNIT 5: SOCIAL SUPPORTS

Unit Material	Learning Objective
<p>I. Overview of Social Supports Predictor</p> <ul style="list-style-type: none"> a. Defining key relationships and social supports b. Overview of social supports impact on housing stability c. Overview of social supports impact on female veterans <p>II. Social Supports and the Ecological System</p>	I. Participants will gain knowledge and awareness of identified predictors for housing instability and homelessness within the female veteran population

Small-Group Discussion	Learning Objective
<p>I. What are your initial reactions/responses to hearing about how social supports have been found to impact housing instability and homelessness among female veterans? Do you agree with the presented material? Why or Why not?</p> <p>II. What are some service support strategies that you have been able to offer to female veterans experiencing housing instability or homelessness as they relate to the presented material?</p> <p>III. What are some new service support strategies that you may be able to begin utilizing to support female veterans experiencing housing instability or homelessness as they relate to the presented material?</p>	II. Participants will gain insight through reflection and group discussion of service support strategies utilized and still needed in support of female veterans experiencing housing instability and homelessness.

Resources and Supports	Learning Objective
<ul style="list-style-type: none"> I. Overview of local and regional resources available to assist female veterans who are experiencing housing instability and homelessness related to the predictor of social supports II. Activity: Ecomap Overview and Construction <ul style="list-style-type: none"> a. Overview of Ecomap Concepts b. Overview of Ecomap Construction c. Invitation for participants to construct an ecomap based on presented case study 	<ul style="list-style-type: none"> III. Participants will gain knowledge of local and regional resources that may support female veterans in housing stability.

CURRICULUM EVALUATION & WRAP-UP

- I. Overview of predictors covered through curriculum as they relate to housing instability and homelessness for female veterans

- II. Distribution and Instructions on Curriculum Evaluation Forms
 - a. Facilitator passes out evaluation forms and envelope to participants.
 - b. Facilitator reads Informed Consent statement and instructions for completing the evaluation.
 - c. Facilitator identifies location for where completed evaluation forms are to be placed once complete.

- III. Thank You from Facilitator for Attendance and Participation

- IV. End of Program

Appendix B:

Protecting the Home-Front

Recruitment Script

“Protecting the Home-Front” Recruitment Script (Email)

Instructions: The following script will be provided to potential participants during recruitment for the “Protecting the Home-Front” program. For recruitment via email, the script will be copied into the body of an email as written below. The information will also be included in an Eventbrite Page for the program event date. The subject line of the email will read: “Protecting the Home-Front”: Supporting Housing Stability for Female Veterans. Emails will be sent via the email from sread@friendshipplace.org

Hello. My name is Sean Read, and I am the Assistant Director for the Veterans First Program with Friendship Place based in Washington DC.

I wanted to share with you about an upcoming educational event for service providers working with female veterans experiencing housing instability or homelessness. The event will be held on Tuesday, July 21, 2015 at La Casa Permanent Supportive Housing Facility (1444 Irving St NW, Washington, DC 20010). The event will go from 9:30am - 4:00pm

The program offered is titled “Protecting the Home-Front: Supporting Housing Stability for Female Veterans.” The program is a five-unit curriculum designed to provide information about factors that contribute to housing instability/homelessness among female veterans. This program supports time for participants to interact with the material through group discussion as it pertains to their experiences of working with female veterans. Participants will also be provided with information about resources and support across the Washington DC Metro Region that may assist with supportive housing for female veterans as they relate to the factors of homelessness discussed.

Following the completion of the program, participants will be invited to complete an evaluation form and questionnaire to provide vital feedback on the program to support ongoing development. The “Protecting the Home-Front program evaluation and questionnaire are part of a research study, and may be published in a Master’s Thesis.

Because the “Protecting the Home-Front” program has been designed for a specific community, invitations to participate in the program are being offered specifically to service providers/organizations that offer support to female veterans experiencing housing instability or homelessness. More information can be located on the Eventbrite Page for the Program at: <https://www.eventbrite.com/e/protecting-the-home-front-supporting-housing-stability-for-female-veterans-tickets-16889104767>

RSVPs are encouraged but not required to ensure that enough program materials are available. If you are interested in attending or have any additional questions, please feel free to contact me via telephone at 202-503-7505 or by email at sread@friendshipplace.org. You may also confirm attendance through the Eventbrite page.

Best,
Sean Read, Assistant Director
Veterans First Program, Friendship Place

Appendix C:

Protecting the Home-Front

Facilitator Guide

Appendix D:

Protecting the Home-Front

Participant Workbook

Appendix E:

Protecting the Home-Front

PowerPoint

Appendix F:

Protecting the Home-Front

Evaluation Questionnaire

“Protecting the Home-Front” Program Evaluation

Estimated Time Burden: < 15-minutes

Use of Responses/Consent to Participate:

This evaluation and questionnaire for the “Protecting the Home-Front” program are part of a research study to evaluate the effectiveness of the material presented throughout the “Protecting the Home-Front” curriculum. Responses and results provided through the evaluation form and questionnaire may be used and published as part of a Master’s Thesis. All program participants have the choice whether to participate or not in the completion of the evaluation form and questionnaire. All responses are anonymous.

Consent to participate in the research study is implied through the completion and return of the following evaluation and questionnaire.

For any questions pertaining to this study, you may contact Sean Read (co-investigator) by phone at 202-503-7505, or by email at seanread@vt.edu.

For any questions about research conduct or rights pertaining to human research participants, please contact Dr. David M. Moore, IRB Chair for Virginia Polytechnic Institute and State University by phone at 540-231-4991, or by email at moored@vt.edu

Evaluation Instructions:

You are invited to complete this evaluation form regarding the “Protecting the Home-Front” program as a way of providing important feedback regarding the effectiveness of the presented material, and to support ongoing development of the program. This evaluation form will provide a series of statements related to the learning objectives presented in each unit. For each statement, please choose the number that best reflects how you have related to each statement prior to participating in the “Protecting the Home-Front” program, and following completion of the program. Following these statements, you will find additional questions that will provide the opportunity for you to write your responses and provide additional feedback as it relates to the “Protecting the Home-Front” program.

The completion of this evaluation form is completely voluntary and designed to collect responses anonymously. **Please do not write your name or provide any identifying information anywhere on this form.** During your completion of this form, you may wish to leave some responses blank or to discontinue use of this evaluation. At any point you wish to no longer participate with this evaluation form or chose not to submit your responses, we understand and honor your decision.

If you wish to submit your evaluation form following the program, please place the form within the provided envelope, seal it, and place it in box labeled “Evaluations.” **Thank you in advance for consideration in providing feedback for the “Protecting the Home-Front” Program.**

EVALUATION STATEMENTS

Read each statement and circle the response that best describes how you feel.	Circle one number for each statement	Circle one number for each statement
Unit 1: Demographics & Housing Affordability		
Unit 1: Demographics & Housing Affordability	Prior to participation in the “Protecting the Home-Front” program...	Following participation in the “Protecting the Home-Front” program...
I know how factors such as Demographics & Housing Affordability relate to housing instability/homelessness among female veterans. (Examples: Age, Race, Marital Status; Housing Cost Burden)	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert
I have service strategies to support female veterans experiencing housing instability/homelessness in relation to the discussed predictors of Demographics & Housing Affordability.	1 = No service strategies 2 = Minimal service strategies 3 = Some service strategies 4 = More than some service strategies 5 = Many service strategies	1 = No service strategies 2 = Minimal service strategies 3 = Some service strategies 4 = More than some service strategies 5 = Many service strategies
I know about available resources and supports across the Washington DC Metro Region as they relate to the predictors of Demographics & Housing Affordability.	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert
Unit 2: Abuse and Trauma		
Unit 2: Abuse and Trauma	Prior to participation in the “Protecting the Home-Front” program...	Following participation in the “Protecting the Home-Front” program...
I know how factors such as Abuse & Trauma relate to housing instability/homelessness among female veterans. (Examples: Physical Abuse, Psychological Abuse, Sexual Abuse/Military Sexual Trauma, Domestic Violence, Combat Exposure, PTSD)	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert

	Prior to participation in the “Protecting the Home-Front” program...	Following participation in the “Protecting the Home-Front” program...
I have service strategies to support female veterans experiencing housing instability/homelessness in relation to the discussed predictors of Abuse & Trauma	1 = No service strategies 2 = Minimal service strategies 3 = Some service strategies 4 = More than some service strategies 5 = Many service strategies	1 = No service strategies 2 = Minimal service strategies 3 = Some service strategies 4 = More than some service strategies 5 = Many service strategies
I know about available resources and supports across the Washington DC Metro Region as they relate to the predictors of Abuse & Trauma.	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert
Unit 3: Education & Employment		
	Prior to participation in the “Protecting the Home-Front” program...	Following participation in the “Protecting the Home-Front” program...
I know how factors such as Education & Employment relate to housing instability/homelessness among female veterans. (Examples: Completed Education; Unemployment, Earnings Differences, Disability Compensation)	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert
I have service strategies to support female veterans experiencing housing instability/homelessness in relation to the discussed predictors of Education & Employment	1 = No service strategies 2 = Minimal service strategies 3 = Some service strategies 4 = More than some service strategies 5 = Many service strategies	1 = No service strategies 2 = Minimal service strategies 3 = Some service strategies 4 = More than some service strategies 5 = Many service strategies
I know about available resources and supports across the Washington DC Metro Region as they relate to the predictors of Education & Employment.	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert

Unit 4: Mental Health & Substance Use	Prior to participation in the “Protecting the Home-Front” program...	Following participation in the “Protecting the Home-Front” program...
I know how factors such as Mental Health & Substance Use relate to housing instability/homelessness among female veterans. (Examples: Anxiety, Bipolar Disorder, Depression, PTSD; Alcohol Abuse, Illicit Drug Abuse, Pain Medication Abuse)	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert
I have service strategies to support female veterans experiencing housing instability/homelessness in relation to the discussed predictors of Mental Health & Substance Use.	1 = No service strategies 2 = Minimal service strategies 3 = Some service strategies 4 = More than some service strategies 5 = Many service strategies	1 = No service strategies 2 = Minimal service strategies 3 = Some service strategies 4 = More than some service strategies 5 = Many service strategies
I know about available resources and supports across the Washington DC Metro Region as they relate to the predictors of Mental Health & Substance Use.	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert
Unit 5: Social Supports	Prior to participation in the “Protecting the Home-Front” program...	Following participation in the “Protecting the Home-Front” program...
I know how factors such as Social Supports relate to housing instability/homelessness among female veterans. (Examples: Lack of vital relationships, Isolation, Loss of social network)	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert
I have service strategies to support female veterans experiencing housing instability/homelessness in relation to the discussed predictor of Social Supports.	1 = No service strategies 2 = Minimal service strategies 3 = Some service strategies 4 = More than some service strategies 5 = Many service strategies	1 = No service strategies 2 = Minimal service strategies 3 = Some service strategies 4 = More than some service strategies 5 = Many service strategies

	Prior to participation in the “Protecting the Home-Front” program...	Following participation in the “Protecting the Home-Front” program...
I know about available resources and supports across the Washington DC Metro Region as they relate to the predictor of Social Supports.	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert	1 = No Knowledge 2 = Minimal/Some 3 = Average 4 = More than average 5 = Expert

Open Response Questions

What topic/topics did you find most useful in learning about the impact on housing stability for female veterans?

What topic/topics did you find least useful in learning about the impact on housing stability for female veterans?

Are there any additional topics that you feel would be important to cover in the “Protecting the Home-Front” program as it relates to housing stability for female veterans?

What information and/or resources do you feel would be important to add to the “Protecting the Home-Front” program?

Additional Comments/Remarks:

“Protecting the Home-Front” Demographic Questionnaire

Estimated Time Burden: < 5-minutes

Instructions: Please answer the following questions to the best of your ability as listed below.

The completion of this demographic questionnaire is completely voluntary and designed to collect responses anonymously. **Please do not write your name or provide any identifying information anywhere on this form.** During your completion of this form, you may wish to leave some responses blank or to discontinue use of this evaluation. At any point you wish to no longer participate with this evaluation form or chose not to submit your responses, we understand and honor your decision.

General Information

How do you identify? (Circle the response that best fits)

Male Female Transgender MtF Transgender FtM Other

Which race do you most identify with? (Circle one)

African American/Black Native American or Alaskan Indian White/Caucasian
Asian Native Hawaiian or Other Pacific Islander Hispanic/Latino Other

What range best fits your age group? (Circle one)

18 – 24 25-34 35-44 45-54 55-64 65 +

Are you a veteran of the United States Armed Services? (Circle one)

Yes No

Service Position Information

Which option best describes your current position providing services to female veterans? (Circle one)

Direct Service Staff Management Administration Other

For how long have you been providing supportive services to female veterans? (Circle one)

0-6months 7 months – 1 Year 1-2 years 2-3 years 3-4 years
4-5 years 5-10 years 10+years

Thank you for your time and attention in the completion of this questionnaire.

Appendix G:

Protecting the Home-Front

Demographic Results Table

Results of Demographic Questionnaire of Program Participants (N=22)

Demographic Category	No. Responses	Percent
Gender		
<i>Male</i>	6	27.3%
<i>Female</i>	15	68.2%
<i>Transgender: MtF</i>	1	4.5%
Race		
<i>African American/Black</i>	13	59.1%
<i>White/Caucasian</i>	6	27.3%
<i>Asian</i>	2	9.1%
<i>Other</i>	1	4.5%
Demographic Category	No. Responses	Percent
Age		
<i>18-24</i>	2	9.1%
<i>25-34</i>	11	50.0%
<i>35-44</i>	5	22.7%
<i>45-54</i>	2	9.1%
<i>55-64</i>	2	9.1%
Veteran Status		
<i>Yes</i>	6	27.3%
<i>No</i>	16	72.7%
Title		
<i>Direct Service</i>	16	72.7%
<i>Management</i>	4	18.2%
<i>Administration</i>	1	4.5%
<i>No Response</i>	1	4.5%
Length of Service		
<i>0-6 months</i>	4	18.2%
<i>7 months – 1 year</i>	5	22.7%
<i>1-2 years</i>	8	36.4%
<i>2-3 years</i>	1	4.5%
3-4 years	1	4.5%
4-5 years	1	4.5%
10+ years	1	4.5%
No Response	1	4.5%

Note: Transgender MtF= Transgender: Male-to-Female

Appendix H:
IRB Approval Letters

MEMORANDUM

DATE: July 30, 2015
TO: Angela J Huebner, Sean David Read
FROM: Virginia Tech Institutional Review Board (FWA00000572, expires July 29, 2020)
PROTOCOL TITLE: Protecting The Home-Front: An Educational Curriculum for Service Providers in Support of Stable Housing for Female Veterans
IRB NUMBER: 15-536

Effective July 30, 2015, the Virginia Tech Institution Review Board (IRB) Chair, David M Moore, approved the Amendment request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

<http://www.irb.vt.edu/pages/responsibilities.htm>

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As: **Exempt, under 45 CFR 46.110 category(ies) 2,4**
Protocol Approval Date: **May 13, 2015**
Protocol Expiration Date: **N/A**
Continuing Review Due Date*: **N/A**

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

Invent the Future

MEMORANDUM

DATE: May 13, 2015
TO: Angela J Huebner, Sean David Read
FROM: Virginia Tech Institutional Review Board (FWA00000572, expires April 25, 2018)
PROTOCOL TITLE: Protecting The Home-Front: An Educational Curriculum for Service Providers in Support of Stable Housing for Female Veterans
IRB NUMBER: 15-536

Effective May 13, 2015, the Virginia Tech Institutional Review Board (IRB) Chair, David M Moore, approved the New Application request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

<http://www.irb.vt.edu/pages/responsibilities.htm>

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As: **Exempt, under 45 CFR 46.110 category(ies) 2,4**
Protocol Approval Date: **May 13, 2015**
Protocol Expiration Date: **N/A**
Continuing Review Due Date*: **N/A**

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

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