



NATIONAL COALITION *for* HOMELESS VETERANS

“Barriers to Psychosocial Services among Homeless Women Veterans”

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Quick Takeaways:

- Homeless women veterans face a variety of obstacles when seeking psychosocial services and often report a sense of isolation and abandonment.
- Homeless women veterans identified lack of information, limited access, and lack of service coordination as the most significant barriers to obtaining services.

Study:

Researchers conducted three focus groups of 29 homeless women veterans in Los Angeles, CA to determine perceived barriers to psychosocial services. Participation requirements included an honorable discharge status and having spent at least one night in the past 30 days in a shelter, transitional housing facility, hotel, car, abandoned building, non-residential building, or on the street. The moderators of the focus groups elicited information regarding “experiences with social services” and “preferred/desired services” as well as homelessness history, military experiences, and use of VA and non-VA health services.

Findings:

Participants identified three main barriers to social and psychosocial services: 1) lack of information about available services; 2) limited access to services that are available; and 3) lack of coordination across services, including VA services. Several participants experienced feelings of isolation and abandonment while seeking or receiving social services that were perceived as inappropriate or uncomfortable.

Participants suggested the lack of information about services available to veterans in general, and women veterans in particular, contributed to their homelessness. Access to and choice among services, especially women-only services, was also an issue. Examples cited by participants included being the only woman in male-dominated programs; long wait times for specialized programs; and lack of programs for women veterans not struggling with substance use issues. Participants agreed that the lack of service coordination in the screening process and among providers was a major barrier to getting needed support. The veterans reported that the military attitude of pursuing through adversity decreased their likelihood of seeking help.

Conclusion:

As the number of women veterans experiencing homelessness continues to rise, understanding their service needs will continue to be a priority. Developing a source of accessible information for women veterans may increase likelihood of help-seeking behaviors. Engaging women veterans as peer navigators, case managers, and outreach workers may decrease the sense of isolation reported by many homeless women veterans. Additional services are needed for homeless women veterans, especially those without substance use issues. More housing options for women veterans with and without children are also necessary.