Serving Women Veterans and Veterans Fleeing Domestic Violence

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NVTAC
NATIONAL VETERANS TECHNICAL ASSISTANCE CENTER

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Logistics

- All participant phone lines are muted. You will be unable to ask questions by phone.
- Submit questions in the chat box on the webinar.
- E-mail questions to Cindy Borden at cborden@nchv.org.
- Post webinar survey from Cindy Borden.
Women Veteran Program

Photo taken after Serving Women Veteran Panel,
National Association of State Workforce Agencies (NASWA) Veteran Services Conference 2015

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Women Veteran Program

The DOL VETS Women Veteran Program (WVP), in collaboration with Women’s Bureau (WB), continuously monitors the overlapping considerations of working veterans and working women to ensure that DOL’s employment services are meeting the needs of women veterans. The WVP also serves in an advisory role on the status of women veterans and employment for the VA’s Advisory Committee on Women Veterans and interagency workgroups including the White House Council on Women and Girls - Women Veteran Working Group and the Council on Veterans Employment - Women Veteran Initiative. Our collaborative relationships with VA’s Center for Women Veterans, Center for Minority Veterans, Office of Rural Health, and others, ensure that service providers and other influencers of women veterans are educated on the full suite of employment services that their women veteran clientele may need. Other collaborative relationships include non-profit organizations that also provide services to women veterans. This cooperative approach has allowed VETS to “meet her where she is” while continuing VETS’ core focus on employment, remaining the authoritative voice on employment issues, and making referrals for employment supports as appropriate.

DOL VETS
Women Veteran Program

Initial Analysis Efforts

• Broad literature review (in partnership with DOL’s Women’s Bureau), and continued review of new literature through DOL library.

• New research by DOL’s Chief Evaluation Office.

• Quantitative review of 19 years of unemployment rates, with a more in-depth examination of the 2013 and 2014 Current Population Survey Annual Averages.

• Direct engagement with women veterans, service providers, and employers from different geographical locations.

• Findings drove current state of DOL VETS Women Veteran Program:
  • Women Veterans (Fact Sheet) and Women Veterans Research Gaps handouts available at http://www.dol.gov/vets/womenveterans/.

Frequently Asked Questions and Relevant Updates

• FAQ #1: What employment services do women veterans need?
  • Update: Employment Assistance for Women Veterans Webinar

• FAQ #2: Why don’t women tell people they are veterans?

• FAQ #3: Why are the unemployment rates higher for women veterans than male veterans?

• FAQ #4: How do unemployment rates of women veterans compare to women non-veterans?
  • Update: DOL VETS Updated Definition of Homeless

• FAQ #5: What can I do as a Veteran Service Provider?
What employment services do women veterans need?

• No two women veterans have identical experiences or needs, and there are no employment-related challenges that are exclusive to women veterans.
  
  • Must serve the “whole person” and avoid assumptions.

• In addition to employment challenges faced by the general population, women veterans may experience veteran related challenges, working women related challenges, or an overlap of the two.

• In a recent DOL Chief Evaluation Office study [http://www.dol.gov/asp/evaluation/snapshots/20150428VeteransStudySnapshot.pdf](http://www.dol.gov/asp/evaluation/snapshots/20150428VeteransStudySnapshot.pdf), women veterans who utilized Jobs for Veterans State Grants (JVSG) services experienced:
  
  – Higher entered employment and retention rates.

  – Higher wages and smaller gender wage gap.

• Most consistent finding: Lack of awareness of employment services and confusion over qualification criteria.
  

  • U-tube video (for smartphones and other devices) - 31 minutes

  • Self-Paced Slide Presentation with links and audio (for service providers who need more detail in links)

  • Transcript with slides as JPGs

Why don’t women tell people they are veterans?

Reason reported by veterans of both genders:

- Differences in the definition of “veteran” as a qualifier for different Federal, state, private, and non-profit programs create confusion about who a veteran is.

- Asking “have you ever served in the military?” instead of “are you a veteran?” is a more reliable way of ascertaining veteran status.

Additional reasons reported by some women veterans include:

- Women veterans serve in many roles and ‘veteran’ may not be the primary identity – “I just didn’t think about it.”

- Ask every potential client “have you ever served in the military?”

- Stigmas, myths, and societal assumptions discourage some women from sharing their veteran status.

- Some women veterans report that they stopped talking about their military service or veteran status due to frustrations with others’ assumptions and generalizations.

- “The Great Divide”
The “Great Divide” between Veterans and Non-veterans

9% of American Adults are Veterans

That’s 1 in 11!
But what happens if we separate by gender?

The “Great Divide” for Men

17% of American Men are Veterans

That’s 1 in 6!
Most people either have been exposed or will be exposed to male veterans in normal daily life – maybe in the workplace, maybe in their community, or maybe in their extended family.

The “Great Divide” for Women

1.78% of American Women are Veterans

That’s 1 in 56!

In order to be exposed to one woman veteran, we will have been exposed to approximately fifty-five women who are not veterans.

Women Veterans – the overlap of Two (or more) Minorities

- Minority of Veterans
  - Women comprise 10% of the overall veteran population, but 13% of veterans in the civilian workforce.
  - Meanwhile, veterans comprise 9% of overall adult population but only 7% of civilian workforce.
  - As women comprise 20% of Gulf War II veterans, the percent of women as veterans and as veterans in the civilian workforce will continue to grow.

- Minority of Women
  - Less than 2% of women in the U.S. are veterans (17% of men are veterans).

Why are the unemployment rates higher for women veterans than male veterans?

• Male and female veteran populations are too demographically different for practical comparisons of unemployment rates.

• Compared to the male veteran population, the women veteran population is younger, more racially and ethnically diverse, and more highly educated.

• Women veterans are more likely than male veterans to be in the subpopulations that have higher unemployment rates, such as:
  • Veterans currently enrolled in school: 11% of women / 6% of men
  • Veterans under 35 years old: 32% of women / 22% of men
  • Veterans who served in Gulf War II: 19% of women / 14% of men

• While women veterans often experience the same transition challenges as male veterans, they are otherwise very similar to women non-veterans in the workforce.

• Serving veterans today and in the future means serving women!

How do unemployment rates of women veterans compare to women non-veterans?

- Differences in the annual average unemployment rates for all women veterans and all women non-veterans was not statistically significant in 2013 or 2014.
  - 2013: Women veterans: 6.9% / Women non-veterans: 6.8%
  - 2014: Women veterans: 6% / Women non-veterans: 5.9%
- Many of the employment challenges women veterans face also affect the larger working women population. Generally speaking, women are concentrated in low-wage occupations, more likely than men to earn the minimum wage, and more likely than men to experience poverty.
- Must ensure equal access not only to services provided to other veterans, but also to services provided to other women!
- VETS has addressed (via policy) a discrepancy in the definition of homeless in 38 U.S.C. versus 42 U.S.C. that disproportionately impacts women.

On May 20, 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, which amended the McKinney-Vento Homeless Assistance Act with substantial changes, including section 103(b) (42 U.S.C. 11302(b)):

"Domestic Violence and Other Dangerous or Life-Threatening Conditions.--Notwithstanding any other provision of this section, the Secretary shall consider to be homeless any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing."

This change, which disproportionately impacts women, was not included in 38 U.S.C. for Veteran’s Benefits, enacted March 31, 2011.

To correct this oversight in employment services, the Department of Labor (DOL) Veterans’ Employment and Training Service (VETS) has implemented policy to include 42 U.S.C. 11302(b) in the definition of homelessness for DOL VETS programs.

- Effective as of 10/30/2015 as a Significant Barrier to Employment (SBE) as a qualifier for Disabled Veteran Outreach Program (DVOP) services http://www.dol.gov/vets/VMS/VPLs/VPL-03-14-Change-2.pdf
- The updated definition for Homeless Veteran Reintegration Program (HVRP) services will be phased in, applying to all HVRP grantees in 2018.
What can I do as a Veteran Service Provider?

• Remember *women* in all outreach to *veterans*.
• Remind your colleagues to remember *veterans* in all outreach to *women*.
• Ask each and every client or potential client, “have you ever served in the military” during the initial intake.
• Recognize the military service of women who answer yes.
• Show employers the value that veterans of *both* genders bring to the civilian workplace.
• Refuse to make assumptions or generalizations, and speak up if you witness others doing so – serve the *individual*, not the *stereotype*.

Per the HVRP PY 2015 Solicitation for Grant Applications

“Additionally, under the HEARTH Act, the term homeless includes an individual or family who will imminently lose their housing, has no subsequent residence identified, and who lacks the resources or support network needed to obtain other permanent housing.”

“Evidence that an individual or family will imminently lose their housing includes: a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days; having current primary nighttime residence that is a room in a hotel or motel, but lacking the resources necessary to reside there for more than 14 days; or credible evidence, including a credible oral statement from the individual or family, indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days.”
Per the HVRP and HFVVWF 2014 SPECIAL GRANT PROVISIONS

An individual or family who:

- Will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, as evidenced by—
  - A court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days;
  - The individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or
  - Credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days; and
  - Any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause;

- Has no subsequent residence identified; and
- Lacks the resources or support networks needed to obtain other permanent housing.
Per the HVRP and HFVVF 2014 SPECIAL GRANT PROVISIONS

Staff will also document in each participant record (Case Management Folder):

- Verification of veterans’ homelessness or “at-risk” from a shelter, Continuum of Care provider, the VA, landlord, or the grantee can have the veteran provide self-attestation
“An eligible veteran or eligible spouse is determined to have a SBE if he or she **attests** to belonging to at least one of the six criteria below”
Trauma Informed Care:
Supporting Resilience in Women Veterans after Intimate Partner Violence

Karen A. Guthrie, LICSW
Social Work Coordinator
HCHV High Risk High Utilization Program
VA Boston Healthcare System
What are Women Veterans who have experienced intimate partner violence teaching us?
Susan

• Susan has been homeless for 7 years
• She has had multiple losses including her mother and sister who died within two months of each other
• Soon after their death she was assaulted by her boyfriend and left their shared apartment
• She started drinking and using drugs resulting in the loss of her job
• She has been living on the street, in shelters, and in transitional housing since this time
• While being homeless she has been physically, emotionally and sexually abused by multiple strangers and intimate partners
• She often leaves the shelter and returns a few days later with visible cuts and bruises
Susan: Continued

• Her bank account has been emptied out multiple times from “friends” that she has given her debit card and pin number
• She reports having feeling of survivor guilt
• She does not define her experiences as traumatic
• She has not been assessed for PTSD
• She rarely eats meals as she often gives what money she has to others
• She was housed two years ago but was evicted 6 months after being housed due to;
  – Having others living in the apartment that were not on the lease
  – Not paying her rent
  – Almost dying due to overdoses
Where do we begin.....?
Does Trauma Informed Care provide guidance?
What is Trauma Informed Care

“Trauma-informed care (TIC) is a perspective that acknowledges the pervasive influence and impact of trauma on an individual, their provider, and the organization delivering case management and other supportive services.”
Dinnen, Kane & Cook, 2014
Social-Ecological Model

- All levels interact with and influence each other
- Awareness of influences
  - Interpersonal circle (center)
  - Community/organizational
  - Societal
  - Period of Time in History
Grounded in the Belief that the Environment Influences:

- Emotions
- Physical well-being
- Social well-being
Intimate Partner Violence

National Center for PTSD states that it includes:

- **Physical violence**: hitting, pushing, grabbing, biting, choking/strangulating, shaking, slapping, kicking, hair-pulling, restraining
- **Sexual violence**: attempted or actual sexual contact when the partner does not want to or is unable to consent (for example, when affected by alcohol or illness)
- **Threats of physical or sexual abuse**: ways to cause fear through words, looks, actions or weapons
- **Psychological or emotional abuse**: name calling, humiliating, putting you down, keeping you from friends and family, bullying, controlling where you go or what you wear
- **Stalking**: following, harassing, or unwanted contact that makes you feel afraid”

Research on IPV and Women Veterans

- Women Veterans and active duty military personnel
- Higher rate of IPV than non-Veterans
- Women Veterans obtaining care in the VA
  - 3 to 7 of every 10 (or 30 to 70%) report having experienced IPV
  - Active duty Veterans 3 in every 10 (36%) report one or more types of IPV during their service

Resilience and the Impact of Trauma

- Humans are amazingly resilient in the face of trauma
- Social support is a key factor for recovery after a trauma
- Most individuals who experience trauma do not develop PTSD

- However, when PTSD is not identified, experiencing trauma can still impact functioning
Common Post-traumatic Reactions

Feelings of guilt and shame

Aggressive behavior

Suicidal thoughts
Enhancing our Trauma Lens

Symptoms and adaptations develop due to traumatic experiences

- Recognize adaptations as doing ones best to cope with what has occurred
- Not all trauma survivors have the same challenges
- Be aware of how individuals respond to the environment and how we respond to them
- Interactions make a difference in recovery from traumatic experiences
Rethinking the Process of Helping

Through the desire to help:

– High sense of responsibility for changing the Veterans situation
– May misunderstand or judge undermining safety, trust and the Veteran’s sense of control
– Safety, trust and control are core to recovery
– Acknowledging the Veteran as an expert on their life experiences
– Understanding our life experiences and how they shape our interactions
Realizing, Recognizing, and Responding

Elements to Trauma Informed Care

- Realizing the prevalence of trauma
- Recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce
- Responding by putting this knowledge into practice.
mission...
Organizational Self-Assessment for Veterans

- Supporting staff development
- Creating a safe and supportive environment
- Assessing and planning services
- Involving Veterans
- Adapting policies
- Scoring the self-assessment

| Strongly Disagree | Disagree | Agree | Strongly Agree | Do not know | Not applicable to my role |
Strength Based Service

- Increased Self-efficacy
- Identify what strengths have allowed survival
- Promote and reward social engagement
- Rebuild control through choice and empowerment

- Foster skill-building, mastery and resiliency
- Help identify choices and options, and assist them to consider possible options
- Support decision making rather than giving direction
Emotional Safety

- **Supporting**
  - Validate emotions rather than evaluating the “facts”
  - Normalize trauma reactions

- **Emotional**
  - Reflect what you are hearing
  - Tolerate discomfort or disconnection and strong emotions from clients

- **Safety**
  - Understand that safety, choice and control are vital to healing from trauma
  - See the Veteran as the expert on their own experience
Environmental Safety

- Post client rights
- Ensure privacy
- Manage noise
- Easy exit
- Choices for seating
- Consider signage “NO CLIENTS BEYOND THIS POINT!”
- Lighting
- Decorate
- Accessibility
Use of language may reflect our personal fears and beliefs.
Work Groups

• Multidisciplinary
• Build safety and trust
  – Express fears related to changes
• Assuring that work groups are supported in making change that leads to TIC practices
• Supports change process through similar trust and safety building within the team, that one hopes will follow with Veterans (parallel process)
Removing Barriers to TIC by Screening for Trauma
Timing of screening and assessment of Veterans

Psychoeducation and Support

Help the Veteran understand why screening questions are important

Veterans choice (delay or not answering questions)

Important not to avoid the topic but be sensitive

Simple and brief tools for screening

Wisdom on not recreating traumatic dynamics
Screening for Trauma

- Involve your team and the Veterans in deciding what tool to use
- Self-administered
- Interview process
- NCPTSD link for screening tools: http://www.ptsd.va.gov/professional/assessment/screens/index.asp
Primary Care PTSD Screen (PC-PTSD)

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?  
   YES / NO

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?  
   YES/NO

3. Were constantly on guard, watchful, or easily startled?  
   YES/NO

4. Felt numb or detached from others, activities, or your surroundings?  
   YES / NO
Summary on where to begin:

- Conduct an organizational assessment of your team/program on trauma informed care
- Think as a team about how you want to approach screening for trauma in your setting
- Utilize educational tools on basics related to understanding trauma
- Start thinking about how you can enhance your environment to promote physical and emotional safety
Summary: Continued

• Review your teams usage of strengths based approaches to services
• Become aware of practices that may be unintentionally re-traumatizing
  – Privacy
  – Reliving trauma(s)
• Develop a goal within your team to start on one or two areas for positive change to become more trauma informed
• Track your changes to be sure that they are moving in the direction you had hope (Plan Do Study Act cycle http://www.ihi.org/resources/Pages/HowtoImprove/defaul t.aspx)
• Involve Veteran stakeholders into the process of change
• Support each other through the fears that will come up through this process of change
Trauma Informed Care Competencies

- Screening
- Awareness
- Understanding
- Engagement
- Competency
- Commitment
National Center on Homelessness among Veterans

Trauma Informed Care fact sheet

More Information: National Center for PTSD Website

www.ptsd.va.gov
## Speaker Contact Information

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