

## A Troubled Homecoming: Understanding and Treating Veterans Experiencing Homelessness

According to the January 2014 Point-in-Time count, there are 49,933 homeless veterans in the United States on any given night.<sup>1</sup> For the U.S. Department of Housing and Urban Development (HUD), U.S. Department of Veterans Affairs (VA), and U.S. Interagency Council on Homelessness (USICH), the number marks a decline of 33% (or 24,837 people) from the 2010 count, and an advance toward the organizations' goal of ending veteran homelessness by 2015.<sup>2</sup>

However, even as numbers decrease, veterans still make up 12% of the homeless population.<sup>3</sup> Of these, 8% are female,<sup>4</sup> and homeless veterans are younger on average than the overall veteran population.<sup>5</sup> Veterans are at greater risk of becoming homeless than the general population,<sup>6</sup> and they display a unique constellation of health risks and conditions that can both lead to and be seriously complicated by homelessness.<sup>7</sup>

While the VA provides a large array of social and medical services, only 25% of veterans ever take advantage of those services due to confusion about eligibility, difficulty of access, and the perception that the VA is a charity organization.<sup>8</sup> Some veterans experiencing homelessness prefer to seek care at Health Care for the Homeless (HCH) clinics because of the ease of seeing providers and a desire to avoid a military environment. Many homeless veterans are either not aware of the scope of their VA health benefits, unwilling or unable to confront the administrative and bureaucratic details involved in accessing that care, or barred from receiving benefits due to the character of their discharge (other than honorable, dishonorable, etc.). Only veterans who

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<sup>1</sup> U.S. Department of Housing and Urban Development, "HUD, VA, and USICH Announce 33% Drop in Veteran Homelessness since 2010," August 26, 2014. [http://portal.hud.gov/hudportal/HUD?src=/press/press\\_releases\\_media\\_advisories/2014/HUDNo\\_14-103](http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2014/HUDNo_14-103)

<sup>2</sup> HUD, "HUD, VA, and USICH Announce 33% Drop."

<sup>3</sup> National Coalition for Homeless Veterans, "FAQ about Homeless Veterans."

[http://nchv.org/index.php/news/media/background\\_and\\_statistics/](http://nchv.org/index.php/news/media/background_and_statistics/)

<sup>4</sup> National Coalition, "FAQ."

<sup>5</sup> National Coalition, "FAQ."

<sup>6</sup> Jamison Fargo, et al., *Prevalence and Risk of Homelessness among U.S. Veterans: A Multisite Investigation* (U.S. Department of Veterans Affairs; National Center on Homelessness among Veterans, 2011), p. 4.

<sup>7</sup> Thomas P. O'Toole, et al, "Health Care of Homeless Veterans: Why Are Some Individuals Falling through the Safety Net?" *Journal of General Internal Medicine* 18(11): 2003, pp. 929-33; see also, 100,000 Homes, *National Survey of Homeless Veterans in 100,000 Homes Campaign Communities* (2011), p. 3.

[http://www.va.gov/HOMELESS/docs/NationalSurveyofHomelessVeterans\\_FINAL.pdf](http://www.va.gov/HOMELESS/docs/NationalSurveyofHomelessVeterans_FINAL.pdf)

<sup>8</sup> Barbara S. Johnson, et al, "Enhancing Veteran-Centered Care: A Guide for Nurses in Non-VA Settings," *American Journal of Nursing* 113(7): 2013, pp. 24-39 (24).

left military service under honorable or general conditions are eligible to receive health care from the VA, leaving a wide swath of former military servicemen and -women who are not considered to be “veterans” by the VA, but who have been deployed – sometimes multiple times – and share the same health concerns as veterans with honorable discharges.<sup>9</sup>

For the purposes of this article, anyone who served in the United States military as a veteran, regardless of the character of discharge is counted as a veteran. More than 260,000 veterans left military service with Other Than Honorable (OTH) discharges after serving in Vietnam.<sup>10</sup> Between 2006 and 2012, 76,165 soldiers received OTH discharges, most as a result of minor offenses related to the stresses of war.<sup>11</sup> These servicemen and -women come home with the same traumatic experiences and injuries as their honorably discharged counterparts. In fact, these traumatic experiences and injuries are often directly related to the infractions that lead to an OTH discharge, especially substance abuse and possession.<sup>12</sup>

Veterans who seek care at HCH clinics may have questions about how to access VA care, how to appeal or address an OTH discharge (or, “bad paper”), or how to access other VA services. Many veterans hesitate to identify themselves as veterans, especially those who served during the Vietnam era, or those with OTH discharges who have been told they may not identify as veterans. It is important for HCH clinicians and staff to question patients about their military history in order to address the particular health needs of veterans and to help direct them, whenever possible, to the wide variety of health services available through the VA.

When James Crawford<sup>13</sup> came home from Vietnam in 1973, he faced a world that was hostile to veterans.<sup>14</sup> “I couldn’t get a job,” he remembers. “People would call us baby killers. Or an interview would be going great, and then they look and see I was in the military and I don’t hear back.”

Crawford started his own business and swore he would never use any services from the VA because of how he was treated. Over the years he went to college, had a family, and worked in the insurance industry. In 1998, everything changed when Crawford was struck by a tractor-trailer while riding his bicycle.

As a result of his injuries, he lost his job, his insurance, his savings, his marriage, and ultimately his home due to mounting medical bills. As things got worse, he turned to alcohol and became dependent. “I was ashamed and embarrassed,” he says. “My self-

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<sup>9</sup> National Public Radio, “Veterans and Other-than-Honorable Discharges: A Bad Discharge Can Disqualify Veterans from Benefits and Health Care,” Special Series, December 8-12, 2013.

<sup>10</sup> Phillip Carter, “The Vets We Reject and Ignore,” *The New York Times*, November 10, 2013; Rebecca Izzo, “In Need of Correction: How the Army Board for Correction of Military Records Is Failing Veterans with PTSD,” *Yale Law Journal* 123(5): 1118-1625.

<sup>11</sup> Carter, “Vets We Reject and Ignore.”

<sup>12</sup> Carter, “Vets We Reject and Ignore.”

<sup>13</sup> Personal interview, August 16, 2014.

<sup>14</sup> Personal interview, August 16, 2014.

esteem was down on the floor. I was out on the streets and trying to figure out how this happened.”

After three years of homelessness in Reading, Pennsylvania, Crawford landed in a shelter in severe alcohol withdrawal with dangerously high blood pressure. Shelter staff connected him with VA services. “My life changed that day,” he recalls. “When I got hooked up with the VA things started happening very rapidly for me: primary care, psychiatrist, psychologist, dental – they worked everything. The VA is the best thing that ever happened to me.”

For Crawford, finally being diagnosed with Post-Traumatic Stress Disorder (PTSD) and depression helped him frame his past experiences and better understand how to deal with present circumstances. He was able to get sober, secure housing, and take advantage of the full spectrum of VA services. “I didn’t know I had disorders until they told me,” he says. “Now I look back on my life and understand why things were the way they were.”

Rebekah Sneed, 48, left the service in 2013 and found herself couch-surfing and then completely homeless.<sup>15</sup> “Everything is provided in the military,” she describes. “Beds, meals, everything. And then it’s hardest to admit to yourself that you don’t have a place to stay.” Being homeless led to exacerbated symptoms of PTSD for Sneed: hyper-vigilance, reluctance to trust, irritability, and, ultimately, drug addiction.

Even though Sneed had been honorably discharged from military service, she had no idea the range and type of medical services offered by the VA. “It never occurred to me that I could get help for my addiction as a veteran,” she says. “I called a crisis line, and they got me to a safe place and into a rehab program. Now I am four months clean.”

Josh Smart, 32, was deployed to Iraq in 2003 for a full year.<sup>16</sup> After a combat injury, Smart developed a dependency on narcotics, and since he was a medic with access to drugs, he could secretly keep his addiction going. Once he was back in the United States, he had no way to access the medication he needed, so he began forging prescriptions. Once he was caught, he took an OTH discharge in order to avoid court martial.

“I served a year in Iraq at the beginning of the war, and look at me now,” he reflects. “I can’t get the VA to help me, not with PTSD, or mental health. They won’t even talk to me.”

“I feel like I’ve been kicked to the side,” he says. “In my eyes I served honorably. I know I messed up, but I expected to be taken care of for the service I did and it takes the life out of me to know that I’m no different than any other homeless person on the road.” After years of addiction, he became homeless in 2013 on the streets of Denver.

Currently Smart lives at Fort Lyon, a transitional housing and addiction treatment center in Colorado. Connected to the Colorado Coalition for the Homeless, Fort Lyon favors veterans but makes no rules about character of discharge. Smart is halfway through a two-year stay at Fort Lyon, where he receives job training and addiction counseling. He is working to appeal his OTH discharge, but he is not optimistic.

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<sup>15</sup> Personal interview, Operation Stand Down, Nashville, TN, June 25, 2014.

<sup>16</sup> Personal interview, August 14, 2014.

“The VA is all paperwork, and if you don’t send it in the way they want to see it they’re not even going to work it,” he says. “How motivated should I be to wrestle with the VA and paperwork when I have problems like alcohol and homelessness? My mental health is screwed and I’m in no shape to get the VA to listen to me.”

Jeffrey W. Sternberg, 50, is also living at Fort Lyon.<sup>17</sup> He served 1980-83, first at Fort Benning in Georgia, and then in Germany. After three years, he went home on leave and never returned. “They had us sitting outside guarding barracks in a tank,” he recalls. “We only had blanks in our guns, but they would shoot at us and I felt like a sitting target. We were over there in a bad time.”

Sternberg turned himself in six months after abandoning his position. He received a Dishonorable Discharge under General Conditions. “If I really wanted to push,” he says, “I could probably get some veterans benefits. But I don’t. In my mind I kind of think, well, I deserted so I don’t deserve them.”

After he became homeless, Sternberg found himself in dangerous situations on the street. At one point he fought with a drug dealer and was bludgeoned with a pipe and nearly killed. Not long after that, he learned about Fort Lyon.

“When you’re on the street as a veteran, it’s worse than other people,” he says. “Regular homeless folks could go to the food bank or get coins for the bus, but if you’re a vet you’d have to go someplace with VA and people didn’t really want to help us, even not knowing about the discharge. There are so many vets on the streets. I have hundreds of friends who’ve seen war, and they’re so screwed up and can’t get the help they need.”

Sternberg works in maintenance for Fort Lyon, gathering job experience, saving money, and staying sober in a two-year program like Josh Smart. “This place is a godsend,” he says. “This place has given me opportunities. I can go to school, get job training, put some money in the bank. I just got a nice hat, nice shirt, nice boots. I’m looking ahead at the future now. I want to be clean and sober for my daughter to come see me when she’s older. I’ve got the rest of her life.”

Nearly 70% of all homeless veterans experience substance abuse issues, with many of those resorting to drugs in an effort to self-medicate and cope with the traumas of war.<sup>18</sup> More than 250,000 have mental health issues from combat service,<sup>19</sup> and veterans ages 18-30 are twice as likely as the general population to become homeless; this risk increases if veterans also experience poverty.<sup>20</sup> While there are health risks and conditions that span veteran’ health risks specific to those contexts.

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<sup>17</sup> Personal interview, August 15, 2014.

<sup>18</sup> Veterans Inc., “Statistics,” Veteran Statistics | Homeless Veterans | Veterans Organizations, <http://www.veteransinc.org/about-us/statistics/>

<sup>19</sup> Glennie Burks, “Viewpoint: Communities have a role in encouraging veterans to seek help for PTSD,” *Muskegon Chronicle*, November 11, 2013.

<sup>20</sup> Alvaro Cortes, *Veteran Homelessness: A Supplemental Report to the 2009 Annual Homeless Assessment Report to Congress* (U.S. Department of Housing and Urban Development and U.S Department of Veteran's Affairs, 2011).

## Vietnam Veterans

Veterans returning from Vietnam suffered a range of medical conditions, including impaired fertility, hearing loss, depression, anxiety, combat-related PTSD, exposure to Agent Orange, and substance abuse.<sup>21</sup> As a result of the negative cultural climate with regard to the war in Vietnam, veterans also returned home to a hostile environment that held them responsible for what some perceived to be a baseless conflict and senseless loss of life.<sup>22</sup>

In addition, PTSD was not formally recognized as a psychological disorder until the publication of the Diagnostic and Statistical Manual of Mental Disorders III in 1980.<sup>23</sup> The modern understanding of PTSD stems from attempts to describe the disorder afflicting returning soldiers from Vietnam. First described as “shell-shock,” “combat fatigue,” “post-Vietnam syndrome,” or “post-combat disorder,” the experience of soldiers returning from Vietnam helped define PTSD even if that definition came too late to diagnose and help many of them.<sup>24</sup> Thirty percent of today’s Vietnam veterans suffer from PTSD, a rate higher than returning veterans from any other theater.<sup>25</sup>

Vietnam veterans also struggle with the effects of exposure to Agent Orange, a highly toxic chemical agent used by the United States in Vietnam to thin heavily forested areas, often resulting in increased rates of cancer and nervous-system disorders for veterans exposed to the toxic herbicide.<sup>26</sup> Veterans exposed to Agent Orange report a variety of serious health problems, including skin lesions, liver damage, changes in skin pigmentation and sensitivity to light, numbing or tingling extremities, sore joints, cancers, and birth defects in their children.<sup>27</sup>

According to the VA, veterans (likely those with honorable or general discharges) who were exposed to Agent Orange may be eligible for VA benefits including disability compensation. The VA employs a “presumptive policy” with regard to Agent Orange exposure. Veterans are not required to prove exposure; certain diseases including Parkinson’s disease and Type II Diabetes are simply “presumed” to be the result of

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<sup>21</sup> Centers for Disease Control and Prevention, “Veterans' Health Activities: Vietnam Experience Study.” <http://www.cdc.gov/nceh/veterans/default1c.htm>

<sup>22</sup> Patrick Hagopian, *The Vietnam War in American Memory: Veterans, Memorials, and the Politics of Healing* (Amherst: University of Massachusetts Press, 2009), p. 65, *contra* Jerry Lembcke [*The Spitting Image: Myth, Memory, and the Legacy of Vietnam* (New York and London: New York University Press, 1998)], who argues that reports of hostility toward returning veterans are greatly exaggerated.

<sup>23</sup> Matthew J. Friedman, “PTSD History and Overview.”

<http://www.ptsd.va.gov/professional/PTSD-overview/ptsd-overview.asp>

<sup>24</sup> Wilbur J. Scott, *Vietnam Veterans Since the War: The Politics of PTSD, Agent Orange, and the National Memorial* (Norman: University of Oklahoma Press, 2004), p. 28.

<sup>25</sup> U.S. Department of Veterans Affairs, “How Common is PTSD?”

<http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>

<sup>26</sup> Scott, *Vietnam Veterans*, pp. 75-100.

<sup>27</sup> Vietnam Veterans of America, *The VVA Self-Help Guide to Service-Connected Disability Compensation for Exposure to Agent Orange for Veterans and Their Families* (2012). <http://www.vva.org/Guides/AgentOrangeGuide.pdf>

exposure to these herbicides.<sup>28</sup> All Vietnam veterans and certain military personnel who served in Korea are presumed to have been exposed, but eligibility for medical treatment may still depend on the character of a soldier's discharge.

Nearly half of all veterans counted as homeless served in the Vietnam era.<sup>29</sup> This is an aging population with increasing health needs and conditions related to trauma and environmental exposure. Some Vietnam veterans may not even realize that they are eligible for VA services, especially services for addiction and recovery. Veterans with other than honorable discharges also may not realize that they are eligible for at least limited social services or housing support. For this reason, a thoroughgoing military-history questionnaire for new patients about past military service may open doors to services yet unrealized.

"Many Vietnam-era veterans are coming to the VA for the first time," says Jack Tsai, PhD, Clinical Psychologist at the VA Connecticut and Professor of Psychiatry at Yale University. "It was a different climate back then, an unpopular war, people spitting on soldiers, and many returning vets didn't want to identify as veterans. Since the VA is the institution for veterans, they kept a distance."

## Iraq and Afghanistan Veterans

Homeless veterans from the recent conflicts in Iraq (Operation Iraqi Freedom – OIF [2003-2010]; Operation New Dawn – OND [2010-present]) and Afghanistan (Operation Enduring Freedom – OEF) were twice as likely to be diagnosed with mental illness and/or Traumatic Brain Injury (TBI) at the time of discharge. During the OEF/OIF conflicts, 22% of soldiers wounded in combat suffered wounds to the face, head or neck, which gives a rough estimate of TBI incidence, with most of these veterans also likely to show symptoms of PTSD.<sup>30</sup> Veterans returning from Iraq and Afghanistan are younger than the overall veteran population.<sup>31</sup>

Forty-four percent of these veterans return from deployment with complex health conditions and find that readjusting to life at home, reestablishing relationships with family, finding employment, or going back to school is a continual struggle.

Returning veterans from Iraq and Afghanistan were likely to have more than one deployment, and thus suffer multiple layers of trauma. Forty-seven percent of current active duty soldiers have been deployed more than two times, and 16% have completed three or more deployments. Homeless OIF/OEF/OND veterans are likely to suffer from TBI, amputated limbs, burns, internal injuries, PTSD, and also to find themselves in a downward spiral involving substance abuse (often in an attempt to address PTSD or TBI symptoms), depression, and ultimately, suicide. Further complicating the traumatic

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<sup>28</sup> U.S. Department of Veterans Affairs, "Compensation: Veterans Exposed to Agent Orange." [http://www.benefits.va.gov/compensation/claims-postservice-agent\\_orange.asp](http://www.benefits.va.gov/compensation/claims-postservice-agent_orange.asp)

<sup>29</sup> National Coalition, "FAQ."

<sup>30</sup> Johnson, et al, "Veteran-Centered Care," p. 30.

<sup>31</sup> A. Fontana and R. Rosenheck, "Treatment-seeking veterans of Iraq and Afghanistan: comparison with veterans of previous wars," *Journal of Nervous and Mental Disease* 196(7): 2008, pp. 513:21.

experience is the likelihood that Iraq and Afghanistan veterans suffer from “polytrauma,” or multiple severe injuries from the same incident.<sup>32</sup>

“Caring for veterans’ health requires a unique understanding of the complexities of such issues as PTSD and TBI,” says Sharon Morrison, RN, MAT, of the Boston Health Care for the Homeless Program’s clinic at the New England Center for Homeless Veterans. “Clinicians need to keep vigilant about how these issues impact veterans’ day-to-day ability to care for themselves. Health care systems will need to work together to provide this specialized care because as the number of veterans in need of care increases and becomes more complicated, the more it will require all of us to stand together.”

By a rough estimate, around 22% of OIF/OEF/OND veterans suffer from TBI.<sup>33</sup> This is due in part to the extensive use of improvised explosive devices (IEDs) by insurgents in Iraq and Afghanistan.<sup>34</sup> These injuries are defined as “a traumatically induced structural injury and/or physiological disruption of brain function as a result of external force.”<sup>35</sup> Classified as severe, moderate, or mild, TBI symptoms include ringing in the ears (tinnitus), difficulty sleeping, amnesia, chronic pain, and other indications similar to PTSD – such as irritability, insomnia, mood and anxiety disorders, headaches, and memory loss – at least partly because so many TBI patients also suffer from PTSD.<sup>36</sup>

Trauma is a critical issue for all homeless veterans, but for OIF/OEF/OND veterans returning after repeated deployments, the compounded effects of PTSD have a profound effect on their ability to reintegrate into society.<sup>37</sup> For veterans with OTH discharges, PTSD has likely been a direct or indirect cause of the offending behavior.<sup>38</sup> This was the case with Josh Smart, who became addicted to drugs as a way to cope with military trauma and ultimately led him to forge prescriptions and be discharged under Other Than Honorable conditions.

## Female Veterans

As the number of women in the military has increased in recent years, so has the number of women veterans. Homelessness among female veterans is also increasing.

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<sup>32</sup> Johnson, et al, “Veteran-Centered Care,” p. 31.

<sup>33</sup> Johnson, et al, “Veteran-Centered Care,” p. 30.

<sup>34</sup> Johnson, et al, “Veteran-Centered Care,” p. 25.

<sup>35</sup> Veterans Health Initiative, *Traumatic Brain Injury* (Department of Veterans Affairs, 2010), p. 5.

<sup>36</sup> Veterans Health Initiative, *Traumatic Brain Injury*, p. 5.

<sup>37</sup> Armed Forces Health Surveillance Center, “Associations between repeated deployments to Iraq (OIF/OND) and Afghanistan (OEF) and post-deployment illnesses and injuries, active component, U.S. Armed Forces, 2003-2010. Part II. Mental disorders, by gender, age group, military occupation, and ‘dwell times’ prior to repeat (second through fifth) deployments,” *Medical Surveillance Monthly Report* 18(9): 2011, pp. 2-11.

<sup>38</sup> Raymond J. Toney, “The Case for ‘Amnesty’ for Iraq and Afghanistan Veterans with PTSD and ‘Bad Paper’ Discharges,” *Jurist*, July 2, 2014. <http://jurist.org/hotline/2014/07/raymond-toney-ptsd-amnesty.php> See also Tom Berger, “Disorder Discharge Lawsuit,” *The VVA Veteran Online* (Veterans Health Council, January/February 2013). <http://vvaveteran.org/33-1/vhc.html>

Eight percent of all homeless veterans are female.<sup>39</sup> From 2006 to 2010, the number of female veterans identified as homeless by the VA increased by 141% (1,380 to 3,328).<sup>40</sup> In addition, female veterans are three-to-four times more likely to be homeless than non-veteran women,<sup>41</sup> and much less likely to access VA health services than their male counterparts.<sup>42</sup>

“Homeless female veterans have different needs compared to homeless male veterans,” explains Terri LaCoursiere Zucchero, PhD, RN, FNP-BC, Assistant Professor of Nursing, University of Massachusetts Worcester. “In addition to gender-related care needs including reproductive health, homeless female vets may require treatment for physical and sexual trauma, as well as care for dependent children.”

Female veterans are far more likely than male vets to be raising a child alone, making securing housing and employment even more complicated.<sup>43</sup> Homeless female veterans with other-than-dishonorable discharges may still be eligible to receive housing through programs such as HUD-Veterans Affairs Supportive Housing (HUD-VASH), which combines rental assistance with case management and clinical services provided by the VA.<sup>44</sup> The VA's Homeless Providers Grant and Per Diem Program is offered annually by the VA's Health Care for Homeless Veterans (HCHV) Programs and funds community agencies to provide services to homeless veterans. These programs promote the development of supportive housing and supportive services with the goal of helping homeless veterans achieve stable housing, increase their skill levels and income, and become more autonomous.<sup>45</sup>

However, there are barriers to accessing these services such as limited housing for women with dependent children and concerns for personal safety, especially for female veterans who are victims of Military Sexual Trauma (MST). The VA defines Military Sexual Trauma as “sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of

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<sup>39</sup> National Coalition for Homeless Veterans, *Homeless Female Veterans*.

[http://www.nchv.org/images/uploads/HFV%20paper\(1\).pdf](http://www.nchv.org/images/uploads/HFV%20paper(1).pdf)

<sup>40</sup> U.S. General Accounting Office, *Homeless Women Veterans: Actions Needed to Ensure Safe and Appropriate Housing* (GAO-12-182; Washington, DC: General Accounting Office and VA Office of the Inspector General, 2011).

<http://www.gao.gov/products/GAO-12-182>

<sup>41</sup> Donna L. Washington, et al, “Risk Factors for Homelessness among Women Veterans,” *Journal of Health Care for the Poor and Underserved* 21: 2010, pp. 81-91.

<sup>42</sup> National Center for Veterans Analysis and Statistics, *America's Women Veterans: Military Service History and VA Benefit Utilization Statistics* (Washington, DC: Department of Veterans Affairs, 2011), see esp. p. 15.

<sup>43</sup> U.S. Interagency Council on Homelessness, “Helping Female Veterans Find Stable Lives.”

[http://usich.gov/population/veterans/veterans\\_homelessness\\_in\\_focus/helping\\_female\\_veterans/](http://usich.gov/population/veterans/veterans_homelessness_in_focus/helping_female_veterans/)

<sup>44</sup> Swords to Plowshares, “VA Reverses Moratorium“ (April 1, 2014).

<http://www.swords-to-plowshares.org/2014/04/01/va-reverses-moratorium/>

<sup>45</sup> National Coalition for Homeless Veterans, “Grants.”

<http://nchv.org/index.php/service/service/grants/>

geographic location of the trauma, gender of the victim, or the relationship to the perpetrator.”<sup>46</sup> Recent data show that 23% of servicewomen have experienced MST, and 55% report being victims of sexual harassment.<sup>47</sup> Research also shows that female veterans who suffered MST are at greater risk of becoming homeless.<sup>48</sup> For this reason, it is important for health care providers to employ trauma-informed care when working with veterans in general, but especially female veterans.

In the general population, about 8% of men and 20% of women who are exposed to a traumatic event will develop PTSD.<sup>49</sup> Female veterans are at greater risk for PTSD because of the likelihood that they experienced not only combat trauma while deployed, but also MST.<sup>50</sup> There are a number of reasons that female veterans have a hard time readjusting to life as civilians, but the experience of MST should be of special concern to health care providers.

However, health care providers may have a difficult time identifying these veterans because of a general reluctance of female veterans to self-identify.<sup>51</sup> Some may think that “veteran” is a term that refers only to men, or that their military service doesn’t count because they were not deployed. Others do not want to identify as veterans because the military was the site of their traumatic experiences, from either combat, MST, or both. Some female veterans do not want to be referred back to the VA, where services are perceived to be male-centric and similar to the military service environment that caused the original trauma.<sup>52</sup> Careful questioning and the use of military service screening tools can help providers uncover military experience and offer more thorough treatment, including trauma-informed care.

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<sup>46</sup> Carolyn B. Allard and Melissa Platt, *Military Sexual Trauma: Current Knowledge and Future Directions* (New York: Routledge, 2012), p. 113; National Health Care for the Homeless Council, *Research Update: Health & Homelessness among Women Veterans* (2012). [http://www.nhchc.org/wp-content/uploads/2012/11/RU\\_Aug2012.pdf](http://www.nhchc.org/wp-content/uploads/2012/11/RU_Aug2012.pdf)

<sup>47</sup> Jenny K. Hyun, Joanne Pavao, and Rachel Kimerling, “Military Sexual Trauma,” *PTSD Research Quarterly* 20(2): 2009, pp. 1-8 (1).

<sup>48</sup> National Coalition for Homeless Veterans, *Homeless Female Veterans*. [http://www.nchv.org/images/uploads/HFV%20paper\(1\).pdf](http://www.nchv.org/images/uploads/HFV%20paper(1).pdf)

<sup>49</sup> U.S. Department of Veterans Affairs and the National Center for PTSD, *Understanding PTSD*. [http://www.ptsd.va.gov/PTSD/public/understanding\\_ptsd/CourseList/Course\\_MM-002\\_1421/assets/00013913.PDF](http://www.ptsd.va.gov/PTSD/public/understanding_ptsd/CourseList/Course_MM-002_1421/assets/00013913.PDF)

<sup>50</sup> U.S. Department of Veterans Affairs and the National Center for PTSD, “Women, Trauma, and PTSD.” <http://www.ptsd.va.gov/public/PTSD-overview/women/women-trauma-and-ptsd.asp>

<sup>51</sup> United States Department of Labor, *Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers*, p. 15. <http://www.dol.gov/wb/trauma/WBTraumaGuide2011.pdf>

<sup>52</sup> Patricia Kime, “VA Launches New Hotline for Women Veterans,” *Marine Corps Times*, April 29, 2013. <http://www.marinecorpstimes.com/article/20130429/BENEFITS04/304290020/VA-launches-new-hotline-women-veterans>

## Trauma-Informed Care

Many homeless female veterans have suffered traumatic events earlier in life, and then experienced combat trauma and MST while in the service.<sup>53</sup> The loss of place, stability, and safety that comes with homelessness only compounds the traumatic experience.<sup>54</sup> While female veterans are especially vulnerable, the experience of trauma is likely true for all homeless veterans. “Veterans experiencing homelessness have often experienced trauma, such as combat exposure, wartime trauma, post-traumatic stress disorder, and military sexual trauma,” says Laura Zeilinger, Executive Director of the U.S. Interagency Council on Homelessness. “It is critical to care for our veterans in a trauma-informed way, supporting them to break through the trauma cycle and achieve safety and stability in a home of their own.”

Trauma-informed care is “a health care system whose primary mission is altered by virtue of knowledge about trauma and the impact it has on the lives of consumers receiving services.”<sup>55</sup> Such care involves an emphasis on safety in the health center or shelter environment, a welcoming and supportive attitude of staff and providers, careful and sensitive questioning about military experience, cultural competence, privacy and confidentiality, open communication, and consistency and predictability.<sup>56</sup> For example, a veteran who approaches a health care setting that is perceived to be chaotic, abrasive, dangerous, insensitive, or unpredictable may find herself reacting defensively or even unwilling to receive care in that environment because it reenacts the traumatic experience.<sup>57</sup> The practice of trauma-informed care ensures that the health care setting itself does not serve as yet another site of uncertainty, injury, and trauma for veterans in need of care.

## Essentials of Trauma-Informed Care

- A trauma is an incident or event that is, or is perceived to be, threatening to one’s own life or bodily integrity. It is a subjective experience of terror and helplessness.
- A trauma overwhelms normal coping mechanisms and affects two parts of the brain: the limbic system (the center of survival functions), and the amygdala (signals alarm in the brain when danger is perceived). In the aftermath of trauma, the broken down system tries to bring itself back to stability. As a result, stories

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<sup>53</sup> More than half of all female veterans have suffered a traumatic experience before enlisting in the military (U.S. Department of Labor, *Trauma-Informed Care*, p. 11).

<sup>54</sup> U.S. Department of Labor, *Trauma-Informed Care*, p. 19.

<sup>55</sup> U.S. Department of Labor, *Trauma-Informed Care*, p. 19.

<sup>56</sup> Elizabeth K. Hopper, Ellen L. Bassuk, and Jeffrey Olivet, “Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings,” *The Open Health Services and Policy Journal* 3: 2010, pp. 80-100 (83).

<sup>57</sup> Swords to Plowshares, “VA Benefits Process 'Unrealistic' for Military Sex Assault Victims,” July 20, 2012. <http://www.swords-to-plowshares.org/2012/07/20/va-benefits-process-unrealistic-for-military-sex-assault-victims/>

and narratives may be jumbled, the ability to orient to safety and danger may be compromised, and the body may have trouble regulating emotions.

- Survivors of trauma can be triggered into re-traumatization by things in their environment that make them feel as though they are re-experiencing the original trauma. For some veterans, especially victims of MST, simply trying to access care through a military system can be overwhelming.
- Trauma-informed care is a framework that involves an understanding of the effects of trauma on the body and the brain. This understanding is applied to the ways in which the agency recognizes and responds to the needs of its clients. The cornerstone of trauma-informed care is prioritizing the physical, emotional, and psychological safety of their clients in an effort to rebuild a sense of safety, control, and empowerment while avoiding re-traumatization.
- Trauma informed care changes the question, “What’s wrong with you?” to, “What happened to you?”
- Trauma informed care asserts that a provider who understands how trauma has impacted a client’s life is better able to provide effective and long lasting care.
- The core principles of a trauma informed culture include safety, trustworthiness, choice, collaboration, and empowerment

- Julia Dobbins, MSSW, Project Coordinator, National Health Care for the Homeless Council

### Fort Lyon Supportive Residential Community

The Fort Lyon Supportive Residential Community provides recovery-oriented transitional housing to people experiencing homelessness. The program combines housing with counseling along with educational, vocational, and employment services for up to 300 homeless and formerly homeless individuals from across Colorado with a preferential option for homeless veterans.

The program at Fort Lyon allows homeless persons to stay for up to two years in order to achieve sobriety and stable health. As a result, residents gain the necessary resources to maintain long-term recovery, employment, and overall self-sufficiency. The Colorado Coalition for the Homeless provides the transitional housing and recovery-oriented supportive services. The program gives priority to homeless veterans, regardless of character of discharge. While not officially affiliated, Fort Lyon receives referrals from the VA and often patients are discharged directly to Fort Lyon.

“Patients have to be homeless with a substance-use disorder they want to address,” explains James Ginsberg, MNM, CAC III, Director of Veteran and Native American

Services for the Colorado Coalition for the Homeless and the Director of Fort Lyon. “They can have a co-occurring mental health disorder, and we collaborate with a mental health clinic. We are trauma informed, strength based, and person centered. It has to be safe, and if people want to get clean and sober, people have to know that they are safe.”

Ginsberg notes that the demand for the program is high due to the lack of available services for those with Other Than Honorable (OTH) discharges. Fort Lyon also has a HRSA-funded HCH clinic on site, so every resident – 25% are veterans – has access to primary and integrated behavioral health care. In addition, staff members work with OTH veterans on appealing their character of discharge to gain access to VA services.

(Source: Fort Lyon website,  
[http://www.coloradocoalition.org/what\\_we\\_do/what\\_we\\_do\\_housing/fortlyon.aspx](http://www.coloradocoalition.org/what_we_do/what_we_do_housing/fortlyon.aspx))

## Screening Tools

There are multiple assessment tools available that can help HCH providers identify veterans, evaluate their health conditions (both veteran- and non-veteran-specific), provide them with a thoroughgoing regimen of care, and direct them to VA services where appropriate.

Primary Care PTSD Screen: Four-item screen designed for use in primary care and other medical settings. It is currently used to screen for PTSD in veterans at the VA.  
<http://www.integration.samhsa.gov/clinical-practice/pc-ptsd.pdf>

HELPS Brain Injury Screening Tool: Contains five questions that can help providers determine the possibility of a traumatic brain injury.  
<http://www.ncdhhs.gov/mhddsas/providers/TBI/helps-screeningtool.pdf>

Depression Screening Tool: The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression.  
<http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>

Military Health History Pocket Card for Clinicians: This set of questions was designed by the VA to help providers gain information about a patient's medical problems and concerns while establishing rapport with military service members and veterans. Answers may also provide a basis for referrals to specialized services. Careful question and asking permission to inquire about military service allows the patient to feel safe and in control of the conversation. For example, asking, “Have you ever served in the United States military?” rather than, “Are you a veteran?” may yield a more accurate result. Asking, “Would it be okay to ask you about your military experience?” gives the patient the option to go forward or decline to talk about it.  
<http://www.va.gov/oaa/pocketcard/military-health-history-card-for-print.pdf>

## VA Crisis Line

Hotline, online chat, and text support for veterans, active-duty military, and concerned family and friends.

<http://veteranscrisisline.net>

VA National Call Center for Homeless Veterans: (877) 424-3838

National Coalition for Homeless Veterans: (800) 838-4357

Veteran Combat Call Center (to talk to a combat veteran): (877) 927-8387

Military Sexual Trauma (Department of Defense Safe Helpline): (877) 995-5247

## Character of Discharge

When a soldier leaves military service, he or she is assigned a “character of discharge.” These are the most common types of discharge from the United States military:

### 1. Administrative Discharges

- **Honorable:** a soldier’s service must be rated from good to excellent, exceeding standards for performance and personal conduct.
- **General:** the service is satisfactory but does not meet all expectations of conduct for military members.
- **Other Than Honorable Conditions:** the soldier’s service is unsatisfactory and he or she may not enlist again in the United States military. Examples include discharges as a result of a crime, security breach, or other infraction that does not warrant a court martial, or the discharge is offered in exchange for the court martial.

### 2. Punitive Discharges

- **Bad Conduct:** Sometimes preceded by a military prison sentence, a bad conduct discharge is delivered as punishment by a court martial.
- **Dishonorable:** This discharge can only be given by a general court martial for what the military considers to be the most reprehensible conduct. In some states, a dishonorable discharge is the equivalent of a felony conviction.

In order to receive VA benefits and services, a veteran’s character of discharge must be under other than dishonorable conditions (e.g., honorable, general). With the exception of the dishonorable discharge, soldiers who have a prior honorable discharge from the military before other than honorable discharges may still be eligible for VA services based on the earlier honorable service. In addition, many soldiers with OTH discharges are not aware that they may request another Character of Service Determination (CSD) directly from the VA. Requesting a CSD is an alternative to the lengthy and complicated

process of formally appealing the character of discharge and requesting an upgrade. Instead, veterans with OTH discharges may apply for the VA to make a new CSD. In many cases, the VA will review the service history and opt to give the veteran a better character of service for the purpose of accessing health and other benefits.

In order to request a CSD from the VA, veterans must first apply for disability compensation or pension. The VA will respond with a letter that flags the soldier's character of discharge and includes instructions on how to request a favorable CSD.

#### Resources for HCH Clinics Engaging with Veterans

Funding for Veteran-Specific Services. This guide outlines funding opportunities available from federal agencies to assist HCH clinics in their efforts to serve veterans. <http://www.nhchc.org/wp-content/uploads/2014/04/nhchc-vet-services-funding-quick-guide.pdf>

HCH-VA Collaboration Quick Guide. Joining Forces to Coordinate Care for Unstably Housed Veterans. This guide assists HCH grantees with their efforts to establish and strengthen collaborations with local Veterans Affairs Medical Centers (VAMCs). <http://www.nhchc.org/wp-content/uploads/2011/10/HCH-VA-Collaboration-Quick-Guide.pdf>