

# Safer Housing for Homeless Women Veterans

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Homeless women veterans face unique vulnerability and significant mental health needs; it is important for their housing to include gender-specific safety measures. Providers of supportive housing for veterans can take important steps to accommodate the women they serve, including providing separate housing facilities or areas for women. More than half of all homeless women veterans were sexually assaulted during their military service, and many exhibit mental health disabilities as a result, which provides a strong legal basis for requiring gender-based accommodations. While significant progress has been made in addressing the needs of veterans who were sexually assaulted during their military service, the unique needs of homeless women veterans are still often overlooked. This oversight has consequences, particularly in the permanent supportive housing context, where male veterans significantly outnumber female veterans. Currently, there are no required minimum standards or safeguards for serving women veterans in these facilities, and most facilities provide no appropriate gender-specific accommodations. This failure persists despite the significant prior history of sexual assaults among this population and their extremely small number in veteran-only housing. Without basic gender-specific safeguards, permanent supportive housing facilities could worsen the mental health of homeless women veterans and expose them to further harm.

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More than half of all homeless women veterans were sexually assaulted during their military service, and many exhibit posttraumatic stress and other mental health problems as a result.<sup>1</sup> There are many programs and services now established to address the needs of veterans who were sexually assaulted, but the unique requirements of homeless women veterans so affected are still often overlooked or excluded from these programs.

This disconnect is most evident in permanent supportive housing. There are no established minimum standards for serving homeless women veterans. Most facilities do not provide appropriate gender-specific accommodations. Homeless women veterans are particularly susceptible to exposure to further harm because supportive housing programs serve mostly men. Many such veterans who would benefit from these kinds of services instead stay away and forgo appropriate mental and physical health care, affordable rent, and other social services that define

permanent supportive housing because of the lack of appropriate gender-specific accommodations.

This problem necessitates a shift in perspective. Organizations offering truly supportive housing for women veterans acknowledge that a significant number of homeless women veterans have experienced military sexual trauma (MST) and minimize stressors that can exacerbate related conditions like posttraumatic stress disorder (PTSD). Government-set minimum gender-specific standards for developers who plan to include women tenants in supportive housing would assist in this mission.

Gender-specific accommodations are an appropriate part of a mental health treatment plan; such accommodations can be readily achieved. These accommodations may also be legally required in overwhelmingly male environments, which describes most veterans' housing. In the case of *S. T. v. New Directions, Inc.*,<sup>2</sup> in which the authors of this report are involved as attorneys and an expert, the U.S. District Court for the Central District of California found that gender-specific safety measures, including separate housing areas for women, can be permissible under the federal Fair Housing Act. The California legislature also recently changed veteran housing law to allow separate housing for homeless women veterans with a history of sexual abuse or domestic vio-

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lence based on a policy brief written by one of the authors.<sup>3,4</sup>

This article focuses on the unique vulnerability of homeless women veterans and the importance of having their housing include gender-specific safety measures. The paper outlines essential steps that providers of supportive housing for veterans can readily take to accommodate the women they serve, including providing separate housing facilities or areas for women, and the legal foundation for requiring such measures.

### Uniquely Vulnerable

Women veterans are highly likely to have experienced military sexual assault. Multiple studies have reported that 20 to 48 percent of these veterans report that they were sexually assaulted while in service.<sup>5</sup> Among women veterans who are homeless, a 2010 study found even higher rates of MST and related conditions: 53 percent had a history of MST, and 74 percent screened positive for PTSD, 45 percent for non-PTSD anxiety disorder, and 33 percent for depression disorder.<sup>1,6</sup>

While homeless non-veteran women have higher rates of sexual assault history than their male counterparts, deliberate management of the needs of homeless women veterans is especially relevant. Research shows that MST can be particularly traumatic and potentially even more disabling than sexual assault in the civilian context.<sup>7</sup> Women who experience MST are nine times more likely to exhibit symptoms of PTSD than women in the military who were not assaulted.<sup>8,9</sup> Women who experience MST are also diagnosed with PTSD at a higher rate than women in combat who have no such history.<sup>7,8</sup>

Studies show that a history of sexual trauma in either the civilian or military context is a risk factor for further assaults,<sup>10</sup> and women veterans who are homeless are likely to have been exposed to trauma and sexual violence throughout their lives, not just in the military.<sup>11</sup> Between 38 and 64 percent experienced sexual assault or abuse in their lifetimes: 46 to 51 percent as adults and 27 to 49 percent as children. About 19 percent experienced domestic violence.<sup>5,11</sup> Given this increased risk factor for re-traumatization, mandatory close cohabitation with men places these women at significant risk for further harm and potential worsening of their MST-related PTSD symptoms.

### Need for Accommodations

Although women with sexual assault-related PTSD are often anxious and distrustful of people who remind them of their perpetrators, this is particularly problematic for women veterans. Due to the demographics of the veteran population, these women necessarily receive services in environments that include predominantly male veterans, even though their MST-related PTSD is most often the result of male service member perpetrators. Housing that fails to provide gender-specific safety accommodations exacerbates these fears and could risk further harm to an already vulnerable population. The U.S. Government Accountability Office has noted that the lack of gender-specific safety and security standards can make supportive housing dangerous for women veterans, noting that “homeless women veterans and their children may remain at risk of sexual harassment or assault” (Ref. 12, p 36). Therefore, offering homeless women veterans the choice of a women-only environment is essential to the treatment purpose of permanent supportive housing, and a lack of gender-specific safety accommodations can significantly amplify their symptoms.

Homeless women who avoid permanent supportive housing typically cite the overwhelmingly male environment and concern for their safety and privacy.<sup>13,14</sup> They have specifically identified safety and security concerns as “significant barriers” to living in veteran-only housing,<sup>12</sup> and “often felt intimidated in the predominantly male facilities and were concerned for their safety” (Ref. 15, p 2). When these veterans stay away from supportive housing, they are excluded from the significant benefits that it provides.

The National Center on Family Homelessness recommends against mixed-gender arrangements for homeless women veterans, at least in transitional housing. “Mixed-gender living arrangements can present risks for sexual harassment and assault and can invite interactions that are reminiscent of perpetrator–victim relationships,” according to the Center (Ref. 8, p 20). It recommends providing separate transitional housing for homeless veterans who are women.

Housing providers also highlight safety as a primary concern for this group; 28 percent of providers responding to a survey said women face barriers to accessing veteran-only services because they feel un-

safe when they patronize those services.<sup>12</sup> Various agencies, including the U.S. Office of the Inspector General and the U.S. Department of Labor's Women's Bureau, have affirmed the recommendation from the National Center on Family Homelessness to house homeless women veterans separately from men.<sup>5,16</sup>

Safety audits of transitional housing for veterans document numerous risks for women, such as men entering women's areas, inappropriate sexual comments, unwanted physical advances, and sexual assaults by both staff and fellow residents.<sup>12,16,17</sup> The VA Office of the Inspector General has found that transitional housing without some form of sex segregation, such as placement on separate floors, created an "inappropriate housing condition" (Ref. 17, p 3).

These same concerns are relevant in permanent veterans' housing, even though men and women do not share common living spaces, kitchens, or bathrooms as they do in transitional housing. The limitation of any facility to homeless veterans creates an overwhelmingly male environment, leading to similar risks for sexual harassment, assaults, and perpetrator-victim relationships. Reducing these risks requires structuring permanent veterans' housing so that it accommodates MST-related heightened safety needs and pathology-associated anxieties.

### Transgender Veterans

It is estimated that there are approximately 15,500 actively serving transgender service members and 134,300 transgender veterans.<sup>18</sup> Transgender individuals are approximately twice as likely as cisgender adults in the United States to have served in the military (transgender individuals assigned female at birth are roughly three times more likely to serve than all women, and transgender individuals assigned male at birth are 1.6 times more likely to serve than all men).<sup>18</sup> Transgender veterans are nearly three times as likely to have experienced homelessness (21%) than the general population.<sup>19</sup> In a study of civilian transgender or gender non-conforming individuals who had been sexually assaulted, in 33 percent of cases the sexual assault occurred during periods of homelessness.<sup>20</sup> Given the high representation of transgender veterans with disproportionate homelessness and trauma burden while homeless, the recommendations below should be applied equally to cisgender and transgender women. Implementation of specific accommodations for transgender women

should be made with consideration given to the expressed and experienced gender of the individual seeking housing.

### Ten Recommended Accommodations

Given the heightened vulnerability of many homeless women veterans, particularly due to MST-related PTSD, coupled with the overwhelmingly male environment in veteran-only housing facilities, minimum safety standards and guidelines for housing homeless women veterans should be established. The minimum standards should focus on gender-specific housing accommodations that respond to and ameliorate MST-related disabilities. In fact, the Fair Housing Amendments Act (FHA),<sup>21</sup> the key civil rights law pertaining to housing, may require gender-specific accommodations to ensure that women veterans have equal access to veteran-only housing.

The purpose of the FHA, which was adopted in 1968, is to provide certain classes of people with equal access to housing and to the facilities and services associated with housing. It was amended in 1988 to include protection for individuals with disabilities.<sup>22</sup> Like other disability-focused laws, such as the Americans with Disabilities Act (ADA),<sup>23</sup> the failure to make reasonable accommodations is also a discriminatory act under the FHA. Under the FHA, "a refusal to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford such a person equal opportunity to use and enjoy a dwelling" is defined as unlawful.<sup>24</sup> The language and analysis of the reasonable accommodations requirement under the FHA is similar to the analysis under the ADA and other disability laws.

Unlike the ADA, which focuses exclusively on disability discrimination in multiple contexts, the FHA focuses only on housing but provides protection to a broader class of individuals beyond those with disabilities, including protection based on race, color, religion, sex, national origin, and familial status.<sup>24</sup> States also have fair housing laws that often mirror their federal counterpart or, as in California, are broader than their federal counterpart, with additional bases for protection, including marital status, ancestry, sexual orientation, gender, gender identity, gender expression, disability, genetic information, and source of income.<sup>25</sup> Also, unlike the ADA, which normally does not apply to private residential hous-

ing (unless the housing facility or program is supported by government funds (Title II) or portions of the private housing are open to the public (Title III)), the FHA applies broadly to private housing, housing that receives federal funding, and state and local government housing.<sup>26</sup>

Even though the FHA was enacted many decades ago, many housing providers (and residents) still do not understand the breadth and scope of what the law requires, particularly as it relates to tenants with mental health disabilities. The FHA's dual mandate to not discriminate and to provide equal access can seem to conflict in certain contexts, particularly as it applies to homeless women veterans in veteran-only facilities. For example, while the FHA generally prohibits sex segregation, gender-specific housing accommodations may be required as an accommodation in limited contexts, such as veteran-only housing, where it is needed to ensure that women veterans have equal access to the facilities. The last section of this article discusses a federal lawsuit that specifically addresses this important clarification.

These legal complexities have contributed to misunderstanding and confusion over the requirements of the FHA within the veteran housing community and have hindered both the request for and provision of gender-specific accommodations for homeless women veterans. This gap between what the law allows and what providers deliver is problematic for female veterans. For many women veterans, veteran-only supportive housing is fundamentally not accessible without gender-specific accommodations. More significantly, without these accommodations, an extremely vulnerable population is placed at risk of exacerbating preexisting injuries and further harm.

Below are examples of ten policies and accommodations developed to create a more secure and inviting housing environment for women veterans that should be an integral part of any veteran housing plan that expects to house homeless women veterans.

### **Trauma-Informed Care**

Explicitly following the principles of trauma-informed care in structuring and managing supportive housing is sound practice in general. But these operating principles are critical for any program that targets individuals with trauma-related disabilities, such as with veterans' housing.<sup>5</sup> Trauma-informed care is a framework of principles and protocols that explicitly respects, recognizes, and addresses the effects of

trauma. Safety and control are two particularly important components. A housing environment follows the principles of trauma-informed care if it incorporates: physical and emotional safety measures; policies and protocols that increase residents' feelings of control over their home environment; and consistent, predictable, and respectful provider responses.

### **Separate Housing From Men**

For some women veterans, living surrounded by male veterans can worsen MST-related PTSD. Some require separate, stand-alone housing limited to women. For others, separation within the same building (known as intra-location separation) may be sufficient. While separate facilities separated by gender requires significant advanced planning and are extremely difficult to arrange on an ad hoc basis, most solutions do not have to be so complex. Intra-location separation can be accomplished by separating genders by floors, wings, or hallways with locked entryways.

### **Rooms Near Easily Accessible Exits**

Apartment location can affect perceptions of security and safety. For a woman veteran with MST-related PTSD, living in an apartment where she feels trapped or unable to escape, such as one at the end of a narrow corridor with no alternative exit or entry, may exacerbate her symptoms. Placement near accessible exits and wider hallways helps reduce PTSD-related stress. Women with MST-related PTSD may also benefit from being placed in units with a line of sight to exits and entrances and with monitoring by security personnel or surveillance systems.

### **Consistently Functioning Safety Mechanisms**

Any actual or perceived deficits in safety mechanisms, especially basic items like doors, locks, and lighting, can worsen symptoms of MST-related PTSD. Housing providers should explain safety features, establish procedures to ensure the features work, and quickly acknowledge and repair any malfunctions. The following areas should be addressed specifically:

#### **Lighting**

Poor lighting in key areas of a facility can worsen symptoms of MST-related PTSD if a resident feels she cannot foresee threats. Good lighting inside and outside the facility, particularly in common areas indoors, can help reduce PTSD exacerbation.

## Locks

All door locks and alarms should be checked regularly to insure their proper functioning. Staff and residents should not be able to circumvent entry or exit security (e.g., by propping open secured doors or providing non-residents with keys). Any perceived decrease in the level of security in the facility can worsen symptoms of PTSD.

## Security Cameras or Other Surveillance

Supportive housing should be monitored by cameras or other security measures, particularly in stairwells, basements, and other areas that tenants with PTSD may perceive as threatening or unsafe. Housing providers should have protocols for viewing and storing surveillance footage, for reporting problems or violations, and for identifying the actions required in a specific situation.

## Security Activation Independent of Staff

Control is a key concern for women with PTSD but is particularly relevant for women veterans with MST-related PTSD because independence and self-reliance are strongly emphasized aspects of military culture. Measures that increase their sense of control over their own safety can help reduce feelings of insecurity related to PTSD. Access to alarms and other safety measures that residents can initiate (in private units and in common areas) helps alleviate stress and anxiety over safety. Other security features that increase actual and perceived control include the option to add a door guard or deadbolt to an apartment door (with locks and latches on the outside for emergency access). Policies should also explicitly describe and limit the circumstances and timeframes in which facility staff may enter tenant apartments.

## Prevention and Reporting of Harrassment

Given that it is more likely than not that homeless women veterans are affected by MST-related PTSD, and that subsequent harassment or assault will worsen disability, protocols in housing designed for them should clearly communicate zero tolerance for sexually charged behavior toward them. A clear sexual harassment policy is critical and should be disseminated in multiple formats to all residents and staff. The policy should prohibit harassment based on all protected characteristics (e.g., race, color, religion, sex [including pregnancy], gender, gender identity, gender expression, sexual orientation, mar-

ital status, national origin, ancestry, familial status, source of income, disability, or genetic information) and should bar retaliation against anyone who reports harassment. It also should include clear examples of inappropriate behavior, a reporting mechanism (including a way to bypass someone engaging in harassing conduct who would otherwise be part of the reporting system), a discussion of confidentiality, and a timeline for investigating and remedying harassment.

The housing provider should regularly train residents, staff, and vendors about harassment and how to promptly investigate, document, and report incidents. Publicizing the process for reporting, the mechanisms for tracking and acting on reports, and the status and resolution of reported complaints helps reduce MST-related anxiety.

## Adoption of Safety Plans

Given the high rates of trauma and violence throughout the lives of most homeless women veterans, including high rates of interpersonal and domestic violence, housing programs should individually tailor safety plans for these women's needs. The plans should be written and identify steps to take in potentially violent or dangerous situations. And they should include checklists of needed items; information regarding important resources; and contact information for agencies, temporary shelters, and emergency personnel. These tailored safety plans should be communicated to all staff, particularly those who work specifically with these women.

## Clear and Open Communication

Detailed and transparent communication can enhance women's feelings of safety and control and can reduce MST-related insecurities. Information about policies and procedures should be provided in multiple formats, both verbal and written, including postings throughout the facility. Clear communication about how safety is addressed in the facility can reduce disability-related symptoms.

## Staff Training About Vulnerabilities

All staff at veteran-only supportive housing facilities should undergo specific and frequent training about the risks and vulnerabilities of homeless women veterans and the best practices for caring for them. Training should focus on trauma-informed care and include such topics as MST, heightened

insecurities about safety, the effects of military culture and training on experience of trauma, the susceptibility of homeless women veterans to further sexual harassment and assaults, and the elevated impact of such incidents. All non-professional personal relationships (and contact between staff and homeless women veterans associated with these relationships) should be explicitly prohibited with consequences to staff for violations.

### **Stable and Gender-Sensitive Staffing**

Maintaining a consistent and predictable housing environment can reduce women's MST-related anxieties. In contrast, the frequent presence of unfamiliar individuals in and around their home can exacerbate PTSD symptoms. Having familiar and consistent staff who are clearly identified with name tags or recognizable attire or uniforms can reduce these problems. Moreover, because many homeless women veterans with a history of abuse have difficulty trusting people of their perpetrator's gender (most frequently male), providers should attempt to include a significant number of women in staff positions that regularly interact with tenants, including security staff and service providers.

### **Legal Basis for Accommodations**

Despite women veterans' significant need for gender-specific housing accommodations, many housing providers believe that the FHA strictly prohibits such gender-conscious housing modifications. Although the FHA generally prohibits sex segregation, strict adherence to this rule has hindered the provision of gender-specific accommodations, including separate housing areas for women, in veteran-only housing facilities. But in the case of *S. T. v. New Directions, Inc.*,<sup>2</sup> the U.S. District Court for the Central District of California provided an important clarification to this issue. It ruled that separate housing for women may be lawful in the context of veterans' supportive housing, which is characterized by an "overwhelmingly male population" and includes female residents who suffer from mental health disabilities stemming from sexual assaults during their military service that could be exacerbated by the presence of men.

The case involved a homeless woman veteran disabled by PTSD related to her history of MST. She claimed she was sexually harassed and assaulted while a resident at New Directions, a veteran-only perma-

nent supportive housing facility in Los Angeles. She and the other five women living among 128 veterans at New Directions were in apartments surrounded by men. The defendants argued that the FHA prohibited them from making any housing unit assignments that took gender into account, regardless of the reason for the need for gender-specific assignments.

The court denied the defendants' motion for summary judgment, finding that gender-specific safety accommodations, including separate housing for women, may be justified under two analyses: as a legitimate health and safety exception; and as a reasonable accommodation for a disability.

### **Health and Safety Exception**

A housing policy that is gender-based can be lawful under the FHA if it is based on empirical evidence and facts, not stereotypes. The circumstances of housing for homeless veterans contrast starkly with those at play in a case where the Ninth Circuit barred a city from contracting with a religious nonprofit that sought to transition a mixed-gender housing facility into one for men only. In that case, *Community House, Inc. v. City of Boise*, the contractor proposed to move women and children into a different shelter that the court described as "much less desirable" (Ref. 27, p 1046). Relying on standards established by the Sixth and Tenth Circuits, the court articulated two conditions for justifying a facially discriminatory housing policy. It "must show either: (1) that the restriction benefits the protected class, or (2) that it responds to legitimate safety concerns raised by the individuals affected, rather than being based on stereotypes" (Ref. 27, p 1050).

The court found that, even though the FHA does permit differences in certain contexts, the *City of Boise* case was not one of them. In that case, the Ninth Circuit found the proposed separate housing violated the FHA because the defendants failed to show with even "a single police report, incident report, or any other documents" that the policy was based on legitimate, non-stereotypical safety concerns (Ref 27, p 1051).

In *S.T. v. New Directions, Inc.*,<sup>2</sup> the district court found that separating women and men could meet the *City of Boise* standard. It ruled that a woman disabled by PTSD stemming from MST could show that gender-specific safety accommodations, including a policy allowing women to live proximate to one

another, could benefit women veterans with MST and would not be based on unfounded fears or stereotypes.<sup>2</sup>

### Reasonable Accommodations

As discussed above, the FHA mandates that housing providers accommodate the needs of protected classes to ensure they have equal access to housing.<sup>28</sup> Those classes include individuals with a mental health disability, such as depression or PTSD,<sup>28-31</sup> and discriminatory conduct includes a “refusal to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford [a disabled] person equal opportunity to use and enjoy a dwelling.”<sup>24</sup> Housing providers are not required to make accommodations that cause undue hardship or fundamental changes to a program.<sup>28</sup>

In the case of *S. T. v. New Directions, Inc.*,<sup>2</sup> the court held that when “a female veteran with MST-related PTSD seek[s] equal access to housing that is restricted to veterans and therefore has an overwhelmingly male population, a jury could find Plaintiff’s requested accommodation to be reasonable and necessary” (Ref. 2, p 7). The court rejected the defendants’ claim that providing women with separate housing accommodations would require them to fundamentally alter their program, including “their gender-neutral practices and take sex into account in nearly every facet of the facility” (Ref. 2, p 7). It held that, “given that the facility’s purpose is to create a supported living environment for formerly homeless veterans with disabilities, permitting plaintiff and other similarly situated women to live proximate to each other would not change that program; it would further it” (Ref. 2, p 7).

The decision in *S. T. v. New Directions, Inc.*,<sup>2</sup> provides important guidance in the context of housing for veterans. Gender-specific safety accommodations can protect women from further harm, including exacerbation of preexisting injuries. Accommodations may also be required to ensure that women have equal access to veterans’ housing. Rather than violating the law, the court found that gender-specific safety measures in these circumstances support the Fair Housing Act.

### Conclusion

A growing body of research recognizes the heightened safety needs of women veterans, particularly

those with a history of MST. There are increasing efforts to provide these veterans with benefits and services tailored to accommodate their mental health conditions, which may manifest in serious concerns over safety, particularly in overwhelmingly male environments. Separate services and benefits for women veterans already include health clinics, treatment programs, and separate entrances and waiting areas. This list of services for women veterans will also need to include gender-specific housing solutions, particularly given the high rate of MST and related disabilities in this population.

In addition to providing gender-specific housing accommodations on an individual basis, more systemic changes are needed. Minimum standards and guidelines for housing homeless women veterans, such as requiring separate housing areas, need to be specified by federal, state, and local governments. The minimum standards should also acknowledge and discuss the specific vulnerabilities of homeless women veterans, particularly for MST, and specifically tailor the guidelines to limit further harm to this population and mitigate or reduce MST-related disabilities. Oversight and monitoring to ensure that standards are met are also required.

Whereas there are statutes and regulations that acknowledge the vulnerability of homeless women veterans and the need to provide them with additional protections in housing, no particular protections are specified currently.<sup>32</sup> Providing gender-specific accommodations for homeless women veterans in veteran-only housing is not only logical from a mental health perspective, it may be required from a legal one.

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