WOMEN VETERAN SCREENING GUIDE

FOR PROVIDERS + ADVOCATES TO IDENTIFY WOMEN VETERANS IN THEIR PROGRAMS

INSTITUTE FOR VETERAN POLICY

@ Swords to Plowshares

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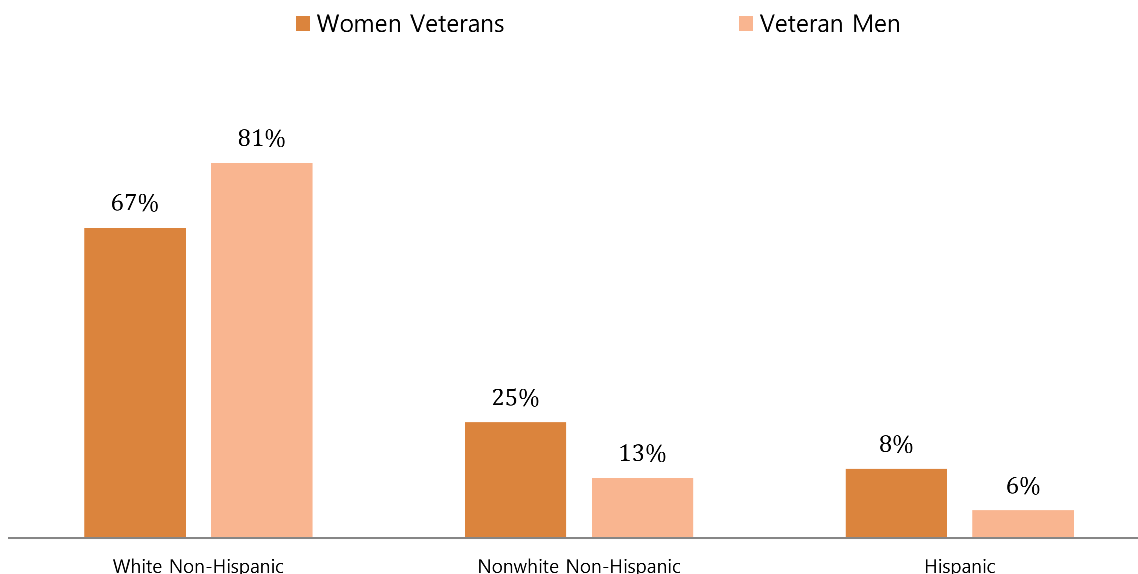
INTRODUCTION

This guide provides organizations who may be serving women veterans clear, concise and effective information on how to identify women veterans within their organization, an understanding of women veteran issues, and effective strategies for working with women veterans.

Women veterans are the fastest growing cohort of the veteran population. They share many of the same experiences as their male counterparts, and although most do not emerge with military service-connected issues, some (and especially those who may seek services from you) share many of the short- and long-term physical and emotional consequences and needs that their male counterparts face as a result of serving their country. In addition, as women veterans they have unique experiences and needs.

BY THE NUMBERS

- Women comprise 10 percent of our nation's veterans[1] and their numbers are expected to double over the next 20 years.
- The median age of women veterans is 48.[2] Many assume that women veterans are younger, but women have been serving our country in every war and conflict since the Revolutionary War.
- Women veterans are more racially and ethnically diverse than their male counterparts.[3]



MILITARY, VETERAN AND FAMILY IDENTITY

Women have long served their country and have been in combat, but haven't always been recognized for their service. However, women may not identify for many reasons, perhaps because they didn't see combat, they may be a National Guardsman or in the Reserves, they may have traumas which are too closely related to their military service and which are triggering, or they may have less than an honorable discharge. Many veterans themselves don't identify as such because to them, a veteran is an older man who served in World War II or Vietnam, not a woman who may have recently got out of the military. In fact, while we mentioned that women have long served their country, the largest cohort of women veterans have served in support of the wars in Iraq and Afghanistan. Lack of self-identification makes screening for veteran status a challenge, and is often convoluted by the wording of the intake questions or even by the provider's understanding of veteran culture. Women often need to juggle both service member and family member roles. She is often a wife, mother, or daughter, with responsibilities to her family that often conflict with her role and responsibilities as a service member.

Over half of married women service members are in dual military marriages whereby an active duty, Reserve or Guard member is married to another service member.[4] Both can deploy at the same time or on alternate deployments, leaving them apart for many months and struggling to maintain their home life and financial matters. And while they are away, they are filled with worry about the effect on their children and other loved ones. Single mothers who deploy have to depend on someone else to care for their child for an extended period of time. Deployment of parents has a multitude of negative effects on children and includes depression, worry about the deployed parent and behavioral problems such as a drop in academic performance and lashing out in anger. The mental health status of the at-home caretaker largely effects how the child will respond.[5] Being married is strongly associated with lower substance use disorders and lower psychological distress.[6]

FAMILY REINTEGRATION

Family reintegration after deployment and military service can also be challenging, as women veterans may not have a support system to deal with issues stemming from service while settling back into home life. Family functioning plays a greater role in women's individual adjustment than men's, and mothers have more problems with depression and family functioning than women without children. When loved ones return from military service, especially those with mental health issues, the impact and stress on the family can be great and often leads to mental issues for the rest of the family. Women in dual-military marriages must adjust to changes in their partner when they return while dealing with their own, and often carry the responsibility of caring for an

injured veteran. Her relationships with her partner and children can become strained as a result. Issues with family readjustment can negatively impact service members, resulting in lost work days, physical and emotional stress, and increased rates of disability.[7] Women veterans are more likely to get divorced than both male veterans and civilian women.[8]

PHYSICAL AND MENTAL HEALTH ISSUES

Women are more likely than men to have disabling conditions related to their military service. Among those who access healthcare services from VA facilities, a higher proportion of women veterans than men have service-connected disability ratings and a greater percentage of women had disability ratings higher than 50 percent.[9]

MOST COMMON PHYSICAL HEALTH PROBLEMS IN WOMEN VETERANS:[10]

- Back trouble, arthritis and muscular alignments from carrying equipment and loads.
- Digestive illnesses and urinary problems from deployment-related sanitary conditions.
- Loss of sight, shrapnel injuries, amputations, traumatic brain injury and paralysis, especially among those who served in Iraq and Afghanistan.

Military service, deployment, and transition to the civilian community are likely to be stressful for any veteran. Of course, not all women veterans experience mental health issues, but the women veterans you serve are more likely to. Social support is a very important predictor of one's likelihood to develop mental health issues. For this reason, National Guard and Reserve families who often live far from base, in rural and isolated areas away from community resources, are at an increased risk for mental health issues.[11] Unlike their civilian counterparts, women veterans experience trauma specific to their military past, which can present obstacles to treatment and seeking care. Therefore it is important for providers to understand their unique needs.

- Depression is one of the top three diagnostic categories for women veterans seen at the VA.[12]
- Although women and men are both prone to experience post-traumatic stress disorder (PTSD), women who have been physically injured are more likely to have PTSD.[13] However, women veterans' disability claims for PTSD are denied more often than veteran men. This is believed to be in part due to the struggle for recognition of combat service.[14]
- There is also a high co-morbidity of mental health issues and substance abuse among Iraq and Afghanistan veterans. VA data show that almost 22 percent with PTSD also have a substance use disorder.[15]
- Men are twice as likely as women to have substance use disorders. In contrast, women are 70 percent more likely to have serious psychological distress.[16]

MILITARY SEXUAL ASSAULT AND MILITARY SEXUAL TRAUMA

Military sexual trauma (MST) refers to trauma from both sexual harassment and sexual assault that occurs in military settings

Military sexual trauma (MST) refers to trauma from both sexual harassment and sexual assault that occurs in military settings. In 2014, there were an estimated 28 sexual assaults every day. An estimated 40 percent of women report cases of sexual assault in the military, and only 13 percent of men report.[17] Despite widespread recent attention to MST among the media and general public, military sexual assault remains an underreported crime for many reasons. Many sexual assaults are not reported because of the barriers of fear of repercussion to their career, retaliation and skepticism associated with reporting. In fact, 62 percent of women who reported in 2014 cited some sort of retaliation for reporting, including 53 percent social retaliation, 32 percent professional retaliation, 35 percent adverse administrative action, and 11 percent punishment for infraction.[18] Another study in 2014 found both men and women military personnel who report sexual assault are 12 times as likely to experience some form of retaliation as to see their attacker convicted of a sex offense. Retaliation against survivors cited in the report included threats, vandalism, harassment, poor work assignments, loss of promotion opportunities, disciplinary action including discharge, and even criminal charges.[19] Many do not report because the perpetrator is in their unit or their direct command.

CONDITIONS RELATED TO MILITARY SEXUAL TRAUMA

- PTSD[20]
- Depression[21]
- Sexual transmitted infections[22]
- Sexual dysfunctions[23]

Many wait until they exit the military to report. The VA says 23 percent of women users of VA healthcare reported experiencing at least one sexual assault while in the military and 1 in 100 men seen at the Veterans Health Administration have experienced MST.[24] Because of the disproportionate ratio of men to women in the military there are actually only slightly fewer men seen at the VA that have experienced MST than there are women. In certain years, men have accounted for a higher proportion of reported cases than women.[25]

DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE

Domestic violence is the often unspoken and under-recognized fallout of issues stemming from military service. The statistics for both women veteran experiencing and using intimate partner violence are frightening:

- Women veterans and service members are three times more likely than non-veterans to experience intimate partner violence.
- 39 percent of women veterans and 30-44 percent of active duty women report having experienced intimate partner violence.[26]
- Few studies to date have reported on veteran men victimization, although a 2014 study found one-third of active duty members who experienced intimate partner violence were men. Married service member and civilian men with active duty wives lodge more than 2,500 reports each year, an average of seven a day.[27]

Why are the numbers so high? As mentioned, a large number of women veterans are in dual military marriages, dealing with stressors from both their service and their partner's. Also, women veterans may join the military to escape a volatile home life.

Not all familial stress related to military service is a recipe for violence in the home. However, veterans who return with PTSD and other mental health disorders are at risk for increased domestic and/or inter-partner violence (IPV).[28] There is a significant link between the severity of PTSD and domestic violence/IPV severity.[29] Readjustment issues such as mental, cognitive or physical injuries as well as co-occurring substance abuse, depression and irritability are known to intersect with domestic violence. The VA does not provide widespread services for families experiencing violence in the home, and while most Vet Centers do, not all families have access to them. Civilian providers may often treat women veterans who have experienced domestic violence but might not be aware of their veteran status.

In 2013 the Veterans Health Administration developed a *Plan for Implementation of the DV/IPV Assistance Program* to expand screening, prevention and intervention to Veterans and strengthen partnerships with community providers/resources. Treatment for DV/IPV in veteran families calls for developing a culture of safety and adopting a holistic, Veteran-centered psychosocial rehabilitation framework. The VA refers to "veterans who experience DV/IPV" vs. "victim" or "survivor" and "veterans who use DV/IPV" vs. "batterer" or "abuser." They also called for Domestic Violence Coordinators (DVCs) and IPV Points of Contact at each Veterans Affairs Medical Center. New DVCs are now being appointed.

HOMELESSNESS, POVERTY AND UNEMPLOYMENT

Women veterans are the fastest growing cohort of the homeless population. Issues stemming from military service are often the primary causal factors for their homelessness. There may also be significant economic factors at play. Unemployment among young veterans is high, military pay is low, and many veteran families are dealing with debt. The switch from military to civilian workforce can be challenging. Employers and veterans both are unclear on how skills utilized in the military can translate into a different work environment.

- Although veterans are less likely to be poor, poor veterans are more likely to become homeless.[30]
- Although women veterans are generally more educated than male veterans, women veterans generally earn less than male veterans and often less than they made in the military.[31]
- Six percent of women veterans are unemployed.[32]

Current service systems to provide women veterans housing are inadequate. There is a shortage of gender-specific and women veteran specific housing, and women with families are also challenged to find adequate housing for the entire family. Because of this, civilian community-based housing services are taking up the charge, often without knowing that the woman they are serving is a veteran.

- In the last five years, the number of homeless women veterans has increased by 50 percent (3,328 in FY 2010; 4,993 in 2014).[33]
- There is a three to four times greater risk of homelessness for women veterans than for non-veteran women.[34]
- A disproportionately high number of homeless women veterans have a history of MST—significantly higher than stably housed women veterans.[35]

THE DEPARTMENT OF VETERANS AFFAIRS (VA)

The Department of Veterans Affairs (VA) has made tremendous strides to improve healthcare to women veterans who traditionally have represented a very small percentage of their patient base. Those demographics have and will continue to change with the number of women receiving VA care roughly doubling from 160,000 to 310,000 since 2001.[36] Each VA hospital and medical facility now has a women veteran coordinator, and Vet Centers offer counseling services to women veterans who have been deployed and/or are survivors of military sexual trauma. The VA has also improved access to gender-specific care, reproductive care and where possible created women's clinics within healthcare facilities.

- 76 percent of women veterans do not use VA healthcare services[37]

Despite tremendous efforts by the VA to provide services to women, many women veterans aren't aware of state and federal benefits and services available to them, and many are accessing services from community systems of care.[38] Both the VA and community veteran agencies remain a male-dominated system of care which presents a cultural obstacle for many women veterans. In addition, unique obstacles hamper women's access to federal veteran resources. For example, lack of recognition of combat roles makes it more difficult to prove evidence of a military service-connection for PTSD and is a substantial obstacle to accessing disability compensation.

Time away from work and family to seek healthcare interferes with the needs of the woman veteran's family. Childcare is a major challenge for women seeking services at the VA and remains an obstacle to care. Even with these challenges, having access to primary health and behavioral healthcare and benefits is important, and is a right of women veterans. Community providers have a unique role in this process and can act as a liaison for women seeking care.

DEPARTMENT OF VETERANS AFFAIRS ACCESS POINTS

Accessing Veteran Administration (VA) services can be daunting when you or the veteran doesn't know where to start, or whether or not the veteran is eligible for services. Here is a breakdown of eligibility and access points. For additional information on benefits, eligibility, and help enrolling in VA services, visit va.gov or call (800) 827- 1000.

VETERANS HEALTH ADMINISTRATION

The Veterans Health Administration (VHA) is composed of 152 medical centers throughout the country with ten in California. Medical centers provide services for veterans such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy; as well as additional medical and surgical specialty services including audiology and speech pathology, dermatology, dental, geriatrics, neurology, oncology, podiatry, prosthetics, urology and vision care. Some medical centers also offer advanced services such as organ

transplants and plastic surgery. To access these services, the veteran must be eligible for VA services and must enroll at the VA.

VETERANS BENEFITS ADMINISTRATION

The Veterans Benefits Administration (VBA) provides a wide range of benefits including, disability, education and training, vocational rehabilitation and employment, home loan guaranty, dependant and survivor benefits, medical treatment, life insurance and burial benefits.

VETERANS ADMINISTRATION ELIGIBILITY

The following information presents the general rules applicable to veterans seeking VA healthcare and benefits; there are often exceptions to each of these rules.

GENERALLY, VETERANS MUST:

- Have served in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable.
- Demonstrate financial need and/or a service-connected disability.
- In order to apply for VA benefits, veterans must first enroll in VA healthcare.
- Those who served less than two years after September 8, 1980 with either an honorable or other than honorable discharge are eligible for grant per diem (GPD) services (up to two years transitional housing or residential treatment).

VET CENTERS

Vet Centers offer a wide range of psycho-social services to eligible veterans and their families. Veterans and families are eligible for services at Vet Centers if the veteran served in any combat zone and received a military campaign ribbon (Vietnam, Southwest Asia, OEF, OIF, OND, etc.), or is a survivor of military sexual trauma. They do not need to be enrolled at the VA, and do not need to have an honorable discharge.

SERVICES INCLUDE:

- Individual and group counseling for veterans and their families.
- Family members of combat veterans are eligible for counseling services for military-related issues.
- Bereavement counseling for families who experience an active duty death.
- Military sexual trauma counseling and referral.
- Outreach and education, community events, etc.
- Substance abuse assessment and referral.
- Employment assessment and referral.
- VBA benefits explanation and referral.
- Screening and referral for medical issues including TBI, depression, etc.

Vet Centers are limited and not always located close to the veteran. To locate a Vet Center call them during normal business hours at (800) 905-4675 (Eastern) and (866) 496-8838 (Pacific).

SCREENING FOR VETERAN STATUS

Now that you have gained an understanding of the unique needs of women veterans, you can now identify appropriate ways to screen women veterans.

HOW DO YOU START?

Simply asking, "Are you a veteran?" during an intake assessment is complicated for many reasons as we've defined. The questions in Appendix A have been found to be most impactful to identify veterans. We recommend implementing the screening at any time during your treatment, as you see fit. The questions are meant to be a quick inquiry and reference point. See Appendix A for an Intake Worksheet. If you would like to perform a more in-depth screening to inquire about veteran status, additional questions are included in the worksheet.

SELF-ASSESSMENT TOOL FOR SERVING WOMEN VETERANS

As you begin or continue to serve women veterans, be aware of the unique experiences of their military service and possible subsequent trauma. Creating a culturally informed treatment approach is a crucial piece to effective service delivery. This self-assessment can help you better understand how to incorporate culturally appropriate services.

OUTREACH MATERIALS

Creating outreach materials may seem like a straightforward task, but many organizations have expressed difficulty creating the language and disseminating outreach materials. This may be a challenge for both organizations that are serving women veterans for the first time, and even those who have longstanding programs.

WORKING WITH OTHER ORGANIZATIONS SERVING WOMEN VETERANS

Many women veterans do not access care from the VA or veteran serving organizations; most seek care in the community where their veteran status is not so easily identified. This makes outreach and identifying women veterans very difficult. Community organizations may feel that reaching out to veteran organizations is important for their outreach, but this should not be the primary place to outreach.

The best place to look for women veterans may be amongst yourselves. Women veterans are frequently accessing services and resources from community providers not necessarily tied to veteran-specific care. You

have the opportunity to reach out to your individual network of community providers and suggest they also screen for women veteran status among those they serve. Provide them with copies of our women veteran screening guide and refer them to us if they have questions about screening for veteran status.

Women veterans often seek care from their peers: Women veteran advocates may have knowledge or ties to community needs of women veterans. Advocates may be women veteran coordinators at veteran service organizations or the VA, they may be public advocates for women veteran care, or they may be peer mentors that have previously received services.

Making partnerships with veteran serving organizations and collaboratives (a collaborative group of organizations and individuals dedicated to serving and improving the system of care for military, veterans, and their families) is an important step in the outreach process; while women veterans may not always access care from veteran serving organizations, they may have additional veteran-specific needs that may be met by veteran serving organizations. You may serve a crucial role in increasing access to care by shepherding women to these services when appropriate.

WHAT IMAGES DO YOU INCLUDE? Do you have a picture of a flag or a person in uniform? While these may be eye catching and create a quick visual cue for women veterans, it may also be a reminder of a negative experience while in the military, especially if she has experienced service-related trauma.

WHAT LANGUAGE DO YOU INCLUDE? Do your outreach materials convey that you have a cultural knowledge and understanding of their military and veteran experience? Do not use the term “female”, instead refer to them as women veterans.

DO YOU PROVIDE CLEAR STEPS FOR ACCESSING CARE? Is your contact information front and center, and is there a direct line or email address with a contact person listed? Do you have a women veteran web page? Is it easy to find? Do you have a women veteran campaign on your social media platforms? Are you engaging women veteran groups through social media?

IS IT CLEAR WHAT SERVICES YOU WILL PROVIDE? Are women veterans sure they qualify? Are they sure what services and support they will receive? If you provide flexible hours, is this mentioned? Are there referral networks that can cover a comprehensive level of care, so if you can’t provide the service, you can refer out – and is that clear?

APPROACH TO CARE

Beyond common obstacles to accessing care, you may need to look at your care approach and how it may need to be tailored to reach this specific cohort.

CULTURAL KNOWLEDGE

Women veterans may feel more comfortable seeking services from an organization that understands their experiences. Understanding military and veteran culture and terms and also understanding experiences unique to women veterans is fundamental to your care approach. Many veteran organizations may not fully understand how to serve women, and many women serving organizations may not fully understand how to serve veterans. Unique needs often require a coordinated response. Having women veterans on staff or to act as peer mentors is something to also consider when possible. Current or past women veteran clients can be empowered to help other peers seek care. They may act as a conduit to care and help bridge a cultural divide that often exists.

- Consider creating a women veteran working group or steering committee to empower women veteran clients. Ask "alumni" of your program for their feedback, about safety, cultural competency, and treatment considerations. Have a woman veteran lead the project if possible.
- At minimum, staff and volunteers should be educated on women veteran issues and experiences.
- For resources on women veteran cultural competency, see www.combattocommunity.org and contact us if you would like to schedule a training for your staff.

UNIQUE TREATMENT CONSIDERATIONS

Having a cultural knowledge base is fundamental to your treatment method and approach in serving women veterans. Women veterans who have experienced trauma may have special circumstances that may require you to examine unique treatment needs. Women veterans have been trained in the military to be hyper vigilant, aware of their surroundings and to defend themselves. They may maintain a highly alert and possibly a nervous emotional state, and may find it difficult to feel relaxed and safe with a new provider. Your role is to help them feel safe and be able to turn off that hyper vigilance they've learned to maintain.

OFFICE SPACE

Many organizations, including Swords to Plowshares, find it difficult to create a welcoming direct service office environment for women veterans, particularly when they serve men or whole families as well. Veteran serving organizations in particular fear they may re-traumatize a woman veteran who has been sexually assaulted by a male service member when they walk through the office door and are surrounded by men who have served in the military.

Your office itself may also be uncomfortable for someone who has experienced trauma. If you have personal items that allude to your family life and your client is discussing that they may never trust a partner enough to get married and have a family, this may be a painful reminder. They may feel further disconnected from you because of this and be distrustful.

It is important to make sure that the woman veteran seeking care is made to feel safe, and it is important for you as the provider to explore what feeling safe may mean to her. Be sure to discuss confidentiality and resources you can offer, and try to understand her experiences as unique compared to civilian clients.

SEPARATING THE TRAUMA FROM THE VETERAN

It is important as a treatment provider and advocate to distinguish the woman veteran from the trauma she has experienced.

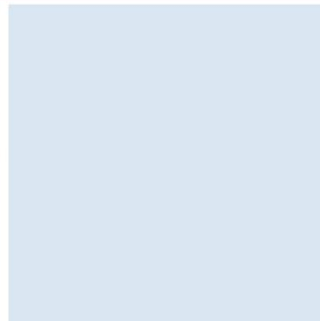
PTSD, and most recently MST, are emerging as the defining issues among veterans. Despite the alarming numbers, it is important as a treatment provider and advocate to distinguish the woman veteran from the trauma she has experienced. Often to be a "victim" is counter to being a "warrior." Women may struggle with this and it may impact the way they seek and receive treatment. While the clinical diagnostic code for PTSD is a mental health disorder, it can be contrary to anti-stigmatization efforts and care to call a response to extremely traumatic events a disorder, especially when discussing it with your patient. We are not advocating for a different diagnosis but we do advise you to be aware of the stigma associated with having a disorder and how that might affect treatment. Also, while the recent attention to the issue has long been needed, MST has been characterized as a women's issue, when reported incidences clearly show that men are sexually assaulted as well.

INCORPORATING SCREENING INTO EXISTING TREATMENT PLANS

We encourage this guide to be used in coordination of services for the women veteran, but by no means are we instructing you on how to properly treat your clients. We hope the information in this guide can be used at your discretion, and you can decide within your own process when you'd like to implement these practices. We also hope that within the conversation you may introduce the possibility of seeking veteran-specific services in order to augment the existing treatment plan.

DO THEY FEEL SAFE? Is there a separate entrance and/or waiting area they may access? Is your waiting area welcoming? Do they have eyesight to all doors? Are their backs facing a door or other people in the waiting area or in your office? Do they feel safe to speak about their experiences without being overheard?

DO YOU WELCOME THEIR CHILDREN? If they are bringing their children to the appointment, are the children given a separate space so the woman veteran may speak freely without being overheard? Are there age appropriate toys in the space provided to keep the children busy and make the mother feel more comfortable? If there is a television in the waiting area, are there appropriate programs and commercials playing?



QUESTIONS?

For questions related to women veteran culture and outreach, call Swords to Plowshares' Women Veteran Program Manager, Starlyn Lara, at (415) 252-4788, or slara@stp-sf.org.

For questions and inquiries related to the intake process or this document, contact the author, Megan Zottarelli, at mzottarelli@stp-sf.org.

APPENDIX A: SCREENING INTAKE WORKSHEET

The following questions have been found to be most impactful to identify veteran clients. We recommend implementing the screening at any time during your treatment, as you see fit.

PRELIMINARY QUESTIONS/BASIC INTAKE QUESTIONS TO ASK THE WOMEN VETERAN

Have you ever served in the U.S. Armed Forces?

❍ Yes ❍ No

In what branch(es) of the Armed Forces did you serve? (Check all that apply)

❍ Army ❍ Marines ❍ Navy ❍ Coast Guard ❍ Merchant Marines

Did you serve in the National Guard or Reserves?

❍ No ❍ Yes, National Guard ❍Yes, Reserves

Did you serve in a combat zone?

❍ Yes ❍ No

Date you were last discharged? ___ - ___ - _____

What type of discharge did you receive?

❍ Honorable ❍ General (Under Honorable Conditions) ❍ Other than Honorable

❍ Bad Conduct ❍ Dishonorable

OPTIONAL ADDITIONAL QUESTIONS TO ASK THE VETERAN

These questions may help the veteran organization better determine eligibility for services.

1. Current service obligation:

   ❍ None ❍ Individual Ready Reserve ❍ Reserves

2. Are you enrolled in VA healthcare?

   ❍ Yes ❍ No ❍ Don't Know

3. Are you receiving benefits from the VA?

   ❍ Yes ❍ No ❍ Don't Know ❍ Refused

   If yes, what type of benefits ______________________________

4. If you are receiving service-connected disability compensation, what is your rating?

5. Percent _________ ❍ Don't Know ❍ Refused

6. What are you rated for? ______________________________

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