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Briefly Stated

California's Women Veterans: Challenges and Needs

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April 2010

Women veterans 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 female veterans they have unique experiences and needs. This brief highlights the challenges and needs faced by California's women veterans returning home from the wars in Iraq (OIF) and Afghanistan (OEF), as described in the CRB report, *Women Veterans: The Challenges and Needs of Those Who Served*.

Most servicemembers transition from the military without major problems. As one veteran stated: *As a female veteran, I have not encountered any challenges transitioning from active duty to civilian life ... being a female veteran has empowered me tremendously.*

However, the research literature and service providers identify a range of challenges faced by women. And, while about 45 percent of the 170 women veterans who participated in a CRB survey said that they came back facing the same, or many of the same, transition issues as their male counterparts, their experiences indicate that they faced specific issues related to their gender.

Recognition and Respect

Women veterans identify the lack of respect and recognition for their military service, especially their combat experience, as their primary transition challenge. They report that they commonly do not receive the acknowledgement that is afforded their male peers; they feel invisible.

Sometimes I think we don't get the respect, recognition and services as men because many view women – especially younger women – as not being a person that could be a veteran. People just don't ask or outreach like they do with men, even other women.

This lack of acknowledgement exacerbates an already stressful adjustment: *As a woman, it is particularly difficult to make the transition from being a soldier to a civilian woman.*

Support and Family

The biggest difficulty is the culture change. Military culture is VERY different from civilian. Once in the civilian world, you feel lost because you think the others around you do not have the same experiences.

Women veterans report feeling isolated from their civilian friends and commonly express the need for peer support from other veterans, especially women veterans who can understand and

relate to their military experiences. Accessing such support from their sister veterans is difficult given their numbers; many more men share the experience of being a veteran.

Military deployments cause great stress within families. After being gone for months or years, settling back into family roles can be difficult, especially with traumatic experiences and injuries that servicemembers bring home from war. Women are generally the primary caregivers; often, they don't take the time they need to decompress and deal with their own needs before taking on caregiving duties and their families' respective needs.

Veteran mothers, and researchers, report that the transition home is particularly difficult for their children. As a result, the family and individual family members may need counseling or other post-adjustment services which are often not accessible. Lack of child care is a major challenge for women veterans.

Physical and Mental Health

The U.S. Department of Veteran Affairs (VA) reports that the most common physical health problems of women veterans coming back from Iraq and Afghanistan are back trouble and other muscular ailments; digestive illnesses; and genital or urinary system problems. These result from carrying heavy loads, the climate conditions, and lack of adequate personal hygiene. Like male veterans, women are living with permanent disabilities caused by military injuries. As one veteran stated: *I was medically discharged. My greatest challenge has been literally starting my life over.*

Women veterans' health issues are different than both their veteran male counterparts and their nonveteran peers. The long-term health consequences for women who have served in combat are still unknown. Current VA studies are exploring the effects of military service on both physical and mental health.[1]

Most women veterans use the private sector for their healthcare. However, the number using VA healthcare services is increasing, especially among younger OIF/OEF women veterans whose health needs are very different from their older male counterparts: during the past five years, 42.5 percent of women veterans who served in Iraq and Afghanistan have sought care at the VA.[2] While many women report positive experiences with VA healthcare and the VA continues to improve services for women, barriers remain. These include the mostly male environment, safety and privacy concerns, and lack of respect from healthcare staff.

Women also face a unique set of mental health challenges associated with their military service. Women veterans are twice as likely as male veterans to have reported mental health problems – such as anxiety or mood disorders – in the previous year (15 vs. seven percent).[3] Younger women veterans, ages 18 to 25, are at highest risk for developing mental health conditions.

The rates of sexual assault in the military are higher than those in the civilian world, and military sexual trauma (MST) – which encompasses both sexual assault and sexual harassment – is widespread. The estimated prevalence of sexual assault ranges from 20 to 48 percent among women veterans based on both VA data and the research literature. A majority of military women – 80 percent – report being sexually harassed.[4]

Women who have experienced MST are three times more likely to be diagnosed with a mental health condition, including post traumatic stress disorder (PTSD) – an anxiety disorder that results from exposure to extreme trauma. Studies have found that MST is more likely to lead to PTSD than other military or civilian traumatic events.

Women are twice as likely as men to develop PTSD, and they typically experience more PTSD symptoms and endure a longer course of illness than their male counterparts.[5] However, women veterans report that they face difficulty and resistance from the VA when being assessed and diagnosed for PTSD – in spite of being exposed to combat conditions and other traumas associated with war and the military.[6]

"One of my assignments in Germany was to examine any accidents that caused damage to equipment or people; some of the accidents were horrible. I was involved in a training accident that causes me daily pain. As a drill sergeant and platoon sergeant I saw some pretty awful accidents that caused great bodily harm and death. My nightmares are mostly about these deaths and mutilations. It seems that since I never served in combat, my experiences are not considered serious."

As a result of their deployments in Iraq and Afghanistan, women, as well as men, are increasingly suffering traumatic brain injuries (TBIs), usually caused by blast injuries from mortar attacks and roadside or suicide bombs. Veterans with TBIs face difficulties transitioning back to their previous life and functioning as they had in the past. This may be especially difficult for women with children and those who are in caregiving roles. Depression – another combat-related mental health condition – is a major challenge for women veterans.[7]

Housing and Homelessness

While veterans as a group can afford their monthly housing costs and are more likely to be homeowners, there is a subset of low-income veterans who rent housing and have "severe housing burden" (which means they are paying more than 50 percent of their income toward housing costs).[8] Due to their lower income levels, female veterans are more likely than male veterans to be in this category (14 vs. 10 percent).

About 154,000 veterans across the country – over 29,000 in California – are homeless on any given night; and up to twice as many experience homelessness at some point during the course of a year.[9] Veterans represent over 25 percent of the total homeless population; most are male.[10] However, the VA recently reported that the number of women veterans has grown from three percent a decade ago to five percent. The share of younger homeless women veterans is almost double – nine percent of homeless veterans under age 45.[11] In addition, women veterans are four times more likely than their civilian counterparts to become homeless (in comparison, male veterans are 1.25 times more likely to be homeless than their civilian counterparts).[12]

Nationally and statewide, service providers report that OIF/OEF veterans – including women and veterans with children – are already seeking help with finding shelter and services. The VA estimates that about 2,000 OIF/OEF veterans have already become homeless since returning home. Women make up 11 percent of the OIF/OEF veterans that have been seen in VA homeless programs during the past three years.[13]

Women veterans face additional challenges that contribute to their risks of homelessness, such as high incidents of sexual assault, PTSD, and other trauma or mental health issues. According to researchers, by the time women become homeless, their mental health issues are more severe than those of homeless men, and they have already used the "family and friends" resources available to them.[14] Safety is an issue for homeless women; several women veterans describe being accosted or fearful while on the streets or when placed with men in shelter or other housing enviroments.

Employment and Education

Many veterans, especially younger veterans, face challenges finding a job or immediately pursuing a career when leaving the military. These include a lack of nonmilitary work experience; translating their military skills and experience to civilian employment opportunities; and difficulty maintaining their composure and self-control during the work day due to normal readjustment after exposure to combat or to PTSD. Women veterans (who earn about $10,000 less per year than male veterans) face additional challenges. They often struggle to find jobs that pay what their military career did. They also report that their veteran status is not always recognized by potential employers.

After coming back from overseas it is difficult to fit back into society. Finding employment with a salary comparable to that of the military is difficult if your job on active duty is not transferable to the civilian sector.

Some companies do not see women as veterans and don't see the job skills we learned on active duty translate into real-world skills.

Going back to school can be another difficult transition. Veteran students commonly describe their difficulty with reconciling campus life with their experiences in Iraq and Afghanistan. Those with PTSD may have problems with crowds and loud noise, and those with TBI may struggle to complete their coursework. Women veterans report feeling even more isolated as peer support and networking opportunities with other women veterans is lacking. In addition to not being acknowledged for their service like their male comrades, some are hesitant to join campus groups because of negative reactions to women in the military. Many also have to cope with the impact of military sexual trauma.[15]

Since I worked with all males in the Army, I have issues trying to be friends with females again. I have A LOT of transition issues with school and being back in an environment where it's all 18 year olds, and me being a lot older with a lot of experience, it wasn't noticed especially because I look like a 18 year old, and I definitely don't look like I've been in the military before. I feel it is just the way they think and the little things that they worry and complain don't compare to dealing with things in the real world and deployment. I know it shouldn't, but it frustrates me so much to have to listen to them in class talking about it.

In spite of government and private efforts to "get the word out," many women veterans are not aware of their benefits, services, or various resources – including gender-specific services/resources – that are available to help them. Additional service barriers are limited resources and access to the services that are available: There are not enough resources and services available to meet the current and future needs of OIF/OEF veterans. While services for women veterans are increasing, resources remain more limited than for male veterans.

Marines from Camp Pendleton, California, prepare to board an aircraft leaving March Air Reserve Base to an undisclosed destination in support of OEF. (Photo by SRA Jorge A. Rodriquiz, USAF, February 2003.)

Women veterans have served their country; they have earned and deserve the recognition, respect, and level of services afforded all veterans – services that meet their needs.

CA Women Veterans Need:

- Recognition and respect for their military service.
- Opportunities to interact with other women veterans to share their experiences and provide/receive support.
- Support and services for themselves and for their families to re-establish family roles and relationships.
- Child care options.
- Access to high quality, gender-specific healthcare, separate spaces to receive care and treatment, and staff that are trained to understand and meet their needs.
- Access to high-quality mental and behavioral health treatment and services targeted to their specific issues and experiences, sepa-

rate spaces to ensure privacy and safety, and staff that are trained to understand and meet their needs.

- Military sexual trauma (MST) care and treatment in separate spaces to ensure privacy and safety, staff that are trained to understand and treat military sexual trauma, and outreach about MST and services.
- Suitable and affordable housing. Those who are homeless, or at risk of homelessness, need gender-appropriate services, including private and safe shelters and transitional housing.
- Education, and employment and training opportunities that are targeted to meet their needs.
- Information about existing services and benefits; including specific outreach efforts directed at women veterans and focused on their areas of concern.

California's Women Veterans: The Challenges and Needs of Those Who Served (August 2009), describes the state's women veterans and identifies their challenges, the primary services they need, and barriers they encounter. It also explains the federal, state, and local services delivery structures that provide benefits and services to veterans, and provides additional resource materials.

A related CRB brief, *Briefly Stated: Women Veterans by the Numbers*, presents the demographic overview of this population.

CRB reports and briefs are available at http://www.library.ca.gov/crb/CRB-Search.aspx.

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comprehensive VA study of women veterans who served in the military during the Vietnam War to explore the effects of their military service upon their mental and physical health was announced by VA Secretary, Eric K. Shinseki on November 18, 2009 at http://www1.va.gov/WOMENVET/.

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[7] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Women in the Military: Promoting Acceptance and Inclusion* (Washington, D.C.: SAMHSA, August 2008) at http://promoteacceptance.samhsa.gov/archtelpdf/Aug062008-final.pdf.

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[10] National Coalition for Homeless Veterans, *Statement before the Committee on Appropriations, Subcommittee on Transportation and Housing and Urban Development, and Subcommittee on Military Construction and Veterans Affairs*, United States Senate, May 1, 2008.

[11] B. Bender, "More female veterans are winding up homeless," *The Boston Globe*, July 6, 2009, at http://ww.boston.com/news/nation/washington/articles/2009/07/06/more_female_veterans_are_winding_up_homeless/.

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[13] Mary Rooney, Program Specialist, U.S. Department of Veterans Affairs Homeless Veterans Programs, in session on Updates on Programs for Homeless Veterans, National Summit on Women Veterans Issues, June 21, 2008.

[14] Statement by Dr. Rani Desai, VA National Center for PTSD in "Will More Women Vets Be Homeless?" *Medhill Reports*, March 12, 2008.

[15] Business and Professional Women's Foundation and the American Council on Education's Office of Women in Higher Education, "Women Veterans Lack Resources on College Campuses," Meeting, January 28, 2009; and Catherine Morris, Sierra College Veteran Counselor, telephone conversation, March 20, 2009.