

Ensuring That Women Veterans Gain Timely Access to High-Quality Care and Benefits

Federal agencies need culture change and should reevaluate programs and services for women veterans to ensure they are meeting the unique needs of women service members and transitioning women veterans.

RECOMMENDATIONS:

VA and the DOD should aggressively pursue culture and organizational change to ensure that women are respected and valued.

The DOD, VA, and other federal partners should collaborate to develop and maintain an up-to-date central directory and mobile applications for federal programs and services that are available to women service members and veterans who are transitioning from military to nonmilitary life.

The federal government should collect, analyze, and publish data by gender and minority status for every program that serves veterans to improve understanding, monitoring, and oversight of programs that serve women veterans.

The DOD, VA, and local communities should work together to establish peer support networks for women. VA should establish child-care services as a permanent program to support health care, vocational rehabilitation, education, and supported employment services.

VA should build upon the local community partnerships and outreach established for other programs, such as those for homeless veterans, to establish support networks for women veterans in accessing health care, employment, financial counseling, and housing.

The DOD and VA should increase engagement and treatment of family members in post-deployment health care and the transition programs for service members and veterans.

VA needs to improve access to gender-specific health care for women veterans by requiring every VA Medical Center to hire a part-time or full-time gynecologist.

VA and the DOD should remove existing barriers and improve access to mental health programs for women. They should explore innovative programs for providing gender-sensitive mental health programs for women. An interagency work group should be tasked to review options, develop a plan, fund pilots, and track outcomes. VA and the DOD should consider collaborations on joint group therapy, peer-support networks, and inpatient programs for women who served after 9/11.

The DOD should eliminate rape, sexual assault, and sexual harassment in every part of its organization and take action to establish a culture that does not tolerate sexual assault and sexual harassment.

The DOD should allocate the resources needed to fully implement its Sexual Assault Prevention and Response Office's Strategic Plan. The DOD should conduct program evaluations and prospective scientific studies to monitor the success of its plan to prevent military sexual trauma, change the military culture, assess program progress and outcomes, and adjust actions as needed.

The DOD should improve policies and programs that provide family support to the spouses and children of women veterans.

VA and DOD should develop a pilot program for structured women's transition support groups to address issues with marriage, deployment, changing roles, child care, and life as a dual military family. VA should evaluate the effectiveness of transition support groups and determine whether these efforts help achieve more successful outcomes for women.

Congress should make permanent and expand the authority for the VA Readjustment Counseling Service's women veterans retreat program. VA researchers should study the program to determine its key success factors and whether it can be replicated in other settings.

VA should address the needs of women veterans in education by piloting programs such as education and career counseling, virtual peer support for women students, and child-care services. VA should establish comprehensive guidelines that schools can use to assess and improve their services and programs for student veterans. Special attention should be given to the needs of women veterans on campus. Schools who adopt these guidelines should be rated on the GI Bill Comparison Tool. VA should market its Education Counseling services on the Veterans Benefits Administration website and emphasize them during the Transition Assistance Program (TAP) process. Alternative options such as live chat and email should also be made available and marketed.

VA should enhance its monitoring and reporting on educational institutions to include consistent standards for granting credit for military-training and education-credit transfer; support for veteran students with identified disabilities, educational outcomes, and barriers; and availability of career counseling and job-placement success.

TAP partners should conduct an assessment to determine needs of women veterans and incorporate specific breakout sessions during the employment workshops or add a specific track for women in the three-day sessions to address those needs.

The DOD should transfer contact information and data on all TAP participants to VA and the Department of Labor, who should be responsible to provide gender-sensitive follow up with all service members 6 to 12 months after separation to offer additional support and services.

Data on participation, satisfaction, effectiveness, and outcomes for TAP should be collected and analyzed by gender, ethnicity, and race and returned in real time to commanders for assessments and corrective actions. To judge the success of TAP, employment outcomes and educational attainment should be tracked and reported on a rolling basis, analyzed by gender, ethnicity, and race, for all separated service members.

To assist women veterans with job placement and retention, the DOL and VA should develop structured pilot programs that target unemployed women veterans modeled on the promising practices from DOL Career One Stop service centers.

The DOL should work more closely with state certification organizations to translate military training and certification to private-sector equivalency. VA and the DOD should establish a grant program to accelerate these efforts.

Congress should reauthorize and fully fund the Supportive Services for Veteran Families program to promote positive transitions for women veterans during the anticipated downsizing of the armed forces.

VA and the Department of Housing and Urban Development should invest in additional safe transitional and supportive beds designated for women veterans.

VA should work with community partners to provide housing programs to accommodate women veterans with dependent family members.

The VBA should continue to track, analyze, and report all its rating decisions separated by gender to ensure accurate, timely, and equitable decisions on claims filed by women.

BACKGROUND AND JUSTIFICATION:

Women are a rapidly growing and important component of the U.S. military services, yet their contributions have been under-recognized, even by the women themselves. Today women constitute approximately 20 percent of new recruits, 14.5 percent of the 1.4 million active-duty component, and 18 percent of the 850,000 members of the reserve components. Over 300,000 women have served in Afghanistan and Iraq. While the number of male veterans is expected to decline by 2020, the number of women veterans is expected to grow to 11 percent of the total veteran population.

Over the past decade of war, women have served in forward, exposed positions in unprecedented numbers. They are assigned to female engagement and reconstruction teams, military police units, transportation teams, as helicopter and jet fighter pilots, and in a variety of other positions that put them in combat, resulting in exposure to trauma, injury, and myriad environmental threats associated with modern warfare.

Despite a government that provides an array of benefits to assist veterans with transition and readjustment following military service, serious gaps are evident for women in every aspect of existing federal programs. These gaps impede their successful transitions to civilian life. Today, women lack consistent access to a full range of gender-sensitive benefits and services, and the federal government has not ensured that the staffs of each agency are exemplifying and promoting culture that supports women veterans. The vast majority of these deficiencies result from a disregard for the differing needs of women veterans and a focus on developing programs for men who are prominent in both numbers and public consciousness. Resources for implementation and evaluation of programs that address culture and climate for women are long overdue, but the IBVSOs believe they are achievable.

Because of their role in the military and society, women veterans confront unique transition challenges. The challenges of readjustment to post-military life affect women differently than men and should receive attention from their local communities and the federal government at a level that is at least comparable to that received by men. One of the most persistent problems is a military and veterans' culture that is not perceived by women as welcoming and does not afford them equal consideration. The VA Women Veterans' Task Force noted the "need for culture change across VA to reverse the enduring perception that a woman who comes to VA for services is not a veteran herself, but a male veteran's wife, mother, or daughter."

Similar to their male counterparts, wartime deployments expose women to harsh living conditions. This environment impacts overall health and wellness, and women's health concerns must be considered and addressed in order for them to be effective and fully functioning members of military units. To accomplish this goal, in December 2011 the Army Surgeon General directed the establishment of a Women's Health Task Force team to assess the health care needs of Army women. The task force reported a lack of education and information on birth control, menstrual cycles, and feminine hygiene. The physical effect of poor-fitting uniforms and protective gear, barriers to seeking gender-specific care during deployment, the psychosocial impact of deployment on new mothers, reintegration with spouses and children, and sexual harassment and assault were also highlighted by the task force as key issues. The Armed Services Committees of the House and Senate should review these recommendations and should assume a strong oversight responsibility and agenda to see that all service branches make progress in resolving these important challenges, which IBVSOs believe are universal across the services, National Guard, and reserve components.

Many women who return from deployments are made stronger by their experiences, but some have difficulty in their transitions and are not fully supported by existing federal programs. Research demonstrates that women veterans returning from deployments in Iraq and Afghanistan experience higher rates of under-employment and unemployment than male peers, experience disturbingly high rates of homelessness—at least twice as high as women nonveterans, have high rates of sexual assault during military service, and reveal a lack of safe housing, especially for women with minor children.

Women continue to report access to child-care services as a barrier to needed health care services based on the success of the VA's child-care pilot program. The IBVSOs believe VA should establish child-care services as a permanent program to support health care, vocational rehabilitation, education, and supported employment services.

Women experience deployment and reintegration differently than do men. According to a special report issued by DAV in 2014, women are believed to focus more on disruption of interpersonal relationships, they report experiencing less social support once they return home, and they do not find services or commanders prepared to support women and their families after deployment. Compared to men, women are less likely overall to be married, and if married more likely to be married to a fellow service member, more likely to be a single parent, more likely to be divorced, and more likely to be unemployed after military service.

Women veterans have been underserved for far too long by the federal, state, and local programs. While VA deserves praise for its efforts to improve women's health programs, for its outreach to women, and for establishing comprehensive primary care programs for women veterans at all VA facilities, very serious gaps still occur in some VA clinics and specialty services. For example one third of VA medical centers do not employ a gynecologist. Holistic, evidence-based programs for women's health, mental health, and rehabilitation programs must be expanded to address the full continuum of care needed by all veterans, including women veterans.

Where Do Gaps Exist?

Health Care Services

Numerous reports have indicated that women veterans suffer from a high burden of post-traumatic stress disorder (PTSD), depression, and other comorbid conditions; yet, VA has experienced difficulty in establishing gender-specific group counseling, residential treatment, and specialty inpatient programs to serve women. The IBVSOs recognize the difficulty in building a critical volume of women to maintain these specialized programs in every location; therefore, we recommend that VA and DOD work collaboratively on pilot programs to address these issues, such as "tele-group" therapy, VA-DOD joint programs, and expanding regional centers of excellence. These agencies should jointly explore "warm handoffs" and other new approaches to transitioning care from the DOD to VA.

Sexual assault and rape are crimes. The recent dramatic increase in reported military sexual trauma is an illustration of problems and solutions that require radical change in the culture of our armed forces. In order to successfully eliminate rape, other forms of sexual assault, and sexual harassment in the forces, the DOD must address organizational, culture, and preventive solutions. Although VA has excellent evidence-based treatments for military sexual trauma (MST) survivors, VA still lags in providing the number of qualified providers with specific training and expertise in treating the consequences of MST and helping veterans recover.

The DOD has neither adequately supported nor adjusted its programs to meet the needs of deployed women and their families. For example, husbands of deployed women service members do not receive the same level of family support services available to women spouses because programs are not designed to meet men's concerns, needs, and schedules, or are not viewed as welcoming to men's participation. Current transition programs and treatments for relationship building, family reintegration, prevention of intimate partner violence, and support for family functioning are based on civilian programs and lack evidence of effectiveness in military and veteran populations. Improved transition support programs designed for prevention, treatment, and support for women and their families are needed.

While the VA women veterans' mental health retreat program has been a resounding success in reducing stress, improving coping skills, and improving women's sense of psychological well-being, it is only a small pilot effort and has served a limited number of women. However, in its report to Congress, VA noted that 85 percent of participants showed improvements in psychological well-being, 81 percent showed significant reduction in stress symptoms, and 82 percent showed an improvement in positive coping skills. These kinds of outcomes warrant permanent reauthorization of the program by Congress, and justify a study of long-term outcomes in women who participate in these retreats.

In order to understand the experience of women in the military and veterans, data needs to be routinely collected, analyzed and reported by gender and minority status. The IBVSOs recommend improved data collection on women and minorities for health care, disability compensation, justice involvement, education, transition assistance, sexual trauma, employment, and housing programs. Congress, policy makers, program directors, and researchers need this information in order to monitor and enhance services for women veterans.

Education

The Post-9/11 GI Bill represents the largest expansion of educational support to military and veterans in our post-World War II experience, and this Congressional authority provides excellent educational benefits. However, there is a paucity of information available on the education subsidies and support received by women veterans or on the outcomes of the use of the Post-9/11 GI Bill benefits and services by women. More information is needed for program planning, policy-makers, and researchers to ensure this program is meeting women's needs after service.

Transition Assistance Program

There are no comprehensive studies that evaluate the effectiveness of the Transition Assistance Program (TAP) program. The hallmark of adult learning is that adults seek out and absorb information when they perceive that they need it, not necessarily when it is available. Some transitioning service members may not be primed to absorb TAP training during their preseparation periods but would be more receptive once they are actively seeking help and assistance following their discharges several months later.

Employment

The need for assistance will become even more pressing as the DOD executes its downsizing plan. Those who expected full military careers will be suddenly thrust, with little warning, into ill-prepared civilian communities and job markets as new veterans. The Department of Labor (DOL) has provided women veterans with many customized programs, communications, and supports. Despite these efforts the unemployment and under-employment rates for women veterans are higher than those for men. The planned military downsizing is likely to exacerbate this problem. Additional efforts are needed to reverse these trends.

Housing

VA's efforts to eliminate veterans' homelessness have been impressive and are showing significant success. However, women veterans still have higher rates of homelessness than their nonveteran counterparts, and housing support for women veterans needs to be enhanced, particularly for women with dependent children.

Disability Compensation

The burden of illness and injury in post-9/11 veterans is high and nearly half have applied to VA for disability compensation. VA confirmed that disability evaluation ratings for MST-related PTSD claims were lower for women veterans and took action to educate and retrain staff on proper adjudication of these claims. VA needs to do more to assure that women are receiving fair and equitable adjudication of all their disability compensation claims.

SUMMARY

Women veterans deserve an integrated approach to address their transition needs, and the IBVSOs expect to observe and support an overhaul of the culture, values, and services of the federal systems that should be supporting them in a successful transition home.

The following recommendations cover the broad range of transition needs of women veterans in culture change, health care, disability compensation, family and community support, education, transition assistance, employment, housing, and in efforts to treat the devastating effects of MST and prevent sexual assault. The IBVSOs urge Congress, federal, and state agencies and community partners to re-evaluate existing programs and services and make necessary changes to ensure they are tailored to meet the needs of all veterans, including women. Congress should provide the necessary resources to meet this goal and should furnish continuing oversight of programs and services to ensure the unique transition needs of women veterans are being fully met.