

[https://www.youtube.com/
watch?v=OI5XE3zdF9o](https://www.youtube.com/watch?v=OI5XE3zdF9o)

Identifying Women Veterans: What's in it for Everyone?

Oregon Women Veterans Coordinator:
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Oregon Women Veterans Coordinator

Elizabeth Estabrooks

- Masters in Social Work, Columbia University
- B.S. in Gender Studies and Political Science, Eastern Oregon University
- Focus on women, equitable services, and safety, and women veterans in particular



Oregon Department of Veterans' Affairs

- Statewide Veteran Services
 - VSO (Marion County)
 - Training of VSOs
 - Accreditation authority of VSOs
 - Appellate authority for VSOs
 - Women Veterans Coordinator and LGBTQ Veterans Coordinator
 - Emergency Financial Assistance Grant
- ODVA Home Loans
 - Similar to Federal VA home loans
 - Loans stay with ODVA, aren't sold
- Aging Veteran Services
 - Own and operate two veteran homes (Lebanon and the Dalles)
 - Conservatorship
 - Fiduciary services
 - Advocacy and support for aging veterans and families

Over 317,000 Veterans in Oregon

6.5%

WWII



20%

KOREA



37.2%

VIETNAM



25.9%

PEACETIME



15.3%

GULF WAR



6.6%

IRAQ/AFGHANISTAN



Aging veterans

Disabled veterans

Student veterans

Women veterans – Over 28,000

Rural veterans

LGBTQ Veterans

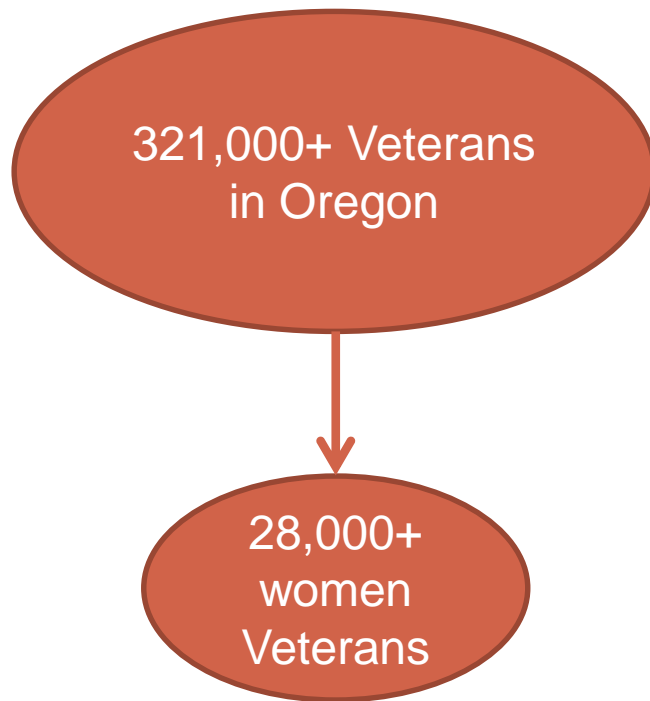
Minority veterans

Tribal veterans

Justice involved veterans

Homeless veterans

HB3479 & Women Veterans



- Passed May 2015
 - Funded position of Oregon Women Veterans Coordinator
- Hired January 2016
 - Enhancing awareness of and services to women as veterans
 - Training, advocacy, community partnerships
 - Improve data, research, and policy

Women Proudly Serve



HB3479 & Women Veterans

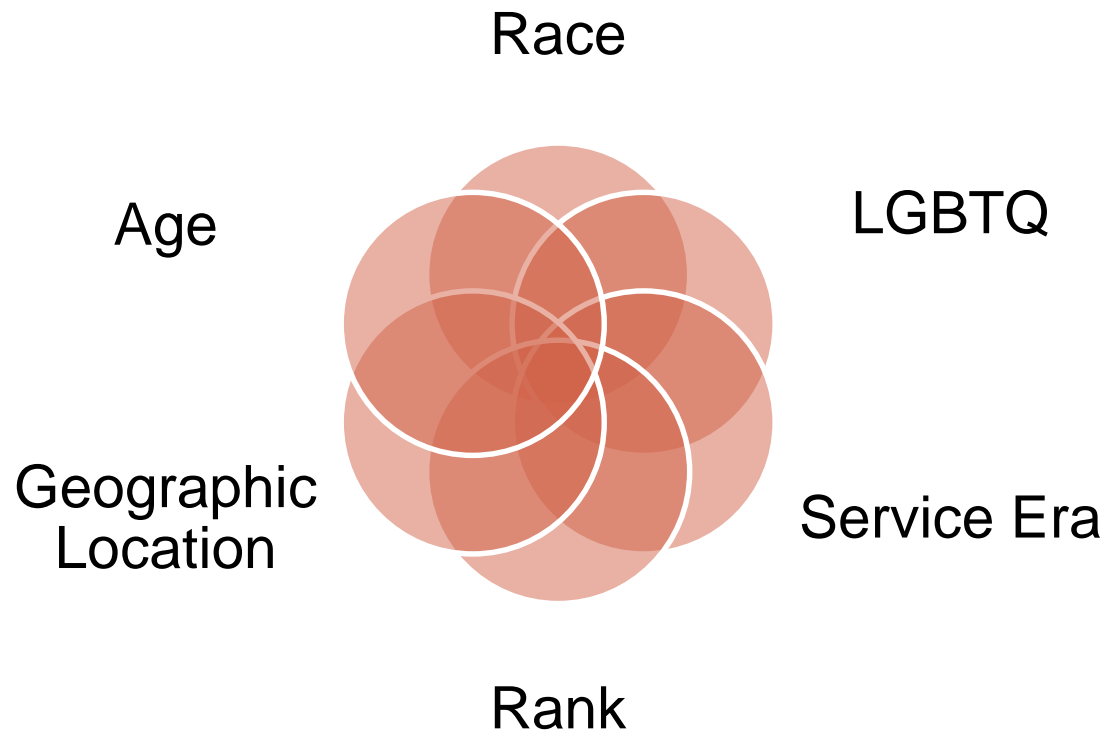
The Invisible Women Veteran

Question: Are you a veteran?



Did You Serve?

We are more than our gender



Women - The fastest growing subgroup among U.S. Veterans

10% of the total veteran population but 12% of OEF/OIF Veterans, with an increase in combat-related roles

- Average age 48 (male 63)
- Higher % marry, but higher % also divorce than non-women veterans (NWW)
- 40% have at least 1 child under 17 living at home
- 20% are single parents
- PTSD, hypertension, and depression top 3 diagnostic categories (VA)
- 1 in 3 experienced some form of military sexual assault



Through the Gender Lens

Compared to their male counterparts, women veterans are:

- Less likely to identify as veterans
- Under-diagnosed for PTSD in VA
- Less likely to receive PTSD benefits
- MORE likely to report feeling unwelcome & unsafe at a VA facilities
- Less likely to have *social support*
- Less likely to be diagnosed with substance abuse disorders and seek treatment

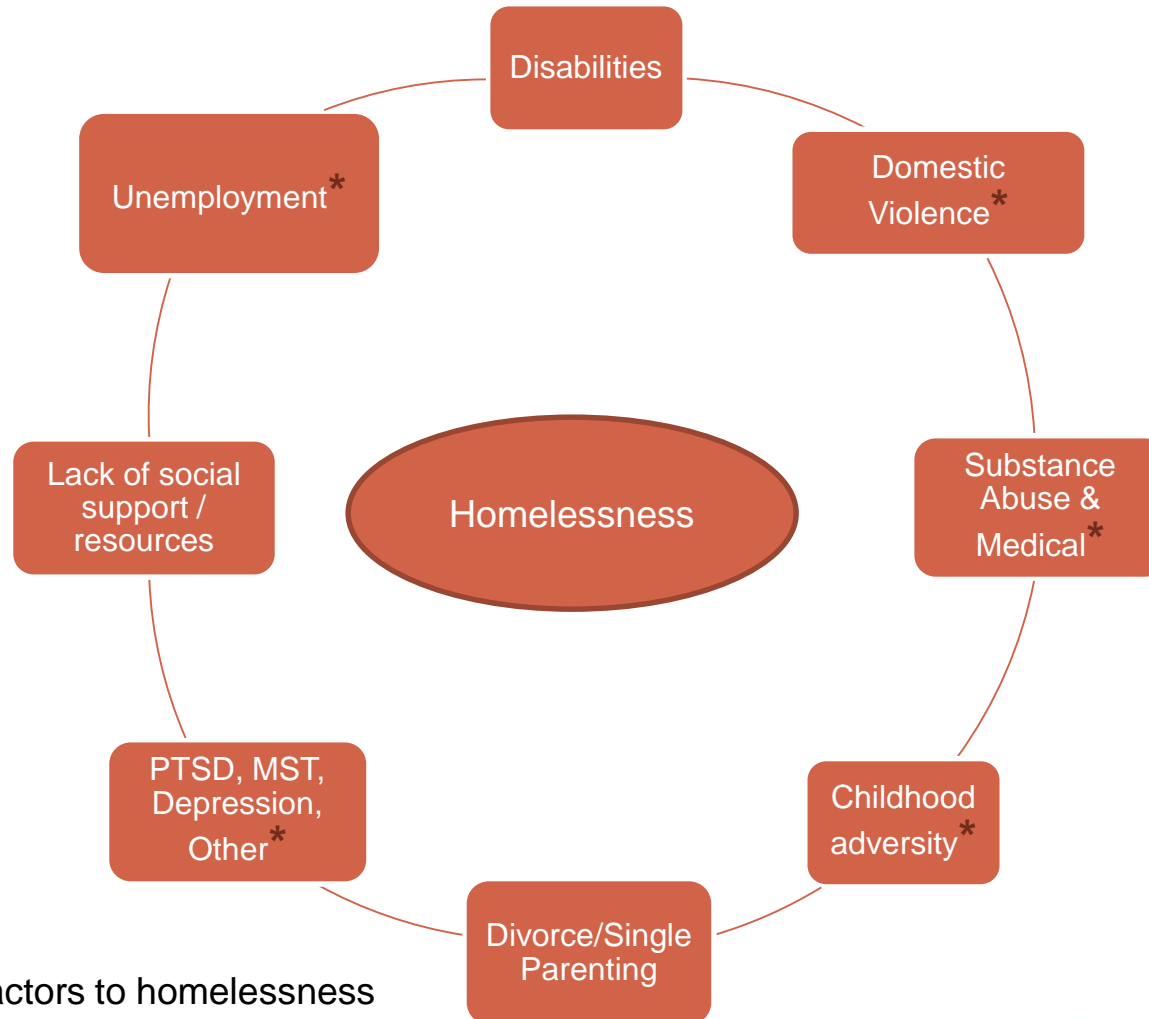
Through the Non-White lens

- More likely to have a disability – s/c or otherwise
- Native WV serve at a higher rate than non-Native women and are younger as a cohort
- Native WV have lower income & higher unemployment than other races
- Black and Latina WV are more likely than non-white WV to use VA

Women Vets – Fastest growing homeless population

- Up **to 4 x more likely** compared to non-veteran women & male veterans
- Black **or** between ages **18 – 34** at even **higher risk** **40%** of homeless WV experienced MSA - **6.5 times** more likely to experience homelessness
- Women of color - **39%** of WV population **but 71%** of VA's Women Veterans' Homeless Program pop
- **1/4** of WV in the homeless programs have minor children

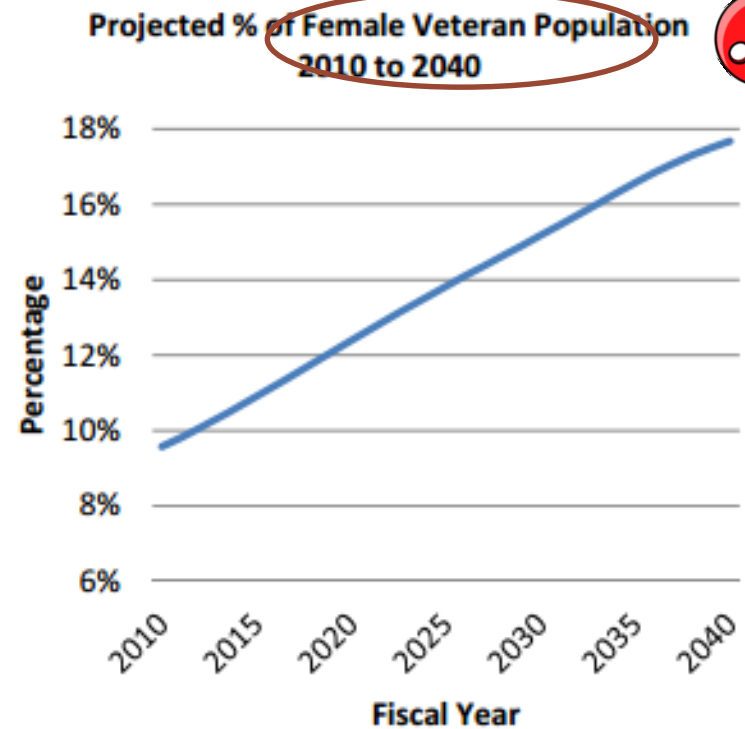
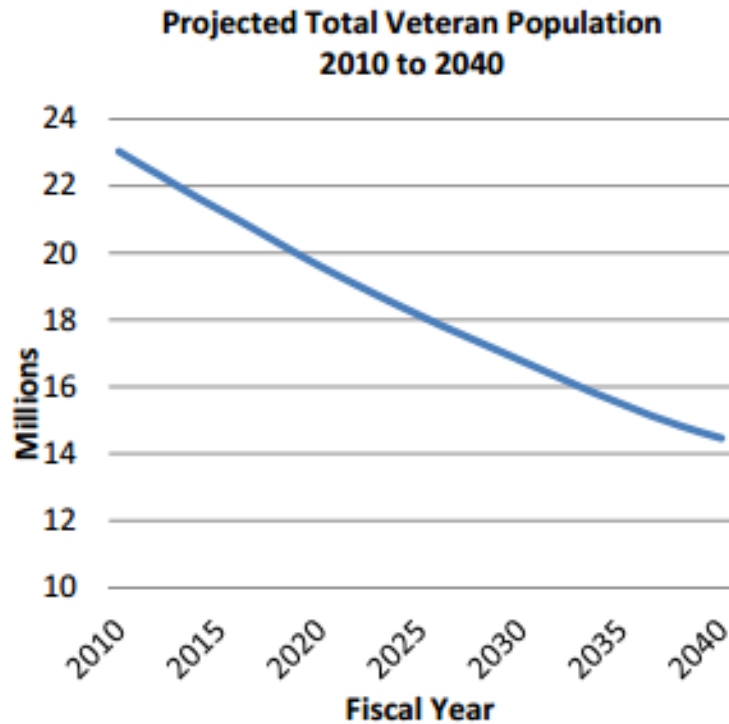
Homelessness: Beyond the numbers




*Precipitating factors to homelessness

Women Veterans Vs. Vet Population

Fastest growing veteran population!



Top 5 issues facing women Veterans

1. **Invisible/Unacknowledged** - to VA and civilians
-  2. **Falling through the cracks** – 1/3 of clinics lack staff to provide adequate treatment
3. **Self-Isolation** – lack of knowledge about benefits, avoidance of traumatic experiences
4. **Unemployment** – more than a point above male veterans
5. **Homelessness** – Fastest growing segment of homeless population

Trauma exposure = risk factor



Women veterans are highly trauma exposed



- Recurring forms of trauma (military sexual assault, intimate partner violence, childhood trauma, combat trauma, historical trauma)
- Psychological IPV*
- Being a woman in a male-dominated military culture

Cumulative adverse impact on health

Associated with poor self-related health

A common theme

Substance Abuse

Military Sexual Trauma (MST)

- **Est. 1 in 3 active duty women & 1 in 8 active duty men** – in Oregon 59% of women surveyed
- **81% to 93%** of women veterans have been exposed to some type of trauma
- **Native women** at increased risk of rape, sexual assault, & harassment, increasing PTSD risk



PTSD and MST

- Co-occurring PTSD & substance abuse **more common** in women
- Women with MST **9 times more at risk** for PTSD
- **Increased risk** of difficulties with employment, substance use, homelessness
- 73% of OEF/OIF women veterans had 1 or more **combat** experiences
- **Lower grant rates** for MST/PTSD claims than non-MST related PTSD claims, disparately affecting WV



IPV, Mental Health, & Women Veterans

- Substance abuse is a **correlate** of IPV
- Significantly **higher** levels of PTSD & depression symptoms compared to none group
- With both sexual & physical assault, chronic health conditions more likely
- Significantly lower health-related quality of life for **10+ years after** military service
- IPV-related TBI associated with **poorer** mental and physical health in women Veterans



Suicide & Women Veterans

- **3x higher** than non-veterans
- Increased by **40%** in past decade
- **Under 34** at highest risk and on the rise
- **18 to 29** - suicide risk is **12x** the rate of non-veteran women

Comorbidities – Women Veterans

65% had other diagnosed MH conditions compared with 42% of their male counterparts



WV in VA Substance Use Disorder care have high rates of co-occurring

- PTSD (47.6%)
- Serious mental illness (38.7%)
- Major depressive disorder (31.9%)

Substance Abuse & Women Veterans

National sample of
WV estimates that
about one-third
misuse alcohol

BUT



Less likely to be
identified

Less likely to
report



Less likely to
receive effective
interventions

http://www.hsrp.research.va.gov/publications/emerging_evidence/women_health0515.cfm

Barriers & Challenges



What can be done to reduce barriers
and improve services to women
veterans?



Show her you see her

- Understand different issues, barriers, and challenges faced by women veterans
- Acknowledge her military service and status as a veteran - look to your environment & words
- Hear her concerns
- Ask what you can do to support her

Being present vs. being there

- Her schedule vs. yours
- Her reality vs. your perception
- Person-centered approach
- Intentional planning for women veterans

System of Care: Not one but all



Social Supports

- Family
- Women
- Church/Spiritual
- Peer Support
- Friends
- Community



Health Care

- VA
- Community Providers
- Holistic Services
- Medication



Behavioral Health

- Substance Use
- Mental Health
- Exercise
- Weight Mgt

Key Partner – County VSO

- Every county has one – key partner
- Specialize in obtaining benefits and understanding options
- With the veteran from start to finish
- Experts – most hold at least one certification
- Knowledgeable in veteran services and benefits available in their location



CALL YOUR COUNTY OFFICE TO FIND THEM

Women's Service Matters



Questions???

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