Outreach to Women Veterans of Iraq and Afghanistan: A VA and National Guard Collaboration

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The return to civilian life from active duty for a woman veteran poses challenges different from her male counterpart. The Wisconsin National Guard Demobilization and Reintegration program provides excellent outreach opportunities, such as immediate access to VA health care and support, leading to successful readjustment.

Women in the military have served in the Iraq war (Operation Iraqi Freedom [OIF]) and are serving in the Afghanistan war (Operation Enduring Freedom [OEF]), and the Iraq transition to stability operations (Operation New Dawn [OND]) in numbers that are unprecedented in U.S. history. In Wisconsin, the 2009 mobilization of the 32nd Infantry Brigade Combat Team of the Wisconsin Army National Guard resulted in the state's largest deployment since World War II. A total of 3,218 soldiers representing units from 36 Wisconsin communities were deployed to Iraq. Of these troops, 337 were women. On their return in 2010, all of these troops faced readjustment issues. However, the increasing experience with returning women service members has revealed physical, mental health, and psychosocial readjustment issues that differ from those of their male counterparts. Additionally, many readjustment issues may be experienced differently by men and women veterans.

To respond to the increasing and specialized needs of Wisconsin's returning women troops, the Wisconsin National Guard Transition Assistance Advisor requested the contribution of the Women Veterans Program Managers (WVPMs) from VA hospitals. Linking women service members with VA services was deemed advantageous, because women's comprehensive care at the VA would decrease fragmented care. Additionally, VA interdisciplinary primary care would promote the necessary consideration of women's unique experiences, needs, and preferences when providing treatment.

This collaboration resulted in a special women's component to the Demobilization and Reintegration programs for returning service members to ease their transition back to civilian life. The component for women was initially implemented in 2010 as Wisconsin National Guard troops returned from Iraq. The purpose of this paper is to present a profile of this National Guard and VA collaborative program that addressed specific reintegration challenges that veterans may face.

WOMEN IN THE MILITARY

In recent years, the number of women choosing military service has increased greatly. Currently, about 15% of the active military are women along with 16% of the National Guard and 20% of the Reserves.[2] Actually, women have served in some respect in every U.S. conflict since the Revolutionary War. However, before the passage of the Armed Services Integration Act of 1948, they were not allowed to serve once the conflict ended. This act opened the door for women to make a career of

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Table 1. Curriculum at National Guard Demobilization and Reintegration

Presentations	Demobilization Wisconsin Day	Reintegration phase 1	Reintegration phase 2	Reintegration phase 3
Avoiding the stigma	X			
Alcohol awareness/substance abuse	X	X		X
Coming home	X	X		
Highway safety		X		X
Anger management	X	X		X
Communication		X		
Family wellness	X	X		X
Resiliency	X	X		X
Sexual assault		X	X	X
Suicide prevention	X	X		X
Conflict resolution			X	X
Battle buddy/self-care			X	
Healthy habits				X
Employment workshop				X
Financial issues	X	X		X
Transition Assistance Advisor/County Veterans Service Officer	X	X		
Legal issues		X		
Battalion career counseling	X	X	X	X

military service.[1] However, a military career has traditionally depended on service in a combat position for advancement, and women have been restricted from "artillery, armor, infantry, and other such combat roles."[3] In January 2013, Secretary of Defense Leon Panetta announced a landmark decision to lift the ban on women in combat. This decision opened up frontline jobs that were previously closed to women and opportunities for leadership positions. In reality, women service members have served in combat situations in the wars in Iraq and Afghanistan where there have been no defined front lines. The impetus for this decision came from a recommendation from the Joint Chiefs of Staff to eliminate unnecessary barriers to service that were gender-based and to ensure that both women and men were given opportunities to succeed. Senator Patty Murray called the decision a "historic step" for recognizing the role of women in defending our nation.[3]

NATIONAL GUARD AND VA COLLABORATION

The National Guard and the VA are highly committed to the successful reintegration of service members into civilian life. The National Guard conducts Demobilization and Reintegration events for returning troops, and outreach to the newest veterans is a major goal for each VA facility. These Demobilization and Reintegration events for all service members provide excellent opportunities to link them with VA health care. These events also provide excellent opportunities for the VA to reach returning women veterans and educate them about how the VA can provide comprehensive primary care, gender-specific care, mental health care, and meet their other health care needs.

This outreach is critical, because without VA access, women veterans may receive care from community medical providers who lack

clinical knowledge about the veteran population. Such knowledge is crucial because early and efficient linkage of newly returning veterans with health care resources can be an important step to help treat and perhaps prevent chronic mental illness and disability.[4-7] Yet Kudler and Straits-Troster report that many veterans will not seek help for readjustment and mental health problems using the DoD and VA continuum of care.[8] The collaboration between the VA and the Wisconsin National Guard was intended to ensure that women veterans obtained immediate access to quality VA comprehensive care by aggressively linking them with VA services before separation from active duty.

As a result of the collaboration, special breakout sessions for women service members were integrated into Wisconsin National Guard Demobilization events. This allowed the WVPMs to immediately speak with returning veterans, welcome them into the VA health care system, and track their successful enrollment or reconnection with their VA providers. In these breakout sessions, led by the WVPMs and other VA staff, women service members were given the opportunity to discuss concerns related to issues they faced while deployed. Such issues included exposure to a combat environment, military sexual trauma (MST), postdeployment social support, posttraumatic stress disorder (PTSD), and the need for information about VA health care.

DEMOBILIZATION AND REINTEGRATION OF SERVICE MEMBERS

Demobilization

Service members who have served in OEF/OIF/OND go through a process of Demobilization organized by the DoD on returning from active duty. Typically, Demobilization is a 3- to 5-day process and takes place after service members are allowed 4 hours with their families. The Demobilization process involves the completion of personnel-related actions as well as debriefings, equipment turn-in, health screenings, and issuance of discharge paperwork from the National Guard.

In Wisconsin, the National Guard has developed and implemented a 4-hour special component of the Demobilization process called "Wisconsin Day." This program includes a core curriculum of priority topics related to adjustment to civilian life (Table 1) and programs available to returning service members and their families (Table 2). In addition to this series of presentations, service members visit a number of resource stations to receive critical information about benefits, programs, and services available to them (Table 3). Face-to-face contact with VA staff is included, and every service member is assisted to enroll in VA health care. For those service members already enrolled, combat dates are updated for the enhanced 5-year care period of eligibility provided to OEF/OIF/OND veterans. During the Demobilization breakout sessions, the WVPMs are focused on educating returning women service members about the culture change that makes the VA a welcoming place for them, including care for MST, PTSD, and pregnancy.

Reintegration

After returning service members have completed the Demobilization process, the Wisconsin National Guard conducts 3 phases of Reintegration to help these soldiers, who have become veterans, transition into their communities, jobs, and families. Family members are welcome at 2 of these 3 events. As with Wisconsin Day, there are presentations and resource stations. Women veterans are required to visit a resource station, staffed by the WVPMs, to learn about specific benefits and care for women at VA facilities, including the role of the WVPM as an advocate and resource for them at each VA facility (phases 1 and 2). Assistance with enrollment is provided if the veteran has not enrolled at the local VA. Additionally, a confidential session with the WVPM can be arranged.

These processes of Demobilization and Reintegration are designed to be comprehensive and offer some of the same services several times. Repetition of information is intentional, as veterans may not realize they need certain types of help until they begin the transition to civilian life. The Reintegration is carried out over several months so that veterans have time to identify issues once the process of connecting with their families and their communities is well under way. Collaboration between the National Guard and the VA has been evident at the Wisconsin Demobilization and Reintegration events where VA has been well represented by hospital and benefits staff. Clearly, Demobilization and Reintegration events present excellent opportunities for VA WVPMs to connect women veterans to VA care resources.

REINTEGRATION CHALLENGES FOR WOMEN

The reintegration challenges for women veterans concern the unique or disproportionate physical and mental health readjustment issues and obstacles they face on their return to civilian life. The specific readjustment issues that the VA WVPMs look for and have resources to address include limited social supports,

Table 2. Programs discussed at National Guard Demobilization and Reintegration

Programs discussed	Demobilization Wisconsin Day	Reintegration phase 1	Reintegration phase 2	Reintegration phase 3
Transition assistance program	X	X		X
County Veterans Service Officer	X	X		X
Employer support for Guard/Reserve	X	X	X	
U.S. Department of Labor	X	X		X
Military OneSource	X	X		X
Chaplain's services	X	X		X
National Guard Service Member Support Division	X	X	X	X
TRICARE® Dental	X	X		
TRICARE® Health Plans		X		X
Financial Assistance Center	X			X
Financial planning consultants		X		X
Military Family Life Consultants		X		X
Legal issues		X		X
Wisconsin Workforce Development	X	X		X
U.S. Department of Veterans Affairs—Health Care	X	X		X
U.S. Department of Veterans Affairs— WVPM	X Breakout sessions			
Battalion career counseling	X		X	X
Vets Center benefits	X	X		X

WVPM = Women Veterans Program Manager.

homelessness, PTSD and other mental illness, sexual trauma, and physical health challenges.

FEW SOCIAL SUPPORTS

Women veterans experience psychosocial stressors different from their male counterparts. These stressors include separation from children and family, sexual assault or harassment, and poor social support.[9] Women are often primary caregivers for their children and aging parents, which increases the stress of deployment.[6] Also, stress results from the perceived and actual safety issues presented by the lack of adequate hygiene facilities for women in a combat environment.[6] Additionally, as a minority in the military, women service members may feel isolated and sense a lack of support from others in their lives.[10] Because the military offers both economic stability and the appeal of a ready-made "family," women whose living arrangements are less secure or unstable may be more likely than others to volunteer for military service.[10] Gamache and colleagues point out that when these women return from deployment, they may not be connected to family because of unstable family situations before enlistment.[10] Similarly, Fontana and coauthors assert that women veterans may also have less social support, because they are more likely to be unmarried and have a lower socioeconomic status than male veterans.[11]

Reintegration efforts can help increase a woman veteran's social supports by linking her with agencies that can provide needed services. Additionally, the VA and community support groups can provide

connections to others with similar experiences.

Homelessness

As of 2008, about 7,000 women veterans in the U.S. were homeless. That number is expected to increase as more women return from duty in Iraq and Afghanistan.[12] Also, about one-third of all homeless women veterans have mental health issues.[12] Women veterans are up to 4 times more likely to be homeless compared with nonveteran women, and although the overall population of homeless veterans is decreasing, the number of homeless women veterans is increasing.[10,13]

A study by Hamilton and colleagues suggested that the roots of homelessness for women veterans were often childhood adversity, trauma, and substance abuse during military service.[14] Factors associated with homelessness after military service included several types of adversity, such as interpersonal abuse, termination of relationships, mental health problems, substance abuse, medical problems, and unemployment. Military trauma, including sexual trauma, postmilitary interpersonal abuse, and violence have been identified as key risk factors for homelessness in women veterans.[14]

Reintegration efforts are particularly important in preventing homelessness among returning women veterans. For those women veterans with a history of MST, who lack options for employment or have limited familial and social supports, referrals to VA mental health services and VA homeless programs as well as linkages to veteran employment specialists are essential.

Sexual Trauma

Military sexual trauma can be an obstacle for a woman reintegrating into civilian life. The term *MST* is specific to the VA health care system, and VA uses the term to refer to "sexual assault and repeated, threatening sexual harassment occurring during military service."[15]

Women veterans report a higher rate of MST than do male veterans.[16] Women in the military are up to 10 times more likely to have experienced sexual abuse and 4 times more likely to have experienced physical abuse than are their male counterparts.[17] In 2010, a DoD study of sexual victimization among active-duty populations found that 4.4% of women and 0.9% of men indicated experiencing unwanted sexual contact.[18] These percentages are lower than those reported in 2006, when 6.8% of women and 1.8% of men reported unwanted sexual contact.[18] In this study, unwanted sexual contact was defined as a range of activities, "including rape, nonconsensual sodomy (oral or anal sex), or indecent assault (unwanted, inappropriate sexual contact or fondling) that can occur regardless of gender, age, or spousal relationship."[18] Numbers reported at the VA differ in that about 1 in 5 women and 1 in 100 men have told their VA health care providers that they experienced sexual trauma in the military.[19]

According to Lang and colleagues, a history of sexual assault is associated with increased substance abuse, risky sexual behaviors, and an increased need for preventive health care.[20] Women veterans who have experienced sexual assault report more depression and alcohol abuse than do those who have not experienced sexual assault.[21] Specific mental disorders associated with MST are PTSD, anxiety disorders, depression, and substance abuse.[22] In order to meet the medical and mental health needs of women veterans returning from deployment, integration of primary care, gynecologic care, and mental health care seems to be important.[23]

Readjusting to civilian life may prove to be more difficult for veterans reporting MST due to the associated physical and mental health problems. Katz and colleagues found that veterans who reported MST also reported more difficulties with readjustment, including intimate relationship problems, social difficulties, PTSD symptoms, and career challenges.[16]

Military sexual trauma is an act of betrayal by those that a woman service member relies on for her safety. Because of the complexity of this trauma and its association with one's military experience, women may be hesitant to go to the VA for their care. To address this issue, it is vital that women veterans have a welcoming and reassuring experience during their reintegration that promotes the value of receiving care through the VA. At each VA facility, a Military Sexual Trauma Coordinator is available to assist these veterans.

PTSD and Other Mental Illness

Veterans returning from Iraq and Afghanistan have high rates of mental health problems and PTSD.[5,24] Nunnick and colleagues suggest that women veterans who seek VA care have high rates of PTSD.[24] Women veterans, however, are less likely than their male counterparts are to be diagnosed with PTSD.[25] The reason for this is not clear. Rundell found that among those personnel psychiatrically evacuated from the theater of operations in Iraq and Afghanistan, women were twice as likely to be evacuated for psychiatric reasons vs their male counterparts.[17] He argued that higher rates of sexual trauma found in women in the military present a gender-specific risk that increases the possibility of a woman

Table 3. Resource stations for National Guard Demobilization and Reintegration

Resource stations	Demobilization Wisconsin Day	Reintegration phase 1	Reintegration phase 2	Reintegration phase 3
U.S. Department of Veterans Affairs— Health Care	X	X	X	X
U.S. Department of Veterans Affairs—WVPM		X	X	
U.S. Department of Veterans Affairs	X	X		X
Wisconsin Department of Veterans Affairs	X	X		X
County Veterans Service Officer	X	X		X
Transition Assistance Advisor	X	X		X
Military OneSource	X	X		X
Chaplains	X	X	X	X
Employer support for Guard/ Reserve	X	X	X	
Battalion Career Counselor	X	X	X	X
Military and Family Life Consultants		X	X	X
Vets Center	X	X	X	X
Inspector General		X		X
U.S. Department of Workforce Development	X	X		X
Personal financial consultant		X		X

WVPM = Women Veterans Program Manager.

becoming a psychiatric evacuee. One can argue that veterans who have survived sexual trauma are just as likely to develop symptoms of PTSD as veterans who have survived combat. Many women veterans have survived both.

The risk of developing symptoms related to PTSD and other mental illnesses is a driving factor behind the VA collaboration with the Wisconsin National Guard Reintegration program. It is essential that both male and female combat returnees be given the tools to recognize symptoms of PTSD and other stress disorders and how to seek care that the VA can provide. In a national VA study, veterans diagnosed with mental disorders had significantly increased use of services for medical care compared with those who had no mental health diagnoses.[7] The sooner women veterans are diagnosed and treated for both physical and emotional symptoms, the greater the likelihood they will regain their postdeployment health.

Physical Health Challenges

Since 1988, the percentage of women receiving physical and psychosocial care at the VA has almost doubled, from 4.4% to 8%.[26] This increase is important as the VA implements comprehensive primary care for women veterans in every VA facility. Women typically have more visits to primary care than men; specifically, women veterans have 2.6 visits per year compared with 2.0 visits per year for male veterans.[27] Women veterans are typically younger as well.[27] In fiscal year 2009, the average age of women veterans was 48; the average age of male vet-

erans was 63.[28] Currently, the largest group of women veterans served in OEF/OIF/OND. These women comprise 11.6% of all OEF/OIF/OND veterans, and 55.5% of these women have received VA health care.[28] Clearly, the younger VA cohort of women veterans has needs that differ from those of the older male cohort. These veterans need preconception counseling, birth control management, postpartum care, and assistance with issues that young growing families face. If the OEF/OIF/OND veteran becomes pregnant, the VA can purchase maternity care in the community as well as care for the infant for the first 7 days of life. Additionally, the VA can monitor mental health issues for those veterans with preexisting conditions or those who develop mental health conditions during pregnancy or postpartum.

Veterans who have experienced combat report more medical conditions than veterans who have not been exposed to combat conditions.[29] In a study by Haskell and colleagues, women service members who served in Iraq and Afghanistan were found to be more likely than male service members to have musculoskeletal and skin disorders, depression, and adjustment disorders.[27] In another study by Haskell and colleagues, women veterans reported higher rates of mental health disorders, including depression and adjustment disorders, MST, but less PTSD.[23]

OUTCOME

According to the Wisconsin National Guard Transition Assistance Advisor, returning women service members responded positively to the National Guard and VA collaborative Demobilization program. This response led to WVPMs being included in subsequent Demobilization and Reintegration events. No barriers were experienced as this collaborative effort was formalized.

The authors believe that the success of the program was based on 3 factors: (1) immediate access of the WVPM to women service members upon their return from deployment; (2) the ability of the WVPMs to identify challenges that a particular woman veteran may be facing on return from the combat theater; and (3) the ability of the WVPMs to initiate the linkage of these women veterans with needed services available in the VA. We know that although both male and female veterans report similar rates of physical illness, women report higher rates of some mental disorders and have higher rates of health care services use.[27] Women veterans also report higher rates of MST than do male veterans.[19,23] These factors must be considered when providing postdeployment treatment. The authors recognize the unique needs of women veterans related to reproductive health, including gynecologic examinations, abnormal Papanicolaou tests, irregular menstrual cycles, and the potential for postdeployment pregnancies. As one woman veteran verbalized in a study conducted by Straits-Troster and colleagues: "I don't think there's enough emphasis on women coming home. Like a lot of the videos they show and things they talk about, they all show men's problems…they don't show women coming home that don't look as good as they used to or that their hair is falling out or anything. It's all about men."[30]

These challenges underline the importance of early access to VA benefits and services in order to ensure a successful reintegration into civilian life for these women who so ably served our country. ●

Author disclosures

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Continued on page 46

Women Veterans

Continued from page 31

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