

} **FEDCAP SOLUTION SERIES**
BUSINESS IN THE 21ST CENTURY

Women
Veterans
Transitioning
to Civilian
Life

A JOB MAKES A DIFFERENCE

Solution Series is a project of Fedcap's **Community Impact Institute**



A LETTER FROM FEDCAP'S PRESIDENT & CEO

Dear Colleagues,

Welcome to our 15th Solution Series – Women Veterans Transitioning to Civilian Life.

This topic has great resonance for the Fedcap family of agencies and our stakeholders. We have long championed our nation's veterans, and the great work of Easterseals and the Dixon Center in providing programming and support to veterans continues this commitment to those who serve. Our mission is also fundamentally aligned with the economic empowerment of women, who remain disproportionately affected by poverty, pay inequality and discrimination.

These commitments come together in supporting the transition of women veterans to civilian life. Women are the fastest-growing segment of the veteran population – about 10 percent of the nation's 21.5 million veterans are women. As you'll read in the following pages, many women veterans struggle with transition. There are significant gaps in services provided to women veterans related to health care, mental health services, housing, childcare and employment. Many women feel alienated from the male culture of the Veteran's Administration and military sexual trauma and post-traumatic stress disorder are common in the woman veteran population.

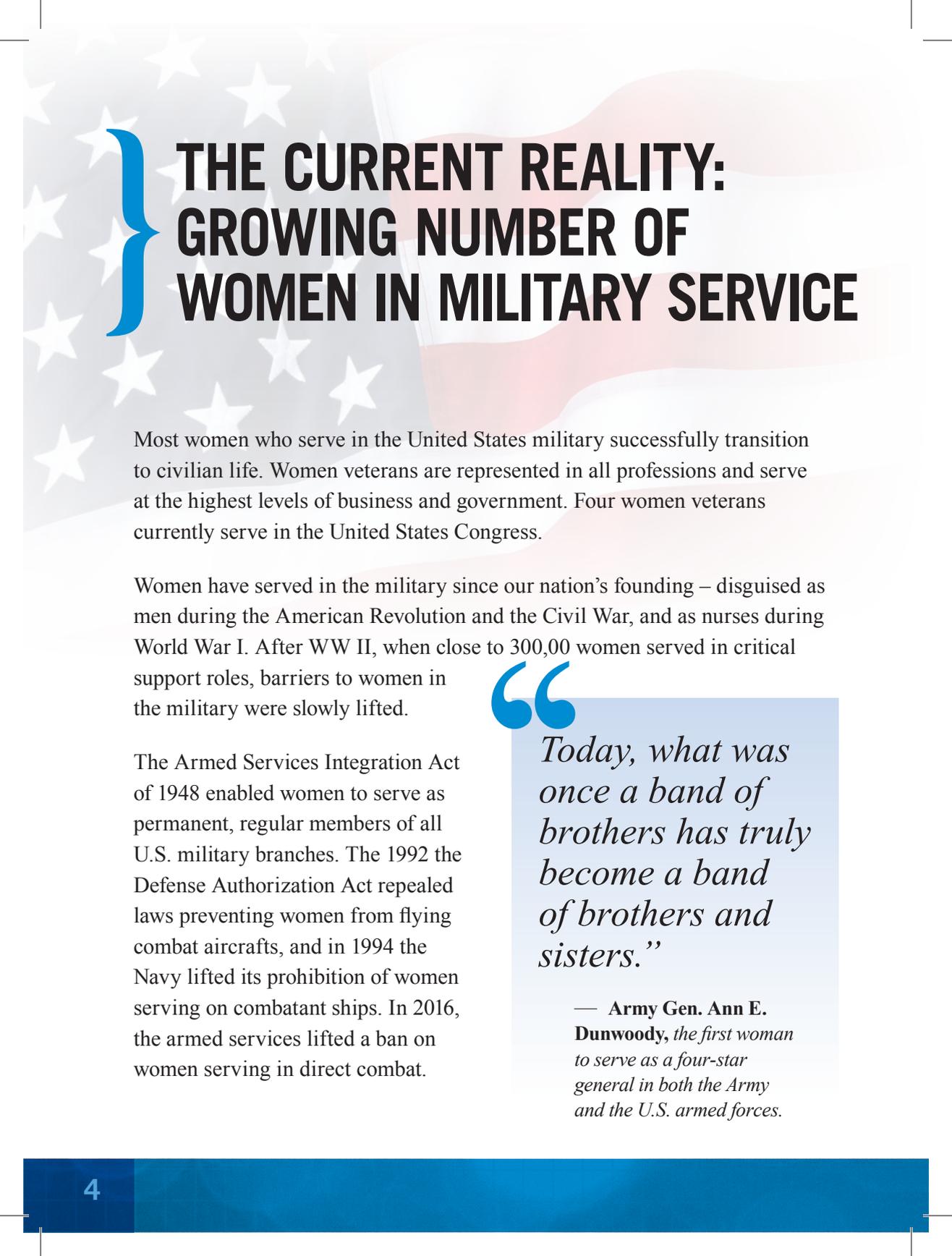
We convene our Solution Series to engage our business partners and stakeholders in a productive and insightful dialogue about topics of great importance. Through these discussions, it is always our goal to identify potential solutions. We believe that our distinguished panel and participants will contribute to the day when all women veterans transition successfully to civilian life, by finding the sustainable employment, respect and happiness they so richly deserve.

Sincerely,



Christine McMahon

Fedcap President and CEO



THE CURRENT REALITY: GROWING NUMBER OF WOMEN IN MILITARY SERVICE

Most women who serve in the United States military successfully transition to civilian life. Women veterans are represented in all professions and serve at the highest levels of business and government. Four women veterans currently serve in the United States Congress.

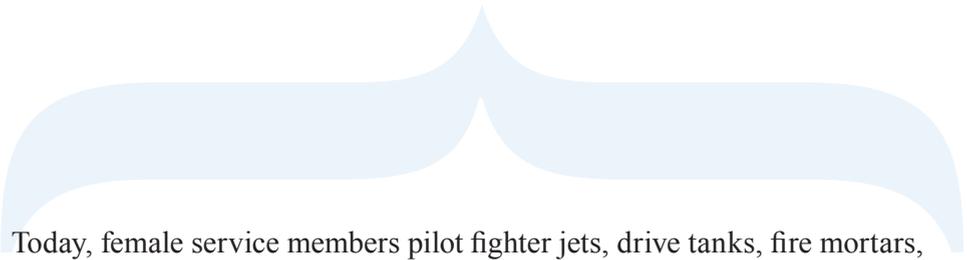
Women have served in the military since our nation's founding – disguised as men during the American Revolution and the Civil War, and as nurses during World War I. After WW II, when close to 300,00 women served in critical support roles, barriers to women in the military were slowly lifted.

The Armed Services Integration Act of 1948 enabled women to serve as permanent, regular members of all U.S. military branches. The 1992 the Defense Authorization Act repealed laws preventing women from flying combat aircrafts, and in 1994 the Navy lifted its prohibition of women serving on combatant ships. In 2016, the armed services lifted a ban on women serving in direct combat.



Today, what was once a band of brothers has truly become a band of brothers and sisters.”

— **Army Gen. Ann E. Dunwoody**, the first woman to serve as a four-star general in both the Army and the U.S. armed forces.



Today, female service members pilot fighter jets, drive tanks, fire mortars, lead soldiers into combat, and serve in elite units like the Green Berets, the Navy SEALs, and the Army's 75th Ranger Regiment. Women comprise about 14 percent of the U.S. armed forces. In the Gulf War Era – August 1990 to the present – over 300,000 women have deployed to Afghanistan and Iraq. Close to 200 women have been killed in combat operations, and thousands more wounded.

Over 9,000 women have received Army Combat Action Badges for 'actively engaging or being engaged by the enemy.' Over 440 women have earned awards for valor including two Silver Stars, three Distinguished Flying Crosses, 31 Air Medals, and 16 Bronze Stars, according to the Congressional Research Service.

As more women join and are discharged from the military, the number of women veterans – the fastest-growing segment of the veteran population – is growing exponentially. It is expected to increase at an average rate of 18,000 per year for the next 10 years. While today women comprise about 10 percent of the nation's 21.5 million veterans – and 17.9 percent of Gulf War Era veterans – by 2043, women are projected to make up 16.3 percent of all living veterans.

The changing demographics of the military have huge implications for efforts to support the reintegration of women veterans into civilian life – and for their families, communities and the workforce. For many women veterans, reintegration has not been without challenges. Military sexual trauma (MST) and PTSD are widespread, and there are significant gaps in transition services available to women veterans related to wellness, employment, housing and childcare. 

HOW WOMEN VETERANS EXPERIENCE TRANSITION TO CIVILIAN LIFE

Women and men in the military share many of the same experiences. Men mirror the number of women who say that service helped them grow as a person (87 percent); feel proud of their service (97 percent); prepared them for a job or career (74 percent); joined the service to serve their country or receive education benefits (83 percent); see more of the world (70 percent) and gain job skills (67 percent).

Women and men are equally likely to have had emotionally traumatic experiences, to have PTSD (post-traumatic stress disorder), struggle with reintegration, and to have experienced strains in family relationships since their discharge from the military.

Yet in key respects, women experience service and transition differently than their male counterparts. Compared to

“There are serious gaps in every aspect of the programs that serve women, including health care, employment, finance, housing, social issues and the eradication of sexual assault. The recent dramatic increase in reporting of military sexual trauma is an illustration of problems and solutions that require radical change in the culture of the Armed Forces.”

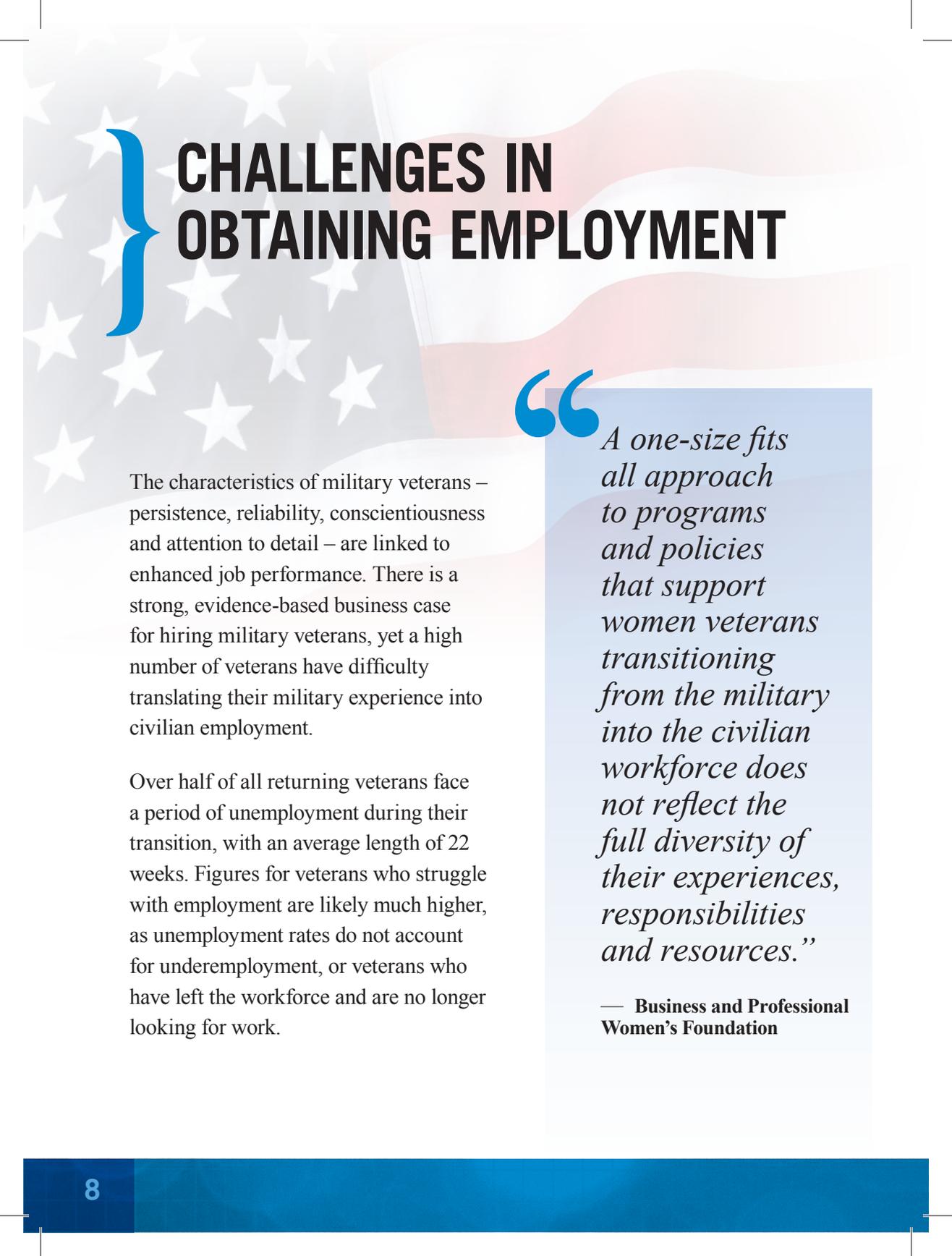
— Disabled American Veterans – Women Veterans: The Long Journey Home

male veterans, women veterans have higher rates of unemployment, are more likely to be homeless, and are more likely to be single parents. Women who struggle with transition may show different symptoms than men. For example, women who develop PTSD are more likely to manifest depression as a co-occurring condition, while men are more likely to display anger and resort to substance-use disorders.

One in five women veterans has experienced sexual assault in the military – and this can significantly impact the transition process. Women veterans commit suicide at a significantly higher rate than civilian women, and are at higher risk for depression than male veterans; a recent survey of veterans shows that 43 percent of women say their mental and emotional health is worse than before serving in Iraq or Afghanistan, while 30 percent of men say the same. Female veterans with combat exposures are 1.78 times more likely to develop eating disorders and 2.35 times more likely to lose an extreme amount of weight compared to male veterans with combat exposures. Each of these issues impact a woman veteran’s ability to find and keep a job, care for their family, and manage day-to-day life.

In multiple surveys, women veterans say that they do not feel respected or valued as veterans. They report feeling invisible, that their roles were less valued than those of men, and that they are not regarded as “real” veterans. Given the differences in how women and men experience transition, there is a strong need for more services and supports specifically tailored to women veterans.

The unique experiences of women veterans span the areas of military sexual trauma, access to services, employment, finance, housing, and social issues.



CHALLENGES IN OBTAINING EMPLOYMENT

The characteristics of military veterans – persistence, reliability, conscientiousness and attention to detail – are linked to enhanced job performance. There is a strong, evidence-based business case for hiring military veterans, yet a high number of veterans have difficulty translating their military experience into civilian employment.

Over half of all returning veterans face a period of unemployment during their transition, with an average length of 22 weeks. Figures for veterans who struggle with employment are likely much higher, as unemployment rates do not account for underemployment, or veterans who have left the workforce and are no longer looking for work.

“*A one-size fits all approach to programs and policies that support women veterans transitioning from the military into the civilian workforce does not reflect the full diversity of their experiences, responsibilities and resources.*”

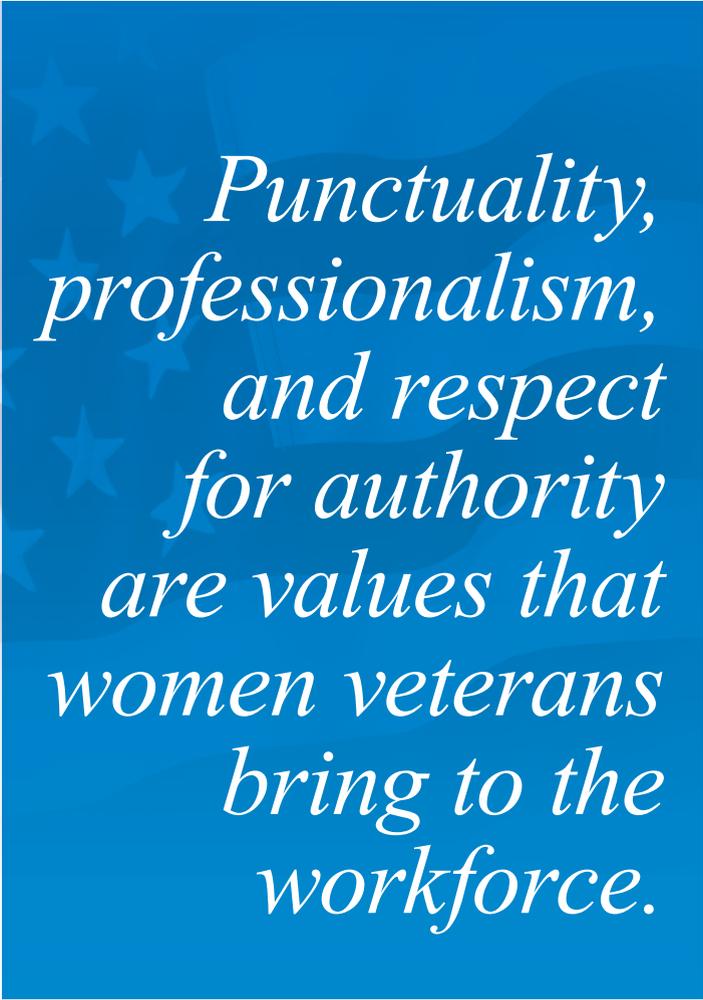
— **Business and Professional Women’s Foundation**



The highest unmet need for unemployed women veterans is lack of affordable childcare; according to one study, more than 40 percent of active duty women have children, and over 30,000 single mothers were deployed to Iraq and Afghanistan. Other factors contributing to female veteran unemployment include higher rates of mental and physical health issues, and less likelihood of having a college degree. Returning veterans also cope with the loss of unit cohesion and support structures, which are particularly important for women.

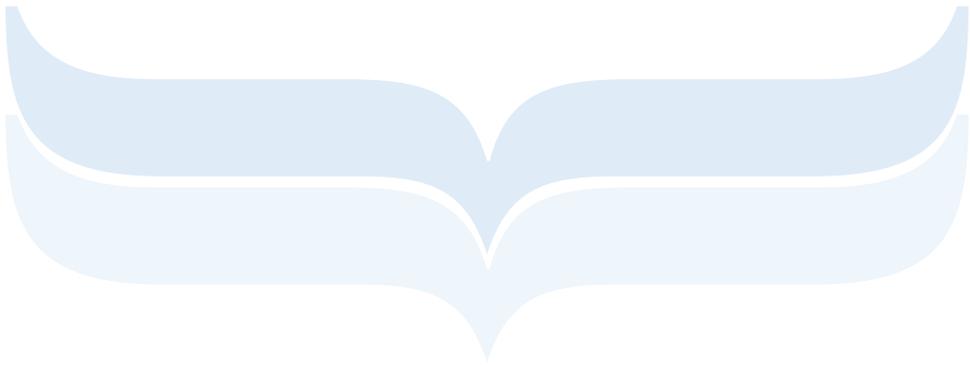
Employers are often perceived as dismissive of military skills and experience, and veterans feel that the qualities that define their service –

A critical first step for women veterans in transition is beginning a job search prior to leaving the service.



*Punctuality,
professionalism,
and respect
for authority
are values that
women veterans
bring to the
workforce.*

punctuality, professionalism, and respect for authority – are undervalued in the civilian workforce. About 35 percent of post-9/11 veterans said they thought prospective employers believe that veterans are dangerous or “broken.” A critical first step for women veterans in transition is beginning a job search prior to leaving the service. About 40 percent of women veterans have a college degree. In one survey, 64 percent of these women began their job search prior to leaving the military, compared to 42 percent of those without a college degree. Those with a college degree found work sooner, and reported finding more satisfying, sustainable work.



Women veterans are more likely to report being satisfied with their first post-military position if they:

- **Began looking for a job before they left the military**
- **Participated in the Transition Assistance Employment Workshop before leaving the military**
- **Expressed high-levels of comfort with job skills learned in the military**
- **Worked with a mentor during the during the job search**
 - Took classes to improve job-specific skills
 - Took in-person or online classes on job search skills
 - Attended job fairs
 - Found a job in the government or nonprofit sector
 - Found an employer who displayed a high-level of appreciation for their military service
 - Had support in place for childcare





} HOMELESSNESS

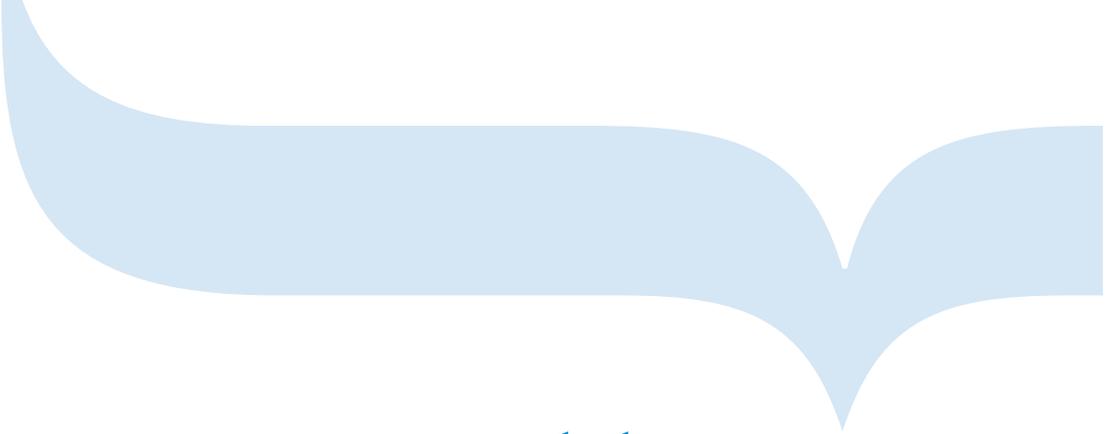
Women veterans, regardless of age or race, are more than twice as likely to be homeless than their nonveteran counterparts, and represent the fastest growing segment of the homeless veteran population. African American women veterans ages 18-29 who live in poverty are especially susceptible to becoming homeless, with 36.3 percent experiencing homelessness compared to 11.9 percent of all other women veterans in poverty.

The number of homeless women veterans tripled from 2006 to 2013 – at a time when the VA

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The number of homeless women veterans is increasing every year.”

— **Women Veterans:**
The Long Journey Home

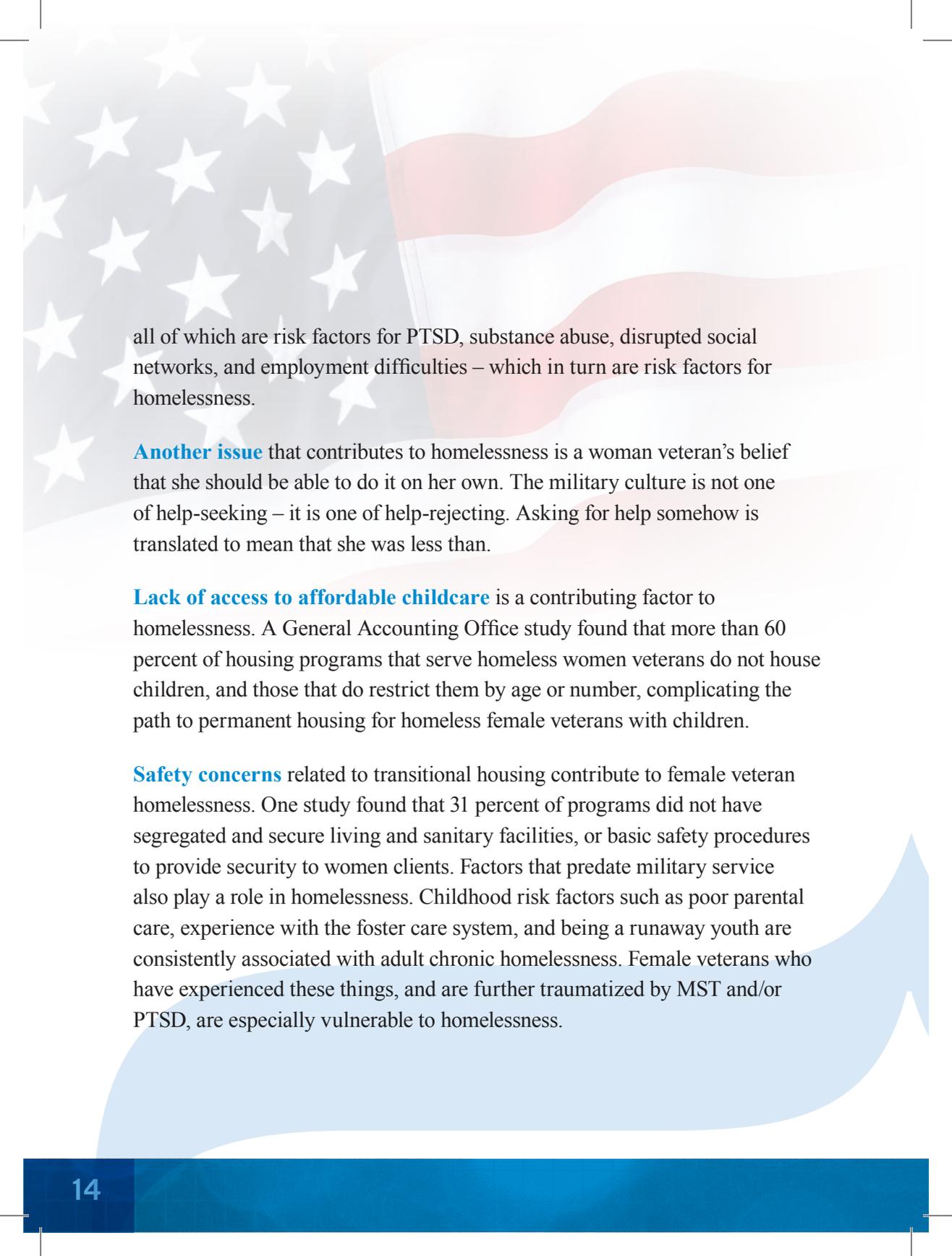


launched a comprehensive plan to end homelessness among veterans. The effort had mixed success, and highlighted the fact that public and private sector programs did not adequately address the unique needs of women veterans.

Unemployment is the biggest risk factor for homelessness among women veterans. The risk factors that contribute directly to both homelessness and unemployment include overall mental health status correlated with PTSD, co-occurring substance abuse issues, and chronic illness. Women who experience MST are nine times more at risk for PTSD, and 6.5 times more likely to experience homelessness. MST increases the risk of anxiety, depression, and poor overall health,

“The
military
culture is
not one
of help-
seeking
– it is one
of help-
rejecting.”

— **Dr. Cameron Ritchie,**
Colonel, US Army (Ret.)

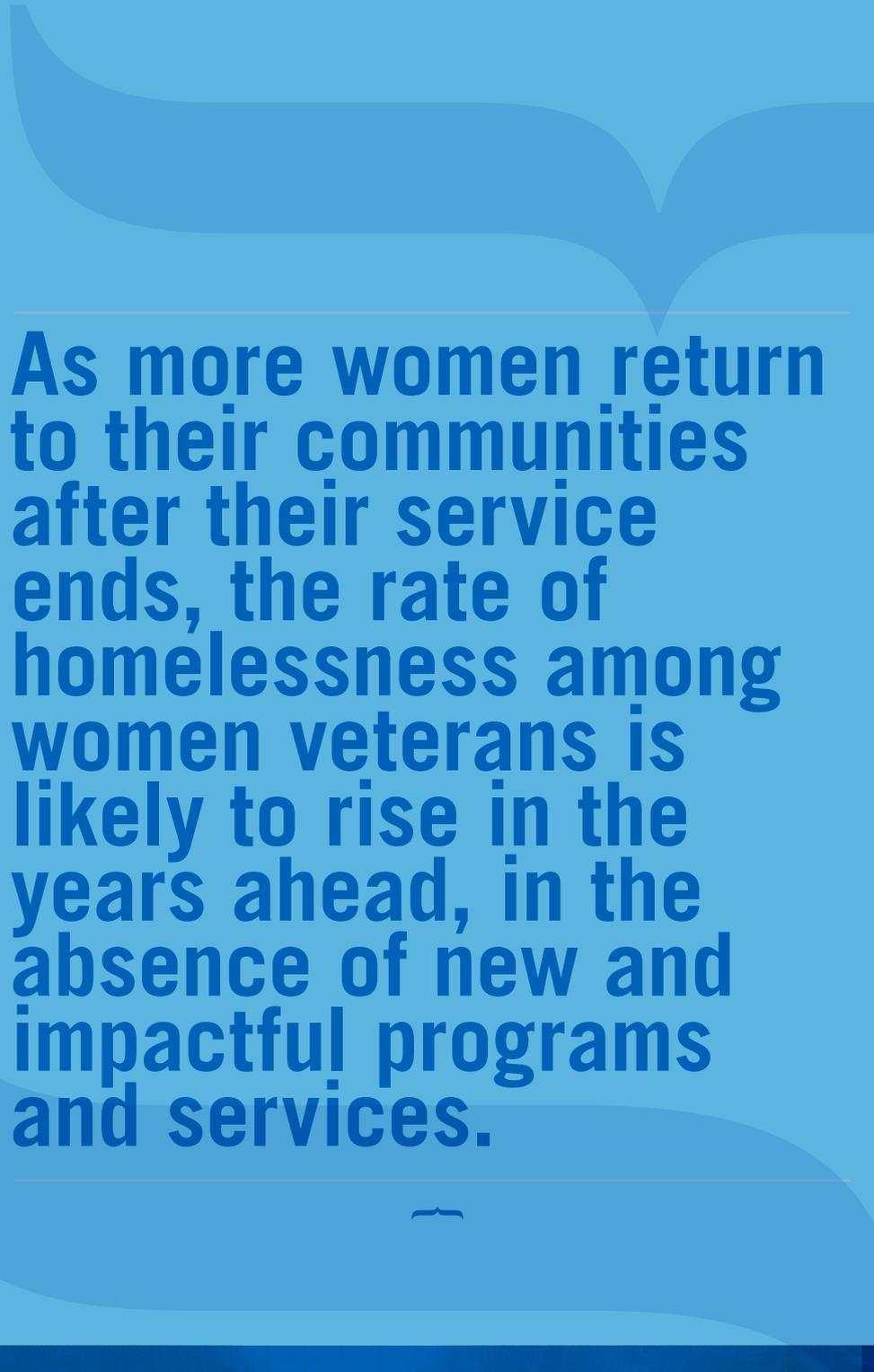
The background of the page features a faded, wavy American flag. The stars are white on a dark blue field, and the stripes are red and white. The flag is positioned in the upper left and middle sections of the page.

all of which are risk factors for PTSD, substance abuse, disrupted social networks, and employment difficulties – which in turn are risk factors for homelessness.

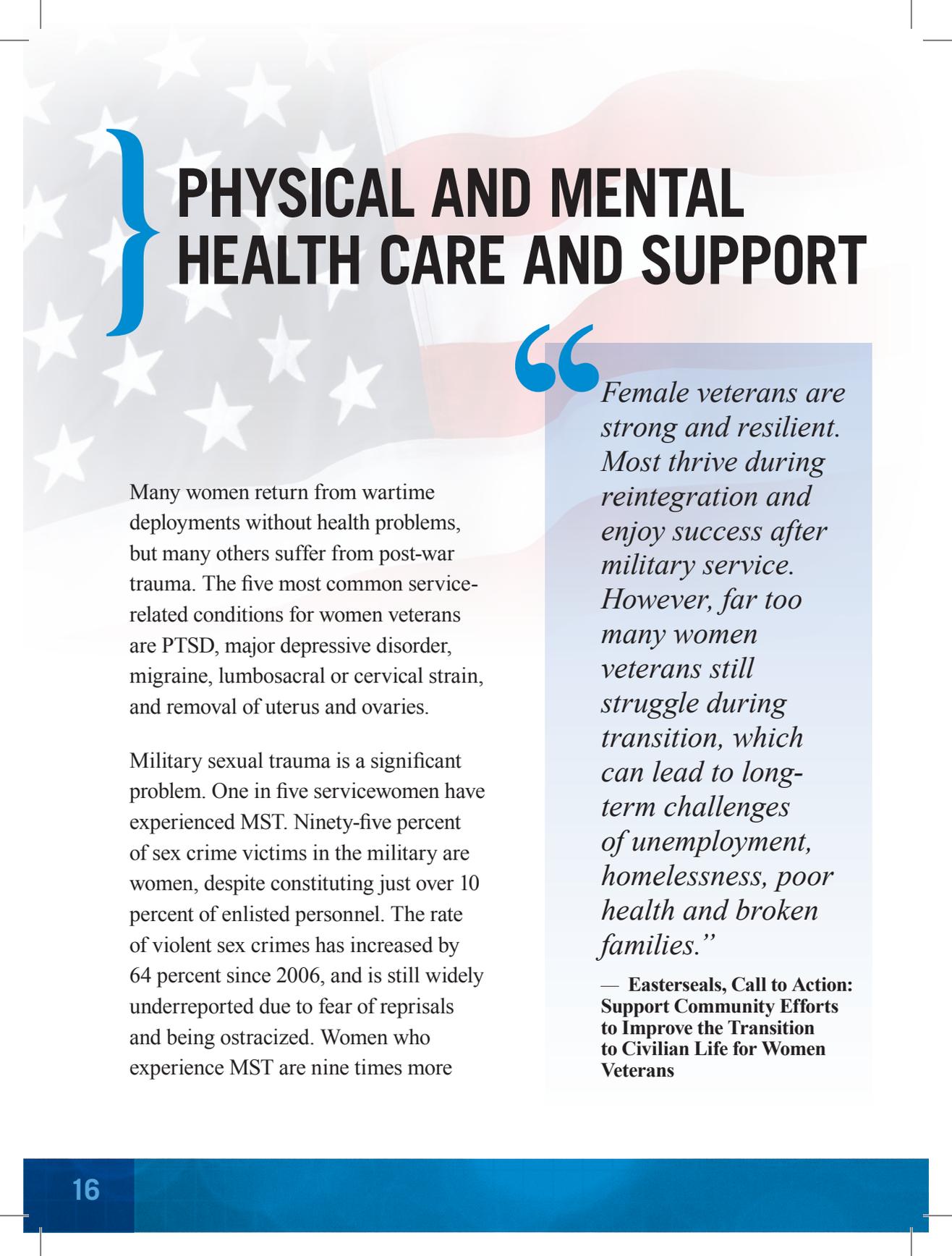
Another issue that contributes to homelessness is a woman veteran's belief that she should be able to do it on her own. The military culture is not one of help-seeking – it is one of help-rejecting. Asking for help somehow is translated to mean that she was less than.

Lack of access to affordable childcare is a contributing factor to homelessness. A General Accounting Office study found that more than 60 percent of housing programs that serve homeless women veterans do not house children, and those that do restrict them by age or number, complicating the path to permanent housing for homeless female veterans with children.

Safety concerns related to transitional housing contribute to female veteran homelessness. One study found that 31 percent of programs did not have segregated and secure living and sanitary facilities, or basic safety procedures to provide security to women clients. Factors that predate military service also play a role in homelessness. Childhood risk factors such as poor parental care, experience with the foster care system, and being a runaway youth are consistently associated with adult chronic homelessness. Female veterans who have experienced these things, and are further traumatized by MST and/or PTSD, are especially vulnerable to homelessness.



As more women return to their communities after their service ends, the rate of homelessness among women veterans is likely to rise in the years ahead, in the absence of new and impactful programs and services.



PHYSICAL AND MENTAL HEALTH CARE AND SUPPORT

Many women return from wartime deployments without health problems, but many others suffer from post-war trauma. The five most common service-related conditions for women veterans are PTSD, major depressive disorder, migraine, lumbosacral or cervical strain, and removal of uterus and ovaries.

Military sexual trauma is a significant problem. One in five servicewomen have experienced MST. Ninety-five percent of sex crime victims in the military are women, despite constituting just over 10 percent of enlisted personnel. The rate of violent sex crimes has increased by 64 percent since 2006, and is still widely underreported due to fear of reprisals and being ostracized. Women who experience MST are nine times more

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Female veterans are strong and resilient. Most thrive during reintegration and enjoy success after military service. However, far too many women veterans still struggle during transition, which can lead to long-term challenges of unemployment, homelessness, poor health and broken families.”

— Easterseals, **Call to Action: Support Community Efforts to Improve the Transition to Civilian Life for Women Veterans**



likely to suffer from PTSD, and much more likely to be homeless.

The VA delivers a wide range of benefits and services for veterans, their dependents and survivors. These are overseen by administrations within the VA including Veterans Health Administration (VHA), and Veterans Benefits Administration (VBA). The rapid increase in women transitioning from the military has led to a spike in demand for gender-specific preventative screening, breast care, gynecology specialty care, prenatal and obstetrical care, neonatal care and infertility services, as well as demand for on-site drop-in childcare.

Over the past 40 years, the VHA has introduced initiatives designed to improve health care access and quality of care for women veterans. As a result, more women veterans are accessing VA benefits and services. Between 2005 and 2015, the number of women veterans using VA health care increased 46.4 percent, from 237,952 to 455,875, or about 22.4 percent of all women veterans.

While the VA is adding benefits and services for women veterans, there is still much to be done. Most existing VA services were created for male veterans and do not account for the unique needs of women.



Even where gender-specific services are available, women are less likely to use them than men. VA research shows that almost one in five women veterans has delayed or gone without needed care in the prior 12 months, and female veterans under 35 years of age are significantly less likely to use mental health services than their male counterparts.

Women veterans who use the VA find it to be overwhelmingly dominated by men, and not a comfortable place to receive health care. They say the agency is ineffective in its outreach about women's health services, and that VA facilities are often inaccessible, especially in rural areas. VA facilities lack childcare services and gender-specific care, have too few women care providers, and can cause those needing mental health services to feel stigmatized.

Demand for VA services by women will continue to grow. Veterans may not experience the consequences of their deployment immediately; illness onset may be delayed for months or years. As a result, women veterans will be seeking mental health services in ever increasing numbers. PTSD can be acute or become a chronic, lifelong condition. It is often accompanied by other health problems, such as depression, TBI, chronic pain, substance use disorder and intimate partner violence.





A WAY FORWARD

Federal law mandates a four-part transition process for veterans under the Transition Assistance Program (TAP), a partnership between VA, Department of Defense (DOD), and Department of Labor (DOL). The program includes Transition GPS (Goals, Plans, Success), a series of modules that helps veterans develop an individual transition plan, and information about career guidance, training, counseling, and more.

Yet much more is required for women veterans who struggle with transition. The biggest challenge in building a culture that supports women veteran reintegration is to increase public awareness of their needs, identify programs and services that work, and close the gaps in services between men and women veterans.

The VA, which is charged with caring for the nation's veterans, has made improving the health of women veterans a top priority. Every VA medical center is now required to have a Women Veterans Program Manager to help women manage their care. Healthcare services are provided to women veterans at both VA and non-VA facilities. About 36 percent of women veterans are enrolled in VHA. Of approximately 730,000 enrolled women veterans, 455,875 used VA health care in 2015.

Advocates for women veterans say that more gender-specific mental health, peer support and wellness programs are needed, and that the VA should leverage community partnerships to help women veterans access housing, health care, employment services and financial counseling. All VA medical



Childcare services should be expanded at all VA facilities and in local communities to ensure childcare does not prevent women veterans from seeking care or finding meaningful employment.

facilities should implement best practices for safety and privacy, and include more women practitioners, outreach specialists and doctors who specialize in women's health and mental health.

The Iraq and Afghanistan Veterans of America recommends that the VA, DOD and other federal agencies incorporate gender and minority analyses in all reports to identify gaps in services.

Reintegration programs for women veterans should include individualized case management and collaboration with community stakeholders. While women veterans may not want this level of support, it needs to be available if they need it. The Center for a New American Security developed a best practices framework for community-based veteran reintegration that recommends such programs be wellness oriented, build on existing community strengths, be outcome-focused and evidence-based, display cultural competency, and foster self-determination.

In education, Disabled American Veterans recommends that the VA expand career counseling, peer support networks and childcare services, and work with nonprofits and other organizations to translate military training and certification to private sector equivalents.

Employers can support women veterans during the interview process by providing flexibility related to childcare, expressing appreciation for their service, understanding their unique skills and knowledge and providing targeted skills training programs. Surveys show that these measures correlate with much more positive feelings about civilian jobs among women veterans.

To prepare for civilian employment, women veterans can take advantage of public and private transition programs. Resumes can be adapted to the civilian workforce by providing examples of technical, interpersonal and leadership skills acquired in the military. Regardless of educational status, far too many women veterans delay their entrance into the transition process. Strong efforts should be made to emphasize the importance of starting their job search prior to leaving the military.

To address female veteran homelessness, existing housing programs should be expanded to accommodate children and families.

They should offer culturally competent intake procedures and ongoing support in recognition of homeless women veterans' frequent experience of trauma and service-related disabilities. At the national level, efforts to end veteran homelessness, including benchmarks developed by VA, the U.S. Interagency Council on Homelessness and HUD, should be implemented and expanded in all communities where veteran homelessness exists.

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