

# WOMEN VETERANS HEALTH CARE

*You served, you deserve  
★ the best care anywhere.*



## **Women Veterans and IPV: Enabling Community-VA Partnerships**

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## Acknowledgements

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# Overview

- ★ The Woman Veteran: changing demographics/military service and culture change at the VA
  
- ★ Women Veterans and IPV
  - What we know and what we need to learn
  
- ★ VA resources for women Veterans impacted by IPV:
  - VA services/Accessing VA benefits/eligibility
  - Mental health treatment for survivors of IPV

# Learning objectives

- ★ 1. Become familiar with the basic demographics, era of service and patterns of health care use of women Veterans
- ★ 2. Understand existing knowledge about Women Veterans and IPV
- ★ 3. Identify and be able to access VA resources for violence-exposed women Veterans, including social service and evidence-based mental health interventions to enable community partnership and referral

## Your role

- ★ As IPV receives increasing VA attention and resources, we'd like to hear what your experiences have been as advocates/providers trying to access the VA on behalf of your patients/clients
- ★ We will give your feedback to VA Central Office leadership

WOMEN VETERANS HEALTH CARE



A broken bone or  
a broken spirit...

...domestic  
abuse hurts.

Let VA Help.

★ *You served, you deserve the best care anywhere.* ★

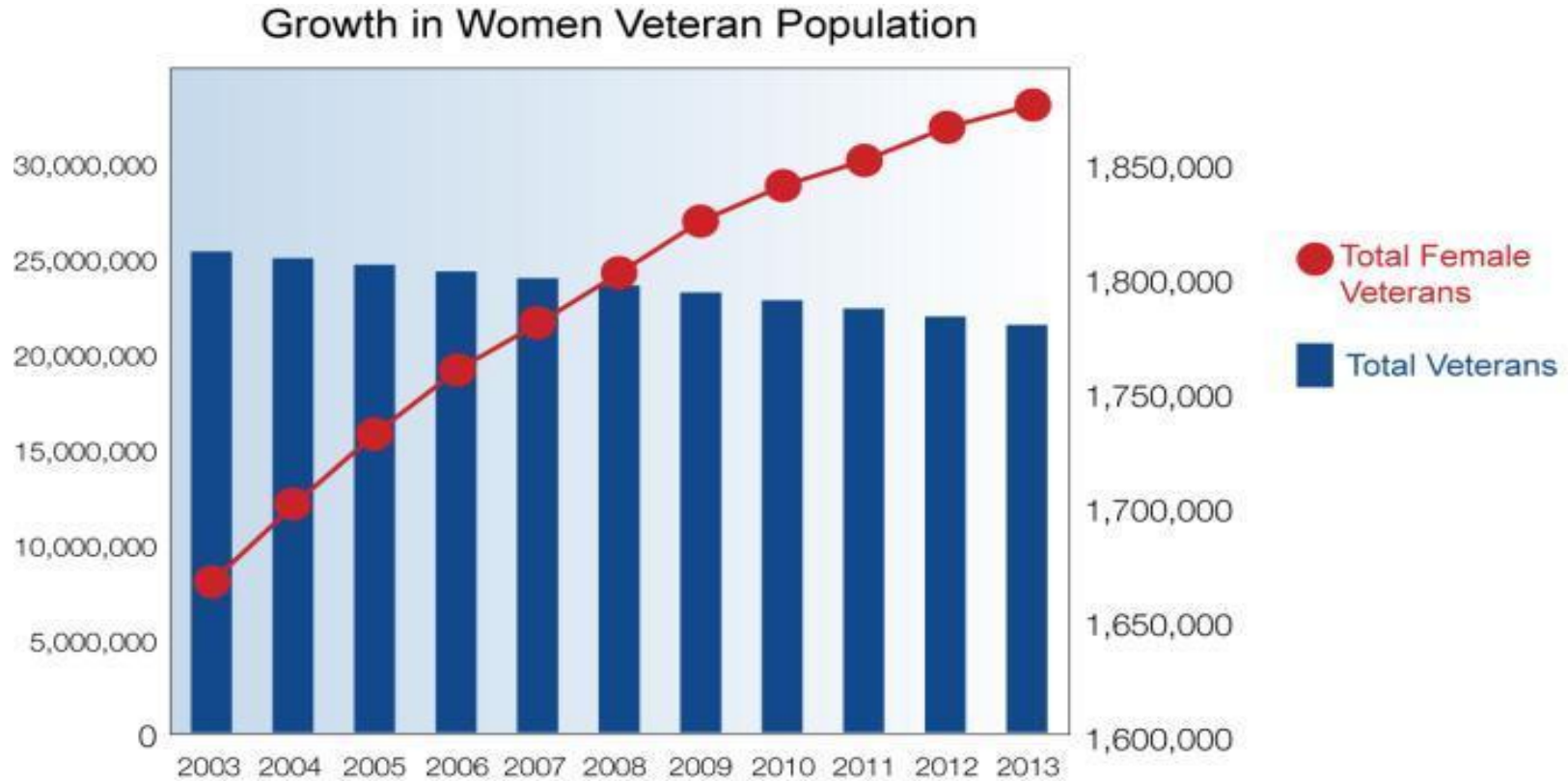
 Department of  
Veterans Affairs | [www.publichealth.va.gov/womenhealth](http://www.publichealth.va.gov/womenhealth)  
Women Veterans Health Strategic Health Care Group, VACO IB 10-312 07/2009

# Why focus on Women Veterans?

- ★ Is there a difference between Veteran and Non-Veteran women?
- ★ Isn't this a small group?



# Growth in women Veteran population



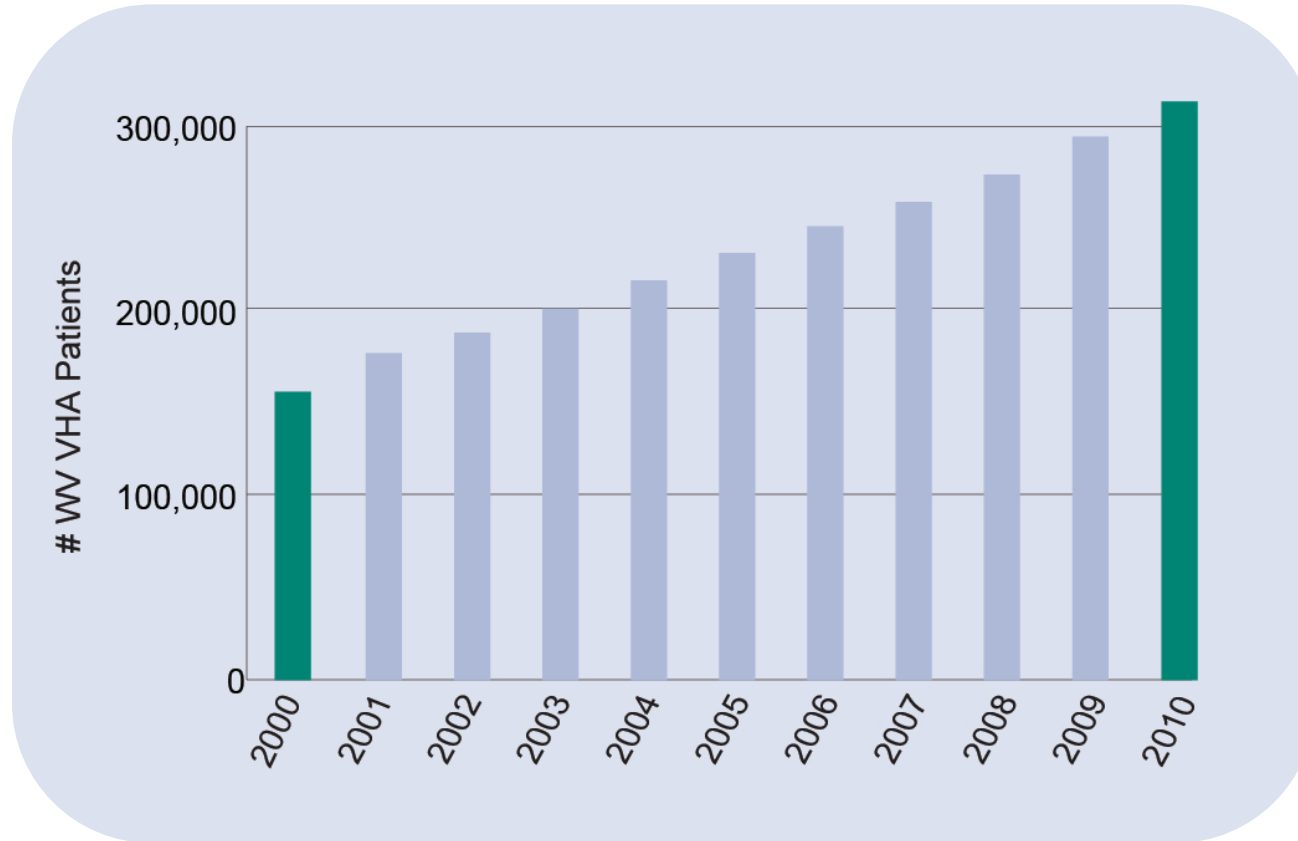
Sourcebook: Women Veterans in the Veterans Health Administration, 2010.



## Women Veterans by the numbers...

- ★ Over 1.8 million women have served in our nation's military
  - ★ Today's numbers:
    - 15% of our active military
    - 18% of Reserves and National Guard
    - 20% of new recruits
    - 8% of all Veterans
-

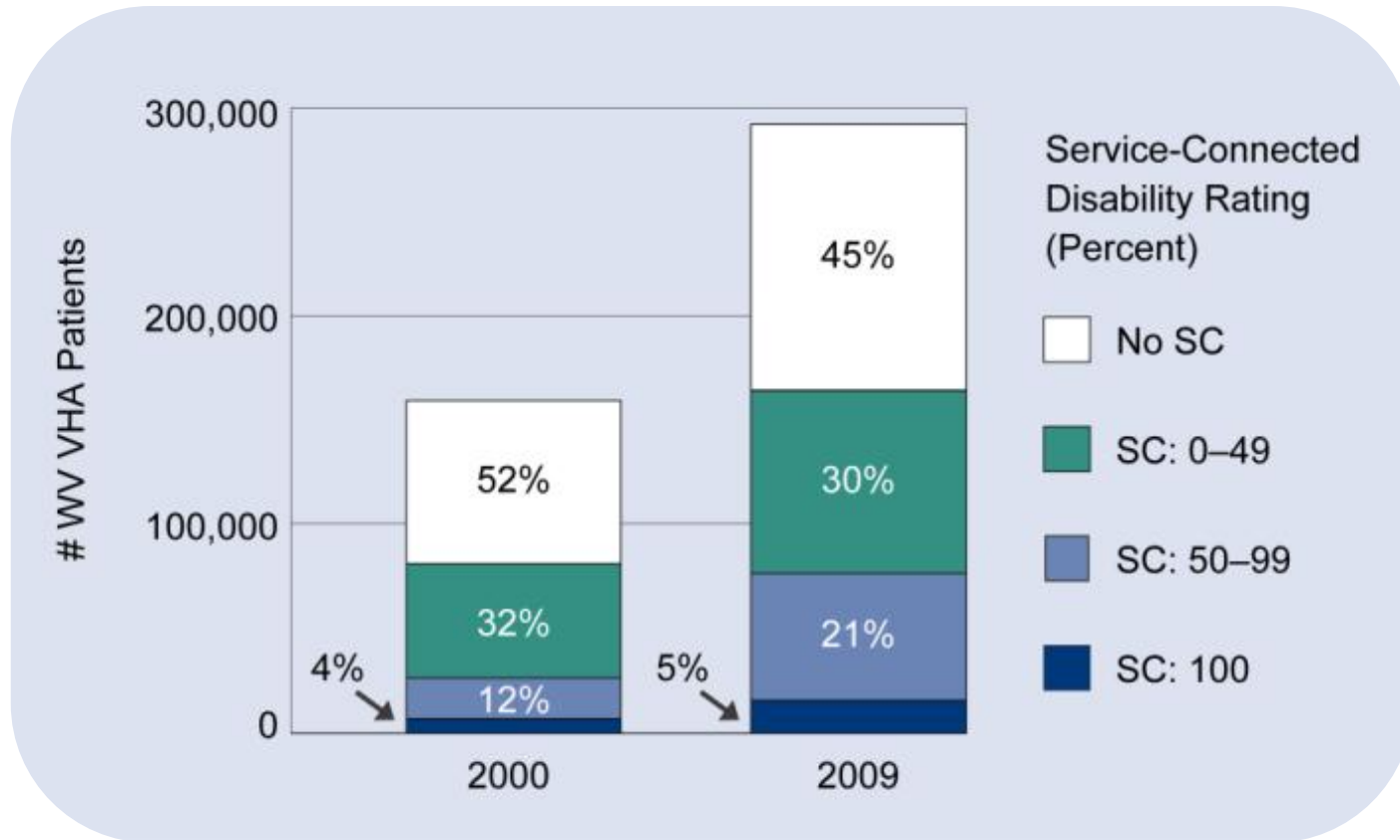
# More women coming in to VA



Sourcebook: Women Veterans in the Veterans Health Administration, 2010.

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# More women with service-connected disabilities



Sourcebook: Women Veterans in the Veterans Health Administration, 2010.

## Women Veterans - comparisons

- ★ Younger than their male counterparts (average age in 40s while men's average age is in the 60s)
- ★ 79% are age 40 or below – meaning we at the VA need to pay close attention to childbearing issues! 50% are 30 or younger!
- ★ More likely to be divorced and/or a single parent than their male counterparts
- ★ More likely to be homeless than their non-veteran counterparts
- ★ Carry a greater health burden than their non-veteran counterparts (multiple medical complications from deployment, depression, anxiety/PTSD)
- ★ Often affected by loss of status from military to civilian employment.

# Post-deployment health

- ★ PTSD/Anxiety disorders
  - ★ Depression
  - ★ Pain – often back pain due to heavy and ill-fitting equipment
  - ★ Urological problems – particularly recurrent UTIs
  - ★ Skin infections
  - ★ Gastroenterological problems
  - ★ Migraines are common
  - ★ Gynecological problems
-

## Social factors impacting women Veteran population include:

- ★ Lack of supports
  - ★ Significant rates of unemployment
  - ★ Homelessness
  - ★ Lack of child care
  - ★ Lack of financial resources
  - ★ Difficulty adjusting to lack of structure
  - ★ Difficulty with intimacy and rebuilding relationships
  - ★ Difficulty adjusting to power differentials
-

## Roles they serve

- ★ While by law women are prohibited from serving in combat, most people will agree that they are in combat daily in Iraq and Afghanistan
  - ★ Examples
    - “Team Lioness” attached to marines - searched homes, women and children - to keep with cultural/ religious teachings
    - Driving trucks
    - Military police and security forces
    - Helicopter pilots
  - ★ More than 90% of all military career fields are open to women
-

# Team Lioness 2007





# Women Veterans and IPV: what we know and what we need to learn

## Background/trends

- ★ VA traditionally served males
- ★ Excellent perpetration research and some couples research
- ★ Enlarging population of women veterans has expanded research focus
- ★ Emphasis of the field changing to examine LGBT, common couples violence, and female-to-male perpetration
- ★ VA national satellite broadcast 2010
- ★ Two career development awards funded in past year
- ★ VA national workgroup on IPV

The screenshot shows a Microsoft Internet Explorer browser window displaying the My HealtheVet website. The browser's address bar shows the URL: [www.mhv-portal-web/anonymous.portal?\\_nfpb=true&\\_nfto=false&\\_pageLabel=spotlightArchive&contentPage=spotlight/October 2011/spotlight\\_oct2011\\_domesticviolence.html](http://www.mhv-portal-web/anonymous.portal?_nfpb=true&_nfto=false&_pageLabel=spotlightArchive&contentPage=spotlight/October%202011/spotlight_oct2011_domesticviolence.html). The website header includes the United States Department of Veterans Affairs logo and the My HealtheVet logo. A navigation menu contains links for VA Facility Locator, About MHV, RSS Feeds, Help, FAQs, Contact MHV, and a search bar. Below the navigation menu are tabs for HOME, PERSONAL INFORMATION, PHARMACY, RESEARCH HEALTH, GET CARE, TRACK HEALTH, and MHV COMMUNITY. The main content area features a "Spotlight" section with a link to "Back to Home page" and an article titled "Domestic Violence: A Hidden Problem that Can Not Be Ignored". The article is attributed to Elizabeth A Manning, PhD; Megan Gerber, MD, MPH; and Katherine M Iverson, PhD; and the Women Veterans Health Strategic Health Care Group, VHA. The article text discusses the prevalence of domestic violence and its effects, and includes a list of associated health conditions such as Depression, Anxiety, PTSD, and more. A photograph of hands clasped together is visible on the right side of the article. To the right of the article is a "Member Login" section with fields for User ID and Password, and a "Login" button. Below the login section are links for "Forgot User ID?", "Forgot Password?", and "REGISTER today!". A "Related Links" section at the bottom right lists links to the House Committee on Veterans' Affairs, the US Senate Committee on Veterans' Affairs, the Office of Congressional and Legislative Affairs, and The White House. The browser's taskbar at the bottom shows various open applications and the system clock at 9:04 AM.

[https://www.myhealth.va.gov/mhv-portal-web/anonymous.portal?\\_nfpb=true&\\_nfto=false&\\_pageLabel=spotlightArchive&contentPage=spotlight/October 2011/spotlight\\_oct2011\\_domesticviolence.html](https://www.myhealth.va.gov/mhv-portal-web/anonymous.portal?_nfpb=true&_nfto=false&_pageLabel=spotlightArchive&contentPage=spotlight/October%202011/spotlight_oct2011_domesticviolence.html)

## Women Veterans

- ★ Higher rates of child abuse and pre-military trauma.
- ★ 23-30% report IPV during active duty.
- ★ Mental health - 70% lifetime rate of IPV.
- ★ Primary Care
  - Of 91 patients ages 24-95, 46% reported current or past IPV.
  - Of 20 OIF/OEF veterans screened, 50% reported current or past IPV.
- ★ BRFSS data (non VHA data): 1/3 veterans experience lifetime IPV compared to  $< \frac{1}{4}$  non veterans.
- ★ IPV associated with increased odds of heart health risks (health impact may be greater).

Campbell et al, 2003; Sadler et al, 2004; O'Campo et al, 2006; Iverson (unpublished, National Center for PTSD); Latta and Ngo (unpublished, VA Bedford). Dichter 2011.

## IPV and the Military

- ★ Active duty personnel are at much higher risk of being perpetrators of IPV (rates up to 58%).
- ★ PTSD incidence correlates with higher risk of IPV perpetration.
- ★ Among active duty women...
  - 22% reported IPV during active military duty.
  - 30% report adult life-time prevalence of IPV.

Marshall et al, 2005; National Coalition Against Domestic Violence report 2001.

## OEF/OIF/OND Veterans

- ★ Data is limited to date
- ★ Study of recently returned Veterans (< 2 years separated) screened in primary care:
  - 75% reported family readjustment issues
  - 60% reported any IPV; however, the researchers definition included “shouting” so this % may be an overestimate
  - No difference in rates by branch of service
  - 1/4 reported guns in the home

# VA services and community partnership

## Accessing care and programs

- ★ Online [www.1010ez.med.va.gov](http://www.1010ez.med.va.gov)
- ★ By calling **1-877-222-VETS (8387)**
- ★ In person at any VA Medical Center
- ★ Veteran does NOT have to have an injury caused by military service or deployed overseas in a war
- ★ Must have served > 2 years, unless service connected injury occurred prior to that or MST
- ★ Encourage early enrollment - once enrolled, access care 1x every 2 years to maintain



## VA services

- ★ Services include:
    - Women's Health/Primary care, surgical service, PT/OT/KT, eye care, dental, hearing aids, prosthetics, orthotics, medicine, LTC, prescriptions, Mental Health, including acute inpatient care, residential care, alcohol and drug treatment, domiciliary care, homeless services, social workers, adaptive sports, recreation therapy, and more
  
  - ★ ALL SERVICES AVAILABLE TO WOMEN VETERANS!
-

## Partnering with the community

Many services, including those for homeless and violence response, necessitate partnership with community resources:

- ★ Shelters
  - ★ Grant and per diem programs
  - ★ HUD/VASH
  - ★ IPV advocacy
  - ★ Legal Aid
-

## Examples of services for Women Veterans leaving violent relationship

- ★ HUD-VASH program:
  - HUD Housing Choice vouchers with VA supportive services
  - Permanent housing for homeless Veterans and their families
  - Currently, 11% of HUD-VASH Veterans are women
- ★ Homeless Grant & Per Diem program:
  - Grants to community agencies to offer transition housing and supportive services for homeless Veterans
  - More than 200 GPD programs have the capacity to serve women
- ★ VA Mental Health Residential Rehabilitation Treatment Programs:
  - Provide a 24-hour, 7 days per week, supervised therapeutic milieu for Veterans with multiple and severe psychosocial deficits.
  - Deliver specific treatment for mental illnesses and addictive disorders
  - E.g. W.I.T.R.P.: PTSD & SUD Treatment Program for Women



## Women Veteran Program Managers (WVPM)

Every VA has a full time WVPM

- ★ Advocate for women Veterans
- ★ Advisor to leadership on the provision of services to women Veterans
- ★ Resource for women Veterans in the community
- ★ Networker and resource for community partners to provide for any unmet needs

# Military sexual trauma (MST) coordinator

Every VHA facility must have an MST Coordinator who:

- ★ Serves as the **primary point person for MST-related care** at the facility
  - ★ Monitors and ensures that policies related to MST screening and treatment, outreach, and staff education are implemented at the facility and associated Community Based Outpatient Clinics (CBOCs)
-

# Mental health treatment for women Veterans who have experienced IPV

## Expanding resources and research focusing on women's mental health

- ★ Trauma-focused care
- ★ Gender-specific treatment programs
- ★ Enhancement of provider skills for discussing sensitive topics with patients
- ★ Increased emphasis on clinical relevance of lifetime violence and psychological abuse
- ★ HSR&D portfolio for studies for improving women's health, particularly through improving quality and access to VA care

# Mental health consequences of IPV victimization

- ★ **Posttraumatic stress disorder (PTSD)**
- ★ Depression
- ★ Anxiety
- ★ Alcohol and substance abuse
- ★ Somatic concerns
- ★ Sleep disturbances
- ★ Suicidal ideation/behaviors
- ★ Shame, guilt and low self-esteem
- ★ Difficulties with parenting



# Revictimization

- ★ Lifetime experiences of physical or sexual violence victimization increases women's risk for future victimization
  - Child abuse increases risk for future IPV
  - MST may increase IPV risk
  - Treating emotional consequences of IPV may reduce women's risk for future IPV

# PTSD

## ★ PTSD symptoms

- Reexperiencing: repeated unpleasant memories, nightmares, “flashbacks”
- Avoidance: Active avoidance, shutting down, feeling numb & cut-off from other people
- Hyper-arousal: Increased arousal, difficulty sleeping & concentrating, hyper-vigilance

## ★ PTSD is often chronic and does not go away on its own

## ★ PTSD symptoms may interfere with women’s safety

Campbell & Soeken, 1999; Krause et al., 2006; Iverson et al., 2011

# Cognitive Processing Therapy (CPT)

- ★ A type of cognitive-behavioral therapy
- ★ Delivered in individual or group formats for 12 sessions
- ★ Provides psychoeducation about PTSD, thoughts, emotions, and behaviors
- ★ Explore the “meaning” of the IPV and modify unhelpful beliefs associated with the IPV
- ★ Emotionally process traumatic experiences in the service of reducing distressing symptoms

## CPT (continued)

- ★ Helpful for women who have a lot of guilt or self-blame
- ★ Effective for both recent and past IPV survivors in terms of reducing PTSD, depression and other trauma-related symptoms
  - Even for women who have experienced very severe IPV
- ★ Female interpersonal survivors who recover from PTSD during CPT are significantly less likely to experience future IPV
  - Women who no longer had a PTSD diagnosis at post-treatment were nearly 5 times (OR = 4.91) less likely to report IPV at a 6-month follow-up than women who maintained their PTSD diagnosis

## Prolonged Exposure (PE)

- ★ A type of cognitive-behavioral therapy
- ★ Individually-based 90-minute treatment sessions 1x/week for 8-15 weeks
- ★ Education about PTSD and reactions to trauma
- ★ Breathing retraining
- ★ Repeated imaginal exposure to traumatic memories in a safe environment
- ★ Real world practice in situations they have been avoiding with the goal of reducing fear and anxiety
- ★ PE is very efficacious treatment for interpersonal trauma survivors

## Examples of other evidence-based therapies relevant to IPV

- ★ Depression and anxiety
  - Interpersonal Therapy
  - Cognitive-Behavioral Therapy
  - Acceptance and Commitment Therapy
  
- ★ Substance use disorders
  - Motivational Interviewing
  - Seeking Safety
  
- ★ Couples distress (includes careful IPV assessment)
  - Integrative Behavioral Couples Therapy
  - Cognitive-Behavioral Conjoint Therapy for PTSD

## Selected references/resources

- ★ <http://www.ptsd.va.gov/public/pages/domestic-violence.asp>
- ★ Frayne SM et. al. Sourcebook: Women Veterans in the Veterans Health Administration. Volume 1. Sociodemographic Characteristics and Use of VHA Care. Women's Health Evaluation Initiative, Women Veterans Health Strategic Health Care Group, Veterans Health Administration, Department of Veterans Affairs, Washington DC. December 2010. [http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=2455](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2455)
- ★ <https://www.myhealth.va.gov/>
- ★ Your local WVPM (refer to packet provided today)

## Our contact info

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- ★ [Carolyn.masonwholley@va.gov](mailto:Carolyn.masonwholley@va.gov)



## Summary

- ★ The VA wants to be accessible to Women Veterans, many of whom have experienced multiple forms of trauma
- ★ Many vulnerable women seeking help in the community are likely to be Veterans
- ★ Many women Veterans may be underinsured in some states
- ★ Please use resources in your packet to connect with your local VA

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wore  
these.

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the best care anywhere.



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