

WOMEN VETERANS HEALTH CARE

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



Post-Deployment Reintegration



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Objectives

- ★ Describe demographics of female OEF/OIF Veterans
- ★ Using “Battlemind Training”, describe military culture and behaviors
- ★ Discuss post-deployment stressors and risk factors
- ★ Identify medical and mental health conditions

"GI Jane Breaks the Combat Barrier"

(August 15, 2009, New York Times)



Deployment

- ★ “Assigned” to Combat Support Units
 - Military Police, Truck Drivers, Fuel Suppliers, Medical, etc.
- ★ “Attached” to Combat Units
 - Lionesses
 - Female Engagement Team (FET)
- ★ Exposed to full extent of warfare/ deployment
 - 24 hour Operations
 - Equipment
 - Environment
- ★ Exposed to military sexual trauma (MST)
 - Perpetrator may be in her unit

What do we know?

- ★ The largest group of women Veterans today served in the OEF/OIF/OND operations.
- ★ Women make up 13% of OEF/OIF/OND Veterans.
- ★ 53.7% of women OEF/OIF/OND Veterans have received VA health care;
 - of these, 88.5% have used VA health care more than once.
- ★ 50% of female OEF/OIF/OND Veterans who used VA care during FY 2002-2010 were 30 or younger compared to 46% of male OEF/OIF/OND Veterans.

Female Composition of US Forces

Women comprise

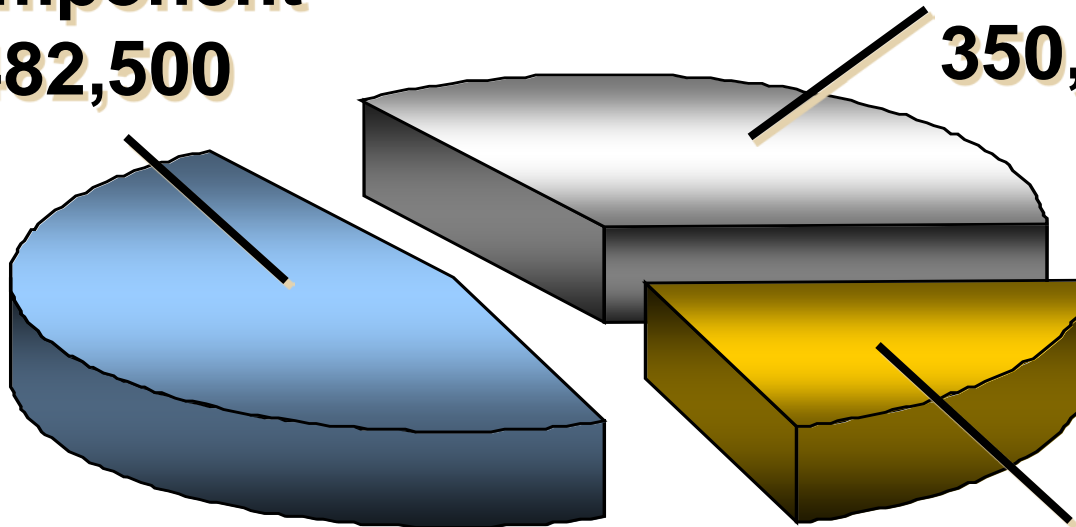
- 14.3% Active Duty
- 17.7% Reserves
- 15.1% National Guard
- 11% of current US forces in Iraq & Afghanistan

The Citizen Soldier

US Army (FY 06)

**Active
Component
482,500**

**Army
National Guard
350,000 (34%)**



**US Army Reserve
205,000 (20%)**

The Citizen Soldier : FY 2005

ARMY NATIONAL GUARD

- ★ Married 49.2%
- ★ Soldiers with children 42.0%
- ★ Sole parent 8.1%

- ★ **Female Soldiers 12.8%**

ARMY RESERVE

- ★ Married 48.2%
- ★ Soldiers with children 41.0%
- ★ Sole parent 8.6%

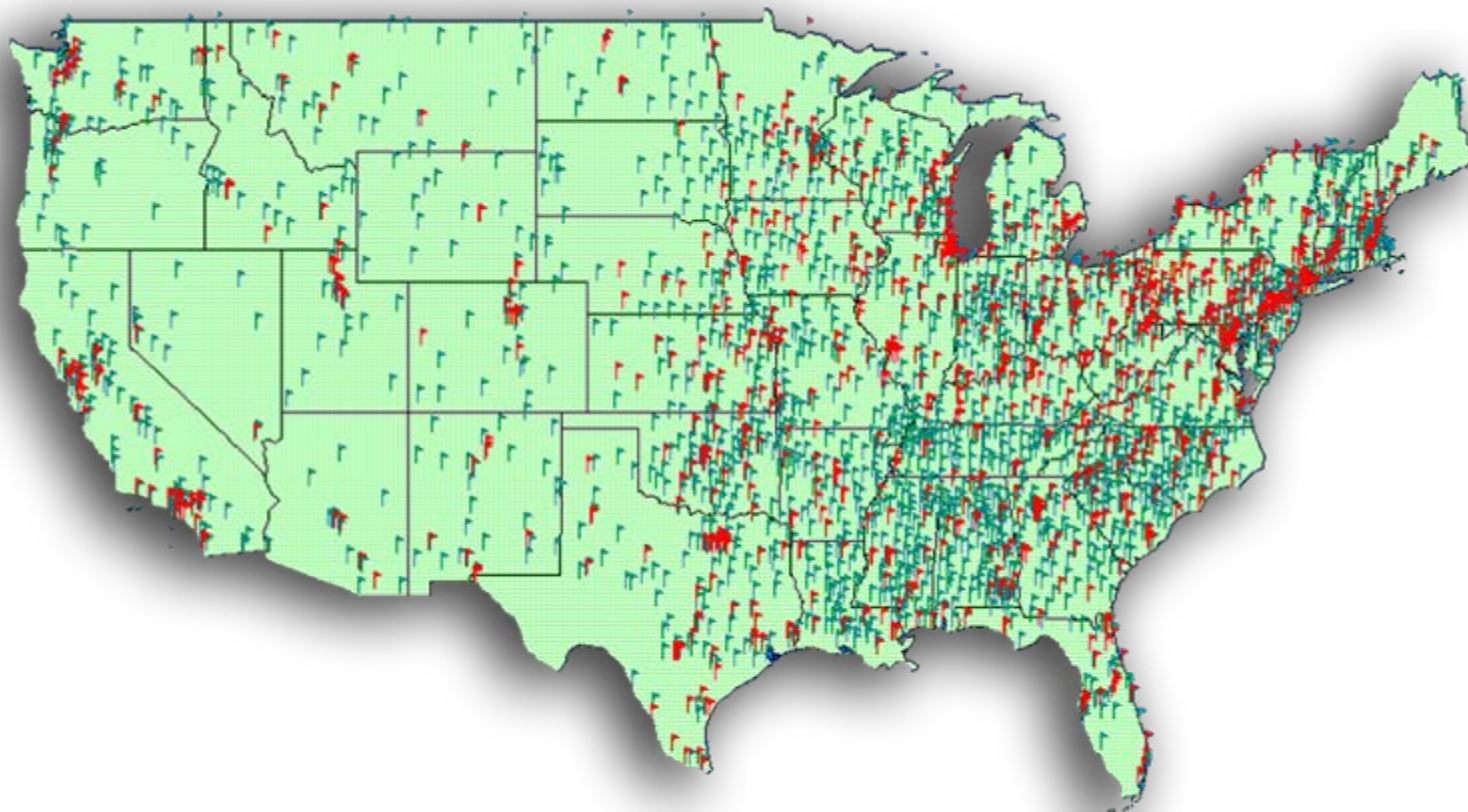
- ★ **Female Soldiers 23.2%**



National Guard/ Reserve

- Long Deployments (include pre-deployment)
- Short Post-Deployment: Radical shift from “war zone” to “home zone”
- Family without support of Military System and Military Culture
- Wider age range than AD (Active Duty)
- Company closures and jobs are gone and/ or legal entanglements with former employers
- Dispersed geographical location

Army Reserve & Guard Units



Post Deployment Reintegration

Requires transition from “combat zone” to “home zone”

- ★ In a “combat zone” you are a Warrior
- ★ In the home zone women resume previous roles
 - Mother
 - Daughter
 - Wife
 - Sister
 - Friend
 - Employee
- * **And now is a “combat veteran”**

Battlemind Training

- ★ Battlemind skills helped you survive in combat, but may cause you problems if not adapted when you get home.

Buddies (cohesion) vs. Withdrawal

Accountability vs. Controlling

Targeted Aggression vs. Inappropriate Aggression

Tactical Awareness vs. Hypervigilance

Lethally Armed vs. “Locked and Loaded” at Home

Emotional Control vs. Anger/Detachment

Mission Operational Security (OPSEC) vs. Secretiveness

Individual Responsibility vs. Guilt

Non-Defensive (combat) Driving vs. Aggressive Driving

Discipline and Ordering vs. Conflict



Discipline & Ordering vs. Conflict

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In Combat:

Survival depends on discipline and obeying orders. Following orders kept you and those around you safe and in control.

At Home:

Inflexible interactions (ordering and demanding behaviors) with your spouse, children, and friends often leads to conflict.



Discipline & Ordering vs. Conflict

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Transitioning the Combat Skill

Discipline & Ordering: Giving and following orders involves a clear chain of command, which does not exist within families.

Action:

Acknowledge that friends and family members have been successful while you have been gone and may have developed new ways of doing things. Always be prepared to negotiate. A family is not a military unit.



Emotional Control vs. Anger/Detachment

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In Combat:

Controlling your emotions during combat is critical for mission success. This control quickly became second nature.

At Home:

Failing to display emotions, or only showing anger, around family and friends will hurt your relationships. You may be seen as detached or uncaring.



Emotional Control vs. Anger/Detachment

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Transitioning the Combat Skill

Emotional Control: Involves both holding in and expressing feelings.

Action:

Showing emotions is important for sustaining personal relationships. Displaying emotions is not unmilitary and doesn't mean you are weak.

Battlemind Training

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Addressing Post-Deployment in Primary Care

- ★ Often PC is the first appointment in VA system
- ★ Role of PC is demanding
 - Complete H&P
 - Complete Clinical Reminders/ Health screening
 - Write orders for labs/ referrals
 - Teach about VA System
 - Provide Health Education
 - Explain your assessment and recommendations
 - Establish a Relationship!!!!!!

Development of an Alliance

- ★ Create a comfortable/ safe environment
- ★ Convey interest/ respect
- ★ Clarify rules of confidentiality
- ★ Use active listening techniques
 - Eye contact
 - Open-ended questions
 - Validation
 - Clarification
 - Non-judgmental approach
 - Honesty
 - Acceptance
- ★ Offer hope

An Evidence-Informed Guide for Working With Military Women and Veterans

Marjan Ghahramanlou-Holloway, Daniel W. Cox,
Elisabeth C. Fritz, and Brianne J. George
Uniformed Services University of the Health Sciences

Professional Psychology: Research and
Practice | 2011, Vol. 42, No. 1, 1–7

Empirically Driven Critical Areas

- ★ Exposure to Traumatic Events
- ★ Suicide-Related Ideation and Behaviors
- ★ Body Dissatisfaction and Eating Disorders
- ★ Menstruation and Pregnancy
- ★ Relationship and Marital Functioning
- ★ Parenthood
- ★ Perceived Barriers to Care and Stigma
- ★ Social Support

Exposure to Traumatic Events

Brief Review

Assess prior to, during and/or after military service

- ★ Military Combat
 - About 12% OEF/OIF women report moderate levels of combat
 - About 40% OEF/OIF women report mortar/artillery fire

- ★ Childhood sexual abuse
 - Women have been more likely to have experienced multiple types of childhood abuse than military men and matched civilian women

Exposure to Traumatic Events

Brief Review

- ★ **Adult sexual assault (including MST)**
 - Lifetime prevalence of sexual assault rates are greater for military women (24-49%) compared to their civilian counterparts (13-22%)
 - * 22% of women report MST during their service
 - Women who experience MST are more likely to have subsequent physical and emotional health problems
 - Women have been more likely to have experienced multiple types of childhood abuse than military men and matched civilian women
- ★ **Intimate partner abuse**

Ghahramanlou-Holloway 2011

Military Sexual Trauma (MST)

- ★ Screening rate overall among women is 74%
- ★ Preliminary evidence indicates prevalence rate of MST among OEF/OIF female veterans is 15%
- ★ Positive MST screen may indicate a need for MH care
- ★ Sexual trauma survivors present with many physical symptoms
 - 4-30% get STI
 - 4% are injured
 - 5% become pregnant
 - Often associated with high risk behaviors
- ★ Re-Screening is appropriate
 - Increases access to care
 - Disclosure is difficult without a sense of trust and safety

Exposure to Traumatic Events Clinical Recommendations

- ★ Screen for lifetime and recent exposure at intake and regular intervals
- ★ Recognize barriers exist related to concerns about career and/or shame
- ★ Establishing a therapeutic alliance is critical
 - Provide safe & supportive environment

Suicide-Related Ideation & Behaviors Brief Review

- ★ Suicide is the 3rd leading cause of death for 18-military and civilian women (WISKARS 2009)
- ★ Female veterans are 79% more likely to die by suicide than civilian women

Suicide-Related Ideation & Behaviors Clinical Recommendations

- ★ Assess for suicide-related ideation
- ★ Be mindful of stigma
- ★ Negative perceptions of women
 - “Women are still seen as weak, whiny, hormonal and incapable”
- ★ Be mindful of fears of MH and involuntary hospitalization when making a referral to MH
- ★ Assess for access to “lethal means”



Body Dissatisfaction and Eating Disorders

Brief Review

- ★ Significant emphasis in the military to maintain fitness and weight standards
- ★ Military women with deployment experience were 1.78 times more likely to develop disordered eating
- ★ Compared to civilian women, military women were more often diagnosed with an Eating disorder:
Military women: 63% Civilian women: 35%

Body Dissatisfaction and Eating Disorders Clinical Recommendations

- ★ Screen for current and lifetime eating disorders
- ★ Be mindful of the complexities regarding weight in the military
 - “Flagged”: no positive action i.e.; schools, awards, promotions
 - Monthly weigh-ins
 - Monthly reports to the Commander
- ★ Consider referral to Eating Disorders Specialists

Menstruation and Pregnancy

Brief Review

- ★ 93% of Military Academy Cadets reported menstrual irregularities ???stress, exercise, dietary habits????
- ★ 80% female military recruits Iron Deficiency
- ★ Pregnancy may exacerbate pressures, similar to civilian women
- ★ Rates of post-partum depression comparable to civilians

Relationship and Marital Functioning/ Parenthood

- ★ Increased marital stress and decreased marital satisfaction reported with separations
- ★ No studies of impact of MST on marital relationships, but clinical observations reflect challenges with sexual intimacy
- ★ Trauma during deployments add to the complexity of the transition home
- ★ Deployment and Child-Care



Family Readjustment

- ★ Readjustment for family roles/ decision-making*
 - ★ Children may express conflict with acting out*
 - ★ Changes in economic position*
 - ★ Concerns about Redeployment
- * All compounded by injuries/ disability

Perceived Barriers to Care and Stigma

- ★ Women are more likely than men to access MH care
- ★ Over 40% military women veterans reported needing MH care, but not getting care
- ★ “VA is for men”
- ★ Negative perceptions of quality, access, bad experiences

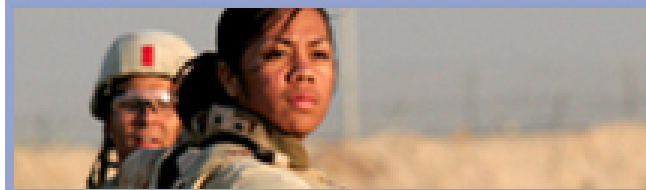
Social Support

- ★ Female veterans report less perceived social support than male veterans
- ★ Civilian women mentored by other women report increased emotional support, skills, collaborations, companionship, sense of voice, work promotions and career satisfaction.
- ★ Social support has been shown to protect against psychological symptoms

Other Considerations

- ★ Injuries
- ★ Illnesses
- ★ Pain
- ★ Smoking
- ★ Substance use/ abuse
- ★ Homelessness
- ★ Exposure to hazardous chemicals
- ★ Sleep disorders
- ★ Traumatic Brain Injuries (TBI)
- ★ Mild Traumatic Brain Injuries (mTBI)

Veterans and the General Public



OEF/OIF Injuries & Illnesses

Women Veterans Illnesses/Injuries Utilize VA Services
Top OEF/OIF Women Veterans' Illness/Injuries since
2002

Illness/Injury	Total Injured
Musculo-Skeletal	42,052
Ill Defined Conditions	41,792
Mental Disorders	38,003
Nervous Disorders	32,171
GU System	30,422
Digestive System	29,469
Respiratory	25,381

Pain among Veterans of OEF/OIF: Do Women and Men Differ?

- ★ Sample: 153,212 Veterans between October 2001-January 2008

- ★ Findings:
 - Pain assessed in 59.7%
 - No significant difference in the probability of pain assessment by sex
 - Female Veterans more likely to report moderate-severe pain
 - Females less likely to report persistent pain

Smoking Prevalence among OEF/OIF Veterans

★ Category (ICD-9 code)	Females (n=45,152)	Males (n=325,971)
★ Non-dependent drug abuse	12.9%	19.1%
• Including tobacco	10.9%	15.3%
• Tobacco only	9.6%	12.2%

What Current Data Shows: Homelessness among Women Veterans

- ★ Female Veterans are the fastest growing segment of the homeless population
- ★ Women who are Veterans are at much higher risk of homelessness than male counterparts
- ★ Women comprise roughly 6% of the 116,000 Veterans that were provided VA Homeless Services in FY2010
- ★ Currently, 12% of HUD-VASH recipient Veterans are women
- ★ Female Veterans are almost 3x (2.7) more likely to be in the homeless population than non-Veteran female population

Summary

MH Reintegration Stressors

- ★ Exposure to trauma
- ★ Suicidal Ideation/ Behaviors (Self-Directed Violence)
- ★ PTSD
- ★ Depression
- ★ Anxiety Disorders
- ★ Substance Use Disorders
- ★ Eating Disorders

Summary

Social Reintegration Stressors

- ★ Transition to “home zone”
- ★ Resuming previous family role/responsibilities
- ★ Changes in finances
- ★ Changes in employment
- ★ Relationship & marital functioning
- ★ Parenthood
- ★ Perceived barriers to care
- ★ Social support
- ★ Homelessness

Summary

Medical Reintegration Stressors

- ★ Changes in physical/ mental/ emotional responses to combat: i.e.: Stress Response
- ★ Injuries/ illness occurring while deployed
- ★ Exposure to chemical hazards
- ★ Eating Disorders
- ★ Pain

How do we mitigate the effects of Combat?

- ★ Early Recognition
- ★ Risk Reduction
- ★ Education
- ★ Addressing body/mind health
- ★ Facilitate Referrals
- ★ “Battlemind Training”
 - Normalize stress symptoms
 - Expect recovery

Resources

- ★ OEF/OIF Program
- ★ MST Coordinator
- ★ Women Veteran Program Managers
- ★ National Center for PTSD
- ★ VET Centers
- ★ Suicide Prevention Coordinators
- ★ Veterans Crisis Line
 - 1-800-273-TALK “press 1 for veterans”



Use Your Smartphone to Visit the VISN 19 MIRECC Website

Requirements:

1. Smartphone with a camera
2. QR scanning software (available for free download just look at your phones marketplace)



www.mirecc.va.gov/visn19



1 Scan QR code

2 Open web site

Thank You

Questions?

Comments?

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