



VETS HELPING VETS SINCE 1974

CALIFORNIA COMMISSION ON THE STATUS OF WOMEN

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CALIFORNIA'S WOMEN VETERANS AND FAMILIES

Women veterans, compared to their male counterparts, are under-represented and under-served. Additionally, military and veteran spouses and their children are facing enormous psychological and economic stress as a result of deployments and the aftermath of military service. In order to prevent poverty, untreated Post Traumatic Stress Disorder (PTSD), other mental healthcare needs, and homelessness, the state of California must make a concerted effort to address these unique needs of women.

Too often states, localities, and the community-based continuum of care assume that military personnel and veterans are receiving adequate mental and physical healthcare and resources through the Department of Defense (DoD) or Department of Veteran Affairs (VA). There are serious gaps in gender appropriate healthcare for veterans, and with few exceptions VA healthcare does not extend to the spouse and family.

Women deploy to and serve in combat areas, performing tasks and duties that subject them to the same risk of trauma as their male counterparts. Yet, veteran facilities including hospitals, clinics and housing programs are often male-dominated and do not offer much needed female-specific services. Also, women veterans are more likely to be primary caregivers for children, which adds an extra layer of complexity to providing them care. When there is no childcare provided, as in the VA system, or no dependents allowed, as in most housing facilities, many women make the choice to stay with their children rather than receive the necessary services.

The reliance on National Guard and Reserve is particularly stressful for female service members and family members. These personnel are often given short notice, perhaps only a few weeks, to put their civilian life on hold (i.e.: work, school, family) and prepare for deployment, which can last up to 15 months. Guard and Reserve units are sometimes deployed as a group, but are often utilized as individuals to augment active duty units. Not returning to a military installation community and its resources after deployment can make both transition and access to care all the more difficult for these individuals.

There are astounding rates of military sexual trauma (MST) among female service members. Military Sexual Trauma (MST) is any sexual harassment or assault that occurs in a military setting. Many women are hesitant to report MST because the perpetrator is their direct command; the DoD has instituted restricted reporting to give personnel an option to report confidentially. California law, however, chills reporting because medical and public safety personnel are required to report instances of sexual violence.

We recognize that the state of California cannot directly impact federal responses; however, we can recognize that California women are directly impacted by the current wars and are veterans of all ages and coordinate care on their behalf.

RECOMMENDATIONS:

- The California Department of Veterans Affairs and appropriate state administrative agencies must apply for any and all federal funding for women veterans in the areas of housing, mental health, employment and other services. Funding is also needed to provide services to California woman veterans and families at the local level (i.e.: extensive outreach campaigns, gender-specific along with the appropriate care, residential programs for veterans with dependents, provisions for childcare, etc.).
- California must work with the DoD's Sexual Assault and Prevention and Response Office to address the conflict between military-restricted reporting of sexual assault and California's mandatory reporting requirements.
- California should conduct aggressive outreach to female military personnel and veterans and assist them in accessing care and benefits earned through service. An awareness campaign for MST should be enacted to educate providers and fellow service members, reduce stigma and provide avenues for appropriate treatment.

FACTS AND STATISTICS:

- Women represent 15 percent of active duty personnel and 17.5 percent of the National Guard and Reserve.
- Approximately 40 percent of active duty women have children, with single mothers comprising 11 percent of the female force.
- Sixteen percent of women in the Guard and Reserve are single parents.
- Ten percent of married service members are in dual-military marriages.
- Women veterans are two to four times more likely than non-veteran women to fall into homelessness.
- Women represent one in ten homeless veterans under the age of 45.
- Women are more likely than men to suffer from PTSD.
- Twenty-nine percent of women veterans returned from combat theaters with genital or urinary system problems; 33 percent had digestive illnesses; and 42 percent had back troubles, arthritis and other muscular ailments.
- The number of MST cases in which disciplinary action is taken against the perpetrator is below one-half.
- In fiscal year 2009, there were 3,353 reports of MST; 2,516 were investigated; 983 perpetrators received disciplinary action; 410 cases were processed for court martial.

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