Empower, Embrace, Engage:

Key Recommendations to Address the Challenges Facing United States Women Veterans

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About the Authors

The Robert Wood Johnson Foundation (RWJF) Clinical Scholars Program (CSP) is a research fellowship designed for physicians to integrate their clinical expertise with health policy research methods. The goal of the training is to generate innovation and expertise in the physician workforce to address the challenges facing the United States health care system. The program, which emphasizes leadership and community-based research development, brings together physicians from different backgrounds who share a common passion for understanding and positively impacting the communities in which they live, work and serve. The members of the 2014-2016 cohort of the RWJF Clinical Scholars Program at the University of Pennsylvania are:

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The Things People Say

by Kimberly Kline

My young son and I walk past you;
   A military logo on his shirt.
You ask, “Is your Daddy serving?”
You don’t see that your words hurt.
See, Mom is the one he is proud of.
   I’m the one who serves.
He’s tired of explaining how
Mom should get the respect she deserves.
   Since the Revolutionary War,
Women have done their share.
To assume it’s only men who serve really isn’t fair.
I’m not sure if I should laugh or have tears in my eyes
When he stops and looks at you, and politely then replies,
   “My teacher says if someone doesn’t have a clue,
It’s important to take time to teach them something new.
   Women have worked as medics and spies,
   and even carried a gun.
Without women fighting for freedom, too,
   Many battles may not have been won.
   My mom is the one who served,
   And she’s an expert when she shoots.
You’d better watch what you say, Mister.
My momma does wear combat boots.”

(Veterans Affairs Medical Center – Lebanon, PA)
Outline of Report

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I. Executive Summary

This report summarizes the findings and recommendations of a partnership between the Women Veterans Center at the Veterans Multi-Service Center in Philadelphia, Pennsylvania and the Robert Wood Johnson Foundation (RWJF) Clinical Scholars Program at the Philadelphia Veterans Administration (VA) Medical Center and the University of Pennsylvania. The RWJF Clinical Scholars Program, in conjunction with the VA, trains a diverse group of physicians who share a passion for improving the United States healthcare system through community engagement, innovative research, and policy development. As the proportion of women serving in the military steadily increases, this collaboration was created to identify and address challenges facing women veterans transitioning to civilian life. Through key stakeholder interviews, focus groups, site visits, a literature review, and most importantly, speaking with women veterans and active service members, perspective on the challenges facing women veterans in the United States was gained, as was an understanding of the existing resources available to them as they navigate the often complicated transition from military to civilian life.

The Women Veterans Center (WVC) strives to fill the gaps in those resources and serves as a source of support and community for women veterans. As the WVC develops, it will strengthen its position within the growing network of organizations, both locally and nationally, devoted to meeting the needs of women veterans.

The stories of the women veterans interviewed - whose willingness to share their experiences was humbling and inspiring - reveal the diverse challenges many women face during active duty and upon re-entering civilian life. Three themes emerged from these challenges: identity, isolation, and information.

Many women veterans do not identify with the word "veteran," either perceiving a "veteran" as an older male from the Vietnam era, or choosing not to identify due to fear of societal stigma or as a result of negative experiences during their military service. Women veterans are isolated both during their military service due to the minority experience of being one of very few women in a "hypermasculine" culture, and as veterans because civilians have not shared and do not understand their experience. For some women, these experiences lead to anxiety, depression, or substance abuse, which further isolate them from friends and family, and these psychosocial issues are even more common in women who have suffered military sexual trauma (MST) by their male colleagues during their service. Finally, women may not have any information about the many veterans services that are available to aid them, and this lack of knowledge is exacerbated by many organizations’ focus on advertising to male veterans.
To address each of these challenges, recommendations are proposed for how the WVC and similar organizations can improve their outreach to women in need of services or social support. These twelve recommendations, broadly grouped into themes of **empower**, **embrace**, and **engage**, aim to provide concrete, actionable suggestions that the WVC can incorporate into its existing commendable efforts.

**Empowering** women veterans focuses on promoting a culture in which women veterans feel empowered by and proud of their veteran status. Within the WVC, this culture can be achieved through the formation of planning committees, a unique brand, and most importantly, a strong and close-knit community. Because isolation is very real for many women veterans, another central recommendation is identifying the best means of **embracing** women veterans where they are, physically and emotionally. To this end, applying a trauma-informed infrastructure and formally assessing the needs of the organization’s members are discussed. The recommendations for **engaging** women veterans address the lack of information about services that may be available to them, and include learning to leverage personal connections, diversifying recruitment tactics, and creating a comprehensive advertising strategy.

Advocacy is a common thread throughout our recommendations to **empower**, **embrace**, and **engage** women veterans, and specific strategies for advocating for this population of veterans are suggested, from collecting narratives locally to visiting Washington, D.C. and meeting with elected officials.

Women veterans have a unique set of strengths and a remarkable resiliency that can and must be nurtured in order to face the multitude of challenges detailed in this report. It is hoped that these recommendations provide a useful roadmap for the WVC to achieve both its short-term goals - strengthening outreach activities and connecting more women veterans in the Philadelphia area - as well as its long-term goals - serving as a model for other women veterans organizations throughout the United States, with an eventual focus on advocacy at the regional and national levels.
II. Introduction

This report begins with the journeys of two women who exemplify the challenges and resilience of this unique community of veterans (used with permission).

“Betty” is a 50 year-old schoolteacher. She entered the military at the age of 19 to “survive or die,” recognizing that it offered more opportunity than was available in her economically depressed hometown. She rose through the ranks to become a non-commissioned officer, a position that was “a point of pride for me. A man can do this job, I can do this job.” After 21 years of service she retired to spend more time with her daughter. She transitioned easily from active duty to civilian life because “it was something I had prepared for. I built a house, I knew where [my daughter] would go to school.” Her house and bachelor’s degree were paid for through her military benefits, and she receives some of her medical care at the VA. While she is proud of her service she does not socialize in veterans organizations or often introduce herself as a veteran. “I don’t want it to be a point of focus…I feel a little awkward when people ask questions.”

“Joan” is 54 years old, and she is unemployed and without her own home. She entered the army directly from high school at the age of 17, seeking independence and a way to pay for school. She served for 7 years in telecommunications and intelligence with top-secret clearance. Her life changed forever when she was raped and beaten by her roommates and their boyfriends in the barracks, an attack that has left her suffering from debilitating post-traumatic stress disorder. After discharge, despite turning to alcohol and drugs to numb the pain, escape reality, and control her anxiety, she continued to have difficulty in enclosed spaces and took to the streets. There she became, in her words, “the crazy vet that no one messed with.” This need for outdoor space kept her from all but the briefest interactions with healthcare professionals at the VA. Eventually an outreach van picked her up and she began the process of repairing her life. Sober for seven weeks, she is working on healing her past and believes the services she is receiving are teaching her “how to show up for life.”

Women have served in every major United States conflict since the Revolutionary War. Today, approximately 14.5% of all active duty military and 18% of the National Guard and Reserves are women. Furthermore, the number of women veterans is growing rapidly as women returning from the conflicts in Iraq and Afghanistan join aging servicewomen in the veteran population. Between 2000 and 2013 the number of women veterans using services through the Veterans Health Administration (VA), the component of the United States Department of Veteran Affairs that provides health services and care coordination through an integrated health system of medical centers and outpatient clinics, more than doubled. Women now comprise 6.8% of VA health care users. This population is skewed towards younger women – 45% of women veterans returning from Iraq and Afghanistan are less than 34 years old – the only subpopulation of veterans that is growing in number.
Despite this demographic shift, recognition of women’s service has been slow. It was not until 2014 that the first female officer in the Navy’s 236-year history was promoted to the rank of four-star admiral. Between their historically small numbers and public misperception of military veterans being exclusively male, servicewomen are often further marginalized within a group that already struggles for appropriate recognition. Fortunately, public awareness of the unique mental, physical, and emotional challenges faced by women during and after their military service has grown in both the public and private sectors, as younger women veterans returning from active duty in Iraq and Afghanistan add their voices to those of women from prior conflicts as well as those who served in times of peace. This louder chorus has resulted in greater recognition of the need for expanded and improved services tailored to women veterans. Their experiences, while varied, share common themes that must be respected and addressed in order to provide the support these women deserve.
The Women Veterans Center at the Veterans Multi-Service Center

It is against this backdrop that the Women Veterans Center (WVC) of the Veterans Multi-Service Center (VMC) was conceptualized and launched. The VMC was founded in 1980 to address the multiple needs of Vietnam Veterans. Since then its programs have grown and diversified to encompass the needs of all veterans, including those who served in times of peace and in conflict, most recently in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) in Iraq and Afghanistan, respectively. The VMC, the mission of which is to “serve those who served,” is the only non-profit agency in the greater Philadelphia area that offers comprehensive resources to all veterans. Not affiliated with the VA itself, the VMC provides case management, benefit assistance, services for homeless veterans, housing assistance, job training, and a thrift shop. The VMC has been a leader in services tailored towards women: 21% of veterans who utilize the VMC’s transitional housing program are women, compared to a nationwide average of 6% of veterans using transitional housing services.4

In January 2014, the Women Veterans Center (WVC) was founded under the leadership of Aronda Smith, a Desert Storm Army veteran and respected veteran advocate. Her experiences serving women at the VMC led her to realize that a dedicated space for women veterans was needed within the organization. Staffed by Ms. Smith and a team of volunteers, the WVC aims to ensure all women veterans have equitable access to benefits, services, and resources. The focus of the WVC is to connect women to existing services for veterans through its parent organization VMC, while also providing intra- and inter-organizational linkages that are women-specific and trauma sensitive. These services include health and wellness events, networking opportunities, a book club, and workshops on financial literacy and coping with trauma, all in a child friendly environment. An immeasurable but essential offering is emotional support. The WVC leadership and its members view the center as a safe place for women veterans to relax, socialize, and build camaraderie. Ms. Smith often says “we didn’t march in the military alone, let’s not march alone now.”

As a new organization, the WVC’s immediate goals are to increase membership and awareness of the organization in the community. In the 6 months since inception it...
has already connected with over 200 women veterans in the Philadelphia area. Increasing membership is expected to enhance the volunteer pool, connect more women to services provided through the VMC and the VA, and foster a more fully resourced and resilient community of like-minded advocates. Growth will also impact the physical location of the organization, justifying a move to a larger space within the VMC that will allow for more comprehensive services, as well as conveniences such as showers and a laundry room.
In partnership with the Women Veteran Center, the 2014-2016 RWJF Clinical Scholar Program cohort was charged with assisting Ms. Smith, the community partner, in identifying the challenges facing women veterans, improving outreach to women veterans, and compiling resources available to women veterans. Over the course of our 6-week community-partnered experience, the charge evolved and was modified in consultation with Ms. Smith. The project charge is as follows:

1. To develop a comprehensive understanding of the challenges facing women veterans after completing their military service

2. To identify innovative strategies for the Women Veterans Center at the Veterans Multi-Service Center to expand and strengthen its outreach strategy in order to address the needs of women veterans in the greater Philadelphia area
To address the first part of the project charge, “to develop a comprehensive understanding of the challenges facing women veterans after completing their military service,” extensive information was gathered from a variety of sources using a community-partnered approach. These qualitative methods included conducting focus groups and semi-structured, one-on-one interviews with women veterans and active service personnel until achievement of theme saturation. Multiple site visits were made to the VMC headquarters based in Philadelphia. An additional site visit was made to the Coatesville VA Medical Center, where the VMC’s transitional housing program for both men and women is located. During these visits, in-depth interviews were conducted with departmental leaders at both VMC sites. Finally, the scholars participated in a mobile outreach activity with the VMC’s Outreach Coordinator, visiting multiple homeless shelters in Philadelphia and Camden, New Jersey.

Leaders were interviewed from local, regional, and national organizations reflecting a cross-section of service domains including those focused on homelessness, gender-based violence, sexual assault, military family support, and veteran advocacy. The goals of these interviews were to better understand a) the work of established non-profit organizations that might work with or have resources useful to women veterans, b) their strategies for successful outreach to their target populations, c) the existing awareness among related organizations of the unique challenges that women veterans face, and d) their familiarity with the WVC as a new organization with whom they could partner (see Appendix B for the list of interviewed stakeholders and their affiliated community organizations).

In addition to speaking with women veterans and stakeholder interviews, a variety of literature and content reviews were performed. Relevant scholarly articles were identified from the MEDLINE database, which is maintained by the United States National Library of Medicine at the National Institutes of Health and houses a collection of articles on life sciences and biomedical topics. Additionally, top Internet search engines and social media sites, including Facebook and Twitter, were searched, using veteran- and veteran health-related keywords to identify topics and resources available to veterans.

To address the second part of the project charge, “to identify innovative strategies for the Women Veterans Center at the Veterans Multi-Service Center to expand and strengthen its outreach strategy,” an iterative and reflective process was used. This consisted of contextualizing what was learned, expanding contact lists, discussing findings with the community partner, and further refining and developing the charge, findings, and recommendations.
VI. Findings

Charge: To develop a comprehensive understanding of the challenges facing women veterans after completing their military service

In the introduction, challenges facing women veterans were presented in the broad national context of changing military workforce demographics and the expanding roles of women who serve. The report will now focus on the forces impacting women’s lives as they transition from military service to the role of veterans. While our interviews consistently found women who were resilient and proud of their military service, we also found that the same military culture that nurtured the independent spirits characteristic of so many veterans also contributed to the barriers and challenges facing veterans. These barriers impact the health and wellbeing of women veterans, their families, and their communities, and prevent women veterans from accessing available services. Highlighted below are key challenges for women veterans. We have embedded quotations throughout this section to illustrate the themes that emerged from our interviews with women veterans. An awareness and understanding of these challenges, grouped broadly into the categories of identity, isolation, and information, are critical for developing community-centered solutions.

Identity
The findings revealed that women veterans have complicated and conflicted emotions around identifying as a veteran – both to others and to themselves. Reasons for this include not identifying with the term veteran, concern about social stigma emanating from disclosure of their history of service, and a desire to distance themselves from their own negative experiences while serving.

While veteran technically includes all people who have served for any length of time, in any capacity and in any branch of the Armed Services, some women perceive a veteran to be male, older, and someone who had served in active combat. This lack of identification with the word veteran may be reinforced by the military’s avoidance of using the term during service. One woman described the active-duty experience as “living in a bubble.” Combat requires complete attention to the task at hand, so service members are trained to focus only on their current role in active duty and not on their future as a veteran. Thoughts of life after and outside the military are considered distractions and discouraged. Even in the Transition Assistance Program (TAP), an information session just prior to discharge, the focus is on transitioning to life as a civilian rather than a veteran.

In the absence of seeing themselves as veterans, women are unlikely to engage in or utilize services that are advertised for veterans.

In addition, some women do not acknowledge their military service in public settings or among people they are not close with due to an
uncertainty about how they will be perceived. Some women fear that they will be judged or stereotyped by those who do not politically support the United States’ role in combat, or who have heard media stories about the mental instability of veterans with post-traumatic stress disorder (PTSD).

Finally, among women who had a negative experience while serving in the military, through physical, sexual, and/or emotional trauma, some feel anger toward the military. This may cause them to purposefully avoid identifying with the military or their role as a veteran.

In addition to the issues of identity for women veterans themselves, new organizations also grapple with how to develop and strengthen their own identity. The WVC is in the early but essential stage of establishing itself as a women-centered veteran organization that helps women navigate a service landscape that is overwhelmingly oriented towards assisting male veterans.

Women are minorities while in active duty and as veterans, as they are significantly outnumbered by men. Interviewed veterans often described the military culture as a “hyper-masculine” “man’s world” that can cause women to “feel as if [they] don’t belong there” or “don’t deserve to be there.” It is a “very sexist and sex-oriented culture” where women need “thick skin” to survive. One woman related that every time she scored well on a performance check, her male colleagues belittled her accomplishment by telling her that she only scored well because the officer reviewing her thought she was “cute,” rather than due to her own hard work or intelligence. At the same time, male colleagues approached women as though they expected them to “slack off” or not pull their own weight, making comments such as, “I can’t be doing your work for you once a month.” As a result, some women felt the need to work twice as hard to prove themselves as equal members of the team. A young veteran who served in Iraq commented that she was made to feel as much a “second-class citizen” by her colleagues in the military as by the male-dominated culture of Iraq.

The “second class” status women experience from their predominantly male colleagues is underscored by the broader societal perception of women in the military. “[Society] forgets about us,” lamented one veteran. Mainstream media – from national broadcast news to Hollywood, and even commercials and billboards sponsored by the military or USAA –

**Isolation**

While many women felt their military service taught them new skills and developed their self-esteem, some were also traumatized, disillusioned, and disempowered by their experiences. Many faced debilitating psychosocial challenges upon their return, which ultimately led them to feel *isolated*. “I didn’t tell anyone [what I went through]” was a statement voiced by multiple women.
gives the impression of a culture that is exclusively male. One woman spoke of how she had searched military resources for materials prior to her deployment to help her young son cope, but all she found were books and videos about “daddy being deployed.”

Anecdotes revealed that the healthcare system further perpetuates the stereotype that veterans are predominantly male. At VA medical centers and on bases, women are frequently presumed to be the wives of male patients, rather than veterans themselves. One woman went to a hospital on base wearing her military uniform and was still asked for her husband’s information at check-in. Another woman noted that the VA did not carry eyeglass frames in female styles. In addition, while they acknowledge that it is improving, women we interviewed often cited their prior need to be referred outside the VA system for routine healthcare as contributing to their sense of isolation.

Socioeconomic and mental health barriers can compound the isolation experienced by women veterans upon their military discharge. Homeless is a key issue facing all veterans. The Department of Housing and Urban Development estimates that on a single night in January 2013, there were almost 58,000 homeless veterans in the United States, 8% of whom were women. Approximately 45% of homeless female veterans have dependent children.5

Military sexual trauma is another central issue relating to isolation and prevents women veterans from connecting with male-dominated veteran’s services. MST is defined as “psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training”.6 The prevalence of MST reported by patients using the VA health system is 1 in 5 women (compared to 1 in 100 men), but estimates vary widely from 4% to 71% depending on how MST is defined and how the question is asked.7 While the exact number is not known, it is widely accepted that the problem is extensive and underreported; perhaps as many as half of all sexual assaults in the military are undocumented.3

Despite the growth in women-specific veterans’ health services, women veterans may perceive the relative lack of available health resources as an absence of government support post-discharge.

Some women felt that their military experience had isolated them from friends and family. Reflecting on their return from service, interviewees stated, “The world doesn’t understand us.” Women who join the military to escape a troubled home situation may return to an abusive or unsupportive environment. Others struggle to succeed in the civilian workforce, where there is a noticeable lack of structure and authority relative to their military employment. Without these elements, many women veterans felt “like a fish out of water,” realizing that they “didn’t know how to be a civilian.”
MST is strongly associated with mental health disorders including PTSD, depression, anxiety, and alcohol and substance use, all of which can result in barriers for women trying to access services. In one sample of VA healthcare users, female OEF/OIF veterans who experienced sexual trauma were 3.5 times more likely to be diagnosed with a mental health condition than were female OEF/OIF veterans who had not experienced sexual trauma.\(^8\)

Many of these physical and mental health issues may be identified before discharge from the military, yet a lack of awareness or diagnosis is common, both by the military and among the women themselves. Several women interviewed commented, “we didn’t know we’re sick.” This limitation can be illustrated by women’s lack of participation in military discharge physical exams. All active duty members are encouraged to complete a physical exam prior to discharge to screen for service-connected conditions. These include physical injury or mental health issues that stem from their military service. Such conditions are important to document, because the treatment of these is eligible for reduced or free care at the VA. Many women may not understand or be informed about the benefits of the exam, particularly if they are still in denial about their illness. As a result they do not pursue this opportunity to connect with post-discharge services.

One summed it up simply as, “we just went along with our lives.”

**Information**

The third challenge women veterans face is poor access to information about the services available to them. From the time of discharge to post-military immersion in everyday life, there are multiple points at which a lack of available information results in barriers to accessing beneficial services. While significant strides have been made in focusing on the needs of women veterans, including development of a VA Women’s Health Research Consortium and the expansion of women’s health services in the VA system, challenges remain in connecting women to these expanded efforts. As one woman stated, “they teach you how to be in the military, but they don’t tell you how to live afterwards.”

Immediately prior to their discharge, all military personnel participate in the Transition Assistance Program (TAP). This program is intended to guide military personnel through their transition out of the military by providing them with needed forms and information. However, veterans often described the session as “drinking from a fire hose;” several very long days spent watching slides and listening to “dry presentations.” Many women recalled feeling impatient or overwhelmed at the TAP. There was an urgency to “just get out of the military and back home.” Furthermore, even if a woman is interested in the program, her unit can pull her out of TAP for another active duty task. Thus, some women do not have the opportunity to hear all of the information presented.

While there are many veteran-specific services available, these groups typically target their recruiting towards men. Women may not
recognize or learn that these services are available to them as well. Women who have experienced MST by a male colleague can experience profound discomfort and even panic attacks in the presence of men, and therefore will not feel comfortable in the majority of veterans groups. Unfortunately these women remain unaware that there are women-specific veteran organizations from which they can gain support and community. Many of the women we interviewed reported feeling this way until they found the WVC, and described the WVC as “a dream come true.”

While social, medical, and benefit services exist for women leaving the military, women veterans are not optimally informed of these resources.

The challenges of identity, isolation, and information are interrelated. Women may experience all three simultaneously, or different challenges years apart, depending on their life circumstances and needs. Thus, a multifaceted approach is needed to meet women veterans where they are within the context of these challenges and to sustain their engagement.
VII. Recommendations

**Charge:** To identify innovative strategies for the Women Veterans Center at the Veterans Multi-Service Center to expand and strengthen its outreach strategy in order to address the needs of the women veterans in the greater Philadelphia area.

Figure 2 illustrates the various contexts in which a woman veteran lives: her individual, interpersonal, local, and national contexts. It also conceptualizes the theme of these recommendations, that the WVC can and should scale its work to effectively target each of these contexts.

**Nonprofit Life Cycle**

The nonprofit life cycle, seen Figure 3, looks at the development of organizations over time. The process is dynamic, with the duration and role of each phase dependent on the individual organization, its resources and capacity.

Having seen a robust response to the concept of a women’s veterans organization and to the services it offers, the WVC has successfully launched and is now situated in the “late Start-Up” phase. In this phase of growth, nonprofit organizations have energy and passion, but nascent organizational and management structures. To continue developing, organizations typically acquire nonprofit status if applicable, hire dedicated staff, and formalize their leadership structure. Until now the founder of the WVC, Ms. Smith, has necessarily been the primary decision-maker, with both knowledge of the problem and a vision for the organization. However, for maturation to occur beyond the late Start-Up phase, the next step is sharing responsibility. The goal is to empower people beyond the original leader, enlisting outside support by hiring driven, versatile staff to assist the leader in developing and advancing the organization.

**Conceptual Framework for Recommendations**

The following recommendations, an overview of which are seen in Figure 1, are grounded in two conceptual frameworks, modified for the specific needs of this project. One addresses the veterans’ place in her environment, using an ecologic model and visualized as spheres of identity (Figure 2) which the WVC can influence. The other addresses the WVC as a young, developing organization using the nonprofit organizational life cycle model (Figure 3).
Any organization, including the WVC, needs to recognize not only where it currently is, but also envision and plan for where it is headed. The hallmark of the next phase is expansion of the organization, ensuring that it is growing, sustainable, and still fulfilling its mission. A strategic plan is developed and both employees and volunteers are given specific and meaningful roles in support of the organization. Beyond this phase, an organization’s ultimate goal is to mature into a well-known and well-run, sustainable organization that provides unique and relevant services to the community with constant attention to improvement.

The recommendations below address the challenges of identity, isolation, and information by using the complementary concepts of empower, embrace, and engage, which reflect and harness the many strengths and interests of the WVC members and potential members. The sense of pride, independence, adventure, opportunity seeking, and entrepreneurial spirit that led women to the military can be the same.
driving forces that connect women veterans with the WVC and with one another. For each recommendation, the current work of the WVC is highlighted followed by actionable suggestions to build upon its efforts and successes.

Throughout this section special attention is also given to the concept of advocacy. While this may be beyond the WVC’s immediate goals and organizational capacity, in light of the political and societal convergence of many issues that are directly or tangentially related to the needs of women veterans, there are multiple opportunities to raise the voice of the WVC and its members and contribute to the national dialogue for change. When “the personal is political,” who better to advocate for women veterans than a group of highly motivated, organized women with the lived experience and knowledge necessary to speak truth to power?

**Challenge: Identity**

**Recommendation: Empower**

**WVC Current Efforts:**
The WVC is uniquely positioned to promote a culture in which women feel empowered by their veteran status. The WVC can channel the pride that prompted women to join the military and encourage their involvement in the organization. Even in its earliest days, the WVC’s outreach efforts have been successful in bringing together women veterans to form a tight-knit community.
Recommendation 1: Build a Team
The WVC personnel have progressively expanded from only its founding director, Ms. Smith, who leads the WVC on a part-time basis while completing her Master’s degree, to informal volunteers, and more recently to an organized volunteer committee. To maintain growth and progress, the WVC will need a formalized organizational structure that is beyond the scope of an ad-hoc volunteer-based model, including the formation of task-based subcommittees within the organization and delegation-oriented management. This will require collaborative financial investments, including the development of salaried positions for WVC staff members, assistance from federally funded programs (e.g. AmeriCorps volunteers), and capitalizing on the strength of the secondary school networks in Philadelphia (See Appendix C). Colleges and universities host multiple departments (including social work, medicine, business, public policy, and sociology), extracurricular clubs (particularly women’s and service centered organizations), and work-study opportunities from which the WVC can build a consistent and creative staff of interns, volunteers, and work-study students to complement its salaried employees.

Lastly, having members, both paid staff and volunteers, serve on various WVC committees, can increase their sense of shared responsibility for the success of the organization as well as strengthen their identities as women veterans and active participants in the veteran community. Possible committees include, but are not limited to, social media, outreach, and event planning.

Recommendation 2: Create a Brand
Keys to sustaining the WVC’s momentum in growth and expansion are identity creation and organization branding. Accordingly, developing an effective logo and promotional merchandise are important in fostering and promoting the WVC’s own identity. Recommendations for achieving this include adding a motto and the website address to the WVC logo. Once a Public Relations team has been formed, it can collaboratively develop the images and merchandise (e.g. t-shirts) that it feels truly represent and celebrate the organization and its mission. In one focus group, a veteran observed that wearing a pink dog tag has been a way for her to initiate conversation regarding her service history. This generated palpable excitement within the group in using this as a symbol of their service.

Recommendation 3: Advocacy for Empowerment
Empowering those who may not identify as veterans, particularly when returning and reintegrating from their service, is an area in which the WVC can be an advocate.
The Institute of Medicine (IOM) has published an extensive report on the challenges facing service members, men and women, as they readjust to civilian life – outlining the paths needed to meet the needs of veterans and their families. In sharing the stories of its women veterans, their struggles and successes, the WVC may raise further awareness and contribute to the ongoing effort to help veterans reintegrate locally and regionally.

Despite the recognition that unemployment and underemployment are known to be acute problems for returning veterans, no databases fully integrate basic deployment and demographic data with records of employment before and after deployment. As it embarks on providing employment support to women veterans, the WVC may elect to highlight the IOM’s finding on needing comprehensive databases to track and assess transition efforts, by speaking to its own experiences and issuing a call for scaling up similar work in support of job opportunities for veterans.

**Challenge: Isolation**

**Recommendation: Embrace**

WVC Current Efforts

Many women find themselves isolated upon their return for many of the previously described reasons. The WVC has focused on creating a supportive environment where members can connect with each other. From the interviews, it was clear that there was strength in numbers, and that healing had been gained from sharing with and listening to other women in this like-minded community. The WVC director describes the organization as a “women’s center for us, where every woman has a voice.” To date, many of the WVC’s social activities – including Zumba, a book club, and attending a regional women veterans conference – have been inspired and led by current members in an effort to strengthen the bonds between them.

![Figure 5. Toolkit for embrace: addressing the challenge of isolation.](image)

**Recommendation 1: Apply a Trauma-informed Infrastructure**

A “trauma-informed” approach means “understanding, anticipating, and responding to the issues, expectations, and special needs that a person who has been victimized may have. At a minimum, trauma-informed services seek to do no harm – to avoid re-traumatizing or blaming clients for trying to manage their traumatic reactions.”

Given the high prevalence of abuse and PTSD among women veterans, developing an environment and culture that acknowledges these prior traumas and actively addresses them is crucial for the WVC. Only then will women veterans facing these challenges feel comfortable engaging the services offered.
Recommendations for a trauma-informed environment, made by the women interviewed include:
❖ Creating open spaces: since many people with PTSD have difficulty in small, enclosed spaces, the availability of an open, outdoor space was favored (one vision included a small patio with some plants and a small fountain with running water).
❖ Establishing more accessible parking at the VMC for a greater sense of safety.
❖ Promoting positive and welcoming interactions with every staff member at the VMC: many women emphasized that the feeling they get from the front desk staff can heavily influence both their perception of the VMC and their decision to enter or return to the facility.

While some of these recommendations may be better incorporated as the organization expands, creating a trauma-informed environment has the potential to significantly enhance the impact of services delivered. This may begin with organization-wide staff training. Multiple organizations offer toolkits, webinars, and in-person trainings for non-profits on this framework (see Appendix D). Such an approach also re-emphasizes the mission and commitment of the VMC to support all women veterans.

Recommendation 2: Continuously Evaluate Programming
As the WVC continues to develop services for women veterans, it must ensure its initiatives adequately and successfully serve the diverse needs of its growing membership. Evaluating different aspects of its activities at regular intervals will help create a strong foundation from which to build and avoid stagnation. Appendix D has links to validated evaluation tools.

It is recommended that WVC leadership:
❖ Prioritize the activities to be evaluated
❖ Document the goals of the evaluation and how it will be used
❖ Understand the target populations and their interests/perspectives
❖ Identify the resources available to support each activity
❖ Track all activities completed to date
❖ Devise a strategic plan to lay out intended goals (short, intermediate, and long-term)

Appropriate questions for a survey or focus group can then be devised to implement and evaluate. The results should then be analyzed, reported, and shared so that improvements can be made. Possible evaluations include:
❖ Trauma-informed infrastructure: what metrics will be used in defining success and what achievements could be shared?
❖ Social media: what are the goals of the WVC’s social media strategy, how well are they being achieved, and what is the goal number of tweets/posts and visitors?
❖ Book club: what is the attendance and has it achieved its goal of creating a community?

Recommendation 3: Advocacy for Embracing
One area in which the WVC can be an advocate for addressing the isolation faced by some women veterans - and the roots of this isolation - is by increasing awareness of military sexual trauma (MST).
Many of the health consequences of military service are related to the dangerous nature of war. MST, however, is different and should not be tolerated or viewed as an inherent consequence of service. The longstanding, pervasive problem of MST is growing against the backdrop of increased national attention of sexual assault and violence against women at the time of this report. Social media campaigns, such as the “#yesallwomen” campaign on Twitter, have garnered attention in the media, and have prompted legislative discussions aiming to hold universities more accountable for rape prevention, treatment, and investigation. This, in turn, has forced university officials to examine their positions and policies on this important issue. Military academies and the military itself are not exempt, and further action is overdue. In 2004, in response to multiple highly publicized assault cases on military academy campuses, the Department of Defense created a Sexual Assault Prevention and Response Office tasked with ending sexual violence within the military.

Now, with the growing awareness of the pervasiveness of sexual violence against women and the need to combat it in both civilian and military sectors, the WVC and its members may aid in these efforts. While it is a very sensitive topic and speaking about it is unlikely to be appropriate for all servicewomen who have experienced MST, advocacy at this level could consist of a speaker series, publishing the WVC members’ personal experiences and the supports they have found, testifying in the legislature, and raising further awareness of treatment resources.

**Challenge: Information**

**Recommendation: Engage**

**WVC Current Efforts**

As a new organization, the WVC must creatively target each of the four spheres in which women veterans live (Figure 2), and engage a membership base that is hard to reach due to the multitude of challenges faced. Remarkably, the WVC already has a membership roster of over 200 women veterans since opening in January 2014. Its efforts have focused on:

- Organizing a Grand Opening: this allowed for networking opportunities with many community partners and ultimately resulted in new member referrals
- Promoting the WVC through traditional advertising, including print media and radio spots, and tabling at local and regional events
- Establishing an online presence: its Facebook page, which has garnered over 500 “likes”, covers WVC events, announces upcoming events, and salutes individual women veterans
- Promoting word-of-mouth efforts by current members

![Figure 6. Toolkit for engage: addressing the challenge of lack of information.](image)
**Recommendation 1: Emphasize Personal Connections**

Much of the WVC’s success to date has been through the one-on-one connections it has fostered. Many women reported learning about the organization from someone they knew. Particularly in the midst of profound isolation, a direct touch may be the only way to reach someone. Several of the women veterans and stakeholders interviewed suggested building upon this with a peer mentor program in which women who have gone through the WVC’s services can help new members navigate the territory. Through creative campaigns, such as “a token of friendship” in which a member receives a bus token for every 5 friends she refers, the WVC can also motivate current participants to bring in fellow women veterans they know.

**Recommendation 2: Collect Narratives**

Storytelling has been consistently cited in multiple fields and disciplines as an effective way to connect with people, promote healing, and inspire advocacy efforts. Many women interviewed spoke enthusiastically and passionately about the 2014 Pennsylvania Women Veterans Symposium, where the powerful stories of the keynote speakers resonated with their own. For the WVC, an approach to collecting and sharing narratives should address the following:

- **Medium:** including writing, blogging, audio, video, art;
- **Purpose:** including recruitment, peer mentorship, therapy, advocacy;
- **Dissemination:** including social media, traditional media, multimedia and writing competitions

Appendix D has links to examples for the strategies included in this section.

**Recommendation 3: Leverage the Media**

Both traditional and social media outreach strategies are likely to be effective for the WVC. Publishing in community newsletters and local newspapers can be used to reach women veterans, particularly through the use of op-eds and narratives. Advertisements may also be effective. Furthermore, the use of competitions via these media mechanisms should be considered. This includes submitting narratives to existing media (or even creative writing) competitions, or creating unique WVC challenges (e.g. “Post a picture with a woman veteran on your Facebook page or Instagram”).

In addition to establishing a vision and goals for its social media presence, it is recommended that the WVC identify the patterns and needs of the women it serves. Many organizations utilize algorithms for effective Twitter use, a practice that the WVC can adapt based on its clientele. For example, some women veterans stated that due to PTSD and other factors they have inconsistent sleep patterns, and are often awake...
and online in the middle of the night. Applying this information and sending “2:00 AM Tweets” may be a particularly good way to reach current and potential members. Of note, it is strongly recommended that the WVC develop a protocol and establish guidelines on the use of social media, especially when narratives or other posts with the potential to re-traumatize potential audiences are used (e.g. having a “trigger warning”).

**Recommendation 4: Create a Comprehensive Advertising Strategy**

To create a membership base that reflects the diverse ages, backgrounds, and occupations of women veterans, a multifaceted approach is needed. Several community organizations interviewed stated that their strategy for disseminating information and recruitment was a “boots on the ground” approach, both in their early and mature organizational phases. This allows them to meet their clients where they are, physically and emotionally. It is recommended that the WVC target locations that make up the woman veteran’s “local” sphere and strategically partner with social service organizations that can promote the WVC and refer women veterans to it. These include:

- Neighborhood locales where women often frequent such as salons, churches, grocery stores, and in particular, schools where their children may attend. Many stakeholders identified women veterans as often focusing on caring for others before caring for themselves. Reaching them in these places, where those whom they care for go (and offering services for them as well), will likely be a high-yield strategy.

- Social services such as the Women, Infants, and Children Program (WIC), legal services, homeless services, and those focusing on substance use, trauma, and sexual assault. Information about the WVC could be distributed by each of these organizations. Appendix B contains a more comprehensive list of stakeholders and potential partners.

- Health service organizations such as the VA Medical Center and VA clinics, women’s health centers (including Planned Parenthood), mental health services, and Federally Qualified Health Centers.

**Recommendation 5: Diversify Recruitment**

Just as women veterans will be found in many different locales, they must also be reached through several different mechanisms, including collaboration with non-traditional community partners. Recommendations for diversifying recruitment include creatively expanding its current efforts:

- Capitalizing on social events already targeting veterans (e.g. veteran’s day at the ballpark), or partnering with companies that offer discounts to veterans. New partnerships and connections can be established with other groups to expand the reach and diversity of both organizations with regards to advertising and recruitment.

- Creating contests to increase connection with the WVC while tabling at events, such as a raffle drawing for a prize.

**Recommendation 6: Advocacy for Engagement**

Amid widespread reports of significant delays in care and improper practices of reporting wait times, the Veterans Health Administration is under immense pressure to investigate its entire
performance management system and improve the care it provides to the nation’s veterans. The time is ripe to ensure women’s health is adequately addressed, particularly with the drawdown of troops from Afghanistan and Iraq which is bringing more women to the VA. Although Women’s Centers are being opened at VA medical centers around the country, the process is slow and many women veterans still do not use VA health care services. Reasons for this include a lack of information, perceptions of poor quality, and an absence of needed services (e.g. gynecological care and referral systems for obstetrical care). Because the WVC is not affiliated with the VA, it is positioned to be a vocal advocate for improving the health care available to women veterans. Outside the VA setting, more systemic interventions are needed to help all health care professionals provide veterans with high-quality care. It is recommended that the WVC consider supporting the U.S. Department of Veterans Affairs’ efforts to raise awareness about veteran-specific needs, advising local providers and health care systems around screening for female veterans, and serving as liaison between civilian and VA health systems.

Until systematic change occurs at the local and national levels, it is recommended that the WVC continue its efforts to fill the information void, including educating women veterans about the services available at the VA, potentially helping with care coordination, and advocating for services tailored specifically for women.
Beyond local awareness, impact, and outreach, the WVC is poised to shape the discourse on the care of women veterans regionally, nationally, and internationally. Historically, few organizations have been dedicated to creating safe spaces for women veterans, and even fewer have advocated for broad-based changes in the treatment of women veterans in public and private spheres. The WVC has positioned itself in Philadelphia as the premier non-governmental entity for comprehensive women veterans’ services. It is uniquely able to develop a set of “best practices” that can be adapted to local contexts, its experience used as a model for the development of similar groups, and the voices of its clientele channeled towards activism and advocacy for women across the region and the country.¹⁶
IX. Acknowledgements

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Most importantly, the women veterans and service members interviewed for this project.
X. Appendices

Appendix A
Works Cited and Supplemental References

Cited in Report


**Additional References**


Veterans Affairs, Fact Sheet, Women Veterans Health Care, July 2014.


**Appendix B**

**Stakeholders and Interviewed Organizations**

Philadelphia Veterans Administration Medical Center
National Center on Homelessness Among Veterans
Coatesville Veterans Administration Medical Center
Mary Walker House and LZ II Transitional Housing Programs
Arch Street Vet Center
UCLA Medical Director Child and Family Trauma Service
Maternity Care Coalition
Military Assistance Program
Homeless Advocacy Project
University of Pennsylvania Veterans Upward Bound
Amachi Expansion for Military and Civilian Families
Veterans Radio Show
Veterans Affairs Center (Norristown-Montgomery County)
Veterans Affairs Center 219
Eliza Shirley House
Project HOME
Soldiers Project
Veterans Justice Outreach
City Lights
Salvation Army
Coordinator of Homeless/Emergency Services, School District of Philadelphia
Laurel House
Pennsylvania Coalition Against Rape
Service Women’s Action Network
Women Organized Against Rape
Philadelphia Department of Human Services

Appendix C

Empower: Institutions in the Philadelphia Area to Approach for Additional Personnel Support

Four-year colleges and universities
❖ Art Institute of Philadelphia
❖ Chestnut Hill College
❖ The Curtis Institute of Music
❖ Devry University, Center City
❖ Drexel University
❖ Holy Family University
❖ La Salle University
❖ Moore College of Art and Design
❖ Pennsylvania Academy of the Fine Arts
❖ Peirce College
❖ Philadelphia University
❖ The Restaurant School at Walnut Hill College
❖ Saint Joseph’s University
❖ Strayer University, Center City Campus
❖ Temple University
❖ Thomas Jefferson University
❖ University of the Arts
❖ University of Pennsylvania
❖ University of the Sciences in Philadelphia

Two-year institutions and technical schools
❖ Community College of Philadelphia
❖ Delaware Valley Academy of Medical and Dental Assistants
❖ Harrison Career Institute
❖ Hussian School of Art
❖ Lincoln Technical Institute - Center City Philly, PA Northeast Philly
❖ Orleans Technical Institute
❖ Pennsylvania Institute of Technology - Center City Philly, PA and Media, PA
❖ Star Technical Institute
❖ Talmudical Yeshiva of Philadelphia
❖ Thompson Institute

Graduate institutions
❖ The Lutheran Theological Seminary at Philadelphia
❖ Philadelphia College of Osteopathic Medicine
❖ The Reconstructionist Rabbinical College
❖ Temple University School of Podiatric Medicine
❖ Westminster Theological Seminary
Appendix D

Embrace: Recommended Resources

Trauma Informed Care
http://beta.samhsa.gov/nctic/trauma-interventions

Program Evaluation Tool
http://www.cdc.gov/asthma/program_eval/guide.htm

Engage: Recommended Resources

Collect Narratives
http://www.freelancewriting.com/writing-contests.php
http://www.warriorwriters.org

A Toolkit for Leveraging the Media

JulieHera DeStefano, local filmmaker
http://www.journeytonormal.org/