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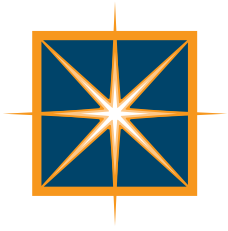
California's Women Veterans

Responses to the 2011 Survey

By California Research Bureau

Requested by the California Commission on the Status of Women and the California Department of Veterans Affairs



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California's Women Veterans

Responses to the 2011 Survey

California Research Bureau

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Table of Acronyms

CalVet	California Department of Veterans
CBOC	Community Based Outpatient Clinics
CVSO	County Veterans Service Officer
GWOT	Global War on Terror
MST	Military Sexual Trauma
OND	Operation New Dawn
PTSD	Post Traumatic Stress Disorder
TAP	Transitional Assistance Program
RCT	Randomized Clinical Trial
VA	Department of Veterans Affairs (federal)
VHA	Veterans Health Administration (federal)
VISN	Veterans Integrated Service Networks
VSO	Veterans' Service Organization
WWII	World War II

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Chapter 1. Overview of the Women Veterans Survey

Since the Vietnam era, women have increasingly entered and made careers in the military. As servicewomen leave the military, they become veterans.* In 2009, women comprised eight percent of the veteran population. By 2020, they are projected to comprise 10.7 percent, and by 2035 are expected to make up 15 percent of the veteran population.[4] Women veterans have some of the same needs as their male counterparts as well as a gender-specific set of needs. Understanding what these needs are and serving women veterans will become an increasingly important function of the California Department of Veterans Affairs (CalVet) and the federal Department of Veterans Affairs (VA).

We lack basic information about women veterans. "Data collection gaps hamper our understanding of women veterans' needs and their utilization of VA benefits and services."[3] These gaps became clear after the federal government held several hearings on the needs of women veterans in 2009 and 2010, and the VA conducted a study in 2011 about the military service history and VA benefit utilization statistics of women veterans. While each inquiry added to the information available about women veterans, each also revealed how much was not currently known about them.

Despite a large number of women veterans residing in California, there is a lack of information about their needs and service utilization patterns. CalVet and the VA, along with other public and private agencies, provide health, housing, education, employment and other services to these women veterans. However, it is unclear if these services are sufficient to meet the needs of all women veterans in California. Anecdotal evidence suggests women veterans are not aware of all the services available and are not receiving all the help they need.

In 2011, CalVet and the California Commission on the

KEY FINDINGS

- At the time of transition, women veterans need help with adjusting to civilian life and finding an appropriate job that will support them and their families.
- Women veterans identify physical and mental health issues as their primary concerns when asked about current needs.
- Gender-specific concerns are growing areas of need for women veterans.
- A significant number of women veterans report not knowing about many of the state and federal benefits that currently are available to them.
- A significant number of women report experiencing military sexual trauma. Younger women and enlisted women are more likely to experience MST than older women or officers.

* Bibliographic references are noted with a superscripted number at the end of the sentence with the reference. This number corresponds with the reference number in Appendix C: Works Cited.

Status of Women (the Commission) requested the California Research Bureau (CRB) conduct a second iteration of its 2009 survey of women veterans; identifying their needs, surveying their service utilization and gathering information on their demographics. This report provides the findings of the 2011 Survey.

This report is organized into five chapters. In chapter one, we discuss the current state of research about women veterans by providing an overview of the literature. We then discuss the methodology used in conducting this survey. In chapter two, we provide the reader with information about the participant characteristics and compares these with a national sample and a sample taken by CRB in 2009. In chapter three, we examine the needs identified by women veterans. We provide a breakdown of these needs by service era, age and other key variables. Chapter four reviews the service utilization pattern of women veterans. We discuss both state and federal services, their utilization and women's knowledge of these services. Wherever possible, we compare our findings with those of national samples and of the 2009 CRB survey of women veterans. Chapter five includes our conclusions and suggestions for future iterations of this survey.

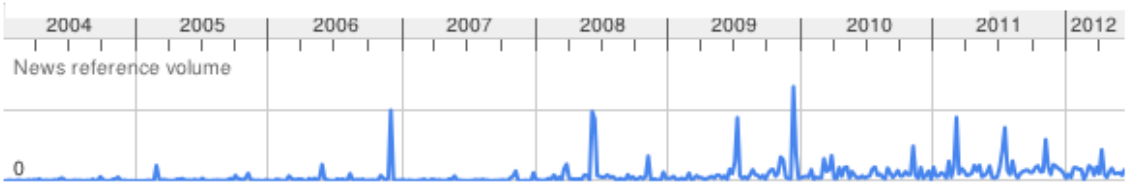
CURRENT LITERATURE: WHAT WE ALREADY KNOW

Frequency of "Women Veterans" as a Topic

Although women veterans have existed since the American Revolution and have been recognized since 1901, study of their specific needs is relatively recent. A comprehensive literature review of PsychInfo and Medline databases in 2006, combined with consulting experts in the fields of psychology and medicine and mining the articles found in this literature review uncovered 278 articles pertaining to women veterans.[6] Repeating the same search, using the same search parameters in May 2012 with the exception of limiting the search to items published in the past 10 years, CRB uncovered more than 6,000 articles.

The topic of women veterans only recently arose as a public concern. One way to measure public concern for a topic is to count the number of news references to specific words. In a review of news references to "women veterans" through Google from January 2004 through May 2012, the term only begins to regularly appear after September 4, 2011 (see Figure 1).

Figure 1. News Reference Volume of "Women Veterans": 2004-2012



Scale is only for demonstration and is relative, not absolute. Downloaded from www.google.com/trends on June 18, 2012.

THEMES IN THE LITERATURE

Literature on women veterans has been primarily concentrated in the medical and mental health fields. Only recently have scholars and researchers turned their attention to other areas of needs for women veterans. Within each body of literature (e.g., medical, psychiatric, social welfare) a few key themes emerge.

The healthcare literature on women veterans published prior to 2006 has a few specific foci: post traumatic stress disorder (PTSD); sexual harassment and assault; the utilization of organizational care; and various psychiatric conditions.[6] The medical literature published after 2006 continues to focus on these topics. New research in social and cultural areas of concentration emerges that includes new topics—the reintegration of women veterans into civilian culture, marriage and family concerns and gender-specific, post-military separation support (e.g., women peer-to-peer programs).

The medical and mental health studies with women participants frequently compare the findings about the subjects with findings about other veterans or about other populations (mostly men). Most studies found in the literature review were related to mental or physical health studies about women veterans. Most of these health studies were not random clinical trials (RCTs); instead, they involved non-random trials or qualitative psychological studies. While RCTs are the "gold standard" in healthcare studies, many of the current publications provide some insight into the health needs of women veterans.

The literature on women veterans includes writings outside of academic and medical journals. White papers, policy briefs and congressional testimony by experts in women veterans' affairs provide insights into the needs of women veterans. For example, a review of testimony about women veterans' concerns at both the federal and state levels between 2009 and 2011 revealed that most experts called to testify relied on statistics and information generated by the federal VA, the American Community Survey, and a few select experts.

Four key themes emerge from a brief review of this literature and testimony. Experts say that women veterans need the following:

- Better outreach and more information about benefits and services.
- More gender-specific health and mental health services.
- More information and help with military sexual trauma.
- More help with service-connected disabilities, including more awareness by service providers about the impacts of PTSD on women veterans.

For information about service utilization and knowledge about benefits, experts rely on surveys by the VA. Key documents, most notably the *Sourcebook: Women Veterans in the Veterans Health Administration* and the American Community Survey inform researchers.[18] *Sourcebook* provides information about women veterans' demographics and service utilization of the Veterans Health Administration facilities (VHA). Several experts referring to *Sourcebook* in congressional testimony have been able to draw

inferences about the needs of women veterans by reviewing their service utilization patterns and demographic trends.[16-18]

The VA utilized the American Community Survey to find out more about the demographic trends and service utilization patterns of women veterans. In their report, *America's Women Veterans: Military Service History and VA Benefit Utilization Statistics*, the VA draws conclusions about future needs of VA services based on current utilization patterns and demographic trends among women veterans.[4] This approach looks at patterns of service utilization but fails to ask women veterans, "What services or benefits do you need?"

While examining demographic trends and current utilization patterns can provide insight into potential future forms of assistance offered by the VA (and, by extension, CalVet), this approach assumes that women veterans currently access VA services in a way that meets their needs. While each of the studies above recognizes that it can not speak to the needs of women who opt not to use VA services, the implications they draw for the VA going forward is that there will continue to be a subset of women who will choose to not access VHA facilities. Additionally, these studies assume the VHA and VA are meeting the needs of women veterans who utilize their services.

The 2011 Women Veterans Survey conducted by the CRB takes a different approach to identifying the needs of women veterans. Rather than just looking at sociodemographic and service utilization trends, we asked women veterans what they needed at transition and what they need now in terms of services. We also asked if they knew about and utilized specific veterans' benefits.

Women Veterans' Gender-specific Needs

Women veterans face many of the same issues as their male counterparts: finding acceptable employment; navigating higher education; and re-entering civilian society. However, women veterans also face gender-specific issues. Women veterans with children have more difficulty readjusting to the role of "mom" than their male counterparts have adjusting to the role of "dad."[5] Women have gender-specific health needs, including fertility issues, menopause concerns, and gynecological cancers. Women veterans are substantially more likely to have experienced military sexual trauma (MST) than their male peers. Women are less likely to be recognized as a veteran and given the services and respect accorded to that position.

Much of the work done on the differences in needs between women and men veterans involves healthcare. Women access healthcare differently, need different services, are treated differently in the healthcare system, and have different outcomes than men for the same diseases. Understanding these differences is important in improving both the physical and mental health care for women veterans and improving the overall environment of care.

However, the focus on medical and psychological differences between men and women veterans has eclipsed attention to other needs of women veterans. Increasingly, women

veterans are speaking up about gender-specific needs in housing, peer support, treatment facilities and transitioning to civilian life. While these areas of gender difference traditionally have been less studied, it does not mean they are less important to address.

Access and Service Utilization

Women veterans access services differently than their male peers. Women veterans are slightly more likely to know about their benefits than their male counterparts. They are more likely to have a service-connected disability, they see doctors more frequently, and they access more specialized care than male veterans.[18] Women veterans are also more likely to access fee-for-service care through the VHA.[18] Accessing this type of care, combined with the fact that women veterans see doctors more frequently than men veterans, means that fee-for-service care may have a disproportionate impact on the financial status of women veterans.[18]

Physical and Mental Health

Over the past five years, the topics of PTSD and MST have dominated the mental health literature about women veterans' psychologies. Research provides growing evidence that women suffer PTSD at greater rates than men do. However, much of this PTSD is initially unrecognized by providers. Several key pieces of literature point to the finding that health practitioners often do not think women can have PTSD, as they are not officially combatants.

Women veterans also suffer PTSD from experiences with MST. For many years, the VA would not recognize PTSD as a service-related disability if it was brought about by a sexual assault that occurred while serving in the military. After several Congressional hearings brought this to light, the VA changed its policies and now allows women to use documents other than official VA healthcare claims to document PTSD. Women may now use hospital records, criminal records, and rape clinic records to document exposure to assault and trauma while in the service.[14]

Women also have gender-specific health needs. These needs center around areas such as reproductive health, breast health, urinary tract problems, and gynecological issues. Other gender-related concerns are providing women with the appropriate-sized joint replacements, correct-fitting prosthetics, breast replacement for tissue lost due to service-related injury or illness, and other such needs.

In relation to women's mental health care, providing women with a safe space to heal encompasses several important issues for the VA and other healthcare facilities. Women veterans identify the need for female peer-to-peer support groups, female clinicians and counselors, and female support staff to run mental health and healthcare clinics. As one woman veteran in the 2011 survey stated, "You should have more women counselors. All I could do is cry at my first appointment because a male is the last thing that can understand what I've dealt with."

Other Gender-specific Concerns

As researchers begin to include women veterans in their studies, new needs are being identified. In both 2009 and 2011, women veterans told the CRB and CalVet that gender-specific concerns were important to them. While many of the concerns focused on healthcare and mental health, increasingly women identified the need for women-only emergency housing and female peer- or mentor- support programs. Additionally, literature on the transition period from service to civilian life for women veterans identifies a number of unique experiences women encounter. For the VA, CalVet and policy makers, finding ways to address the specific needs of women veterans will grow as the percentage of women veterans continues to increase over the next twenty years.

The 2009 CRB Survey of Women Veterans

There was scant knowledge about the specific needs of women veterans before we conducted the 2009 Women Veterans Survey. In that survey, 155 women veterans responded. This survey gathered some of the first state-level information on the needs and sociodemographics of women veterans. It provided insight into the current lives of women veterans and served as a trial run for many of the methodologies used in the 2011 Survey.

RELATED RESOURCES

Foster, Lisa K. and Scott Vince. (2009) *California's Women Veterans: The Challenges and Needs of Those Who Served.* CRB-09-009. http://www.library.ca.gov/crb/09/09-009.pdf

Briefly Stated: Women Veterans by the Numbers. http://www.library.ca.gov/crb/09/WomenVeteransBrieflyStated.pdf

Briefly Stated: California's Women Veterans: Challenges and Needs. http://www.library.ca.gov/crb/10/WomenVeteransBrieflyStated.pdf

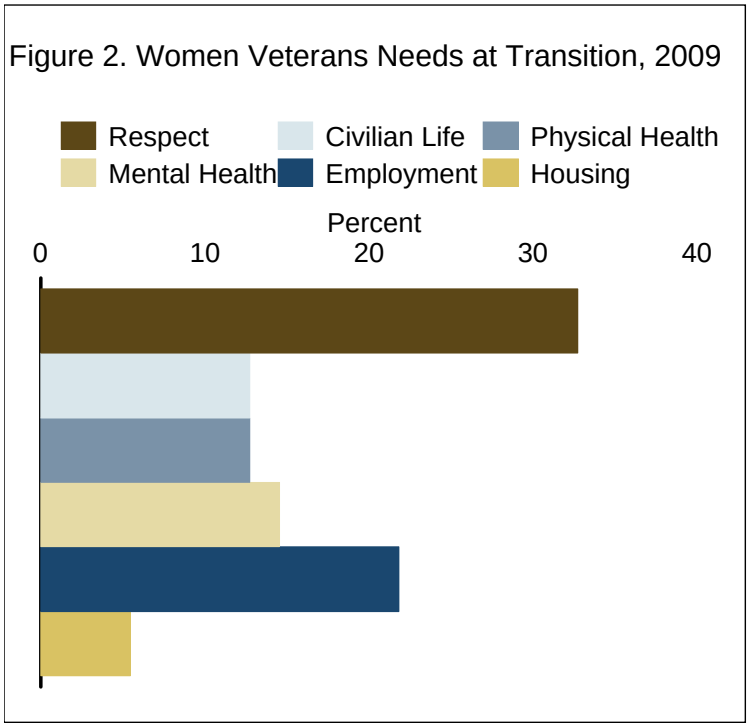
We gathered information on key sociodemographic factors, health information, service utilization, abuse and harassment experience in the military, and included four questions about women veterans' needs. This was the first statewide survey asking women veterans, "What do you need?" It provided a place for women veterans to tell CalVet, other service providers and policy makers what they needed at transition and what they currently need, in their own words.

In 2009, we made an effort to get a representative sample of women veterans. The respondents to this survey ranged from 18 to over 61 years old, served in all branches of the military and Guard, and reside in all areas of California. Their educational attainment ranged from high school diplomas to graduate degrees and they were ranked lower enlisted, non-commissioned officers and commissioned officers. However, with only 155 veterans responding to the survey, we were not assured we had a representative sample.

We did find out about the needs of the women veterans who responded. About a quarter of the women veterans surveyed (22.3 percent) had not made contact with CalVet. Thirty percent had not applied for veterans benefits at the time of the survey. Of those who had

not filed for benefits, sixty-five percent had not filed because they did not know what their benefits were. An additional twenty percent said they knew what available benefits were but did not think they were eligible.

The respondents were asked to identify all state services they utilized. Tuition fee waivers (32.6 percent) and claims representatives (24.4 percent) were the most frequently utilized benefits/services. About a fifth of the respondents had used employment and unemployment insurance assistance (20.9 percent). All other state services were utilized by fifteen percent or less of the respondents. The least-used benefit was the Disabled Veterans Business Enterprise, with only 2.3 percent of the respondents saying they used it.



In 2009, we asked women veterans to identify needs at transition that they felt were different than their male counterparts. Almost 45 percent of the sample (44.9 percent) said they did not have needs that differed from male veterans. Of the respondents identifying needs that differed from men, the most common was the need for respect (32.7 percent). Women veterans also felt they had different employment needs than their male counterparts (21.8 percent). Other differences included differences in the needs for mental and physical health care (12.7 percent, each). The categories are not mutually exclusive. See Figure 2 for this information.

Identifying needs women have that they feel are different than men is a first step in addressing the needs of women veterans. The 2009 Survey worked toward that goal. It also provided us with insight as to how more effectively reach women veterans for the next iteration of the survey as well as how ask questions about their needs.

SURVEY METHODOLOGY

In 2011, the CRB and CalVet developed a new survey, which was distributed as a hard copy and via the Internet site SurveyMonkey. The survey contained 43 questions, including questions about demographics, service utilization and knowledge, health and mental health problems, military sexual trauma and sexual harassment, and past and current needs. The survey instrument is included as Appendix A.

The survey was self-administered. Women could either take the survey online at their own pace or fill out a paper survey and mail it to CRB or CalVet. Over 760 surveys were

submitted electronically via SurveyMonkey between October 2011 and January 2012. CalVet and the CRB received over 150 paper copies of the survey in the same period.

Snowball Sampling

It is difficult to identify women veterans in California for the purpose of a survey. CalVet lacks a comprehensive list of women veterans, though they are currently working on creating such a list. Without knowing the full population of women veterans and without having a large sample of the population to draw a random sample from, CRB had to create a methodology to gather enough responses to provide a representative sample of women veterans. We opted to use a technique called "snowball sampling." With snowball sampling, the survey is given to a number of participants. This is called "seeding." They are asked to complete the survey and pass on the survey to friends and colleagues who may be candidates to respond. In turn, each participant is asked to forward the survey to friends and colleagues – thus creating a snowball effect (the sample gets bigger and bigger as it rolls along).

Snowball sampling has both methodological benefits and costs. One benefit is that it is a relatively inexpensive way to increase the number of participants in the sample. By using SurveyMonkey.com, there was no added cost for additional participants to fill out the survey. Participants could forward the link to the survey as many times as they liked, and each new respondent could fill out the survey at no financial cost to the respondent or to the CRB. We deployed approximately 150 paper surveys. While the snowball sample did increase the number of respondents, there were marginal costs of copying the paper survey material and paying a staff member to enter the results of the survey.

The biggest methodological cost of snowball sampling is the sacrifice of some level of randomness in the sample pool. Loss of randomness can decrease the ability to generalize the results to a larger population. Because participants forward the survey to people in their social and professional networks, the additional respondents generally have similar demographic characteristics to the initial seed group. However, as the sample grows in size and the number of networks involved increase, the more representative the sample can become.

The second cost to using a snowball sample is the financial cost of promoting the survey, especially during the seeding phase. To lower that cost, the CRB and CalVet promoted the survey through CalVet Women Veterans Conference, the CalVet website, federal, state and county providers of veterans' services (including the Veterans Home in Yountville), and private veterans organizations. We relied upon free promotion of the survey, which limited some forms of outreach.

Snowball sampling worked well for this particular survey as the content of the survey appealed to the population and provided an impetus to pass along the SurveyMonkey link. The survey contains a large number of comment fields and the three questions about needs are all open-ended. This gave women veterans a place to provide a substantial amount of feedback about their experience and their needs, as well as to vent. The responses we received reflected all types of expressions, from direct suggestions about

improving transition services to general complaining about the VA and CalVet. Creating space for personal comments in the survey may have increased the probability a participant would forward it to another woman veteran.

Data and Coding

The survey closed January 31, 2012. Answers from hard copies of the survey were then entered into SurveyMonkey by the CRB and CalVet staff. The quantitative data were exported from SurveyMonkey and imported into a Stata database for analysis.[*] The qualitative data were coded by a team of CRB researchers and entered into the Stata database.

We worked to ensure the use of a consistent coding script and to test intracoder consistency. The team worked together to establish a formal script for coding the questions and intracoder reliability was tested. Ultimately, the team agreed on 19 categories for coding purposes. We specifically decided on a broader set of categories for this survey than we intend to use for future surveys. We separated items such as military sexual trauma, post traumatic stress disorder, and mental health in the coding so that we could test to see if these items actually clustered together or, if in future iterations of the survey, they should remain as separate items. The script is included as Appendix B.

Once the team had agreed upon a script, individual team members coded a single question. This method was chosen for time and staffing purposes. Each team member coded their question according to the script using the same 19 categories and submitted their responses to the primary author. After their responses had been collected, team members were asked to re-code a subset of responses. This subset was compared to the original coded set for consistency. Using Perreault and Leigh's index of reliability, each rater was more than 90 percent reliable between first and second codings. With 19 categories for coding, 90 percent reliability is considered sufficiently reliable.[†]

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[*] The 2011 Women Veterans Survey contained several comment fields and three open-ended questions. SurveyMonkey provides a tool to categorize the comments of a given question within the SurveyMonkey platform. However, SurveyMonkey does not export the categorization data, nor does it provide a unique identifier on open-ended questions that links directly to a category field for the same question.

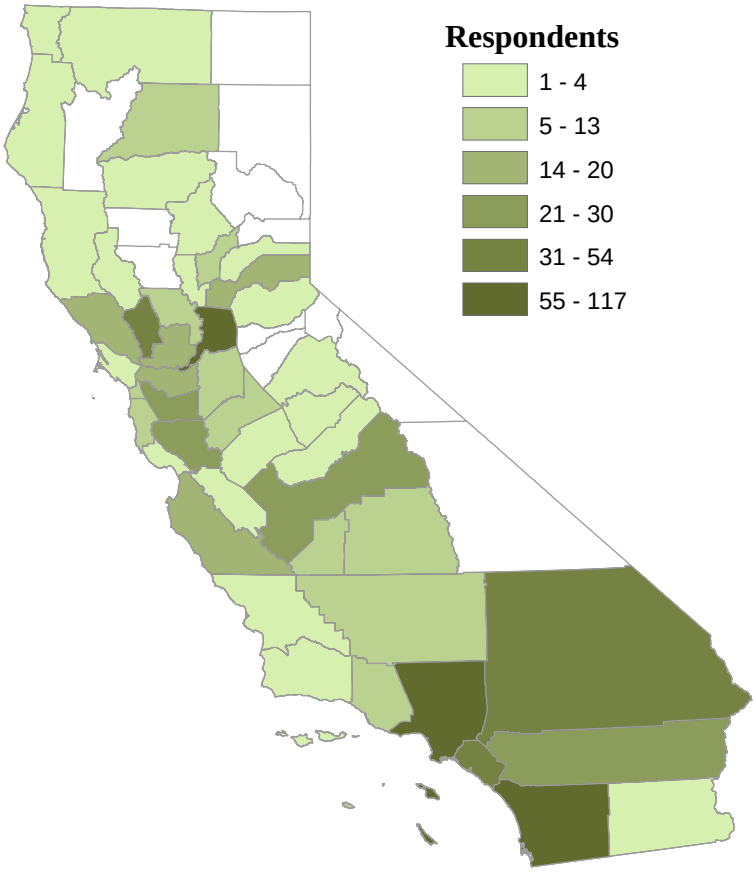
Before we were aware of the problem with exporting the categories for open-ended questions, we categorized each response for the three needs questions (questions 41-43 on the survey) in SurveyMonkey. Unable to successfully export that data, we then had to re-categorize each statement and code the statements in Stata. *The 2011 Women Veterans Survey: Preliminary Results* report was issued using the statements coded in SurveyMonkey. This report uses the recoded statements. The new coding scheme accounts for the slight difference in responses.

[†] We opted to use Peurreault and Leigh's index of reliability over kappa because their index factors in the number of potential categories for each judgment while kappa is only a measure of percentage of agreement. With 19 categories and multiple codes per question, we felt it was necessary to take more than simple percentage of agreement into consideration.

Geographic Representation

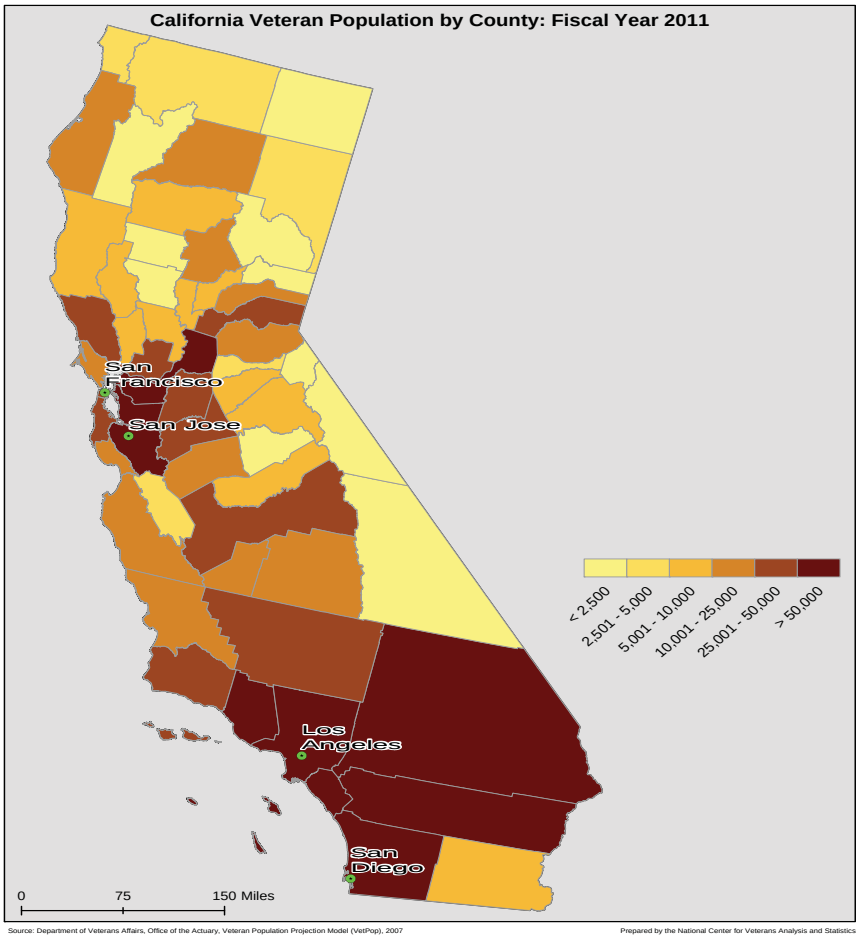
The needs of women veterans change with their location. Women in rural areas may have difficulty accessing healthcare facilities while women in urban areas may struggle more with finding affordable places to live. To try to identify the needs of all groups of women veterans, we sought out respondents throughout California. Our respondents heavily represented southern California. However, we did have representation of both northern and southern counties, as well as urban and rural areas. The map in Figure 3 indicated the number of respondents by county: the darker the shading, the greater number of respondents.

Figure 3. Density of Respondents, 2011 Survey



The heavy concentration of veterans in southern California is not surprising. According to the Department of the Actuary at the federal VA, a larger percentage of veterans reside in southern California than northern California. As Figure 4 illustrates, the concentration of veterans closely resembles the concentration of 2011 Women Veterans Survey respondents. Overall, the sample for the 2011 Survey is representative of where veterans reside in California.

Figure 4. Veteran Population in CA, FY2011 Actuarial Projections



We also asked women to classify their residential location as urban, suburban, or rural. Almost half of the sample lived in a suburban area (48.7 percent). A third lived in an urban community (33.1 percent) and the remaining participants lived in a rural area (18.2 percent). The breakdown of respondents living in urban, suburban and rural areas by northern and southern California* counties is included in Table 1. Respondents self-defined what qualified as an urban, suburban and rural community.

Table 1. Respondents' Urbanity, by California's North/South Divide.

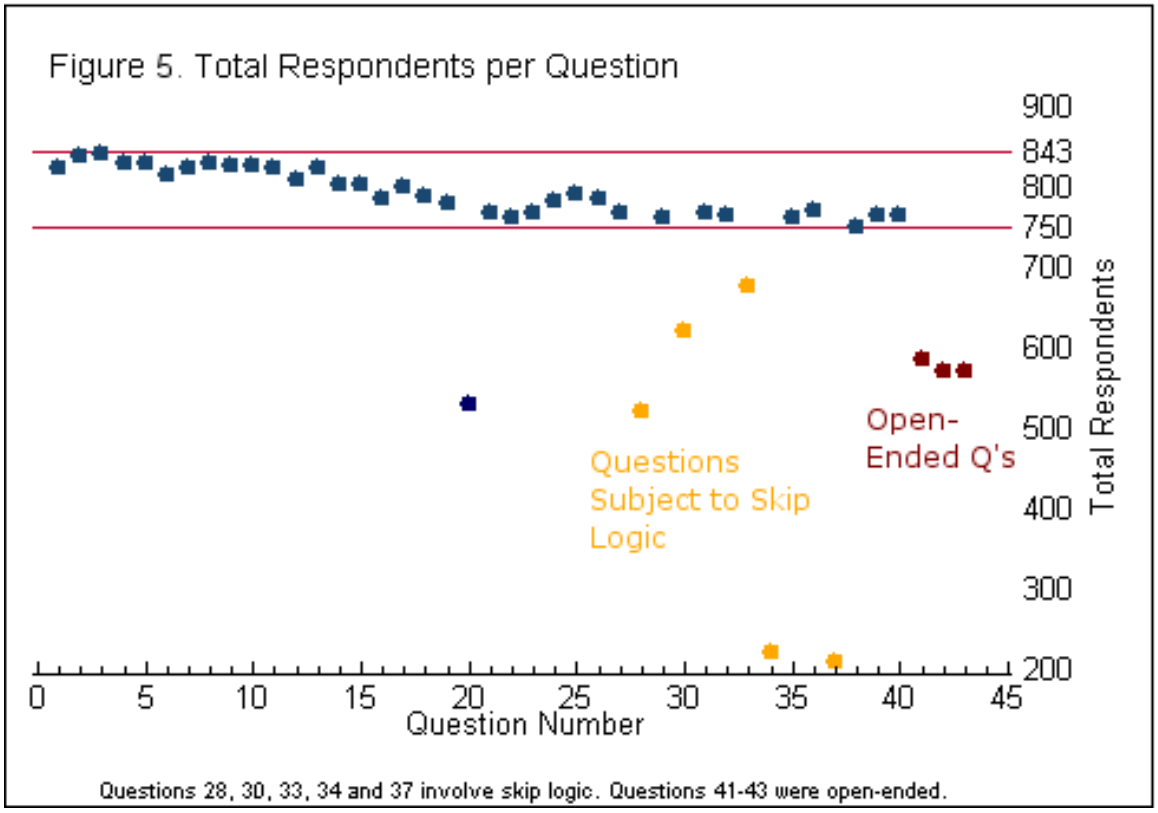
	Urban	Suburban	Rural	**Total**
Northern CA	125	228	143	**437**
Southern CA	138	166	33	**496**
Total	**263**	**394**	**110**	**800**

*We divided California between north and south at the border that runs across the northern borders of San Luis Obispo, Kern and San Bernardino counties.

Item Drop-off

In most surveys, participants fail to answer every question. This happens for many reasons: carelessness, boredom, lack of interest, feeling the question does not apply, among other reasons. The longer the survey, the greater the amount of drop-off for questions at the end of the survey.

Survey writers try to combat drop-off. They make surveys shorter, apply skip logic, force an answer by not allowing the participant to progress unless she has answered a question, and adding in checks so the participant can see which questions she skipped prior to submitting the survey. The CRB included a progress bar at the top of the screen so participants could visually see how far they had progressed in the survey, allowed participants to return to the survey to finish it and applied skip logic to avoid asking non-applicable questions to participants.



On average, 87 percent of respondents (733) answered each question. Question response rates ranged from a high count of 840 (Question 3) to a low count of 209 (Question 37). When questions with skip logic were removed (these are the questions that not all participants would have seen), answer counts ranged from 520 to 840. Question 20, "Which of the following organizations keep you informed of your benefits and eligibility? Please check all that apply." was an abnormality. Only 520 respondents

answered that question. All other multiple-choice questions not affected by skip logic were answered by at least 751 participants (89 percent).

Figure 5 illustrates that the participants remained engaged throughout the survey. The early questions had over a 98 percent response rate while the last three multiple choice questions (38-40) had approximately a 90 percent response rate. Other than question 20, there is little item drop-off throughout a long survey. The three open-ended questions about needs (Questions 41-43) also have a large response rate, with over 67 percent of respondents taking the time to provide a written answer to the three questions at the end of the survey. Questions 28, 30, 33, 34 and 37 are affected by skip logic and not all participants received those questions. The response rate for those five questions is therefore lower than the remaining multiple choice questions.

We drew three implications from the above information. First, women veterans are engaged and want to tell someone about their needs, their experiences and themselves. They are willing to put the necessary time in to fill out a lengthy survey in order for their voice to be heard. Women veterans are seeking a forum for their concerns. CalVet, the VA and other agencies that provide services to veterans may be able to gather significant amounts of information from women veterans if they provide a forum for their voices.

Second, though we did not incentivize this survey, we managed to get 843 applicable responses. Literature on survey methodology indicates that incentivizing surveys can significantly drive up participation. If over 800 women are already engaged enough to complete a 43-question long survey just to be heard, additional tools to increase participation could prove very effective in the next iteration of this survey.

Third, we relied on women veterans passing the survey tool along to their friends and colleagues to build a sample. With 843 veterans responding to the survey, this method proved effective. We suspect that increasing the number of women who know about the survey (increasing the seeding) would further increase the sample population. The conclusions section of this paper offers suggestions for improving seeding. From the data above, we infer that a sufficient sample may be generated through free sources, but paid advertisements, public service announcements and other public outreach could help in reaching women of all sociodemographic backgrounds.

IMPORTANCE OF 2011 SURVEY

In 2009, the CRB, at the request of the Commission and CalVet, surveyed women veterans in California. We received 155 responses from veterans. This survey provided a peek into the lives of women veterans, but lacked adequate sample size.

In 2011, the CRB took the lessons learned from the 2009 survey and created a baseline survey of the needs and service utilization patterns of California's women veterans. We now have clear information about service utilization habits for both state and federal services. We also have information about health, mental health, military sexual trauma, employment and insurance status of California's women veterans.

This survey was designed to provide decision makers with necessary information to better guide policy decisions about services and benefits for women veterans. The VA has established a national goal to "use data to evaluate the services to address women Veterans' needs."[3] The California Women Veterans Survey provides data to begin to do this. The "lack of sufficient and actionable data" has hampered the VA and CalVet in providing the most efficient and effective services for women veterans.[3] Through this survey, women veterans are telling CalVet and other service providers and policy-makers what they need, what they want, and what services they use. Continuous and increased collection of gender-specific data, in the form of surveys and other methods, will help ensure that California women veterans, like their male counterparts, receive the benefits and services they have earned.

Chapter 2. Participant Characteristics

Over 900 women participated in the 2011 survey – more than five times the number who shared their experiences in the first survey. Included among the 918 respondents are women who are still active military or reserve members and are not yet veterans. Not all women who are veterans identified themselves by checking the box that indicated veteran status. Some women indicated their veteran status by stating they were "retired" or "separated from the military." Of the 918 respondents, 843 were identified as veterans. It is this subpopulation of 843 that is used in the analyses.

SAMPLE EQUIVALENCY

We started with two general questions when we first looked at the responses to the Women Veterans Survey. First, who responded? Second, were the respondents representative of women veterans in California, in the nation, and/or in relation to the 2009 sample?

We asked the first question, "Who responded?" to gather information about the number of women veterans versus the number of non-veterans who replied to the survey. Since we relied on our initial seed group to distribute the sample, we were not screening out participants who were not veterans. In some cases, women who are still active duty military women responded to the survey. For the purpose of this survey, we wanted to know about veterans. Here, we screened out active duty members after they submitted their survey.

We asked, "Were the respondents representative of any larger groups of veterans?" We wanted to be able to generalize our sample findings from this survey to larger groups of women veterans. This was difficult because we do not know much about the population of women veterans in California. To determine representativeness we looked at information about women veterans nationally and compared that with our sample. Finally, we looked at the sample to determine what we could know about women veterans if the sample was not sufficiently similar to a national sample of women veterans.

In the following section, we address the first question: who responded. This is followed by a section on the sociodemographics of the 2011 Women Veterans Survey participants.

Veteran Status

Women who have served in the military do not consistently identify themselves as veterans. This meant for our survey that we had to make sure we were identifying all veterans: those that would check a box marked "veteran" and those that would not. Of the 843 women identified as veterans, 822 actually checked the box with the statement, "I am a veteran." This means that 2.5 percent of women answering questions on a survey entitled "2011 California Women Veterans Survey" who had served in the military and since separated did not self-identify as veterans. Women veterans not checking the "veteran" box were identified by remarks made in the comment section of this question.

The concept of veteran is generally associated with a man who has served in combat. In both this survey and in other work, veterans and other experts have informed the authors that asking the question, "Have you served in the military?" generates higher self-identification rates for women veterans than asking individuals to check a box stating "I am a veteran."

This point has a couple of important implications. First, in future iterations of the survey, rather than having women identify themselves as veterans, asking women to indicate that they had prior military service may increase the accuracy of the data. Second, for policy makers and organizations, changing forms to say, "I have served in the military," instead of, "I am a veteran," may increase self-identification of veterans at point of service.

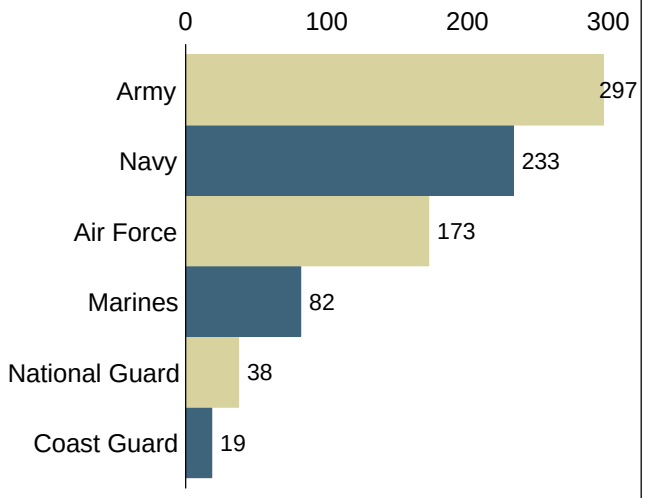
SAMPLE SOCIODEMOGRAPHICS

Military Background

Branch of Service

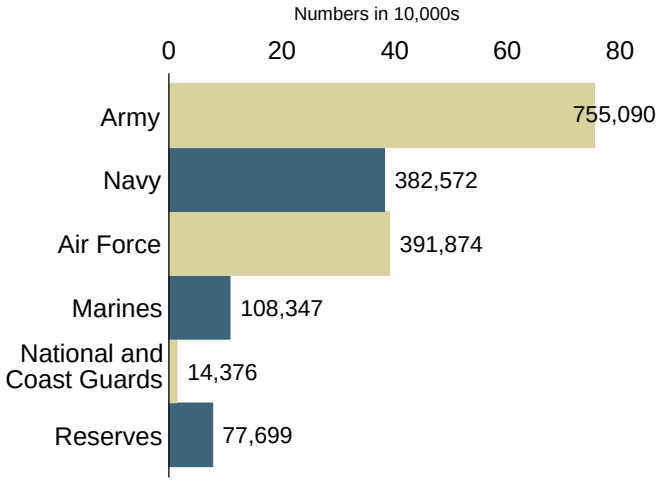
Women veterans in the 2011 Survey represented all branches of the armed services. Over a third of the participants served in the Army (35.2 percent); 28 percent served in the Navy, and approximately 21 percent served in the Air Force. Significantly fewer women served in the Marines, Coast Guard or National Guard. Figures 6 and 7* illustrates the representation of each branch.

Figure 6. Armed Forces Branch Representation 2011 Women Veterans Survey



Branches include both active and reserve members.

Figure 7. Women in the Armed Forces Nationally, By Branch, 2007



*2007 is the most recent year for which national numbers are available.

* CRB conducted separate counts for women in the National Guard and the Coast Guard. The national figures available to CRB combine the two branches. The difference is reflected in Figures 6 and 7.

Reservists made up 36 percent of the 2011 Survey sample. By comparison, reservists make up approximately 4.5 percent of all women in the armed forces in 2007. The 2011 Survey includes more women from the Navy, National Guard and Coast Guard and fewer from the Air Force, by percentage, than are represented in the national forces.

Length of Service

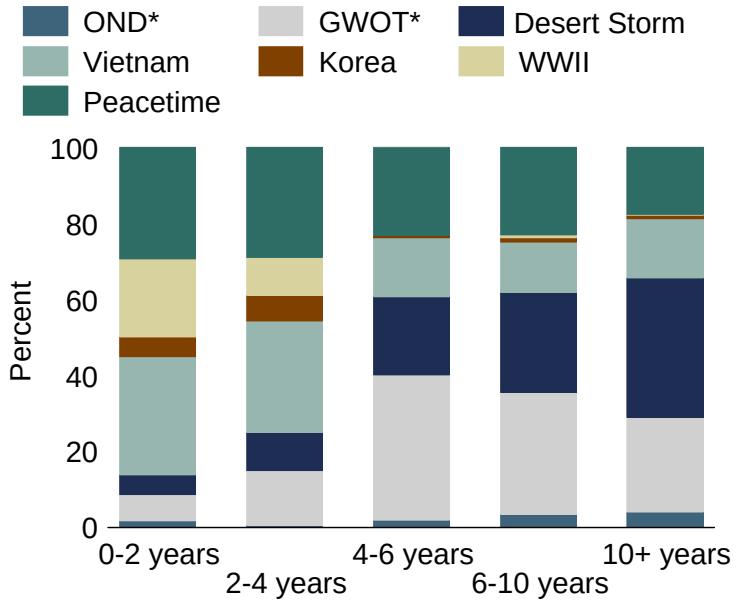
Women are increasingly making military service their career. Almost half the women in our sample (48.99 percent) served at least six years. Approximately a quarter (26.46 percent) of all women served two to four years, and more than a third (34.33 percent) served ten or more years. Table 2 shows the breakdown of tenures.

Table 2. Length of Service for 2011 Participants.

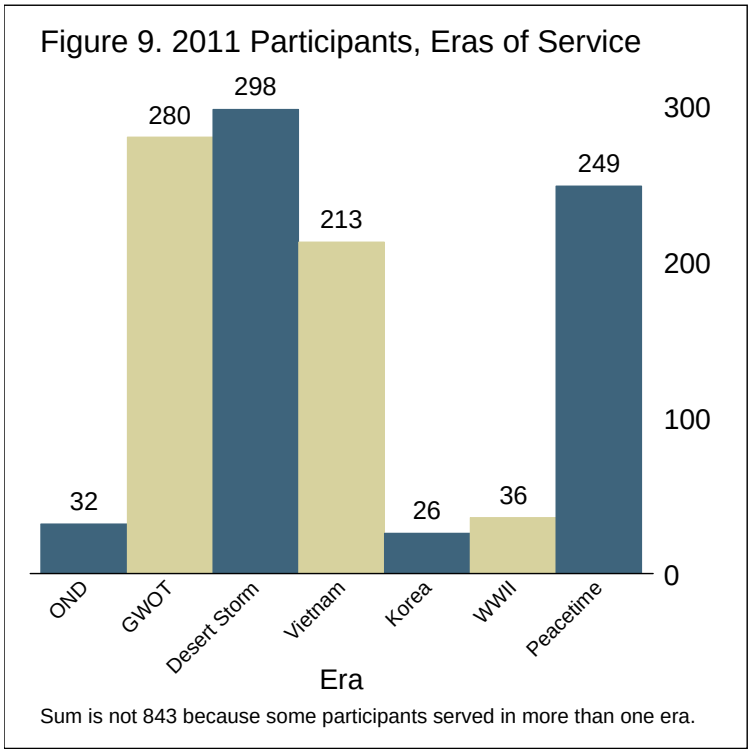
	Frequency	Percentage
0-2 years	59	7.03
2-4 years	222	26.46
4-6 years	147	17.52
6-10 years	123	14.66
10+ years	288	34.33
Total	**839**	**100.00**

Women in earlier service eras served fewer years. Women serving in WWII and Korea had shorter terms of service. This occurred for many reasons, including the military's policies of discharging women who married or became pregnant. As the military's policies became more conducive to women serving longer, women opted to serve longer. Women serving during the past three conflicts (Desert Storm, GWOT, and OND), were more likely to have served extended tours of six or more years than they were to have served less than four years. Figure 8 illustrates the growth of careerism for women in the military. The length of the bars for the more recent eras are longer than for earlier conflicts.

Figure 8. Length of Service by Era



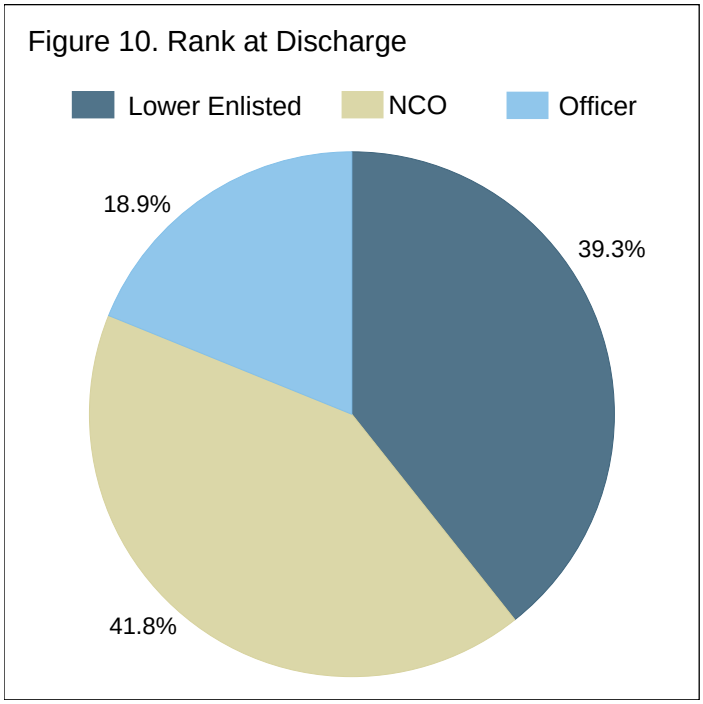
Service Era



Participants in the 2011 Survey represented all eras from WWII forward. Most women in the survey served in either the Desert Storm and GWOT conflicts or peacetime. Korea-era and WWII-era veterans are represented, but their numbers are small, as they are a smaller part of the veteran population. Figure 9 shows the distribution of participants across eras. Note that the total number represented on the graph is greater than the total number of participants. Some participants served in more than one era.

Rank at Discharge

The 2011 Survey participants represented all ranks in all branches of service. However, since women are serving longer in the post-Vietnam era, women veterans discharged post-Vietnam have slightly higher ranks at discharge than their pre-Vietnam era peers.



Lower enlisted and non-commissioned officers (NCOs) comprised more than 80 percent of the sample for the 2011 Survey (see Figure 10). The remaining 18.8 percent were officers at the time of discharge. This is higher than the national representation of women veterans. In 2007, the last year data is available that is not a projection, 11.8 percent of women serving in the armed forces were officers.

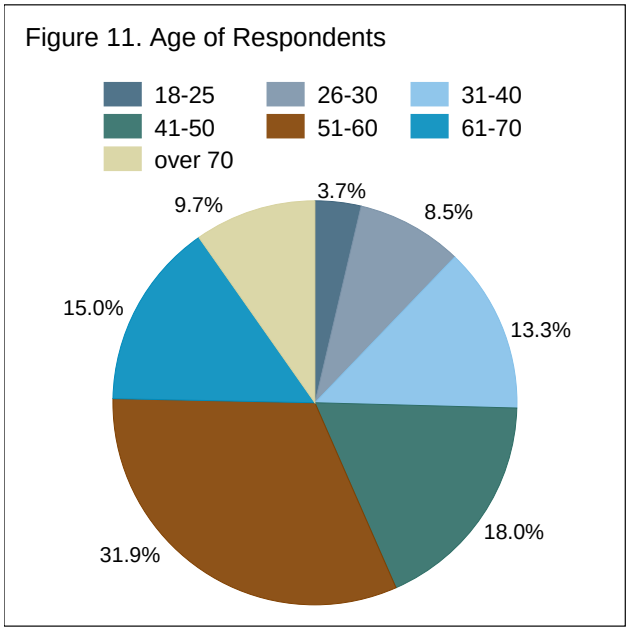
Having more officers in the sample may alter some findings. While there is not

much work done on the differences in experiences between enlisted personnel and officers, we suspect that officers experience the military differently than other servicemembers. Officers have different access to resources and knowledge about maneuvers, have different amounts of control over their lives, and generally serve longer. These factors may shape the experiences of servicemembers and ultimately alter their needs as veterans. Where appropriate, we provide a breakout of officers versus enlisted servicemembers in the remaining analysis.

Personal Background

Age

Almost half of the respondents to the 2011 Survey were aged 41-60 (49.9 percent). Another quarter of respondents (24.7 percent) were over 60 years old. With women choosing to spend substantial amounts of their careers in the military, women are older when they separate and become veterans (see Figure 11).



Compared with a national sample, the 2011 Survey slightly under-represents veterans ages 31-50 and 70 and over, and over-represents veterans 51-70 years old. Table 3 illustrates the differences between a 2007 national sample and the 2011 Survey.

Having an older population in the 2011 sample may skew some of the data. Some literature states that older women veterans are less likely to know about their benefits because there was less outreach to them at the time of their separation.[12]

Table 3. Difference in Age Samples Between 2007 National Sample and 2011 Survey.

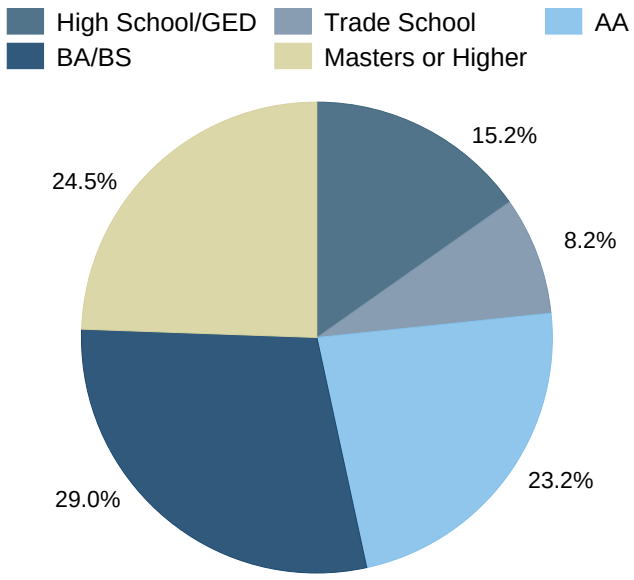
	2007 National Sample	2011 Survey	Difference between 2007 and 2011
18-25	3.5%	3.7%	+0.2%
26-30	8.2%	8.5%	+0.3%
31-40	17.6%	13.3%	-4.3%
41-50	23.9%	18.0%	-5.9%
51-60	19.4%	31.9%	+12.5%
61-70	8.9%	15.0%	+6.1%
70+	18.5%	9.7%	-8.8%

Additionally, older women veterans are not the target of many benefit awareness campaigns and therefore they may miss out on the benefits of these campaigns.

However, the older women veterans seeded in our survey live at the Yountville veteran's home. This means they have already tapped into some veterans services. This particular seeding of older women veterans may have served to select women veterans who already know about services offered. Where appropriate, we have provided age breakouts to examine the differences in needs between groups.

Education

Figure 12. Education Level of 2011 Participants



Generally, to enlist in the military, individuals must have at least a high school diploma or a GED. This requirement means that veterans will be more highly educated than the general population.

In the 2011 Survey, more than half of the sample had at least a four-year college degree (54.5 percent) and almost another quarter had a two-year college degree (23.2 percent). See Figure 12 for more information.

We suspect that a more educated population will know more about the benefits available to them than less educated servicemembers.

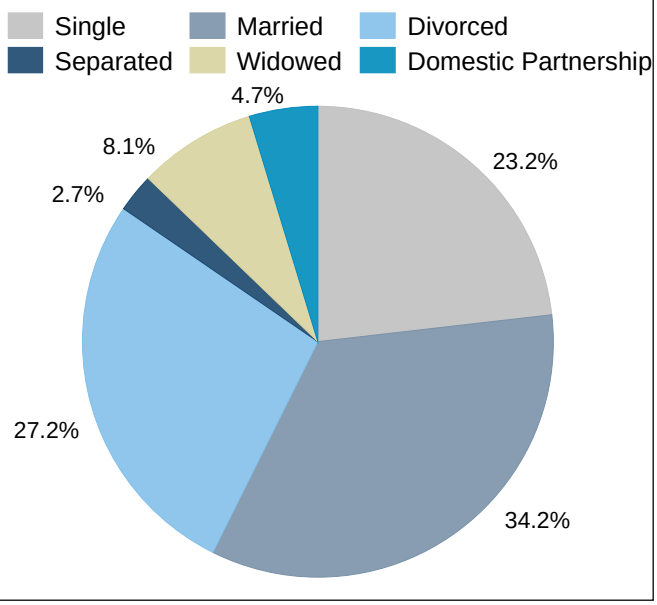
Marital Status

Over a third of the participants of the 2011 Survey are currently married. An additional 4.7 percent are in domestic partnerships. About a quarter (23.3 percent) has never been married, and the remaining 38 percent are divorced, separated or widowed (see Figure 13).

A recent and widely circulated report from RAND found that military marriages were less likely to dissolve than civilian marriages.[10] That report focused exclusively on male service members. In a 2007 investigation of military marriages, RAND researchers found:

> [T]he marriages of female service

Figure 13. Marital Status of 2011 Participants



members are at several times higher risk of dissolving than are the marriages of male service members. Female service members are also far more likely to be married to other service members (about 50 percent of women compared to less than 10 percent of men), but this does not account for the difference in dissolution rates.[10]

The rates of marriage and divorce and the probability of remaining married co-vary with education levels, employment status, race, age, and other factors. Evaluating the marriage and divorce rates of the sample are beyond the scope of this report. We anticipate addressing the issue in future products.

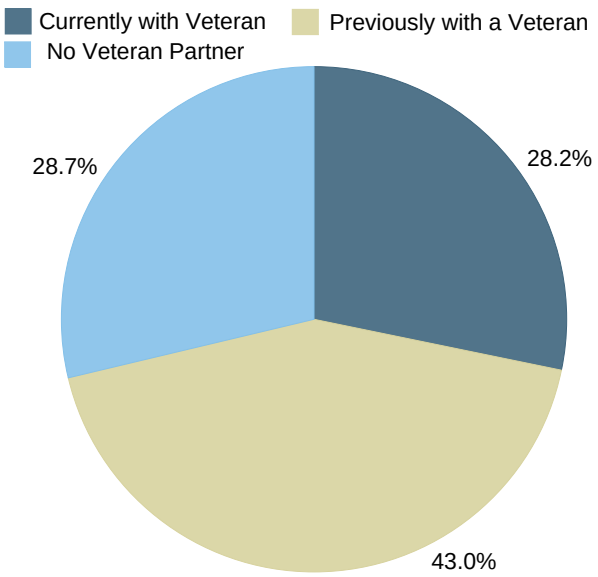
Table 4. Current Marital Status and Partner's Veteran Status.

	Currently with a veteran	Previously with a veteran	No veteran partner	**Total**
Single	17	58	114	**189**
Married	179	54	49	**282**
Divorced	13	171	40	**224**
Separated	1	15	6	**22**
Widowed	4	45	16	**65**
Domestic Partnership	16	12	11	**39**
Total	**230**	**355**	**236**	**821**

Veteran Spouse/Partner

A large majority of our sample (71.3 percent) had veteran partners at some time in their lives (see Figure 14 for more details). Women veterans with veteran partners include women who dated and/or married veterans.

Figure 14. Veteran Status of Participant's Spouse



Women with veteran partners were no more likely to be currently married or divorced than women without veteran partners (see Table 4).

Women veterans are more likely to have a veteran partner.[10] This does not account for the difference in divorce and separation rates between military and non-military women.[9] The biggest difference between women with veteran partners (either current or previous) and women veterans who never had a veteran partner was the probability that a woman veteran would be a

widow. Women veterans with previous veteran partners were much more likely to be widowed than other women in our sample (see Table 4).

Children at Home

Most women veterans no longer have children living at home. Over three-quarters of our sample (76.6 percent) reported they had no children living at home. Of those respondents with children still at home, 13.6 percent had one child, 6.9 percent had two children and 2.9 percent had three or more children still living at home.

Of the women veterans reporting children living at home, most respondents were between 31 and 60. Out of our sample of 843 women veterans, 192 reported still having children at home. Ninety women under forty reported having at least one child under 18 living with them. Sixty-three women aged 41-50 (42.9 percent of that age group) reported at least one child living at home. Forty women over the age of 50 reported a child living at home. Table 5 provides a detailed breakdown of these figures.

Table 5. Number of Children Under 18 Still Living At Home, by Age Group.

	0 children	1 child	2 children	3+ children	**Total**
18-25	22	4	3	1	**30**
26-30	46	15	6	3	**70**
31-40	51	27	23	8	**109**
41-50	84	36	19	8	**147**
51-60	223	28	5	3	**259**
61-70	119	1	1	0	**121**
71+	77	1	0	0	**78**
Total	**622**	**112**	**57**	**23**	**814**

CONCLUSIONS

One goal of survey research is to be able to apply the findings from a survey to a larger population. To be able to do this, the sample in the survey must be similar to the larger population on key characteristics. Because so little is known about women veterans overall, we can not say for certain that our sample is fully representative of a national population of women veterans.

However, when possible, we compared our sample to a national sample of women veterans. Our population has slightly more women in the middle age categories (40-60 years old), is a little more educated, and has more officers than a national sample of women veterans.

These differences between the 2011 Survey and a national sample may have some implications for our findings. First, our sample is slightly more middle-aged. While there are not a lot of studies done on the differences in needs of women veterans based on age,

we can make some guesses as to what a slightly older population might mean for this survey. Middle-aged women are less likely to have young children at home and are therefore less likely to need childcare. Women who are middle-aged are beginning to think about health issues in ways younger women do not. Health issues may be of slightly more importance to this population than would be the case for younger veterans. However, older veterans (those over 60) may have more health issues than middle-aged veterans – so the averaging of health concerns may be a reasonable representation of needs across age brackets.

Our sample is more educated than the national veteran population. Again, there is little work done on the needs of women veterans based on education level. However, we suggest that a more educated population is more likely to be aware of benefits and more adept at negotiating the bureaucracy that surrounds accessing veterans' benefits. This creates a best case scenario for knowledge about benefits. If our more educated group does not know about benefits and has difficulty negotiating the bureaucracy, we assume less educated women will have at least as difficult a time doing the same thing.

Overall, we are comfortable drawing conclusions about the larger population of women veterans in California based on this sample. In Chapter 5 we provide suggestions for improving the sampling for the next iteration of this survey. However, we believe this survey may be used to establish a baseline of needs and service utilization for California's women veterans.

Chapter 3. Needs of Women Veterans

Women veterans share many of the same short- and long-term physical and emotional consequences of military service and have many of the same needs as their male counterparts. However, as women veterans, they also have unique experiences and needs. Understanding what these needs are and how they are meeting these needs is becoming increasingly relevant, both in terms of helping women veterans and making good public policy.

Much of what we know about the needs of women veterans has developed piecemeal. For example, one article in a journal will identify the unique ways women experience post traumatic stress disorder (PTSD), a piece of congressional testimony will identify the needs of homeless women veterans, and anecdotally, researchers will hear about the ways in which women veterans fail to self-identify.

The federal Department of Veterans Affairs (VA) and the California Department of Veterans Affairs (CalVet) have sought ways to identify the holistic needs of women veterans. We also sought to identify holistic needs in the 2011 Survey by asking women, "What did you need when you separated from the military?" and, "What do you need now?" Women veterans had a chance to answer with anything that came to mind if they wanted to.

Women veterans responded *en masse* and at length about their many and varied needs. They told us they need to know more about their benefits, they need help with employment and education when they separate from the service, and they currently need health and mental health care. Additionally, gender-specific and senior-specific needs are two growing concerns for women veterans.

KEY FINDINGS

- Women veterans need help finding appropriate employment that will support them and their families when they separate from the service.
- Women veterans, especially women who were officers at time of separation, say they need help accessing education and educational benefits post-service.
- Women veterans need more information and assistance receiving all types of benefits.
- Women veterans need physical and mental health care that is tailored to women's needs and concerns.
- Gender-specific and senior needs are growing areas of concern for women veterans.

SAMPLE AND NON-RESPONDENTS TO NEEDS QUESTIONS

This chapter discusses the findings from the three needs questions on the 2011 Survey. To determine what women veterans in California need, we asked them three open-ended questions:

- What challenges have you had making the transition from active duty?
- What information or services do you wish you had available to you when you separated/transitioned from active duty?
- What services do you need? What services or benefits should be provided to address the needs of women veterans?

We received 586, 571 and 571 responses, respectively. This represents feedback from approximately two-thirds of the women veterans responding to the 2011 Survey. While this is a significant response rate for open-ended questions coming at the end of a survey, we wanted to make sure that the non-respondents were not somehow different than respondents.

We examined our non-response group on factors that generally make a difference in answers to see if response groups were similar. Rank at discharge and length of service did not differ between responders and non-responders. However, women serving in both the Global War on Terror (GWOT) and World War II (WWII) were less likely to respond than women in other eras. Age cohorts had different response rates, but there was no systematic trending in the difference. Women veterans aged 26-30 and aged 51-60 were more likely to respond to the open-ended questions than other women veterans. Participants aged 61-70 were much less likely to respond (although those over 71 were about as likely to respond as other age groups).[*]

Our non-responders thus do not appear to be systematically different from our responders except that responders are more likely to have experienced combat-related trauma and have a disability rating. Therefore, in most cases we are comfortable dropping the non-responders from analysis of other needs areas. We do include the non-responders in some of the healthcare needs analyses, as non-respondents were less likely to experience combat and non-combat related trauma than respondents. When the non-responders are included, we note it in the analysis.

[*] Tests of significance include standard tests such at t-test and chi-squared tests. We have not specified in the text which tests were used to determine significance for each statement. If you have questions about methodology for determining significance, please contact the authors.

NEEDS GROUPINGS

The research team developed a script with 19 identified categories for needs, challenges, and benefits/services women wished they had access to either at transition or currently. We developed this list based on the needs and challenges identified in the 2009 survey, a review of a sample of answers from the 2011 Survey and our joint understandings of the needs and challenges of women veterans.

Nineteen is not a magic number for this script. In future iterations, ideally there will be fewer categories which capture the same information. However, for this iteration of the Women Veterans Survey, we sought to establish a baseline understanding of needs and challenges. To do this, we segment out certain issues in order to test their propensity to cluster with other items. For example, many surveys cluster military sexual trauma (MST), post traumatic stress disorder (PTSD) and mental health needs together. We wanted to see if women veterans with MST or PTSD needs also had the same needs as women identifying mental health needs. If so, in future iterations of this survey, those items may be clustered under "mental health." If the items do not pool together, they could remain individual items in future surveys.

NEEDS GROUPINGS

Overview Group

Benefits Information/Assistance
"Few" or "None"
Specific Suggestion
Other

Healthcare Related Group

Physical health
Mental health
PTSD
MST
Gender-specific Needs

Non-healthcare Related Group

Civilian Life
Child Care
Education
Employment
Family Services
Financial
Housing
Peer-to-peer
Respect/Recognition
Senior-specific

For purposes of analysis in this chapter, we clustered the needs into three groupings: overview needs, healthcare related needs, and non-healthcare related needs. The overview needs include items coded as "few or none," "benefits information and assistance," "other" and "specific suggestion." This needs group represents the miscellaneous and uniquely-identified needs and suggestions that fail to cluster with the other 15 needs groups. The few needs category is non-specific to a given need and includes statements such as: "I have few needs," and "It's been so long, I don't have many needs."

Healthcare needs include both physical and mental health needs. In addition, we created a category for gender-specific needs. The gender-specific category is included in the healthcare needs because the needs are predominantly related to health and mental health issues. However, we recognize that not all gender-specific needs are health-related. Some participants pointed out the need for women-only emergency housing and the need for women's support groups in educational settings. The inclusion of non-healthcare gender-specific needs makes gender-specific needs in healthcare appear as a greater issue than it would without them. However, non-healthcare-related gender-specific items account for

only a few of the over 150 gender-specific comments we coded. Issues of MST and PTSD are included in the healthcare category as well.

Non-healthcare related needs encompass all specific need areas that are not health-related and are not overview needs.

For our analysis we divided the needs into "needs at transition" and "current needs." We then parsed the data based on relevant analytic groups, such as age clusters, rank at separation, era served and length of service.

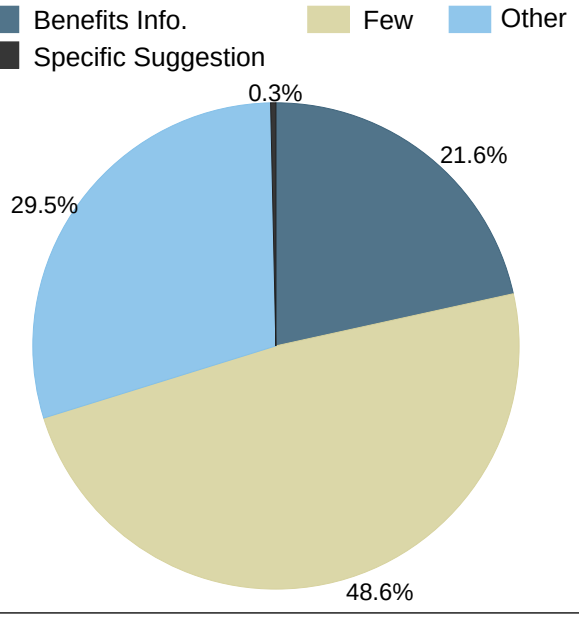
The rest of this chapter reports the need categories identified by women veterans in the 2011 Survey. The first section provides an examination of the general overview needs. This is followed by a section on health-related needs then by an examination of non-health related needs of women veterans. We finish with an overview of the services women wished had been available to them at transition.

OVERVIEW OF NEEDS

Among the general needs, about half of all women report they had "few" or "none." When all respondents to this question in all needs categories are considered, the "few needs" category accounts for nearly a quarter of all women veterans (24.2 percent).

Women closer to their separation date, as measured by the last era in which they served, were more likely to say they needed help with something at the time of transition. This difference may reflect the proximity to experience rather than actual need. The closer a person is to the actual experience in time, the more likely she is to remember the needs she had at the time. Figure 15 shows the distribution of general needs of women at transition by era. Women serving most recently in Korea or WWII identified the fewest needs at time of transition. Women serving in Operation New Dawn (OND) or the Global War on Terror (GWOT) reported the most needs.

Figures 15. Needs of Women Veterans at Transition



Women last serving in more distant eras report needing information about benefits less often than women in more recent eras. This finding differs from previous findings described by literature on women veterans.[11] Current literature indicates that older women veterans are less likely to know about their benefits than younger veterans. We would therefore expect women who separated during Korea and WWII to report the highest level of needs around benefits information. The

converse is true for this sample. The most recently discharged veterans are the ones identifying benefits information as a predominant need.

Once women have transitioned from the service to civilian life, their needs profiles change, according to our data. When asked about current needs, most women veterans can identify at least one need. In the overview category, for current needs, the "other" "benefits" and "specific suggestions" categories all increase, while the number of women saying they have few needs decreases.

Figure 16. Needs of Women Veterans at Transition by Last Era Served

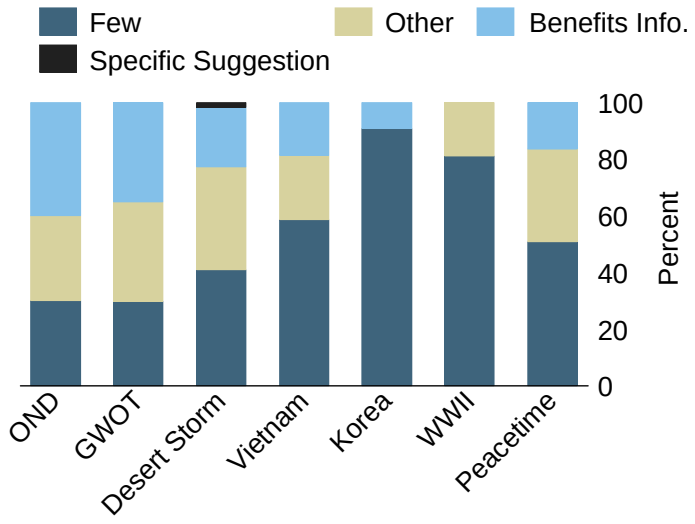
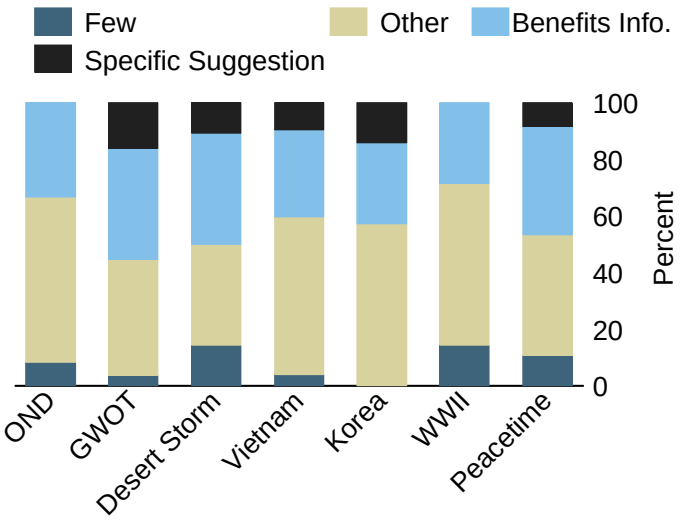


Figure 17. Current Needs of Women Veterans by Last Era Served



Women veterans tell us they need benefit information. Depending on the last era served, between 28.5 percent (WWII) and 40 percent (GWOT) of women veterans from that era need assistance with benefits information (see Figure 16).

The number of "other" needs also increases. We used the other category to classify needs that did not logically fit into the first 18 pre-set categories for the scripted coding. These needs included specific items such as, "I need help getting a license at the DMV," to items such as, "Where to start?"

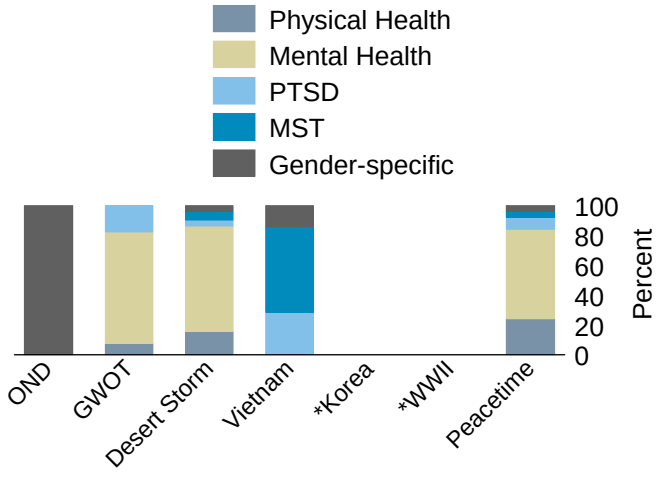
The numbers of specific suggestions about how to improve services to women veterans also increase when participants are prompted to think about current needs versus needs at the time of transition. These specific suggestions will be compiled and provided to CalVet in a separate document.

HEALTHCARE NEEDS

Women veterans reported a wide range of healthcare needs, including physical health, mental health, PTSD and MST* care needs. Additionally, women veterans told us they needed gender-specific care, such as access to gynecological screenings, women doctors and nurses, and women counselors.

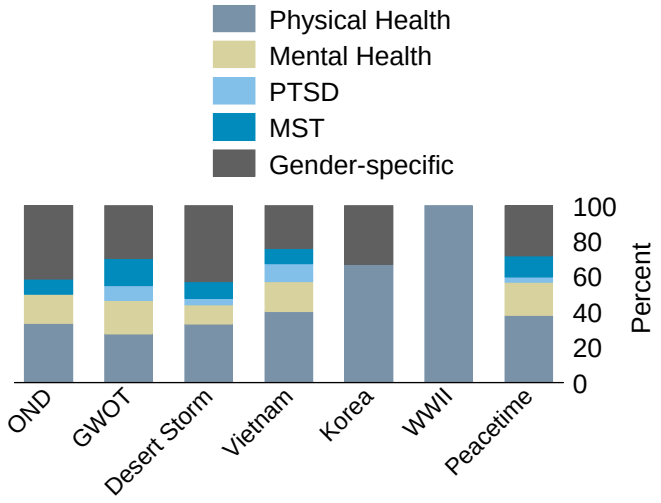
Women separating during the most recent conflicts of OND and the GWOT were more likely to want gender-specific healthcare and mental healthcare than other women veterans at the time of transition. Women separating during the Vietnam era reported the greatest need for PTSD and MST care at the time of transition. Women veterans from Korea and WWII did not report healthcare needs at time of transition. See Figures 18 and 19 for more detail.

Figure 18. Healthcare Challenges at Transition for Women Veterans by Last Era Served



*Women in this era reported no healthcare needs at transition.

Figure 19. Current Healthcare Needs of Women Veterans by Last Era Served



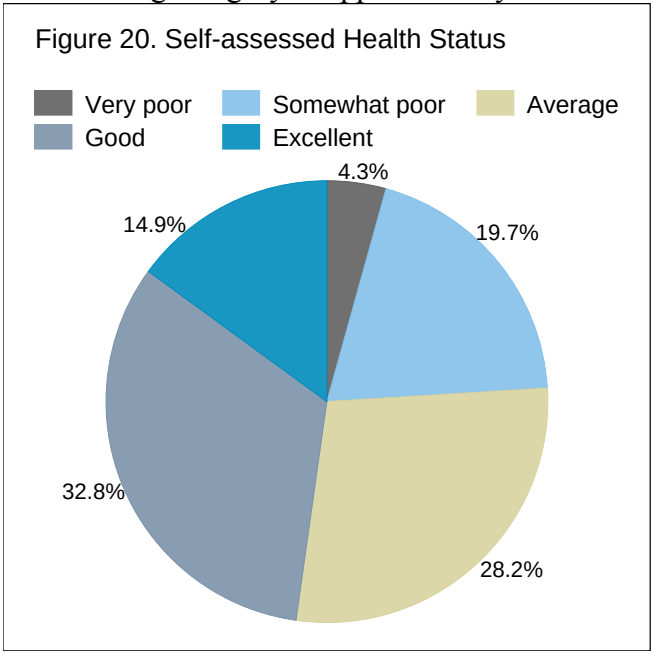
Physical health predominate the current needs of women veterans. Additionally, the older the veteran is, the more likely she is to say she needs physical healthcare. Gender-specific care is the second most prevalent need for women veterans. Women veterans separating in the past three conflicts are more likely to identify the need for gender-specific care; however, women in all time periods except WWII express the need for gender-specific care. See Figure 19 for more detail.

* For a need to be classified as MST, the comment has to specifically mention "military sexual trauma," "rape," "sexual assault," or other corollary terms.

General Health Status

Participants were asked to rate their general health status. Most women veterans (61.0 percent) rated their health status as average or good. Nearly 15 percent of women veterans rated their health as excellent, and only 4.3 percent rated their health as very poor (see Figure 20). It is worth noting that women who rate their health as "excellent" were slightly more likely to provide responses to the three open-ended questions than other women.

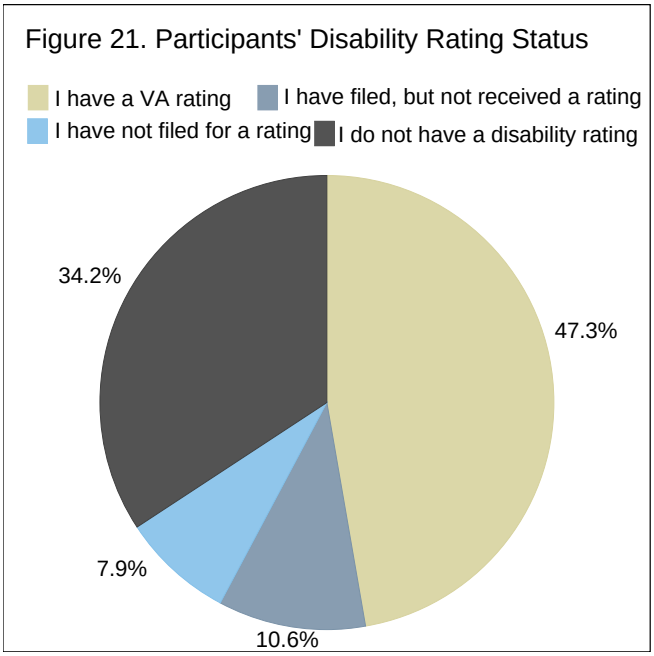
Rank at discharge and age categories did not make a difference in self-assessed health status. Women across ranks and across age groups similarly rated their health status. Women veterans in all eras fall into each health rating category in approximately the same percentages, except for Korean era veterans, who rank their health status as slightly better than other veteran groups.



Health status was connected to employment status. Eighty-five percent of women who were unemployed ranked their health status as "very poor." Only 14.7 percent of women currently employed in some fashion rated their health as "very poor." More than half of all women veterans employed full-time (56.6 percent) rated their health as "good" or "very good" while only 36.4 percent of unemployed women rated their health "good" or "very good."

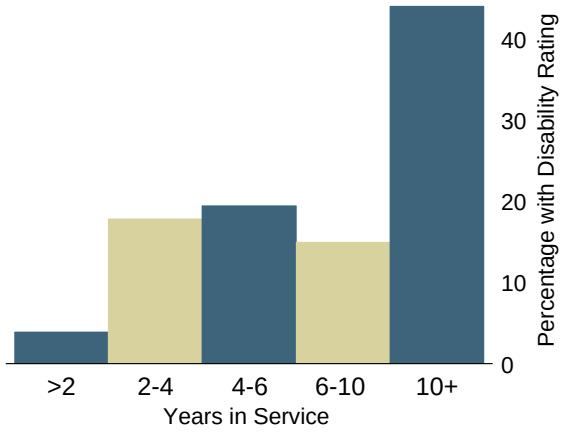
Disability

Nearly half of all respondents (47.3 percent) had a disability rating from the VA. An additional ten percent had filed for a rating but were awaiting a final notification. See Figure 21 for more detail.



Women veterans with disability ratings or who were awaiting a disability rating from the VA were much more likely to rate their health status as "poor" or "somewhat poor"

Figure 22. Presence of Disability Rating by Length of Service



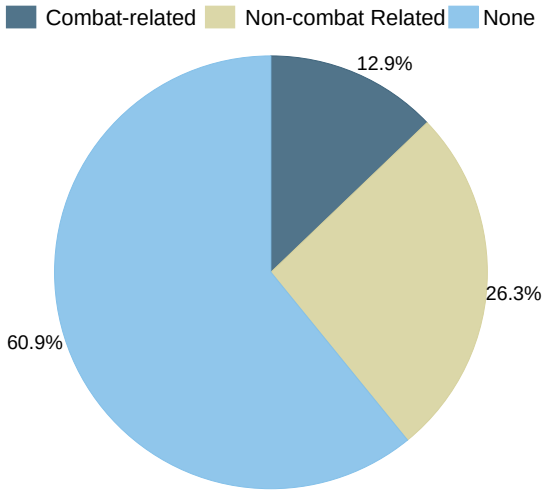
than women without a disability rating.

The longer a woman served in the armed forces, the more likely she is to have a disability rating. Twenty-seven percent of women serving two years or less have a disability rating, while 59 percent of women serving more than ten years have a disability rating. See Figure 22 for a breakdown of this information.

Officers are significantly more likely to have a disability rating than women who separated as NCOs or lower enlisted ranks.

Disability ratings are not significantly tied to employment status. While 47.3 percent of all women with a disability rating are currently unemployed, 43.1 percent of women without a disability rating are also currently unemployed.

Figure 23. Military-based Trauma Experience



Military Trauma

Most women veterans (60.9 percent) did not report experiencing trauma while serving. Of those experiencing some type of trauma, 12.9 percent report combat-related trauma and 26.3 percent report non-combat-related trauma. See Figure 23 for this information.

Experiencing combat-related trauma coincides with a woman veteran having a VA disability rating. Over seventy percent (71.9 percent) of women veterans who experienced combat-related trauma had a current VA disability rating. Of those, almost 30 percent (29.3 percent) were at least 70 percent disabled.

Table 6. VA Disability Rating and Trauma Experience.

VA Disability Rating	Combat-related Trauma	Non-combat-related Trauma	No Combat-related Trauma	**Total**
>10%	3	18	11	**32**
10-20%	12	40	27	**79**
30-60%	26	82	19	**127**
70% +	17	69	10	**96**
Total	**58**	**209**	**67**	**334**

Women veterans who did not experience trauma (combat- or non-combat related) while in the service were much less likely to have a VA disability rating than women with combat-related trauma. Women veterans who experienced non-combat-related trauma were likely to have a VA disability rating (61 percent had one) and about a third were rated as 70 percent or more disabled. See Table 6 for more detail.

Medical Conditions

We asked women veterans to identify the different physical and mental health conditions currently affecting them and to identify which conditions were service-related. Approximately three-quarters (73.4 percent) of the participants responded to this question. We cannot generalize about the remaining quarter of women who did not respond to the question. A non-response may indicate that the participant was not currently experiencing difficulties with any medical condition, or it may indicate that she did not wish to disclose information about a condition.

Table 7. Health Conditions Affecting Participants.

Physical Health Conditions		
	Current Condition	*Service-related*
Amputations	3	4
Head Injuries	63	59
Musculoskeletal disorders	212	188
Adjusting to physical limitations	167	118
Cardiac issues	69	19
Diabetes	60	12
Lung problems	68	39
Urological problems	42	21
Gynecological problems	92	60
Mental Health Conditions		
Sleep disorders	236	148
Anxiety	248	183
Depression	257	182
Sexual Assault/MST	151	161
PTSD	185	183
Stressors of single parenting	73	37
Guilt for leaving family for deployment	41	41
Substance abuse	38	32
Other	84	50

Table 7 provides a summary of the conditions women said they are affected by and a list of service related conditions. The way the questions were asked, we are unable to tell if the current condition is also the service-related condition identified in the response. What we can discern is the number of women who were affected by a given condition while in the service and the current number of women with a given condition. By conducting cross-tabulations, we are able to detect correlations between

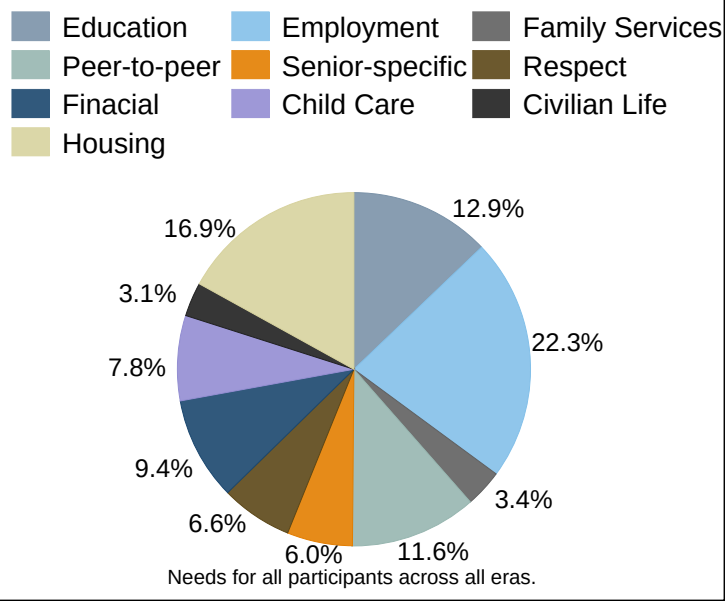
age and condition as well as era-served and condition. Table 7 provides a summary of the responses to current and service-related conditions participants experience.

The most frequent physical disorders women veterans experience relate to musculoskeletal problems, including common back and joint problems. This is true for both current conditions and service-related conditions.

The most frequent current mental health condition women experience is depression. Depression, PTSD and anxiety are all service-related conditions that women experience at the same frequency. Because PTSD symptoms involve anxiety and depression, it is difficult to tell from this question if a woman veteran is experiencing all three conditions at a clinical disorder level or if they are all related to PTSD.

The presence of a current mental health condition was significantly correlated with experiencing MST. MST was not associated with an increase in current physical health conditions for women veterans. For more information, please see the MST section of this report on page 41.

Figure 24. Current Non-healthcare Needs Identified by Participants



Needs for all participants across all eras.

NON-HEALTHCARE NEEDS

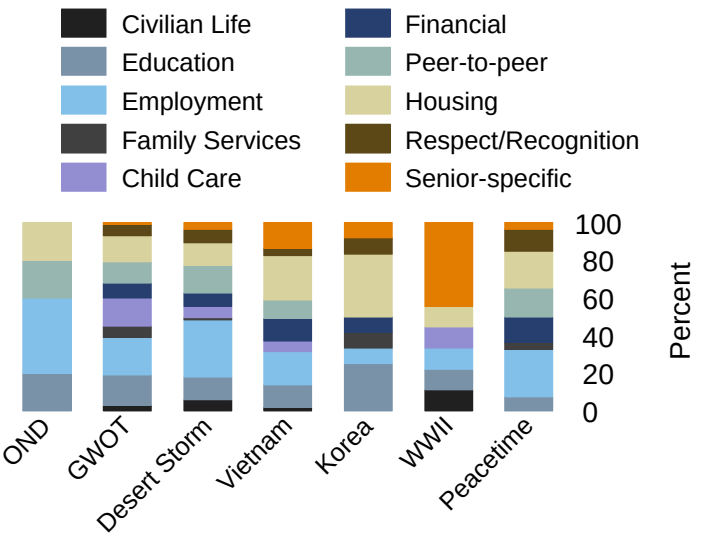
Women veterans identified a broad range of non-healthcare needs. These ranged from help adjusting to civilian life and civilian attitudes, to financial help and to the desire for peer-to-peer support programs. When all eras of veterans are considered together, the need for employment and housing predominate the non-healthcare-based needs categories. These needs are closely followed by the needs for education and peer-to-peer programs. See Figure 24.*

* For this figure, the "N" is the total number of responses for all non-healthcare-based needs categories. A single response to the survey question number 43 may generate more than one response code (e.g., a response may indicate both an educational and employment need and be coded in both categories). The total N for non-healthcare needs is 318. For a breakdown of these needs by last era served, see Table 8.

Table 8. Non-healthcare Needs by Last Era Served.								
	OND	GWOT	Desert Storm	Vietnam	Korea	WWII	Peace -time	Missing
Civilian Life	0	3	5	1	0	1	0	0
Education	1	16	10	6	3	1	4	0
Employment	2	20	25	9	1	1	13	0
Family Services	0	6	1	0	1	0	2	1
Child Care	0	15	5	3	0	1	0	1
Financial	0	8	6	6	1	0	7	2
Peer-to-peer	1	11	12	5	0	0	8	0
Housing	0	14	10	12	4	1	10	2
Respect/Recognition	0	6	6	2	1	0	6	0
Senior-specific	0	1	3	7	1	4	2	1
Total Veterans in Era	**32**	**250**	**206**	**153**	**22**	**34**	**131**	**15**

Women veterans serving in different eras and in different age groups had significantly different needs profiles. For example, women veterans whose most recent tour of duty was OND identified education, employment, housing and peer-to-peer programs as their only needs. The further women veterans get from their time of separation, the more needs they identify. Additionally, the further away from their separation date, the more likely they are to need housing and senior-specific services. These needs correlate with age as well. Older veterans are more likely than younger veterans to identify senior-specific services and housing as key needs than younger veterans. See Figure 25.

Figure 25. Current Non-health Needs of Women Veterans, by Last Era Served



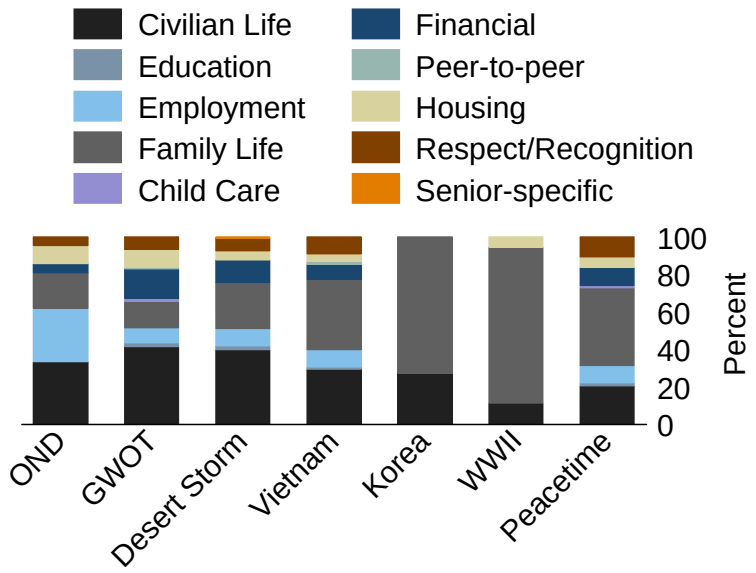
Employment is the primary need for women veterans separating in the last four eras (OND, GWOT, Desert Storm and Peacetime). Housing is the second-greatest need for women in these four eras.

For women separating during the Vietnam and Korean eras, housing is the most pressing need. Women veterans from WWII identified senior-specific needs as the most prevalent needs (see Table 8)

Rank at separation made some difference in the current needs identified. Women veterans who separated as officers were more likely than others to say they currently needed help

with educational services, while women who separated at a lower enlisted rank needed housing more frequently than officers. Other need areas were equally represented among officers, NCOs and lower-enlisted veterans.

Figure 26. Challenges at Transition by Last Era Served



Current needs of women veterans are remarkably different than the needs they identify at transition. At the time of separation from the military, women veterans need help readjusting to civilian life. Women veterans from GWOT and Desert Storm left the service at an older age, and therefore may be near the end of their careers and less likely to need employment help.

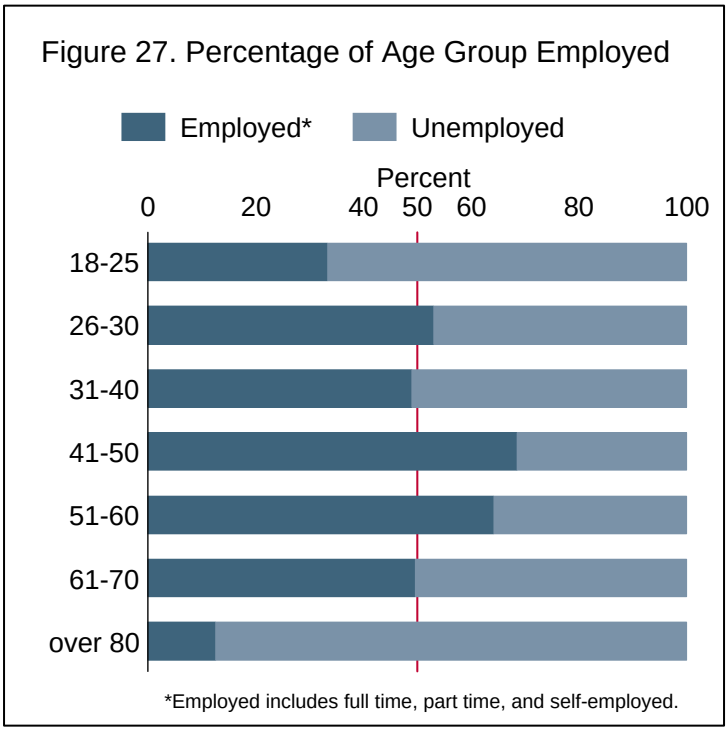
The need for respect and recognition does not appear for women veterans from the Korean and WWII eras, but registers for about ten percent of all other women veterans. This finding differs from our findings in 2009, when women veterans identified respect and recognition as the primary need they had at the time of transition. This may be an artifact of the way the question was asked. In 2009, we asked women what differences they had from men in transitioning from the military. In 2011, we asked them what they needed at the time of transition, without mentioning gender.

While women veterans from more recent conflicts identify housing issues at transition, housing becomes a much greater issue the longer a woman is out of the service. Education also becomes a more apparent need post-transition. While the military provides training in many fields, veterans often find it difficult to translate their military training and experience into civilian terminology that is useful in gaining appropriate employment.

Employment Challenges

Approximately half of all participants were employed either full-time (38.9 percent) or part-time (10.6 percent). An additional 4.3 percent were self-employed. The other 46 percent of women veterans in this sample were currently unemployed.

Women veterans in their 40s and 50s were more likely to be employed than other women veterans (see Figure 27).



Both rank at discharge and length of service correlated with current employment status. Women veterans who separated from the armed services as officers were much more likely to be employed full time (46.4 percent) than women who separated at a lower enlisted rank (32.1 percent). Women who separated as NCOs have employment rates similar to officers (42.2 percent full-time employed). Women separating as officers had a current unemployment rate of 35.5 percent, while NCOs had a rate of 44.8 percent and lower enlisted veterans had a rate of 52.8 percent.

The numbers of years served in the military also impacted current employment rates. The longer a woman served in the military, the more likely she is to be currently employed full-time. Women serving ten or more years had a full-time employment rate of 48.5 percent while women serving less than two years had a full-time rate of 22.2 percent. See Table 9.

Table 9. Employment Status by Length of Service.

	>2 years	2-4 years	4-6 years	6-10 years	10+ years
Full-time	22.2%	29.1%	33.8%	50.0%	48.5%
Part-time	9.3%	9.9%	14.3%	8.7%	10.4%
Self-employed	1.9%	5.4%	3.8%	4.4%	3.8%
Unemployed	66.6%	55.7%	48.1%	36.8%	37.3%

About forty percent (39.8 percent) of all unemployed participants used the State Employment Development Department (EDD) services through EDD Workforce Service Offices and One-Stop Career Centers. Additionally, 29.7 percent of employed participants had used EDD services. About thirty percent of both employed and unemployed participants did not know about EDD Workforce Offices and One-Stop Career Centers (29.7 and 29.5 percent, respectively). See Table 10 for a further breakout of information on use of EDD services by current employment status.

Table 10. Use of EDD Services by Employment Status.

	Used EDD Services	Don't Know About Services	Don't Need EDD Services	**Total**
Full-time	88	88	120	**296**
Part-time	25	26	30	**81**
Self-employed	11	6	15	**32**
Unemployed	140	104	108	**352**
Total	**264**	**224**	**273**	**761**

Housing Challenges

Table 11. Housing Status by Last Era Served.

	OND	GWOT	Desert Storm	Vietnam	Korea	WWII	Peace-time	**Total**
No housing issues	23	147	133	104	19	32	57	**515**
Housing issues, never homeless	5	59	35	21	0	2	32	**154**
Previously homeless	2	16	22	13	1	0	23	**77**
Currently homeless	0	7	5	8	0	0	10	**30**
Total	**30**	**229**	**195**	**146**	**20**	**34**	**122**	**776**

More than ten percent of women veterans responding to the 2011 Survey were either currently homeless or had been homeless for some period of time (13.2 percent of respondents to question on housing status). An additional 19.8 percent had difficulty securing housing, but had never been homeless (see Table 11).

Women veterans whose most recent tour was during peacetime had the highest rates of current homelessness and homelessness at some point in their lifetime (8.2 and 18.9 percent, respectively). Women who separated during Vietnam had the second-highest rates of current homelessness (5.5 percent), while women who separated during Desert Storm had the second highest rate of homelessness at some point in their life (11.3 percent). See Table 11.

Women veterans in their 40s were most likely to be homeless, with women in their 30s and 50s following closely. Older women veterans - those over 60 - were less likely to be homeless than their younger peers. See Table 12.

Table 12. Housing Status by Age Cohort.

	18-25	26-30	31-40	41-50	51-60	61-70	71+	**Total**
No housing issues	15	38	55	78	159	95	71	**511**
Housing issues, never homeless	10	22	28	29	49	12	6	**156**
Previously homeless	2	4	12	21	30	7	1	**77**
Currently homeless	0	1	7	9	11	5	0	**33**
Total	**27**	**65**	**102**	**137**	**249**	**119**	**78**	**777**

Married women and women in domestic partnerships had lower levels of homelessness than did their single and divorced counterparts. Women currently married or in domestic partnerships were less likely to experience current or former homelessness. Divorced women were most likely to experience homelessness, either currently or prior to the survey. Approximately 20 percent of divorced and separated women were either currently homeless or had been homeless at some point (prior to the survey). Married women experienced homelessness at a rate of 10.1 percent and women in domestic partnerships had a rate of 13.1 percent.

We cannot conclude that marriage and domestic partnerships prevent homelessness. Many variables could intervene between homelessness and marital status to determine the outcome of either variable. However, there is a strong connection between being in a marital relationship and having stable housing.

SEXUAL HARASSMENT AND MILITARY SEXUAL TRAUMA

Women in the military report experiencing both sexual harassment and sexual assault (MST). Sexual harassment may range from derogatory comments in the workplace, to unwanted touching, to the creation of a hostile work environment. Sexual assault involves rape in its various forms.

Both sexual harassment and MST impact women while they are in the military and can have long-term effects. We asked women about their experiences with sexual harassment and sexual assault while in the service and about how and when they sought treatment. Discussion of our findings follow.

Sexual Harassment

Most women veterans (61.3 percent) report experiencing sexual harassment while in the service. The probability a woman veteran experienced sexual harassment is directly proportional to the time she spent in the military (see Table 13). Experiencing sexual harassment in the military was associated with higher levels of PTSD, anxiety, sleep disorders, and substance abuse. Sexual harassment and MST were not associated with higher levels of physical health disorders. See Table 14.

Table 13. Length of Service and Sexual Harassment Experience.

Years of Service	0-2 Years	2-4 Years	4-6 Years	6-10 Years	10+ Years
Percent Reporting Sexual Harassment	47.1%	57.3%	62.3%	66.4%	63.9%

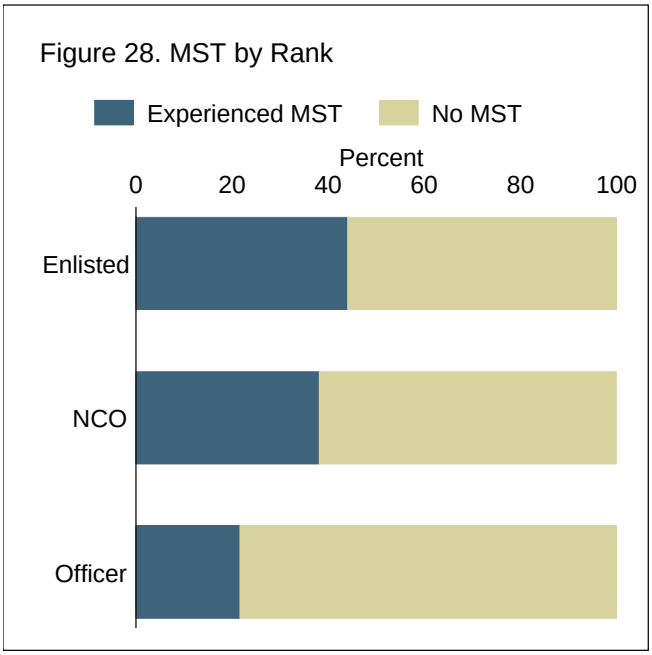
Table 14. Percentage of Participants Experiencing Sexual Harassment While in the Service by a Current Mental Health Condition.

Current Condition	Experience Sexual Harassment	Did Not Experience Sexual Harassment
PTSD	32.7%	9.4%
Depression	39.1%	22.6%
Anxiety	39.0%	20.2%
Sleep Disorder	35.7%	21.9%
Substance Abuse	6.8%	2.0%

These findings do not mean we can conclude that sexual harassment while in the service leads to poorer mental health outcomes for women veterans. These are not causal findings. We can say that women veterans who have experienced sexual harassment are more likely to have a current mental health condition, although variables such as length of service may also factor.

Sexual Assault/Trauma

More than a third of respondents (37.0 percent) reported experiencing MST. Length of time in the service was somewhat correlated with experiencing MST. The percentage of women reporting MST increases for each increment in service length between two and ten years. Women serving more than ten years report rates of MST similar to women serving two years. This may be because women serving over ten years also tend to be officers. Officers report lower rates of MST than women veterans discharged as NCOs or at lower enlisted ranks. See Figure 28.



Like sexual harassment, MST is associated with higher levels of current mental health conditions, but not with higher levels of physical health conditions. Most notably, women experiencing MST are four-and-a-half times more likely to report current PTSD than women who did not experience MST. Of women veterans experiencing MST, 42 percent say they have service-related PTSD while 10.7 percent of women who did not experience MST have service-related PTSD. See Table 15 for more information on current mental health conditions and MST.

Table 15. Percentage of Women Veterans Experiencing Mental Health Conditions by MST Experience.

MST	Anxiety	Sleep Disorders	Depression	PTSD	Substance Abuse
Yes	49.8%	44.2%	50.9%	44.9%	9.9%
No	21.0%	22.2%	21.6%	10.7%	2.1%

Timeframe of Treatment Sought

A quarter of women in the sample (24.1 percent) experienced MST and sought treatment within a year of the experience. Another quarter of the women (22.3 percent) in the sample reporting MST did not respond to this question. The remaining 53.6 percent of women experiencing MST waited a least a year to seek treatment, including ten percent who waited more than 25 years to seek treatment.

Women serving in different eras sought treatment differently. Women serving in OND sought treatment sooner than other women. This, however, may be a result of timing. Veterans from OND are newer veterans and have lower MST rates. Women from OND

have had a shorter window to seek treatment, so only women who would choose to seek treatment in the past five years would show up in this sample. Women veterans from prior conflicts report greater MST rates after they have transitioned, and several women commented that they did not remember their MST experience or seek treatment for MST until many years after they left the service.

Women veterans from the Vietnam era report waiting the longest to seek treatment for MST. A third of all women reporting MST who last served in Vietnam waited more than 25 years to seek treatment. Women serving in peacetime and the GWOT were most likely to leave this question blank (26.4 and 27.2 percent, respectively). We can not generalize results from other eras to women who experienced MST during either of these service eras.

Officers were less likely to seek out services for MST in the first five years after it occurred (30.8 percent) than were lower enlisted women (39.5 percent) or NCOs (34.9 percent). Officers also were more likely to leave this question blank (38.5 percent) than lower enlisted (17.4 percent) or NCOs (25.4 percent).

Services Received

Two-thirds (67.1 percent) of women experiencing MST said they did not receive the services they needed post-assault. Officers were half as likely as lower enlisted and NCO veterans to say they received the services they needed when they sought them out. Younger women (those under 30) were more likely to say they received the services they needed than women over 30. The longer a woman served, the more likely she was to feel she received the services she needed for MST. Women whose most recent service was in peacetime or the Desert Storm were least likely to feel they received the services they needed, while women serving in either OND or the GWOT were most likely to say they received the services they need.

This information signals to us that progress is being made in providing services to women experiencing MST. Younger women and women in more recent conflicts are more likely to say they received the services they needed at the time of assault. Nearly seventy percent (69.4 percent) of women in either OND or the GWOT said they received the necessary services for MST when they sought treatment. This compares with 47 percent during Desert Storm and 61 percent during Vietnam. While there is still progress that needs to be made, especially in treating older women and officers, the information from this survey about the services offered to women seeking MST care is encouraging.

SERVICES DESIRED AT TIME OF SEPARATION

Finally, we asked women what services or information they wished were available at the time of separation.

Overwhelmingly, women told us they wanted and needed help understanding and accessing their benefits at the time of transition. More than half of all comments about what women veterans needed at the time of transition dealt with benefits information, assistance and outreach (see Figure 29).

Help with employment and a host of "other" suggestions came in second to benefits for needs at transition. Physical and mental health care followed, with approximately 4.5 percent of the sample requesting help with each type of health care. Finally, all other areas and types of benefits were mentioned by less than four percent of women in the sample.

The need for more benefit information is universal across eras. When we broke down the needs by general overview needs and era, each era is nearly identical in its needs for more information on benefits. Women from WWII said they had fewer needs at time of transition than their more recent veteran peers. Beyond that, the overview needs are remarkably similar between eras. See Figure 29 for more information.

Physical and mental healthcare services are areas women veterans told us they wished the VA had better services or

Figure 29. Services Women Veterans Wished They Had at Transition

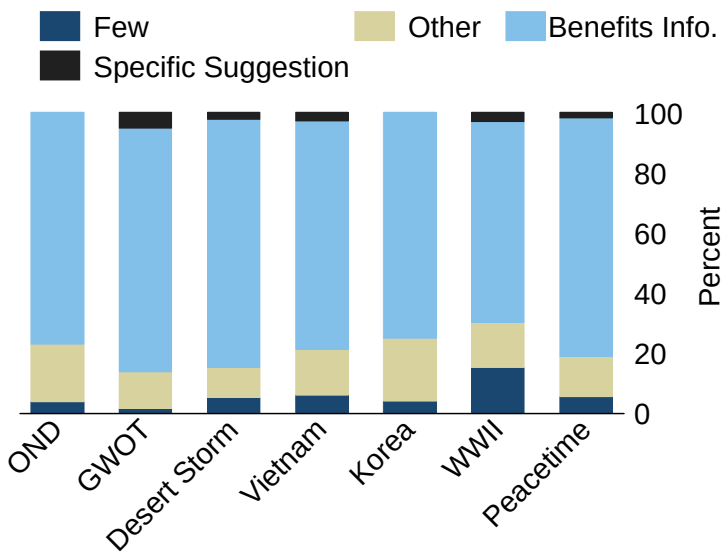
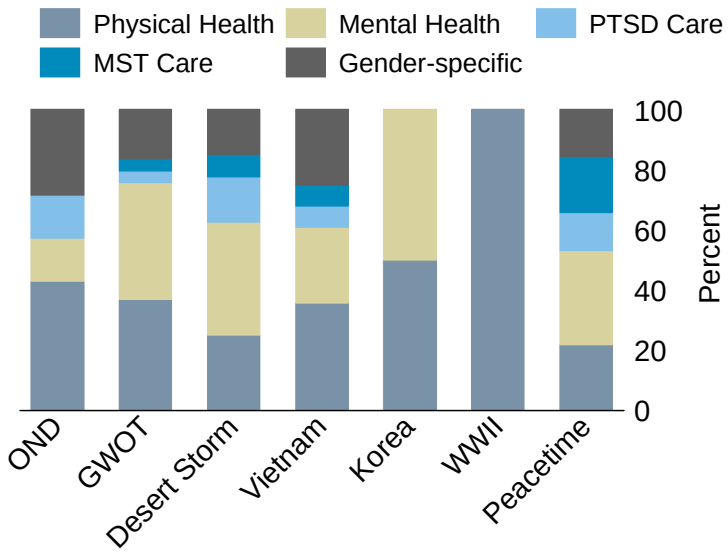
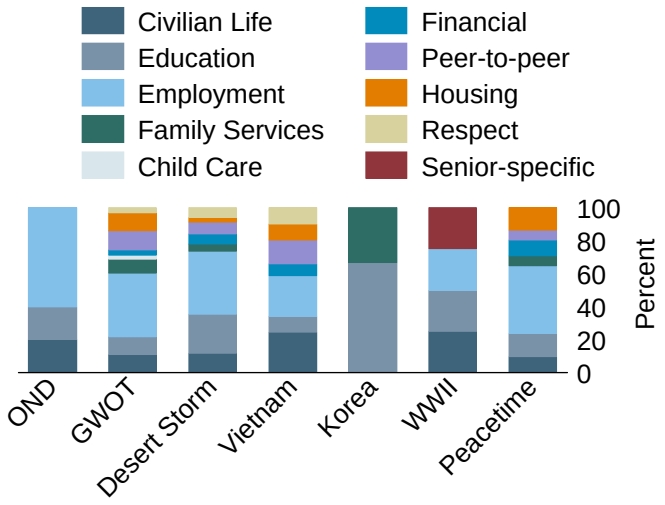


Figure 30. Healthcare Services Women Veterans Wish They Had at Transition



services existed for them at transition. This is consistent across eras. This general description obscures the differences in the needs expressed by women of different eras. Women from WWII and Korea did not have the Veterans Health Administration (VHA) services available to them in the same way women veterans from more recent conflicts do. Veterans from these more distant conflicts expressed the need for healthcare services that at the time they transitioned that simply were not there. Women veterans from more recent conflicts expressed the need for increased and different health services, but acknowledge some healthcare services exist. These needs are in tandem with their desire to have gender-specific healthcare needs met by the VHA.

Figure 31. Non-healthcare Services Women Veterans Wish They Had at Transition



Women veterans are also growing concerned about care for MST and PTSD. Women are involved in more aspects of the military. MST is more openly discussed today than it was even 25 years ago. This has raised awareness of these need and changed what women need as veterans. Women in our sample told us that they need help with PTSD and MST at time of transition. Congressional testimonies and several pieces in the literature identify these areas as growing issues for women in the military. All this tells us that a service plan for women veterans needs to include specific plans for PTSD and MST care (see Figure 30).

Women veterans from more recent conflicts are telling us they need help with employment and education. Women are leaving the military and seeking jobs that will support their families and fulfill their career ambitions. Women veterans often have difficulty translating their service experience into civilian jobs. Women in the 2011 Survey identified the need for employment assistance as the primary non-healthcare related need they had at transition (see Figure 31).

CONCLUSIONS

Women veterans need help with their benefits, both when they separate from the service and after they have become veterans. They need help finding a job and accessing education and training programs that will help them improve their job prospects. They need help adjusting to civilian attitudes and behaviors. Once they have been out of the service for a time, they need physical and mental health care. Moreover, this care needs to be tailored to the gender-specific needs of women veterans.

Women veterans' challenges are similar to men's. They primarily need employment and benefit help when they transition from the military. Several women included specific

suggestions that the Transitional Assistance Program (TAP) needs to be revised to better serve women veterans. This is a common refrain in the veteran community. Veterans need to know what services are available and how to access them. Veterans need assistance negotiating the maze of local, state and federal service providers.

The next chapter examines the service utilization patterns of women veterans, including what services they know about, what services they use, and what services they want. In the 2011 Survey, women veterans told us they need help with physical and mental health care. They need gender-specific services. They need MST and PTSD care. And they need help with employment and education. The next chapter will provide information on how women are meeting those needs with federal and state services.

Chapter 4. Service Utilization

The federal government and the State of California, including California Department of Veterans Affairs (CalVet), provide benefits and services to California's veterans and their families. On the local level, county and private non-profit organizations provide support and services for veterans, including some targeted to the specific needs of women.

Eligible veterans, including women veterans, access services when they know about and need them. The federal Department of Veterans Affairs (VA) and CalVet work to inform women veterans about available services. However, many women veterans still report being unaware of many services the federal government and California have available. This means that some women who need services are not receiving them because they do not know the services exist.

In this survey, we asked women if they knew about a broad array of state and federal services and benefits available to them. In many cases, a majority of women veterans were unaware of available services.

Some women know services exist, but because of an agency's reputation or a negative experience with an organization, the veteran chooses not to seek service from an agency. We heard from some women veterans who did not seek service because they did not know a service was available, women who sought service and had difficulties, and women who chose not to seek service because of an agency's reputation. The reason women veterans do not seek service from an agency has direct implications for improving the service delivery of that agency.

We wanted to know if women veterans understood the distinction between the roles and responsibilities of public and private entities. We found confusion among women veterans about which entities provide different services. This confusion is reflected in a number of the survey responses to questions about service utilization. Clarity amongst veterans on the role each agency plays may increase use.

KEY FINDINGS

- About half of all women veterans in California are unaware of at least some of the state benefits available to them.
- Claims representatives and unemployment insurance are the most frequently used state benefits.
- Most women veterans know about their federal benefits, although most women veterans do not use a majority of these services.
- Most women who access the Veterans Health Administration services find the services to be "good" or "excellent."

Overall, we found that women veterans are largely unaware of their state-based benefits. They are more aware of federal benefits, but for various reasons do not access many of them. Women veterans prefer personalized communication, such as in-person contacts and email, to get benefit information. Women who use veteran service organizations and county veteran service offices, as well as those who interact with CalVet at least once a year, are more likely to know about their benefits than women veterans who do not utilize these services.

This chapter provides our findings about utilization of state and federal benefits by women veterans. We first discuss state-level services, including CalVet and the Employment Development Department. Then we turn our attention to federal benefits. We look briefly at preferences for communication with women veterans. Finally, we look at local services.

CALVET AND STATE SERVICES

CalVet, a state agency, is separate from and has a different function than the federal VA. In addition to helping veterans obtain federal benefits, CalVet promotes and delivers specific state benefits to California veterans and their families. It provides low-interest financing to qualified veterans who are purchasing homes. It also operates six California Veterans Homes located throughout the state, which provide services to qualified aged or disabled veterans, including residential housing, rehabilitative and medical care and services. CalVet's Veterans Claim Representatives–located in Sacramento, Oakland, Los Angeles, and San Diego–provide counseling and referral services, as well as assistance in filling out claims for both federal and state benefits. However, they are primarily involved in the claims appeals process. CalVet uses County Veterans Service Offices (CVSOs) as its network for conducting outreach on benefits and initiating claims. It also maintains informal partnerships with private Veteran Service Organizations (VSOs) throughout the state that provide support to local veterans.

Using CalVet Benefits and Services

Along with CalVet, several other state departments offer benefits to veterans:

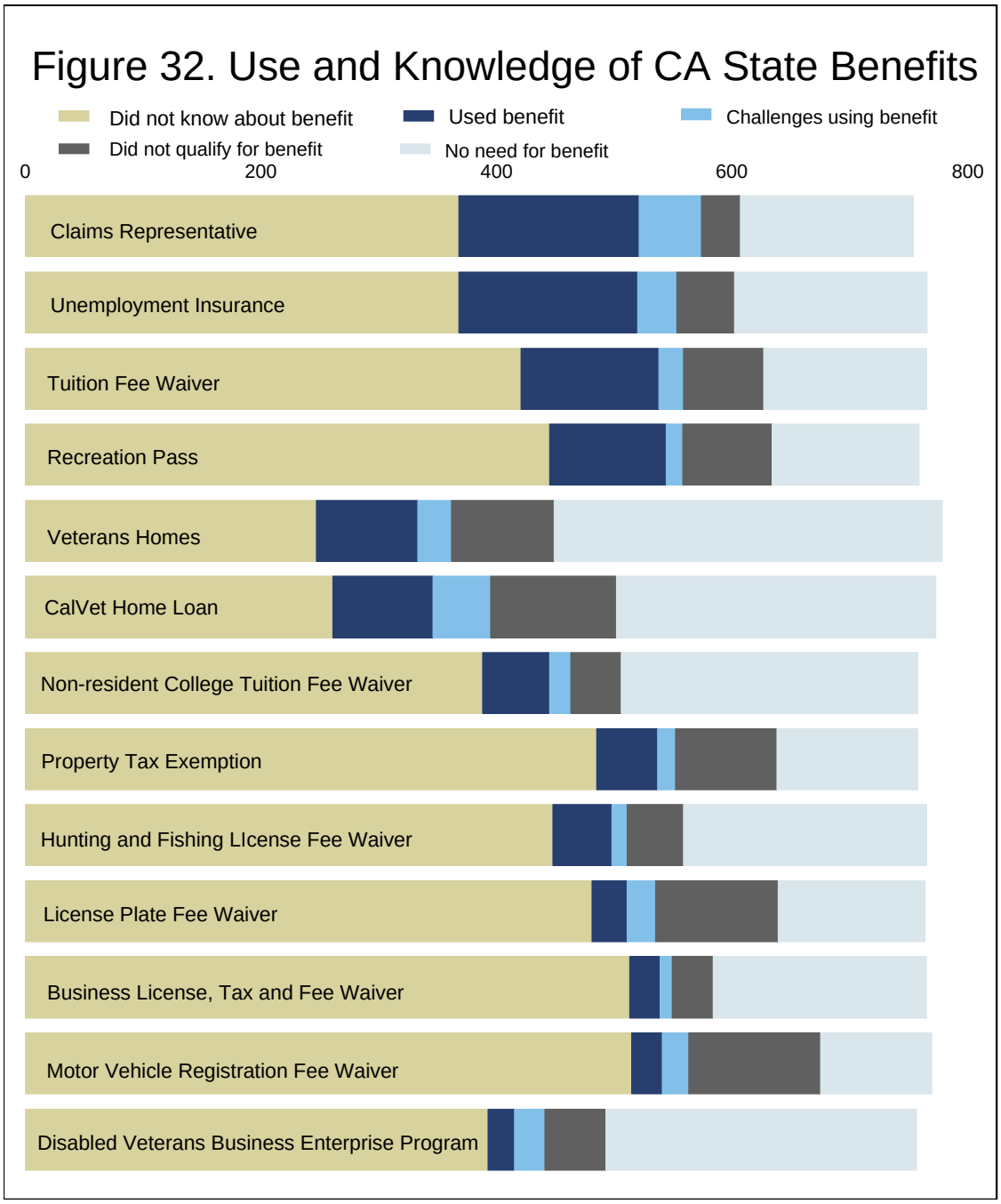
- Employment Development Department (EDD)
- Department of Mental Health
- Department of Parks and Recreation
- Department of Fish and Game
- State Personnel Board
- Department of Motor Vehicles
- Department of Rehabilitation
- California Community Colleges (CCC)
- California State University (CSU)
- University of California (UC)

California veteran benefits are subject to eligibility requirements. Most agencies require a specified disability rating or special circumstances. For example, the College Fee Waiver Program waives fees to the CCCs, CSUs, and UCs for a dependent child of a veteran, but

his or her parent must have a minimum disability rating. Additionally, a spouse may be eligible if the veteran spouse is deceased or 100 percent disabled. The CalVet website (www.calvet.ca.gov) describes the state benefits and the eligibility requirements for each benefit/service.

State of California Benefits and Services

Claims representatives were the most utilized benefit, with twenty percent of women veterans saying they accessed this benefit. Twenty percent of women veterans had also accessed unemployment insurance and employment assistance (we grouped these benefits into one category). However, close to half (48.6 percent) of the respondents



report that they did not know about either of these benefits. The remaining thirty percent of women reported they knew about the benefit, but either had challenges receiving it, did not think they qualified or did not need the benefit.

The most well-known benefits were CalVet's veterans' homes and CalVet's home loans. Two-thirds of California's women veterans report knowing about these services. However, only 11.1 percent of women reported using either of these services. About a third of women veterans (35.4 percent) said they did not use CalVet's home loan program because they did not need it. Over 40 percent of women veterans said they did not use CalVet's veterans' homes because they did not need that service.

More than half of all women veterans in California reported not knowing about either the property tax exemption or the disabled veterans' business enterprise benefit.

Figure 32 illustrates the number of respondents using a California state benefit and the number of respondents who did not know about a given benefit. On average about half of the women responding to questions about state benefits were unaware of the benefit. This ranged from a low of one-third who did not know about CalVet veterans' homes to seventy percent who did not know about the Disabled Veterans Business Enterprise Program. The difference in the overall length of the lines reflects the different number of respondents per category per question. On average, we had 760 responses to each question, with a range of 751 - 769.

On average, eight percent of respondents access a given benefit. This ranges from a low of 2.8 percent using the Disabled Veterans Business Enterprise Program to a high of 20.0 percent accessing a claims representative. Approximately half of all women veterans did not know about either of these services (51.9 percent and 49.8 percent, respectively). If we assume that women who do not know about a given benefit would utilize it proportionately to those who are currently aware, increased awareness could as much as double the needs for many services. This could mean as many as 40 percent of all women veterans would want to access a claims representative – creating a huge demand on this system.

Frequency of Interaction with CalVet

Less than half of respondents (399 of 784) reported that they interact with CalVet during the course of a year. In terms of frequency, 23.3 percent indicated that they interact approximately once per year; 16.3 percent interacted more than once per year, but less than once per month; and 9.4 percent reported that they interact once per month or more often.

The respondents who replied they "never" interact with CalVet were asked to explain why in the comments section. Based on 215 specific written comments, a primary reason is that women veterans are not aware of CalVet, the benefits and services it provides or how to access those resources. A smaller number of responses (59) indicate that some do not need assistance or services from CalVet.

Age, rank at discharge and length of service were not associated with differences in frequency of interaction with CalVet. Using a County Veterans Service Office (CVSO) did not increase the likelihood someone would interact with CalVet on a more regular basis. Interacting with a Veteran Service Organization (VSO) did increase the likelihood that a woman veteran would contact CalVet. Of respondents saying they used a VSO for assistance, 57.9 percent interacted with CalVet more than once a year.

Women veterans are not always aware of the differences between VSOs, CVSOs and CalVet. In the comment fields attached to the two questions on CVSOs and VSOs, it became clear to us that many women confused the two types of organizations. While we report the findings from the survey, we would caution against placing an overabundance of optimism that women veterans interacting with VSOs will utilize CalVet more often. More likely, this finding is complicated by some women veterans confusing VSOs with CVSOs. Our speculation is that interaction with either a VSO *or* CVSO increases to a small degree the probability a woman veteran will contact CalVet.

Women veterans who told us they currently need benefits information and assistance are less likely to interact with CalVet on a regular basis than women who do not list benefits as a need. Almost half of all women veterans (34 of 63 respondents) who say they currently need benefits information and assistance say they never interact with CalVet.

Interaction with CalVet does not necessarily mean a woman veteran has her benefits needs met. Of women interacting with CalVet at least once a month, 17.2 percent say they need benefits assistance and information. Table 16 provides information about women who both need benefits information and replied to the "interact with CalVet" question. Women who did not specifically mention needing benefits information and did not respond to the CalVet question are not included (721 respondents). We cannot assume that the non-respondents in this case are the same as the respondents.

Table 16. Participants Who Reported Their Level of CalVet Interaction and Reported Needing Benefits Information.

	Frequency of Interaction with CalVet				
	Never	Rarely	Sometimes	Often	**Total**
Need Benefits Information/Assistance	34	12	11	6	**63**

Veterans and the Employment Development Department (EDD)

Veterans receive the highest priority for a range of job-related training and resources through the state EDD. EDD provides staff that are knowledgeable about veterans' employment issues and services and specialists to help disabled veterans meet their unique needs. Services include veteran job and resource fairs presented in collaboration with other state agencies and priority on state job listings for veterans. EDD also administers a range of programs such as the Transition Assistance Program.

Over one-third of participants who responded to this question said that they have used the services available to veterans through EDD Workforce Services Offices and associated services such as One-Stop Career Centers. Among the 85 respondents who included comments about their specific experiences with EDD services, about one-third reported helpful and two-thirds reported negative experiences.

Of respondents who were currently unemployed, 140 of 352 respondents had used EDD services. Another 104 did not know about EDD services and 108 said they did not need EDD services. Amongst employed participants (full-time, part-time, and self-employed), 124 of 409 had used EDD services while another 120 did not know about the services EDD offers. The remaining 273 said they did not need EDD services. See Table 17.

Table 17. Employment Status and Use of EDD Services.

	Used EDD	Did not know about EDD	Did not need EDD	**Total**
Employed	124	120	165	**409**
Unemployed	140	104	108	**352**
Total	**264**	**222**	**273**	**761**

THE FEDERAL DEPARTMENT OF VETERANS AFFAIRS

The VA provides medical and non-healthcare benefits – direct cash payments and other forms of assistance – to veterans, their dependents and survivors. Women veterans are eligible for the same VA benefits as men. All veterans must apply and meet eligibility criteria, including specific requirements and timelines for different benefits.

Four VA Regional Office locations serve California's veteran population: San Diego, Los Angeles, Oakland, and Reno (which serves some northern California counties). Women Veterans Coordinators are assigned to each Regional Office to assist women veterans with their claims. They are also trained to assist in handling claims for gender-specific conditions and claims based on sexual trauma.

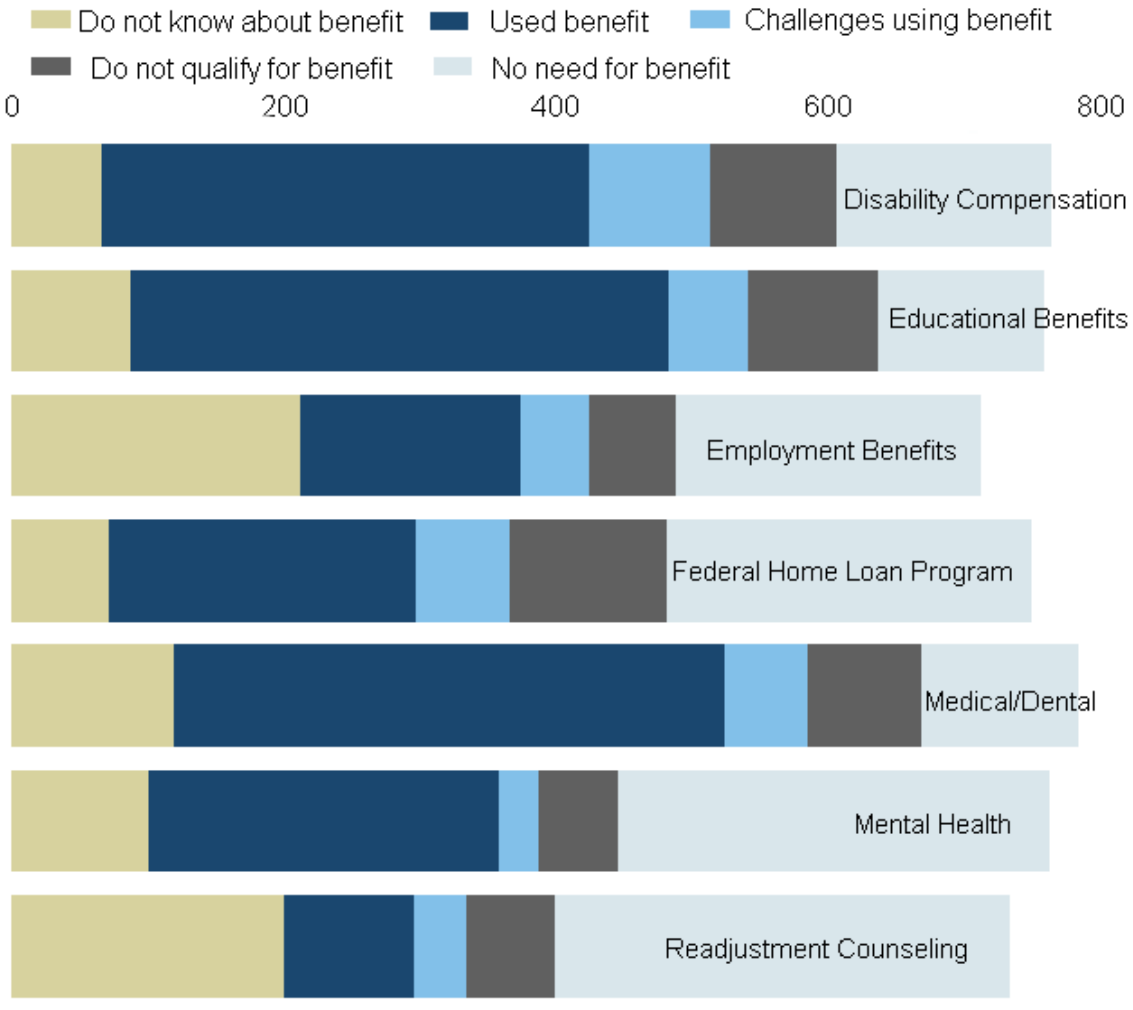
The VA also provides medical, surgical and rehabilitative care through two Veterans Integrated Service Networks (VISNs) within California. A VISN is an outpatient model of care, with a few large hospitals and a greater number of community-based outpatient clinics (CBOCs). Most veterans who use VA healthcare services receive routine medical care at a CBOC or at a clinic located inside a VA medical center. The VA also provides specialized clinics (e.g., drug and alcohol treatment, prosthetics devices) and pharmacies. A full-time Women Veterans Program Manager at each VA medical center assesses the needs of women veterans and assists in planning and delivering services and programs to meet those needs.

Using VA Benefits and Services

Women veterans were more familiar with federal services than they were with state services. More women veterans access federal services as well. More than half of respondents had accessed either educational (52.1 percent) or medical and dental (51.6 percent) benefits from the federal government. Of those who had not accessed these benefits, most knew about them. Fifteen percent reported not knowing about medical benefits and eleven percent report not knowing about educational benefits.

Of the other federal services we surveyed women about, disability compensation and pensions were frequently used (46.9 percent used these benefits) and about a third of respondents used federal mental health benefits. However, women were also less likely to know about these benefits. Twenty percent of women did not know about disability compensation and pension and more than forty percent (41.9 percent) did not know the federal government provided mental health services.

Figure 33. Use and Knowledge of Federal Benefits



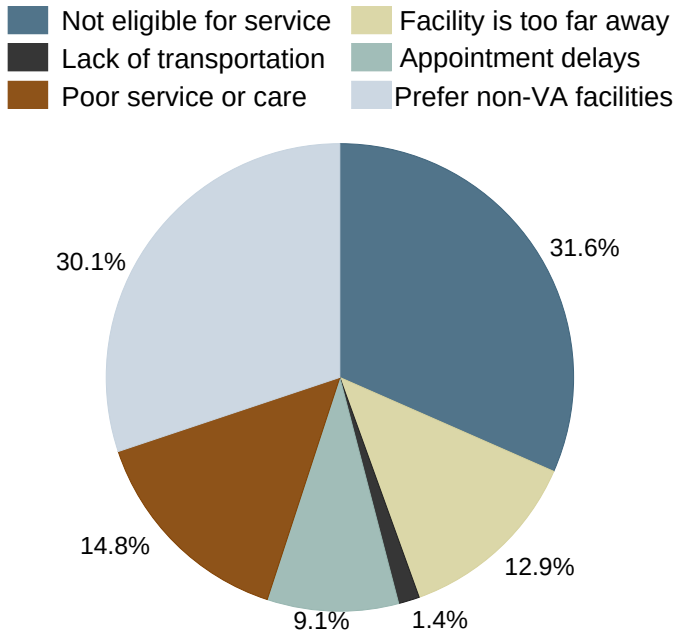
The lack of knowledge about these benefits, especially mental health services, could greatly impact service needs in the future. For example, if women who do not know about services access them at the same rate as their knowledgeable peers once they find out about a benefit, the VA could face a 42 percent increase in the demand for mental health services from women. While the VA has recently taken steps to increase the number of mental health clinicians, this increased demand from women would be a strain on this system.

Federal employment services and readjustment counseling were less well-known services. About two-thirds of women knew the federal government offered some type of employment services (574 of 736) but only 22.0 percent used these services. Almost half of all women veterans (334 of 733) did not know the federal government provided readjustment counseling. Only 95 of 733 of respondents availed themselves of this service. Figure 33 provides a breakdown of use and knowledge of federal services.

Interaction with CalVet is associated with a higher likelihood that a woman veteran knew about her federal benefits. On average, women interacting with CalVet at least once a year were 50 percent more likely to know about any federal benefit than women never interacting with CalVet. For example, 20 percent of women never interacting with CalVet reported they did not know about federal medical benefits. Only 13 percent of women interacting with CalVet at least once a year report not knowing about the same benefit. The results are most drastic with disability compensation and pension benefits. Over a third of women (37.8 percent) who never interact with CalVet report not knowing about these benefits. Only 3.3 percent of women who interact with CalVet at least once a year report not knowing about disability compensation and pension benefits.

Using and Rating the Veterans Health Administration (VHA)

Figure 34. Reasons for Not Using the VHA



Of the 770 respondents to this question, 582 (75.6 percent), have used the services of the VA hospitals or clinics. Among veterans reporting they used VHA services, 61.8 percent rated the VHA either "good" or "excellent." Only 8.4 percent rated the services as "poor."

In addition to the ratings, over 341 respondents offered comments about their experiences: 130 related positive experiences, 152 related negative experiences, and 60 shared specific ideas for improvement.

One-fourth of the survey respondents (209 women) said they have not used VA health services. Of those

responding, about a third (31.6 percent) have not utilized the VHA because they are not eligible for service and another 30.1 percent prefer to use non-VHA facilities. Of the remaining participants not using VHA services, 14.8 percent say it is because the VHA has a poor quality of care, 9.1 percent say it is because of appointment delays, and the remaining 14.4 percent say the nearest facility is too far or too difficult to get to. See Figure 34.

Respondents also added "other" reasons to the list above: the primary ones are that they do not need assistance, use a different health care system, or that they are unsure if they are eligible to use VA medical services. A small number state their reason for seeing services outside the VA is the need for alternative health care.

Accessing VA Services

Three-quarters of respondents live within 30 miles of the closest VA medical facility or CBOC. Fourteen percent live 30-60 miles away from the closest facility and five percent must travel over 60 miles. In addition, 5.9 percent of veterans do not know how far they live from the closest VA facility.

Distance is an imperfect measure of service accessibility. Depending on the mode of transportation a veteran has available to her, a VHA facility within ten miles may be easy or difficult to access. Approximately two percent of women veterans said they did not use VHA facilities because they did not have transportation and another 12 percent said their nearest facility was too far away. Of those saying they did not use the VHA because it was too far away, 11.1 percent lived within 10 miles and 40 percent lived within 30 miles of a VHA.

Given their means of transportation, over half of respondents (56.6 percent) consider the closest VA medical facility to be accessible. Another third of respondents (32.1 percent) consider their VHA to be "somewhat accessible." About eight percent of respondents did not know how accessible their VHA facility was. The degree of urbanization did not impact how accessible respondents rated their VHA facilities. While 90.8 percent of urbanites said their VHA was very or somewhat accessible, 87.9 percent of suburbanites and 86.7 percent of rural inhabitants said the same thing.

Communicating Federal Benefits

Respondents were asked to rate the usefulness of specific methods of communicating information to answer their questions about Federal VA benefits and access help. A total of 750 women rated at least one method. About 55 percent of all veterans found the Internet to be "very useful." The older a veteran was, the more likely she was to say the Internet was a useful source of information. Fully three-quarters of all women veterans said in-person communication was "very useful." The percentage of women veterans saying in-person communication was very useful was consistent across age groups. After in-person communication, women veterans found the Internet to be a useful source of information (see Table 18 for more information).

About half of women veterans found phone calls to be very useful and about 40 percent found print material to be very useful. Older women veterans were more likely to find both of these types of communication "very useful" than younger veterans.

Younger veterans were more likely to find Facebook, Twitter and other internet applications useful for getting benefits information than older veterans did. About 20 percent of veterans under 30 found Facebook and Twitter to be very useful applications while less than seven percent of older veterans rated these applications as very useful.

Table 18. Methods of Communication for Federal Benefits and Assistance.

	Not Useful	Somewhat Useful	Very Useful
Toll-free Phone Number	157	300	297
Email	111	248	379
Facebook, Twitter, Mobile Apps, etc.	344	222	125
Informational Website	68	265	397
Printed Material	102	279	356
In-Person Consultation	45	153	552

We conclude from this that the more personalized the communication, the more useful the veteran will find the source. In-person, phone, and email communication all scored highly on the usefulness scale for women across all age groups. Print materials, Facebook, and Twitter were less useful to a wide range of veterans.

LOCAL SERVICES FOR VETERANS

County Veterans Service Officers

CVSOs are government-funded agencies that assist veterans and their families obtain benefits. These agencies are located in 56 counties. In addition to the main offices, there are CVSO branch offices in 47 cities and towns throughout the state. Funded primarily by the county with some state funds and a small amount of federal dollars, CVSOs operate in partnership with the VA, CalVet and VSOs. Staff are trained and accredited by the VA and CalVet, with many also accredited through one or more of the national VSOs. The CVSO staff work with veterans to initiate and develop claims for benefits and provide a local source of information. They also provide their counties with information on VA benefits provided to veterans who have applied for the MediCal program or public assistance services.

Approximately 20 percent of respondents state that they have used a CVSO for assistance or resources. Among those who provided comments about their experiences, over 90 respondents reported "very helpful" or other positive interactions; 66 respondents reported negative encounters, with many attributed to inadequate staff to respond to the increasing number of veterans seeking help.

Among respondents who have not accessed a CVSO and explained their reason, 72 indicated that they did not need the services and eight were not able to access their nearest CVSO, generally due to distance and having to work during office hours. The vast majority of respondents—close to 200—reported that they were not aware of the CVSO and/or the services it provides.

Veterans Service Organizations

Private, nonprofit VSOs provide help with benefits and a range of services to veterans and their families. These include substance abuse treatment, transitional and supportive housing, and legal services. These service organizations are increasingly targeting services to meet the needs of women veterans. The programs and services provided by these organizations are funded through a patchwork of government contracts, grants and fundraising.

Some VSOs include national membership organizations that are federally chartered, which means they are recognized or approved by the VA Secretary to serve as designated representatives to veterans who appoint these organizations to act on their behalf in obtaining benefits. These VSOs include the American Legion, Disabled Veterans of America (DVA), American Veterans (AMVET), Iraq and Afghanistan Veterans of America (IAVA), Veterans of Foreign Wars (VFW) and the Military Order of the Purple Heart.

Some VSOs provide services in specific counties; others serve a region of the state, or operate statewide. One example is Swords to Plowshares, which provides counseling and case management, employment and training, housing, and legal assistance to homeless and low-income veterans in the San Francisco Bay Area and other parts of the state. Swords to Plowshares has a Women Veterans Services component staffed by a Women Veterans Outreach Coordinator who works with women who have served in all eras.

Utilization of VSOs is similar to that of CVSOs. Forty percent of respondents state that they have used a VSO for assistance or services. Among those who provided comments about their experiences, 55 reported helpful and other positive interactions, and 36 reported negative encounters, with a few indicating that they did not feel welcome as women veterans. Among those who explained their reason, 16 were not able to access a VSO, 83 did not need services; and most – about 160 – were not aware of VSOs or the services provided.

A caveat: A larger number of respondents (about 60) state that they use a VSO as a source of information than the number that indicate that they have utilized a CVSO. This likely can be contributed in part to confusion among entities. However, it may indicate other unknown issues that impact the accuracy of the responses to this question.

WOMEN VETERANS AND SERVICE UTILIZATION PATTERNS

In general, about half of women veterans who know about a service will use it at some point. This varies by service,with specialized services such as the Disabled Veterans

Business Enterprise being utilized less than federal disability pensions. However, for most services, about half of women veterans will use them if they know about them.

Women veterans told us that they need more information about benefits in the needs section of this survey. When we asked them about specific benefits, it became clear that many women veterans were unaware of the broad range of benefits and services available to them. While approximately half to two-thirds of women veterans knew about any one federal service, less than half of women veterans were aware of most state services.

This lack of awareness has several implications. If current utilization patterns are any indication of how women veterans will access services once they find out about them, service agencies need to be prepared for an increase in demand for services if they increase outreach to women veterans.

Chapter 5. Conclusions and the Future of the Women Veterans Survey

Information about the needs of women veterans is critical for making decisions about services and public policy. For too long, women veterans' needs have been lumped in with those of male veterans. While women veterans face some of the same issues as men do, they have unique needs as well. Failure to address the specific concerns of women veterans disadvantages those who have served our country.

The federal Department of Veterans Affairs (VA) and the California Department of Veterans Affairs (CalVet) as well as the California Commission on the Status of Women has placed a spotlight on women veterans' needs in the past few years. Gathering information about this heretofore understudied group is a key step in ensuring adequate services and developing policies that recognize the needs of women veterans. This survey is the first time women veterans have been asked, "What do you need?" They told us, and we need to listen.

Information about women veterans' needs, specifically information about what they want in terms of services from CalVet and the VA, can help shape decisions within these organizations. Rather than base decisions on projected demographic trends or current utilization patterns, CalVet, the VA and other veterans organizations should consider the voices of women who took part in this survey when planning future support services. In combination with demographic trends, the needs identified here should help shape the services are provided and what policies are made regarding the needs of women veterans.

USING DATA TO IMPROVE SERVICES AND MAKE BETTER PUBLIC POLICY

"One challenge [the] VA faces in meeting the ongoing and emerging needs of women Veterans is the lack of sufficient and actionable data used to deliver quality benefits and services."[3] Clearly, the VA has a desire to know what women veterans need. It has held hearings, conducted inquiries into sociodemographic trends, and sponsored studies on various health and mental health needs of women veterans.

These efforts are beginning to produce results. A growing body of literature illuminates some of the special needs women veterans face. For example, women veterans experience military sexual trauma (MST) at rates far greater than men do. The counseling needs for women veterans with MST require special clinicians, clinical set-ups, and consideration by the VA and CalVet. Also, women veterans experience reintegration into civilian society differently than men do. It is becoming clear that a "one size fits all" transition program may no longer be appropriate.

Knowing what some of the differences are between men and women veterans can shape policy decisions in a positive way. When policy makers are aware of what women veterans need, they can use this information to craft better policies that serve all veterans appropriately. Policy makers can also use performance data to gauge how well current services are working and make the necessary adjustments to better serve all our veterans.

The VA established a goal in 2012 to "use data to evaluate services to address women Veterans' needs."[3] Included in this goal are two objectives: to evaluate the needs and measure the success of women Veterans programs, services and benefits by the end of FY2012, and to evalute the needs and satisfaction of Women Veteran programs, services and benefits by the end of FY2013.[3] The VA intends to use this evaluation information to enhance services for women veterans and improve its overall performance.

Policy makers in California have the opportunity to act on similar data more than a year before the federal VA does. This survey provides key insights into women veterans' satisfaction with services, information about their knowledge of services and information on their past and current needs.

WHAT WOMEN VETERANS NEED AND WANT

Women veterans have the potential to access a wide range of benefits at the federal and state levels. However, many are not taking advantage of these benefits, in large part because they do not know about them. This is especially true for state benefits. In most cases, more than half of all women respondents reported being unaware of specific state benefits.

Women veterans tell us they want to know about their benefits. When asked about what they wanted at the time of separation, over 50 percent of all comments involved the need for more benefits information. Currently, CalVet has a guidebook, the *California Veterans' Resource Book*, which contains a wealth of information about benefits for veterans. In addition, CalVet maintains a website with information about benefits specifically for women veterans (www.calvet.ca.gov/Resources/Women/aspx). It is not that information on benefits is absent; rather, it is not being fully accessed and utilized. Working with women veterans to identify the most useful way to get information to them about benefits could greatly improve their lives.

Women veterans are also telling us they need health and mental health care. The VA, through the Veterans Health Administration (VHA), provides healthcare to many qualified veterans. However, there is some confusion about who qualifies for this service. In the 2011 Survey, 11 percent of respondents (89 women) said they did not think they qualified for this benefit. Another 15 percent (118) did not know about it. Statistics about federal mental healthcare are about the same. Outreach to women veterans regarding federal healthcare services could address this need.

> *Our stories must be heard.*
>
> ~ Woman Veteran, 2011 Survey

Along with healthcare, women veterans are telling us they want their gender-specific needs addressed. Most of the time, this meant the respondent had gender-specific needs in the areas of physical or mental healthcare. Women stated it was important for them to get basic gynecological and obstetric care, have the ability to see a woman clinician, and to feel safe in a treatment environment. In addition to health-related gender needs,

women veterans identified the need for women-only emergency housing and domestic violence help.

Women veterans also want to be heard. More than two-thirds of the 2011 Survey participants offered written comments at the end of the survey. Women veterans are seeking a forum for their voice to be heard. As one woman replied in the survey, "Our stories must be heard," and another put it, "I need to be heard, no one is listening."

Women veterans were willing to share their information and experience through the 2011 Survey. They have stated what they need and what they want. The next step is to make good policy and decisions based on this information.

IMPLICATIONS OF FULLY INFORMING WOMEN VETERANS ABOUT BENEFITS

The women veterans surveyed asked to be informed about their benefits. CalVet and the VA face a capacity issue if women veterans who have not known about their benefits begin to use them at the same rate as women veterans who are fully informed of the benefits. There may be a significant increase in the demand for services. For example, of 759 respondents, 416 did not know about the College Tuition Fee Waiver benefit in California. Of the remaining 343 women who did know about the benefit, 117 used it. If the 416 women who found out about the benefit used it at the same rate as the 343 women who already knew about it did, 142 more women would be using that benefit – a more than 50 percent increase among survey respondents.

CalVet and the VA also face policy decisions around women-specific healthcare. Currently, much of women-specific care is provided through fee-based services.[3] Women veterans are seeking out primary care services such as annual gynecological exams and having to pay an extra fee for the service where men get most annual exams for free through the VHA.[3] This means women veterans are being disproportionately impacted by the fee-for-service program. Decisions about service availability and equity are arising out of these findings.

FUTURE ITERATIONS OF THE WOMEN VETERANS SURVEY

This survey, and future iterations, can provide decision makers with important information about the needs of women veterans and about how the VA and CalVet are meeting those needs. This iteration establishes a baseline for needs of women veterans. We suspect that as U.S. forces in the Middle East draw down and the women veteran population increases, needs will change.

CalVet and the VA are making strides toward addressing the needs of women veterans. Currently, most women veterans who use the VHA report being happy with its services. The same is true for services from County Veteran Service Officers. The survey results may be used as a baseline to track how women veterans feel about the service they receive, what they think serves them well and what they think needs improvement.

This survey also provides women veterans a place to have their voices heard. Women veterans want to provide CalVet and the VA feedback about their experiences. This survey provides that forum.

Institutionalizing this survey on a two- or three-year cycle would provide a means to measure women veterans' needs and service experiences.

IMPROVING OUTCOMES FOR FUTURE WOMEN VETERANS SURVEYS

The CRB and CalVet used snowball sampling in this survey as a technique to inexpensively increase sample size. We tried to seed the initial sample in a way that would enable us to obtain a representative sample of women veterans at the end of the survey (see Chapter 1 for more details on snowball sampling). Future iterations could be aided by a few simple, and cost effective, techniques.

Increasing outreach to women veterans through organizations and through the media could greatly increase the sample size. Paying for a research assistant to go to veteran events and recruit participants would improve participation. Increasing outreach through media, such as sponsoring a public service announcement or printing up post cards with the survey website and CalVet information to hand out to women at various points of service could also increase participation. These are simple and inexpensive ways to drive up participation rates, and help create a representative and powerful sample.

WHAT'S NEXT

California faces a unique set of challenges with its women veterans. Women veterans are over-represented in California. California is more diverse than most states in terms of geography, population density, population, and services available. CalVet's goal is to understand the needs of women in various counties, as well as in relation to VA and state services. Reaching a better understanding of the needs of California's women veterans is critical for creating better policy and making better decisions about services for servicewomen.

The CRB sees value in continuing to reach out to women who served in order to better serve them. This survey provides women veterans a forum to voice their needs in a way that can be readily accessed and used by policy makers. The CRB believes this survey should be continued on a regular basis. Further, its findings should be used to guide policy and future strategies for meeting the needs of women veterans.

Appendix A: Survey

Thank you for helping us understand the current needs of women veterans in California. These questions will help us learn more about you, your military background, your health status, and your use of state and federal veteran services. **You do not have to provide any identifying information if you do not wish to do so.** If you do provide identifying information, please be assured that the responses you provide on this questionnaire **will be kept confidential** and your answers will not be reported by themselves. The questionnaire consists of 42 questions which should take no longer than 15 minutes to complete.

First we are going to ask you a few questions about your military service history to gain a better understanding of how your service needs compare to women of similar military backgrounds.

1. How do you describe your military status? (Please check all that apply)

   ☐ I am an active service member
   ☐ I am a veteran
   ☐ I am a reservist
   ☐ Other (please specify) _____

2. What branch of service did/do you serve in? (Please check all that apply)

Branch	Active	Reserve
Air Force	☐	☐
Army	☐	☐
Coast Guard	☐	☐
Marine Corps	☐	☐
National Guard	☐	☐
Navy	☐	☐

3. How long did you serve/have you served in the military? (Please check one)

   ☐ Less than 2 years
   ☐ 2-4 years
   ☐ 4-6 years
   ☐ 6-10 years
   ☐ Over 10 years

Veterans from different military conflicts/eras have different needs. To try to get an understanding of how to focus state services for different women veteran groups, we are asking you to select which conflicts/eras you served in. We realize not all these conflicts/eras have clear timelines between them and the service of many veterans likely crossed these categories. Please check all that apply.

4. What time period(s) did you serve in the military? (Please check all that apply)

   ☐ Operation New Dawn (OND)
   ☐ Global War on Terrorism (OIF/OEF)
   ☐ Desert Storm/Shield
   ☐ Vietnam War
   ☐ Korean War
   ☐ WWII
   ☐ Peacetime – any other time not identified above

5. What was your rank upon separation?

   _____

6. What was your occupational specialty/job classification upon separation?

   _____

Now we would like to ask a few questions about your life status so we can compare your service needs to other women in similar situations.

7. What is your age?

   ☐ 18-25
   ☐ 26-30
   ☐ 31-40
   ☐ 41-50
   ☐ 51-60
   ☐ 61-70
   ☐ Over 71

8. What is your marital status?

   ☐ Single
   ☐ Married
   ☐ Divorced
   ☐ Separated
   ☐ Widowed
   ☐ Domestic Partnership

9. Have you ever had a veteran spouse/partner?

   ☐ I currently am with a veteran
   ☐ I currently am not with a veteran but I previously had a veteran spouse/partner
   ☐ I have never had a veteran spouse/partner

10. How many children under 18 do you have living at home?

    _____

11. What is your highest level of education?

    ☐ High School/GED
    ☐ Trade School
    ☐ Associate's Degree
    ☐ Bachelor's Degree
    ☐ Master's Degree or Higher

12. What county do you live in?

    _____

13. How would you describe where you live?

    ☐ Urban
    ☐ Suburban
    ☐ Rural

The California Department of Veterans Affairs (CALVET) is the primary agency responsible for identifying veteran needs and administering veteran services in California. However, many other state agencies, such as the Department of Motor Vehicles and Department of Fish and Game, cooperate with CALVET to provide benefits to California veterans. Now we would like to ask you some questions about the services you have received from the State of California since you separated from service.

14. When you separated from service, did you separate to a California residence?

    ☐ Yes
    ☐ No

15. Did you give permission for your discharge papers (Form DD 214) to be sent to California Department of Veterans Affairs (CALVET)?

    ☐ I don't remember
    ☐ Yes
    ☐ No

16. How often do you interact with the CALVET?

    ☐ Never (please explain why in comments below)
    ☐ Rarely (once per year)
    ☐ Sometimes (more than once per year, but less than once per month)
    ☐ Often (once per month or more often)

    Comments:_____

    _____

    _____

    _____

    _____

    _____

    _____

    _____

17. The State of California provides a variety of services and benefits for veterans. For the following State of California veterans benefits, please mark whether you have used each one and, if no, why not? Also, please give us comments that would help give further information on challenges you faced in receiving these benefits.

State of California Service or Benefit	I have used this benefit	I did not know about this benefit	I knew about this benefit but had challenges in receiving it	I knew about this benefit but I did not think I qualified for it	I knew about this benefit but I did not need to use it
Business License, Tax and Fee Waiver	☐	☐	☐	☐	☐
CALVET Farm and Home Loans	☐	☐	☐	☐	☐
Claims Representative	☐	☐	☐	☐	☐
College Non-Resident Fee Waiver	☐	☐	☐	☐	☐
Disabled Veterans Business Enterprise	☐	☐	☐	☐	☐
Employment and Unemployment Insurance Assistance	☐	☐	☐	☐	☐
Fishing and Hunting License Fee Waivers	☐	☐	☐	☐	☐
License Plates Fee Waiver	☐	☐	☐	☐	☐
Property Tax Exemption	☐	☐	☐	☐	☐
State Parks and Recreation Pass	☐	☐	☐	☐	☐
Tuition Fee Waiver	☐	☐	☐	☐	☐
Veterans Homes	☐	☐	☐	☐	☐
Waiver of Motor Vehicle Registration Fees	☐	☐	☐	☐	☐

Comments:_____

_____

_____

_____

_____

_____

_____

The Federal Government also provides benefits and services for veterans – mostly through the U.S. Department of Veterans Affairs (VA). We would like to ask you a couple questions about benefits you have received or applied for from the Federal Government. Also, please give us comments that would help give further information on challenges you faced in receiving these benefits.

18. For the following Federal VA benefits, please mark whether you have received or claimed each one and, if not, why?

Federal VA Service or Benefit	I have used this benefit	I did not know about this benefit	I knew about this benefit but had challenges in receiving it	I knew about this benefit but I did not think I qualified for it	I knew about this benefit but I did not need to use it
Disability (Compensation or Pension)	☐	☐	☐	☐	☐
Educational or Vocational	☐	☐	☐	☐	☐
Employment Services	☐	☐	☐	☐	☐
Home Loan	☐	☐	☐	☐	☐
Medical or Dental	☐	☐	☐	☐	☐
Mental Health Services	☐	☐	☐	☐	☐
Readjustment Counseling (Vet Center)	☐	☐	☐	☐	☐
Other (Please specify below)	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

Comments:_____

_____

_____

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_____

Veterans get information about benefits in many different ways from many different organizations. The following two questions are meant to help us identify the most effective way to keep California veterans informed of their benefits.

19. When you have a question about your Federal VA benefits, what way(s) would you most prefer to access answers and help? Please rate the following means of communicating this information using the following scale:

Means of Communication	**Not Useful**	**Somewhat Useful**	**Very Useful**
Toll-free Telephone Number	☐	☐	☐
Email	☐	☐	☐
Facebook, Twitter, Mobile Apps, etc.	☐	☐	☐
Informational Website	☐	☐	☐
Printed Materials/Claim Forms mailed to you	☐	☐	☐
In-Person Consultation (for example, talking to someone at the CALVET or other veteran service organizations)	☐	☐	☐

Comments:_____

_____

_____

_____

_____

_____

20. Which of the following organizations do you depend on to keep you informed of your benefits and eligibility? Please check all that apply.

☐ Permanent VA local assistance center
☐ Periodic mobile service
☐ Veteran service organization
☐ County veteran service office
☐ Employment Development Department
☐ Other _____

21. Have you used your county veterans service office for assistance/resources?

- ☐ Yes (please comment on your experience below)
- ☐ No (Please explain your reasons below)

Comments:_____

_____

_____

22. Have you used community veteran service organizations for assistance/resources?

- ☐ Yes (please comment on your experience below)
- ☐ No (Please explain your reasons below)

Comments:_____

_____

_____

Now we would like to ask you a few questions on your employment and housing situation since being discharged from the military.

23. Are you currently employed? (Please check all that apply)

- ☐ Yes – Full-time
- ☐ Yes – Part-time
- ☐ Yes – Self-Employed
- ☐ No – Unemployed

If you had any difficulties locating employment post discharge, please explain:

_____

_____

_____

_____

24. Have you used State Employment Development Department services available to veterans through EDD Workforce Services Offices and One-Stop Career Centers?

- ☐ Yes
- ☐ No – Do not know about services
- ☐ No – Do not need assistance

Comments:_____

_____

_____

25. Since your separation, have you had problems with housing?

- ☐ No
- ☐ Yes, but never homeless
- ☐ Yes – Homeless for a period but currently have a home
- ☐ Yes – Currently homeless

If you have experienced housing difficulties, please share your experiences:

_____

_____

_____

Many veterans experience challenges because of medical conditions associated with their time of service. The following questions relate to your general health, medical history, and whether any of your current medical needs are service-related. As with all your answers, the responses to these questions will be kept confidential.

26. Using the following scale, please rate your current general health status:

- ☐ 1 – Very Poor (bottom 20%)
- ☐ 2 – Somewhat Poor (bottom 20%-40%)
- ☐ 3 – Average (middle 20%)
- ☐ 4 – Good (top 20%-40%)
- ☐ 5 – Excellent (top 20%)

27. Do you currently have a disability rating from the VA? If so, what is that disability rating (e.g. 10%)?

☐ I have a service-related disability but have not yet filed for a disability rating from the VA
☐ I have a service-related disability and have filed a claim with the VA but have not received my disability rating yet
☐ I have received a disability rating from the VA of _____%
☐ I do not have a service-related disability

28. While serving in the military, did you experience problems or trauma related to your assigned duties?

☐ Yes – Noncombat-related
☐ Yes – Combat-related
☐ No

Please explain:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

29. For the following list of medical conditions, please check which ones currently impact your health status and which are service-related.

Medical Conditions	**Currently Affecting My Health Status**	**Service Related**
Amputations	☐	☐
Head injuries	☐	☐
Musculoskeletal disorders	☐	☐
Adjusting to physical limitations	☐	☐
Cardiac issues	☐	☐
Diabetes	☐	☐
Lung problems	☐	☐
Urological problems	☐	☐
Gynecological problems	☐	☐
Sleep disorders	☐	☐
Anxiety	☐	☐
Depression	☐	☐
Sexual Assault/Military Sexual Trauma	☐	☐
Post Traumatic Stress Disorder (PTSD)	☐	☐
Stressors of single parenting	☐	☐
Guilt for leaving family for deployment	☐	☐
Substance abuse	☐	☐
Other (Please specify below)	☐	☐
	☐	☐
	☐	☐
	☐	☐

Comments:_____

_____

_____

_____

_____

_____

_____

_____

_____

We know from numerous studies that many women veterans have experienced sexual assault both prior to service and during their service. We also know from prior studies that women veterans face challenges getting the services they need after experiencing a sexual assault. The following series of questions will help us understand the needs of women veterans who have experienced military sexual assault and/or trauma.

30. While serving in the military, did you experience sexual harassment?

    ☐ Yes
    ☐ No

    Comments:_____

    _____

    _____

31. While serving in the military, did you experience any sexual assault or trauma?

    ☐ Yes
    ☐ No (Please skip to question 34)

    Comments:_____

    _____

    _____

32. If you sought treatment for this trauma, how long after the first incident did you seek treatment and where?

    How long after? _____ Where: _____

33. Did you feel you received the services you needed?

    ☐ Yes
    ☐ No (Please explain below)

    Comments:_____

    _____

34. Prior to joining the military, did you experience emotional or physical neglect or abuse, or sexual assault/abuse?

☐ Yes
☐ No

Comments:_____

_____

_____

The VA has medical facilities throughout California to care for veterans' health. The following questions seek to understand your utilization and views on VA facilities.

35. If you have ever used the services of the Veterans Administration (VA) hospitals or clinics, please rate (in general) your experience of the services you received.

☐ I have never used the services of the VA hospitals or clinics
☐ 1 - Poor
☐ 2 - Fair
☐ 3 - Average
☐ 4 - Good
☐ 5 - Excellent

Please explain the reason for your rating and specify what the VA could do to improve the experience:

_____

_____

_____

_____

_____

_____

36. If you have never sought medical services at a VA facility, which of the following statements best describes why not?

- ☐ Not eligible for service
- ☐ Facility is too far from residence
- ☐ Lack of transportation
- ☐ Appointment/scheduling delays
- ☐ Poor service or quality of care
- ☐ Prefer to use non-VA facility
- ☐ Other (Please explain below)

_____

37. Which of the following best describes your health care status? (Check all that apply)

- ☐ I am currently enrolled in the VA Healthcare System
- ☐ I have private health care insurance through an employer or spouse
- ☐ I am enrolled in Medicare or Medi-Cal
- ☐ I do not have health care insurance and I am not enrolled in the VA

38. How far do you live from the closest VA medical facility or community based outpatient clinic (CBOC)?

- ☐ Under 10 miles
- ☐ 10-30 miles
- ☐ 30-60 miles
- ☐ Over 60 miles
- ☐ I don't know

39. Given your means of transportation, would you consider the closest VA medical facility to be:

- ☐ Very Accessible
- ☐ Somewhat Accessible
- ☐ Not Accessible
- ☐ I don't know how accessible it is

The final few questions focus on your service needs as a woman veteran, and how we can better serve these needs.

40. What challenges have you had making the transition from active duty?

_____

_____

_____

_____

_____

41. What information or services do you wish you had available to you when you separated/transitioned from active duty?

_____

_____

_____

_____

_____

42. What services do you need? What services or benefits should be provided to address the needs of women veterans?

_____

_____

_____

_____

_____

2011 Women Veteran Survey Questionnaire

OPTIONAL: PLEASE PROVIDE YOUR CONTACT INFORMATION SO WE MAY FOLLOW UP WITH YOU IF WE HAVE ANY QUESTIONS ABOUT YOUR RESPONSES OR IF YOU WOULD LIKE TO RECEIVE INFORMATION FROM CALVET REGARDING SERVICES FOR WOMEN VETERANS IN CALIFORNIA. YOUR INFORMATION WILL ONLY BE USED FOR THE PURPOSES YOU ALLOW BY CHECKING THE BOXES BELOW.

NAME:

PHONE NUMBER:

E-MAIL ADDRESS:

MAILING ADDRESS:

☐ YES, YOU MAY CONTACT ME IF YOU HAVE QUESTIONS ABOUT MY RESPONSES

☐ YES, I AM INTERESTED IN RECEIVING INFORMATION FROM CALVET ABOUT SERVICES FOR WOMEN VETERANS IN CALIFORNIA

THANK YOU FOR YOUR TIME!

PLEASE RETURN THIS QUESTIONNAIRE TO THE CRB VIA FAX OR MAIL:

FAX: (916) 654-5829

MAIL: CRB, P.O. BOX 942837, SACRAMENTO, CA 94237-0001

California Research Bureau ◆ 900 N Street, Suite 300 ◆ Sacramento, CA 95814 ◆ (916) 653-7843 ◆
http://www.library.ca.gov/crb

Appendix B: Scripting Tool

CODING GUIDE FOR WOMEN VETERANS 2011 SURVEY

Open Ended Questions 41-43

Please use the following guide to code the open-ended responses for questions 41-43 of the survey. Responses may have more than one code.

0 = ***No Response***

This code is reserved for items with no entry in the field.

1 = ***Other***

This category is a "category of last resort." When an item does not fit anywhere else or contains "not applicable" or "does not apply" it is classified as "other."

Examples: "Single disabled adult issues of shelter housing; advocacy with disability needs."

"I need to be heard, no one is listening, no one is doing anything, and it has been two years since I applied." (Also coded as *Benefits*)

2 = ***Benefits Information/Outreach/Assistance***

These items deal with accessing, finding out about, the need to know about, or the desire for outreach about benefits. Items will reference locating benefits, information about benefits, eligibility for benefits, needs for benefits, accessing information about benefits, knowledge of benefits and knowing where to go/where to start to find out about benefits.

Examples: "I got out of the service in Germany and when I returned I had no idea where to start. I didn't really know about the CA VA."

"I don't know because I am not sure what benefits are available."

3 = ***Civilian Life***

These items relate to the adjustment to civilian life. The item will either specifically refer to adjusting to civilian life, dealing with civilian assumptions about veterans, lack of structure in civilian life or very similar statements.

Example: "I have had a hard time making choices. Being thrown into a life where the hardest choice I had was ramen or chow hall means to being back in the real world with seemingly endless choices was a shock to my system."

4 = ***Education and Training***

Items in this category relate to the need for, the acquisition of, or the desire for education and training. Education and training includes 2-, 4- year and graduate education, certificate programs, and continuing education. Training and education may be offered by a college, university, trade school, EDD, or other entity. Key terms include: education, student, schooling, training, acquiring skills/skill set and re-training.

Examples: "I also need to use my GI Bill"

"Need more college/GI benefits."

5 = ***Employment***

Items in this category relate to employment, the need for employment, or employment concerns. Key terms include: jobs, employment, hiring, job market and employ.

Examples: "I had a hard time finding a job after my first period of active duty, and was only able to find part time work. (1972)"

"An employment agency geared toward veterans."

"Employment assistance, places to go for information that has more than pamphlets."

6 = ***Family Issues/Support/Services***

These items reference need for support or services or specific issues pertaining to family relationships. Most items will refer to the psychological and sociological components of family relationships. Key terms include: domestic violence, family, marriage, boyfriend, girlfriend, parent, child, divorce, pregnant (not health related), adjustment to family life, support of aging parents, separation and divorce.

**Child care issues are coded as *Child Care*.

**Alimony is coded as *Financial Concerns*.

Example: "Caretaker for parents."

7 = ***Child Care***

These items refer to the need for physical child care not child support. Items specifically reference child care.

Example: "I think child care is the biggest need for women on active duty and those who transition from it."

8 = ***Financial Concerns***

These items include financial concerns. Key terms include: child support, alimony, making enough money, pay, not making enough money, using benefits to pay bills, salary, temporary assistance with bills, loans, using unemployment insurance, rent, needing benefits to help pay for items and money for school.

Examples: "Finding a job that pays enough money."

"I need help with rent."

9 = ***Peer-to-Peer Support***

These items pertain to comments about the need for support from peers or support from other female veterans. These items discuss "horizontal" support between individuals, not formal services. Key terms include: peer, peer support, female vet support, other women experiencing the same thing or peers or female vets in the same situation.

**Formal services are coded as *Gender Specific Services* not peer-to-peer support.

Examples: "veteran peer advocates"

"More talking groups"

"a peer group to talk to about separating and how to deal with it as women."

10 = ***Gender specific Services***

These items refer to services provided to women and female veterans. They include professional services targeted toward women, counseling services for women, women's healthcare and women-specific care (e.g., PAP/GYN exam). Also included in the category are items that specifically mention or call out gender.

These are "vertical" services – provider to vet not peer-to-peer.

Examples: "Also, more information to women veterans that they can get regular gynecological exams at outpatient centers, not just hospitals." (Coded as Physical Health as well)

"You should have more women counselors."

11 = ***Few/None/Can't Remember***

This category is limited to the literal statements of "Few" "None" or "Can't Remember."

Examples: "I don't have any" or "None"

12 = ***Housing***

These items pertain the needs and services around housing and shelter. Key terms include: housing, homeless, problems with housing, camping, tent, finding housing, shelter, finding a house, living with others, living situation, and couch surfing.

**Use of benefits to pay for housing, such as Section 8, are coded as *Financial Concerns*, not housing.

**References to the need to pay rent or mortgage are coded as *Financial Conerns*, not housing.

Example: "Housing assistance for those who need it."

"I want housing!"

13 = ***Mental Health***

These items refer to all aspects of mental health and mental health care EXCEPT PTSD and MST. Key terms include: mental health, counseling, anxiety, hearing voices, depression, sleeping problems, guilt, traumatic brain injury, alcohol and drug problems, anger paranoia, stress, prescription drugs related to specific mental health disorders (e.g., valium, antidepressants, antipsychotics), and problems related to continuing fear.

** If the respondent mentions PTSD symptoms but does not mention PTSD in the entry, it is a mental health entry but not a PTSD entry.

**Comments about benefit eligibility, knowing about benefits, qualifying for benefits, finding out about benefits, and needing guidance with mental health benefits are coded under *Benefits*, not mental health.

Examples: "All I could do at my first appointment was cry since a male is the last thing that can understand what I've dealt with."

"More counseling support."

14 = ***Military Sexual Trauma (MST)***

These items refer to rape and sexual assault that occurred while the veteran was serving in the military. Key terms include rape, sexual assault, and MST.

Example: "It's been over 40 years and I still have problems being close to me; because of the rape."

"MST help"

15 = ***Post Traumatic Stress Disorder (PTSD)***

Items must specifically reference PTSD.

Example: "I may – at some point – need assistance with PTSD."

16 = ***Physical Health***

These items pertain to all issues of physical health and the need for health care treatment. Key terms include, health care, physical health, doctor, medicine, "see a doctor" and all issues of physical health (e.g., headache, back pain, joint problems, hearing loss, etc.).

**Comments about benefit eligibility, knowing about benefits, qualifying for benefits, finding out about benefits, and needing guidance with mental health benefits are coded under *Benefits*, not mental health.

**Comments about needing benefits, qualifying for benefits, finding benefits, delays in benefits, benefits outreach and the like are coded as *Benefits*, not physical health.

Examples: "Overall women's healthcare should always be provided." (Also coded as *Gender Specific Services*)

"Health services without hassles."

"Health check ups"

17 = ***Respect/Recognition***

These items include comments pertaining to the need for acknowledgement of service, public support, respect, recognition, the public caring about service members and being treated appropriately for their service.

Examples: "It was difficult with no public support when I served during the Viet Nam war. As time went on, I moved on and didn't think about it."

"I need recognition for my service."

18 = ***Resources for Seniors***

These items include issues specific to seniors, including but not limited to, hospice care, in-home care for aging vets, veteran homes, geriatric services, geriatric health care and nursing homes. Items refer to services or issues pertaining to veteran not to needs of veteran's family members.

Examples: "Training and resources for older vets." (Also coded as *Education and Training*

"Housing services for the aging." (Also coded as *Housing*)

19 = ***Specific Suggestions***

These items contain a specific suggestion for providing a service or support for female vets. Key terms include "Ought to" and "Should." These items are prescriptive.

Example: "CalVet should make fee-for-service agreements with other agencies to expand services."

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