



RESTORHER

Addressing the needs of female veterans.

Presented by:



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About Our Women Veterans Needs Assessment

RestorHER is a two-year research project that seeks to address systematic inequalities facing female veterans. Quantitative and qualitative research will inform the development and implementation of gender-based solutions and proposal of additional services within systems of care.

Phase one involved research and analysis to identify the needs of women veterans and barriers to service in the current system. The inquiry included services to re-integration, mental health, medical health care, substance abuse, employment opportunities and housing stability.

Phase two will develop a research-based model for a system of care for female veterans and include gender-specific solutions designed to provide greater access to benefits, services and community resources necessary to support the wide-range of needs of women veterans in Northeast Florida. The intent is to utilize the existing network of women veteran and service providers to initiate advocacy efforts focused on the improvement of existing services, creation of needed services and the ability to access these services.

A Request For Proposal was posted to locate a research team. Out of three submissions, The University of Florida Psychology Department won the bid. Dr. Ryan Duffy, PhD and Kelsey Autin, M.S., headed the research.

The Northeast Florida Women Veterans served as “boots on the ground” to collect data. The team worked at job fairs, Veterans Standdown, VA Clinic and other events targeting veterans.

Elva Marketing, led by Alex Benavides, was hired to assist in getting the word out on RestorHER. Alex orchestrated a myriad of tasks. A website was built. Facebook, Twitter, and Pinterest accounts were set up and managed. He organized a women veterans group to march in the Veterans Day parade. Several newspaper articles were published, and he and his team has ensured the community exhibit the need to participate in the research.

Changing Homelessness (formerly, Emergency Services and Homeless Coalition), served as fiscal agents and support.

The **Veterans News Network**, led by Mr. Godwin Gumbs, provided office space to ensure collected data remained secured and volunteers had a central location to perform administrative task associated with the research.

Process and Methodology

I. Community Survey

Questionnaire. We gathered survey data using both online and paper surveys. The questionnaire consisted of 30 items assessing demographic data and current needs. Items included both quantitative and qualitative questions. We primarily focused on needs related to healthcare, mental healthcare, employment, housing, and childcare. We included write-in answers that allowed participants to include needs that weren't addressed in the multiple choice questions.

Recruitment. We recruited participants to complete the survey from a variety of sources including social media, job fairs, VA clinics, and health fairs. Participants were compensated with a \$5 gift card for their time. Data was collected online, face-to-face and through focus groups. Face-to-face collection was completed at job fairs targeting veterans. It was also collected at the VA Clinic which targeted females present for appointments, or accompanying someone else who had an appointment. The breakdown of collection is as follows:

Job Fairs/Vet Standdown: 233

Online: 133

VA Clinic: 722

Participant data. To participate in the survey, respondents were required to (a) be at least 18 years of age, (b) identify as a woman, (c) have served in the United States military, and (d) be a resident of Duval County. 955 participants completed the survey on paper and 133 completed the survey online, with 1088 total participants. Although most of our participants were Duval County residents, 194 lived in surrounding areas; these were included in the analysis.

Ages of our participants ranged from 21 to 97, with the average age being 48 years. Participants represented each military branch: Army (397; 36.5%), Navy (476; 43.8%), Air force (128; 11.8%), Marine Corps (45; 4.1%), Coast Guard (14; 1.3%), and National Guard/Reserves (28; 2.6%). Time served ranged from 2 months to 35 years, with 10.4 years being the average length of service. 4 (.4%) participants served in the World War 2 Era, 8 (.7%) in the Korea Era, 110 (10.1%) in the Vietnam Era, 310 (28.5%) in the Cold War Era, 520 (47.8%) in the Gulf War Era (pre 9/11) and 438 (40.3%) in the Gulf War Era (post-9/11). 476 (44.1%) participants were combat veterans or had been deployed at some point in their military career. 298 (27.6%) of our participants were single, 376 (34.6%) were married, 42 (3.9%) were living with a partner, 320 (29.4%) were divorced, and 43 (4.0%) were widowed. 387 (35.5%) participants had one or more children under 18 living in the home. 542 (50.8%) of our participants identified as African American or Black, 388 (36.4%) as Caucasian or White, 79 (7.4%) as Hispanic or Latino/a, 7 as Asian (.7%), 13 (1.2%) as Pacific Islander, 9 (.8%) as Asian Indian, and 20 (1.9%) as Native American. 371 (34.2%) participants were working full time, 108 (9.9%) were working part time, 166 (15.3%) were in school, 82 (7.6%) were stay at home moms, and 164 (15.1%) were job searching.

II. Focus Groups

Focus group topics. We held three focus groups with women veterans (WV) from the community. The purpose of the focus groups was for women to voice their needs and communicate to the WV the current gaps in resources available to women veterans. Primary topics that arose were awareness of services, visibility of the WV, lack of networking opportunities for women veterans, mental healthcare, and employment training. Focus groups lasted approximately two hours each.

Recruitment. Participants from the focus groups were recruited by reaching out to contacts of the WV. These contacts were asked to tell people they knew about the focus group and to contact the WV if they were interested in participating (what is known as a “snowball” sampling method).

Participant data. Focus groups ranged in number of participants, with the smallest group consisting of four women and the largest consisting of 10 women. Women ranged in age from 24 to 65 and represented each branch of military service.

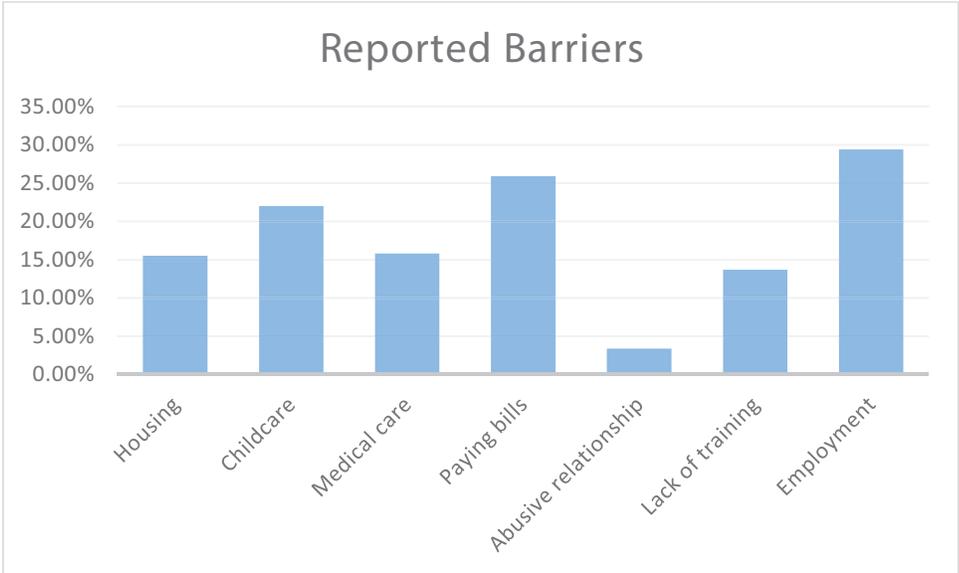
Findings

I. Community Survey

i. Quantitative findings

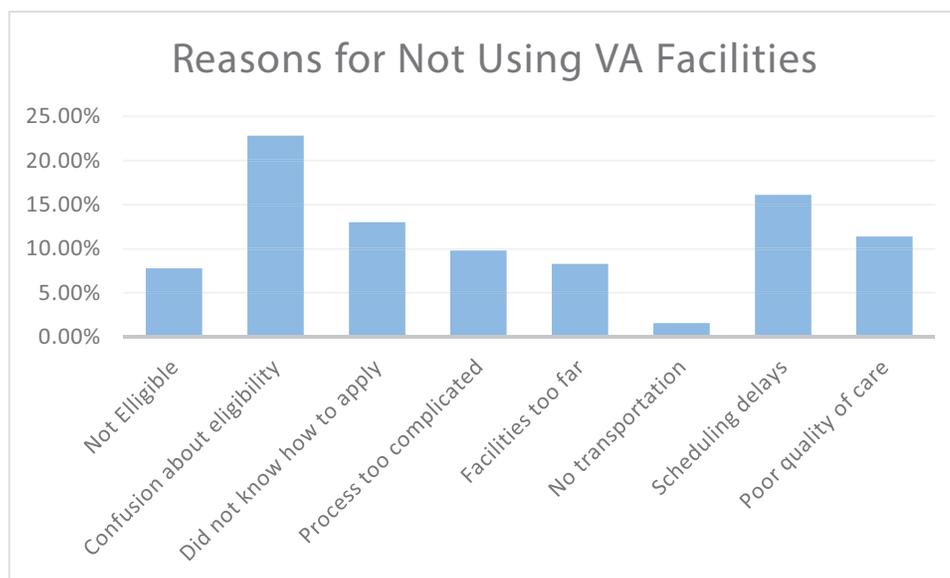
A. General Barriers

- The most prevalent barrier reported was employment related. 29% of women reported that lack of training was a challenge and 15% of respondents reported that they were currently job searching. Relatedly, 22% of women reported difficulty paying bills.
- 16% of women reported barriers to finding adequate housing.
- 22% of women with children at home reported difficulty finding adequate childcare.
- 16% of women reported challenges in accessing medical care.
- 26% of women reported difficulty paying bills.
- 3% of women reported difficulty in getting out of an abusive relationship.
- 14% of women reported lack of training as a barrier.
- 29% of women reported difficulty finding suitable employment

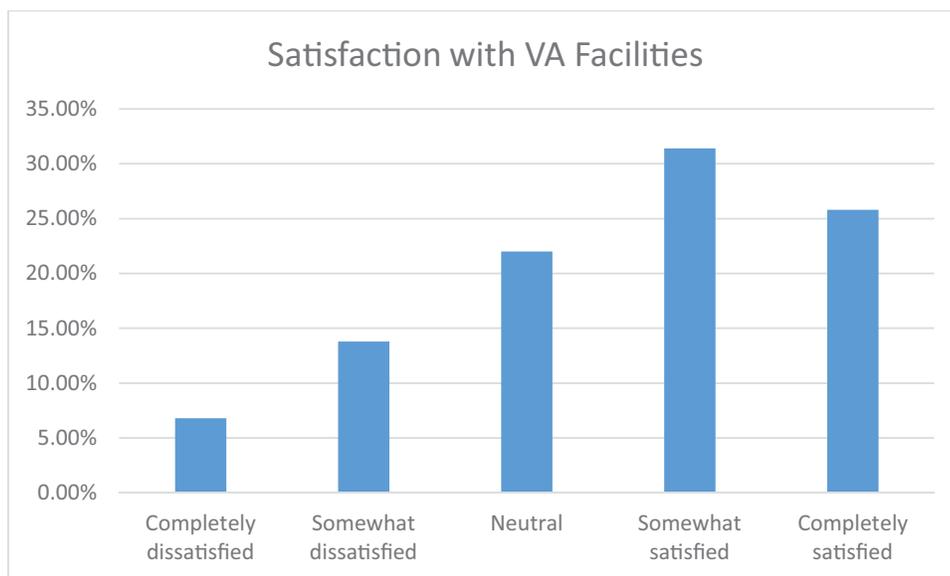


B. Utilization of Services

- 61% of women surveyed said that they had not used service organizations such as American Legion, VFW, AMVETS, DAV, etc.
- 82% of women reported that they use a Federal VA facility for their primary medical care needs. For those who did not:
 - 23% of women reported confusion about whether or not they were eligible for services at a federal VA facility.
 - 13% of women reported that they did not know how to apply for VA benefits.
 - 10% of women reported that they did not seek medical services at a federal VA facility because the application process was too complicated or confusing.
 - 8% of women reported that they did not seek medical services at a federal VA facility because the facility was too far from their place of residence.
 - 2% reported that they did not seek services at a federal VA facility because they did not have transportation.
 - 16% reported that they did not seek services at a federal VA facility because of appointment/scheduling delays.
 - 11% reported that they did not seek services at a federal VA facility because of poor services or quality of care.

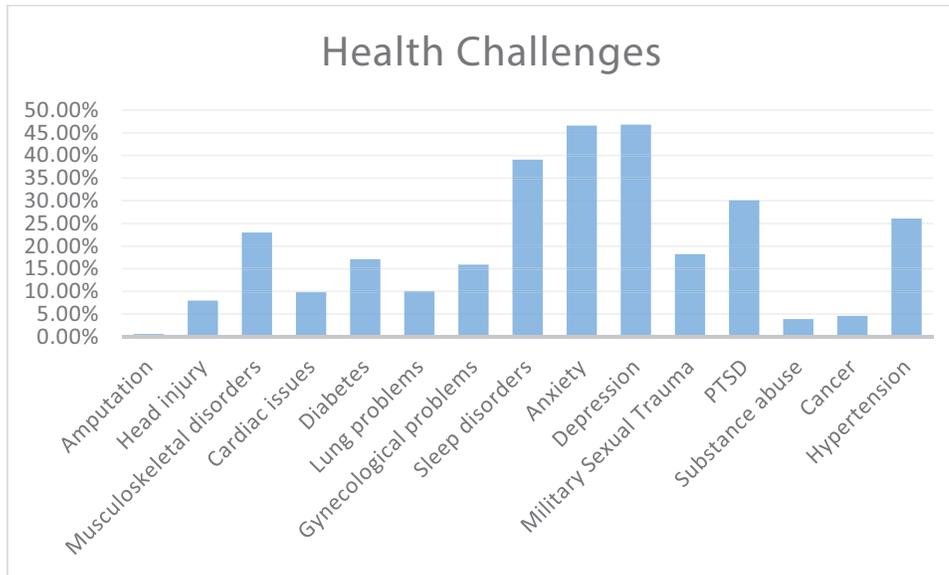


- Despite many women noting that wait times for appointments were too long, and some women noting that they could not access adequate mental and physical health care through the VA, most women (57%) were somewhat satisfied or completely satisfied with their services received at VA medical facilities.



C. Health Challenges

- Although participants reported a variety of health problems, the most prevalent were mental health related.
 - 47% of the women reported depression,
 - 47% reported anxiety disorders,
 - 30% reported Post-Traumatic Stress Disorder (PTSD),
 - 39% reported sleep disorders, and
 - 18% reported military sexual trauma.
- 19% of women reported that they did not receive adequate mental health services.
- The most commonly reported physical problems were hypertension (26%), musculoskeletal disorders (23%), diabetes (17%), and gynecological problems (16%).
- 72% of women reported at least one service-related health problem.



ii. Qualitative findings

- When asked what the community could do to improve services to female veterans, the most common answer was to increase awareness of services that are available through outreach, as well as television and newspaper advertising. Participants reported that greater visibility of programs would be most helpful.
- When asked what the greatest general barriers were to transition into civilian life, the most common responses were as follows:
 - **Employment:** By far, the most common barrier cited was difficulty finding adequate employment. Participants reported challenges in finding employment in general, especially in finding employment with adequate pay. Challenges associated with this included having military jobs that did not translate to civilian life and lack of training for higher-paying civilian jobs.
 - **Finances:** Relatedly, participants commonly reported financial stressors as a primary challenge. This included difficulty paying bills, affording health insurance, and daily costs of living.
 - **Mental Health:** Another common response was mental health barriers. The most commonly reported mental health concerns were depression, anxiety, and PTSD.

- **Adjusting to Civilian Life:** Finally, a significant number of participants reported they had difficulty assimilating back into civilian life. This included feeling misunderstood by civilians, and difficulty adjusting to the lack of structure and order in civilian life. This was especially common in relation to the workplace.
- **Medical Care:** When asked what the biggest health barriers were, the most common response was long wait times at VA facilities.

II. Focus groups

The women who participated in focus groups brought up several barriers that might be met through services in the community. Although some of these mirrored what we found in our survey, some were not.

A. Networking. A common theme that was brought up in focus groups was the lack of a cohesive network among women veterans. Specifically, participants reported observing that women tend to socialize less than their male counterparts in VA waiting rooms, job fairs, and other public spaces where veterans had opportunities to connect. They hypothesized that this partly had to do with the higher number of male veterans. Participants expressed a need for a platform where women veterans could connect, share resources, and support each other in a cohesive network.

B. Debriefing. Participants expressed that debriefing needs had not been met upon discharge from service. They reported that though they were provided with a brief training on how to re-enter civilian life, it simply was not enough. Participants expressed a need for much more extensive training in how to access and save health records; how to understand what services they were eligible for; how to obtain adequate vocational training, housing, and financial support; and how to cope emotionally with their transition, military trauma, and other stressors.

C. Employment. Participants reported that one of the most prominent barriers was access to adequate employment and related training. Several women said that the available civilian jobs rarely valued skills gained in the military and that they had difficulty “translating” military skills to “civilian language” in interviews and on resumes. This resulted in participants having difficulty obtaining jobs that paid adequately enough to support themselves and their families.

D. Mental Health. Participants reported that a common issue that connected to all the others discussed was that of mental health. Not only did they discuss mental health issues related to military sexual trauma, PTSD, and depression directly related to their service, but they also reported mental health issues related to health, job, housing, employment, and financial stress. There was consensus among the women that mental health resources were particularly difficult to access. Additionally, the women reported that they would benefit from support and empathy from somebody that understood what they were going through.

Recommendations

1. Raise awareness of existing services. A recurrent issue that was raised was lack of awareness of existing services, including the WV. In focus groups and on surveys, participants recommended that the WV and related support services make greater efforts to advertise their organizations through television and radio, at job fairs, VA clinics, and support service offices.

2. Support network. A theme that was present throughout survey feedback and focus groups was a lack of networking among women veterans. A fruitful place for the WV to place its effort might be creating a strong network of women veterans. Examples of implementing this are creating support groups, holding social events, or creating committees within the WV on which women veterans might volunteer their time to something that is of particular interest to them.

3. Stronger mental health services. An issue that was overwhelmingly prevalent throughout the data collection process was lack of adequate mental health services. About half of our participants reported diagnosable mental illnesses, and an even greater percentage reported how the negative impact of daily stressors likely go undiagnosed. Thus, it is imperative that greater resources be allotted to mental health resources for women veterans in our community. Potential interventions might include support groups, therapy groups, and clinics devoted exclusively to providing emotional and psychological support to women veterans.

4. Services to help women veterans navigate “the system.” Another apparent problem was confusion about what services were available, what services they were eligible for, and how to access them. Thus, our community of women veterans might benefit from a service specific to helping them navigate the myriad of resources in the community. An example of this might be an ambassador system in which women veterans are paired with an individual to educate them on what resources are present in the community and how to access those resources.

5. Services to help women vets become financially independent. Finally, the number one issue that participants raised was obtaining adequate work and maintaining financial stability. Thus, it would be appropriate to connect women with services to help them navigate the world of work and obtain stable employment. Many women expressed a desire to create their own businesses. Thus, an example of how to address this might be to create programs and offer workshops centered on entrepreneurship. Additionally, women veterans might benefit from access to education to make them more competitive for higher-paying jobs.

General Analysis from our Researchers

Overall, the researchers believe that the data collected was sound. Results must be interpreted keeping in mind that we recruited most of our participants from a VA clinic, which may have biased the results. Thus, it is important to use caution when generalizing these results to the general women veteran population, especially those who do not use the VA clinics because this may have resulted in under-reporting of issues related to medical and mental health care. Despite this limitation, we believe it is appropriate to base future program implementation around the concerns raised by respondents. Overall, it appears that the primary concerns raised were related to mental health and employment. Thus, it may be appropriate to direct resources to building programs or supporting existing programs that address these concerns.

What's Next

An advisory team has been formed made up of female veterans and community service providers, to develop a system of care and services in response to the RestorHER Report.

To get involved with the Northeast Florida Women Veterans activities, email volunteer@forwomenvets.org or visit its website: www.forwomenvets.org



forwomenvets.org