Working With Justice Involved Female Veterans

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Agenda

• Background

• Women Veterans and Trauma

• Women Veterans and IPV

• Homeless Evidence Research Synthesis

• VA services for Women Veterans

• Best Practices and Practical Strategies
Population of Women Veterans is growing

- Women are approximately 15% of active duty and 18% of guard and reserve
- Projected to be 11% of Veteran population by 2020
- Women Veterans using VHA for health care has nearly doubled in the past decade
Issues Among Women Veterans

- Women Veterans in VHA are young
- Different needs than male Veterans
- Top Clinical Issues
  - Musculoskeletal
  - Endocrine/Metabolic/Nutritional
  - Mental Health/SUD
  - Cardiovascular
  - Reproductive Health
Trauma and women Veterans

- Prevalence of trauma among women Veterans is high

- Women Veterans report higher rates of trauma than civilian women

- In a criminal justice setting, likely that 100% of women will have multiple trauma experiences. Expect that trauma is UNIVERSAL.
Incarceration and Women

- Incarceration rate of women is growing at a faster rate than that of men
  - 1% of state and federal Veteran inmates
  - 3% of jail Veteran inmates

- Women have a different offense profile than men

- Justice Involved Women have a different clinical picture than men

- Growth in women Veteran population + growth justice involved women may lead to growth in justice involved women Veterans
Veterans Justice Programs and Women Veterans

Veterans Served, FY 2016
- HCRV (prison): 81, 2% of total
- VJO (court, jail): 513, 5% of total

Demographics of female veterans (source HOMES)

<table>
<thead>
<tr>
<th>Item</th>
<th>HCRV Women (n=81)</th>
<th>VJO Women (n=513)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>43</td>
<td>40</td>
</tr>
<tr>
<td>OIF/OEF/OND</td>
<td>14%</td>
<td>32%</td>
</tr>
<tr>
<td>Homeless or At Risk</td>
<td>32%</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Need Psychiatric Tx</strong></td>
<td>73%</td>
<td>80%</td>
</tr>
<tr>
<td>Need Substance Abuse Tx</td>
<td>53%</td>
<td>63%</td>
</tr>
<tr>
<td>Need Medical Tx</td>
<td>84%</td>
<td>59%</td>
</tr>
</tbody>
</table>
## Women served by VJP: criminal justice items

<table>
<thead>
<tr>
<th>Item</th>
<th>HCRV Women (n=81)</th>
<th>VJO Women (n=513)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Treatment Court</td>
<td>n/a</td>
<td>52%</td>
</tr>
<tr>
<td>Type of Offense: Violent</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>Type of Offense: Property</td>
<td>26%</td>
<td>17%</td>
</tr>
<tr>
<td>Type of Offense: Drug</td>
<td>36%</td>
<td>25%</td>
</tr>
<tr>
<td>Type of Offense: Public Order</td>
<td>7%</td>
<td>28%</td>
</tr>
<tr>
<td>DUI involved in case</td>
<td>n/a</td>
<td>27%</td>
</tr>
<tr>
<td>Drug/etoh at time of offense</td>
<td>54%</td>
<td>n/a</td>
</tr>
<tr>
<td>Domestic dispute involved</td>
<td>n/a</td>
<td>13%</td>
</tr>
</tbody>
</table>
Gender differences in Veterans Justice Outreach

1,621 female and 34,737 male Veterans served by VJO between fiscal years 2010 and 2012

Women were younger, more likely to have a service connected disability rating

Overall: 95% of women and 88% of men connected to VHA within one year.

Mental Health: women more likely to be diagnosed with MH disorder, equal entry to treatment

Substance Use: women less likely to be diagnosed with SUD, higher entry to treatment

Finlay et al. (2015) Sex differences in mental health and substance use disorders and treatment entry among justice-involved veterans in the Veterans Health Administration. Med Care, 53 Suppl 4 Suppl 1, S105-S111.
How to work with Women Veterans with histories of trauma
Adverse Childhood Events (ACEs)

**ABUSE**

**Emotional abuse:** A parent or other adult in your home ever swore at you, insulted you, or put you down.

**Physical abuse:** A parent or other adult in your home ever hit, beat, kicked or physically hurt you.

**Sexual abuse:** An adult or person at least 5 years older ever touched you in a sexual way, or tried to make you touch their body in a sexual way, or attempted to have sex with you.

**HOUSEHOLD CHALLENGES**

**Intimate partner violence:** Parents or adults in home ever slapped, hit, kicked, punched or beat each other up.

**Household substance abuse:** A household member was a problem drinker or alcoholic or used street drugs or abused prescription medications.

**Household mental illness:** A household member was depressed or mentally ill or a household member attempted suicide.

**Parental separation or divorce:** Parents were ever separated or divorced.

**Incarcerated household member:** A household member went to prison.
ACEs and Predicted Outcomes

- Myocardial infarction
- Ischemic heart disease
- Liver disease
- Asthma
- Chronic obstructive pulmonary disease
- Coronary heart disease
- Stroke
- Diabetes
- Lower health-related quality of life
- Mental distress
- Depression
- Suicide attempts
- Smoking
- Early initiation of smoking
- Lowered educational attainment
- Lower reported income
- Poor work performance
- Financial stress
- Unemployment
- Disability
- Illicit drug use
- Alcoholism and alcohol abuse
- Risk for intimate partner violence
- Multiple sexual partners
- Early initiation of sexual activity
- Adolescent pregnancy
- Unintended pregnancies
- Sexually transmitted diseases
- Risk for sexual violence
- Fetal death
## Impact of trauma

### Early life
- Brain development is slowed, changed, or stopped
- Immune system is weakened (and strengthened)*
- Dysfunctional interpersonal development
- Adoption of maladaptive coping skills/behaviors

### Adulthood
- TBI
- PTSD
- Poor support network/relational difficulties
- Chronic illness
- Comorbid mental health
- Misdiagnoses/Ineffective treatment
Women Veterans

- Enlisted women more likely to have experienced trauma
- Culture of male dominance
- Military Sexual Trauma (MST)
- Deployment-related stress
  - Combat or other
- Signature injuries: PTSD and TBI
- Challenges with separation from military/reintegration to civilian life
**Behaviors**

- Excessive likeability
- Excessive unlikeability
- Emotional lability
- Expression of anger and other emotions
- Dissociation

**Coping Skills**

- Excessive use
  - Alcohol/Illlicit substances
  - Food
  - Sexual activity
- Self-harm
- Criminal behavior
- Dissociation
How can I respond effectively?

How to be trauma-informed without going back to graduate school
Best Practices

Self-awareness

- When do I feel vulnerable?
- What really pushes my buttons?
- Countertransference—“She is exactly like my mother.”

Recognize your limitations

- Refer to experts when needed

When in doubt, ask

- Supervision/consultation
Boundaries, boundaries, boundaries

- You cannot, and should not, rescue anyone.
- Boundaries can feel painful, but they do not hurt.

Be trustworthy and reliable (and honest)

When issues of anger/non-compliance/etc. arise:

- Be concerned, not punitive
- “What happened to you?” rather than “What’s wrong with you?”
- Reframe behavior as maladaptive coping skill
  - Manipulation is an effective way of getting your needs met in a chaotic world
Homeless Evidence Research Synthesis
Homeless Evidence Research Synthesis: Homeless Women Veterans

- Homelessness among women Veterans not as prevalent as among male Veterans
  - Women Veterans twice as likely to become homeless as civilian women
  - Risk is highest among 18-29 year old women
  - Mental health and substance use issues may increase homeless risk
  - Trauma experience may increase homeless risk

- Profiles of female Veterans using VA homeless programs:
  - 71% middle aged or older (40-60 and above), and low or limited healthcare service use
  - 8.5% OIF/OEF
  - 8.5% medium need, medium service use
  - 7% high need, high service use
  - 4% young Veterans, low service use
Pathways to homelessness

Five interlinked pathways to homelessness for women Veterans

- History of childhood adversity
- Trauma or substance abuse in the military
- Post-military abuse
- Adversity/termination of a relationship
- Post military mental health, substance abuse, and/or medical problems

Criminal justice system involvement is subsidiary, but significant for some

(Hamilton, et al, 2011)
Services for homeless women Veterans

- Screening: VA’s Homelessness Screening Clinical Reminder
- Prevention: Supportive Services for Veteran Families (SSVF)
- Transitional Housing: Grant and Per Diem Program (GPD)
- Permanent Supportive Housing: HUD-VASH (Housing and Urban Development-Veterans Affairs Supported Housing)
- Financial/Employment: Homeless Veteran Community Employment Services
- Homeless outreach: Health Care for Homeless Veterans Program (HCHV)
- **Justice system outreach: Veterans Justice Outreach (VJO) and Health Care for Reentry Veterans (HCRV)**
Approach to addressing the needs of female Veterans

- VA Center for Women Veterans monitors delivery of benefits to female Veterans
- Women Veterans Program Office established 2012
  - Women Veterans Coordinators at both regional and local medical center levels
- Mini-residency primary care training programs to improve training in women’s health
- Expanded telehealth services to address geographic barriers to care
- Women’s Health Research Conference to advance the state of health research
- Expanded access to MST services for Reserve and National Guard
- National outreach campaign to engage women Veterans
- Congressionally mandated national study of barriers to care for female Veterans:
  - Women not using VA did not feel they had enough information about benefits
  - Women will bypass a close VA facility for a facility that provides female-specific services or where they feel the providers are better
  - Women prefer female-only clinics – particularly important for women who experienced MST
  - Safety: women from recent conflicts rated VA as less safe than women from previous conflicts; women with MST experiences in particular rated VA as less safe
Best Practices and Practical Strategies
Best Practices, Practical Strategies

• Identification and Assessment
• Trauma Competency
  • 4 Rs
  • Safety
  • Peer Support
  • Cultural Competence
  • Trauma-informed clinical services
• Choice
• Accountability
• Self-care
For additional information

Women Veterans Health Care
http://www.womenshealth.va.gov/

Military Sexual Trauma
http://www.mentalhealth.va.gov/msthome.asp

National Center for PTSD
http://www.ptsd.va.gov/index.asp

Veterans Justice Outreach Specialists
http://www.va.gov/HOMELESS/VJO.asp

Health Care for Reentry Veterans Specialists
http://www.va.gov/homeless/reentry.asp