

**STATEMENT FOR THE RECORD OF
THE AMERICAN LEGION
TO THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
ON
*“Resilience and Coping: Mental Health of Women Veterans”***

March 11th, 2020

Background

Women have made significant contributions to the United State’s military campaigns dating back to the American Revolutionary War with the contributions of Deborah Sampson, one of the first recorded women to conceal her gender in order to serve in the military.¹ While it took several years before women were welcomed into military settings and even longer for women to be considered serious candidates for combat-related jobs and deployments within the military.² When women transitioned to veteran status their service was often overlooked or incorrectly credited to their male spouse. This, seemingly small mistake, is not only frustrating and disheartening but also creates an allure that the Department of Veterans’ Affairs (VA) recognizes veterans as male. Simple actions such as not seeing women as veterans for the heroes that they are discrediting women veterans. A well-versed fact is that women are the fastest-growing demographic within the armed services.³ It is important for the VA to become prepared to serve this population just as they have served this nation; fully and unequivocally.

According to the Department of Defense (DoD), women currently make up 20 percent of the Air Force, 19 percent of the Navy, 15 percent of the Army, 13.7 percent of the Coast Guard, and nearly nine percent of the Marine Corps.⁴ The reason for citing DoD statistics is because at some point in the future many of these women will transition into veteran status accessing VA facilities in some capacity. This population will join the already 2 million women veterans who already exist.⁵ In conjunction with the VA’s 2017 Women Veterans Report which noted that the women veteran population is expected to increase by 18 thousand individuals each year for the next 10 years, it creates a significant population with a voice that needs to be acknowledged. While the Women Veteran Projection Model suggests increases steadily until 2045, it also shows that the male veteran population will decline at a rate a little more than two percent until the

¹ Michals, D. (2015). Deborah Sampson. Retrieved 2020, from <https://www.womenshistory.org/education-resources/biographies/deborah-sampson>

² Blakemore, E. (2018, June 29). How Women Fought Their Way Into the U.S. Armed Forces. Retrieved 2020, from <https://www.history.com/news/women-fought-armed-forces-war-service>

³ Barroso, A. (2019, September 10). The changing profile of the U.S. military: Smaller in size, more diverse, more women in leadership. Retrieved 2020, from <https://www.pewresearch.org/fact-tank/2019/09/10/the-changing-profile-of-the-u-s-military/>

⁴ Reynolds, G. M., & Schendruck, A. (2018, April 24). Demographics of the U.S. Military. Retrieved 2020, from <https://www.cfr.org/article/demographics-us-military>

⁵ The Past, Present and Future of Women Veterans. (2017, February). Retrieved 2020, from https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf

same year.⁶ With this in mind, the image of a veteran is unique and has ever-changing needs and challenges as they proceed throughout the seasons of their life.

Military Sexual Trauma

U.S. Code 1720D of Title 38, along with various other Veteran Service Organizations (VSOs), defines military sexual trauma (MST) as;

“Psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training.”⁷

It has also been noted in many published academic studies that 1 out of 5 women veterans accessing VHA have reported MST and 25 percent of the women veteran population reported inappropriate/unwanted comments or behavior by their male veteran counterparts while at VA facilities.⁸ This leads to many veterans not return to VHA to continue to receive their care from the institution whose sole mission is to care and guide them on their whole health journey. This is both disgusting and inexcusable. To those who suggest women veterans, who have earned the right to access VA benefits and health care alongside their male counterparts, instead use their Veterans Community Care Program (VCCP) benefits and go outside the VA; we at The American Legion say, “No.”⁹ These women have earned the right to access and maximize their VA benefits in a safe environment.

Often, after reporting instances of MST the survivor is often faced with consequences and retaliation for reporting the incident. This is often seen within the active-duty space with the reporting party being ostracized, reprimanded, or even discharged due to poor conduct.¹⁰ However, it occurs within VA settings as well. When an individual is not believed their reputation can be intentionally tarnished, the quality of care can purposefully be diminished, and in some circumstances, the report can be disregarded entirely. This must end. DoD and VA both have a responsibility to serve, protect, and empower every individual that took an oath to defend this country and as it stands today, DoD and VA are not doing so. It is also up to these influential agencies to see how the presence of an MST complacent culture is detrimental to the survivor’s housing stability, financial stability, social functioning, and health.

⁶ Demographic Profile of the Active Duty Enlisted Force. (2010, March). Retrieved 2020, from The Past, Present and Future of Women Veterans. (2017, February). Retrieved 2020, from https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf

⁷ Military Sexual Trauma: Real Stories From Military Veterans: Make the Connection. (n.d.). Retrieved 2020, from <https://maketheconnection.net/conditions/military-sexual-trauma>

⁸ Grogan, N., More, E., Peabody, B., Seymour, M., & Williams, K. (2020, February). New York State Minority Veteran Needs Assessment. Retrieved 2020, from <https://s3.amazonaws.com/files.cnas.org/documents/CNAS-Report-MVS-NY-Assessment-final.pdf?mtime=20200211135342>

⁹ Department of Veterans' Affairs. (2019, June 6). Veterans Community Care Program. Retrieved 2020

¹⁰ Kristina B. Wolff, PhD, MS, MPA, MPH, Peter D. Mills, PhD, MS, Reporting Military Sexual Trauma: A Mixed-Methods Study of Women Veterans' Experiences Who Served From World War II to the War in Afghanistan, *Military Medicine*, Volume 181, Issue 8, August 2016, Pages 840-848, <https://doi.org/10.7205/MILMED-D-15-00404>

MST has the ability to affect many different aspects of the survivor's life. However, studies show that MST is associated with a four-fold increase in the odds of homelessness among women veterans.¹¹ After enduring trauma, marginalization due to gender, potential repercussions due to reporting, if they choose to report, then women veterans are forced to face the increased threat of homelessness that is already a higher likelihood for veterans overall.¹² In addition to this startling fact, two out of every five women veterans who experience homelessness have also reported MST. This shows a correlation between traumatic events and economic prosperity.¹³ With a connection between MST and homelessness as significant as this, the VA needs to be a connecting force between women veterans who have experienced MST and homelessness prevention efforts.

As shared with the Legion through our 2011 Women Veterans Survey, only 42% of the respondents were satisfied with their experiences related to the MST screening process. This represents a critical area in which the VA needs to improve its practices in regard to gender-specific services. A considerable number of participants in the American Legion's 2016 Women Veterans Survey answered they would like to see more community resources available for them. Specifically, resources surrounding the promotion of health and wellness, mental health, and financial literacy.¹⁴ This directly speaks to the women veteran's desire for renewed resiliency; there is a hunger for it. This population is asking and seeking out resources that the VA should provide with increasing quality and availability.

Invisible Wounds and Other Comorbid Mental Health Concerns

Before factoring in the traumatic experience of MST, generally, women are more than twice as likely to develop Post Traumatic Stress Disorder (PTSD) than men.¹⁵ When narrowing the scope to focus on women in the military the National Center for PTSD identifies women as at an even higher risk for exposure to traumatic events especially during times of war or conflict.¹⁶ These traumatic events can include exposure to sexual harassment and/or sexual assault in addition to any trauma that is typically sustained during combat such as traumatic brain injuries (TBIs). According to the American Psychology Association, untreated posttraumatic symptoms not only have tremendous effects on physical health. Female survivors may encounter physical symptoms including headaches, gastrointestinal problems, and sexual dysfunction among other health concerns.¹⁷ The mental health implications, such as PTSD, anxiety, and depression, can also lead to adverse health effects that are commonly referred to as "invisible wounds".

¹¹ Montgomery, Byre and Dichter. (2019) The Relationship Between Trauma and Housing Instability Among Women Veterans

¹² Study: Veterans more likely to be homeless. (2017). Retrieved 2020, from <http://www.cnn.com/2007/US/11/08/homeless.veterans/>

¹³ *ibid*

¹⁴ SurveyMonkey, & The American Legion. (2016). AMERICAN LEGION WOMEN VETERANS SURVEY. Retrieved 2020, from <https://www.surveymonkey.com/results/SM-PWRBRFF6V/>

¹⁵ Facts About Women and Trauma. (n.d.). Retrieved 2020, from <https://www.apa.org/advocacy/interpersonal-violence/women-trauma>

¹⁶ VA.gov: Veterans Affairs. (2018, September 18). Retrieved 2020, from https://www.ptsd.va.gov/understand/common/common_women.asp

¹⁷ *ibid*

According to U.S. Medicine, women veterans more frequently experienced significant psychological comorbidities. 48 percent of those with depression also screening positive for PTSD and 65 percent indicating they had general anxiety¹⁸. As an attempt to engage in self-directed coping many women who have experienced MST turn to alcohol abuse and more than one-fifth for cocaine use, followed by opiates, marijuana, and other drugs.¹⁹ This is not only harmful to the veteran but also to the veteran's families that are also able to be affected by it, sometimes resulting in homelessness or other housing insecurities²⁰. Therefore, a cultural issue that initially began with a complacent culture has the strength to ripple out and affect the families of veterans who have already experience undue hardship that was, and is, contributed to DoD and VA's unwillingness to disrupt a "norm" for the sake of our nation's heroes.

Results if Not Addressed

The two results of ignoring a systemic culture that turns a blind eye and punishes MST survivors are: the avoidance and underutilization of VA by women veterans and women veterans completing suicide. These two results of poor management of women veterans who have experienced MST and their mental health are controllable variables within VA's scope to positively influence.

VA centers have been perceived as male dominate or masculine environments that project an aura of resistance to populations other than the male majority. Women veterans who reported harassment were less likely to report feeling welcome to VA facilities and as a result, they felt compelled to delay or forfeit care entirely for their safety²¹. This type of avoidance does not benefit the veteran in the long run because in that scenario they are not seeking care and are likely not developing healthy coping strategies in a clinical setting.²² This speaks to a top-down cultural change that needs to take place in order to create a safer and more inclusive environment while the veteran is still able to exercise their resilience and heal.

There can be several events that can lead an individual to suicide. There is typically no one singular issue that results in suicide. However, researchers have found that there are "foundation events" that throughout time accumulate into larger issues which then result in the act of suicide.²³ According to the National Veteran Suicide Prevention Annual Report, the 2017 rate of suicide among women veterans was 2.2 times the rate among non-Veteran women showing that there is a connection to military service and military experiences that increase the likelihood of

¹⁸ U.S. Medicine. (2017, May 19). Depression Is 60% More Common in Women Veterans Compared to Men. Retrieved 2020, from <https://www.usmedicine.com/agencies/department-of-veterans-affairs/depression-is-60-more-common-in-women-veterans-compared-to-men/>

¹⁹ US Department of Veterans Affairs, & Veterans Health Administration. (2013, December 17). VA.gov: Veterans Affairs. Retrieved 2020, from https://www.womenshealth.va.gov/WOMENSHEALTH/outreachmaterials/mentalhealth/substance_abuse.asp

²⁰ Gonzales, M. (2020, February). Homelessness and Substance Abuse. Retrieved 2020, from <https://www.drugrehab.com/addiction/homelessness/>

²¹ Grogan, N., More, E., Peabody, B., Seymour, M., & Williams, K. (2020, February). New York State Minority Veteran Needs Assessment. Retrieved 2020, from <https://s3.amazonaws.com/files.cnas.org/documents/CNAS-Report-MVS-NY-Assessment-final.pdf?mtime=20200211135342>

²² *ibid*

²³ Caruso, K. (n.d.). Suicide Causes. Retrieved 2020, from <http://www.suicide.org/suicide-causes.html>

suicide.²⁴ After evaluating research released by RAND Corporation, the 2017 rate of suicide among women veterans was 2.2 times the rate among non-veteran women.²⁵ This reveals that VA is not addressing this issue effectively. This needs to change. With women becoming our fastest growing population within the armed services it is detrimental to the military community and their families to have them enduring significant trauma and suicide at this rate.

Conclusion

Veterans, overall, are considered an extremely resilient population; that be attributed to their military training or any number of external influences.²⁶ When faced with the numerous gender inequalities, women veterans continue to persist in hopes of a more inclusive future. Even when facing additional threats and stressors compared to their military male counterparts such as; gender discrimination, sexual harassment and assault, and increased likelihood of experiencing physical injuries due to ill-fitting equipment, originally made to fit a male, 73 percent of women veterans still reported feeling “stronger mentally, physically, or both as a result of their service.”²⁷ While facing all of the unique and gender influenced adversity active-duty women are less likely to engage in recreational drug use compared to their military male counterparts.²⁸ Women veterans choosing to pursue other, less harmful, avenues to cope with inequality is encouraging.

Chairwoman Brownley, Ranking Member Dunn, and Members of the Committee:

The American Legion, as you may know, is in full support of S.514/ H.R.3224 – Deborah Sampson Act that looks to; (a) enhance readjustment and related assistance, (b) provide more suitable legal and supportive services, (c) better develop newborn care, (d) eliminate barriers to access and to (e) increase data collection and reporting.²⁹ We stand by this piece of legislation for many reasons, however, the ultimate reason the Deborah Sampson Act has remained on our radar is because women veterans deserve equitable care and opportunities to pursue said care. The urgency to establish and provide equitable care is evident due to the rapidly growing number of women in the military. Studies show that the current 14.4 percent of women in the military are only expected to grow and DoD, as well as VA, need to have effective systems in place to be ready to embrace this new population.³⁰

²⁴ Department of Veteran Affairs. (2019, September). 2019 National Veteran Suicide Prevention Annual Report. Retrieved 2020, from Caruso, K. (n.d.). Suicide Causes. Retrieved 2020, from <http://www.suicide.org/suicide-causes.html>

²⁵ Gorn, D. (n.d.). Why So Many Military Women Think About Suicide. Retrieved 2020, from <https://www.rand.org/multimedia/podcasts/veterans-in-america/why-so-many-military-women-think-about-suicide.html>

²⁶ Grogan, N., More, E., Peabody, B., Seymour, M., & Williams, K. (2020, February). New York State Minority Veteran Needs Assessment. Retrieved 2020, from <https://s3.amazonaws.com/files.cnas.org/documents/CNAS-Report-MVS-NY-Assessment-final.pdf?mtime=20200211135342>

²⁷ *ibid*

²⁸ *ibid*

²⁹ Tester, J. (2019, May 22). Text - S.514 - 116th Congress (2019-2020): Deborah Sampson Act. Retrieved 2020, from [https://www.congress.gov/bill/116th-congress/senate-bill/514/text?q={"search":\["deborah+sampson"\]}&r=1&s=1](https://www.congress.gov/bill/116th-congress/senate-bill/514/text?q={)

³⁰ The Past, Present and Future of Women Veterans. (2017, February). Retrieved 2020, from https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf

Questions concerning this testimony can be directed to The American Legion Legislative Division (202) 861-2700, or aegers@legion.org