Community Goals to Serve Women Veterans

A summary of the priorities identified at the 2015 IJF Women Veterans Working Group Annual Think Tank

5 February 2016
About Illinois Joining Forces

Mission

Illinois Joining Forces (IJF) is a statewide, public-private network of Veteran and military serving organizations. We collaborate in person and online to help service members, Veterans, and their families identify and marshal resources and services available to them throughout the state.

Vision

Collaboration among our member organizations is critical to successful execution of the IJF mission. However, if we are to truly provide value and impact to Illinois Veteran and Military families, we must excel in areas where there are gaps today. In particular, IJF focuses on identifying the specific needs of our constituents (service members, Veterans, and families; SMVF) through online and personal communications processes. This is critical in truly understanding the FULL need which sometimes is much more than initially thought.

IJF also serves as a clearinghouse for the data collected so that multiple forms and intakes from our member organizations can be managed in one single place. Most importantly, we provide referral follow-up and feedback to both the Veteran service organization and the Veteran so that we can be confident that we fulfilled the stated and agreed upon need and also collect feedback on our performance so that we are continuously improving our services.

Illinois Joining Forces continuously assesses our member organizations for quality control and efficiency. Our reputation lies in the organizations within IJF that provide the needed services so we ensure that they are the best available for our clients’ needs.

IJF also encourages and fosters community-based collaboration so that organizations with complimentary services can share both information and best practices to help fulfill the need. Within IJF, our nine issue-focused working groups channel requests to the appropriate service provider based on their expertise and capacity.
About the IJF Women Veterans Working Group

The Women Veterans Working Group is committed to ensuring that the unique needs of women service members and Veterans – including access to resources, military sexual trauma services, and childcare – are met. In general, the Group seeks to equip both Veteran and community providers to better understand and serve women who have served, as well as to develop and implement targeted methods of outreach to women Veterans to ensure they are connected with the resources and benefits that they have earned.

Working Group Chair

Nicole Mandeville, Illinois Department of Veterans Affairs
About this Whitepaper*

Initiated by a generous grant from Boeing and convened by Thresholds, a coalition of the IJF WVWG members met to discuss best practices to working with and outreaching to women Veterans.

This whitepaper pulls together these key partners’ experiences generated through local partnerships. Consequently, this whitepaper is a community informed solution to supporting women Veterans following deployment.

The action plans in this whitepaper are issue-based and represent the priorities identified at the 2015 IJF WVWG Annual Think Tank meeting.

Each action plan outlines a vision of what a community supporting women Veterans would look like as defined by the WVWG and lists action steps to reach that vision. In addition, the action plans identify barriers and issues for further analysis. Community members committed to serving women Veterans and their families may use these action plans to provide direction for improving their work with women Veterans.

Although the Think Tank discussed a myriad of issues, this whitepaper addresses only the issues prioritized by the group as the most pressing. The group concluded that the biggest return on the communities’ investment of time and energy would occur by using the action plans that follow.

Special thanks to the IJF Women Veterans Working Group Think Tank Participants (see supplement A)

*Modeled after Military Outreach USA’s Community Covenant with Veterans and Military Families
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Action Plan for Strengthening the Awareness of the Culture and Experience of Women in the Military

Vision

We associate equally the term “Veteran” with women as with men; society and military institutions have a greater appreciation for the unique experiences of women serving and how a culture of female service may exist separately from, and incorporate parts of, the traditionally understood military culture.

Indicators of Success

1. Male acknowledgment that women Veterans have different experiences while serving, like
   a. Using funnel cups as bathrooms
   b. Menstruation cycles during operations
   c. Male-fitted equipment and uniforms not conforming to female anatomy
   d. Obligation to justify to strangers her decision serving while children are at home
   e. Being the only female in a unit while deployed
2. We think of Veterans as men and women
3. More women are in leadership positions and higher ranks in the military

Key Obstacles and Issues for Further Analysis

1. Lack of self-identification of women as Veterans
2. Too few gender specific resources

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>Community Advocates</td>
<td>• Learn how to talk to and listen to a Veteran, refraining from asking</td>
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<tr>
<td></td>
<td>“have you ever killed anyone?” or from saying the trite “thank you</td>
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<td></td>
<td>for your service.”</td>
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<td></td>
<td>• Advocate for top level “old white men” to learn how to become</td>
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<tr>
<td></td>
<td>subject matter experts on the female experience in the military</td>
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<tr>
<td></td>
<td>• Help families adjust to the new normal of deployment and then the</td>
</tr>
<tr>
<td></td>
<td>new normal of transition</td>
</tr>
<tr>
<td>Service providers</td>
<td>• Use women Veterans as subject matter experts and peers for other</td>
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<tr>
<td></td>
<td>women Veterans</td>
</tr>
<tr>
<td></td>
<td>• Only use photos of women service members in marketing materials</td>
</tr>
<tr>
<td></td>
<td>• Learn how to inquire about the motivations behind the women</td>
</tr>
<tr>
<td></td>
<td>joining, which informs care</td>
</tr>
<tr>
<td>Research</td>
<td>• History of domestic violence trauma and subsequent decision to serve</td>
</tr>
<tr>
<td>Female Veterans</td>
<td>• Continue to advocate for other women Veterans</td>
</tr>
<tr>
<td></td>
<td>• Be willing to seek help and counseling for moral injury,</td>
</tr>
<tr>
<td></td>
<td>guilt/shame, or other trauma</td>
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</tbody>
</table>
Action Plan for Housing Women Veterans

Vision

Homeless providers employ internal policies and procedure to make sure they are inclusive and not restrictive toward women Veterans, understand issues related to getting and staying housed, and have a stronger ability to make warm connections and referrals to other community supports.

Indicators of Success
1. Homeless providers probe into and address cycles in women Veterans’ lives leading to poverty and homelessness
2. Women Veterans learn life skills needed to keep them successfully housed
3. Community supports make warm connections for the women Veterans rather than providing a list of phone numbers

Key Obstacles and Issues for Further Analysis
1. Lack of needs assessment for female Veterans in Illinois, especially with children
2. Lack of affordable housing for women with children (multiple bedrooms are expensive)
3. Lack of affordable childcare offered for short times, a few hours a week as opposed to paying for daycare on a monthly basis
4. Predatory practices when looking for homes

Action Steps to Achieve this Vision

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<tr>
<th>Stakeholder</th>
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<tbody>
<tr>
<td>Community Advocates</td>
<td>• Increase affordable housing developers</td>
</tr>
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<td></td>
<td>• Create and provide childcare based on the hour, at a reasonable fee</td>
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<tr>
<td>Service Providers</td>
<td>• Know about populations of Veterans who serve but don’t qualify for VA status</td>
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<td></td>
<td>• Know how to ask a woman about prior military service</td>
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<td></td>
<td>• Use a housing first model</td>
</tr>
<tr>
<td></td>
<td>• Review internal policies and procedures to ensure that they are inclusive and not restrictive</td>
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<tr>
<td>Research</td>
<td>• Definition of Veteran</td>
</tr>
<tr>
<td></td>
<td>• Definition of homeless – living on a friend’s couch is homeless yet often does not meet eligibility requirements for homelessness</td>
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<tr>
<td>Female Veterans</td>
<td>• Learn about self-advocacy</td>
</tr>
<tr>
<td></td>
<td>• Identify as a female Veterans</td>
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</tbody>
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Action Plan for Understanding MST and Trauma Affecting Women Veterans

Vision

Survivors receive only positive reactions when reporting and disclosing assault; families and social service providers understand the interrelation between DV, IPV, and family violence and that although the role of women has varied during each conflict, women have always been exposed to many different forms of trauma; and community programs are accessible to women Veterans and employ culturally sensitive intake procedures.

Indicators of Success
1. Combat trauma is distinguished from military sexual trauma (MST)
2. Families and spouses have strong communication skills and emotional regulation
3. We recognize the degree to which harassment affects survivors today
4. We recognize that women deployed without combat training found themselves in combat situations during all conflict eras

Key Obstacles and Issues for Further Analysis
1. Lack of knowledge about women’s exposure to trauma and the role of women during all conflict eras
2. Lack of understanding about the impact of moral injury, and the similarities and distinction between PTSD and moral injury
3. Lack of service members’ knowledge about reporting options for domestic violence while on active duty

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<th>Action Steps to Achieve this Vision</th>
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<tr>
<td><strong>Stakeholder</strong></td>
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<tr>
<td>Community advocates</td>
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<td>Service providers</td>
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<tr>
<td>Research</td>
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<tr>
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<tr>
<td>Female Veterans</td>
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Action Plan for Achieving Culturally Competent Medical Care and Integrative Medicine

Vision

Civilian and VA medical providers have a broader knowledge base of gender specific conditions, symptom manifestations, and risk factors across all specialty areas of medicine, but especially the role of trauma and impact on physical health. Misperceptions about Veterans in combat versus non-combat roles would no longer persist, and medical providers would provide trauma informed care with a special attention to understanding the potential impacts and implications caused by a sexual assault during reproductive and gynecological health procedures.

Indicators of Success

1. Medical providers support patient self-determination
2. Trauma informed care is employed in all medical facilities
3. Medical providers approach patients as the expert of their own health

Key Obstacles and Issues for Further Analysis

1. Lack of transgender healthcare, VA resources, and community partners
2. Over prescription of opioids and current impact and risks specific to women
3. TBI is poorly understood outside of the Veteran community

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<tr>
<th>Stakeholder</th>
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<tbody>
<tr>
<td>Community Advocates</td>
<td>• Learn about the Veteran’s Choice Program</td>
</tr>
<tr>
<td></td>
<td>• Follow the Continuum of Care</td>
</tr>
<tr>
<td>Service Providers</td>
<td>• Employ more tele-health, home-health options</td>
</tr>
<tr>
<td></td>
<td>• Highlight the success of inter-professional partnerships (social workers, nurses, physicians, psychologists)</td>
</tr>
<tr>
<td>Research</td>
<td>• Are specialty care providers more likely to reduce psychiatric issues to physical symptoms due to lack of knowledge of women’s health?</td>
</tr>
<tr>
<td>Female Veterans</td>
<td>• Ask for and use tools for collaboration with the provider (Personal Health Inventory, Wheel of Health, etc.)</td>
</tr>
</tbody>
</table>
**Action Plan for Employing Women Veterans**

**Vision**

More jobs available for Veterans will be in occupation areas other than male-centric fields, employers will have a stronger understanding of the skill sets obtained from military service, and job-readiness programs will follow best practices for reaching women Veterans and operate with an understanding that employment is one of many concerns for women Veterans.

**Indicators of Success**

1. Employers view military experience as a strength on a woman’s resume
2. Women Veterans are employed at similar rates as male Veterans
3. Women Veterans earn on average the same as male Veterans

**Key Obstacles and Issues for Further Analysis**

1. Not enough women coming in for services
2. Employment is one of many concerns
3. MST survivors may not be comfortable in unfamiliar work environments
4. Many jobs for Veterans are in male-focused fields

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<th>Stakeholder</th>
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<tbody>
<tr>
<td>Community Advocates</td>
<td>• Help provide more childcare</td>
</tr>
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<td>• Help share available services</td>
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<td></td>
<td>• Teach employers about laws protecting service members’ while deployed</td>
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<tr>
<td>Service Providers</td>
<td>• Help women Veterans translate military skills to civilian skills</td>
</tr>
<tr>
<td></td>
<td>• Provide business attire</td>
</tr>
<tr>
<td></td>
<td>• Assist with transportation to and from work and interviews</td>
</tr>
<tr>
<td>Research</td>
<td>• Ratio of “Veteran friendly jobs” that are male-centric versus female-centric</td>
</tr>
<tr>
<td>Female Veterans</td>
<td>• Use entrepreneurship programs and job-readiness training</td>
</tr>
</tbody>
</table>
**Action Plan for Supporting Families of Women Veterans**

**Vision**

Families will have support for managing relationship issues caused by moral injury, shame and guilt, and anxiety or other posttraumatic stress, and communication across the family system will be stronger during deployment to ensure that children are well cared for and attending school, and spouses are managing their concern and worry in healthy ways.

**Indicators of Success**

1. Families have access to services and resources like financial support and childcare
2. Communities check-in with families to help with school enrollment and other tasks
3. Families engage in recreational activities with each other
4. Mothers can balance guilt from deploying with pride in service

**Key Obstacles and Issues for Further Analysis**

1. Lack of family therapists available
2. Lack of communication tools available for women on active duty

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<tr>
<th><strong>Action Steps to Achieve this Vision</strong></th>
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<tbody>
<tr>
<td><strong>Stakeholder</strong></td>
<td><strong>Action</strong></td>
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</tbody>
</table>
| Community Advocates | • Help women Veterans register for VA services  
• Attend mental health programs to assist in reintegration to the family before general community |
| Service Providers | • Help with all the facets of the family dynamic, like with budgeting and identifying caregivers who can help  
• Provide family and parenting classes |
| Research | • Best practices for reintroducing women Veterans to their families |
| Female Veterans | • Interact with faith based communities or other groups for interpersonal connections |
Supplement A: 2015 IJF WVWG Think Tank Participants

Women Veterans’ Think Tank
October 28, 2015
Participant List

Nicole N. Mandeville
Senior Program Manager
Nicole.Mandeville@illinois.gov
Illinois Department of Veterans Affairs

The mission of the Illinois Department of Veterans’ Affairs (IDVA) is to empower Veterans and their families to thrive. We do this by assisting them in navigating the system of federal state and local resources and benefits; by providing long-term health care for eligible veterans in our Veterans’ Homes; and by partnering with other agencies and non-profits to help veterans address education, mental health, housing, employment, and other challenges.

Zach Hunsinger
Assistant Director, Veterans Programs
zhunsinger@hdadvocates.org
Health & Disability Advocates

Laura Gallagher Watkin
Director, Veteran Programs
lgwatkin@hdadvocates.org
Health & Disability Advocates

HDA serves as a trusted ally to state and federal military institutions, community providers and funders, advising on how to better support active and former Service Members and their families throughout the entire cycle of deployment and reintegration. We do this through a volunteer Veteran peer-based support program; connecting families who lost a loved one to peer and community support and resources; and outreach and education events to teach civilians how to respond to the unique needs associated with service.

Tanya R. Friese
Education Coordinator
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Rush Medical Center

Modwene Lavin
Family Outreach Coordinator
Modwene_Lavin@rush.edu
Rush Medical Center
The Road Home Program team is dedicated to supporting Veterans and their families facing the challenges of life after deployment. We provide support and care without judgment and without an agenda. Services include individual, family, and partner counseling and mental health services as well as support group, social activities, and mentoring programs.

Jenny Sitzer
Women Veterans Program Manager
Jenny.Sitzer@va.gov
Jesse Brown VA

The facility advocate for women Veterans at the Jesse Brown VA Medical Center and conduct outreach on behalf of the VA Women’s Health Program. The Jesse Brown VA Medical Center Women’s Clinic is represented on the IJF site and my contact is listed for any inquiries.

Aubrey Youngs
Chief Operations Officer
aubrey_youngs@yahoo.com
AllenForce

Donna Sebok
President Founder
donna@allenforce.org
AllenForce

AllenForce promotes a healthy and successful lifestyle for all service members and Veterans of all eras of the United States Armed Forces and their loved ones by providing positive networking, fitness and recreational opportunities and community events. AllenForce strives to bridge the gap between military and civilian life as Veterans face an ever-changing adjustment process after serving our nation.

Philip Maranon
Vocational Rehabilitation Counselor
Philip.Maranon@va.gov
Jesse Brown VA

Tara White
Vocational Rehabilitation Counselor
Tara.White2@va.gov
Jesse Brown VA

The Veterans Health Administration through its Therapeutic Supported Employment Services or also called Compensated Work Therapy Program or CWT, assist our Veterans back into the workforce. The program is specifically geared toward Veterans
who have suffered from a disability. It provides Veterans with skills training, job
development, placement services, and employment support. CWT provides Veterans
whose lives have been disrupted by mental illness or coexisting physical disabilities with
a supportive, stable, structured approach to help them achieve their employment goals.

Veronica Brown
Contract Manager
Veronica.Brown@Illinois.gov
Illinois Division of Mental Health

Ms. Brown works for The State of Illinois, Division of Mental Health. She is also a
Veteran and is very active in Illinois Joining forces.

Stephanie Love-Patterson
Executive Director
bunelove@icloud.com
Connections for Abused Women and their Children (CAWC)

CAWC is Chicago's oldest domestic violence program; our mission is to end domestic
violence. We work toward this goal by providing 24-hour domestic violence hotline
services, emergency domestic violence shelter and outreach services at John H. Stroger
and Northwestern Memorial Hospitals, outreach services in Humboldt Park and services
at Haymarket Center. CAWC also provides training and outreach throughout the
community. All services are free of charge and confidential.

Catherine Sevedge
Sexual Trauma Counselor
Catherine.Sevedge@va.gov
Oak Park Vet Center

The Oak Park Vet Center gives counseling to combat and MST survivors. We are part of
the VA, but not the hospitals. Our services are prepaid with a Veteran’s service and are
time unlimited.

Pamela Brockman
Director, IL
brockman.pamela@gmail.com
Project Welcome Home Troops

Project Welcome Home Troops offers resilience training to help Veterans, military
service members, and their families get relief from PTS. Our programs include powerful
techniques to manage the mind, stress, and negative emotions. PWHT is a program of
the International Association for Human Values, a 501 © 3 nonprofit and
nongovernmental member of the United Nations with special consultative status with the
Economic and Social Councils. We are an approved vendor of the VA and our PWHT
programs are offered at no charge to Veterans, military service members, and their families.

Katherine A. Dahm  
Military Sexual Trauma Coordinator  
Katherine.Dahm@va.gov  
Jesse Brown VA Medical Center in Chicago

JBVAMC provides medical and mental health services to Veterans living in the Chicago area and surrounding counties in northeast Illinois and northwest Indiana. In my role as MST Coordinator, I provide trainings, implement policies, and connect Veterans with MST-related treatment services at JBVAMC and in the community. I also provide outreach and collaborate with community organizations to try and increase Veterans’ access and engagement in services.

Megan Everett  
Veterans Program Officer  
MEverett@mccormickfoundation.org  
Robert R. McCormick Foundation

Our organization is a funder of nonprofits that serve the community, specifically, my program funds Veteran-serving nonprofits and initiatives.

Mariann Blacconiere  
Violence Prevention Coordinator  
Mariann.Blacconiere@va.gov  
Department of Veterans Affairs

The Department of Veterans has 5 VA Hospitals (Medical Centers) and 31 Community Based Clinics in the State of Illinois. The hospital provide critical, medical, psychiatric care for both inpatient and outpatient Veterans. The Community Based Clinics are each connected to a main VA Medical Center and provide outpatient medical and psychiatric services.

Alma Tello  
Senate Aide to Senator Richard J. Durbin  
Alma_Tello@durbin.senate.gov

As the aide to Senator Durbin, Ms. Tello handles all military and Veteran affairs in the Chicagoland area. Senator Durbin is also Co-chair of the Subcommittee on Defense Appropriations.

Joehane Martinez  
Clinical Therapist/Social Worker  
Joehane.Martinez@va.gov  
Chicago Vet Center
The Vet Centers are part of the Department of Veteran Affairs. However, our focus is to serve combat Veterans and their family by providing a continuum of care. This care includes readjustment counseling services, grief and bereavement counseling for families who have lost a family member in combat, community education, outreach to special populations and brokering services with community partners, and linking veterans with other services within the VA system. In addition, we also provide specialized Military Sexual Trauma (MST) counseling services for veterans who have experienced MST.

Meosha Thomas  
Founder & CEO  
one.savvy.veteran@gmail.com  
One Savvy Veteran

One Savvy Veteran is a non-profit organization founded by a woman Veteran to meet the needs of fellow women warriors. Our mission is to encourage, educate and empower women Veterans to successfully navigate the transition from military service to civilian life. We are a source of support, advocacy, assistance and access to Veteran-specific information and resources for women Veterans in Illinois.

Stephanie Niro  
Community Programs and Outreach Coordinator  
stephaniejniro@gmail.com  
Rivendell Theatre Ensemble

Rivendell Theatre Ensemble is a professional theatre company committed to advancing women's lives through the power of theatre. We provide women theatre artists a creative home where they can nurture, develop, and produce their craft and by producing plays where audience see new voices and stories, including, in many cases, their own. Our current touring production of Women At War hopes to begin vital conversations that will help to bridge the gap of understanding between civilians and women who have served.

Betsy E. Tolstedt  
Team Leader  
Betsy.Tolstedt@va.gov  
Evanston Vet Center

The Vet Center provides individual, family and group counseling for Veterans and service members who have served in combat zones or have experienced sexual trauma while on military duty. The staff is comprised of Veterans and non-Veterans who are experienced mental health professionals. The Vet Center offers flexible hours.

Bridget Altenburg  
CEO of Veterans’ Forward  
baltenburg@nationalable.org  
National Able Network
National Able Network, Inc. is a leading non-profit organization specializing in providing workforce development programming for individuals, families, and communities. We provide services to businesses in all major sectors and help job seekers of all ages, skills, and income levels achieve economic self-sufficiency through gainful employment.

Ginnie Fraser  
Chief Clinical Officer  
Ginnie.Fraser@thresholds.org  
Thresholds

Nicole Hermon  
Women Veterans Coordinator  
Nicole.Hermon@thresholds.org  
Thresholds

Eve Pullum  
Women Veterans Coordinator  
EveLyne.Pullum@thresholds.org  
Thresholds

Nijha Maybon  
Veterans Administrative Assistant  
Nijha.Maybon@thresholds.org  
Thresholds

Thresholds has over 50 years of experience working with Chicago’s most at-risk populations. Integrating our award-winning, evidence-based practices and strategic partnerships, the Veterans Project includes homeless outreach, housing services, supported employment, peer-driven supports, integrated physical and mental health services, and trauma-based therapies. Within the Veterans’ Program, The Thresholds Women Veterans Health Initiative offers unique services catered to the needs of women Veterans.