

National Resource Center on Justice Involved Women



Responding to the Needs of Women Veterans Involved in the Criminal Justice System

Women veterans, like their male counterparts, may be exposed to multiple deployments, combat situations, and experiences of trauma while serving in the military.

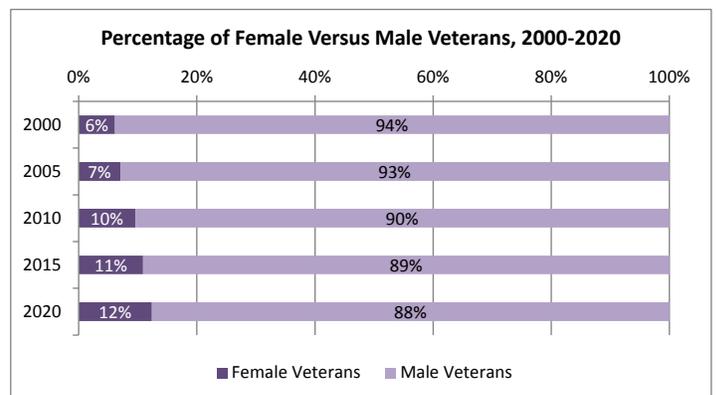
Media reports highlight several challenges that veterans may face as a result of their military experiences when transitioning to civilian life, including:

- re-assuming parenting responsibilities,
- finding employment and housing, continued physical health care needs, and
- substance abuse and mental health problems such as: depression, Post-Traumatic Stress Disorder (PTSD), and Military Sexual Trauma (MST).

This brief provides criminal justice practitioners with information about the unique needs of female veterans and what is known about their involvement in the criminal justice system. It offers a gender and trauma informed approach that criminal justice practitioners can use to more effectively manage this population.

Introduction

The percentage of women serving in the military is growing. Today, almost 15% of the individuals actively serving in the United States Armed Forces are women.¹ In 2009, women comprised 8% of the total veteran population in the United States.² An increase in the number of women veterans is expected to continue—the U.S. Department of Veteran Affairs (VA)³ projects that the female veteran population will increase by an additional 10% from 2010-2020, while the male veteran population will decrease by 17%.



Source: U.S. Department of Veteran Affairs, 2011; 2007.

Despite the growing number of women serving in the military, little data exists on women veterans in both the civilian and military criminal justice systems. In 2004, the U.S. Department of Justice estimated that veterans made up about 10% of those serving time in state and federal prisons and women veterans made up about 1% of this population – or approximately 1,400 women.⁴

This project was supported by Grant No. 2010-DJ-BX-K080 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Meeting the mental health needs of justice-involved male veterans is of growing concern to criminal justice practitioners, as evidenced by the increased use of specialty courts and other jail diversion programs for veterans.⁵ Similar to this growing concern over meeting the specific needs of justice-involved male veterans, there is also concern over the criminal justice system's ability to meet the complex needs of women veterans. As criminal justice practitioners, we need to understand that the issues facing women veterans in the justice system may be complex as a result of untreated trauma, mental illness, and substance abuse, and their unique military experiences. We must better prepare ourselves to respond.

This document highlights the unique experiences and needs of women veterans who become justice-involved and offers a gender and trauma informed approach that criminal justice practitioners can use to more effectively manage this population.

Understanding the Challenges Facing Justice-Involved Women Veterans

There are a number of needs common to all individuals who are involved in the criminal justice system. However, when working with justice-involved women veterans, practitioners should be especially aware of the following issues.

Parenting and Childcare

Military women with children are less likely to have the same support networks as military men. For instance, single mothers and women veterans whose husbands are still serving on active duty must immediately begin caring for their children with little or no time to transition or readjust.⁶ Finding affordable child care may be difficult for women veterans and prevent them from seeking employment, continuing their education, and seeking treatment services for mental health and adjustment problems.⁷ There is some evidence to suggest that women veterans refrain from seeking homeless services for fear that they may lose their children to social services.⁸

Unemployment

In 2012, 8.3% of women veterans were unemployed compared to just 6.9% of male veterans.⁹ They may face sexual discrimination in the job market, employers may pass over younger veterans whose only job experience was in the military, the skills they learned in the service may not be marketable, or they may lack the higher education necessary to secure the jobs they want. In addition, securing and maintaining employment can be particularly difficult for women recovering from traumatic experiences or suffering from PTSD. In a 2007 study, the Business and Professional Women's Foundation found that almost half (44%) of the women veterans who found civilian employment did not feel like they were completely "adjusted" to the workforce.¹⁰

Housing and Homelessness

Women veterans are more likely to experience homelessness than civilian women, particularly if they are single mothers or have experienced MST.¹¹ A U.S. Department of Veteran's Affairs (VA) study found that up to 53% of homeless women veterans have been victims of MST.¹² The number of women veterans identified as homeless by the VA more than doubled between 2006 (1,380) and 2010 (3,328).¹³ The challenges faced by homeless women veterans are many: they may be unaware of housing programs available to them; they receive little assistance in securing temporary housing while awaiting permanent veteran housing; there is a lack of housing available for women with children; and the only housing options available may be mixed-gender settings where safety issues are not necessarily addressed (i.e., sexual harassment, assault).¹⁴

Substance Abuse and Co-Occurring Disorders

Women veterans may exhibit substance abuse and/or co-occurring substance abuse and mental health issues. For example, a report by the Substance Abuse and Mental Health Services Administration (SAMHSA) indicated that 22% of women in the U.S. Army stated that they used alcohol as a way to cope with stress in their lives.¹⁵ Furthermore, substance abusers in the military are more likely to

suffer from anxiety disorders, depression, and PTSD than non-substance abusing service members.¹⁶ These findings are consistent with research on incarcerated female populations that show that about three quarters of women who suffer from mental illness also have substance abuse disorders.¹⁷

Trauma Exposure

The relatively high rates of co-occurring disorders among women veterans may result from prolonged exposure to trauma. Traumatic experiences may have occurred while serving in the military, but may also include victimization prior to military service.

- **Abuse in Childhood and/or Adulthood:** Research suggests that 81-93% of women veterans have been exposed to some type of trauma over their lifetime, which is higher than estimates of trauma among the civilian female population (51%-69%).¹⁸ Past traumas, prior to entering the military, may include child abuse, adult physical and sexual assault¹⁹ and domestic violence.²⁰ For example, among samples of U.S. Navy recruits, 15% of new male and female recruits reported trauma histories²¹ with up to 60% of women recruited reporting past childhood physical or sexual abuse²². These numbers suggest that some women may choose to join the military as a means to escape abusive or violent home environments.²³
- **War Trauma:** A greater number of women are serving in combat zones in the Iraq and Afghanistan wars than in previous wars.²⁴ The fact that more women are serving on the “front lines” increases their exposure to traumatic stressors. A recent study found that up to 51% of women in the U.S. Army serving in Iraq and Afghanistan were exposed to combat related trauma.²⁵ Therefore, a number of military women return home with the same experiences as men do – traumatic experiences such as incoming fire from enemy artillery, rockets, mortars, sniper fire, and seeing others killed or wounded.²⁶

Symptoms of Military Sexual Trauma

- **Strong emotions:** feeling depressed, angry, or irritable
- **Feelings of numbness:** feeling emotionally “flat”, difficulty experiencing love or happiness
- **Trouble sleeping:** trouble falling or staying asleep, disturbing nightmares
- **Difficulties with attention, concentration, and memory:** trouble staying focused or remembering things
- **Alcohol or drug abuse:** drinking to excess or using drugs daily; using substances to cope with memories or to fall asleep
- **Difficulties with reminders of their experiences of sexual trauma:** feeling on edge, not feeling safe, avoiding reminders of the experience, difficulty trusting others
- **Difficulties in relationships:** feeling isolated or disconnected from others, participating in abusive relationships, trouble with employers or authority figures
- **Physical health problems:** sexual difficulties, chronic pain, weight or eating problems, gastrointestinal problems

From: U.S. Department of Veterans Affairs, 2012.

- **Military Sexual Trauma (MST):** For women serving in the military, MST has also emerged as a significant concern. MST is defined by the VA as “experiences of sexual assault or repeated, threatening sexual harassment that a veteran experienced during his or her military service.” While the true prevalence of MST is hard to determine, reported experiences of MST by military men and women is quite concerning, particularly for women. A study by the Veteran’s Health Administration found that 1 in 5 female veterans experienced MST as compared to 1 in 100 male veterans.²⁷ A 2011 review of 37 studies²⁸ on trauma among women veterans found that during the course of military service an estimated 30-45% of women experienced MST. In another review of the literature, researchers found that up to 33% of women studied experienced rape or attempted rape and up to 84% of women experienced sexual assault or harassment while on active military duty.²⁹

The full repercussions of these traumatic experiences for women are still being researched. Consider that, like other trauma, MST is a strong predictor of mental health conditions such as PTSD, depression, anxiety, and eating disorders.³⁰ Women veterans who have experienced MST are nine times more likely to develop PTSD than women veterans without such experiences.³¹ A recent estimate for lifetime prevalence of PTSD among women veterans is 27%, as compared to 10-12% among civilian women.³² MST survivors are also 2-3 times more likely to attempt suicide or engage in self-harm than individuals who did not experience MST.³³ Since the effects of trauma, such as past physical or sexual abuse, MST, and working in a combat zone, can be cumulative and long-lasting,³⁴ effective and ongoing treatment may be necessary to prevent a “downward spiral” into substance abuse, unemployment, homelessness, or criminal justice involvement.

Identifying and Addressing the Needs of Justice-Involved Women Veterans

Identify Veteran Status

There is no data to suggest that either male or female veterans are overrepresented in the justice system as compared to their representation in the general U.S. population.³⁵ However, the literature and experts suggest that many veterans in the criminal justice system may go unidentified.³⁶ Criminal justice professionals do not necessarily ask men and women about their military experience and many veterans who have left active duty do not realize that they may be eligible for VA services. Therefore, it is critically important that criminal justice practitioners ask the right questions in order to identify military status – this is true for both men and women in the criminal justice system. Appropriately identifying veteran status is the first step to addressing women’s unmet mental health, trauma, and other survival needs (e.g., housing, employment) while they are in criminal justice settings.³⁷

Add Veteran Screening Questions to Established Criminal Justice Intake and Assessment Processes

- Have you ever served on active duty in the Army, Navy, Air Force, Marines, Coast Guard or in the National Guard or Reserves? If yes, Which Service? When?
- Have you ever deployed to a war zone? If yes, How many times? Where? When?
- Do you have combat experience? If yes, Where? When?

From: Battered Women’s Justice Project, 2012.

The following charts outline some gender-responsive practices that criminal justice professionals should apply when working with all justice-involved women, as well as more specific considerations for working with women veterans who become involved in the justice-system. When working with women veterans, it is recommended that practitioners incorporate the following considerations into the intake, case management, and service coordination and delivery processes.

Develop and Implement a Standardized and Comprehensive Intake Process

Considerations for Working with All Justice-Involved Women	Additional Considerations for Working with Justice-Involved Veterans
<p>Utilize a gender-responsive risk/need and strengths assessment.³⁸</p> <ul style="list-style-type: none"> Establish the context and circumstances that impact offending behavior. Identify challenges and strengths across personal and major life need areas. 	<p>Screen for military status. Be sure to elicit her individual circumstances and needs.</p> <ul style="list-style-type: none"> Explore her history with the military (i.e., branch, rank, job in the military). Begin with a general exploration of experiences in the military. Be mindful that not all women and men deployed to a combat zone have combat exposure. <p>Identify protective factors. Women veterans may have strengths that can be mobilized to mitigate risk for future criminal behavior. For example, women in the military often have achieved higher education levels and have a steady job history when compared to other justice-involved women.³⁹</p>
<p>Determine her history of trauma (e.g., physical, emotional, or sexual abuse; neglect; loss; intimate partner violence; community violence).</p>	<p>Determine her history of trauma while on active duty. This may include combat-related experiences and MST. Conduct in-depth assessments of PTSD, mental health status and traumatic brain injury, when there is a need for further intervention.</p>
<p>Explore her experiences in the aftermath of trauma. How did she respond? If the trauma was reported, what was the response from others? How do those experiences continue to affect her?</p> <p>Carefully assess her current level of danger from other people (e.g., restraining orders, history of intimate partner violence, threats from others, etc.).</p>	<p>Respond to trauma experiences in a normative way. Remember veterans have learned not to be weak or to display weakness. “They have been trained as warriors and do NOT want to be seen as victims.”⁴⁰</p>
<p>Screen for suicidal thoughts and behaviors as well as for indications of self-harm. While, women in the general population are less likely to commit suicide than men, they are more likely to engage in para-suicidal and self-harm behaviors.</p>	<p>Pay careful attention when screening for suicidal thoughts, behaviors, and indicators of self-harm. Women veterans, particularly those under the age of 35, are more likely than women in the general population to complete suicide.⁴¹</p>

Use a Strengths-Based, Collaborative Approach to Develop the Case Plan

Considerations for Working with All Justice-Involved Women	Additional Considerations for Working with Justice-Involved Veterans
<p>Work intentionally with each woman to mobilize traits, values or resources to mitigate the risks of negative outcomes.⁴²</p> <p>After reviewing the assessment results with her, work in a collaborative way to develop goals and action steps.</p> <p>Ensure that case plan goals and action steps are reviewed and updated regularly.</p> <p>Reinforce all successes.</p>	<p>Explore current and past experiences with professional services and supports including VA/Vet Center-based. Identify a list of resources that women veterans perceive as helpful.</p>

Provide Access to Gender Responsive, Trauma-Informed Services

Considerations for Working with All Justice-Involved Women	Additional Considerations for Working with Justice-Involved Veterans
<p>Make treatment referrals to agencies and services that utilize approaches developed specifically for women (e.g., use a relational and strengths-based approach).</p>	<p>Determine eligibility for VA and non-VA benefits and services and help women connect to these resources.</p>
<p>Make referrals to agencies that use trauma-informed approaches (i.e., they do not place men and women in the same treatment groups; focus on the impact of trauma, etc.).</p>	<p>Likewise with all other treatment providers, ensure that VA/Vet-center based treatment groups do not mix female and male veterans.⁴³</p> <p>Given that 1 in 5 women veterans report MST,⁴⁴ it is critical that women are provided with treatment options that ensure their safety and security.⁴⁵ Women veterans who have experienced MST may require ongoing support and intensive treatment. Some women in the military may have been ostracized, isolated or punished for reporting abuse. Also, since these women were assaulted while serving in the military, it is unlikely that they were able to elicit support from their loved ones.⁴⁶ Interventions for female veterans in the justice system should consider these dynamics.</p>

Implement Gender Responsive Treatment Interventions Targeted at the Specific Needs of Women Veterans

It should be noted that there is currently limited research regarding effective interventions specifically with justice-involved women veterans. However, there are some gender responsive interventions that are showing results with justice-involved women generally.⁴⁷ In addition, there are some promising treatment protocols currently being used with women veterans that are described below.

Intervention	Use with Female Veterans
<p>Healing the Trauma of Abuse Developed by Mary Ellen Copeland, MA, MS & Maxine Harris, Ph.D. See: http://mentalhealthrecovery.com/store/healing.html</p>	<p>A facilitator at Miramar-Navy Corrections utilizes this workbook over 33 weekly sessions with women veterans. In addition, women meet individually with the facilitator once every 12 weeks.</p>
<p>Trauma Addictions Mental Health And Recovery (TAMAR) Developed by Dr. Andrea Karfgin. See: http://www.nasmhpd.org/docs/publications/TAMAR/TAMAR-Introduction-TableofContents.pdf</p>	<p>In the TAMAR program at Miramar-Navy Corrections, participants cover 15 modules and meet twice per week for 15 weeks.</p>
<p>Beyond Trauma: A Healing Journey for Women Developed by Stephanie S. Covington, Ph.D. See: http://www.stephaniecovington.com/b_beyond.php</p>	<p>A facilitator utilizes this workbook with participants at Miramar-Navy Corrections over 11 weekly sessions.</p>
<p>Prolonged Exposure Therapy and Cognitive Processing For more information, see: http://www.ptsd.va.gov/public/pages/prolonged-exposure-therapy.asp</p>	<p>Linda Van Egeren Ph.D., Military Sexual Trauma Coordinator, Minneapolis Veterans Affairs and Veterans Integrated Service Networks, is currently evaluating its use for women veterans who are diagnosed with PTSD.</p>
<p>Dialectical Behavior Therapy (DBT) Developed by Marsha Linehan, Ph.D., ABPP. See: http://www.behavioraltech.org</p>	<p>Elements of DBT are now being used by some professionals to treat PTSD. This approach assists female veterans to reduce suicidal ideation, hopelessness, depression and build self-regulation skills, distress tolerance, and to reduce the impact of painful emotions.⁴⁸</p>
<p>Holographic Reprocessing Developed by Lori S. Katz. For more information, see: http://www.nytimes.com/video/2013/02/26/us/100000001981466/owning-the-past.html?nl=todaysheadlines&emc=edit_th_20130228#100000001981466 and http://homeless.samhsa.gov/resource/women-veterans-a-new-focus-26390.aspx</p>	<p>This therapeutic approach allows women to safely revisit and reprocess their experiences of trauma. This approach is utilized within the Renew Program in Long Beach, CA which serves both homeless and non-homeless women veterans who have experienced military sexual trauma - and often pre-military sexual trauma - via a comprehensive 12-week course.</p>

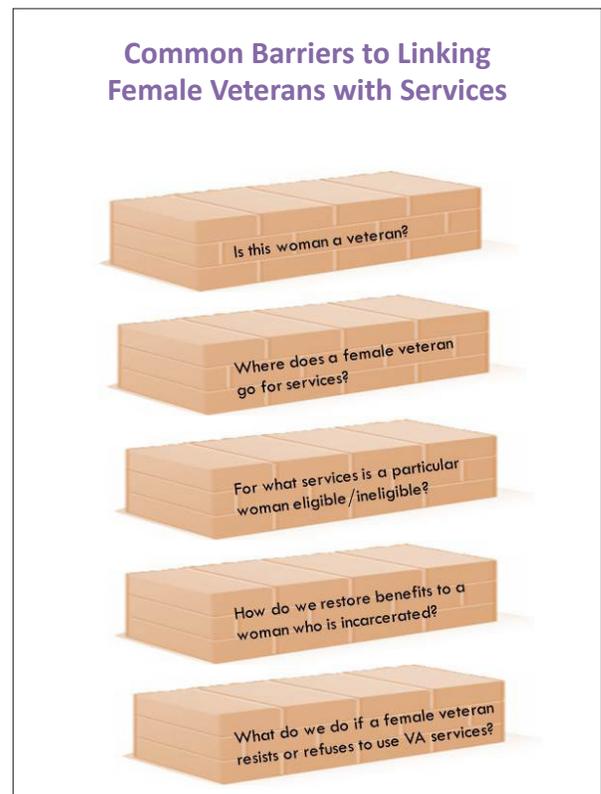
Barriers to Getting Women Veterans the Services They Need

While there may be more resources available for women veterans than non-veteran women, there are a number of barriers that keep women veterans from benefiting from these services, including:

- **Practitioners fail to identify women who may be veterans.** As stated earlier, the largest barrier to getting women veterans into services is that the criminal justice system and other human service agencies fail to identify whether the women under their care are indeed military veterans.
- **Practitioners and women veterans don't always know where to go to find services.**
- **Women veterans need assistance determining the services for which they are eligible.** For instance, women veterans who are not honorably discharged may be limited in the services they can receive from the U.S. Department of Veterans Affairs (VA).
- **Women veterans may lose benefits due to incarceration.** For example, women charged with a felony may only receive 10% of their Dependency and Indemnity Compensation (DIC) and pension benefits.⁴⁹ Upon release, women may need assistance with applying to restore their benefits.
- **Women veterans may choose not to take advantage of services.** For example, women veterans who are experiencing homelessness or domestic violence may be more likely to use the services of shelters, rather than seek assistance from the VA. This may be because women do not feel that the VA can adequately meet their needs (e.g., lack of child and legal assistance, lack of women only treatment settings)⁵⁰ or because they feel they are treated poorly.

Expectations for the Future: Some Promising National Initiatives Focused on Justice-Involved Veterans

A number of promising initiatives have emerged to divert veterans from the justice system and to provide them with necessary services. These include SAMHSA's Jail Diversion and Trauma Recovery-Priority to Veterans Initiative,⁵¹ over 100 treatment courts for veterans across the country,⁵² and the Veterans Justice Outreach Initiative, which was developed to educate judges and court personnel and to serve as a liaison between courts and VA.⁵³ While these initiatives show promise for minimizing veterans contact with the criminal justice system,⁵⁴ there is little information on the extent to which women veterans are included in the populations served by these initiatives. Criminal justice practitioners working with women veterans are encouraged to learn more about the resources available to veterans in their jurisdiction and ensure that female veterans are able to take advantage of any programs or services developed specifically for this unique criminal justice population.



Endnotes

- ¹ U.S. Department of Health and Human Services, 2013; Also Retrieved from: <http://www.womensmemorial.org/Press/stats.html>
- ² National Center for Veterans Analysis and Statistics, 2011.
- ³ U.S. Department of Veterans Affairs, 2011.
- ⁴ Noonan & Mumola, 2007.
- ⁵ National Gains Center 2008; 2011.
- ⁶ Lange, 2008.
- ⁷ See Women Veterans of America, 2013.
- ⁸ U.S. Government Accountability Office, 2011.
- ⁹ Bureau of Labor Statistics, 2013.
- ¹⁰ Business and Professional Women's Foundation, 2007.
- ¹¹ U.S. GAO, 2011; U.S. Department of Labor, 2011.
- ¹² Rolling Stone Magazine, 2013.
- ¹³ U.S. GAO, 2011.
- ¹⁴ U.S. GAO, 2011.
- ¹⁵ SAMHSA, 2012.
- ¹⁶ SAMHSA, 2012.
- ¹⁷ Bloom, Owen, & Covington, 2003.
- ¹⁸ Zinzow et al., 2007. It is important to note that higher rates of trauma reported by military women may occur given the greater likelihood that they are assessed for trauma as compared to women in the general U.S. population.
- ¹⁹ Zinzow et al., 2007.
- ²⁰ University of Virginia Law School, 2011; Zinzow et al., 2007.
- ²¹ Stander & Merrill, 2005.
- ²² Merrill, 2001.
- ²³ Zinzow et al., 2007.
- ²⁴ Zinzow et al., 2007.
- ²⁵ Maguen, Luxton, Skopp & Madden, 2012. See also <http://www.ucsf.edu/news/2012/01/11321/women-soldiers-see-more-combat-prior-eras-have-same-ptsd-rate-men-study-says>
- ²⁶ CA Department of Alcohol and Drug Programs, 2012; Zinzow et al. 2007.
- ²⁷ U.S. Department of Veterans Affairs, 2012.
- ²⁸ Zinzow et al., 2007.
- ²⁹ University of Virginia Law School, 2011.
- ³⁰ Zinzow et al., 2007.
- ³¹ University of Virginia Law School, 2011.
- ³² Zinzow et al., 2007. While recent research suggests the rates of PTSD among male and female veterans are similar, the causes of PTSD may differ for men (who are more likely to experience combat) and women (who are more likely to report MST) (KQED, 2012).
- ³³ University of Virginia Law School, 2011.
- ³⁴ Zinzow et al., 2007.
- ³⁵ National Gains Center 2008.
- ³⁶ National Gains Center, 2011.
- ³⁷ National Gains Center 2008.
- ³⁸ The Women's Risk Need Assessment (University of Cincinnati, 2013) and the Service Planning Instrument for

- Women (Robinson, 2010) were designed specifically for justice involved women. For more information see: <http://www.us.edu/womenoffenders> and <http://www.orbispartners.com/index.php/assessment/spin-w/>
- ³⁹ SAMHSA, 2012.
- ⁴⁰ Barbara Banaszynski, Director of Program Development, Volunteers of America, personal communication, 2012.
- ⁴¹ McFarland, Kaplan, & Huguet, 2010.
- ⁴² See Ney, Ramirez, and Van Dieten, 2012 for more information.
- ⁴³ Hodgins, el-Guebaly, & Addington, 1997.
- ⁴⁴ U.S. Department of Veterans Affairs, 2012.
- ⁴⁵ For more information about the prevalence, impact and available resources for women who have experienced military sexual trauma, see: http://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf
- ⁴⁶ The response of the military to women who report sexual assault is the focus of a recent documentary: <http://invisiblewarmovie.com/index.cfm>
- ⁴⁷ Modley & Giguere, 2010, Exhibit 4, Promising Gender-Responsive Programs.
- ⁴⁸ Koons et al., 2001.
- ⁴⁹ American Legion, no date.
- ⁵⁰ SAMHSA, 2012.
- ⁵¹ See http://gains.prainc.com/pdfs/veterans/JDTR_Brief_3_11.pdf for more information.
- ⁵² See <http://www.justiceforvets.org/veterans-treatment-court-locations> for more information.
- ⁵³ See <http://www.va.gov/homeless/vjo.asp> for more information.
- ⁵⁴ See Cavanaugh, 2011; McMichael, 2011; and Smith, 2010.

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Responding to the Needs of Women Veterans Involved in the Criminal Justice System

Appendix: Resources for Criminal Justice Practitioners

General Resources for Veterans

- VA's Inquiry Rooting and Information System: <https://iris.custhelp.com/>
- Veterans Facility Locator: <http://www2.va.gov/directory/guide/home.asp?isFlash=1>
- State Departments of Veterans Affairs: <http://www.va.gov/statedva.htm>
- American Legion: <http://www.legion.org/>

Resources for Women Veterans

- U.S. Department of Veterans Affairs, Center for Women's Veterans: <http://www.va.gov/womenvet/>
- VA's Center for Women Veterans: 25 Frequently Asked Questions from Women: Veterans: <http://www.va.gov/WOMENVET/25FAQs-March2011-FINAL.pdf>
- National Coalition for Homeless Veterans, Women Veterans: <http://www.nchv.org/women.cfm>
- American Women Veterans: <http://americanwomenveterans.org/home/>
- Grace After Fire: <http://www.graceafterfire.org/>
- Service Women's Action Network: <http://servicewomen.org/>

Military Benefits

- Veterans Benefits Administration: <http://www.vba.va.gov/VBA/>
- VA's general information hotline: 1-800-827-1000
- Child Care Support for Military Families: <http://www.naccrra.org/military-families>

Homelessness

- Homeless Veterans: <http://www.va.gov/HOMELESS/index.asp>
- National Call Center for Homeless Veterans: 1-877-4AID VET (1-877-424-3838) or <http://www.va.gov/HOMELESS/NationalCallCenter.asp>
- National Coalition for Homeless Veterans: <http://www.nchv.org/index.cfm>
- HUD-Veterans Affairs Supportive Housing: http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash#1
- National Center on Veteran Homelessness: <http://www.va.gov/homeless/nationalcenter.asp>
- Homeless Providers Grant and per Diem Program: <http://www.va.gov/homeless/gpd.asp>

- National Coalition for Homeless Veterans, Locate a Community Based Organization: <http://www.nchv.org/network.cfm>
- Planning for Your Release – A Guide for Incarcerated Veterans: <http://www.nchv.org/docs/IncarceratedVeteransGuide3rdEdition.pdf>
- Volunteers of America, Veterans Services: <http://www.voa.org/Get-Help/National-Network-of-Services/Veterans>
- Homeless Women Veterans, GAO Report from December 2011: <http://www.gao.gov/products/GAO-12-182>
- Supportive Services for Veteran’s Families (SSVF): http://www.usich.gov/funding_programs/programs/supportive_services_for_veterans_families_ssvf_program/

Physical Health

- Veterans Health Administration: <http://www.va.gov/health/default.asp>
- Women’s Veterans Healthcare: <http://www.womenshealth.va.gov/WOMENSHEALTH/index.asp>
- My Healthvet (VA’s personal health record): <https://www.myhealth.va.gov/index.html>
- Health Care for Reentry Veterans (HCRV): <http://www.va.gov/homeless/reentry.asp>
- Tricare: <http://www.tricare.mil/>

Mental Health

- Veterans Affairs, Mental Health: <http://www.mentalhealth.va.gov/index.asp>
- Veterans Affairs, Mental Health – Women Veterans: <http://www.mentalhealth.va.gov/womenvets.asp>

Post-Traumatic Stress

- VA National Center for PTSD: <http://www.ptsd.va.gov/index.asp>
- Screenings for PTSD: <http://www.ptsd.va.gov/professional/pages/assessments/assessment.asp>
- PTSD: <http://www.mentalhealth.va.gov/PTSD.asp>
- PTSD Anonymous Online Screening: https://www.myhealth.va.gov/mhv-portal-web/anonymous.portal?_nfpb=true&_pageLabel=mentalHealth&contentPage=mh_screening_tools/PTSD_SCREENING.HTML

Suicide Prevention

- Veterans Crisis Line: 1-800-273-8255 and Press 1 or http://www.mentalhealth.va.gov/suicide_prevention/index.asp
- Defense Suicide Prevention Office: <http://www.suicideoutreach.org/>

Substance Abuse and Co-occurring Disorders

- SAMHSA’s Co-Occurring Disorder Screening and Assessment <http://www.samhsa.gov/co-occurring/topics/screening-and-assessment/index.aspx>
- SAMHSA’s Alcohol Screening and Brief Intervention of Trauma Patients <http://www.samhsa.gov/csatsdisasterrecovery/featuredReports/01-alcohol%20SBI%20for%20Trauma%20Patients.pdf>
- Treatment Improvement Protocol (TIP) Series 16 <http://store.samhsa.gov/product/TIP-16-Alcohol-and-Other-Drug-Screening-of-Hospitalized-Trauma-Patients/SMA12-3686>

Military Sexual Trauma

- VA's Website on MST: <http://www.mentalhealth.va.gov/msthome.asp>
- Military Sexual Trauma Fact Sheet: http://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf
- Sexual Assault Support for the Department of Defense Community: Safe Helpline: 877-995-5247 or <https://www.safehelpline.org/>
- Protect our Defenders: <http://www.protectourdefenders.com/>
- Military Sexual Trauma: Issues in Caring for Veterans: <http://www.ptsd.va.gov/professional/pages/military-sexual-trauma.asp>
- Trauma Symptoms checklist: <http://www.ptsd.va.gov/professional/pages/assessments/tsc-40.asp>

Intimate Partner Violence

- Battered Women's Justice Project: <http://www.bwjp.org/military.aspx>

Employment

- Business and Professional Women's Foundation: <http://www.bpwfoundation.org/>
- Volunteers of America, Veterans Services: <http://www.voa.org/Get-Help/National-Network-of-Services/Veterans>

Veterans in the Justice System

- Veteran Justice Outreach Initiative: <http://www.va.gov/homeless/vjo.asp>
- Justice for Vets: <http://www.justiceforvets.org/>
- Incarcerated Veterans: <http://www.nchv.org/incarcerated.cfm>
- Reentry Guides for Veterans leaving prison (by state): http://www.va.gov/homeless/reentry_guides.asp
- Veterans Treatment Courts: <http://www.ptsd.va.gov/professional/pages/veterans-PTSD-justice-system.asp>

Select Articles, Reports, and other Documents

- *Number of Homeless Female Veterans Rises Sharply, Report Finds*, New York Times, February 6, 2012: <http://atwar.blogs.nytimes.com/2012/02/06/number-of-homeless-female-veterans-rises-sharply-report-finds/>
- *Veteran Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress*: <http://hudhre.info/documents/2010AHARVeteransReport.pdf>
- *Trauma-Informed Care for Women Veterans Experiencing Homelessness* <http://www.dol.gov/wb/trauma/WBTraumaGuide2011.pdf>
- *Veterans in State and Federal Prison, 2004*: <http://bjs.ojp.usdoj.gov/content/pub/pdf/vsfp04.pdf>
- *Women Veterans with Co-Occurring Disorders*, SAMHSA: <http://www.samhsa.gov/co-occurring/topics/military-justice/women-veterans.aspx>
- *Jail Diversion and Trauma Recovery – Priority to Veterans*, SAMHSA: http://gains.prainc.com/pdfs/veterans/JDTR_Brief_3_11.pdf
- *Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions*: http://www.justiceforvets.org/sites/default/files/files/GAINS%20Report%5b1%5d_0.pdf
- *Violence Against Women in the United States Military* (pp. 129-148): <http://www.law.virginia.edu/pdf/hr/vaw.pdf>

- *Suicide Among Incarcerated Veterans*: <http://www.jaapl.org/content/37/1/82.full.pdf>
- *Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Their Families*: http://www.nap.edu/catalog.php?record_id=12812#toc
- *Criminal Justice Involvement among Iraq and Afghanistan War Veterans: Risk Factors and Barriers to Care*: <http://www.pacenterofexcellence.pitt.edu/documents/Elbogen%20Criminal%20Justice%20Webinar%204%202012.pptx>
- *The American Legion Guide: Women Veterans: Identifying Risks, Services, and Prevention*: <http://www.legion.org/documents/pdf/womensguide.pdf>

Acknowledgements

Rachelle Ramirez, M.A., of the Center for Effective Public Policy and Marilyn Van Dieten, Ph.D., from Orbis Partners Inc. authored this document. The authors would like to thank the following experts whose knowledge and experiences were critical in the development of this brief:

- Barbara Banaszynski, Director of Program Development, Volunteers of America
- Amy Bennett, Women Veteran Coordinator, Missouri Veterans Commission
- Joanne Kurt-Hilditch, PhD Student, Walden University and President-Elect Missouri Corrections Association
- William Peck, Director, Navy Corrections
- Glenna Tinney, MSW, Military Advocacy Program Coordinator, Battered Women’s Justice Project
- Linda Van Egeren Ph.D., Military Sexual Trauma Coordinator, Minneapolis VA & VISN23 (Veterans Affairs and Veterans Integrated Service Networks)

The National Resource Center on Justice Involved Women (NRCJIW) is funded by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, in partnership with the National Institute of Corrections. It is administered by the Center for Effective Public Policy and its partners: CORE Associates, Orbis Partners, the National Center for Trauma-Informed Care, the Moss Group, University of Cincinnati, School of Criminal Justice, and the Women’s Prison Association.

This project was supported by Grant No. 2010-DJ-BX-K080 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

