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THE **BALDY**
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ABSTRACTS

Ron Armstead, Congressional Black Caucus Veterans Braintrust

Brenda Moore, University at Buffalo Department of Sociology

African American Women Military Veterans: An Exploratory Study

Abstract: Over the last two and a half decades the number of women serving in the American armed services has increased dramatically. Not only are women serving in larger numbers, but they are also serving in a variety of roles, many of which had been closed to them until recently. Accompanying this increase in military women has been a growing concern, on the part of the American government, about their needs as veterans. Some women have not been able to transfer the socio-economic gains they made in the military to the civilian sector. Among the problems faced by many women veterans are: under- and unemployment, homelessness, and PTSD. Little has been published on the challenges confronting women when they are discharged from the military, and less has been published about the effects of race and ethnicity. In this paper, we review previous studies and explore current demographic data in an effort to formulate hypotheses about the effects military service has on the lives of today's African American military women as they transition back to the civilian sector.

Bevanne Bean-Mayberry, University of Pittsburgh

Assuring High Quality Primary Care for Women Veterans: Predictors of Success

Bean-Mayberry BA^{1,2}; Chang CH²; McNeil MA^{1,2}; Scholle SH^{3,4}

Abstract:

Objectives: Provider gender, provider specialty, and clinical setting affect quality of primary care delivery for women, but previous research has not looked at these factors in combination. The purpose of this study is to determine whether the separate or combined effects of provider gender, availability of gynecologic services from the provider, and women's clinic setting improve patient ratings of primary care quality.

Methods: Women veterans receiving care in women's clinics or traditional primary care at 10 VA medical centers completed a mailed questionnaire (N=1321, 61%) rating four validated domains of primary care (i.e., preference for provider, communication, coordination, and accumulated knowledge). For each domain, summary scores were calculated and dichotomized into perfect score (i.e. maximum score) versus other. Multiple logistic regressions were used to estimate the probability of a perfect score in each domain while controlling for patient characteristics and site.

Results: Female provider was significantly associated with perfect ratings for communication (OR 2.9, 95% CI 1.4, 5.8) and coordination (OR 3.7, 95% CI 1.5, 9.0). Providing gynecological care among female providers was significantly associated with an increased number of domains with perfect ratings: preference for provider (OR 4.0, 95% CI 1.8, 8.7); communication (OR 2.7, 95% CI 1.3, 5.5); and coordination (OR 2.7, 95% CI 1.1, 7.1). Patients who used a women's clinic and had a female provider who gave routine gynecological care had perfect or nearly perfect ratings for preference for provider (OR 4.7, 95% CI 2.3, 9.7), communication (OR 2.7, 95% CI 1.7, 5.3), and accumulated knowledge (OR 6.1, 95% CI 1.3, 28.5).

Implications: Provision of gynecologic services at the provider or practice level is associated with improved patient ratings of primary care separate from and in synergy with the effect of female provider. Male and female providers should consider offering routine gynecologic services or working in coordination with a setting that provides gynecological services. Health care evaluations should assess scope of services for provider and practice.

Impacts: Comprehensive outpatient services are associated with higher ratings of quality in primary care.

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**Ariane Brunet, Rights and Deomocracy, Montreal
-roundtable participant**

**Carol Burke, University of California, Irvine
-abstract forthcoming**

**Rhonda Copelon, City University of New York School of Law
-roundtable participant**

**Rani Desai, Yale University School of Medicine
Homeless Female Veterans, The Female Reseponse**

Abstract: Military service in general is a risk factor for homelessness, particularly for women. While female veterans are less likely to become homeless after discharge than male veterans, they are about 4 times more likely to become homeless than civilian women. The risk is concentrated in veterans who served after the inception of the all-volunteer armed forces in the early 1970's, likely due to the change in demographic characteristics of those who chose to enter the military. The Department of Veterans Affairs has a commitment to care for all veterans, and has developed specialized programs for those veterans who are homeless. These programs include Health Care for Homeless Veterans (HCHV), Domiciliary Care for Homeless Veterans (DCHV), the Grant and Per Diem Program, and the Homeless Women Veterans Program (HWVP). The HWVP operates in 11 large urban centers across the country and has treated to date more than 2,000 homeless female veterans. The program, upon inception, conducted an evaluation of the efficacy of residential treatment and of a cognitive-behavioral treatment called Seeking Safety. Women entering the program and the evaluation study were followed for one year to observe changes in housing status, psychiatric symptoms, drug and alcohol abuse, self esteem, and quality of life and functioning. Data analyses indicate that those women who entered residential treatment as well as those who received Seeking Safety had significantly better clinical outcomes on all domains in the first nine months of treatment, but that these beneficial effects may begin to fade after nine months. Additional analyses examining trauma histories indicated that the majority of women in this program had significant lifetime trauma histories; 67% reported having been raped in their lives, and 43% reported having been raped in the military. It appears that military sexual trauma may be a significant risk factor for homelessness in female veterans. It is still too early to determine the long-term housing consequences to women of serving in Iraq and Afghanistan, however, it is likely that the patterns we have observed to date will at minimum stay constant, and may increase in severity due to the increased exposure of women to combat situations.

Christine Hansen, Miles Foundation

**A Considerable Sacrifice: The Costs of Sexual Violence in the U. S. Armed Forces
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Abstract: Sexual assault is an underreported crime, traumatizing event and stigmatizing for its victims. The assessment of the prevalence of sexual assault among US Armed Forces is difficult to obtain due to varying methodologies and definitions among surveys and reports associated with the Department of Defense, the military services and the Veterans' Health Administration. The prevalence varies from three to thirty percent among the surveys.

Sexual assault associated with the US Armed Forces is an issue with scant data and only recent policy directives to respond to the crime among the ranks. The Department of Defense has issued "zero tolerance" policies on harassment and sexual assault, required sensitivity training for troops and contemplated aggressive prosecution of offenders.

The military culture includes "rape conducive group norms" among the services as cited by several authors. The climate which precipitates sexual assaults includes women entering serving male dominated working groups with lower levels of authority and rank, sexual harassment by superiors, sexual harassment while on duty and in sleeping quarters, presence of pornography and other elements.

The trauma denoted as "military sexual trauma (MST)" has implications for the physical and mental health of the survivor, disability assessment within the Veterans' Health Administration (VHA) and transition from military to civilian life. Sixty-six percent of victims of sexual assault display symptoms of post traumatic stress disorder (PTSD). Ninety percent display such symptoms within one month and one third continue to experience symptoms after six months. In fact, the "worse recovery milieu" for rape victims associated with the military has been noted during several Congressional hearings. The reported cases of sexual assault are higher among veterans seeking Veterans' Administration disability benefits for PTSD than the history of reported rates for men and women in the general population.

Details of the prevalence, risk factors, common threads relative to rape among the ranks are outlined. Case histories illustrate the challenges for women choosing a profession of arms, military culture and implications for civilian society. Policy analysis of directives, protocols and programs are detailed.

Elizabeth Hillman, Rutgers School of Law
Guarding Women: Abu Ghraib and Military Sexual Culture
(see link to paper on program)

Laura Miller, Rand Corporation

Abstract: Congress required the establishment an independent commission to examine sexual misconduct at the Air Force Academy in 2004, and followed up with a required task force to investigate sexual harassment and assault at the Military Academy and Naval Academy in 2005-2006. Laura Miller served as a member of both investigations, and will speak about the role of culture in both the occurrence and tolerance of harassment and assault in those institutions.

Lepa Mlajenovic, Autonomous Women's Center, Belgrade, Serbia
-roundtable participant

Katia Sorin

The Participation of Women in Western Armed Forces: between a Gender and Politic Dimension (see link to paper on program)

Judith Stiehm, Florida International University Department of Political Science
roundtable participant

Abstract: Twelve women have won Nobel Prizes for Peace in the last 100 years. Three were American. The others were from Austria, Northern Ireland, Iran, Kenya, Guatemala, Sweden, Macedonia, and Burma/Myanmar. Some were women of privilege; some grew up as subsistence farmers. Their goals--to stop war, to nurture the suffering, to achieve justice, to abolish nuclear weapons, to advance democracy--varied. So did their methods. What they had in common was initiative, perseverance, creativity, and the fortitude to withstand criticism, physical attacks and, for some, jail. Many women who did not win the Peace Prize have made equally important contributions to peace. The lesson to be learned is that each of us has the capacity to act, and that we should not be deterred by ridicule and other forms of attack.