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California's Women Veterans

Responses to the 2013 Survey

By Matthew K. Buttice, Ph.D.
Senior Policy Analyst

Requested by the California Commission on the Status of Women and Girls and the California Department of Veterans Affairs, Women Veterans Division

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Executive Summary

The women veteran population in the United States now exceeds 2.2 million. About 8 percent of these women live in California, for a population of more than 180,000. Women veterans have much in common with their male counterparts but have unique experiences and needs as well. Anticipating and addressing these needs is a growing focus of state and federal governments. One component of California's response to the growing women veteran population is the California Women Veteran Survey, a biennial survey of women veterans living in the state. Begun in 2009, this survey is administered by the California State Library's California Research Bureau on behalf of and in cooperation with the California Commission on the Status of Women and Girls and the California Department of Veterans Affairs.

The 2013 survey builds on previous iterations by offering a new set of questions based on the lessons learned in 2009 and 2011, as well as feedback from members of the California women veteran community. The survey was carried out between September and December of 2013, and this report summarizes the results. Because collaborators could not identify a random sample of California women veterans to participate, the 2013 survey relied on a convenience sample of volunteer participants. This approach reduces a researcher's ability to generalize findings to the overall women veteran population of California; however, the results reported here are accurate accountings of the experiences of roughly 1,000 California women veterans. Their experiences likely reflect the experiences of many other women veterans in the state.

Key results from the 2013 survey:

- Overall awareness about state veteran benefits was low among respondents and knowledge varied across demographic and service-related characteristics.
- Disability claims based on post-traumatic stress disorder (PTSD) but not related to sexual harassment or sexual assault were awarded at a significantly higher rate than were PTSD-based claims related to sexual harassment or sexual assault.
- Respondents who experienced sexual harassment, sexual assault, PTSD, and service-connected disabilities were all more likely to report housing issues than the average respondent.
- Most respondents who indicated they experienced sexual harassment or sexual assault did not report the incidents. Of those who did report the incidents, the majority experienced at least one form of retaliation.
- More than one-third of respondents who reported not using U.S. Department of Veterans Affairs healthcare indicated they did not know they were eligible for coverage.
- About half of respondents who reported using childcare indicated childcare needs had a significant impact on some of their employment- and healthcare-related decisions.

- Non-white respondents, those who discharged with an enlisted rank, and those who reported experiencing sexual harassment, sexual assault, PTSD, or a service-connected disability all had higher unemployment rates than their respective counterparts.
- Respondents who identified as lesbian, gay, bisexual, transgender, queer, or intersex were less likely to be aware of and use state veteran benefits and more likely to have experienced housing issues, sexual harassment, and sexual assault than the average respondent.

Drawing inferences and policy recommendations from these results is difficult because of the nature of the sample, but one conclusion emerges. There is an opportunity for increased outreach and education among women veteran communities. Most respondents were unaware of all the state's veteran-related benefits and services to which they are entitled. Some of those who may be eligible for service-connected disability compensation had not filed claims. Many who had not used U.S. Department of Veterans Affairs healthcare reported they did not realize they were eligible. This conclusion is consistent with results from previous iterations of the California Women Veteran Survey as well as recent reports by the California State Auditor and Little Hoover Commission.

Introduction

The women veteran population in the United States now exceeds 2.2 million.[1] About 8 percent of these women live in California for a population of more than 180,000. Women veterans have much in common with their male counterparts but have unique experiences and needs as well. Anticipating and addressing these needs is a growing focus of state and federal governments. One component of California's response to the growing women veteran population is the California Women Veteran Survey, a biennial survey of women veterans living in the state. Begun in 2009, this survey is administered by the California State Library's (CSL) California Research Bureau (CRB) on behalf of and in cooperation with the California Commission on the Status of Women and Girls (Commission) and the California Department of Veterans Affairs (CalVet). This introduction reviews some of the existing information about women veterans and summarizes results from previous iterations of the survey.

EXISTING INFORMATION ABOUT WOMEN VETERANS

Survey data from the U.S. Census Bureau's American Community Survey (ACS) provide reliable estimates of demographic, economic, and healthcare-related characteristics of women veterans both nationally and in California.[2] Women veterans are better off in some ways and worse off in others than their female nonveteran and male veteran counterparts. Women veterans are more likely to hold a Bachelor's degree than are nonveteran women. While women veterans are less likely than nonveteran women to have household incomes below the federal poverty level, they are more likely than male veterans to be in poverty. Women veterans are also less likely to enroll in the U.S. Department of Veterans Affairs (USDVA) healthcare than are male veterans and, overall, significantly more likely to be uninsured.

Other federal data provide additional insights into the experiences of women veterans. Estimates from the U.S. Department of Housing and Urban Development's (HUD) Homeless Management Information Systems suggest that women veterans are more likely to be homeless than are their male veteran or female nonveteran counterparts.[3] USDVA data show that the number of women veterans identified as homeless more than doubled between 2006 and 2010 and that "homeless women veterans face barriers to accessing and using veteran housing, such as lack of awareness about these programs, lack of referrals for temporary housing while awaiting placement in GPD [USDVA Homeless Provides Grant and Per Diem Program] and HUD-VASH [HUD-USDVA Supportive Housing] housing, limited housing for women with children, and concerns about personal safety."[4, p. 4]

Much of the academic research focuses on the health of women veterans at the national level. A 2006 review of literature on women veterans found that most health research was descriptive in nature and tended to focus on post-traumatic stress disorder (PTSD) and on the association between PTSD and sexual trauma.[5] The authors of the 2006 review summarized the results of these studies, stating "that the prevalence of PTSD and sexual trauma is high and that their

impact on women veterans is significant."[5, p. S88] A 2011 update to this literature review reported a considerable increase in the published research on the health of women veterans, though it still noted that most of the research was observational.[6] The authors of the 2011 review found that a large number of articles focused on women veterans of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) and that this "literature underscores the need for repeated PTSD/mental health screening in returning veterans, and points to continuity of care needs for psychiatric and gynecological problems which occur in the field."[6, p. S84]

In 2011, the USDVA created the Women Veterans Task Force, which developed a strategic plan for addressing some of the most important needs of the women veteran community. The plan focused on four areas and provided a useful summary of the current state of affairs:

1. *Capacity and Coordination of Services*, which "addresses the development of systems to ensure appropriate health care staffing projections for primary care, mental health care, and relevant specialty care to meet the current and projected needs of women Veterans."
2. *Environment of Care and Experience*, which focuses on developing "guidelines to safeguard the dignity, respect, and security of women Veterans" and "addresses the need for culture change across VA [USDVA] to reverse the enduring perception that a woman who comes to VA [USDVA] for services is not a Veteran herself, but a male Veteran's wife, mother, or daughter."
3. *Employment and Training*, which "addresses improving employment rates among women Veterans who have faced unique challenges in transitioning to civilian employment."
4. *Data Collection and Evaluation of Services*, which addresses the lack of sufficient and actionable data by "developing the methodologies and systems for collecting and evaluating appropriate data, sharing data across organizational boundaries, and providing the needed analysis to drive informed strategies and policy decisions."[7, pp. 12-13]

CALIFORNIA WOMEN VETERAN SURVEY

The mission of the California Women Veteran Survey is to address the existing information gap by documenting and tracking the experiences of California women who have served in the U.S. Armed Forces and by using those research findings to inform policy discussions. The survey is a critical outreach tool to help link women veterans to CalVet and veteran-related services.

With approximately 150 respondents, the 2009 survey gathered some of the first California-specific data about women veterans. Respondents identified a number of needs:

- Recognition and respect for their military service.
- Childcare options.

- Opportunities to interact with other women veterans to share their experiences and provide/receive support.
- Support and services for themselves and for their families to re-establish family roles and relationships.
- Access to high-quality, gender-specific healthcare, separate spaces to receive care and treatment, and staff trained to understand and meet their needs.
- Military sexual trauma (MST) care and treatment in separate spaces to ensure privacy and safety, staff trained to understand and treat MST, and outreach about MST and services.
- Suitable and affordable housing. Those who are homeless or at risk of homelessness need gender-appropriate services such as private and safe shelters and transitional housing.
- Education and employment opportunities targeted to meet their needs.
- Information about existing services and benefits including specific outreach efforts directed at women veterans and focused on their areas of concern.[8, p. 5]

The 2011 survey saw a significant increase in participation with more than 800 women veteran respondents. The survey contained questions on demographics, service utilization and knowledge, physical and mental health problems, and military sexual trauma. A detailed set of questions on veteran benefit utilization found that about half of the respondents were unaware of at least some of the state benefits available to them. Respondents were far more likely to know about federal benefits but most did not use a majority of the available services. The key needs identified from this iteration included:

- Help finding appropriate employment to support themselves and their families following separation from service.
- Additional information and assistance obtaining state and federal veteran-related benefits and services.
- Physical and mental healthcare tailored to gender-specific needs and experiences.[9, p. 25]

The 2013 survey builds on previous iterations by offering a new set of questions based on the lessons learned in 2009 and 2011 as well as feedback from members of the California women veteran community. The goals of the 2013 survey were to (1) identify and connect with California's women veteran population; (2) gather information on the employment, housing, and benefit-utilization of these women; (3) use this information to support the broader policy discussion on how to provide the most effective and efficient services to the state's women veterans; and (4) benchmark and measure CalVet's outreach efforts to California's women veterans.

This report summarizes results from the 2013 iteration of the survey and contains three sections. The first reviews the design and sample construction of the 2013 survey. The second section presents results from the 2013 survey in subsections on state veteran benefit utilization, service-connected disabilities, housing instability and homelessness, sexual harassment and sexual

assault, healthcare, childcare, employment, and sexual orientation and gender identity. The third section summarizes these results and discusses an opportunity for increased outreach and education. Appendix A reports some of the geographic, demographic, and service-related characteristics of 2013 respondents and compares those to estimates of the overall women veteran population in order to assess the representativeness of the sample. Appendix B presents the paper version of the 2013 survey.

Survey Design

One primary contribution of the 2013 California Women Veteran Survey rests on the new set of questions asked of respondents. Collaborators solicited feedback from members of the women veteran community to design a set of questions tapping into some of the most important areas of concern for women veterans. CRB, Commission, and CalVet staff provided a public comment period on the content and organization of the 2011 survey and used feedback to design an initial draft of the survey. Comments on that initial draft were solicited from a select group of individuals with extensive veteran-related experience. Significant revisions were made to the initial draft based on this feedback. The survey was carried out between September and December of 2013.

The final 2013 survey contained 60 questions. These questions focused on military experience, veteran benefits and services, service-connected disabilities, housing, PTSD, sexual harassment and sexual assault, healthcare, childcare, employment, sexual orientation and gender identity, and a general battery of demographic questions. The complete survey instrument is included in Appendix B. An online version of the survey was administered through SurveyMonkey.[*] A paper version of the survey was also made available to potential respondents through a number of outlets and included a postage-paid return envelope.[†]

SAMPLE CONSTRUCTION

Sampling refers to the process of selecting a portion of a target population to participate in a survey. In ideal scenarios, researchers randomly choose a subset of individuals to participate in a survey from a list of all the members of a population. CalVet does not have a comprehensive list of women veterans in California, which makes it difficult to identify the population of interest for the survey. In the absence of such a list, collaborators on the 2013 survey were left with several options.

The most common sample design administers a survey to a random list of telephone numbers or home addresses. The method is quite costly in cases where a survey is aimed at a small

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[*] SurveyMonkey (www.surveymonkey.com) is a web-based survey tool that allows users to share encrypted URLs to ensure that survey responses are transmitted over a secure connection. To help maintain anonymity, CRB did not use SurveyMonkey's tool to store the IP addresses of respondents in the set of survey results. Because part of the outreach process included offering computers with internet access to take the survey at various community events, CRB allowed multiple responses per computer and limited respondent ability to re-enter the survey once it had been left. While CRB took steps to ensure that individuals did not take the survey more than once, it is possible that some did.

[†] Paper survey responses were keyed-in to SurveyMonkey by CRB staff. The survey instrument did not collect any information that could be used to directly identify respondents, though some responses could be linked with external data to determine a respondent's identity. As such, access to paper surveys and all data entry procedures were limited to CRB staff.

subgroup, such as veterans, because most households will not include a member of the population of interest. Assuming that 50 percent of the women veterans contacted through this approach would actually complete the survey (a potentially generous assumption), collaborators would have needed to contact around 200,000 households to obtain a sample of 1,000 participants.[*]

Another approach, common in veteran surveys conducted by or on the behalf of the USDVA, relies on data from federal administrative databases.[10, 11, 12, 13] While recent research suggests that information on approximately 50 percent of the U.S. women veteran population can be obtained by combining these administrative databases,[14] the approach has several drawbacks. The most important limitation for this study is that the USDVA and U.S. Department of Defense only release information from relevant administrative databases to organizations authorized to conduct research on their behalf.[†] Collaborators on the 2013 California Women Veteran Survey sought access to these data but were unsuccessful.

Because a random sample is currently unavailable and collaborators could not gain access to existing federal databases, the 2013 California Women Veteran Survey combined aspects of several other sampling strategies to collect responses in a way that minimized the effects of error and bias typically associated with nonrandom samples. The approach is similar to a *snowball sample* where a number of initial respondents recruit future participants from among their acquaintances and friends within the target population. Collaborators on the 2013 survey initially reached out to potential participants through CalVet's roster of women veterans and at the 2013 California Women Veterans Leadership Conference. Additional outreach was conducted through federal, state, and county providers of veteran services, private veteran organizations, through the collaborators' respective websites, and other forums:

- Notices posted on CalVet, Commission, and CSL websites, Facebook/Twitter accounts, and email lists.
- Information included in several state agency newsletters.

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[*] A 2010 survey of veterans prepared by Westat for the USDVA serves as an example. [8] Westat purchased a list of 1.8 million random U.S. addresses from a commercial vendor that processes U.S. postal data. A similar approach was used in a 2008 survey of OEF/OIF veterans conducted by RAND. [9] Instead of households, RAND researchers started with a list of almost 3 million phone numbers. Designs such as these are preferable because every nonhomeless member of a population with a phone has an equal chance of being included in the sample. Notably, each of these examples took steps to reduce the costs of contacting nonveteran households. The Westat survey oversampled addresses that could be matched to USDVA databases and the RAND study only included telephone numbers in 24 geographical areas with a large number of military bases and recently-deployed personnel.

[†] Another important limitation of this approach is that such databases lack information on veterans who have not used USDVA services or who discharged prior to 1982. Further, the contact information for those who do appear in the dataset may not be current. Samples generated from this approach may not be generalizable to veterans who have not used USDVA services, discharged prior to 1982, or moved since their contact information was most recently updated.

- Packets of surveys and outreach materials sent to County Veteran Service Offices (CVSOs), providers in HUDs Continuum of Care Program, and USDVA healthcare facilities.
- Contact with state legislators who passed on survey materials to their emails lists and posted information on their websites.
- Outreach to newspapers in California including a letter to the editor of the U-T San Diego newspaper as part of their Veteran's Day coverage.
- Interviews on LA Talk Radio and Capitol Public Radio.
- Postings on the websites of a variety of veteran organizations and blogs including Swords to Plowshares.

One constraint of snowball sample designs is they may fail to reach more isolated groups within the population. They tend to overrepresent characteristics of their initial participants. Collaborators on the 2013 survey relied on ACS data to reduce the effects of these issues. To ensure that the views of as many groups as possible were represented in the survey, CRB compared survey results to ACS data while the survey was in the field to warn if particular groups were severely underrepresented. To the extent possible, collaborators then expanded recruitment efforts to groups who appeared to be underrepresented.

DISCUSSION

All survey estimates based on sample data are subject to sources of error. Convenience-based or opt-in samples of volunteers, like the one used with the 2013 survey, are particularly vulnerable and a short review of some of these issues is warranted.[*] A more detailed discussion of these issues and the representativeness of the 2013 sample appears in Appendix A.

The specific effects of error and bias in the 2013 sample are difficult to know with certainty but the design of the survey and sample are instructive. CRB, Commission, and CalVet staff directed many outreach efforts through federal, state, and county government agencies including USDVA healthcare facilities, CalVet's roster of women veterans, and various CVSOs. As a result, the sample likely overrepresented women veterans who were already connected to veteran-related government services. What might this overrepresentation mean for information obtained through the survey? The results presented here likely underreport on the experiences of women disconnected from the network of government and nongovernmental agencies providing services to veterans in the state.

Additionally, respondents who were aware of the survey volunteered to participate and volunteer samples tend to overrepresent individuals who hold particularly intense opinions on the subject

[*] For a more thorough review see "Report on the AAPOR Task Force on Non-Probability Sampling." [15]

of the survey. The results presented here may overstate the prevalence of positive or negative opinions.

These issues reduce a researcher's ability to generalize findings from the 2013 survey to the overall women veteran population of California.[*] The survey and the analysis presented in this report are valuable as they provide accurate accountings of the experiences of roughly 1,000 California women veterans. Their experiences likely reflect the experiences of many other women veterans in the state. Moreover, to the extent that the sample may represent individuals who are the most connected to the veteran community and hold the most intense preferences, 2013 survey data provide information about the opinions and experiences of women veterans California is most likely to interact with in the future.

[*] Issues with generalizability and representativeness are a function of general survey design and the success of collaborators' outreach efforts. We are deeply grateful to those who took the time to answer our questions.

Responses to the 2013 Survey

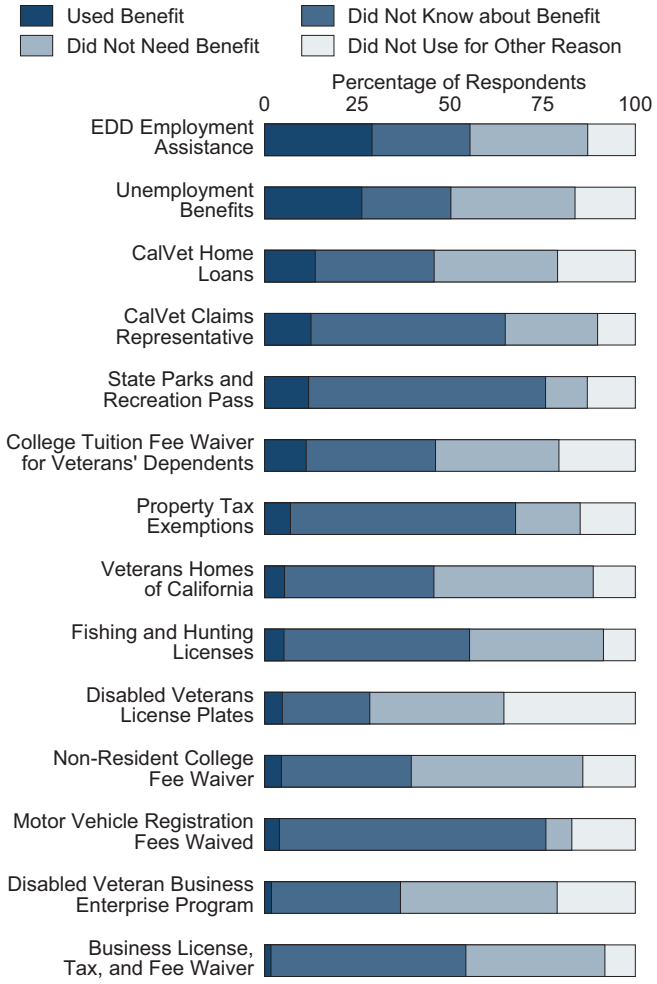
A total of 974 California women veterans volunteered to participate in the survey.* This section presents results based on their responses in subsections on state veteran benefit utilization, service-connected disabilities, housing instability and homelessness, sexual harassment and sexual assault, healthcare, childcare, employment, and sexual orientation and gender identity.

Veteran Benefits and Services

The military service of California's women veterans entitles them to a number of state benefits including employment assistance, property tax exemptions, and tuition fee waivers for dependents. Veterans need to be aware of these benefits and services if they are going to use them. Results from a 2010 national survey of veterans suggest that a majority of veterans may not be familiar with available benefits.[15] This section presents information about general state benefit use, variation in use and knowledge across groups of women veterans, and differences in awareness found in the 2011 and 2013 surveys.†

Figure 1 presents data on responses to questions about use, knowledge, and need of 14 benefits and services available to veterans in California sorted according to the percentage of respondents who reported using each. California Employment Development Department Employment Assistance (EDD) and

Figure 1. Use, knowledge, and need of state veteran benefits varied

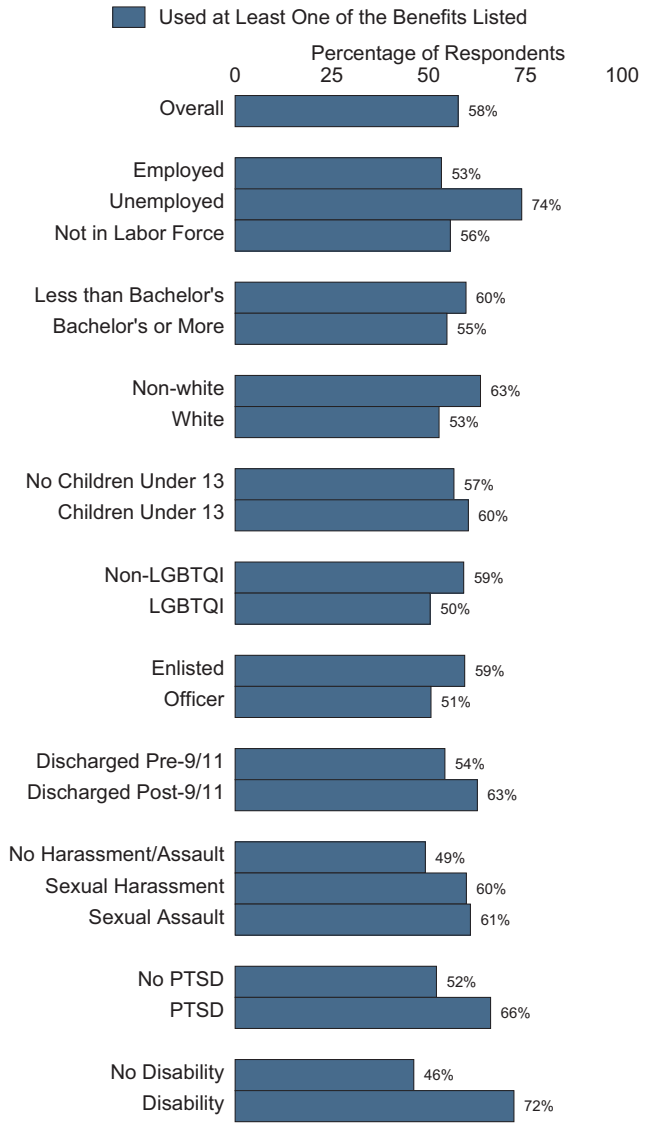


* Appendix A provides descriptive data about these participants and evaluates the representativeness of the 2013 sample. The 2013 sample overrepresented white, college-educated women veterans between 45 and 64 years of age. The sample also overrepresented those who discharged with an officer rank, those who served in the Navy, Marine Corps, and Reserves, and those who served in the Vietnam and Gulf War eras.

† Much of the information presented in the section appears in CRB's Short Subject "State Veteran Benefit Utilization."[39] While some of the particular percentages presented here are different because of various coding decisions, the substantive findings are the same. Contact CRB for further information.

Unemployment Benefits were the two most commonly used state veteran benefits. Fewer than 15 percent of respondents reported using any of the other benefits listed in Figure 1.* The two least commonly used benefits—used by fewer than 2 percent of respondents—were the Disabled Veteran Business Enterprise Program and Business License, Tax, and Fee Waiver.

Figure 2. Use of state veteran benefits varied across some demographic and service-related characteristics



The 2013 survey asked those women veterans who reported not using a given benefit to indicate the primary reason why not. In general, the two most common reasons given were that the respondent did not know about the benefit or that she did not need it (see Figure 1). Knowledge of all state veteran benefits is relatively low, even for those benefits most used by respondents. In fact, with the exception of the two most commonly used benefits, respondents were more likely to report not knowing about a benefit than to report using it. Motor Vehicle Registration Fees Waived and the State Parks and Recreation Pass were least known to respondents.

Many respondents reported not using a given state benefit because they did not need it. Such a response makes sense for some respondents because many of the benefits included in Figure 1 target a specific subpopulation of California veterans. For example, the benefit respondents were most likely to report not needing, the Non-Resident College Fee Waiver, is aimed at veteran students who are not already considered residents of California.

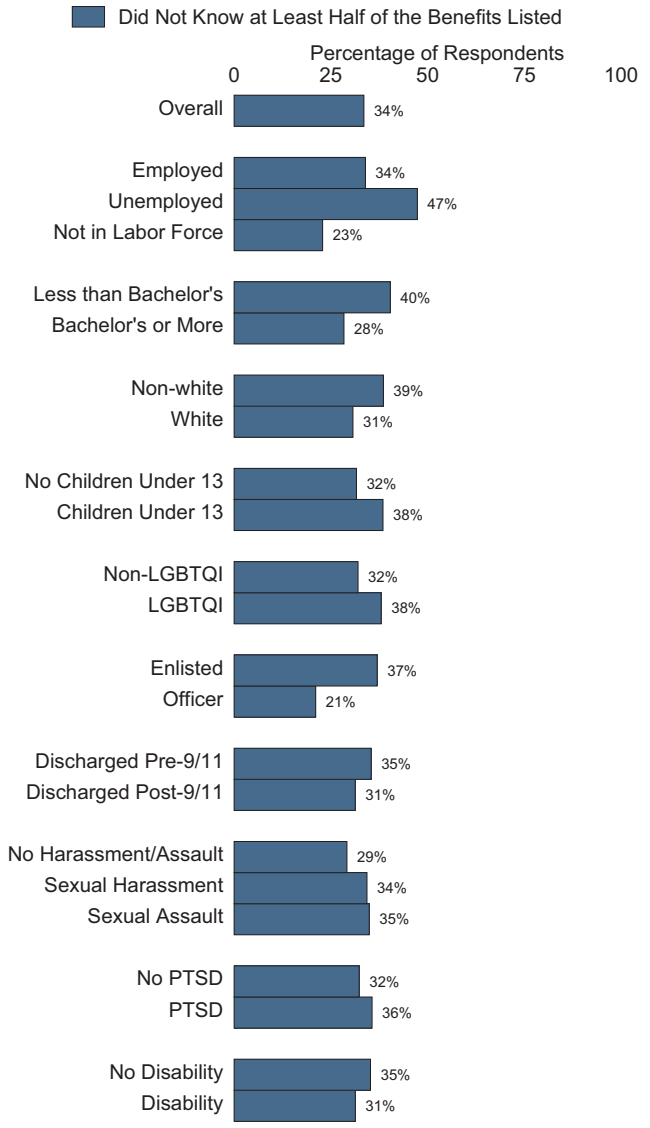
* The phrase "percent of respondents" is used throughout this report. Because the number of participants who answered each question varies, it would be more accurate to refer to "percent of respondents who answered the given question." The first phrase is used to maximize the readability of the report. Information on the number of respondents who answered each question is available from CRB.

Figure 1 also includes an “other” category that combines several additional reasons for not using state benefits. For example, some respondents in the “other” category reported they did not qualify for a given benefit or service. This reason was most common for benefits given to disabled veterans. Some respondents reported trying to use a benefit but having challenges receiving it. This reason was relatively rare. Fewer than 5 percent of respondents provided this response for the vast majority of benefits and services.

Figure 2 presents information on the percentage of respondents who used at least one of the 14 state veteran benefits and services listed in Figure 1. Overall, 58 percent used at least one benefit. Figure 2 also presents this rate for a series of demographic and service-related subgroups. Benefit use did not vary much by education or presence of children. However, non-white respondents, those who were unemployed, and those who identified as lesbian, gay, bisexual, transgender, queer, or intersex (LGBTQI) were more likely to report using at least one benefit than were their respective counterparts.

There was considerable variation in benefit use with respect to rank, experiences with sexual harassment and sexual assault while serving, PTSD, and the presence of service-connected disabilities. Respondents who discharged with an enlisted rank and those who experienced sexual harassment, sexual assault, PTSD, or a service-connected disability were all more likely to report using at least one benefit than were their counterparts.

Figure 3. Knowledge of state veteran benefits varied across some demographic and service-related characteristics



These results are positive for women veterans in that they suggest those who might need the benefits are also more likely to use them. Figure 3 paints a different picture by displaying the percentage of respondents who reported not knowing about 50 percent or more of the listed benefits. Overall, 34 percent of respondents reported that they did not know about at least half of the benefits and services listed in Figure 1.

Figure 3 also breaks out these percentages according to some demographic and service-related characteristics. Here, higher percentages indicate that members of a given subgroup were less likely to be aware of their state benefits and services. Non-white respondents and those who were unemployed, had less than a Bachelor's degree, or had children under the age of 13 were all more likely to report not knowing about at least half of the benefits. Further, respondents who discharged with a rank of enlisted were about 75 percent more likely than those who discharged as officers to report not knowing about at least half of these benefits and services.

Figure 4. Most respondents reported learning about benefits from the USDVA

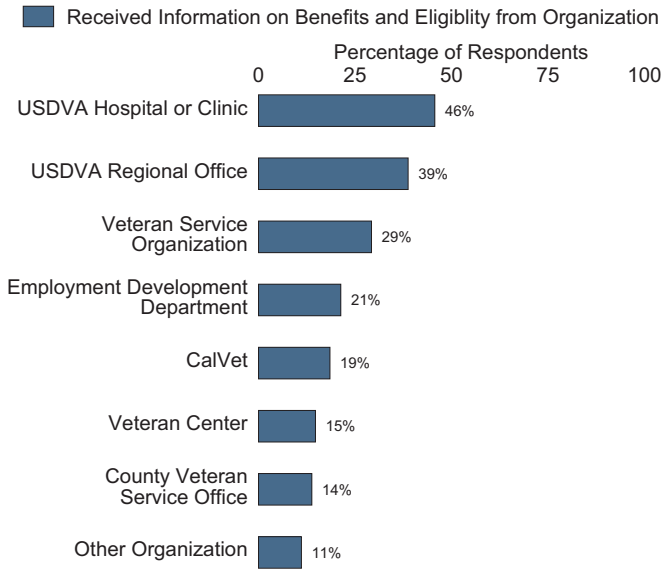


Figure 4 presents data about the organizations through which respondents received information on their benefits and eligibility. USDVA hospitals and clinics and USDVA regional offices were the two most common sources for information on benefits. CalVet and CVSOs were among the least commonly identified with only 19 percent and 14 percent of respondents reporting that they had received benefit information from each, respectively.

Finally, differences in responses to the 2011 and 2013 surveys may point to changes in awareness of state veteran benefits and services. Table 1 presents the frequency with which 2011 and 2013 respondents indicated that the reason they did not use a state benefit or service was because they did not know about it. The table also reports the difference between the two frequencies and orders the benefits from largest decrease in "did not know" responses to the largest increase. Comparisons here are difficult because question wording changed between the 2011 and 2013 surveys.[*] To help distinguish between those differences caused by question wording changes and those that might indicate increased awareness among women veterans, Table 1 includes the labels used to describe each benefit in the 2011 and 2013 surveys.

The three biggest changes in awareness are likely due to question wording. The labels of the next five benefits with the largest decreases in "did not know" responses were largely unchanged between 2011 and 2013. There is a decrease in "did not know" frequency of between 4 and 19 percentage points for these benefits. These changes may be due to differences in the sample

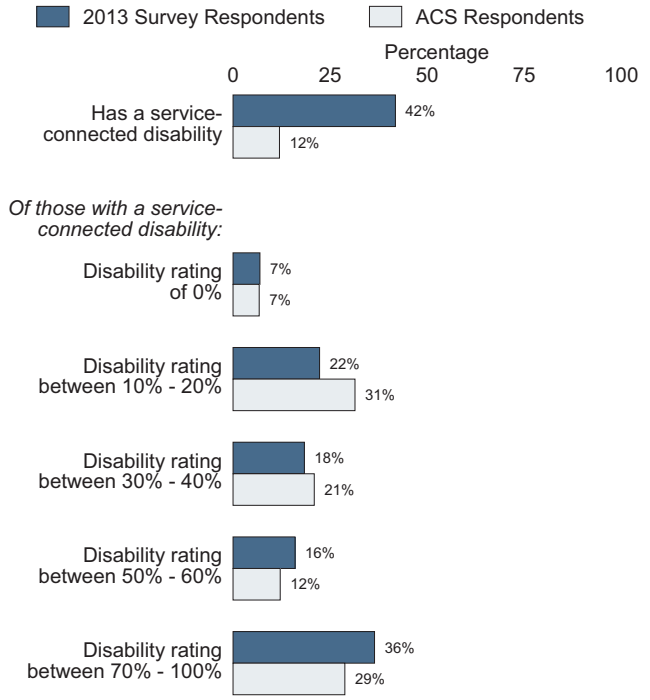
[*] Prompts were changed for the 2013 iteration so that they matched the exact language used in CalVet's California Veterans Resource Book.[35]

composition of the 2011 and 2013 survey or they may reflect increased awareness in the women veteran population. Most likely, it is a combination of the two.

Table 1. "Did not know" response frequency generally decreased from 2011 to 2013				
Label in 2011	Label in 2013	Percentage in 2011	Percentage in 2013	Difference
License Plates Fee Waiver	Disabled Veterans License Plates	65%	24%	-41%
Employment and Unemployment Insurance Assistance	Unemployment Benefits	46%	24%	-22%
Tuition Fee Waiver	College Tuition Fee Waiver for Veterans' Dependents	56%	35%	-21%
Disabled Veterans Business Enterprise	Disabled Veteran Business Enterprise (DVBE) Program	54%	35%	-19%
College Non-Resident Fee Waiver	Non-Resident College Fee Waiver	53%	35%	-18%
Business License, Tax, and Fee Waiver	Business License, Tax, and Fee Waiver	69%	53%	-16%
Fishing and Hunting License Fee Waivers	Fishing and Hunting Licenses	60%	50%	-10%
Property Tax Exemption	Property Tax Exemptions	65%	61%	-4%
CALVET Farm and Home Loans	CalVet Home Loans	36%	32%	-4%
Claims Representative	CalVet Claims Representative	50%	52%	2%
State Parks and Recreation Pass	State Parks and Recreation Pass	60%	64%	4%
Waiver of Motor Vehicle Registration Fees	Motor Vehicle Registration Fees Waived	67%	72%	5%
Veterans Homes	Veterans Homes of California	33%	40%	7%

SERVICE-CONNECTED DISABILITIES

Figure 5. 2013 survey oversampled veterans with a service-connected disability



The USDVA's service-connected disability compensation program provides monthly benefits to veterans "in recognition of the effects of disabilities, diseases, or injuries incurred or aggravated during active military service."[16, p. 4] The rate of compensation depends on the degree of the individual veteran's combined disabilities. These service-connected disability ratings reflect the degree of disability and range from 0 percent to 100 percent in increments of 10. More than 20,000 of the state's women veterans have a service-connected disability rating and receive some compensation from the USDVA.[2] This section presents information on the prevalence of disability ratings among women veterans, differences in the rate at which some groups of respondents submitted claims, and variation in the award rates of different types of claims.

Figure 5 presents data on the percentage of respondents who reported having a service-connected disability. The figure breaks out the frequency of particular ratings among those who reported one. Because these items tap into a service-related characteristic on which the 2013 sample was unrepresentative, Figure 5 also presents estimates from the 2012 ACS for comparison.

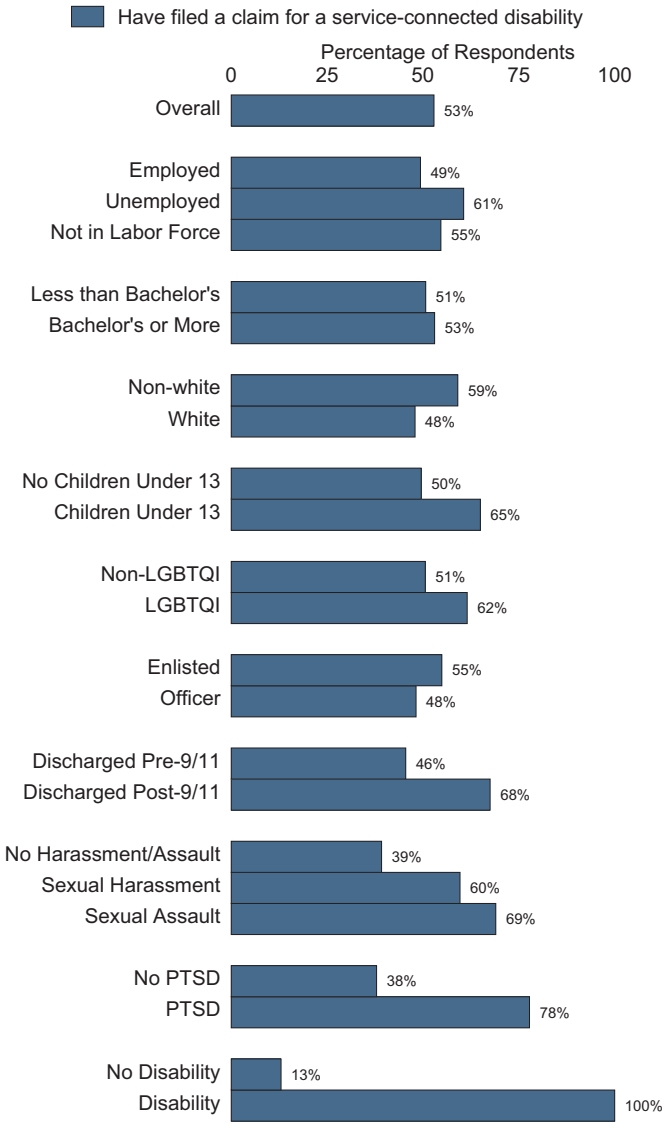
Approximately 42 percent of 2013 survey respondents reported having a service-connected disability while ACS estimates suggest the actual percentage of California women veterans to be closer to 12 percent. The 2013 survey overrepresented women with a service-connected disability. Women veterans with a service-connected disability are more likely than the average veteran to have worked with veteran organizations, CalVet, and the USDVA as a part of the disability claim process. CRB, Commission, and CalVet staff conducted a considerable portion of their outreach efforts through these organizations. Women veterans with a service-connected disability were more likely to hear about the survey and to volunteer to participate in it than were those without a disability.

Figure 6 identifies the percentage of respondents who reported filing at least one service-connected disability claim following their separation from the military. Overall, about 53 percent of respondents filed at least one claim and about 10 percent filed more than one. Figure 6 also

breaks out the frequency with which respondents filed a claim by a series of demographic and service-related characteristics. Respondents who were unemployed, non-white, had children under the age of 13, or identified as LGBTQI were all more likely to have filed a claim than their respective counterparts. For example, non-white respondents were 23 percent more likely to have filed a disability claim than were white respondents.

Similar variation is evident across service-related characteristics. Respondents who discharged with an enlisted rank, those who served during the post-9/11 era, and those who experienced sexual harassment, sexual assault, or PTSD were all more likely to report filing a service-connected disability claim than their respective counterparts. Those who reported experiencing sexual assault while serving in the military were about 75 percent more likely to file claims than those who did not. Similarly, those who reported suffering from PTSD were more than twice as likely to have filed a claim than those who did not.

Figure 6. Some variation in choosing to file disability claims by demographic and service-related characteristics



The bottom two rows of Figure 6 report the percentage of respondents with and without a service-connected disability who filed a claim. Since filing a claim is a prerequisite for obtaining a service-connected disability status, it is unsurprising that 100 percent of those with a disability filed a claim. More interesting is that 13 percent of those who, at the time of the survey, did not have a recognized service-connected disability had filed a claim that was either denied or still pending.

The average processing time for service-connected disability claims reported by respondents was approximately 14 months. Figure 7 presents information about the award rate for disability claims. About 18 percent of all the claims reported by respondents (some reported filing more

than one claim) were still pending at the time of the survey. Of those that had been decided, the USDVA awarded 73 percent of claims and denied the remaining 27 percent.

A recent report analyzing data on disability benefit claims filed by veterans with the USDVA found that there was variation in the award rates of PTSD-related claims. In particular, the USDVA granted disability benefit claims for PTSD related to MST at a significantly lower rate than claims for PTSD unrelated to MST between 2008 and 2012.[17]

Figure 7. PTSD-related disability claims had lowest award rates when associated with sexual harassment or sexual assault

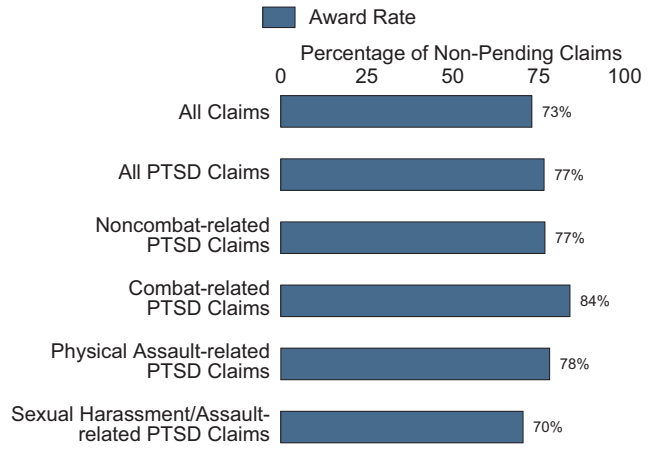
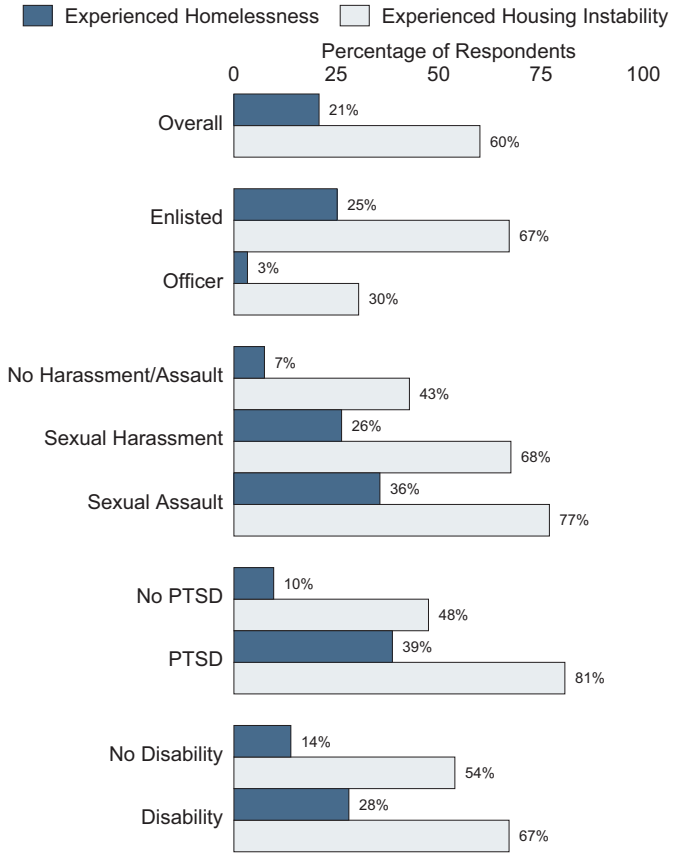


Figure 8. Homelessness and housing instability varied across service-related characteristics



The 2013 survey asked women veterans whether or not their disability claims were based on PTSD and followed up with questions on the nature of their PTSD. Figure 7 displays the award rate of nonpending claims that were related to PTSD and then breaks these rates out by the nature of the PTSD. The award rate for PTSD-related service-connected disability claims among 2013 respondents was 77 percent. This rate was highest for PTSD associated with combat experiences and lowest for those associated with sexual harassment or sexual assault.

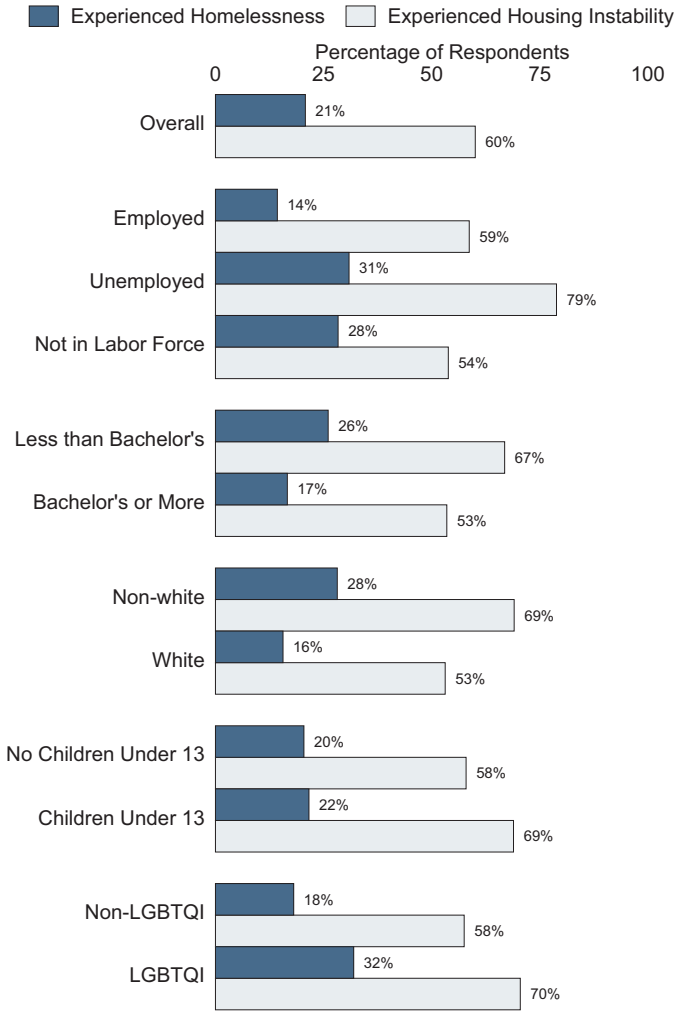
PTSD can stem from multiple experiences and many respondents identified more than one of the options with which they were prompted. In other words, the four PTSD-related categories presented in Figure 7 are not mutually exclusive. The difference in award rates becomes more apparent when distinguishing between claims related to sexual harassment or sexual assault and those that were

not. Of all the nonpending claims reported by respondents, 90 percent of those based on PTSD but not related to sexual harassment or sexual assault were awarded while only 70 percent of PTSD-based claims related to sexual harassment or sexual assault were awarded.

Housing Instability and Homelessness

Although neither the USDVA nor HUD collects data on the number of homeless women veterans, limited USDVA data show that the number identified as homeless more than doubled between 2006 and 2010.[4] Estimates from HUD's Homeless Management Information Systems suggest that women veterans are more likely to be homeless than are their male veteran or female nonveteran counterparts.[3] And while many women veterans experience homelessness, it is likely that many more experience various forms of housing instability short of actual homelessness (e.g., moving in with friends/family or being behind on rent/mortgage payments). This section presents information on the prevalence of homelessness and housing instability among subgroups within the 2013 sample and the frequency with which respondents experienced certain forms of housing instability.[*]

Figure 9. Homelessness and housing instability varied across demographic characteristics



The 2013 survey asked respondents if they were currently homeless using the following definition: "homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. Individuals who are sleeping in a car, park, abandoned building, bus or train station, airport, campground or in a shelter designed to provide temporary living arrangements are considered homeless under this definition." Three percent of respondents indicated that they were currently homeless.

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[*] Much of the information presented in the section appears in CRB's Short Subject "Housing Instability and Homelessness."[37] While some of the particular percentages presented here are different because of various coding decisions, the substantive findings are the same. Contact CRB for further information.

Figure 8 presents data on the percentage of 2013 survey respondents who reported experiencing homelessness or housing instability at any time following their separation from the military. Overall, 21 percent of respondents reported experiencing homelessness and 60 percent reported housing instability. Figure 8 also breaks these percentages out by several service-related characteristics including rank upon separation from the military, experiences with sexual harassment or sexual assault, PTSD, and the presence of service-connected disabilities.

Enlisted servicemembers and those who reported experiencing sexual harassment, sexual assault, PTSD, or a service-connected disability all were more likely to report experiencing homelessness and housing instability. Respondents who separated from the military with an enlisted rank were seven times more likely to report homelessness than were those who discharged as officers, and more than twice as likely to report housing instability following their most recent separation. Those who reported suffering sexual harassment or sexual assault were almost 2.5 times and 4 times more likely to report homelessness than were those who did not, respectively.

Figure 10. Most prevalent forms of instability related to moving

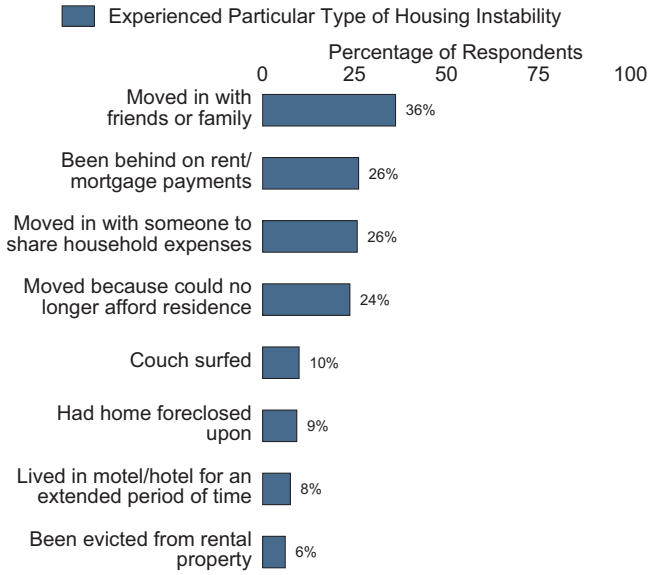

Figure 9 presents similar information but disaggregates the data by respondent employment status, education, race/ethnicity, the presence of children under 13, and sexual orientation and gender identity. While reported rates did not vary much with respect to presence of children, respondents who were unemployed, were non-white, had less than a Bachelor's degree, or who identified as LGBTQI experienced higher rates of homelessness than their counterparts. Housing instability was also more common among these groups. In addition, respondents with children under the age of 13 reported higher rates of housing instability than did their respective counterparts.

Respondents were given a list of eight potential forms of housing instability they may have experienced following their most recent separation from the military. Figure 10 provides information on the percentage of respondents who identified each of the eight. Sixty percent of respondents identified at least one form of instability. The most common, moving in with friends or family, was identified by 36 percent of respondents. Around 25 percent of respondents indicated that they had been behind on mortgage or rent payments, moved in with someone to share expenses, or moved because they could no longer afford their residence.

SEXUAL HARASSMENT AND SEXUAL ASSAULT

Military sexual trauma is the term that the USDVA uses to refer to psychological trauma, which "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."[18, p. 1] While the exact rate of MST is uncertain, approximately 20 percent of women veterans who seek USDVA healthcare report MST[18] and 23 percent of women reported experiencing unwanted sexual contact since joining the military in a 2012 survey of active-duty servicemembers.[19] This section presents information on the prevalence of sexual harassment and sexual assault, the rates at which respondents sought treatment and reported incidents, and the negative events respondents experienced as a result of such reporting.[*]

Figure 11. Sexual harassment and sexual assault prevalence varied across service-related and demographic characteristics

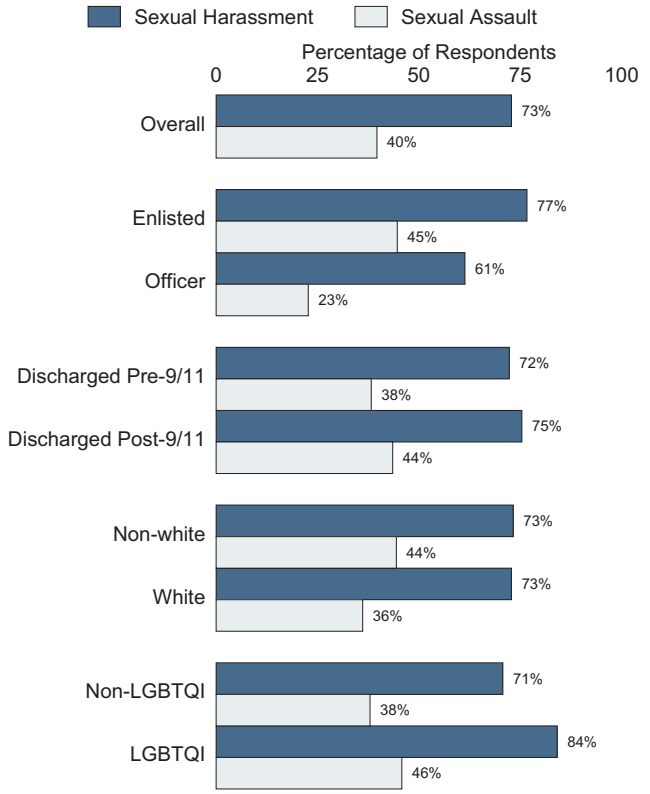

Figure 11 presents data on the percentage of respondents who reported experiencing sexual harassment or sexual assault during their military career. Overall, 73 percent of respondents reported sexual harassment and 40 percent reported sexual assault. These percentages are considerably higher than those mentioned above. The differences are likely due, in part, to variation in question wording and sample composition, but it is not clear which estimates best represent MST rates among California's women veterans.

Figure 11 breaks these percentages out by respondents' rank upon discharge from the military, era of service, race/ethnicity, and sexual orientation and gender identity. While reported rates of sexual harassment are fairly similar across era and race/ethnicity, respondents with an enlisted rank at their discharge and those identifying as LGBTQI reported higher rates of sexual harassment than those who discharged as officers and those who did not identify as LGBTQI.

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[*] Much of the information presented in the section appears in CRB's Short Subject "Military Sexual Trauma."[38] While some of the particular percentages presented here are different because of various coding decisions, the substantive findings are the same. Contact CRB for further information.

Sexual assault was more prevalent among enlisted, post-9/11, non-white, and LGBTQI respondents. Most notably, respondents who discharged with an enlisted rank were almost twice as likely to report having suffered a sexual assault than were those who discharged as officers.

Figure 12 displays information on the percentages of women veterans who sought treatment or reported incidents after experiencing sexual harassment or sexual assault. The majority of respondents did not seek treatment, though they were more likely to seek it following sexual assault than sexual harassment.

Figure 12. Most respondents did not seek treatment or report incidents

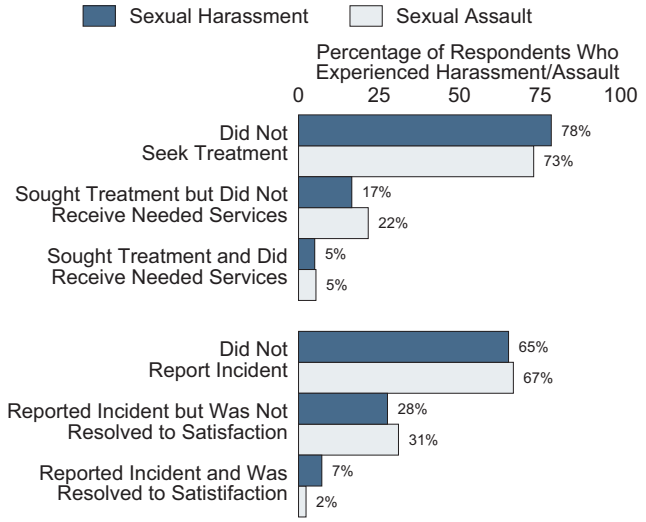
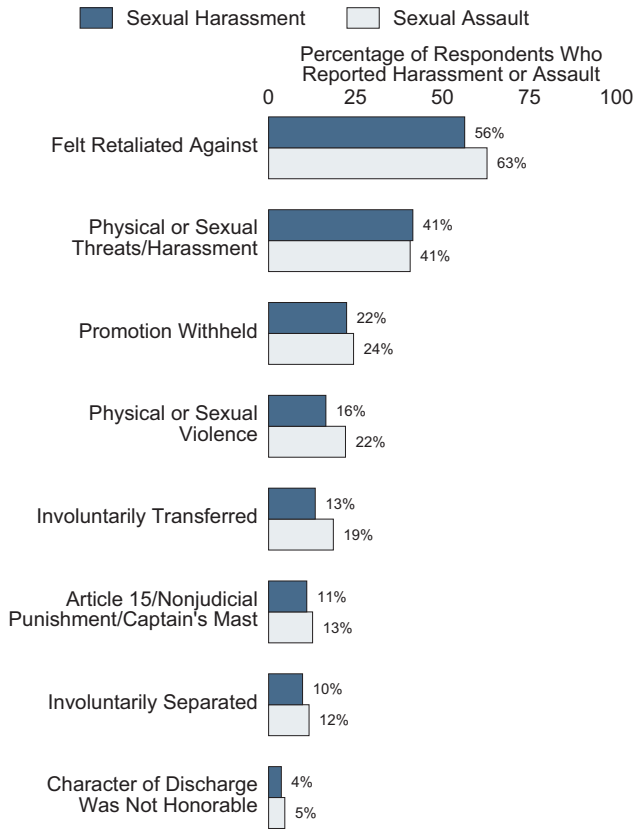


Figure 13. Most respondents who reported incident experienced some negative events

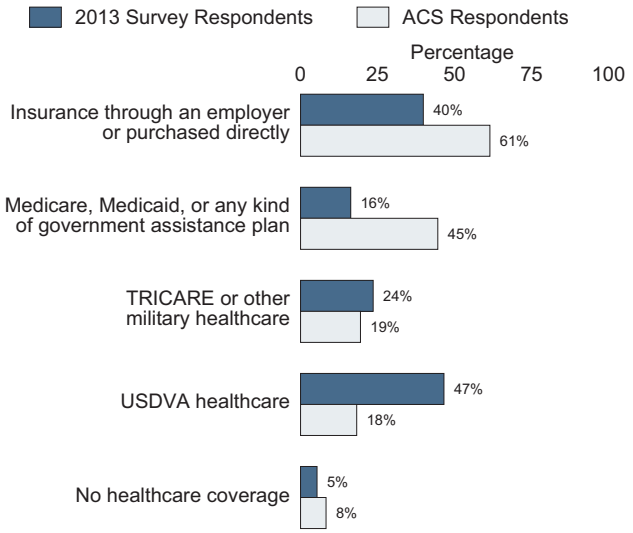


Of those who did seek treatment, most reported that they did not receive the services they needed. Rates of reporting follow a similar pattern. The majority of respondents who experienced sexual harassment or sexual assault did not report the incident. Of those who did, most reported that the incident was not resolved to their satisfaction.

Figure 13 illustrates some of the negative events women veterans experienced as a result of reporting harassment or assault. Roughly 70 percent of respondents who reported sexual harassment or sexual assault experienced at least one form of retaliation. In general, such negative experiences were more common following the reporting of sexual assault than for sexual harassment.

More than 60 percent of women veterans who reported sexual assault "felt retaliated against" and more than one in five reported suffering from additional physical or sexual violence. A smaller but considerable proportion identified professional- or career-related consequences including promotions withheld, involuntary transfers or separations, nonjudicial punishment, and less-than-honorable discharges. *

Figure 14. 2013 survey oversampled veterans who use the USDVA healthcare



HEALTHCARE

Most veterans qualify for USDVA healthcare benefits following their separation from the military. Basic eligibility requires active military service† and a separation under any condition other than dishonorable.[20] However, a majority of the California's women veterans do not use the USDVA healthcare.[2] This section presents information on the healthcare coverage of women veterans, the experiences of those who use USDVA healthcare, and the reasons some respondents do not use USDVA healthcare.

Figure 14 presents data on healthcare coverage of women veterans from both ACS estimates and the 2013 survey. Here is another example where the 2013 sample is unrepresentative of the larger California women veteran population. ACS estimates suggest that about 18 percent of women veterans in the state rely on the USDVA healthcare compared to 47 percent of 2013 survey respondents. The results of this comparison are unsurprising given that one component of the 2013 outreach strategy was to share surveys with USDVA healthcare clinics and facilities. By visiting such a facility, women who use USDVA healthcare were more likely to learn about the survey than were those who do not use USDVA healthcare. Based on the ACS estimates, the most common form of healthcare coverage comes from insurance through an employer or purchased directly. Many women veterans also use Medicare, Medicaid, or another type of government plan.

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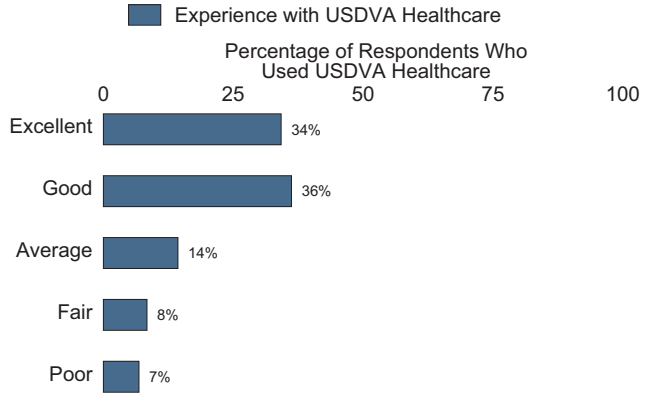
* There may not be much California can do to affect the way the federal government and U.S. Armed Forces address sexual harassment and assault, though the recently passed SB 1422 increases California Military Department reporting requirements and requires sexual assault cases to be investigated and prosecuted by civilian authorities instead of military personnel.

† The minimum duty requirement for most veterans is 24 months or the full period for which they were called to active duty. However, this requirement is not applicable in many cases (e.g., veterans discharged for a disability, veterans who served prior to September 7, 1980).

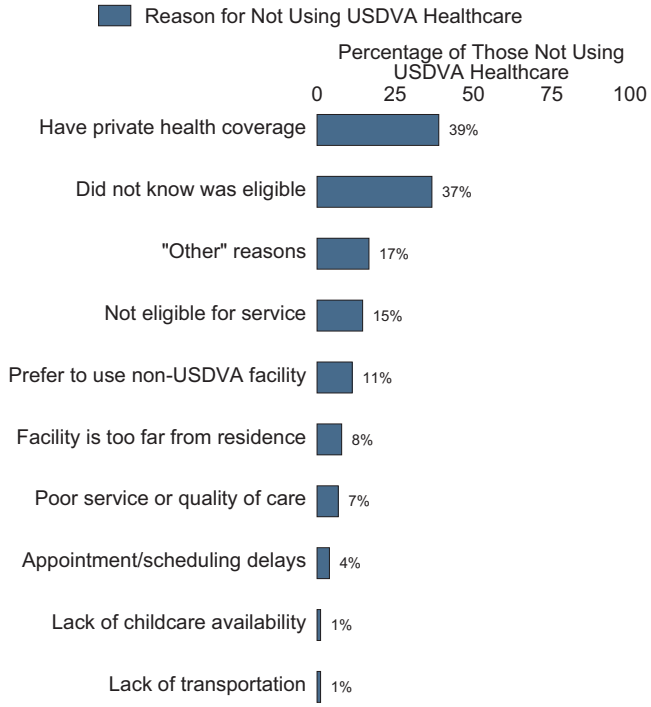
Figure 15. Those who used USDVA healthcare facilities generally reported positive experience



The oversampling of USDVA healthcare users is not necessarily detrimental in this case because most of the follow-up questions about healthcare distinguished between users and nonusers of USDVA healthcare. For example, the data in Figure 15 come from a question only asked of individuals who reported using USDVA healthcare. Respondents were asked to rate their experience with the services they received from the facility they used most regularly. The data in Figure 15 indicate that respondents were generally happy with the services they received with 34 percent reporting an "excellent" experience and another 36 percent reporting a "good" experience. Approximately 15 percent reported a below-average experience.

Figure 16 displays data from a question only asked of individuals who indicated they did not use USDVA healthcare. These respondents were given a list of potential reasons for not using USDVA healthcare and asked to identify any that were applicable to their situation. The most common response, offered by 39 percent of those who had not used the USDVA for healthcare, was that respondents had private health coverage. The second most common reason, that respondents did not know they were eligible, was identified by 37 percent. Other, less common reasons, included not being eligible, poor service or quality of care, and appointment/scheduling delays.

Figure 16. Many of those who do not visit USDVA healthcare facilities were not aware they were eligible



CHILDCARE

A 2012 strategy report by the Women Veterans Task Force of the USDVA identified childcare needs as an important factor in addressing issues associated with the healthcare and employment of women veterans.[7] This section presents information on the childcare use of 2013 respondents and the ways in which childcare needs affected their employment and healthcare decisions.[*]

Figure 17. Many respondents with children under 13 reported childcare use

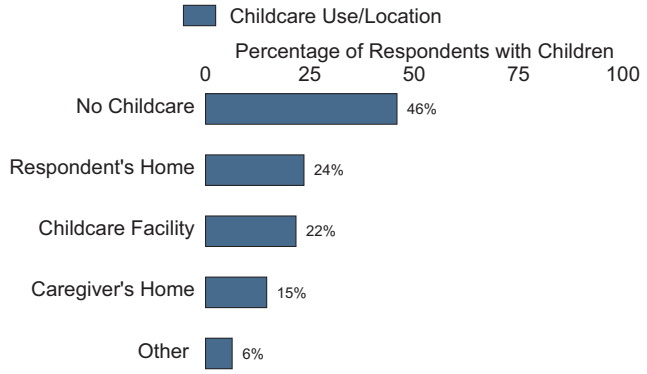
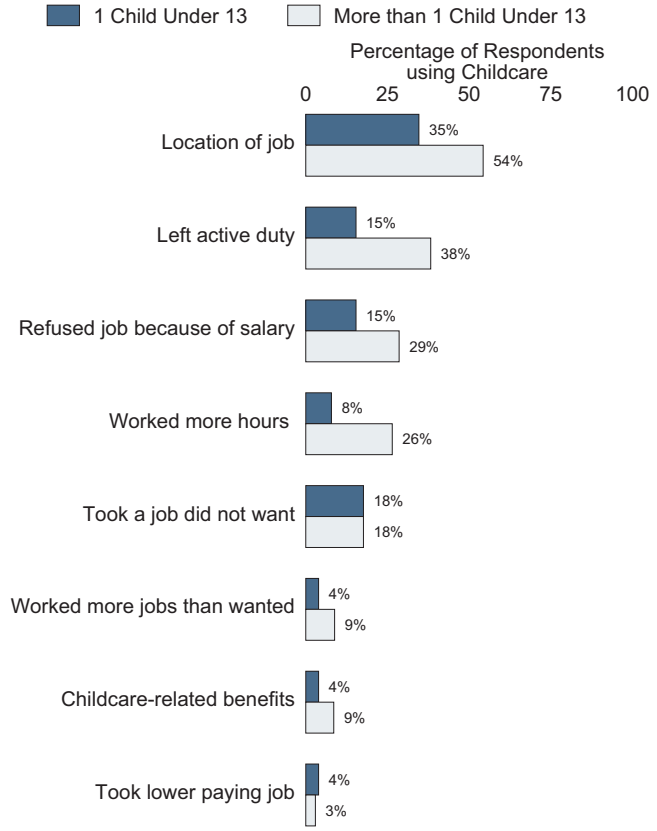


Figure 18. Some respondents reported employment issues associated with childcare needs



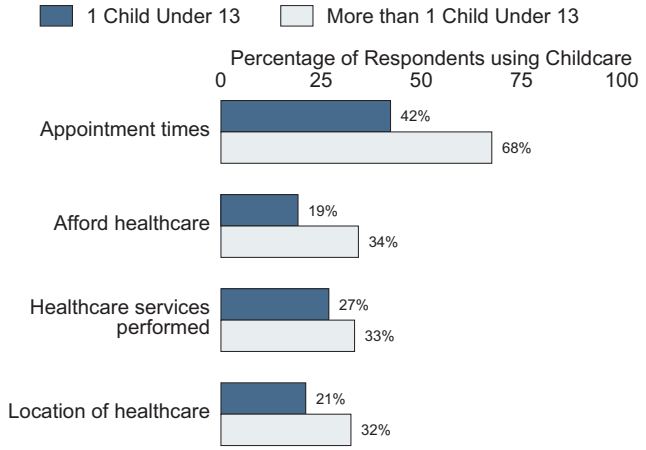
The childcare portion of the 2013 survey began by asking respondents if they had a child under the age of 13 living in their household. About 20 percent of respondents indicated that they had a child under 13 in their home. Those who indicated having children under the age of 13 were then given a list of childcare options and asked to identify all that applied to their situation. Figure 17 presents the results from these questions. About 46 percent of respondents indicated they provided care for their children and that no alternative childcare was used. The remaining 54 percent reported using at least one form of childcare. The most common childcare location among this group was the respondent's own home, followed closely by a childcare facility.

For those who indicated using childcare, the 2013 survey also included items on the average number of hours children received care and the average cost. Responses on the

[*] Much of the information presented in the section appears in CRB's Short Subject "The Impact of Childcare Needs on Employment and Healthcare."[40] While some of the particular percentages presented here are different because of various coding decisions, the substantive findings are the same. Contact CRB for further information.

average number of hours in childcare ranged from 0 hours a week (for those who rarely used it) to 100 hours a week with a mean of 27. The average cost of childcare varied as well, ranging from $0 to $3,000 a month with a mean of $510. On average, those who reported using it spent about 8 percent of their monthly household income on childcare, which is similar to the national average.[21]

Figure 19. Some respondents reported issues with healthcare because of childcare needs



The need to provide childcare may affect choices made by women veterans with children. The 2013 survey provided respondents with lists of potential effects childcare needs may have had on their employment and healthcare-related decisions. Figure 18 displays the percentage of respondents who identified the eight employment-related decisions with which they were prompted. Percentages for respondents with one child under 13 and more than one child under 13 are presented separately.

Overall, about 55 percent of respondents who indicated they relied on some form of childcare identified at least one of the employment-related decisions with which they were prompted. The most common decision, the location of the job, was identified by more than 50 percent of those with more than one child under 13. Almost 40 percent of those with more than one child under 13 reported childcare needs were one of the reasons they left active duty service.

Figure 19 provides similar information but looks at the potential effects childcare needs had on healthcare-related decisions. Again, about 55 percent of respondents who indicated they relied on some form of childcare identified at least one of the healthcare-related decisions included in Figure 19. About 68 percent of respondents with more than one child under 13 reported childcare needs had affected the appointment times they could take. More than 30 percent indicated childcare needs had influenced their decision to have certain healthcare services performed, the location of the healthcare they received, and whether or not they could even afford healthcare. These results are similar to a national survey of women veterans that found nearly 16 percent of respondents had delayed or went without needed medical care in the past year because of childcare or other caregiver responsibilities.[11*]

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[*] Such research led to the Caregivers and Veterans Omnibus Health Services Act of 2010, which, among other things, required the USDVA to implement a veteran's childcare pilot program to assess the feasibility of offering childcare to veterans receiving healthcare. At this time, the USDVA does not appear to have published a report on the program nor given any indication that it will pursue a broader childcare program going forward.[36]

EMPLOYMENT

One of the most important issues facing veterans in their transition to the civilian setting is finding employment consistent with their skills and experiences. This task may be particularly difficult for women veterans. In 2012 and 2013, women veterans had higher unemployment rates than their male veteran and female nonveteran counterparts.[22] This section presents information on the employment status of respondents and variation in unemployment rates across groups.

Figure 20. 2013 survey oversampled unemployed veterans

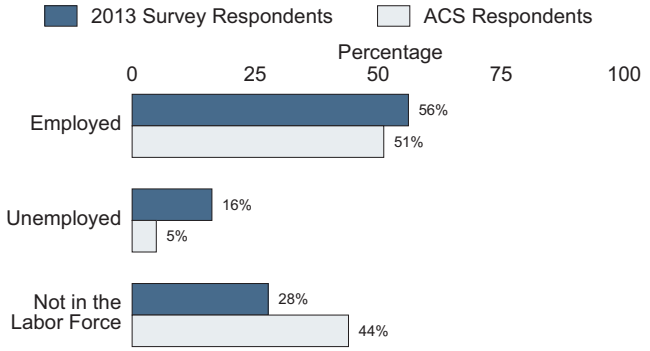
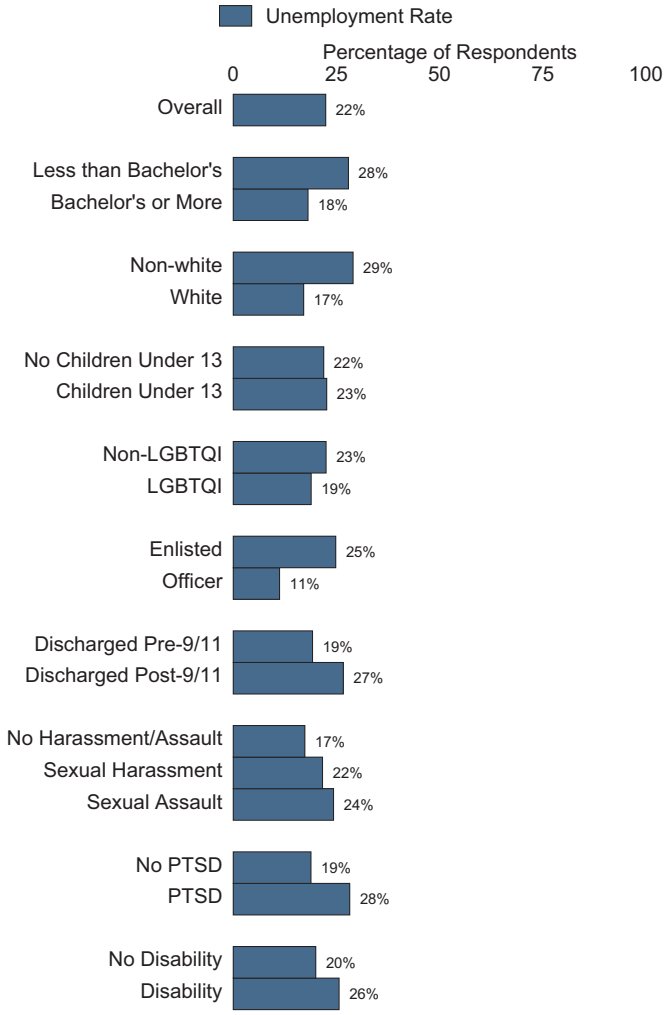


Figure 21. Unemployment rates varied across demographic and service-related characteristics



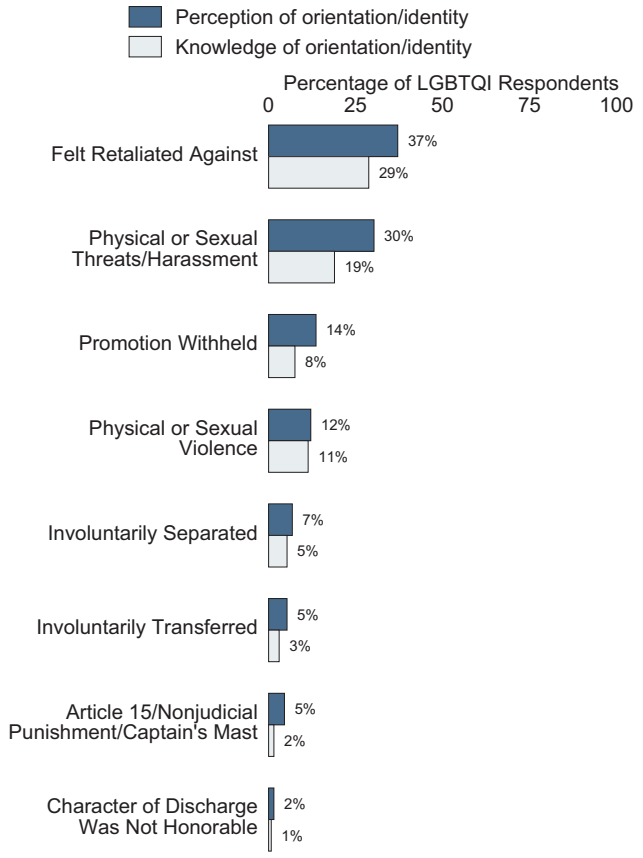
The 2013 survey included questions on labor force participation and employment. However, this area is another in which the 2013 sample was unrepresentative. Figure 20 provides information about the employment status of the 2013 survey respondents alongside ACS estimates. ACS estimates suggest that about 51 percent of the state's women veterans are employed, 5 percent are unemployed, and 44 percent are not in the labor force (i.e., unemployed but not looking for work). Within the 2013 sample, 56 percent were employed, 16 percent were unemployed, and only 28 percent were not in the labor force. In other words, the 2013 survey overrepresented employed and unemployed women veterans and underrepresented those not in the labor force.

With that caveat in mind, Figure 21 presents information on the unemployment rates of a variety of subgroups in the 2013 sample. The

unemployment rate sets those not seeking work aside and reflects the percentage of those in the labor force who are currently unemployed and seeking work. The overall unemployment rate among 2013 respondents was 22 percent. Non-white respondents and those without a Bachelor's degree had considerably higher unemployment rates than their respective counterparts. Specifically, the unemployment rate of non-white respondents was 70 percent higher than that of white respondents.

There was also variation in unemployment rates across various service-related characteristics. Respondents who discharged with an enlisted rank, who served after 9/11, and those who reported experiencing sexual harassment, sexual assault, PTSD, or a service-connected disability all had higher unemployment rates than their respective counterparts. The unemployment rates of those who reported experiencing sexual assault or PTSD were 40 percent and 50 percent higher than those who did not, respectively. The unemployment rate of those who served after 9/11 was 39 percent higher than those whose service occurred prior to 9/11. Most strikingly, the unemployment rate of enlisted respondents was more than twice that of those who discharged as officers.

Figure 22. Many LGBTQI respondents reported negative experiences because of perception or knowledge of respondent's sexual orientation or gender identity



LGBTQI VETERANS

While women comprise roughly 14 percent of all active duty servicemembers in the U.S Armed Forces, estimates from 2010 suggest that more than 40 percent of gay, lesbian, and bisexual active duty personnel were women.[23] The 2013 survey asked respondents if they considered themselves to be lesbian, gay, bisexual, transgender, queer, or intersex. About 16 percent of respondents responded "yes" to this question. This section presents information on the effect perception or knowledge about the sexual orientation and gender identity of these respondents had on their time in the military.

Eight percent of those respondents identifying as LGBTQI reported being discharged for violating the "Don't Ask, Don't Tell" policy or its predecessors. Figure 22 provides additional

information about negative experiences associated with other military personnel's perception or knowledge of the respondent's sexual orientation or gender identity. Overall, about 50 percent of LGBTQI respondents identified at least one of the experiences resulting from perceptions of their sexual orientation or gender identity and 38 percent identified at least one associated with others' knowledge of their sexual orientation or gender identity.

The most commonly reported experiences were feeling retaliated against and physical or sexual threats/harassment. Almost 15 percent reported having a promotion withheld because others perceived them to be LGBTQI. Approximately 12 percent reported experiencing physical or sexual violence as a result of others' perception of their sexual orientation or gender identity.

Conclusion

Federal and state governments' capacity to respond to the growing women veteran population depends, in part, on their ability to address the "lack of sufficient and actionable data used to deliver quality benefits and services."[7, p. 20] The California Women Veteran Survey represents one example of how such data can be collected.

One major contribution of the 2013 survey was a concerted effort to incorporate feedback on previous surveys (and early drafts of the 2013 survey) to design a new set of questions. These questions focused on some of the most important areas of concern for women veterans and the policymakers attempting to meet their needs.

Resource constraints limited the design to a convenience sample of opt-in volunteers. As a group, these participants were unrepresentative of the overall California women veteran population in several important ways. For example, the 2013 sample overrepresented women veterans with a service-connected disability, who used USDVA healthcare, and who were unemployed at the time of the survey.[*] Drawing inferences and policy recommendations from this survey's results is difficult as a result. With that limitation in mind, this section reviews the results of the survey and discusses the opportunity for increased outreach and education among women veteran communities.

Survey Results Review

Overall knowledge about state veteran benefits was low among respondents to the 2013 survey. Moreover, knowledge varied considerably across demographic and service-related characteristics. Non-white and unemployed respondents were more likely to report not knowing about at least half of the benefits and services, as were respondents with less than a Bachelor's degree or with children under the age of 13. Many of those respondents who might benefit from additional assistance were unaware of existing benefits and services. Given the fact that the 2013 sample likely overrepresented women veterans who are connected to the USDVA, CalVet, and the veteran community, knowledge of state benefits among women veterans statewide may be considerably lower than what these results suggest.

Although the 2013 sample overrepresented women veterans with a service-connected disability, the results are still instructive. There was considerable variation in the rate at which subgroups filed claims with the USDVA. Respondents who discharged with an enlisted rank, those who served during the post-9/11 era, and those who experienced sexual harassment, sexual assault, or PTSD were all more likely to report filing a serviced-connected disability claim than their respective counterparts. Somewhat surprising is the fact that more than 20 percent of those who reported experiencing sexual assault or symptoms of PTSD had not filed disability claims. Some

[*] Appendix A provides a more detailed discussion of the representativeness of the 2013 sample.

of these individuals may not see their experiences as warranting a disability status, though it is likely that many have not filed a claim because they are unfamiliar with the process.

Results from the 2013 survey reinforce the notion that housing issues are critical to women veterans. One-fifth of respondents indicated that they had experienced homelessness following their most recent separation from the military, and 60 percent indicated that they had experienced some form of housing instability. As in other areas, housing instability and homelessness varied across subgroups. Those who experienced sexual harassment, sexual assault, PTSD, and service-connected disabilities were all more likely to report housing issues than the average respondent.

More than 70 percent of 2013 respondents reported experiencing sexual harassment and about 40 percent reported experiencing sexual assault. Sexual assault was more prevalent among enlisted, post-9/11, non-white, and LGBTQI respondents. The vast majority of respondents who indicated they experienced sexual harassment or sexual assault did not seek treatment or report the incidents. Roughly 70 percent of respondents who reported harassment or assault experienced at least one form of retaliation. More than one in five reported suffering additional physical or sexual violence.

The majority of respondents who used USDVA healthcare rated their experiences as “good” or “excellent.” Among those who indicated that they did not use USDVA healthcare, the most common reason given for why was that the individual had private health coverage. A considerable proportion of those who reported not using USDVA healthcare, however, indicated they did not know they were eligible for coverage. Some of these respondents may not qualify, but it is likely that many are eligible and not familiar enough with their benefits and the USDVA bureaucracy to obtain coverage.

Roughly 20 percent of respondents indicated they had at least one child under the age of 13 and about half of those respondents reported they used some form of childcare. The average respondent did not spend a much larger percentage of their household income on childcare than did civilian families, though many indicated childcare needs had a significant impact on some of their employment- and healthcare-related decisions.

There was considerable variation in the unemployment rates across demographic and service-related characteristics. Non-white respondents, those who discharged with an enlisted rank, and those who reported experiencing sexual harassment, sexual assault, PTSD, or a service-connected disability all had higher unemployment rates than their respective counterparts.

About 16 percent of respondents indicated they considered themselves to be lesbian, gay, bisexual, transgender, queer, or intersex. Of these respondents, 8 percent reported they were discharged for violating the “Don’t Ask, Don’t Tell” policy or one of its predecessor policies. About half identified negative experiences as a result of others’ perception or knowledge of the respondent’s sexual orientation or gender identity. Respondents who identified as LGBTQI were

less likely to be aware of and use state veteran benefits and more likely to have experienced housing issues, sexual harassment, and sexual assault.

DISCUSSION

At least one conclusion emerges from the results of the 2013 survey. There is an opportunity for increased outreach and education among women veteran communities. Most respondents were unaware of all the state's veteran-related benefits and services to which they are entitled. Some of those who may be eligible for service-connected disability compensation had not filed claims. Many who had not used USDVA healthcare reported they were unware they were eligible. Knowledge of state benefits among women veterans statewide may be considerably lower than what these results suggest because of the nature of the 2013 sample. Outreach that expands the number of women veterans connected to state and federal veteran agencies and the services provided could benefit a significant number of California's women veterans.

The conclusion that women veterans could benefit from increased outreach and education efforts is consistent with results from previous iterations of the California Women Veteran Survey as well as a number of recent reports. A 2013 California State Auditor report suggests that CalVet has a "strategic objective to connect veterans with the benefits and services they need to excel, but limited outreach personnel hinders its ability to conduct outreach; thus, many veterans may be unaware of benefits and services for which they may be eligible."[24, p. 4]

A 2013 Little Hoover Commission report had similar conclusions noting that outreach efforts are hindered by the fact that less than 3 percent of CalVet's operations budget is allocated to the Veterans Service Division, which is responsible for outreach efforts.[25] The report recommended that CalVet should create a reliable database that could be used to connect with veterans, educate them on the benefits to which they may be eligible, and link them to their county and state representatives in the field. The report also suggested the legislature and CalVet should tie the distribution of increased funding to counties' performance in securing benefits for their veterans and specify that some portion of such funding should be used to increase outreach efforts to women and minority veterans.[25]

These recommendations and recent activities of the legislature and CalVet accord well with the results of the 2013 survey. The fiscal year 2013-14 budget included an additional $3 million in funding for CVSOs to aid in outreach efforts and $3 million to fund "strike teams" aimed at expediting USDVA disability claim processing times. In the last year, these teams reviewed more than 21,000 claims and helped generate $20.7 million in yearly disability payments to California veterans.[26]

AB 1509, which was recently passed by the legislature, requires CalVet to develop a California-specific transition assistance program for veterans. The program will complement the federal program and be available to veterans who discharge from other states. Discharging service members receive much of their information about the benefits and services to which they are

entitled through the federal Transition Goals, Plans, and Success Program. This program does not focus on state-specific information. While veteran organizations in the state contribute to the sessions held on some military bases in California, many service members who transition to California do not come from bases in the state. This disconnect likely contributes to the low levels of knowledge about state benefits found among respondents.

CalVet's Women Veterans Division is engaged in several activities aimed at outreach and education among the women veteran population. The Women Veterans Roster collects contact information on women veterans in the state so these women can receive updated information about benefits, programs, services, and resources.[27] An annual Women Veterans Leadership Conference also connects women veterans to available resources.[28] An Outreach Toolkit developed by the Women Veterans Division provides general information about women veterans, reviews best practices for outreach and service provision, and identifies a number of state and federal resources.[29]

CalVet's most recent strategic plan recognizes that "CalVet should and will become the leading advocate for veterans in this state to ensure they are aware of the rights, benefits and services that they have earned though their honorable service in the military of the United States."[30, p. 13] The plan identifies a number of activities aimed at increasing the effectiveness of outreach and education efforts. These activities include:

- Expanding their veteran benefit case management system to identify veterans within specific demographic groups and linking the system to USDVA's claims database to create an electronic submission process.
- Updating the CalVet website to include a portal that will tailor each visitor's experiences and services to their unique needs.
- Instituting periodic reviews of benefit usage and eligibility to ensure that veterans receive all the benefits and services to which they are entitled.
- Gaining access to information about veterans in the state through Veterans Benefits Administration, Veterans Health Administration, and Department of Defense databases.
- Working with local and state agencies, such as the Department of Motor Vehicles, Department of Social Services, and Department of Health Care Services, to identify veterans living in the state.[30]

The creation of a reliable database of California's veteran population, mentioned in both the Little Hoover Commission report and CalVet's strategic plan, would also benefit future iterations of the California Women Veteran Survey. The 2013 sample was unrepresentative of the general California women veteran population on a number of key characteristics because the design relied on volunteers and because outreach efforts disproportionately engaged with women already connected to various veteran communities. Gaining access to federal databases might be the most efficient way to obtain a random sample and increase the number of participants in future surveys.

Appendix A: Sample Construction and Participant Characteristics

A total of 1,040 individuals volunteered to participate in the survey. Of these volunteers, 66 provided responses that indicated they were not women veterans living in California. The remaining 974 responses were used in the previous analysis.

Because CRB, Commission, and CalVet staff lacked access to a database containing contact information for California's women veterans, collaborators relied on a nonrandom convenience sample of volunteers. The success of such a strategy rests on the researcher's ability to reach a broad and diverse group of potential respondents. Even when successful, the resulting sample may not be representative of the general population under study.

The sampling frame in this case was incomplete because some women veterans in the state did not hear about the survey and had no opportunity to participate. The sample may also be unrepresentative of the overall population because women veterans who heard about the survey are likely systematically different than those who did not. Incomplete and unrepresentative sampling frames lead to "coverage error" or "exclusion bias," which reduce a researcher's ability to generalize sample estimates to the overall population.

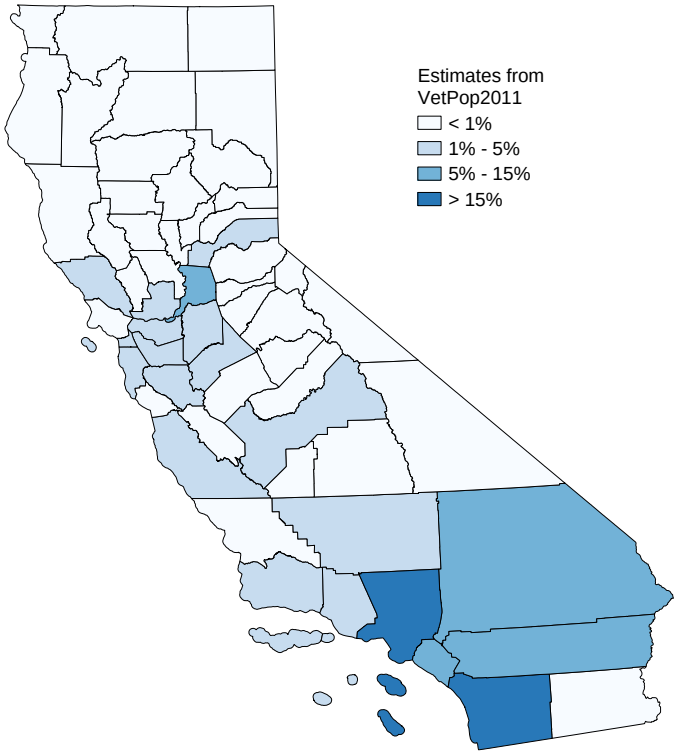
Further, not every woman veteran who was aware of the survey chose to participate. To the extent that, among those who knew about the survey, those who decided to take it were systematically different than those who decided not to participate, sample estimates are also subject to a form of "selection bias" or "nonresponse bias."

Though the specific effects of such error and bias on the 2013 sample cannot be known with certainty, it is useful to compare characteristics of the participants to external indicators. This section reviews information on the geographic, demographic, and service-related characteristics of the 2013 sample and compares it to information from the U.S. Census Bureau's ACS and the USDVA's Veteran Population Projection Model 2011 (VetPop2011).

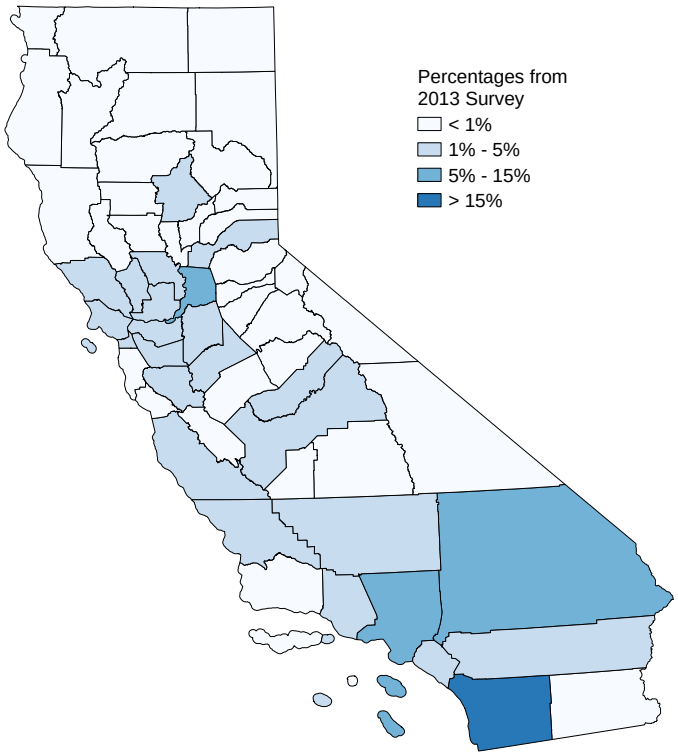
COUNTY OF RESIDENCE

The 2013 survey asked respondents to indicate their county of residence. Data from VetPop2011 provide an estimate of the state's overall women veteran population as well as estimates of the population in each county. With these data, CRB can compare the percentage of the 2013 sample living in each county with the percentage of California's overall women veteran population living in each county. Figure A1 maps a comparison between the 2013 sample and VetPop2011 estimates with darker blue representing a higher percentage of the state's women veteran population.

Figure A1. 2013 sample was fairly representative with respect to county of residence



(a) Veteran Population Model



(b) 2013 California Women Veteran Survey

According to VetPop2011, the majority of counties in the state (37) each have less than one percent of the total women veteran population, while Los Angeles and San Diego counties each contain more than 15 percent. The sample appeared fairly representative based on these estimates. In only three counties did the sample underrepresent the women veteran population by more than one percentage point. The most extreme case is in Los Angeles County, where VetPop2011 indicates that 16 percent of California's women veteran population resides but only 13 percent of the 2013 sample identified as their county of residence.

If some counties are underrepresented in the 2013 sample, then others must be overrepresented. The 2013 sample overrepresented the women veteran population by more than one percentage point in five counties. The largest difference between the VetPop2011 estimates and the 2013 sample is in Sacramento County (6 percent and 13 percent, respectively). This difference is to be expected because outreach efforts for the survey were based in the city of Sacramento.

Demographic and Service-related Characteristics

The 2013 survey included a series of demographic questions. These included questions about age, race/ethnicity, education, and employment. The 2012 ACS Public Use Microdata Sample provides individual-level data and the necessary weights to generate reliable estimates of the demographic distribution of the California women veteran population. These data allow CRB to identify characteristics on which the 2013 sample was markedly different than the overall population of women veterans living in the state.

Figure A2. 2013 survey oversampled veterans with a college education

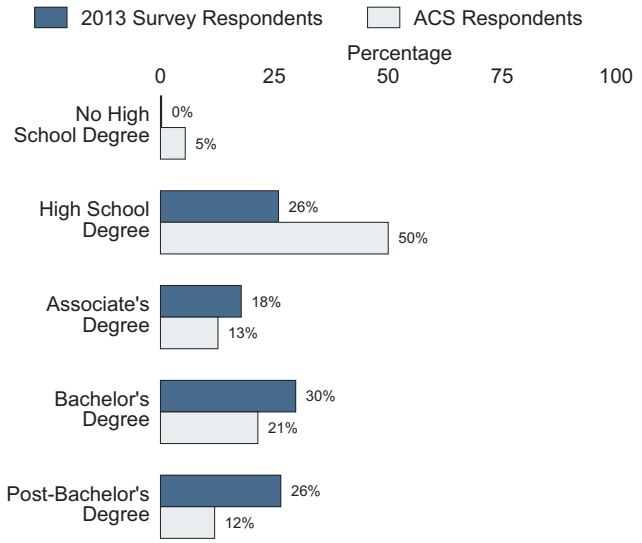
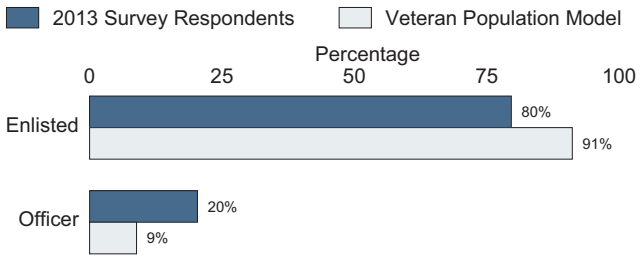


Figure A2 provides an example of such a comparison by displaying ACS estimates of the educational attainment distribution of California women veterans alongside that of the 2013 sample. ACS estimates suggest the highest degree attained by about 55 percent of women veterans in the state is a high school degree or less. In the 2013 sample, only 26 percent of respondents reported their highest level of educational attainment to be a high school degree or less. The remaining 74 percent of the sample reported holding a college degree compared to 46 percent in the ACS estimates. The results presented in Figure A2 suggest the sample underrepresented women veterans with a high school degree or less. Analysis not presented here suggests the sample also overrepresented white women veterans and those ages 45 to 64.

Estimates from the ACS and VetPop2011 can also be used to assess the representativeness of the sample with respect to service-related characteristics such as rank, branch, and period of service. Figure A3 presents the estimated percentage of U.S. women veterans with a rank of officer or enlisted based on VetPop2011 projections. The figure presents the same breakdown for the 2013 sample. Just over 90 percent of women veterans nationally were enlisted servicemembers, compared to only 80 percent of the sample. While it may be that the population of women veterans in California differs from the national population (i.e., women officers disproportionately reside in California), it is likely that the sample underrepresented enlisted veterans.

Figure A3. 2013 survey oversampled officers



Additional analysis not presented here suggests the sample was unrepresentative on a number of other service-related characteristics. The 2013 sample overrepresented those who served in the Navy, Marine Corp, and Reserves and those who served in the Vietnam and Gulf War eras.

DISCUSSION

As previously discussed, results from the 2013 survey cannot be used to generalize to the entire California women veteran population. The sample consists of a nonrandom set of volunteers who are likely different, on average, than those who were unaware of the survey or who heard about it but chose not to participate. This issue would remain true even if the sample appeared representative with respect to relevant demographic and service-related characteristics. When encountered in conventional research designs, issues with representativeness are addressed using propensity score adjustments[31] or poststratification weights.[32]

Weights could be used in this case to adjust the relative effect each respondent had on overall estimates from the 2013 survey. This approach would likely minimize issues with representativeness on certain demographic and service-related characteristics, though it would not necessarily address the error and bias associated with variation in awareness of the survey and willingness to participate. A number of academic studies have identified occasions when such demographic-based corrections are insufficient.[33, 34]

Weights are not employed in the prior analysis because they are unlikely to rectify all the issues associated with using a nonrandom sample of opt-in volunteers. Even with the use of demographic or service-related poststratification weights, the results presented here could not be generalized to the overall women veteran population in California. The composition of the sample and the decision not to weight results have implications for the findings presented here. College-educated women veterans who separated from service with an officer rank may have different experiences and needs than their respective counterparts. They may be more likely to be

aware of benefits and services. They may be less likely to have encountered some of the difficult aspects of military service (e.g., sexual harassment and sexual assault) and transition to the civilian environment (e.g., employment or housing issues). Since the 2013 sample overrepresented college-educated officers, the overall results presented here may reflect a best-case scenario.

Appendix B: 2013 Questionnaire

Thank you for your participation. The California Women Veteran Survey is a biennial survey of women veterans living in the State of California. Begun in 2009, this survey is administered by the California Research Bureau (CRB) on behalf of and in cooperation with the California Department of Veterans Affairs (CalVet) and the California Commission on the Status of Women and Girls.

The purpose of the survey is to document and track the status and experiences of California women who have served in the U.S. Armed Forces, and to use those research findings to inform policy discussions. The survey is designed to be relatively brief. As such, we have necessarily limited the scope of the questions asked. Additionally, the survey is designed to connect women veterans to services available through CalVet and other departments and organizations. Information on such services is provided in a link to a CalVet website at the end of the survey.

Participation in the survey is voluntary. Failure to respond will have no impact on benefits to which you may be entitled. Information will not be used for any purpose other than research and reporting, nor will it be shared in identifiable form with anyone outside of the California Research Bureau.

The questionnaire should take approximately 25 minutes to complete. If you have access to a computer with internet access, you can take the survey online, through SurveyMonkey, here:

http://www.calvet.ca.gov/women/WomenSurvey.aspx

If not, fill out this paper version and return the completed survey in the postage-paid envelope.

Please contact Matthew Buttice at (916) 653-6972 or vetsurvey@library.ca.gov if you have any questions.

Military Experience

First we are going to ask you a few questions about your military service history to gain a better understanding of how your service needs compare to women of similar military backgrounds.

1. Have you ever served in the U.S. Armed Forces, Reserves, or National Guard?

   - ☐ Yes
   - ☐ No [Skip to the end of the survey]

2. Tell us about your time in the military. Include both active duty military and National Guard/Reserves. More than one entry may be appropriate depending on your service history.

	Branch	**Year Entered**	**Rank upon Entry**	**Year Separated**	**Rank upon Separation**	**Characterization of Discharge (e.g., "Honorable")**
1.						
2.						
3.						
4.						
5.						

Veteran Benefits and Services

The California Department of Veterans Affairs (CalVet) is the primary agency responsible for identifying veteran needs and administering veteran services in California. However, many other state agencies, such as the Department of Motor Vehicles and Department of Fish and Game, cooperate with CalVet to provide benefits to California veterans. Now we would like to ask you some questions about the services you have received from the State of California since you separated from service.

3. The State of California provides a variety of services and benefits for veterans. Have you used any of the following? If not, please indicate the **primary** reasons why not.

State of California Service or Benefit	**Yes**	**No** Did not know about it	**No** Do not qualify	**No** Do not need it	**No** Tried but had challenges receiving it	**No** Other (please specify below)
Business License, Tax and Fee Waiver	☐	☐	☐	☐	☐	☐
Employment Development Department (EDD) Employment Assistance	☐	☐	☐	☐	☐	☐
CalVet Home Loans	☐	☐	☐	☐	☐	☐
CalVet Women Veterans Affairs	☐	☐	☐	☐	☐	☐
Veterans Homes of California	☐	☐	☐	☐	☐	☐
CalVet Claims Representative	☐	☐	☐	☐	☐	☐
State Parks and Recreation Pass	☐	☐	☐	☐	☐	☐
Disabled Veterans License Plates	☐	☐	☐	☐	☐	☐
Non-Resident College Fee Waiver	☐	☐	☐	☐	☐	☐
Motor Vehicle Registration Fees Waived	☐	☐	☐	☐	☐	☐
Fishing and Hunting Licenses	☐	☐	☐	☐	☐	☐
CalVet Minority Veterans Affairs	☐	☐	☐	☐	☐	☐
Unemployment Benefits	☐	☐	☐	☐	☐	☐
Property Tax Exemptions	☐	☐	☐	☐	☐	☐
Disabled Veteran Business Enterprise (DVBE) Program	☐	☐	☐	☐	☐	☐
College Tuition Fee Waiver For Veterans' Dependents	☐	☐	☐	☐	☐	☐

Comments:

_____

_____

_____

4. How often do you interact with the California Department of Veterans Affairs (CalVet)?

   - ☐ Often (once per month or more)
   - ☐ Occasionally (more than once per year, but less than once per month)
   - ☐ Rarely (once per year)
   - ☐ Once in my lifetime
   - ☐ Never

5. Have you received information on your benefits and eligibility from any of the following organizations? Please check all that apply.

   - ☐ Employment Development Department (EDD)
   - ☐ Veteran Service Organization (e.g., American Legion, Disabled American Veterans, Veterans of Foreign Wars, etc.)
   - ☐ Veteran Center
   - ☐ California Department of Veteran Affairs (CalVet)
   - ☐ County Veteran Service Office
   - ☐ U.S. Department of Veterans Affairs (VA) Hospital or Clinic
   - ☐ U.S. Department of Veterans Affairs (VA) Regional Office
   - ☐ Other (please specify) _____

Service-related Disability

Many veterans experience challenges because of medical conditions associated with their time of service. The following questions relate to service-related disabilities and the claim filing process. As with all questions, you can skip any that you are uncomfortable answering. All responses will be kept confidential.

6. Have you ever filed a claim for disability?
   - ☐ Yes
   - ☐ No [Skip to question 9 on page 6]

7. Please tell us about your disability claims. Include all claims that have been processed or are currently pending.

	With what organization, if any, did you file the claim?	**What is the status of this claim? (circle one)**	**Did you appeal the status of this claim? (circle one)**	**How many months did it take to process this claim?**	**Is this claim based, in whole or in part, on PTSD? (circle one)**
1.		Awarded Denied Pending	Yes No Not Applicable		Yes No Unsure
2.		Awarded Denied Pending	Yes No Not Applicable		Yes No Unsure
3.		Awarded Denied Pending	Yes No Not Applicable		Yes No Unsure
4.		Awarded Denied Pending	Yes No Not Applicable		Yes No Unsure
5.		Awarded Denied Pending	Yes No Not Applicable		Yes No Unsure
6.		Awarded Denied Pending	Yes No Not Applicable		Yes No Unsure
7.		Awarded Denied Pending	Yes No Not Applicable		Yes No Unsure
8.		Awarded Denied Pending	Yes No Not Applicable		Yes No Unsure

Comments:

_____

_____

_____

_____

_____

8. What is your overall VA service-connected disability rating?

- ☐ None
- ☐ 0%
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%

Housing

Now we would like to ask you a few questions on your current and previous housing situations.

9. Are you currently homeless? *Homelessness* is defined as lacking a fixed, regular, and adequate nighttime residence. Individuals who are sleeping in a car, park, abandoned building, bus or train station, airport, campground or in a shelter designed to provide temporary living arrangements are considered homeless under this definition.

- ☐ Yes
- ☐ No

10. Have you experienced homelessness at any other time? Please check all that apply.

- ☐ Before joining the military
- ☐ While serving in the military
- ☐ After separating from the military
- ☐ Never experienced homelessness

11. Since your most recent separation from service, have you experienced any of the following forms of housing instability? Please check all that apply.

- ☐ I have not experienced any housing instability
- ☐ Lived in motel/hotel for an extended period of time
- ☐ Had my home foreclosed upon
- ☐ Moved in with someone to share household expenses
- ☐ Moved in with friends or relatives
- ☐ Couch-surfed
- ☐ Been evicted from rental property
- ☐ Moved because I could no longer afford to live in current residence
- ☐ Been behind on my rent/mortgage payments
- ☐ Other (please specify) _____

12. If you sought services to help with housing instability or homelessness, with whom did you seek services? Check all that apply.

- ☐ Transitional Housing Facility
- ☐ California Department of Veterans Affairs (CalVet)
- ☐ Local Shelter
- ☐ Veteran Service Organization (e.g., American Legion, Disabled American Veterans, Veterans of Foreign Wars, etc.)
- ☐ U.S. Department of Veterans Affairs (VA)
- ☐ U.S. Department of Housing and Urban Development (HUD)
- ☐ Faith-Based/Non-Profit Organization
- ☐ Other (please specify) _____

Post-traumatic Stress Disorder

13. Have you experienced symptoms of or been diagnosed with Post-traumatic Stress Disorder (PTSD)?

- ☐ Yes – experienced symptoms but **not** diagnosed with PTSD
- ☐ Yes – experienced symptoms and diagnosed with PTSD
- ☐ No [Skip to question 15 on page 8]
- ☐ Unsure [Skip to question 15 on page 8]

14. Is your PTSD related to any of the following experiences? Check all that apply.

- ☐ Noncombat-related events
- ☐ Combat-related events
- ☐ Physical assault while in the military
- ☐ Unwanted harassment, assault, or contact of a sexual nature while in the military
- ☐ Other (please specify) _____

Military Sexual Trauma

We know from numerous studies that many women veterans have experienced sexual harassment and/or assault both prior to service and during their service. We also know from prior studies that women veterans face challenges getting the services they need after experiencing sexual harassment and/or assault. The following series of questions will help us understand the needs of women veterans who have experienced military sexual trauma.

The next questions are about traumatic or upsetting events. Information about services offered to women veterans, including counseling for military sexual trauma, is provided at the end of the survey.

Before we begin with these questions, we want to confirm that you are comfortable with questions regarding sexual trauma that you might have experienced.

15. Would you like to skip these questions?

- ☐ Yes [Skip to question 27 on page 10]
- ☐ No

16. While serving in the military, did you experience sexual harassment by military personnel? *Sexual harassment* includes any uninvited or unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or verbal remarks.

- ☐ Yes
- ☐ No [Skip to question 21 on page 9]

17. If you sought treatment for sexual harassment, did you feel you received the services you needed?

- ☐ I did not seek treatment [Skip to question 19 on this page]
- ☐ I sought treatment and received the services I needed
- ☐ I sought treatment but did **not** receive the services I needed

18. Where did you seek treatment? Please check all that apply.

- ☐ Military facility
- ☐ U.S. Department of Veteran Affairs (VA)
- ☐ Healthcare facility that is not affiliated with the military, VA, or veteran center
- ☐ Other (please specify) _____

19. If you reported sexual harassment, was it resolved to your satisfaction?

- ☐ I did not report the incident [Skip to question 21 on page 9]
- ☐ I reported the incident and it was resolved to my satisfaction
- ☐ I reported the incident but it was **not** resolved to my satisfaction

20. Did you experience any of the following as a result of reporting sexual harassment? Check all that apply.

- ☐ Involuntarily separated
- ☐ Felt retaliated against
- ☐ Article 15/Nonjudicial Punishment/Captain's Mast
- ☐ Promotion withheld
- ☐ Threats/Harassment (physical or sexual)
- ☐ Violence (physical or sexual)
- ☐ Involuntarily transferred
- ☐ Character of discharge was not "Honorable"
- ☐ Other (please specify) _____

_____

_____

_____

21. While serving in the military, did you experience any sexual assault by military personnel? *Sexual assault* is defined as intentional sexual contact, characterized by use of force, threats, intimidation, abuse of authority, or when the victim does not or cannot consent. Sexual assault includes rape, forcible sodomy (oral or anal sex), and other unwanted sexual contact that is aggravated, abusive, or wrongful (to include unwanted and inappropriate sexual contact), or attempts to commit these acts.

- ☐ Yes
- ☐ No [Skip to question 26 on page 10]

22. If you sought treatment for sexual assault, did you feel you received the services you needed?

- ☐ I did not seek treatment [Skip to question 24 on this page]
- ☐ I sought treatment and received the services I needed
- ☐ I sought treatment but did **not** receive the services I needed

23. Where did you seek treatment? Please check all that apply.

- ☐ Military facility
- ☐ U.S. Department of Veteran Affairs (VA)
- ☐ Healthcare facility that is not affiliated with the military, VA, or veteran center
- ☐ Other (please specify) _____

24. If you reported sexual assault, was it resolved to your satisfaction?

- ☐ I did not report the incident [Skip to question 26 on page 10]
- ☐ I reported the incident and it was resolved to my satisfaction
- ☐ I reported the incident but it was **not** resolved to my satisfaction

25. Did you experience any of the following as a result of reporting sexual assault? Check all that apply.

- ☐ Involuntarily separated
- ☐ Felt retaliated against
- ☐ Article 15/Nonjudicial Punishment/Captain's Mast
- ☐ Promotion withheld
- ☐ Threats/Harassment (physical or sexual)
- ☐ Violence (physical or sexual)
- ☐ Involuntarily transferred
- ☐ Character of discharge was not "Honorable"
- ☐ Other (please specify) _____

_____

_____

_____

26. Any additional comments on this section?

_____

_____

_____

Healthcare

The U.S. Department of Veterans Affairs (VA) has medical facilities throughout California to care for veterans' health. The following questions seek to understand your use of and views on VA facilities.

27. Are you currently covered by any of the following types of health insurance or health coverage plans? Please check all that apply.

    - ☐ Insurance through an employer or purchased directly from an insurance company
    - ☐ Medicare, Medicaid, or any kind of government assistance plan
    - ☐ TRICARE or other military healthcare
    - ☐ VA Healthcare System
    - ☐ No health coverage
    - ☐ Other (please specify) _____

28. Which VA Healthcare System do you most regularly use? Note that the VA clinics most often used in California belong to one of the following VA Healthcare Systems.

    - ☐ None [Skip to question 30 on this page]
    - ☐ San Francisco VA Medical Center (San Francisco, CA)
    - ☐ VA Central California Health Care System (Fresno, CA)
    - ☐ VA Northern California Health Care System (Mather, CA)
    - ☐ VA Palo Alto Health Care System (Palo Alto, CA)
    - ☐ VA Greater Los Angeles Healthcare System (Los Angeles, CA)
    - ☐ VA Loma Linda Healthcare System (Loma Linda, CA)
    - ☐ VA Long Beach Healthcare System (Long Beach, CA)
    - ☐ VA San Diego Healthcare System (San Diego, CA)
    - ☐ Other (please specify) _____

29. Please rate your experience with the services you received from the VA Healthcare System facility you use most regularly use. [Then move on to question 31 on this page]

    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Fair
    - ☐ Poor

30. If you have never sought medical services at a VA Healthcare System facility, which of the following statements describe why not? Please check all that apply.

- ☐ Prefer to use non-VA facility
- ☐ Have private health coverage
- ☐ Lack of transportation
- ☐ Not eligible for service
- ☐ Appointment/scheduling delays
- ☐ Poor service or quality of care
- ☐ Facility is too far from residence
- ☐ Did not know I was eligible
- ☐ Lack of childcare availability
- ☐ Other (please specify) _____

31. Given your means of transportation, would you consider the closest VA Healthcare System facility (medical center or community clinic) to be:

- ☐ Very accessible
- ☐ Somewhat accessible
- ☐ Not accessible
- ☐ I don't know how accessible the closest facility is

Childcare

The next set of questions is about childcare needs and the effect those needs have had on your healthcare and employment decisions.

32. How many children do you have under the age of 13 living in your household?

_____ children under 13 [If 0, skip to question 39 on page 13]

33. Where does your child(ren) receive childcare? Check all that apply.

- ☐ Child Care Facility (e.g. Day Care Center, Nursery School, Preschool, etc.)
- ☐ Your Home – Caregiver is a Relative/Friend
- ☐ Your Home – Caregiver is **Not** a Relative/Friend
- ☐ Caregiver's Home – Caregiver is a Relative/Friend
- ☐ Caregiver's Home – Caregiver is **Not** a Relative/Friend
- ☐ No Childcare [Skip to question 39 on page 13]
- ☐ Other (please specify) _____

34. On average, how many hours a week is your child(ren) in childcare? Your best estimate is fine.

_____ hours per week

35. On average, how much do you pay per month in total for childcare? Your best estimate is fine.

$ _____ per month

36. Do you receive a DOD subsidy for childcare?

- ☐ Yes
- ☐ No

37. Has your need for childcare affected your healthcare decisions in any of the following ways? Please check all that apply.

- ☐ What appointment times I can take
- ☐ If I can afford to go for healthcare
- ☐ What healthcare services I can have performed
- ☐ Where I go for healthcare
- ☐ Not applicable
- ☐ Other (please specify) _____

38. Has your need for childcare affected your employment-related decisions in any of the following ways? Please check all that apply.

- ☐ I refused to take a job because the salary was too low to cover childcare costs
- ☐ I work more hours than I want to in order to pay for childcare
- ☐ Took a job I did not want in order to pay for childcare
- ☐ One of the reasons I left active duty
- ☐ Benefits such as on-the-job childcare influenced my decision to take a specific job
- ☐ I work more jobs than I want to in order to pay for childcare
- ☐ Influenced where I was willing to take a job (physical location of the job)
- ☐ I took a lower paying job because I needed it to pay childcare
- ☐ Not applicable
- ☐ Other (please specify) _____

Employment

Now we would like to ask you a few questions on your employment situation.

39. Are you currently employed?

- ☐ Yes – full time
- ☐ Yes – part time
- ☐ Yes – self-employed
- ☐ No – unemployed and looking for work [Skip to question 41 on page 14]
- ☐ No – unemployed and **not** looking for work [Skip to question 42 on page 14]

40. How long have you been **employed** in your current job?

_____ years, _____ months [Skip to question 43 on page 14]

41. How long have you been **unemployed** and looking for work?

_____ years, _____ months [Skip to question 43 on this page]

42. In question 39, you stated that you are unemployed and not looking for work, why? Please check all that apply.

- ☐ I do not want/need to work
- ☐ I am unable to work (includes disabled)
- ☐ I am a student
- ☐ I am a homemaker
- ☐ I am a caregiver (to child or adult parents)
- ☐ I am retired
- ☐ Other (please specify) _____

LGBTQI

We are trying to determine if the experiences of lesbian, gay, bisexual, transgender, queer, and intersex individuals differ from those of others in the military. The following questions relate to your personal sexual orientation and identification and the effect that they might have had on your military experience.

43. Do you consider yourself to be lesbian, gay, bisexual, transgender, queer or intersex?

- ☐ Yes
- ☐ No [Skip to question 49 on page 16]
- ☐ Decline to State [Skip to question 49 on page 16]

44. Did you consider yourself to be lesbian, gay, bisexual, transgender, queer or intersex during your military service?

- ☐ Yes – for part of my service
- ☐ Yes – during my entire service
- ☐ No

45. Were you discharged for violating the Don't Ask, Don't Tell policy or its predecessor policies?

- ☐ Yes
- ☐ No

46. Did you experience any of the following as a result of other people's **perception** of your sexual identity or orientation? Check all that apply.

- ☐ Involuntarily separated
- ☐ Felt retaliated against
- ☐ Article 15/Nonjudicial Punishment/Captain's Mast
- ☐ Promotion withheld
- ☐ Threats/Harassment (physical or sexual)
- ☐ Violence (physical or sexual)
- ☐ Involuntarily transferred
- ☐ Character of discharge was not "Honorable"
- ☐ Other (please specify) _____

_____

_____

_____

47. Did you experience any of the following as a result of other people's **knowledge** of your sexual identity or orientation? Check all that apply.

- ☐ Involuntarily separated
- ☐ Felt retaliated against
- ☐ Article 15/Nonjudicial Punishment/Captain's Mast
- ☐ Promotion withheld
- ☐ Threats/Harassment (physical or sexual)
- ☐ Violence (physical or sexual)
- ☐ Involuntarily transferred
- ☐ Character of discharge was not "Honorable"
- ☐ Other (please specify) _____

_____

_____

_____

48. Did you experience any other hardships related to the Don't Ask, Don't Tell policy or its predecessor policies? Please specify.

_____

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Demographics

Now we would like to ask a few questions about your personal background and demographic characteristics so we can compare your service needs to other women in similar situations.

49. Do you identify as a woman?

- ☐ Yes
- ☐ No

50. In what year were you born?

_____

51. What is your current marital status?

- ☐ Never Married [Skip to question 53 on this page]
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Domestic Partnership

52. Have you ever had a spouse/partner who served in the military?

- ☐ I currently have a spouse/partner who served in the military
- ☐ I previously had a spouse/partner who served in the military but no longer do
- ☐ I have never had a spouse/partner who served in the military

53. Given your racial or ethnic background, how do you prefer to identify yourself? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian American
- ☐ Black or African American
- ☐ Hispanic, Latina, or Spanish background
- ☐ Native Hawaiian
- ☐ Other Pacific Islander
- ☐ White or Caucasian
- ☐ Other (please specify) _____

54. What is your highest level of formal education outside of the military?

- ☐ Less than a High School Diploma/GED
- ☐ High School Diploma/GED
- ☐ Trade, Vocational, or Technical School Degree or Certificate
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree or Higher

55. In which county do you live?

_____ County

56. In which ZIP code do you live?

_____

57. Including yourself, how many people currently live in your household?

_____ people

58. What is your total annual household income? Total annual household income is the combined income of all the members of a household who are 15 years old and older. It includes every form of income (e.g., salaries and wages, retirement income, public assistance, child support, veterans benefits, etc.). Your best estimate is fine.

$ _____ per year

Conclusion

59. How did you hear about the survey?

_____

_____

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_____

60. Please use this space for comments or suggestions. For example, what information or services do you wish you had available to you when you transitioned from active duty? What services or benefits would help current women veterans? Is there any other information you would like to share?

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Thank you for participating in our survey. If you know of any other women veterans living in California, please invite them to participate as well. Contact Matthew Buttice at (916) 653-6972 or vetsurvey@library.ca.gov if you have any questions or would like additional information about the study.

If you would like to receive updated information from CalVet about benefits, programs, services, and resources throughout California, use the following link to sign up for the Women Veterans Roster:

http://www.calvet.ca.gov/women/Roster.aspx

Information on the services offered women veterans, including counseling for military sexual trauma, can be found on CalVet's website:

http://www.calvet.ca.gov/Resources/Women.aspx

A list of resources for sexual assault survivors may be found at:

www.calcasa.org

While questionnaire-length concerns limited our ability to include items about domestic abuse in this iteration of the survey, it is an important issue that affects many individuals. Resources for individuals affected by domestic abuse can be found at:

www.thehotline.org/

Additional resources for women veterans:

Swords to Plowshares – www.swords-to-plowshares.org

U.S. Vets-Long Beach – www.usvetsinc.org/longbeach

Women Veterans Connect – www.womenveteransconnect.org

American Women Veterans – www.americanwomenveterans.org

California Commission on the Status of Women and Girls – www.women.ca.gov

Bibliography

1. U.S. Department of Veteran Affairs, "Veteran Population Model," 25 June 2014. [Online]. Available: http://www1.va.gov/VETDATA/Veteran_Population.asp. [Accessed 10 July 2014].

2. U.S. Census Bureau, "2012 American Community Survey Public Use Microdata Sample," Washington D.C., 2013.

3. Congressional Research Service, "Veterans and Homelessness," Washington, D.C., 2013.

4. Government Accountability Office, "Homeless Women Veterans: Actions Needed to Ensure Sage and Appropriate Housing," Washington, D.C., 2011.

5. C. L. Goldzweig, T. M. Balekian, C. Rolon, E. M. Yano and P. G. Shekelle, "The State of Women Veterans' Health Research: Results of a Systematic Literature Review," *Journal of General Internal Medicine,* vol. 21, pp. S82-92, 2006.

6. B. Bean-Mayberry, E. M. Yano, D. L. Washington, C. Goldzweig, F. Batuman, C. Huang, I. Miake-Lye and P. G. Shekelle, "Systematic Review of Women Veterans' Health: Update on Successes and Gaps," *Women's Health Issues,* vol. 21, pp. S84-97, 2011.

7. U.S. Department of Veterans Affairs, "Strategies for Serving Out Women Veterans," 2012.

8. L. K. Foster and S. Vince, "California's Women Veterans: The Challenges and Needs of Those Who Served," California Research Bureau, Sacramento, 2009.

9. R. E. Blanton and L. K. Foster, "California's Women Veterans: Responses to the 2011 Survey," California Research Bureau, Sacramento, 2012.

10. U.S. Department of Veterans Affairs, "2011 Survey of Veteran Enrollees' Health and Reliance Upon VA," 2012.

11. D. L. Washington, Bean-Mayberry, D. Riopelle and E. Yano, "Access to Care for Women Veterans: Delayed Healthcare and Unmet Need," *Journal of General Internal Medicine,* vol. 26, no. 2, pp. 655-651, 2011.

12. K. E. Watkins and H. A. Pincus, "Veterans Health Administration Mental Health Program Evaluation," RAND Corporation, Arlington, 2011.

13. Abt Associates Inc., "Employment Histories Report," Bethesda, 2008.

14. D. L. Washington, S. Sun and M. Canning, "Creating a Sampling Frame for Population-based Veteran Research: Representativeness and Overlap of VA and Department of Defense Databases," *Journal of Rehabilitation Research and Development*, vol. 47, no. 8, pp. 763-772, 2010.

15. U.S. Department of Veterans Affairs, "National Survey of Veterans, Active Duty Service Members, Demobilized National Guard and Reserve Members, Family Members, and Surviving Spouses," Washington, D.C., 2010.

16. U.S. Department of Veteran Affairs, "Annual Benefits Report FY 2012 Annual Report," Washington D.C., 2013.

17. Veterans Legal Services Clinic, "Battle for Benefits: VA Discrimination Against Survivors of Military Sexual Trauma," Yale Law School, 2013.

18. U.S. Department of Veterans Affairs, "Military Sexual Trauma," Washington, D.C., 2013.

19. Defense Manpower Data Center, "2012 Workplace and Gender Relations Survey of Active Duty Members," Washington, D.C., 2013.

20. "Health Benefits," U.S. Department of Veterans Affairs, 15 April 2014. [Online]. Available: http://www.va.gov/healthbenefits/apply/veterans.asp. [Accessed 29 April 2014].

21. U.S. Census Bureau, "Who's Minding the Kids? Childcare Arrangements: Spring 2011," 2013.

22. "Economic News Release," U.S. Department of Labor Bureau of Labor Statistics, 24 March 2014. [Online]. Available: http://www.bls.gov/news.release/vet.a.htm. [Accessed 30 April 2014].

23. G. J. Gates, "Lesbian, Gay, and Bisexual Men and Women in the U.S. military: Updated Estimates," The Williams Institute, 2010.

24. California State Auditor, "California Department of Veterans Affairs: It Has Inititated Plans to Serve Veterans Better and More Cost-Efficiently, but Further Improvements are Needed," Sacramento, 2013.

25. Little Hoover Commission, "An Agenda for Veterans: The State's Turn to Serve," Sacramento, 2013.

26. California Department of Veterans Affairs, "July Newsletter," 2014.

27. California Department of Veterans Affairs Women Veterans Division, "Women Veterans Roster," 2013. [Online]. Available: https://www.calvet.ca.gov/WomenVets/Pages/Women-Veterans-Roster.aspx. [Accessed 8 August 2014].

28. California Department of Veterans Affairs Women Veterans Division, "Women Veterans Conference," 2013. [Online]. Available: https://www.calvet.ca.gov/WomenVets/Pages/Conferences.aspx. [Accessed 8 August 2014].

29. California Department of Veterans Affairs Women Veterans Division, "California Women Veterans Outreach Toolkit," 2014.

30. California Department of Veterans Affairs, "Strategic Plan FY 2013/14 - 2015/16".

31. S. Lee, "Propensity Score Adjustment as a Weighting Scheme for Volunteer Panel Web Surveys," *Journal of Official Statistics,* vol. 22, p. 329–249, 2006.

32. A. Gelman, "Struggles with Survey Weighting and Regression Modeling," *Statistical Science,* vol. 22, pp. 153-164, 2007.

33. M. P. Couper, A. Kapten, M. Schonlau and J. Winter, "Noncoverage and Nonresponse in an Internet Survey," *Social Science Research,* vol. 36, pp. 131-148, 2007.

34. D. S. Yeager, J. A. Krosnick, L. Chang, H. S. Javitz, M. S. Levendusky, A. Simpser and R. Wang, "Comparing the Accuracy of RDD Telephone Surveys and Internet Surveys Conducted with Probability and Non-Probability Samples," *Public Opinion Quarterly,* vol. 75, no. 4, pp. 709-747, 2011.

35. California Department of Veterans Affairs, California Veterans Resource Book, 2013.

36. U.S. Department of Veterans Affairs, "Center for Women Veterans," 2013. [Online]. Available: http://www1.va.gov/womenvets/cwv/index.asp. [Accessed 7 July 2014].

37. M. K. Buttice, "Housing Instability and Homelessness," California Research Bureau, Sacramento, 2014.

38. M. K. Buttice, "Military Sexual Trauma," California Research Bureau, Sacramento, 2014.

39. M. K. Buttice, "State Veteran Benefit Utilization," California Research Bureau, Sacramento, 2014.

40. M. K. Buttice, "The Impact of Childcare Needs on Employment and Healthcare," California Research Bureau, Sacramento, 2014.