



Australian
National
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The health and wellbeing of Australia's female veterans

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Assumptions

- Organisation characterised as misogynistic
- ADF as not female friendly
- Women as passive victims in any military context
- Women's careers in the ADF are largely unfulfilling



- A veteran is:

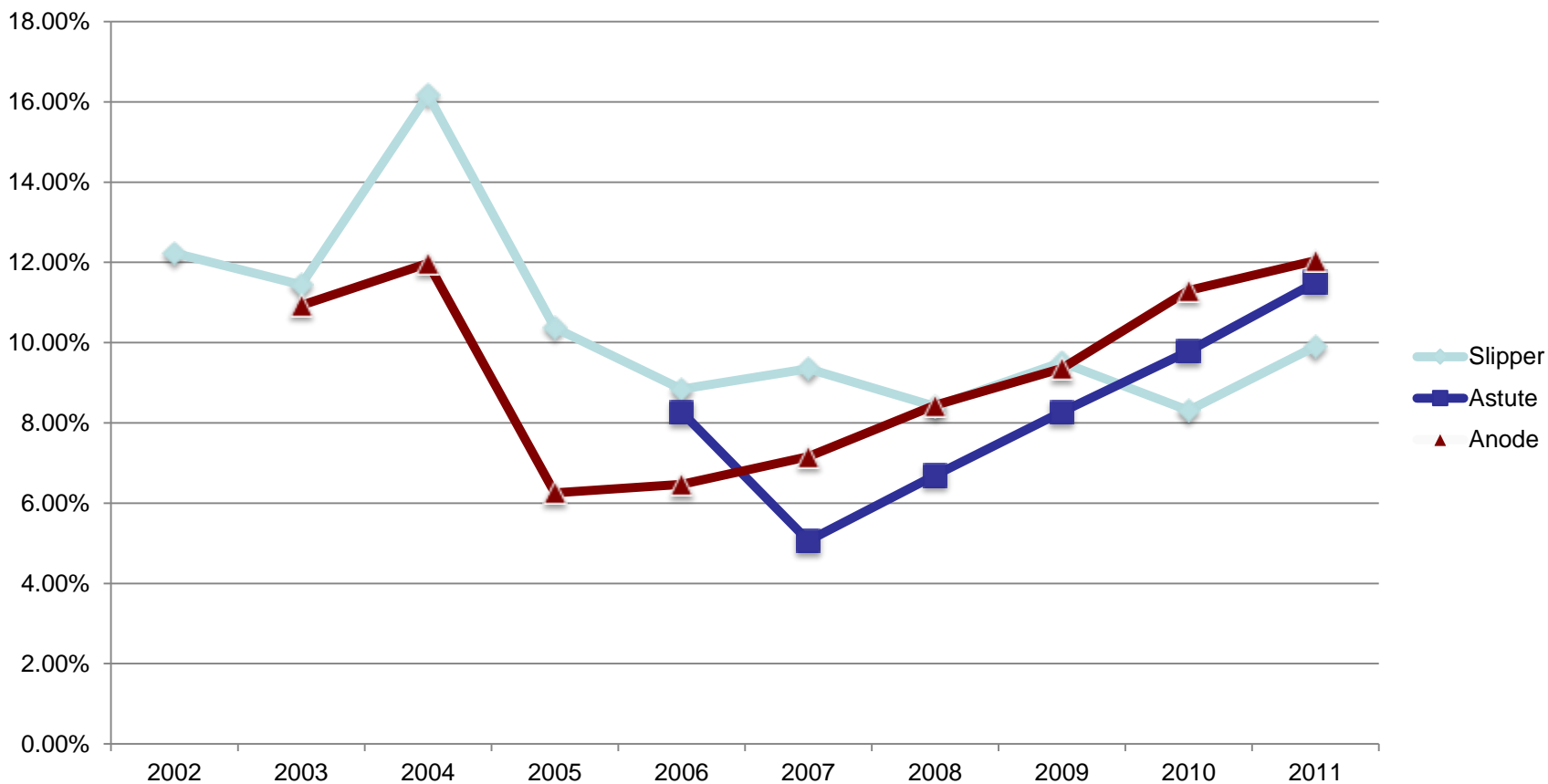
“a current or former member of the ADF who has been on operational service”

Source:

http://www.dva.gov.au/serving_members/adf/Pages/debunking%20myths.aspx



Percentage of women on Operations Slipper (MEAO), Astute (East Timor) & Anode (Solomon Islands) 2002-2011



Methodology

In depth qualitative research

- Face to face interviews with 60 women who had deployed from the Vietnam era onwards
- Face to face interviews with 30 stakeholders in veteran health, including staff from Veterans and Veterans Families Counseling service (VVCS), Veteran's Access Network (VAN), and Defence Community Organisation (DCO).

Interviews with female veterans: demographics

- 60 women interviewed
 - Army = 33; RAAF = 19; Navy = 8
 - Vietnam era = 27; Contemporary veterans = 33
- AGE
 - The age of participants ranged from 26 to 72, with the majority of Vietnam veterans in the 60-69 age range and majority of contemporary veterans in the 40-49 age range. Nearly half of the interviewees had enlisted between the ages of 20-24.
 - Age on deployment ranged from 18 through to 40 years of age
- RELATIONSHIP
 - Half of the participants were married or in a relationship at the time of interview, six were single and the remaining were divorced, separated or widowed. 41 had partners in the ADF or who were ex-ADF.
- CHILDREN
 - 37 participants had children. 15 of these participants had been deployed while they had children (all under the age of 15), with the youngest being nine months old.

Findings

- 1. Significant barriers to accessing existing support services for female veterans**
- 2. Significant gaps in available and appropriate information, resources and DVA policies for female veterans**
- 3. Gaps in knowledge of female veterans that impact health and wellbeing and service provision**

❖ Lack of an authentic veteran identity

Reinforced through:

- Repeated questioning by civilian (often medical admin) and/or DVA staff over ownership of their gold/white card.
- DVA policies that didn't accommodate a range of women's health issues
- Lack of understanding by Veteran's Access Network (VAN) staff about health issues for female veterans, particularly
 - veterans as mothers
 - issue concerning sexual health/violence
- Lack of knowledge of issues for female veterans by DVA advocates
- Lack of VVCS support focused at women in particular
- Lack of acknowledgment or understanding in the broader community of the existence and experiences of female veterans

Barriers to accessing existing services include:

1. Lack of an authentic veteran identity
2. Lack of trust in confidentiality of DVA/ADF funded services
3. Stigma associated with mental health issues and treatment seeking
4. Lack of trust in the DVA 'system' of claims processing
5. Disconnect between information given at time of transition and perceived/actual time of needing this information
6. Perceived and/or experienced lack of understanding from others about issues related to discharge or deployment
7. Perceived and/or experienced lack of understanding from others about issues related to maternal separation and parenting



Significant gaps in available and appropriate information, resources and DVA policies for female veterans include:

8. Lack of support services developed for or targeted at female veterans
9. Lack of resources for facilitating continuity of learned coping strategies
10. No resources, information or DVA policies relating to military sexual trauma
11. Lack of appropriate or available information on female specific issues, including: *maternal separation, reproductive and gynaecological health, domestic violence, lesbian, transgender and same sex attracted women, and military sexual trauma*



Gaps in knowledge of female veterans that impact health and wellbeing and service provision include:

12. Limited understanding of trauma exposure experienced by veterans by their civilian and DVA service providers
13. Significant gaps in evaluation and best practice guidelines for health care provision for female veterans

Recommendations

- 1. Developing targeted support and resources for female veterans**
- 2. Increasing the visibility of services for and experiences of female veterans**
- 3. Facilitating continuity of learned coping strategies post-discharge from the ADF**
- 4. Implementing and evaluating family friendly practices in DVA**
- 5. Providing training to civilian health care providers on issues for female veterans**
- 6. Developing best practice guidelines for the treatment of female veterans**
- 7. Setting a strategic research agenda on female veterans health**



Conclusion



Acknowledgments

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Full report can be accessed at:

http://www.dva.gov.au/health_and_wellbeing/research/Pages/femaleveterans.aspx