



The Role of Peer Support in Reducing Risk of Negative Outcomes for Women Veterans

Tara E. Galovski, PhD

Director, Women's Health Sciences Division, National Center for PTSD

Associate Professor, Department of Psychiatry, Boston University School of Medicine

Director, Women Veterans Network



DEFINING SOCIAL SUPPORT



“Social support refers to a social network’s provision of psychological and material resources intended to benefit an individual’s capacity to cope with stress.”

COMPLEXITY OF SOCIAL SUPPORT

Many Layers:

- Size
- Regularity and frequency
- Perceived helpfulness of the support system
- Type of support (emotional, instrumental, behavioral, informational)



Contextual Factors:

- Beliefs about social support
- Ways of expressing, giving and receiving support
- Value placed on supportive relationships.

Shumaker & Brownell, 1984

WHO'S GOT YOUR SIX?

- **Military Unit Cohesion¹:**
 - Basic training is designed to transform civilians into military service members
 - Often occurs during key developmental period (particularly in the area of self-identity)
 - Goal of basic training: Create cohesion and connectedness
- **Strong Unit Cohesion is associated with:**
 - Positive general mental health²
 - Well-being³
 - Enjoyment and belonging⁴



UNIQUE NATURE OF MILITARY EXPERIENCE

- Military experiences can contribute to loneliness after separation from service¹
 - Length of time served
 - Number of operational deployments
 - Geographical mobility during and after service
 - Friction with returning to civilian life
 - Disruption of intense military friendships
 - Re-establishing place in the family structure
 - Finding one's tribe in civilian communities



¹Sayer, N. A., Noorbaloochi, S., Frazier, P., Carlson, K., Gravelly, A., & Murdoch, M. (2010)

WHAT HAPPENS WHEN SOCIAL SUPPORT ERODES?

- **Loneliness:**
 - “Subjective social and emotional experience characterized by the discrepancy between the social relationships we have and those we want to have.”
- **Isolation:**
 - Objective state which represents the extent to which a person is integrated into their social environment including frequency of social interactions and social relationships as well as access to social networks
- **Thwarted Belonginess**
- **Risk increases for negative mental health outcomes including suicide¹**
- **May be particularly true for women Veterans**



¹Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015)

MODELS OF THERAPEUTIC PEER SUPPORT

- One-to-One social support

- Volunteer visits
- Peer phone support

- Educational interventions

- Teaching about the importance of social support
- Extensive skills training
- Wrapping elements of engaging in socialization into EBPs (e.g., CPT, PE)



- Indirect social network building (placing people in environments that will naturally produce experiences that are likely to increase social support)

- Peer Support Groups (self-help, mutual aid)¹

- Focus on a shared problem or condition (grief, medical condition, weight loss). The format and modality is variable. Can be in isolation or in combination with clinical care.



¹Drebing, C. E., Reilly, E., Henze, K. T., Kelly, M., Russo, A., Smolinsky, J., ... & Penk, W. E. (2018)

EFFECTIVENESS OF PEER SUPPORT GROUPS

- **Methodological challenges:**
 - Variable in design
 - Self-selection
 - Tracking attendance is difficult
 - Tracking receipt of additional care and resources by participants is difficult (AA, NAMI)
- Participation in both clinical care and peer support groups is associated with better outcomes than participation in clinical programs alone^{1,2,3,4}
- **VA:**
 - Certified Peer Specialists
 - Public / Private partnerships with other peer support programs (e.g., Vet to Vet USA)
 - Veteran Outreach and Engagement teams



¹Kelly, J. F., Stout, R. L., Magill, M., Tonigan, J. S., & Pagano, M. E. (2010); ²Pagano, M. E., White, W. L., Kelly, J. F., Stout, R. L., & Tonigan, J. S. (2013);

³Timko, C., Sutkowi, A., Cronkite, R. C., Makin-Byrd, K., & Moos, R. H. (2011).; ⁴Walitzer, K. S., Dermen, K. H., & Barrick, C. (2009)

WOMEN VETERANS NETWORK (WOVEN)



To provide a unique social network of women Veterans to foster connections and build relationships in local communities and across the nation



THE WOVEN TEAM



UNIQUE CHALLENGES OF WOMEN VETERANS

- Women comprise 15% (and growing!) of the armed forces¹
- Many of the 2 million U.S. women Veterans have grown personally and professionally since leaving service
- However, many face challenges during re-integration into civilian life – challenges that are unique to women Veterans²
- Fewer resources are geared toward easing re-integration for women Veterans relative to male Veterans³
- And – available resources for men do not always fit the needs of women Veterans
- **Social support** fosters connections that promote well-being, mental health and quality of life⁴

¹Department of Veterans Affairs, National Center for Veterans Analysis and Statistics (2017); ²Street, A. E., Gradus, J. L., Giasson, H. L., Vogt, D., & Resick, P. A. (2013);

³Demers, A. L. (2013); ⁴Sairsingh, H., Solomon, P., Helstrom, A., & Treglia, D. (2017)

WOVEN: THE IDEA

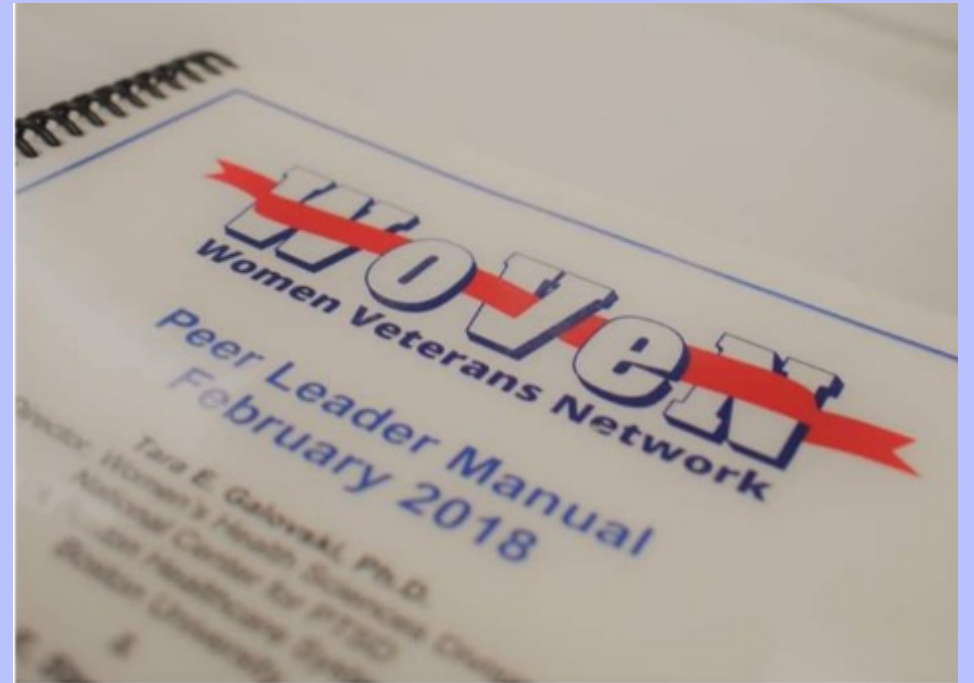
- WoVeN connects women Veterans of all eras and service branches
- WoVeN seeks to empower women Veterans by providing information, education, and resources to improve quality of life.
- Women Veterans connect with WoVeN through:
 - In-person groups
 - Virtual participation in groups
 - Online national forums



“WoVeN is the empowerment of women – all of us from different services coming together as one with different needs and strengths. We embrace our sisterhood, recognize ourselves as powerful, and know that we are significant and loved.”

WOVEN GROUPS – CORE COMPONENT

- The WoVeN manual contains everything needed for WoVeN group:
 - Background on WoVeN
 - Leadership hints
 - Crisis management
 - Socratic Questions
 - Outlines for each WoVeN meeting
 - Instructions for all meeting activities



WOVEN MEETING STRUCTURE AND THEMES

* 8 structured, manualized peer-led group meetings * Thematic with directed conversations and topics * Flexible and malleable to meet varying group needs.



Transitions



Balance



Stress Relief



Connections



Trust

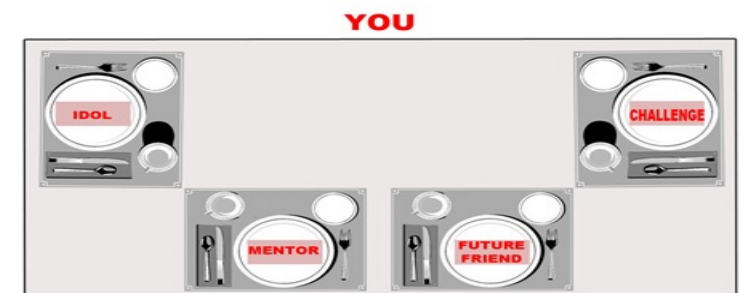


Esteem

Meeting 1: Transitions

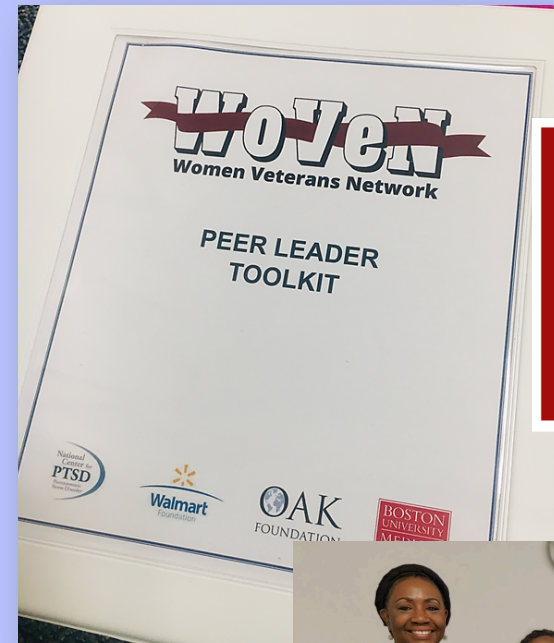


Meeting 5: Connections



THE WOVEN TOOLKIT

- The toolkit has everything needed to facilitate WoVeN group:
 - Contents:
 - Folders for Meetings 1-8
 - Resource folder with extra photo releases and resource sheets
- Online toolkits in easy to disseminate format

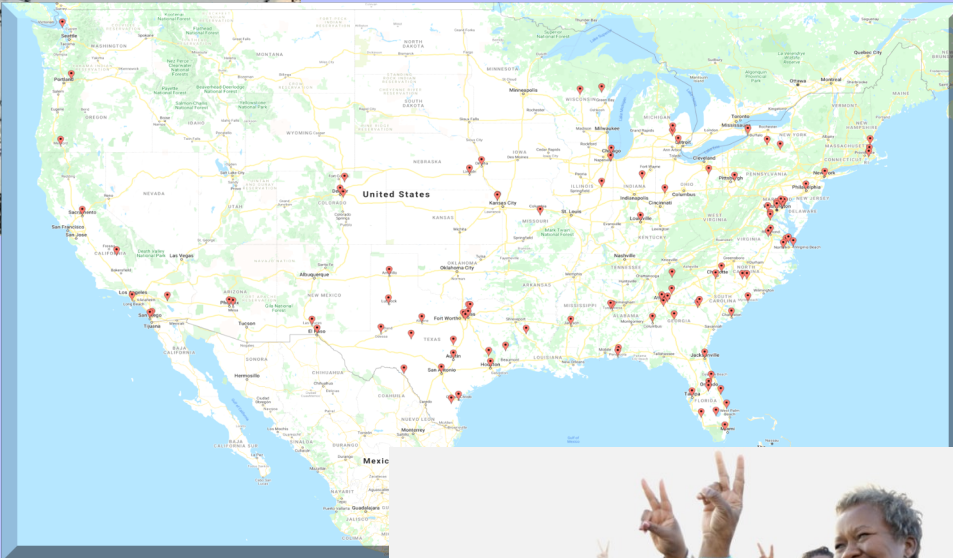
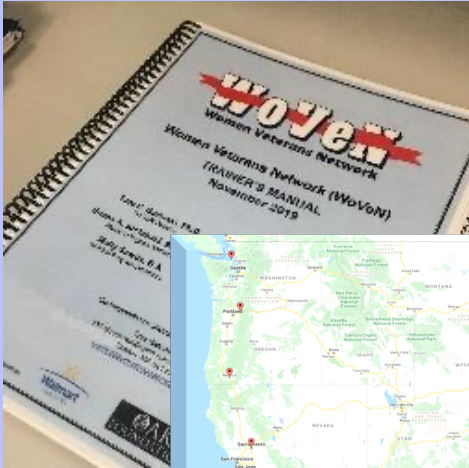


“WoVeN has given me a sense of friendship and belonging with other female Veterans – a sisterhood.”

WoVeN Member



MULTIPLE TRAINING OPTIONS



Peer Leader Guide

- National Trainings
- Regional Trainings
- Apprentice Model
- Concerns:
 - Fidelity
 - Enrollment, recruitment, tracking
 - Attrition

Continued Support for Volunteer Workforce

- **Peer Leader consultation:**
 - Preserving fidelity
 - Opportunity for peer leaders to share ideas, troubleshoot, and learn from each other.
 - To celebrate and share successes!!
- Began as consultation with Tara or Amy
- Currently, trainer-led consultation:
 - 20 PL teams led by WoVeN Trainers
 - Meet on a monthly basis
 - Contacts can be calls, Zoom, Facebook chats, etc.



MAINTAINING FIDELITY

- Critical for remaining true to our mission
- Transitioning to peer consultation by trainers
- Online tool for training
- Development of policies and procedures to ensure quality control
- Ensuring inclusivity for all who identify as a woman who served in the US Armed Forces





3900+ Women Enrolled in WoVeN



1,800+ Women receive our Newsletter

3,900+ Women follow WoVeN on Facebook, LinkedIn, Instagram

MEMBERSHIP

WOVEN RESEARCH COMPONENT

- WoVeN group members have the opportunity to contribute to important research to help women Veterans.
- This research examines how WoVeN impacts women Veterans' lives.
- We are very interested in **IMPROVEMENT!** – research provides us with new ideas and directions!

“Being able to be myself around a group of women who have shared the same challenges that I’ve had means so much to me.”



METHOD

- 1,537 women have participated in a WoVeN group
- 687 women have participated in the baseline research (44.7%)

Survey	Timepoint
Baseline	Prior to start of group
Post	Within 2 weeks after group ends
1-month follow-up	1-month after post assessment
3-month follow-up	3-months after post-assessment

Measures

- PCL-5
- PHQ-9
- QOLI
- MSPSS
- Hope Scale
- Coping Self-efficacy Scale
- General Belongingness Scale
- Resourcefulness Skills Scale
- Well-Being Inventory
- Program evaluation questions

DEMOGRAPHICS

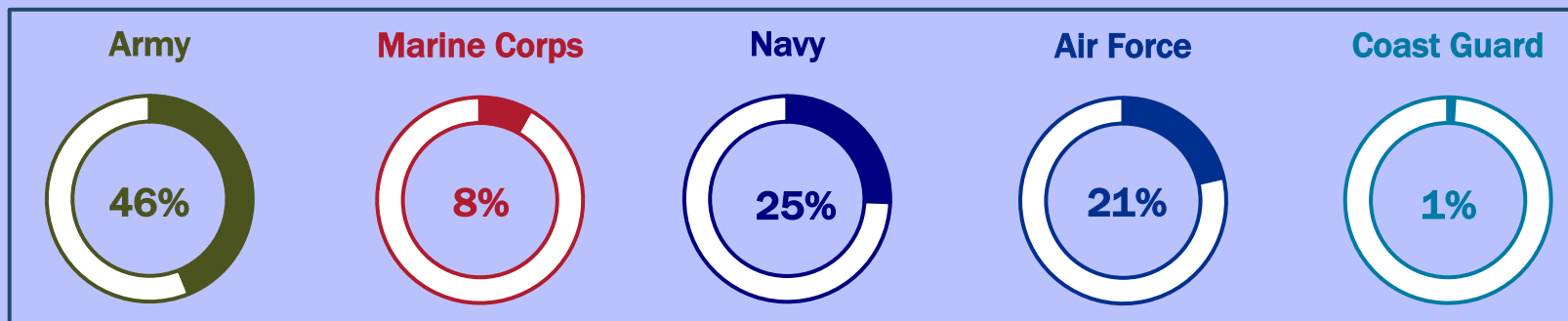
Race	
Asian	1.68%
Black	36.07%
White	46.64%
Other	15.60%
Ethnicity	
Hispanic/Latinx	12.60%
Vocation	
Full-time (30+ hrs/wk)	36.11%
Part-time (< 30 hrs/wk)	3.89%
Looking for paid work	4.63%
Homemaker	7.82%
Student	11.73%
Disabled	36.11%
Other (caretaker, volunteer, student)	19.26%

Annual Income	
Less than \$24,999	9.35%
\$25,000 - 34,999	9.02%
\$35,000 - 74,999	42.91%
\$75,000 - 99,999	13.86%
\$100,000 or more per year	24.87%
Highest degree or level of education	
High school diploma/GED	1.83%
Vocational training or some college credit	19.30%
Associate's degree	16.14%
Bachelor's degree	31.62%
Graduate degree	31.11%
Relationship	
Single	47.60%
In a relationship	11.28%
Married	41.13%
Children	
Yes	78.93%

Average Time in Service: 11.14 years

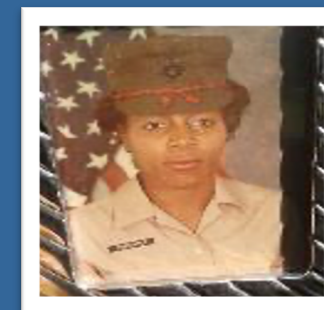
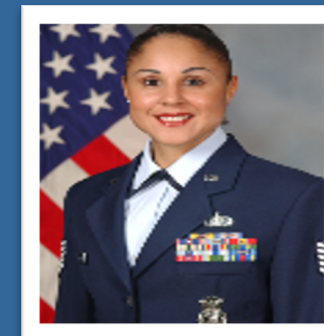
(Range = 11 months to 30 years)

MILITARY SERVICE



Component(s) of Service		Primary Military Occupation	
Active Duty	92.24%	Combat arms	2.38%
Reserves	4.15%	Combat support	32.97%
National Guard	3.36%	Service support	64.65%

59.1% Deployed overseas in support of:		
OEF/OIF/OND	Gulf War ('90-'91)	Other
56.60%	21.20%	22.40%



BASELINE PTSD AND DEPRESSION

PCL-5			
	M	SD	N
Full Sample	37.43	19.88	510
Above clinical cutoff (32+)	51.20	11.57	305
Below clinical cutoff (<32)	16.96	9.06	205

Probable PTSD at Baseline	
Probable PTSD	59.00%
No probable PTSD	41.00%

PHQ-8		
M	SD	N
9.89	6.65	575

Depressive symptom severity	
No/minimal symptoms	25.57%
Mild (below clinical cutoff)	24.70%
Moderate	22.78%
Moderately severe	17.22%
Severe	9.74%

% Meeting Depression Clinical Cutoff	
Below clinical cutoff	50.26%
Above clinical cutoff	49.74%

PRELIMINARY WOVEN OUTCOMES

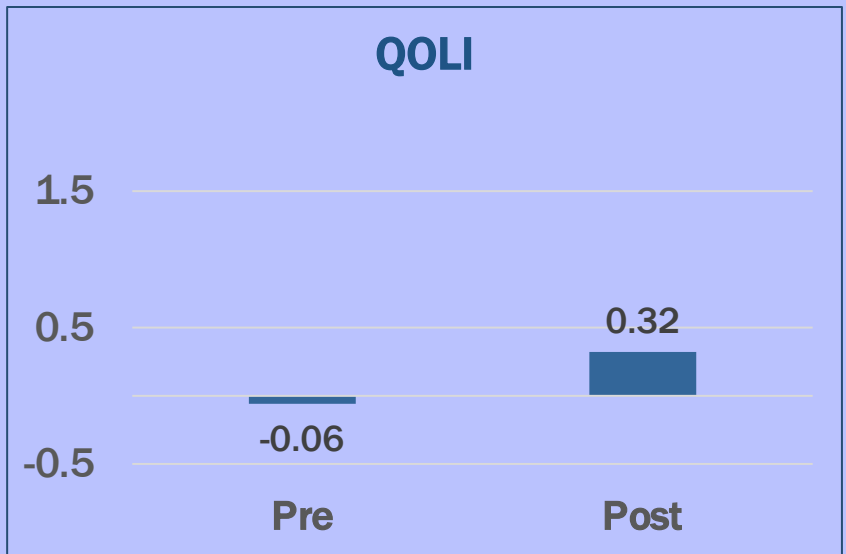
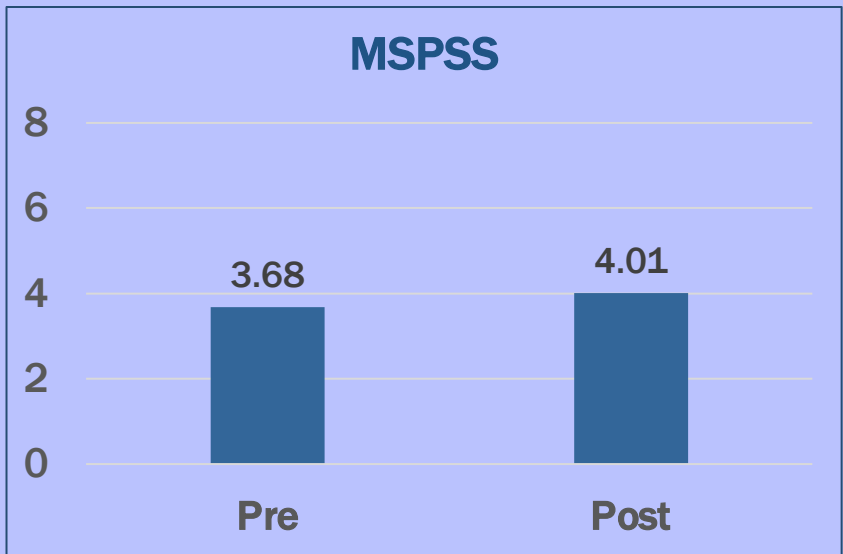
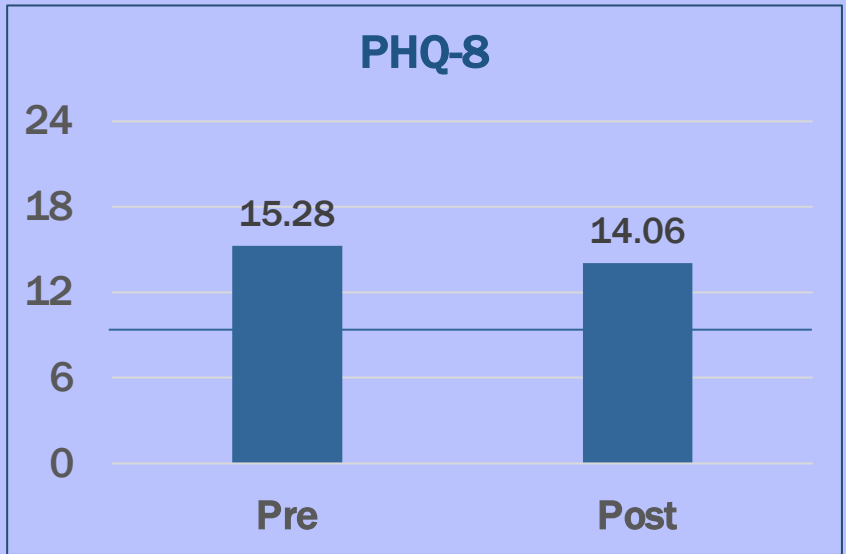
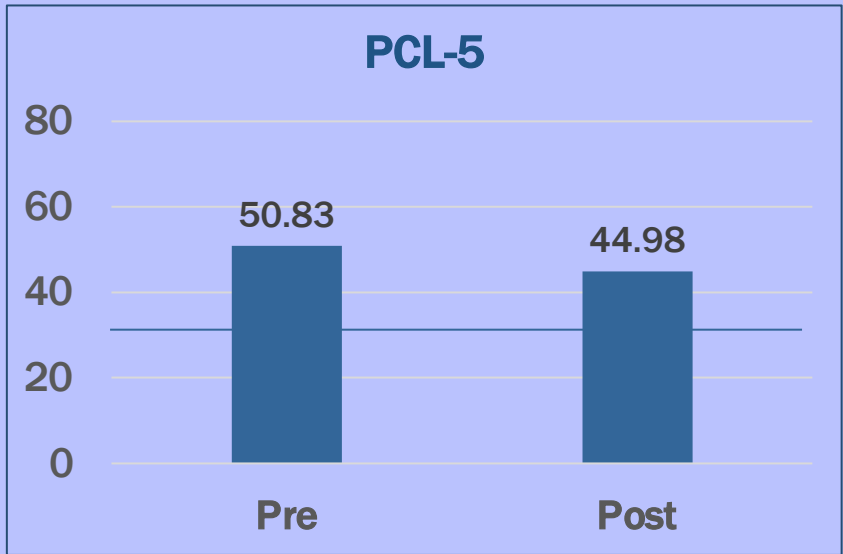
■ Full sample

- Significant improvements on PTSD, quality of life, and resourcefulness

■ Clinical vs. non-clinical subsamples

- About half the sample falls above clinical cutoffs and half of the sample falls below clinical cutoffs prior to WoVeN engagement, indicating two distinct groups:

Non-clinical	Clinical
↓ Low distress	↑ High distress
↑ High support	↓ Low support



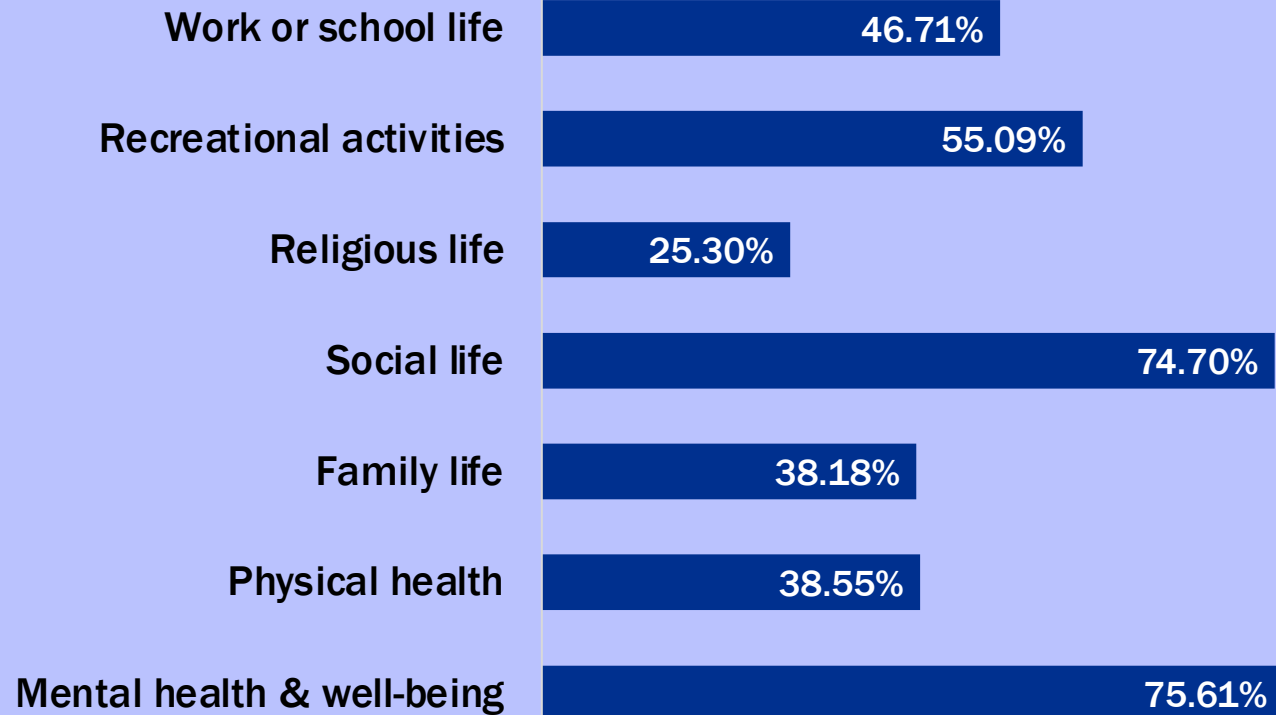
CLINICAL SUBSAMPLE OUTCOMES

(ALL p 's < .05)

PROGRAM EVALUATION

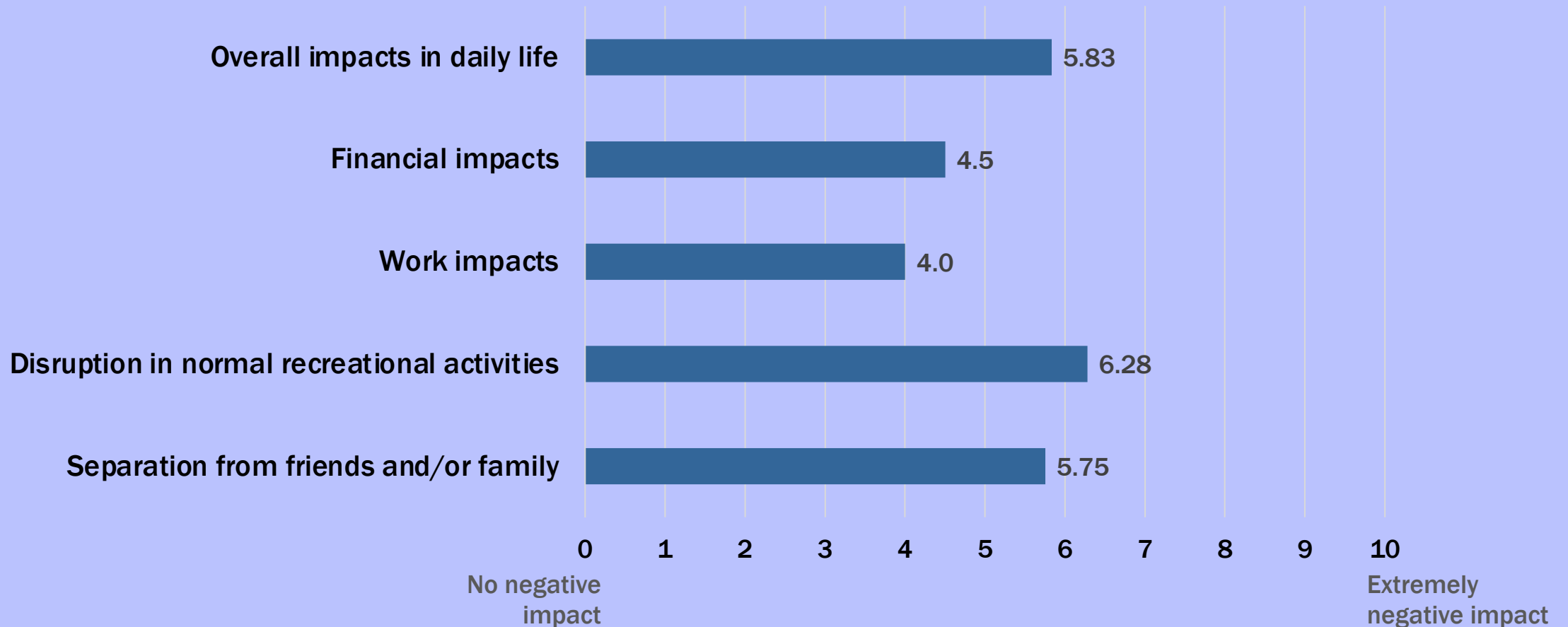


Women Veterans Report Positive Impact of WoVeN Experience Across Life Domains



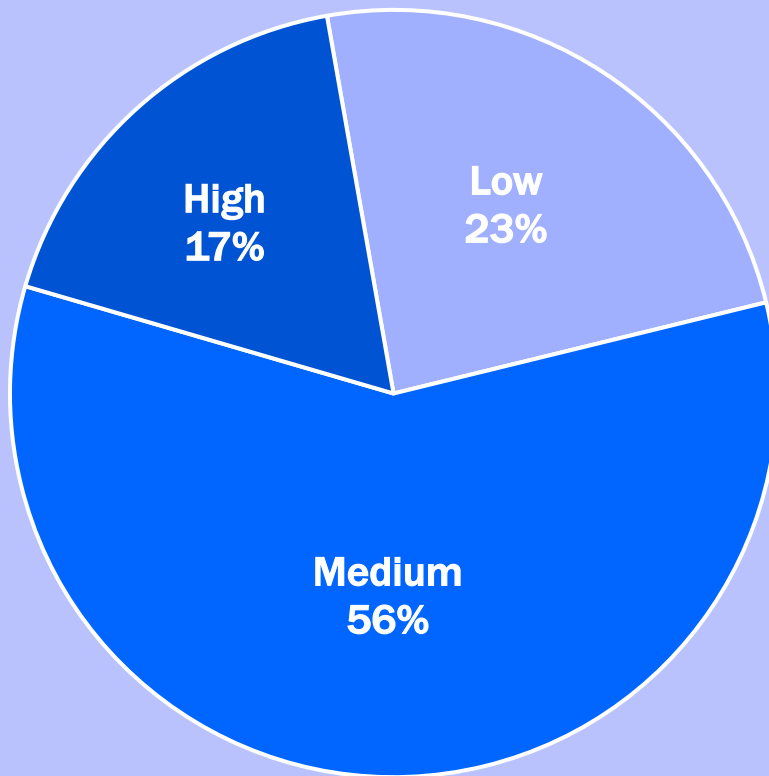
IMPACT OF COVID-19 PANDEMIC ON WOMEN VETERANS

COVID-19 Impact Across Life Domains



COVID-19 PANDEMIC-RELATED STRESS

Perceived Stress Scale

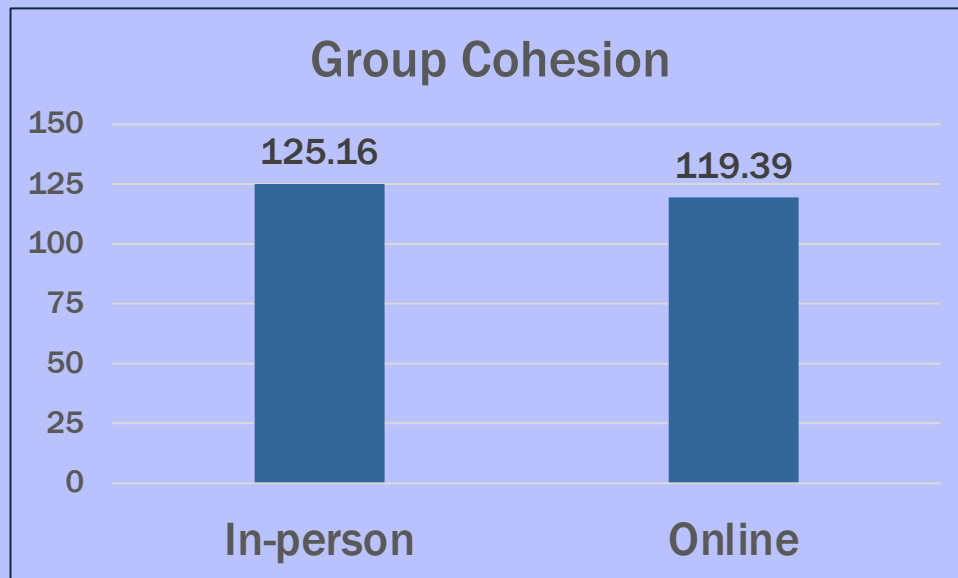


- On average, survey participants who participated in a WoVeN group during COVID-19 described that WoVeN was important in helping them cope with pandemic-related stress
 - Over half (52%) reported that WoVeN was **extremely important** in helping them cope with pandemic-related stress



ONLINE VS. IN-PERSON

- Groups were equally effective irrespective of whether they were in online or in-person except group cohesion



- Clinical vs. non-clinical subsamples did not differ with respect to online or in-person group format.
- Some women on the waitlist chose to hold out for in-person groups
 - Online groups may not be a feasible or preferable alternative for every woman

NATIONAL COMMUNITY



- Spotlight events
- Annual Summit
- Alumni Groups
- Educational webinars
- Social media
- Networking
- Showcasing talents, products, businesses
- Promotional items

BRIDGES:

BUILDING REINTEGRATION FROM DREAMS AND GOALS TO EXECUTION AND SUCCESS

- BRIDGES seeks to develop a mentorship model of support for women transitioning out of service
- Designed to welcome service women into a national community of women Veterans
- Provide support through the challenges associated with reintegration into civilian life

The logo for BRIDGES features the word in a large, white, outlined, sans-serif font. A red ribbon is wrapped around the letters, starting from the left, passing behind the 'B', 'R', 'I', 'D', 'G', 'E', and 'S', and ending with a tail on the right side.

PARTNERSHIPS, COLLABORATIONS, CONVERSATIONS

■ **Education and Empowerment:**

- Formal Vetting process to partner and collaborate with organizations who share our mission of supporting women Veterans
- Feature over 100 organizations on our website, in our newsletter, and promote opportunities and events to women Veterans to increase their awareness

■ **“WoVeN in VA”**

- In 2021, VHA’s Office of Mental Health and Suicide Prevention (Women’s Mental Health and Peer Support Services) piloted 8-week groups of “WoVeN in VA”.
- Led by women peer specialists as part of women Veterans’ VA mental health care.
- Preliminary results: implementing “WoVeN in VA” is feasible and Veteran participants report high satisfaction
- “WoVeN in VA” pilot will continue in FY22

CONNECT WITH WOVEN



- Check out our [website!](http://www.wovenwomenvets.org)
 - www.wovenwomenvets.org
 - Women Veterans can enroll as a national member, join an online or in-person group, apply to become a peer leader and start her own group
- Sign up for our monthly newsletter and weekly email blasts!
- Help carve our path, contribute to WoVeN and BRIDGES next steps, and pave the way for our next generation of women Veterans

Scan to join
our newsletter!



-  facebook.com/wovenwomenvets
-  [@womenveteransnetwork](https://www.instagram.com/womenveteransnetwork)
-  linkedin.com/company/wovenwomenvets
-  twitter.com/wovenwomenvets
-  tinyurl.com/WoVeNYouTube



Woven

Women Veterans Network

