Women Veterans of Oahu

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**Introduction**

Women are not considered for the employment of law enforcement unless it was in a typical job that includes low pay, desk, and office for special units. They are thought as weak, and hardly recognized in a male-dominated area. Their struggle as police officers in a male-dominated field has made them advanced for serving the nation through wars. In this regard, women veterans of Oahu have sacrificed a lot in discharging their duties in the non-traditional career. The center for women veterans was established to review the programs and services with certain benefits. At present, there is fifteen percent of the women actively serving in various section and branches of armed forces. After leaving the career in military women set their time with loneliness and there is a need for community service assessment plan to support them for enriching their lives.

**Discussion**

The community of women veterans faced challenges more than their male counterparts. After their transition from military to civil society, they need more support to be successful. From fatigue to various fabulous organizations have tried to address the women veterans’ challenges in their home communities. Community resources through the charitable organizations cater the women veterans of Oahu and provide them with employment assistance and clothing. A social network, confidence, and self-esteem are the valuable core areas for female veterans. They can easily be adjusted into a civilian environment and make an enormous difference in their sense of socialization. Education, support, guidance, and other related aspects can play a progressive role for women veterans in the United States. However what needs is to serve these things under a systematic plan.

The number of veterans is expected to be decreased in the coming years because of a change in shift and transformation of the world community into economic warfare. However more than twenty million veterans are currently living in the United States (Carper et al., 2016). Since the decades of 1990, there has been significant growth in the proportions of female veterans from a diverse background. A diversity of these veterans incorporates a wide range of geographic areas, income, education, family structure, and age. According to the United States Department of Veteran Affairs, these veterans have unique needs that cannot be attained through a one-sided approach. The need assessment of these females is conducted to identify unique challenges and goal of informing future policy plan. Six valuation steps can help in planning and conducting a community assessment.

**Step1: Defining the Scope of Women Veterans in Oahu**

In the heart of Hawaii, Oahu is a cosmopolitan city where everything from ancient war to contemporary conflicts is presenting a landmark history. Same is the case with females who are coming from the war or long term foreign deployments with broken physical and emotional scars. These females are honorable and discharge from the military service and deployed to a National Guard or the reservist. Definition of the veterans has not changed instead of the population with newest women veterans from Iraq and Afghanistan wars. Due to the importance of the subject the United States Department of Veterans Affairs is working tirelessly to enhance changes in culture, improve services and care of women (Cushing et al., 2018). More than 15 percent of the women today are actively involved in the duty of military and 18 percent of guards along with reserve forces.

In every branch of armed forces, women served as fuel suppliers, truck drivers, pilots, police, and gunners. They see combat-related injuries and intense combat, and there are 1.8 million living female veterans. Compared to the 63 years average age of male veterans female have 48 years with an increase in disability level. The service-connected disability contributes to their illness. Those female participated in Afghanistan and Iraq war are diagnosed with post-traumatic stress disorder, and 1 in 5 are seen by veteran affairs to clear them from military sexual trauma. Among the significant issues faced by female veterans is homelessness as the fastest growing segment of the homeless with their children (Grieger, 2018). Twelve percent of the women are comprised of those who are younger than 40 years and involved in the Afghanistan and Iraq war. They have a scope because females are operating under various operations like Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom.

Women veterans have worthless services for the national cause, but they are also facing poor medical conditions like the disease of connective tissue, musculoskeletal and mental disorders. Through various activities and training sessions, these veterans can be facilitated to meet their needs. Benefits like the survivor and death benefits, life insurance, home loans, education compensation, and employment services. Similarly, for the acknowledgment of their scope, there is a campaign that is underway to increase culture, practice, and interaction of these female warriors (Grieger, 2018). The message of cultural change support ordinary citizen of Oahu to rethink about the term Veteran. Appreciation and recognition in the diverse community is the result of what women veterans have served in foreign lands for the cause of their motherland. The term the civilian-military divide is mostly used to point out the isolation of less than one percent US population.

The consequences of war are disconnected from the American public by veterans, and a wall cannot be created for these females to readjust them in the society. The divide is especially true for women veterans who have too long underserved or excluded from their services. However, the appropriate gender system of US fails to understand and navigate females in the sex-specific needs. Through the rescinding combat exclusion policy and shaping services for women and got a long way to improve the facilities for women (Hawkins & Crowe, 2018). To address the trauma and transition from military to civilian services tailoring the program with assessment is critical as non-resolution to these issues lead to increase suicides. These females die more than six times than the rate of non-veteran women, and medical professionals are searching for which health and suicide programs are best for addressing healthy women. Tremendous work has been done for initiatives, and advancing women programs and the scale of these plans are essential for women mental health.

Some female due to specific reasons hesitate to identify themselves as veterans or seek care through the military entities. Due to the medical issues and poor health conditions experienced service and identity erase from their record because of traumas they have endured. On the other side, some are prideful of their services which placed them in a traumatic situation. Three out of four females seek their services in the community situations however they angry on the type and nature of proceedings. In this regard, the California women veteran project can be a supportive measure for Oahu to build resources and enhance the services for women with best practices. The planning can incorporate the new approach which would be the first and different type of project in the region of Hawaii. For the employment, family support, rape crises, legal issues, housing, and mental health there is a need for granting funds through certain organizations (Hawkins & Crowe, 2018). Policies will not serve without operating machinery or without the specific administration that experienced best practices.

**Step 2: Decide to go Solo or Collaborate**

In planning the project for the women veterans of Oahu, there is need of collaborative assessment which means that two or more than two organizations should be involved through a memorandum of understanding (Johnson, 2017). It is essential for broad-based and formative assessments. Two major parties can be considered for the contract assignment and the welfare of women veterans of Oahu. The memorandum of understanding was signed among the Governor of Hawaii and US department of veteran affairs to examine the time, effort and human resources for women veterans. The director general of the department has assured the state government for all the efforts and needs of the veterans and both agreed to work in collaboration. As a chief executive of the state of Hawaii governor can direct to various agencies and departments for enforcing laws and to discharge the power and duties in the office.

Women Veterans Employment Security

Further, the security and job fulfillment provided to veterans through the coordinator of veteran affairs. The individual will engage the disabled veterans outreach program and local employment representatives. The work source partners and staff will incorporate services to the spouses and veterans in all the work source centers. In this regard, specialists will also be available for the cooperation and necessary needs. There may be the inclusion of self-service, facilitated choices, and referrals to the supportive needs, one-on-one services and other support for the veterans. Various military aspects cannot be transformed in the civilian workforce because of the occupational specialties.

The services will also incorporate training, labor market information, vocational guideline, referrals, and job development and job clubs or hunter shops. Regional offices will be part of services for those who served in Enduring and Freedom operation (Johnson, 2017). For maximum assistance, there will be educational institutions, employment, and maximum rehabilitation. For facilitating access and information, the Washington State Employment Department should be contacted.

Mental Health Services

Returning from the employment of military operation the women veterans requires several sources of mental health. Both stakeholders offer overlapping and unique services that support a global war against terrorism (Johnson, 2017). While coordinating with veteran' affairs medical center, they can include home care, community-based outpatient care, long term and inpatient assessment, and the primary or secondary care. Those who have Post-traumatic stress disorder, as well as substance use or depression, are qualified for services in a health care setting. Network lead to best options for medical treatment and specialized services for women. The specialized inpatient hospitalization for disorders of stress is part of psychosocial rehabilitation and residential treatment.

The memorandum of understanding provides the readjustment of counseling to any eligible guard and reserve member who served during their active duty. A family member is part of bereavement services which are available only to individual families like grandparents, siblings, fathers, and mothers. The community-based crises care tremendously incorporated in the service consultation to a family support network. The assessment shows that different measures signed among the stakeholders like mental health assessment report, veterans benefit referrals and confidentiality of family support network (Johnson, 2017). Both parties agreed to select a Tricare reserve based on premium health care plan to eligible members in national reserve guard. Throughout the state of Hawaii assessing and enrollment benefits are pre and post-deployment briefing along with home station reverse soldier readiness.

The undersigned involved in the regular services and efforts for the women veterans of Oahu are agreed on the enhancement of current funding levels to make it easy for the accessibility of the intervention resources. A primary objective of the agreement is to minimize the impact of war upon the women veterans of Oahu. The MoU is to encourage the use of members for all social and community services and to assist them in post-deployment adjustment.

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**Step 3: Collection of Data**

The community assessment project ensures the efficient use of data resources and collection of information. Through various types of questions the primary and secondary type of data is suggested in the assessment plan (Sharma et al., 2017). First of all, there is a need to put specific questions and make it clear that women veterans of Oahu are facing what types of issues in their social and community life. The online sources are significantly considered for the collection of data. First, there would be the issue of unemployment among female veterans of Oahu. The Bureau of Labor Statistics provided that a dramatic increase in veteran unemployment is the central issue which should be tackled through a systematic plan. The planners of the project need to report the subpopulation and based on a populace survey.

With the fifty thousand households there is suitability for gauging trends in the broader US population. Recently separated veterans are few hundred, and there are other several thousand in US community service. The national survey of two million households is also less sensitive for sampling variations, but the media reports are mostly limited to unavoidable fluctuations. The dramatic increase in the veterans is due to the receiving of unemployment benefits because of reservist mobilized in Afghanistan and Iraq. With the deployment of more reservists, there were increase chances of unemployment (Sharma et al., 2017). There was little evidence of the weak job market, discrimination, and health of women veterans of Oahu. At present, the hiring of these veterans can be made accessible through the collection of the tax which can be a cost-effective tool for stimulating hiring of a veteran. The tax credit expansion can add more than thirty thousand disable veterans. The ten thousand cost of tax collection can roughly be aggregated by 40 percent. The current position of women veterans has found that members earn more than civilians that are compared demographically. Those veterans that served in intelligence, communication, and health services are enjoying and earning more than others.

The programs aim to improve the employment opportunities and veterans’ transition with mixed results like the Army partnership for youth success program. There was no measurable and positive impact on the outcomes of employment. The evaluations were partially meeting objectives for jobs and another type of assistance but struggled with a common problem which includes the limited funding and uncertain expense. Women veterans have multiple issues and problems however they take advantage from civilian classmates, report difficulty and their experience in the colleges (Sharma et al., 2017). Staff, student, and like-minded classmates are supportive of them. Various veterans choose to attend the institutions that can provide them opportunities and conveniences over the traditional restrictions. Members have costly intervention expenses of mental and other ailments.

Most of the women veterans who return from Afghanistan and Iraq are facing major depression and disorders like PTSD. Expense estimated by the authorities is 4 to 6 billion US dollars. The significant cost is relatively high, and it ranges from 500 to 910 million US dollars. Traumatic brain injury is the primary driver towards mortality and half of those who sought care are received a minimal intervention. The adoption of evidence-based intervention with positive outcomes can potentially save the two billion US dollars. The average of one thousand veterans is decreasing suicide and increasing productivity. Death became crises as most of them in Afghanistan cannot sustain their real nature and mental state (Sharma et al., 2017). Especially after the decades of 9/11, the rate of mental disorders is significantly high. Through the proven method and research large amount of suicide is prevented by the military.

Women veterans of Oahu are suitably compensated for their disability and ailments which are more than offset disability payment. Further, the tax-free status from the payments and the ability of veterans are paid through the retirement and disability payment. Despite the prevalence of compensation, there are specific facts which are not universally true and programs are not meeting the expectations of veterans. The decreased warrior or the monthly benefits replace the two third of the household lost earning, and it is combined with total payment. The entire amount of compensation can offset those losses for two or more decades with the ratio of 120 percent. In this regard, the future research for the programs and policies of veterans’ compensation will cater the need of serving them.

Their families and close relatives will be benefited from the programs, and it could improve through the research in areas like studying veterans’ educational outcomes and mapping them through employment path. How these vulnerable women are faring, and they can return to education from a capable system and establishment of data (Sharma et al., 2017). The assessment of life events of the veterans will incorporate the real picture of their life after leaving the military career. On the veteran transitions, there was previous research, and it is taken as a secondary source for this project. A comprehensive review of all the research on the transformation of these women implied that this program could contribute a progressive outcome. Research done by RAND organization is also a significant source of data collection and assessing the transformation process.

**Step 4: Determining Key Finding**

There is different strength; the previous research determines gaps, opportunity, and challenges research. The assessments of community needs for women veteran of Oahu through the self-created primary sources reveals the differences across the several communities. These assessments identified the areas of seventeen needs aspects, and it identifies various elements. The analysis provides that major issues of a veteran are concerned with their mental health needs. The link between combat rated trauma, and adverse mental health outcomes are well established, and those who participated in operations on foreign lands have a disastrous health condition. Women with the age of fewer than 40 years appear to face more hurdles than civilian peers. From 2003-2011 collected data through a national survey in the reputed sources. 1 in 5 women met severe cases of mental health and cost around six billion US dollars.

Post-traumatic stress disorder is related to lost productivity and traumatic injury from 591 million to 910 million. The major driver according to the analysis is mortality which is often resulted from suicide. Half of those who sought medical care received minimally adequate treatment in care centers of Oahu. The adoption of intervention which is evidence-based with better and positive outcome could potentially save the one billion US dollars. Through the decrease suicide rates and increased productivity. The finding of RAND unfolded that physical wounds of war are commonly seen by many but recognizing the major depression and PTSD is difficult for many. Effects of poor mental health are not understood properly, and it led to an ambitious effort to fill the gap and conducted comprehensive research of post-deployment.

The vibrant needs of veterans reflected that more than two thousand individuals are suffering from intense mental depression (Love et al., 2015). The telephone survey illustrates that these veterans should be given professional services for their recovery and adjustment in the society. Various gaps were identified by the finding like the individuals that had not sought help from mental health provider and physician. Half of them require medical intervention for adequate resolution of their mental health. The adoption of medical treatment can save the amount of 2 billion with one thousand per returning veteran on average. Through the reduced numbers of suicides and increased productivity, there is a large gap between the need for mental health service and the use of those services.

Key findings of the data collected analyzed structural factors like low availability of providers and high time for the wait. Cultural, personal and institutional factors are a critical aspect for many veterans. The patients expressed their concerns as well as negative remarks which concerned for using mental health service. The military career of more than two thousand individuals is negatively affected. They had multiple recommendations for the delivery of evidence-based care and estimated care that would be paid in two years approximately. Finding included the suicide rates after the 9/11 were increased as the US military women from Oahu find no option to live in a civil society. The army and Marnie corps have similar rates that consist of more than ten thousand females. Since the military personnel is younger and they are comprised of male members.

Across the assessment of the needs, the most common factors for mental health were the PTSD and depression. Events of war anywhere in the world are not meant for healthy activities rather bloody scenes contribute for the anxiety of female veterans (Weinrich et al., 2016). Various examinations of depression ratios are estimated up to 40 to 60 percent. The reasons for the discrepancies are due to the differences and measurement of multiple symptoms of the clinical diagnostician. Certain subgroups of the veterans have issues of mental health. Women are more likely to report the problems of mental health than their male, and same is the case with younger who are not emotionally strong than the old warriors (Weinrich et al., 2016). Among the major key findings of collected data, various needs assessment found that employment is also a big issue.

The need for employment is identified as a critical element in the civilian sector, and more than 50 percent are fail to adjust themselves in the civil community. Lack of employment option is more common in younger women than older adults. The element of unemployment has impacted negatively for the subgroups of veterans and especially for those who served in combat zones. They appear to have more issues than those who served in other capacities, and younger individuals experience the complex position while transforming from the active duty to civic duty. Racial aspects are prevalent as the US community is based on a diverse society where members of white have fewer chances to remain unemployed. Blacks or other ethnicities are more likely to be unemployed than the whites and women report lower rates of jobs than males.

Some of the gender gaps are explained in the finding of previous secondary research. Similarly, the issue of housing affects around one-third of veterans that are females, and they are comprised of only two percent. Accommodation is listed as a need of veterans especially those females who have no husband or individual that can support them (Weinrich et al., 2016). According to the center for veteran affairs, the rates of home ownership are high, and it affects one-third population of women in Oahu. Need for the housing is more pronounced than for racial and ethnic groups because of unemployment. Sexual military trauma and other mental health issues are due to the vulnerable group. These individuals have to fail chronic disease management, mental health services, and needing dental care.

Barriers are reported for homeless women as compared with other veterans. The services are turned as non-VA related agencies and coordination of agencies is term as important (Weinrich et al., 2016). Personal factors can facilitate the barriers to a willingness of veterans for seeking the care. Convenience and the challenges are the challenges for various OND (Operation New Dawn), OIF (Operation Iraqi Freedom) and OEF (Operation Enduring Freedom). Further, the lower percentage of non-veterans and those who use mental health need live within 30 miles of their areas and caring facility. Personal problems range from 45 percent to 73 percent and in a drive of 45 minutes in Oahu these veterans need their health facility. It is not easy to get the nearest facility for social needs.

Public transportation is used as a vibrant tool for the movement of disabled Americans veterans. Chronic pain is linked with the mode of receiving care by 45 percent who responded that they would likely use the online sources. Telephone or mobile cell is consumed by 44 percent of female veterans who are obtaining mental health care. Several mature women use the state of art facilities along with scientifically updated practices to remain the fit, kind and socially active citizen of Oahu (Weinrich et al., 2016). They address their common issues through self-respect and self-management. These women are less than 5 percent of a total number of individuals and workforce or physical infrastructure affect both the access to care and quality of the care experience by a patient.

**Step 5: Setting Priorities and Creating an Action Plan**

Based on the finding, research and the work done by scholars in this assessment project the plan of action and preferences will significantly incorporate the veteran women of Oahu. First of all, it is essential to acknowledge the services provided by females in the war zones of Iraq and Afghanistan. The allocation of an amount for Hawaii in the financial year of 2018 was estimated 3 to 4 million US dollar where the ten percent will be reserved for administrative costs. Further the amount of 15 percent will be calculated for the rehabilitation services for those who have increased mental health issues (Weinrich et al., 2016). Clinical therapies and psychological counseling will be anticipated in the program at affordable prices. Through the effective coordination with stakeholders and the federal government increase amount will be selected for the current plan to avoid any restriction or interruption in the project.

The evaluation of the past projects is important, and it will be done through the administration of state and regional authorities. Pros and cons of those packages will effectively put the individuals use funds appropriately. The working group will incorporate the public and private sector along with agencies with specific needs and preferences. General notification will serve through the newspaper and other publications. Eighteen percent of National Guard and 14 percent of active duty forces are now women. Same is the ratio of veteran women which was 2 percent in 1960 and 1970. Nature of warfare place women in hostile battlespace with an ever increasing number and they have options of direct-fire combat with armed forces. They are facing injuries similar to the male counterparts both in complexity and severity.

With the collaborative outreach efforts led by center for women veterans, there will be awareness campaigns and benefits or the services to the women veterans. Similarly, a cultural transformation will be part of a plan, and it will address the specific needs. The state government, organizations for women welfare and the federal department will be the key stakeholders, and their consensus is vital to generate a single plan of action (Weinrich et al., 2016). There is strength in taking various views from different parties and trying to achieve the set priorities. After the consensus of the veterans, there will be the analysis of feedback and interviews to accomplish the problem through effective coordination and administration. There will be some advising and counseling sessions with the affected families for actualizing the ground situation. Decisions will be made according to the feedback and consensus build by the stakeholders.

There is a big challenge of managing the information and the ideas that are obtained through research and interviews (Hawkins & Crowe, 2018). Processing the ideas into practical shape is often difficult during the priority setting time. Various elements need to be considered while setting the priorities. Veterans in Oahu will be the priority than their male counterparts and those who are injured after deployment in war zone areas. Further, the health care facilities like the mental, social and physical aspect are the particular factors that cannot be separated from these women. Key information available before the decisions will be given due importance because it is comprised of an interview and personal feedbacks. A balanced approach will be adopted in analyzing the information or knowledge obtained through research to make it convenient that everything should be tackled professionally and in due course of time.

Physical therapy would likely be involved in response to resolving patient issues and with the deadline of no more than a year issue would be set accordingly. Major stakeholder of the plan would be governor of Oahu and Secretary Department of veteran affairs because both are the key persons that can properly implement the ideas and information. Reporting of the veteran women along with the observation and collection of information through organizational setting provides evidence that complications of women should be countered effectively (Hawkins & Crowe, 2018). Precedent and priorities are important to be considered in the structural changes. Through the open and cultivated communication among the key stakeholders, the issue of veterans’ women can be solved professionally. Coordination and cooperation are again essential to streamline the process of institutions.

**Step 6: Sharing the Findings**

Women in the United States have a tremendous role in the different field of life. After the revolution, they served in various units of armed forces like Army Nursing Corps. According to the code of conduct, there is no distinction between male and females (Schmelzer et al., 2018). The lesson that is learned from this research is that female veterans should be given equal right and acknowledgment. Benefits are always not equal for females as they are still considered as a weaker entity of any class in the 21st-century postmodern era. There is a gender disparity which begins during the time of the 1980s and 1990s. US Department of veteran affairs has tried to fill the gap through rigorous efforts and various actions. The administration announces multiple benefits including the allowances and special packages, but there is a need for more as those who come back from war zone areas are devastating their life.

Nothing is more precious than life and to acknowledge this for veteran women of Oahu, there should be better access to services and benefits. After the years of 2011, the progress for women development is slow both in service and out of service females of Oahu. The advisory committee in 2011 recommends childcare health and quality services for veterans. Various medical centers are also recommended for the progressive lifestyle of women in the US society. National call center for women is a case in point. More research project and assessments are also required to find out the gaps in the subject under consideration (Schmelzer et al., 2018). The present research finds the link between combat rated trauma and adverse mental health outcomes are well established, and those who participated in operations on foreign lands have a disastrous health condition.

Women with the age of less than 40 years appear to face more hurdles than civilian peers. From 2003-2011 the data collected through a national survey in the reputed sources. 1 in 5 women faced severe cases of mental health with cost of six billion US dollars. Post-traumatic stress disorder is related to lost productivity and traumatic injury from 591 million to 910 million (Schmelzer et al., 2018). The major driver according to the analysis is mortality which is often resulted from suicide. Half of those who sought medical care received minimally adequate treatment in care centers of Oahu.

**Conclusion**

Concluding the discussion women veterans of Oahu have sacrificed a lot in discharging their duties in the non-traditional career. The center for women veterans was established to review the programs and services with certain benefits. At percent, there is fifteen percent of the women actively serving in various section and branches of armed forces. In this regard, six major steps were discussed for planning and conducting a community assessment to find out gaps and limitations. A systematic action plan will effectively serve and processed to wipe out these gaps in the future.

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