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Challenges and Needs Faced by Female Combat Veterans

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Abstract

This article presents findings of a study conducted to identify stressors that may contribute to mental health issues of military female veterans. Female members in the U.S. Armed Forces currently occupy more non-traditional roles; therefore deployment to combat zones, commonly reserved for males, is being taken on by females. While at the present time females serving in the military are not allowed to serve in combat occupations, the reality is that many are being placed in combat roles or environments. Consequently, many are now confronted with stressors related to combat and multiple deployments. This study was based on a descriptive, non-probability, snowball design. In cases where participants displayed a reluctance to share some information in front of counterparts who may have been at a higher or lower rank level; subsequent semi-structured, one-to-one interviews were conducted. The latter approach proved more effective in gathering important information, such as issues of military sexual trauma (MST) and issues of intimacy upon re-entering the home environment. This study was conducted before January 2013, when Defense Secretary Leon Panetta announced the lift of the ban on women serving in combat. Therefore, future studies will need to be conducted to discern how these stressors will affect them in their new role as active combatants.

Keywords

Female Combat Veterans; Females in the Military; Military Sexual Trauma (MST); Mental Health and Military Females; PTSD and Female Combat Veterans

Introduction

There is a robust body of research within the armed forces examining mental health among male combat veterans. However, research focusing on the mental health of their female counterparts is lacking. While it is documented that female veterans present mental health symptoms related to post traumatic stress disorder (PTSD), it is also documented that these veterans are diagnosed with this illness at a lower rate compared to their male counterparts. While females in the military are still officially prohibited to serve in direct combat roles, they serve in a variety of combat support roles that subject them to direct combat related conflicts. For instance, females serving in a military police unit provide security and escort

duties. In this role, they are required to search for improvised explosive devices which place them directly in combat situations (Mattocks et al, 2012).

Females deployed to the wars in Afghanistan and Iraq numbered over 150,000 (Mattocks et al. 2012) and make up approximately 11% of the 1.4 million active military personnel. “Whether they fire a weapon or not, they have been targets of the enemy just like their male colleagues” (Michaels, Brook, & Welch 2013, A1).

Exposure to combat-related violence is likely to be exacerbated once the recent ban on females in combat becomes active as of January 2016 (Michaels et al, 2013). While many women die or are seriously injured performing their duties, others become victims of stressors related to trauma exposure from combat and military sexual trauma (MST). Given the increased number of females entering the armed forces that are subsequently exposed to combat, it is of particular importance to address mental health issues and gender disparities in the military service environments.

Conceptual Framework

Little has been done to address the stressors resulting in traumas faced by female veterans when reintegrating into their families and attempting to transition to the civilian life they led before deployment (Adler et al. 2005). Among females returning from deployment, active duty, national guard, and reserve forces, including conflicts in Iraq and later Afghanistan, the need for increased utilization of health and human services was prompted. Haskell et al. (2011) reported that 44% of female veterans of Operation Enduring Freedom and Operation Iraqi Freedom sought out services provided by the Veteran Administration within a year after deployment. Their complaints included musculoskeletal disorders, adjustment disorders and depressive disorders. Current health services utilization indicates returning female combat veterans are likely to constitute a large number of those accessing services.

The mental health of military male veterans, particularly Post Traumatic Stress Disorder (PTSD), has been widely studied in the literature of the health and human services disciplines (Huffman, Bliese and Castro 2005; Erbes, Meis, Polusny and Compton 2011; Khaylis, Polusny, Erbes, Gewirtz and Rath 2011); Lemaire and Graham 2011; Weber, Cowan, Bedno and Niebuhr 2010). This phenomenon became more relevant at the end of 2012, when approximately 50,000 U.S. troops left Iraq, and another 33,000 returned from Afghanistan by the end of summer 2012 (Sweeney 2012). Since many of these returning combatants were women, it is important to explore the stressors that may account for the development of mental health issues among female veterans.

Statement of Need

Females have an extensive history of serving in the armed forces alongside their male counterparts dating back to the American Revolution. In 1948, the role of women in the regular military service was accorded permanent status (Michaels et al. 2013). However, the question of female’s veteran status was not addressed until the 1980 census (www.Libary.ca.gov.09/09-009pdf). During the past three decades the number of female military veterans in the United States armed forces has experienced an increase.

Currently, the number of female veterans in active duty totals 214,098, or 15.3 % of the 1.4 million military population. They also account for 71,790 of those in the National Guard (Michaels et al, 2013; Zinzow et al. 2007). It is anticipated that future statistics will undoubtedly reveal an increase in their numbers in nontraditional support and combat roles (The Women's Memorial: Statistics on Women in the Military, 2011).

Trauma Due to Combat Exposure

Many of the 150,000 females deployed to the wars in Afghanistan and Iraq died or were seriously injured performing their duties. Others became victims of stressors related to trauma from combat exposure such as requirements to search for improvised explosive devices. The Joint Improvised Explosive Device Defeat Organization indicates that the explosive devices account for 30% of deaths and injuries sustained in Afghanistan, and for 50% of casualties in Iraq (Mattocks et al. 2012; Ellis, Rogers & Cochran, 2007). Dutra et al. (as cited in Mattocks et al. 2012) found that three quarters of females reported combat exposure while deployed to Iraq.

Military Sexual Trauma

In addition to the threat of danger due to combat exposure and its subsequent reality, deployed female military members struggle with gender-based violence and military sexual trauma (Kang, as cited in Mattocks et al. 2012). While gender-based violence can be perpetrated upon males, most of this violence is focused on females. Within this study, gender based violence therefore, is usually defined as violence against females, which results in physical, sexual or psychological harm (Mattocks et al. 2012). Examples of gender-based violence include acts of coercion, threats, and depriving the victim of liberties. Sexual trauma, defined by the Department of Veterans Affairs, includes sexual assault or repeated, threatening sexual harassment that occurred while the veteran is in the military (Mattocks et al. 2012). Some females entering military service reported enlisting in the armed forces to escape a history of physical and sexual abuse in their living environment (Zinzow et al. 2007). The Veteran's Health Administration reports an estimated 20% of females sought treatment due to military sexual trauma (MST), while another 20% sought treatment due to repeated exposure of continued sexual harassment (Ferdinand, Kelly, Skelton, Stephens, and Bradley 2011).

Negative mental health outcomes among female veterans experiencing repeated military sexual harassment resulted in emotional disorders including posttraumatic stress disorder (PTSD). Gender bias is common in the diagnosis of PTSD among female combat veterans. Injuries received in combat will generally meet claim approval for PTSD. Nevertheless, female veterans with these symptoms related to sexual assault revealed a decreased probability of receiving a PTSD diagnosis (Feczer et al. 2009).

Survivors of sexual assault have reported re-victimization by the medical service with subsequent feelings of increased guilt, depression, and anxiety. As a result, many of these survivors become ambivalent to seeking additional services. In addition, female veterans seeking services due to not having physical injuries are reported to suffer from depression,

anxiety, and increased substance use, which are problems many female veterans encounter as a result of sexual trauma (Zinzow et al. 2007).

Single Mothers' Issues

As deployed female veterans navigate the challenges of working in a male dominated environment, they must also contend with stressors related to domestic responsibilities while deployed. The United States Military now allows single mothers and those who are pregnant to serve and it is reported that thirty thousand single mothers served in the Afghanistan and Iraq wars (Esberstadt. 2010). Military policies regarding single mothers, however, forces female veterans to make custody choices relative to their orders to deploy. Cases have arisen where female veterans have lost custody of children due to failure to find adequate child care prior to deployment (Mattocks et al. 2011). Consequently, the Department of Defense has reversed its policy regarding deployment and custody issues and continues to revise policies in order to prevent loss of custody rights due to deployment.

Deployment versus custody issues are particularly salient regarding single mothers serving in the guard or reserve. With little or no social supports, single female military mothers struggle with honoring their enlistment commitment while attending to parenting and child care during deployment, as well as negotiating the challenges of absence from their civilian employer (Mattocks et al. 2011). Whether single mothers should be deployed is an issue of debate which may require further study and candid discussion (Esberstadt. 2010).

Methodology

Design and Sample

This was a qualitative study involving what could be described as a non-probability sample of a total of twenty-two recruited participants. Utilizing a snow ball strategy the original plan included recruitment of thirteen participants for a focus group and nine participants for a subsequent one-on-one structured individual interview. Participants consisted of female combat veterans from an armed forces installation. The combination of identifying females, particularly those who have returned from combat, point to a population that is somewhat challenging to find or engage, especially if they are suffering from post-traumatic stress disorder. Names of potential participants were provided by approaching friends of the researchers at the military installation. Due to the difficulty in reaching this population, the prospective pool of subjects was expected to be small. Written authorization from the Base Commander, and the Medical Group Commander, were secured in order to engage in the recruitment of subjects. Once permission was secured, the subjects were recruited personally, by telephone, or electronic mail.

The focus group lasted approximately two hours. Subjects were asked ten open-ended questions regarding experiences and stressors related to deployment, combat, and reentry. To make the participants feel comfortable, questions were carefully worded to be sensitive to this population, an effort was made to conduct the focus group away from the military installation, and refreshments were served. Nevertheless, regardless of these precautions, due to difference in rank, age, and marital status, some participants were reluctant to expand

on their experiences on what they considered very personal issues in front of other colleagues. For instance, it was difficult for some to openly provide detailed information related to sexual trauma as well as to expand on issues of emotional and intimacy reconnection with spouses or partners upon return from combat. Given this situation, the researchers decided to conduct subsequent one-to-one semi-structured interviews with nine new participants. This more private environment seemed to work well as participants felt more comfortable and were more open to share information about those particular issues.

Human Subject Protection

During recruitment of subjects, a verbal explanation was given as to the nature of the study. Before the focus group and interviews began, researchers reiterated the nature of the study and gave potential subjects the opportunity to decline participation should they so wished. Contact information was provided verbally and in writing to the subjects in case they wished to discuss details about their participation before the focus group and interviews took place. If interest was maintained, an informed consent form was presented and discussed. Once the subjects agreed to participate in the study and the form was signed, they were given details as to the location, date, and time for the focus group and interviews.

Given the nature of the research, an effort was made to schedule the focus group and interviews away from the military installation, and the semi-structured interview was completed by a licensed independent social worker. Researchers arranged for escort of subjects to the location where the focus group and interviews took place. Should emotional reactions occur during the conversations, the researchers were prepared and ready to provide support if so needed. The Licensed Independent Social Worker, the Principal Investigator, and the Nursing and Social Work faculty mentors, all have clinical experience and were available to address any need for emotional support and/or if subjects requested referrals to the Base's Psychological Health office. This support remained available to the subjects throughout the research study, and beyond if needed.

Subjects were informed that the results of the study would be disseminated for educational purposes at local, State, National or International conferences, and may be published in professional journals to advance the knowledge of education in the field of health and human services. However, it was made clear that their responses and comments would be kept confidential and that results would be reported in the aggregate so that participants would not be identified in any reports or descriptions of the study.

Data Collection and Analysis

Both the focus group discussion and interviews were audio taped with participants' written permission and were transcribed by two of the researchers. The transcriptions and expanded notes were subject to a content analysis to identify critical themes. The content analysis was repeated to identify any sub-themes within the broader categories. These themes and sub-themes were discussed by all the researchers. Findings were reported in the aggregate and individual identification was avoided. Before solidifying the preparation of a final report, a draft of the findings was shared by the researchers to ensure that the essence of the study and accuracy of responses was captured.

While the design and sample of this study limits the generalization, findings may prove useful in understanding what stressors lead to poor mental health in female combat veterans and what mechanisms or devices they use to negotiate their situation after a long absence from their home and their community (Sweeney 2012). It is our hope that these findings will be useful to professionals within the disciplines of the health and human services who serve military personnel returning from combat and will help them evaluate the effectiveness of their services so that they will be able to address the current needs and concerns faced by this particular female population.

Findings and Discussion

Our findings supported existing literature indicating that female military members experience stressors related to pre and post deployment. This study identified five main themes: child care and financial readiness, sexual harassment, civilian employment, combat exposure, and emotional and intimacy reconnection.

Financial Readiness

A primary concern for fifteen, or 66% of the respondents involved pre deployment stress related to financial readiness. It was stressful for them to make all the necessary arrangements to pay bills during their absence such as mortgage payments, electric, gas, and water bills, and others. These stressors were present even for those whose spouses remained behind. Those who had no spouses or partners, indicated need for much family support to ensure the care of these financial responsibilities.

Child Care Combined with Financial and Current Job Readiness

Seven, or 33% of the respondents indicated childcare concerns combined with some financial and job issues. One respondent pointed out "...not only do you have to make sure you are prepared with your job, but I have to make sure the kids, house and bills are going to be taken care of".

Leaving their children behind was a heart wrenching experience for them as they reported concerns with the emotional and physical well-being of their children in their absence. Preparing their children emotionally for their forthcoming absence was very important. This stressor became exacerbated by the difficulty of communication with their children during deployment due to time differences and technology availability. Furthermore, they ached about the fact that they would miss some of their children's important developmental milestones. Interestingly, fifteen, or 66% of the respondents indicated that regardless of the sacrifice of being away from their children, they will accept deployment again. It was also interesting to find that regardless of the presence of a husband or spouse in the household during their absence, female veterans still experienced these stressors. This may be due in part to the perception of their gender status as the main caregivers and their roles as mothers which do not change while on deployment.

Additionally, respondents indicated experiencing increased stress related to the customs and practices in the host countries, especially when women in the U.S. military are viewed as more aggressive and treated with more caution in those societies.

Sexual Harassment

This was an interesting finding. While stress related to sexual harassment and military sexual trauma (MST) was identified as a stressor, three participants did not respond to this question, seven acknowledged witnessing or experiencing sexual harassment, and ten denied experiencing or witnessing sexual harassment.

Of the seven participants acknowledging or experiencing sexual harassment, four indicated not feeling supported while three felt supported by their male peers when reporting the harassment. This may be due in part to the individual's personal interpretation of sexual harassment. While the armed forces have a formal definition of sexual harassment and military sexual assault, definitions of sexual harassment may depend on the person's cultural reality and upbringing as well as their personal threshold for offensive behavior. People interacting in an environment where offensive language and behaviors might be tolerated may not offend as easily as one who does not interact in that environment. Additionally, some female veterans are concerned with possibility of personal and professional backlash as well as erosion of group cohesion and moral of the unit if they decided to report the harassment or sexual assault. As a result, many of these female veterans endure unwanted offensive behaviors in silence. If female service members are not supported by their chain of command when reporting these incidents (i.e., supervisor, squadron or group commander), the possibility of increased anxiety, depression and other stress related issues are likely to be the result. Additionally, there is a risk of a female military member declining to report any sexual harassment or assault if they feel the reporting will single them out, such as a member is in a small unit and the only female.

Civilian Employment

Employer related issues due to temporarily leaving their civilian jobs in order to deploy were identified as a risk factor for increased stress among the participants interviewed. Civilian employment issues ranging from financial impairment due to self-employment and personnel problems related to co-workers were reported by the respondents. Ten of the respondents reported problems with their employer or problems due to self-employment. One respondent reported academic difficulties due to a short notice deployment placing her academic career in jeopardy. While the literature indicates that males experience stressors due to civilian employment, receiving orders to deploy may translate into a lower wage earning bracket while deployed. This is especially true for single mothers who are primary caregivers for their children. These factors result in increased stress and anxiety due to difficulty in meeting financial obligations.

Combat Exposure

Our findings confirm the literature indicating that stress due to exposure to combat is experienced by many female veterans. Roughly one half (50%) of the respondents reported exposure to combat such as being exposed to direct and indirect fire due to rocket propelled grenades while on deployment. Other respondents were subject to repeated combat related exposure while attending to injuries suffered by other combatants. Due to this exposure, eighteen of the respondents reported some type of significant difficulty upon return from their deployment. This stress was manifested by flashbacks, sleep difficulties, interpersonal

conflicts with spouses, and by interpersonal conflict and adjustment issues with their children.

Emotional and Intimacy Reconnection

Another finding was that during deployment many females are placed in a continuing nurturing and supporting role based on their occupation and formal education such as cooks, nurses and doctors. These positions leave very little time for self-nurturing activities. Upon their return from deployment, because they have been away for a long time, they yearn to fall back into their prior nurturing role as mothers and wives yet, fifteen, or 66% of the participants indicated that it was hard to reconnect. One respondent pointedly indicated that the difference in reconnecting sexually with their spouses was back to the notion that “women want love...men want sex...sometimes it is difficult for our spouses to understand that we need time to be wooed, courted, and ‘emotionally romanced’ to get back to where we left off prior to being deployed.” One of the participants indicated that she experienced mixed feelings in this area. She said that “...when in the combat zones we see so much pain, suffering, and violence, that while I wanted to provide care and nurturing to the wounded, it was difficult to have a desire to seek out and accept any love from others. That feeling is hard to get rid of, so...intimate relationships suffer when we come back home.” Another participant indicated that she was “afraid I want to be ‘asexual’ because I am tired of all men and the ugliness of combat... and just want to take a break from anything that has to do with sex, physical, emotional, or romantic activities...I need time to ease off into that aspect of life..”

A final comment by fifteen, or 66% of the respondents with respect to returning home after combat exposure was that while away females discovered needs that were not being met before, such as leadership skills and self-confidence. As a result, they were ready to fulfill these needs upon their return. In doing this, they had to learn a new way to interact with males, including their spouses, not as sexual beings but as equals, colleagues, and friends in different situations. Therefore, they were working on figuring out how to deal with this difference at home and in their community.

Other repercussions from exposure to combat, as indicated by fifteen of the respondents, was related to always being alert, looking over their shoulder, feeling or sensing danger and ready to jump and defend. This feeling was exacerbated by the fact that while at the beginning people wanted to hear about their experiences, after a while people did not have any interest in hearing about them. Therefore, it was very lonely and disappointing and left them with a sense of isolation.

Conclusion

This study was conducted to explore some of the stressors that may have the potential of contributing to poor mental health among female veterans. While the sample was small for both the focus group and the individual interviewed, and conducted from one military installation, the information obtained supports and expanded the current literature regarding stress related issues of female members serving in the armed forces. Stressors identified included child care, financial readiness, sexual harassment, civilian employment, combat

exposure, and emotional and intimacy reconnection as stressors related to female combat veterans prior to, during, and post deployment.

It was interesting to note that a recurrent theme weaved throughout the several identified stressors, particularly from respondents who are mothers, was the issue of emotional pain due to separation from children as well as readjustment to a loving home life. This factor appears to be a subject of further inquiry, especially as to how female veterans work to mitigate these feelings and how they deal with them upon their return home. This area needs further investigation since none of the participants indicated seeking physical or mental health assistance upon their return to work out those reported difficulties in re-entry into the home environment.

In closing, all of the participants indicated that regardless of the painful factors related to deployment, it was worth the experience and they would want to go back. They learned to build good relationships not only with other American males and females but with people of the host countries. They learned much about other cultures, and were able to travel throughout the world. During deployment and throughout their military career, these female military warriors learn to build new and different types of families on which they can depend wherever they go, and most of all, they learn leadership skills and to have confidence in themselves.

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