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A Case Study of Veteran Identity as a Female

by

Kimberly E. Anderson, B.S.W.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of
Master of Social Work

Committee members:

Mari Ann Graham, Ph.D., LISW (Chair)

Lisa Thomas, MSW, LICSW

Sheila Laughton, MS GUID, MAT

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University - the University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation

Abstract

The terms veteran, or soldier, typically evoke a male image, creating barriers to female veteran identity and recognition. Using a case study methodology, one female veteran's perspective was explored using qualitative interviews and supporting documents. Findings show that the female veteran had the same training and deployment experiences as her male counterparts, and therefore, demonstrates her full status as a veteran. Also noted are the ways in which her female identity as a veteran was expressed and experienced by others. This case study involves perspectives related to female veteran identity across three generations and suggests changes related to females in combat roles and societal progress in terms of supporting women in the military. Implications for social workers include learning more about the military culture, asking about veteran status, and providing social work courses with a military emphasis.

Acknowledgments

I would like to express my appreciation to Mari Ann Graham (Chair) for her guidance, and expertise in the completion of this research. Without her sharp attention to detail and devotedness to her students, this work would not be the same.

I am grateful to my committee members, Lisa Thomas and Sheila Laughton, who contributed an abundance of knowledge to the topic of this research. I am highly indebted to their time and effort to help bring awareness to female veterans through the completion of this research.

Thank you to all the family members who provided insight, thoughts, and ideas they have experienced in relation to this research. I am graciously thankful for your unwavering support and contributions throughout this process.

This researcher would also like to acknowledge the past, present, and future generations. To the past women who never got recognition: thank you. To the women who fought for our right to serve: thank you. To the women who are currently serving: thank you. To the women who are making breakthroughs in this profession: thank you. To the women serving with me: thank you.

To the women who come after me: thank you.

Dedication

This research is dedicated to Robin:

As the only other woman in our family to serve in the military: I thank you. I look up to you and your service. Your time in the military has influenced my own desire to serve in the Army. You have offered guidance, thoughts, and encouragement throughout my career. I am forever grateful to have had the opportunity to hear your stories from enlistment to your deployment. I am honored to have had your memories and photos shared with me for the purpose of this research.

“She made us proud going into the service and joining. Glad she did, it was a good experience for her, and for us.”

“I would say that it really makes me proud and I know that not many people my age that I can relate to can say my mom was in the service ... when you say, ‘I have a parent that was in the military’ usually people refer to ‘was it your dad’ in that sense, I’d say it makes me proud and humble about it because it’s something really special.”

“Her service it means, and meant everything to me. I’m proud of her enlisting and serving time in the United States Military, and when she was called to service, active service, she did her part because when she signed up for service, she knew it was a possibility, of what she was getting into. I’m just proud of her service.”

“I’m just proud of my wife for all she has done and everything she is going for It is a struggle for her now, now that she is out of service, but her service-connected disability is a day to day thing. Wake up in the morning were not sure what kind of day she is going to have because of the illnesses she has but I think I’m proud of all women who serve in the military, including you too, so thank you very much.”

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Introduction

War. Combat. Soldier. Homelessness. Post-traumatic Stress Disorder. Substance abuse. MST, Inter-Personal Violence. Domestic Violence. Sexual Harassment. Do these words make you think ‘Veteran?’

Did you picture the little old grandpa who wears the ‘Vietnam Vet’ hat and does not talk about war to anyone? Or, did you picture a female veteran? Did you picture the little old lady who served? Did you think about Deborah Sampson Gannett (Day & Schiele, 2013)? Have you ever even heard of this historical woman?

Chances are, the image these words suggest is a male soldier or veteran, someone who has served in a war, and now thus have other issues. Women have been present and serving in wars from the beginning (Di Leone, Wang, Kressin & Vogt, 2016). However, even women may struggle more than their male counterparts to be seen as a veteran. Deborah Sampson Gannett is a veteran of the Revolutionary War who cut off her hair and dressed as a man to join the infantry at age 18 and to fight for her country (Day & Schiele, 2013). Historically, women are typically unknown to the public for their dedication and service to their country.

Recent U.S. Military conflicts include Operation Iraq Freedom, and Operation Enduring Freedom (Gallegos et al., 2015). Soldiers have been occupying Iraq, Afghanistan, and other countries around the world and because of these conflicts, veterans of war have been increasing. While the veteran population historically has consisted mainly of males, recent studies, research, and statistics show that the veteran population is beginning to change (Benda & House, 2003).

More and more females are joining the military, and have been deployed to foreign countries. The U.S. military currently has the most women in its ranks than ever before, and thus,

a larger female veteran population will be produced (Benda & House, 2003). Since there have been more male veterans historically, services have been more directed towards males. But as the projection of the female veteran population increases, it is important to consider what changes may need to be made to better suit their needs.

Research has shown that women are more likely to request services than their male veteran counterparts, and they are also typically seeking more help in non-veteran settings (Carlson, Stromwall & Lietz, 2013). Social workers and other mental health care providers need to recognize the increased probability of female veterans may experience different situations because of war that may affect their mental health, and therefore require services tailored to their needs.

Mental health providers also need to recognize that veteran suicide rate has surpassed civilian rates (Smith, 2016). Studies explore what exactly makes the veteran population more likely to die by suicide than their civilian counterparts, and what kinds of treatments are used to provide crisis care.

Several studies have explored factors related to the development of PTSD such as gender differences, sexual abuse history, suicide exposure, and combat exposure (Gallegos et al., 2015; Jacobson, Donoho, Crum-Cianflone, & Maguen, 2015; Cerel et al., 2015; Hourani, Williams, Bray & Kandel, 2015). Within these studies, the needs of females were considered but more research is needed to understand why females are at a higher risk for developing PTSD, and/or other mental health diagnoses, and what differences, if any, are needed to help this growing population.

Therefore, this study will explore how females identify as veterans, and how the public identifies females as veterans. The following chapters will include; a review of past and present

literature, the theoretical, professional, and personal lenses of the researcher, data collection, and analysis methods.

Literature Review

Since the female veteran population is growing and is likely to continue, barriers to identifying as a veteran and present issues will need to be addressed. This literature review will present a brief history of how females have been involved in the military, including current demographic data. Next, how they have created their identities in the military. Finally, the issues female veterans face will be discussed. These include military sexual trauma, PTSD, homelessness, Intimate Partner Violence, children, health, and the culture of the military. This chapter will conclude with the research question guiding this study.

A Brief History of Women Fighting

Females in the earliest wars were volunteers for duties such as cooking and medical services (Huynh-Hohnbaum, Damron-Rodriguez, Washington, Villa, & Harada, 2003). During this time, women were not allowed to be members of the armed forces. As a result of the medical support provided by women during the Civil and Spanish-American wars, both the Army and Navy created their own nursing corps. But members of the nursing corps were not granted military status or benefits (Huynh-Hohnbaum, et al., 2003).

It was not until 1948 that females were granted official status in the military under the Women's Armed Services Integration Act (Huynh-Hohnbaum, et al., 2003). Under this act, women were granted access to all branches of military service and entitled to receive veterans' benefits (Huynh-Hohnbaum, et al., 2003). Ever since 1967, female participation in the military has started to grow (Rothman, 1984). However, they were still not allowed access to all military occupations, such as combat roles. Women have been involved in combat action since prior the

gulf war (Carlson, Stromwall, & Lietz, 2013). The U.S. Department of Veteran Affairs [VA], (2007), reports that since the Gulf War women have been involved with “combat aircraft, manned missile placements, served on ships in the Gulf...[and] convoys in the desert, and assumed other roles making exposure to combat more likely (p.6).”

Despite women being involved in war conflicts from the beginning, it was not until 1980 did Veterans' Affairs centers begin incorporating gender specific services (Huynh-Hohnbaum et al., 2003). This began after a study was conducted to determine female veterans access to services, the assistant chief medical director at the Veteran's Affairs Health Care System then directed all VA Health Care centers to provide health care specific to female veterans (Huynh-Hohnbaum et al., 2003).

Within the veteran population, the demographics have been found to be changing. For example, a study that measured the demographics of the veteran population found, of those measured (2107 veterans that completed both surveys given), the average age was 60.5, 91.7% were male, 77.8% were Caucasian, and 74.5% were married (Smith et al., 2016). Another study found a slightly different population. A separate study looked at veterans who had used the Veterans Health Administration between the years 2000-2010. This study found the veteran population to consist of younger soldiers, more females, and an increasing number of non-white veterans (Hoffmire, Kemp, & Bossarte, 2015). With deployments now being longer and more frequent, soldiers may be ending their service earlier than in the past (Kang et al., 2015). Also with a shift in thinking about societal norms, more women and people of minorities may be more accepted into military service roles.

Overall, women represent 12% of the military, and 5% of the veteran population, which is projected to double (11%) by 2040 (Benda & House, 2003). In 2011, CNN Staff reported women

make up 14.5% of active duty among all branches, more specifically about “74,000 in the Army, 53,000 in the Navy, 62,000 in the Air Force and 14,000 in the Marine Corps” (2013). As of 2011, the VA also reported 1.84 million female veterans, and 77% of Operation Enduring Freedom and Operation Iraq Freedom veterans to be 40 years old or younger (Carlson et al., 2013). These numbers are expected to continue to grow, despite the military’s known possible hostile environment with training and the risk of Military Sexual Trauma (Mankowski, Tower, Brandt, & Mattocks, 2015). Although women serving in the military and deployments being more common, they are not necessarily disclosing to people that they are veterans because of the stigma that is involved with being a veteran such as MST and PTSD (Cotton, Skinner, Sullivan, 2000).

Identity as a Barrier

When it comes to thinking about who a veteran is, female identity may be lost. Howard (2000), defines identity as “individual’s self-concept that derives from his/her knowledge of membership in a social group together with the value and material significance attached to that membership” (as cited in Huynh-Hohnbaum et al., 2003). Women who served prior to officially being allowed to serve, however, did not know whether they fell under the veteran status, and access to services was not as valuable as intended, until 1980 when the VA started to incorporate gender-specific services (Huynh-Hohnbaum et al., 2003, p. 166). Female veterans lack the social support from peers, superiors, and spouses (Carlson et al., 2013). The significance of that membership may have been lost when Veterans’ Administrations did not have medical care specific to women, as well as the previous ability to serve in combat roles (Huynh-Hohnbaum et al., 2003).

Harada et al., (2002) defined veteran identity as “veteran’s self- concept that derives from his/her military experience within a sociohistorical context” (as cited in Huynh-Hohnbaum et al.,

2003, p. 166). Women are serving in a male-dominated culture, and their occupations have typically been supporting roles (Carlson, et al., 2013). This could potentially lead to females feeling less of a veteran than their male counterparts.

Females have traditionally been underserved by the Veterans' Administration services (Carlson et al., 2013). Female veterans (83%) are choosing to receive care in civilian health care systems, as they view the VA primarily as a resource for men (Burkhart & Hogan. 2015). Researchers are suggesting a lack of identity as a veteran or attributing services to be for men, may be a reason for seeking care in civilian settings. Huynh-Hohnbaum et al., (2003) reported, VA hospitals do not offer obstetrics, which is a reported need.

Although women are fully able to serve in the army, navy, air force, and marines, apart from Navy Seals, they still face many issues in regards to acceptance (Carlson et al., 2013). Serving in the armed forces along with the recent changes in being able to hold combat occupations, has not been universally accepted by men (Carlson et al., 2013). Women are and have always been the minority in the military and among many of the occupations (Carlson et al., 2013). Being that women are the minority, there are gender-specific risk factors that women face at a higher rate than males, such as Military Sexual Trauma (Carlson, et al., 2013).

Female Veteran Issues

With a growing population, and the current risk of suicide for the veteran population, researchers have begun to consider the services provided for women by the VHA, and whether the risk is higher for them. One of the first studies of female veterans surveyed women who were patients in a psychiatric hospital within the VHA (Rothman, 1984). This study consisted of a satisfaction survey, and interviews to assess possible needs for additional services. This survey consisted of veterans from WWII, the findings reported that the females were generally satisfied

with services overall. Areas for improvement included privacy because veterans were on a co-ed floor, and concerns were also made about sexual harassment and not feeling safe (Rothman, 1984). Sexual harassment is something that many women veterans have dealt with.

Military Sexual Trauma. MST is sexual assault and/or sexual harassment experienced during military service (Carlson et al., 2013). Several studies have found Military Sexual Trauma to be a great issue for veterans and soldiers. In an article that reviewed mental health in female veterans, the researchers recommended screening for MST. The researchers reported, “Several studies have found that servicewomen, especially younger women, report extremely high levels of verbal and physical sexual harassment” (Carlson et al., 2013, p.106). Sexual assault and harassment can make the environment for soldiers stressful. Females are the minority in the military, meaning it is likely that their superiors are males, which is who they would report MST to. It is likely that a female who is sexually assaulted must work near the perpetrator given the structure of the military, and this could cause heightened symptoms or characteristics (Voelkel, Pukay-Martin, Walter, Chard, 2015). MST is taught, reported, and handled differently throughout the different branches.

Murdoch et al., (2004) asked female veterans about sexual assault after their service and found 63% have experienced it (as cited in Carlson et al., 2013). Experiencing sexual assault may provide an explanation for a variety of health and mental health issues that the female veteran may be facing (Lee, Westrup, Ruzek, Keller, Weitlauf, 2007). Sadler, Mengeling, Fraley, Torner, and Booth (2012), suggested that females may be more likely to experience sexual trauma than combat-related trauma.

Post-Traumatic Stress Disorder. PTSD is not a new concept and does not only apply to men. Kaiser, Spiro, Lee, and Stellman (2012) reported 25% of the 94 female veterans from the

Vietnam War that was studied, had Post-Traumatic Stress Disorder. Typically, during Vietnam, females served as nurses and had to witness severe injuries, numerous casualties, and work in environments that were not always ideal (Kaiser, Spiro, Lee, and Stellman, 2012).

Jacobson et al., (2015) report no gender differences in the development of PTSD after using a system that matched men and women with similar characteristics to control for causes of PTSD other than deployment. The researchers also stated female veterans are most likely developing PTSD based on who they work with rather than the work they are doing. Meaning they are at a greater risk of MST than from exposure to war or combat.

Hourani et al., (2015) report that females are likely to internalize their emotions, whereas males were more likely to express irritability and frustration. To measure the differences, the researchers asked questions related to PTSD symptoms. Females were more likely to be younger, black, have a higher education, met depression criteria, have a history of sexual abuse, and were less likely to be deployed (Hourani et al., 2015). In contrast, males were more likely to have combat experience, have alcohol dependence, smoke or have used illicit drugs (Hourani et al., 2015). Females scored higher than their male counterparts on every symptom of PTSD except for hypervigilance (Hourani et al., 2015). Jakupcak & Verra (2011), reported risk factors for the veteran population in general such as financial problems, mental and physical challenges, as well as homelessness and lack of social support.

Homelessness. Homelessness among veterans are an issue that has been a priority, but women veterans are not feeling as well supported in this effort (Hamilton, Poza, Hines, & Washington, 2012). Gamache, Rosenheck, and Tessler report that female veterans often get excluded from studies of homelessness because of the ratio representation difference between male and female veterans (2003).

Women veterans are facing homelessness at a rate of four times more than their civilian counterparts (Hamilton et al., 2012, Tsai, Rosenheck, Decker, Desai, & Harpaz-Rotem, 2012, Gerber, Iverson, Dichter, Klap, & Latta, 2014). With the female veteran population growing, the issue of women veteran's homelessness is a topic in which needs attention. The current age range of female veterans that are at highest risk is 18-29 (Gerber, et al., 2014). Hamilton et al., (2012) reports the following three barriers among female veterans: “(a) lack of information about services available to them, (b) limited access to services, and (c) lack of coordination across services” (p.56).

Homeless women veterans have fewer housing options. For example, through the VA many of the programs for women offer support only if children are involved, and non-VA programs offer more support for women with children (Hamilton et a., 2012). The women in the study also report that more services are available for male veterans regarding homelessness and few services are available for women only (Hamilton et al., 2012). Tsai et al., (2012) report that homeless women veterans have experienced high levels of trauma, such as Military Sexual Trauma, combat exposure, and more. Hamilton et al., (2012) reported, “With regard to lack of gender-appropriate care, women described both psychological and physical safety concerns in mixed-gender programs that they had utilized” (p.59). Meaning, female veterans need more services available for women only, as a result of safety concerns from mixed-gender programs.

One contributing factor of female veterans' homelessness is a job opportunity. Steinkogler, Badger, and Muttukumaru (2011) reported that female veterans have a higher unemployment rate than their male counterparts, and it is also higher than both male and female civilians. Another article argued that women would be more qualified for jobs typically seen as masculine because of the training that the military provides and the socialization aspect of already working in a male

dominated field (Cooney, Wechsler Segal, Segal, Falk, 2003). With the high risk of experienced trauma, in this population, some women may feel more comfortable in gender-specific settings.

Intimate Partner Violence. IPV is another issue among the veteran population, which can also lead to homelessness (Gerber, et al., 2014). Current research typically focuses on the use of IPV by male veterans, however, almost 50% of females in the military, are married to a male service member (Gerber, et al., 2014). For example, one study that looked at male Vietnam Veterans that had been diagnosed with PTSD, and 75% of them had engaged in physical aggression within the past year (Taft, Monson, Hebenstreit, King, & King, 2009). The VA is working on screening for intimate partner violence, but many women veterans do not access services at the VA, making it difficult for services to be provided to address and prevent IPV (Gerber, et al., 2014).

Military Sexual Trauma is can also be a contributing factor in women who are suffering from intimate partner violence. For example, Gerber, et al., (2014), reported, “A recent VA study demonstrated that WV with documented IPV exposure were more than 2.5 times likely than women without documented IPV to report MST.” (p.304).

Children. Members of the military may have to balance a family along with the possibility of being deployed. For example, “It is estimated that one-third of Women Veterans ages 17-24 have children and that 39% of Women Veterans under 65 have children living at home” (Gerber, et al., 2014, p.303). Watkins, L., et al., (2007) conducted a study of female Vietnam Veterans and their families consisting of 60 female veteran-male partner dyads and their 100 children (Watkins et al., 2007). “Results indicated that physical and psychological aggression perpetration by both the female veteran and the male partner was associated with child behavior problems” (Watkins et al., 2007, p.138). This indicates that there is a potential issue among the returning female veterans

and the effects that it will have on their families if services are not accessed. Members of the military can also go on multiple deployments, and that may affect parent-child relationships as well and should be further explored.

Health. Members of the military are trained to handle possible chemical exposure, weapons, and living in the field, to prepare for combat situations (Petrovich, 2012). It is possible that current veterans and members of the military may be exposed to adverse conditions. Gerber et al., (2014) reported currently, women veterans have poorer health than compared to active duty females and their civilian female counterparts. Females are also at a higher risk for non-battle injuries and have a higher mortality rate than men for battle injuries (Resnick, Mallampalli, & Carter, 2012).

Culture. The culture of the military is typically male-dominated (Wallace, Sheehan, & Young-Xu, 2009). In fact, part of the reason women are now allowed into the military was a result of the contingency plan (Savell, Woelfel, Collins, & Bentler, 1979). The contingency plan was designed to bring more women into the military to help fulfill the all-volunteer force (Savell, et al., 1979).

Another important part of the culture is the amount of stress military members are under within their job which can involve the type of duties they are assigned to, as well as the pressure of having to be separated from their families (Wallace, Sheehan, & Young-Xu, 2009). With this stress, drinking has also become part of the culture. Wallace, Sheehan, & Young-Xu (2009), reported military women are significantly more likely to have a problem drinking. Another part of the culture is the sense of being tough mentally and physically, which can be a barrier for some veterans in wanting to access services (Gallegos et al., 2015).

Summary and Research Question

The literature provides a basis for understanding the history and current experiences of female veterans. The purpose of the reviewed literature was to provide insight into services that women veterans may need because of their service in the military. Along with services needed, the literature also shows that even though the female veteran population is growing, they are harder to recognize and identify as such. Therefore, the research question for this study is: What role does identity and recognition as a veteran have for females?

Method

In order to answer the question: What role does identifying and being recognized as a female veteran have? this researcher collected data in the form of a case study. Case studies allow knowledge and research to become more imaginable. Case studies allow real life examples to be explained and understood working with a population being studied to apply knowledge and skills (Breslin & Buchanan, 2008). Case studies are used to investigate an experience in more depth in order to answer a question (Gillham, 2010). More about the researcher's credibility will be articulated in Research Lenses chapter. This chapter will address how the participant was selected, how the case study participant was protected as a human subject, procedures for collecting data and analyzing data, and finally, the strengths and limitations of this research design. The researcher contacted a female veteran by phone to request participation in this study.

Sampling

This research study used a convenience sampling method to recruit and select one female veteran as a participant. This researcher recruited a relative who is a veteran and asked her to identify other sources of data to further gather information. Other sources of data included other

family members and friends as well as related documents that attested to the “lived experience” of this participant.

The primary participant is a Gulf War veteran, and also this researcher’s aunt. She and the other family members she identified were all asked and required to check a box stating whether they wished to identify in the final report in order to protect confidentiality. The primary participant stated she wished to be identified in the research study, and her name is Robin. She identified her husband, her daughter, and her parents. All secondary participants also agreed to be identified within the study.

Protection of Human Subjects

In order to understand potential risks, the researcher completed the training: Collaborative Institution Training Initiative (CITI), which focuses on the protection of human subjects. This training was required by the St. Thomas Institutional Review Board in order for the study to be approved.

Participation in this research was completely voluntary. The risk of possible coercion was minimized by making it clear during recruitment that she did not have to participate just because they were related. She was also given the option to not answer any questions or stop participation at any point during this process. Other possible risks included talking about past trauma or war memories. This researcher developed questions regarding identifying as a veteran and focused the questions on issues of identity rather than on trauma that may have been experienced.

After the participant agreed to be a part of the research, a time was set up to conduct the interviews. Before the interviews began, the researcher explained the informed consent process that included understanding the purpose of the study, how data will be used and presented, and any questions to help the understanding of the process. The consent form was reviewed with the

participant and was signed before the interviews began (Appendix A). The researcher then asked the participant if she was willing to allow the interviews to be recorded for processing, and whether the participant was willing to allow the researcher to interview family members and friends to speak on her behalf. The data was kept confidential by being stored on a password protected laptop that only the researcher had access to.

Data Collection Procedures

Several kinds of data were collected for this case study. First, the primary participant was interviewed four times. These interviews were audio recorded and transcribed verbatim. As per the design, other participants were also interviewed. These included interviews with the primary participant's husband, daughter, and both her parents. These interviews were also audio-recorded and transcribed verbatim. Since this researcher lives a few hours from the participant, and the participant was fine with it, all 4 interviews were conducted on the same day. The interviews consisted of 10 open-ended questions developed by the researcher. These questions were developed based on the literature that was reviewed and focused on identity as a female veteran. The first interview consisted of questions relating to the participant joining the military, and her basic training experiences. The second interview was about her deployment experiences. The third interview built from the second interview by asking about post-deployment and her identity as a soldier, and her identity currently as a veteran. The fourth interview reviewed additional information about her veteran identity, such as services she uses, and how society perceives her status. Additional data will be collected from other sources, such as pictures, and documents. The full list of questions can be found in Appendix B. The interviews were recorded with the use of a voice recorder tool on the researchers' laptop and recordings were transcribed verbatim for analysis. After the interviews were conducted, Robin went through her pictures and momentous

from her time in service, with this researcher.

Following each interview, the researchers' contact information was given to the participants in the event of any questions or added thoughts rise at a later time. The participants were also invited to note any important information he or she feels should be included in the study. The participant was informed of the content of the interviews being used in the body of this paper.

As a part of this research design, other sources of data, such as pictures, newspaper clippings, and documents, will be identified and collected. This was to identify relevant documents to support understanding of the participant's experience. Data was also collected from observations and field notes gathered during interviews.

Data Analysis

Transcripts from interviews and field notes were read multiple times. The researcher read the entire transcript once through, the second time the researcher made notes, and a third reading consisted of categorizing the information into sections. The researcher did this by cutting the transcripts based on the notes that were made. The researcher then identified categories and themes that emerged from the data. The data was then sorted into the categories and themes. Next, the researcher read through all of the data under each category, to ensure that they fit and were related. Some categories were then separated and rearranged. After the rearranging, the researcher determined some themes to have subthemes and sorted the information into further subtheme categories.

In order to ensure validity in the data analysis process, this researcher will discuss her active/analytical stance, investigation responsiveness, and will articulate her data analysis process (Graham, 2016).

Active/ analytical stance. This researcher is involved in several roles surrounding this topic. This researcher is a female, and also in the military. However, there is also the role of the researcher. In order to keep the stance of a researcher active during this process, this researcher focused on the experience of the primary participant instead of her own. Recognizing that the researcher's views and experiences were different than that of the primary participant was an important insight throughout this process. The researcher reminded herself to focus on the data presented and to interpret it based on how it was presented.

Investigator Responsiveness. As a military service member, I have my own views on what females can and should do within the military. I also have my own experiences as being a female in a male dominant profession. However, as the researcher, I had to maintain my own bias and thoughts, and instead focus on what was being reported in the process. This was a case study based on the primary participant's time in the military. During the interviewing and data analysis process, I was able to recognize times when my thoughts or feelings were similar or different. In recognizing my own views, I was better able to process those views, set them aside and focus instead on my role as a researcher.

Reflexivity. Many roles and stances came about during this process. Not only as a female in the military but also as the primary participant's niece. During data analysis, this researcher had to maintain the stance as the researcher despite the other stances that she is involved in. My role in the military is different than my role as the researcher. My own thoughts, views, and experiences may influence my understanding of the military language that was used. However, the information that was used and reported, was based on my role as the researcher, and the purpose of the study.

Strengths & Limitations

Like all research studies, there are both strengths and limitations associated with this research design. One strength in the design of this research is that it focuses on one experience in depth. In just one story, readers will hear about the trials and tribulations related to identity that a female veteran went through during her service and deployment, and life as a veteran. This method provides rich and personal detail related to the focus of this study: identity as a female veteran. This design allows the voice of a female veteran to be heard. By recording interviews and transcribing them, the researcher was able to accurately represent the female veteran's experiences, along with those of secondary participants. Direct quotes from participants allow readers a more personal view into the experiences of these participants.

Using a case study design allowed the researcher to have more flexibility in terms of collecting data from the primary participant and other participants and supporting documents. In-person interviews also allowed the researcher to explore participant responses, ask for further clarification as needed, and probe for additional information. An unexpected advantage was that 3 generations were involved in this case study. A more diverse response pool was made possible by the case study method.

The chief limitation is that this study is limited to one female veteran's experience. As such, it is not necessarily representative of other veterans and is not generalizable per se. There may be limitations based on geography and because the veteran served in the Reserves, she may have had different experiences than females who serve in active branches of the military.

Research Lenses

It is important for any researcher to note their lenses so that they are transparent about their biases, and so that others may evaluate their research accordingly. By demonstrating my

self-awareness related to these lenses and how they impact the development of this project, readers will be able to assess my credibility as the researcher and interpret findings more accurately. This chapter will present my theoretical lenses, my professional lenses, and my personal lenses as they relate to this topic.

Theoretical Lenses

Social Learning Theory was my primary theoretical lens. This theory suggests that human behavior “results from learning that occurs during socialization. Individuals observe the behavior of others, learn, and replicate” (Parangimalil, 2014, p. 663). Albert Bandura developed this concept in his work with children who have witnessed violence using Bobo dolls to demonstrate their learning (Parangimalil, 2014). Social learning relates to this topic of women veterans and their identity in several ways.

First, this theory would suggest that women have learned their roles and identities by being socialized to military values and traits that are associated with men. These include strong body and strong mind. These traits have been important for people who are going to fight in a war and face combat. But since women have not traditionally been allowed in combat roles until recently, women were coddled, or not seen to be as strong as men, despite having completed the same initial training. Women in the military are told to act and look like men.

This theory also suggests how society learns about veteran identity. Along with hearing about veteran homelessness and post-traumatic stress disorder, veterans are still typically seen as male. Many have learned to associate veterans with being men. Typically, people imagine men with Vietnam Veteran hats or have seen male veterans walking with the American flag in parades. It may have been learned that men served in the wars, and there may be a lack of knowledge about the females who served. Women make up a smaller portion of the military and

therefore are not seen as much. Although this has improved, women appear in commercials and on brochures for the military, they are still very underrepresented.

This theory influenced the development of this research study in that I asked the primary participant and the secondary participants what they have typically learned and/or thought about veterans, and females being veterans. They were also asked what could be done differently to address this issue if they felt it was a relevant issue.

Professional Lenses

My professional lens includes the fact that I am also a female in the U.S. Army Reserves. This is my employment, and I work alongside other females, some of whom have been deployed. My chain of command has previously consisted of a female commander as well as female First Sergeants. However, when I began basic training, there were no females in my chain of command; they were all males. My Drill Sergeants were also all male. At times, I found this to be a challenge in cases where my male drill sergeants were not well versed in the needs of females. These experiences have no doubt contributed to my interest in this topic.

One day I hope to work in the field of military social work. I am hoping that with the female veteran population growing, I will be able to better serve females and provide them the support that they need. Therefore, I want to learn as much as I can about this topic. I chose to do a case study because I believe that is the best way to fully understand someone's experience. Having these professional experiences will allow me to explore these issues with sensitivity, while also being able to ask clarifying questions based on my own experiences. My professional experiences are a resource during this research process, and I also became aware that I needed to be disciplined and hold myself accountable so that I did not simply confirm or validate my own experiences.

Personal Lenses

My personal lenses include my bias based on my own experiences in the service this far. Being that I am an enlisted soldier in the army reserves, my bias includes; using army language, and reporting information mainly related to the army. Part of my bias includes not always being accepted as a soldier, and my accomplishments not being recognized because I am a female. I have had fellow soldiers tell me I did not deserve recognition as Iron Man soldier of the company, for my accomplishments with the Army Physical Fitness Test because my scores were on the female scale.

Another experience I had during initial training was having a drill sergeant tell the platoon if he had it his way females would not serve in the military at all. This was someone I had to spend the next 8-10 weeks training under, and listening to. I remember feeling offended when he said this, I knew that I could do just about anything as well as the guys in my platoon, if not better.

My father is a veteran of Operation Iraqi Freedom, and my aunt is also a veteran of the Gulf War. I have watched how they identify as veterans and how they have gone about receiving services. My personal lens has influenced my approach to this project in the way that I want to focus specifically on females, and even in selecting my aunt as a case study participation. My personal bias is that females can do anything that males can in regards to the military, and should be recognized in the same way.

I have been purposeful using a case study of a female veteran to provide more data on this topic, and my committee members also consist of females who have served in the military, and can also provide their insights and critiques related to data collection.

Based on my professional and personal experiences I used three qualitative data analysis principles to hold myself accountable: an analytical stance, investigator responsiveness, and reflexivity. Already discussed in Method (under data analysis) my implementation of these principles makes this research more trustworthy.

Results

This research was intended to capture the experiences of a veteran throughout her time in the military. In order to do so, the veteran was interviewed, along with her husband, daughter, and both of her parents. The results of this study will begin with a description of the research participants and relevant demographic information. Observational data will be presented next, followed by the presentation of the themes that emerged from the data: HERstory; Equality; Gender Charge; How to spot a veteran; Generational Progression; and Assaulting forward.

Description of Participants

The primary participant is a veteran in her 40's named Robin (who wanted to be named). Robin joined the military shortly after high school, in hopes of going to college in-between training. Robin was deployed shortly after training and served 6 years in the Army Reserves. Robin has 3 children, one of whom was a secondary participant.

Robin's youngest daughter, age 20 years old, and was one of the secondary participants. Rachel is currently a student at the University of Wisconsin-La Crosse. Robin's husband was another secondary participant. He is in his 50's and works for the Village of Holmen. Both of Robin's parents were also secondary participants. Robin's mother was 74 at the time of the interview, and father was 71. Both are retired from working at the La Crosse Footwear. Each of these secondary participants offered their perspectives related to Robin's time in the military.

History-HERstory

This theme tells the primary participant's story. This theme describes her enlistment process, training, and deployment. It notes the qualifying experiences she has to participate in this study.

Enlistment. The first step of joining the military is to enlist. This includes completing a physical, taking the Armed Services Vocational Aptitude Battery (ASVAB), choosing a Military Occupation Specialty (MOS), and taking the oath of enlistment. Robin noted the following experience:

When I took the ASVAB test, I went in with my eyes closed, when I look back on it. I scored high on the math and administration categories, and that's probably what I should have done. When it came to the mechanical and electrical parts, I didn't really read the questions, I just skimmed over them, and I actually scored 2nd highest on it, I don't know how that happened but I guess I was lucky.

It tests your knowledge in different categories and helps recruiters determine where a good fit would be for the newly enlisted soldier. For Robin, it was a light wheel mechanic.

Basic Training. After new recruits survive the enlistment process, and a military occupation has been decided, they will then be sent to basic training. Basic training is where civilians are developed into soldiers. Robin said this about basic training:

It was fun. I enjoyed, you know, learning about, stuff with maps and navigation and using the radio and I can't recall everything that I learned, but the physical part about it was easy for me because I was always physically fit and strong. Being competitive I went in all gung-ho about it. I prepared myself physically before I even went to basic training so that part I really truly enjoyed. I wasn't much of a runner, to begin with, so that challenged me, but the strengthening part, like I said I was already strong, so I didn't mind doing that. The drill sergeants, I took it all in stride. I didn't get all worried or have a lot of anxiety when they were sitting there screaming at us. I knew that they were doing their job and there are a reason and a purpose behind it all and as time went on through basic training, obviously, things got easier and the drill sergeants were lightening up a little bit towards the end.

Basic training is where new recruits are sent to learn what it means to be a soldier. They learn land navigation, how to shoot a weapon, and how to walk, talk, and dress like a soldier. After

basic training, soldiers are sent to AIT or Advance individual training, where they learn their military occupation.

Deployment. This subtheme runs through Robin's experience from the beginning of being told she was deploying, to her first day in country, to when they were told they were coming home. Robin said the following about being deployed to Saudi Arabia:

You always want to be prepared in your mind and elsewhere that you might get called up for deployment. When I got that call, it was on a Saturday afternoon, it was from my motor sergeant and of course, there is this code or secret message that you hear, so that you know that it's legit, and I was shocked. I knew it could happen because we had drill like two weeks prior to that and we are already going through paperwork necessary just in case we got called up. I was really nervous because I didn't know what was going to happen, there was a lot of unknowns and I knew that questions about nuclear weapons being used in this war that I was called up to. So, it was very scary.

The first night of her deployment was particularly memorable:

The first night of the war, we were in the Khobar Towers. We had to go full MOP Gear which was MOP 4 in our NBC suits and our gas masks and didn't know what the hell was going to happen. Didn't know if it was going to be a nuclear attack going on, if the scud missiles had Sarin gas in them, you know nuclear weapons. I don't even know what time it was. We were all snuggled in there [into a stairwell], and we sat in there. This went on probably I would say 4-5 hours and it was dark. It was hot. We would hear the scud missiles, we would hear air sirens, it was pretty scary. There was a service member sitting next to me and he just lost it, he just flipped up his mask and said, "I can't take it anymore." My emotions were, I was nervous. I was nauseous. I was sweating, shaking and it was just after he started flipping out and that's when I started getting nauseous and was like "This is intense." I finally got up and went downstairs, and it was daylight at that time. I saw my company commander and I don't remember if he had his gas mask on anymore, but I think he did because he told me to keep mine on and he calmed me down, and it was quiet at the time because it was daylight. I don't know why we were still in the stairwell but we didn't get the all clear yet. I remember just sitting out on the bench and looking at the birds out there, I started concentrating on my breathing and just tried getting things calmed down. Before I knew it, we got the all clear and we got to take the gas masks off. He was like there's no chemicals out here, and he was just talking to me. That was the first night of the war, every night after that we would have air raids, you'd hear the scud missiles, and you'd see them. The patriot missiles would be launched off and knocked down scud missiles, and they were very loud.



Figure 1, Khobar Towers

Robin described the second incident that she witnessed and was troubled by:

There was one night we didn't have an alert where the sirens go off. I was coming up to my room and all of a sudden there was this loud noise and I mean it shook the building [Khobar Towers]. What happened was either the debris from the scud missile or the patriot missile hit the building next door and you could just hear the concrete hit the ground. It knocked me off my feet, that shook the heck out of me.

Robin reported that her unit did not know when they would be coming back, but when they were finally told they were going home, she recalled:

It was the best day of my life (laughter). It was so exciting. When we finally found out that we were actually coming home it was just a relief. When we were over in Saudi Arabia, Kuwait, and Iraq, half the time I didn't know where we were, I didn't have a map. I just followed orders, and when it was time to pack up and leave, that's what I did. The war was a short-lived time period, but there were still things to do after the fact. When I found out we were coming home it was a relief, and I was very, very happy. When we were activated or deployed our orders, I was on active duty for 180 days, or it might have been 185 or something like that. Deployed, I was over in country from January 11th to May 10th.

Equality

Robin repeatedly points out the importance of training and of treating both genders as equals. She talked about how her experiences of training and doing her job were not any different than a male would experience, however, the military, and those in the military have done their part in separating males and females who are supposed to be fighting side by side of each other.

Training. In talking about her training experiences as a female Robin noted:

I really don't think my experience was any different because I was a woman. Thinking back, I mean, I know our standards on the physical fitness test were lower than what a guy had to run, or how many sit-ups they had to do, or pushups. Other than that, I felt like we went through the same training process.

Currently, some locations of initial training for basic or boot camp, among the different branches allow males and females to train together, but some locations are for males only. Robin voiced her opinion on this very topic:

Thinking back, now they have the males and females training together in basic, they should have changed that a long time ago. I don't know what year they went ahead and did that, but in my opinion, they waited way too long because when you get out of basic, you go to your units whether it's active, reserves you're working right alongside of them you're training with the. And it only made sense that you were training with males and females together from the beginning.

Robin mentioned above, men and women work together, are deployed together, and sometimes must live together while in the military. Robin was more comfortable when she stayed in a tent with her other unit members than when she was separated out. When Robin stayed in a tent with the guys she stated:

We didn't have showers. I probably went at least a month without seeing a shower. So the living conditions, that part was rough. Living with 11 other guys, they respected my privacy. We put up curtains so that I had my privacy to change, and I did sponge baths to try to stay clean, they were very respectful.

When she was separated, Robin reported that was more uncomfortable, and wanted to stay with the members of her unit:

I was more uncomfortable with that [being separated] than sleeping with the guys, I felt like I was being isolated from the rest of my team members if you want to call it that. I felt I was already under stressful situations, and we considered each other family, I felt like I was being pulled away from my family when he did that, it didn't continue because I was upset about it, and the guys were upset about it. In that situation, I think as long as the boundaries are set, it's fine.

Other than living conditions, and initial training, Robin reported that women and men did not have different experiences that would separate their service status. She also did not think there were any differences in duties for males and females. When also asked if she could pinpoint any story that related to gender specific Robin said:

"I really can't recall, in regards to being female vs, male, everyone treated each other as an equal when it came to that as far as participation and doing things together, or going on your mission, or going out shopping and buying things."

Robin reported having the same experiences as her male counterparts while deployed, other than the times she was separated into a different tent.

Male Dominant Profession

The third theme is a series of examples and situations where the male dominant profession had an effect on Robin's experience in the military. These are examples, where equality was not necessarily apparent. For example, Robin stated her motor sergeant (the sergeant that oversaw the mechanics and vehicles) was protective of her:

"My motor sergeant, I mean don't get me wrong, he was the kindest guy that I ever met, but I had the feeling he also believed that females didn't belong in the military. He didn't allow me to, I don't think he kept me from doing mechanical duties, but I don't think that he thought that I belonged in there doing a guy's job."

However, Robin also stated, *"It wasn't just over me, it was over the whole motor pool. I think he felt like it was his responsibility to make sure we got home safe."*

The ratio of men vs. women in the military has always been disproportionate, and that was no different in Robin's unit. Robin reported that there were 25 females out of 158 soldiers' total. She was the only female in the motor pool working with 11 other guys. Robin's chain of command was also mostly male; her company commander, 1sgt, platoon sergeants, and squad leaders. At the time of her deployment, only 1 female was in a leadership role. However, Robin noted, it was a male dominant unit, and the females were younger, not yet at the leadership level. *"They were all 20, a lot of college students, to answer your question, there were males than females in leadership roles because that's just the way it was."*

Being that there are males and females in the same unit, deployed away from home, and put in stressful situations, soldiers may make poor choices. Robin was in a military police unit, where sexual assault should be less of a concern, *"I'm not saying that it didn't happen in our company or in our unit because I don't know but I mean being in an MP unit, I do believe that the guys that I was with were a lot more respectful towards women, they weren't going to allow that to happen, cause many of them, majority of them were cops."* However, one woman in Robin's unit reported an incident to her:

I was talking to a female MP and ... she had told me that she was sexually assaulted. She was on border patrol and again living conditions and situations were just very high and she was ordered to put out sexual favors in order to get food. How that happened, I don't know because I wasn't there, I could only listen to her story and I'm pretty sure she didn't make it up, cause she said they would go days without food and they were scrounging for food and it really disturbed me when she told me and she deals with that every day now as far as what happened to her and the PTSD on top of it, it's just, I couldn't imagine.

Robin's daughter pointed out the gender charge that she has experienced with the term veteran, and identifying her mom as a veteran:

I feel like because of that there's a gender charge to the word veteran because there are just not as many women in the military as there is the number of men. I think some people just don't think women can do the job and what's asked when it comes to that time.

People must think that women can't do what is asked of them, like for example, being on the front lines in a war.

She also reported that she talked about having a parent that was in the military:

When I talk about having a parent in the military, usually people assume it was the father, but I'm not afraid to correct them and be like "no it was my mom."

Identifying Veterans

The legal definition of the term veteran, according to Title 38 of the Code of Federal Regulations, is "a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable" (Office of the Federal Register, 2008). Each participant defined the term veteran in their own words. Robin's parents used the phrases "*Someone who has been in the service and got out again.*" Along with "*I think it is a person who has been overseas, been in a war, fighting for our country, protecting other ones.*" Robin's husband reported a veteran is anyone who serves regardless if they "*saw war or during peacetime.*" Robin's daughter reported a different thought, "*I automatically think of my mom.*" She went on to say, "*Someone that obviously dedicates their life to our country, and I know that it takes a special someone to do that and not everyone has the capability to do that.*"

Robin has not always identified herself as a veteran, it was 16 years after her time in service that she then began identifying herself as a veteran. "*After counseling and realizing and recognizing the things that I saw and did, especially being a female, I came to terms with the fact, wow I did this and I should recognize myself as being a veteran.*" Robin's experience of identifying as a veteran has been just that, identifying as a veteran regardless of her gender. Robin reported, "*Personally, I identify myself as a gulf war veteran, male or female and that's the way I see it.*"

Since then, Robin reported having a Gulf War Veteran license plate on her car, and window clings as a way of recognizing herself as a veteran. Other examples Robin reported:

When I am out at events and the Star Spangled, Banner is being played It is my honor to actually salute the flag rather than placing my hand over my heart. On Veteran's Day, I definitely take part in that. I haven't been to any ceremonies since my kids have been out of school, but I will go and have lunch, or get my car washed, I will take part in the freebies that they offer. When people ask me now what I do for a living, I will say I am a disabled Veteran, I have to explain to them that I am no longer working because of my medical condition. I am constantly identifying myself as a veteran now.

Many times, females are not recognized as veterans, because some do not make it bluntly obvious, so the little signs are important to watch for. Robin said:

Women veterans don't go around showboating it, and I'm not saying it's wrong, or that guys do, but when you see a guy veteran, many times they are wearing a hat, or they have a jacket with patches on, women don't do that, so it is hard to be identified as a woman veteran.

Generational Perspectives

Three different generations were interviewed and provided data for this research. It is important to capture these generational perspectives. Participants offered their opinions about support for today's veterans. The theme of generational perspectives will be presented with the views of Robin and her parents surrounding her time in the military. The subtheme combat views by generation will discuss the different thoughts reported from all 3 generations interviewed.

The following describes the views that Robin's family had on her enlistment and being deployed:

My family, on the other hand, were a little apprehensive about me joining, especially my mom, she had to sign for me because I was a minor. She was a little hesitant on me doing it, but after I convinced her to sign, they were all very supportive of me doing it.

Robin felt that the support she felt from her family continued into her deployment, which was congruent with what her parents reported as well. Robin's father described this time as *a great*

experience for her and at the same time, there were concerns we worried about her, especially being in the desert. Robin reported a similar statement:

My family, also they were supportive obviously, they were nervous too, they didn't want me to leave, there was a lot of emotions going on as far as anxiety nervousness, there was some crying. It was a shock because we hadn't really had a conflict since Vietnam before. It was tough.

Both Robin and her parents reported support and treatment of veterans, and the military overall, to be better than it was in the past. Her father stated *Today's veterans are getting treated better than what they were years ago...* her mother agreed with this statement and added, *And the kind of jobs they can have, after all, you got women that are piloting these fighter jets...* In the past the military was not always regarded the best, and women were even more limited in what they could do for an occupation than they are now. Robin also agreed society has done a better job in recognizing the services of the military:

I think as time has gone on as a whole society respects military and veterans more than they did 20 years ago. 20 years ago, they didn't call it Veteran's Day. They didn't have that special day where they acknowledge service members, and they have freebies, you can go out and be proud of what you did. I think that really has helped society as a whole to recognize military service members and veterans.

Combat Views by Generation. No questions were specifically asked about women in combat roles to the secondary participants, but it was a topic that came up with each generation. Women being allowed into combat roles is a new development within the past few years and has led to different thoughts and feelings surrounding the topic. Robin's father had stated, *"I think that women can move up in rank as well as the men do. I don't know about women going into combat, that I don't agree with."* Robin's mother also agreed with not wanting women in combat roles, and reported, *"A lot of these women that are in the service now have families, that would be a hardship for them."* Robin's parents reported concerns if women were captured by the enemy, and what would then happen to them.

Robin reported different thoughts about women in combat roles by stating:

If women meet the standards and the qualifications to do it, I think it should be allowed, but no woman should be forced to do it. I think it should be a choice for her, that if once she got a taste of it, if she decides it isn't for her, then she should be allowed to change.

Lastly, Robin's daughter voiced her frustrations with how women are being regarded in the military:

There was a recent post on Facebook talking about gender equality in the military and it was a video, it kind of made me mad because I think people have this misconception that women can't live up to the same standards that are expected of men, when a lot of women can, or even out do men.

Moving Forward

Moving forward is an emphasis of why there is a need to move forward in society in recognizing women for their service as well as the men. This theme is also about the battle it has been for some women to get the recognition that they deserve, as well as continuing the fight onward. Moving forward has the following subthemes, why the need, veteran identity for women, how family recognizes her service, and finally, what society can do.

Why the need. Women who have served in the military, typically blend in better than males, however, it should not be assumed that women have not served as well. Robin shared the following experiences when her identity as a woman interfered with her identity as a veteran:

My first experience was when I was having difficulties with my health and it had to do with serving overseas. I was a mother of three children and I had gone to my family practitioner complaining about low energy, fatigue, and just overall not feeling well. And right away I got put on an antidepressant. What bothered me the most about that whole situation is that, and I'm not saying that it wasn't medically necessary, but I just wonder if a male would have gone into that same office at 26 years old complaining of the same ailments that I did, if he would have been put on an antidepressant, or if they would have been referred out to another specialty to determine what is really going on.

Robin experienced the first example with her civilian healthcare provider. However, the

Veteran's Affairs Health Care system also provided her with a challenge in her veteran identity.

Another experience that I had, I had an appointment at the VA, and this wasn't too long ago, maybe about 4-5 years ago, maybe about four years ago, I had an eye appointment there and I'd go up to the check-in desk and the lady asked me "are you here to pick someone up?" And I'm like no, I have an appointment, and she was like "oh I'm sorry I didn't realize you had an appointment, what is your name?" They just assumed, that just because I was a female that I didn't have an appointment at the VA. If it had been anywhere else, like at my regular doctor, they would have asked how can I help you or are you here for an appointment, they wouldn't perceive me as 'are you here to pick somebody up.' I take it with a grain of salt, I think society as a whole has a hard time recognizing women serving and as veterans. They need to do a better job at that.

Veteran identity for women. Everyone agreed that women should also be recognized for their service. For example, Robin's mother asked, "*Are they getting recognized the same*"? Her father had the same thought and stated, "*I feel they are starting to get recognized as much as the men are, they're all together anyways so they should be.*" Finally, Robin's husband stated:

I think they should be seen, any woman who served in the armed forces, and served their time and honorable discharged should be recognized as a veteran no matter what branch they served. They should get all the benefits that they see coming, and they should be taken care of for the rest of their life.

Family Recognition. Over the years, Robin's family has done different things to identify her as a veteran. Each of Robin's children has recognized her in different school events. For example, Robin's daughters wrote speeches and stories for Veteran's Day honoring her service. Robin's son raised money for a school project and gave it to a charity honoring veterans.

Robin's husband stated "*Every day I identify her as a veteran. Our lives every day have revolved around her military duty and the time that she has served.*" Robin's mother stated on Veteran's Day, she will ask her if she got a free meal. Her daughter also boasts about her mom's service to her peers:

I'm not afraid to acknowledge the fact that my mom is a veteran. Sometimes I kind of use it to my advantage, I brag about her all the time. Like people ask, "what do your parents do," and I'm like "well my mom doesn't work, she's a disabled vet, so she doesn't work right now." I brag about her a lot, I'll be like "my mom's cooler than yours."

These are ways Robin's family specifically acknowledges her time in service and veteran status. There are also ways that society members can acknowledge or recognize women who have served if they do not know anyone directly.

What society can do? Each participant was first asked if there is an issue with women being recognized as veterans, and then they were all asked, what society can do to help solve the issue if there is one. Robin's mother pointed out, they are being more recognized than they were in the past, *"They have come out and said about these women that were in the service years ago, the ones that were pilots, and what they did for the men who were over fighting."* Her husband reported things are better than they once were:

I think they are now starting to see more women as veterans because more women are serving. Doing active duty and in wartime, whether they are on the front lines or not doesn't make a difference I start to see more ads on TV or you know commercials and stuff about women in the military, whether they want them to sign up or obtaining benefits that they have coming, I think society sees women as veterans.

Robin's daughter pointed out the number of women to men is not proportionate, and *"More women in the military would help that."* She also commented, *"I would say that reducing the whole stereotype of women underperforming men."*

Lastly, Robin had some of her own ideas on better practices for society. For example, there was a time when she had wanted a women's support group at the Veteran's Affairs Health Care System near her, *"At the time they didn't have that option for me, and I would have been interested in that."* Robin also stated, *"When you go to the VA, they just need to assume that everyone there, is there for an appointment [and] is a veteran."* Robin commented her regular medical doctors have it noted in her charts that she is a veteran, and many providers have thanked her for her service.

Presentation of Documents

As part of this study, Robin provided pictures from her deployment, newspaper clippings, and documents providing information about her deployment dates. Robin gave descriptions about each picture:

This is one of our tents set up in the camp, the second picture is when we left on January 11th, 1990, the third picture is the first group leaving Saudi Arabia on May 10th, 1991.



Figure 2, Tent set up



Figure 3, Leaving Minnesota



Figure 4, Leaving Saudi Arabia

This is a picture how we phoned home. We had 10 minutes to make one phone call.



Figure 5, Calling Home

Our first orders dated Nov. 1990, a revision of our orders in Jan. 1991, and a timeline of the war.

DEPARTMENT OF THE ARMY
HEADQUARTERS, 88TH UNITED STATES ARMY RESERVE COMMAND
Building 506, Fort Snelling
Saint Paul, Minnesota 55111-4066

ORDERS 020-185 25 January 1991

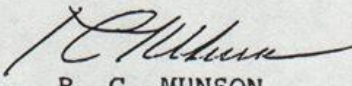
Following order is amended as indicated.

So much of: Orders 175-04, dated 17 November 1990, this headquarters
Pertaining to: Unit Mobilization Orders for 79th Military Police Co
88th USARCOM (WVPVAA), 1715 Marion Rd SE, Rochester, MN 55904-5796
As reads: Period: One Hundred Eighty (180) Days effective
210530ZNOV90 (10 USC-673B).

How changed: Amend to read: Period: Twelve Months effective
210530ZNOV90 (10-USC-673)

Authority: FORSCOM Msg 291400ZJAN91 and Permanent Orders 12-39,
dated 22 January 1991, Headquarters, Fourth US Army
Format: 700

FOR THE COMMANDER:


R. G. MUNSON
Mil Pers Specialist

DISTRIBUTION:
79th MP Co (2)
HQ, Fourth US Army (1)
ATTN: AFKE-PR
CINCFOR, FCJI (1)
Ft McCoy, WI (1)
ARPERCEN (1)
AFKE-AC-MN-RM (1)
AFKE-AC-MN-LG (1)
AFKE-AC-MN-OP (1)
Record Set (1)
Reference Set (1)
SIDPERS (1)

Figure 6, Deployment Orders

Scud missiles that were being guarded by our M.P.s. Our unit helped with loading, concealing, transporting the scuds from Iraq to Saudi Arabia.



Figure 7, Scud Missiles



Figure 8, MP Company

This is the route that Robin's company traveled during their time in theater.



Figure 9, In-Country Route

The first picture is of the oil wells in Saudi Arabia. The picture of the HMMWV's is how they lined of the vehicles for perimeter guard.

There is also an image of the shower stalls that they used.



Figure 10, Oil Wells



Figure 11, Perimeter Guard



Figure 12, Homecoming Parade



Figure 13, Showers

Below is an example of a meal Robin ate while deployed, as well as what the inside of the tent she stayed in looked like.

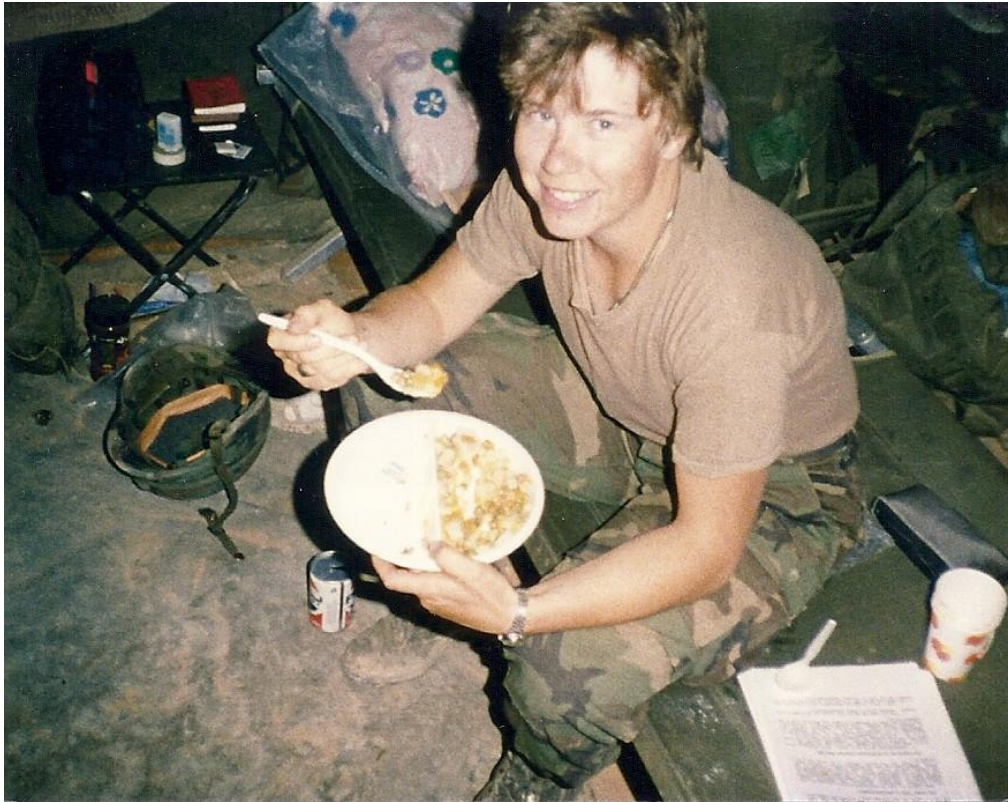


Figure 14, Chow Time

Robin also collected newspaper articles and clippings that talked about her unit, and the mission of Desert Storm. The first article is about how the women were regarding in being in this war, and how it was not the norm for Saudi Arabian's to see women in shorts.



Figure 15, Women in Shorts



Figure 16, Welcome Home

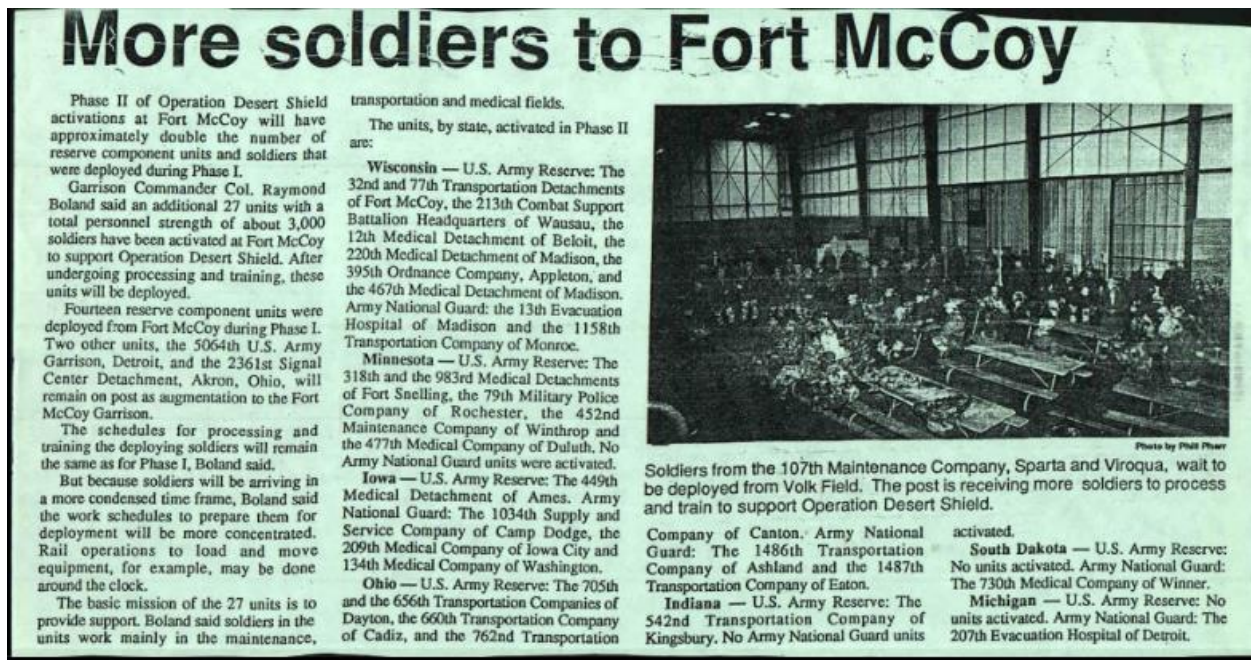


Figure 17, Deployment Article



Figure 18, Military Police Company

Summary

This chapter discussed Robin's experiences throughout the different phases of her military career. It began with her enlistment process, went through training experiences, deployment stories, and the post-deployment phase. Robin discussed experiences in which she was not any different from her male counterparts and times when other people put her identity as a woman in front of her identity as a soldier or veteran.

This chapter also included different thoughts and experiences through secondary participants, that were Robin's family members. Robin's family members identified how they have responded to her military career, and now the status of a disabled veteran. They also interpreted their views on how society responds to women who served as well. Pictures, newspaper clippings, and a copy of Robin's orders were also provided to help support the lived experience of this veteran.

Discussion

This chapter will provide a discussion based on the findings of the case study, as well as the research involved. This chapter will be organized into the following sections: Findings Supported by the Literature, Unexpected Findings, Implications for Practice, and Implications for Future Research.

Findings Supported by the Literature.

A number of this study's findings are consistent with what the literature would have predicted. The finding that a Military Sexual Trauma (MST) case occurred during Robin's deployment is consistent with what several scholars (Carlson et al., 2013; Voelkel, Pukay-Martin, Walter, Chard, 2015) have suggested. Being that Robin was in a Military Police unit, with some members who were police officers for their civilian jobs, it was shocking to discover this still occurred. Fortunately, Robin felt safe and comfortable in her own platoon and did not have this experience directly. However, this example shows that MST happened in the Gulf War, and is since still current issues women in the military experience. This example also shows that MST can happen within any unit, even among the soldiers who are responsible for enforcing rules and regulations.

Consistent with the literature (Burkhart & Hogan, 2015), Robin had an experience with

the VA Hospital where she was not thought of as a veteran, potentially because she was a female. Literature suggested that women may seek healthcare from their civilian providers because the VA Hospital is seen as being for males. Because Robin is not a male, she was asked if she was picking someone up, rather than asking if she had an appointment. In order for women to be included in accessing veteran services, they need to be recognized as a veteran in the first place. Also, at the time when Robin was seeking counseling, there were not any groups available to only women. Even though she went to a smaller VA Health Care system, there should have been more services available to the women who were involved in the Gulf War, and previous conflicts. By the time the Gulf War happened, women were able to legally enlist in the armed forces, preparation should have been done prior, in order to encompass the needs of female veterans.

Robin had issues with her civilian provider as well: they did not take her deployment into account when she told them of how she had been feeling. In this situation, she should have been evaluated more thoroughly before being given medications. Had they done a better job at evaluating her, they may have discovered issues better defined by her deployment.

The literature, (Petrovich, 2012; & Gerber et al., 2012), also suggested health problems among veterans based on exposure during deployments and training. This was discovered to be the case for Robin as well. Robin is a disabled veteran, who attributes her health issues to the oil wells and burn pits that she was exposed to overseas. This finding means that healthcare providers need to be aware of veteran status and possible exposure to different chemicals or environments when providing services. Women need to be asked if they have served in the military in order to have accurate services provided. If it is assumed that women do not serve, a proper diagnosis could be missed and could lead to more damage.

Unexpected Findings

This study had an unexpected finding related to women in combat. It was unexpected for the topic regarding women being able to enlist in combat MOS's to occur. However, a possible explanation of why these conversations occurred is because it is relatively new, and people are adjusting to the possibility. It was expected that the older generation would not be in support of this new change, however, it was unexpected for them to recognize that men who are in combat also have children and families at home, just as women do. Whether men are in combat roles, or women are, both potentially have family at home that they could be leaving behind to put their lives in danger for their country.

Another unexpected finding was that Robin attended a female only basic training and that basic training was split by gender in the first place. After initial training, men and women serve side by side. When training is mixed gender, it gives the implication that men and women are the same, and should work together. Working together helps create unit cohesion, and trust among soldiers.

Lastly, it was unexpected to find that during her deployment, Robin actually stayed in the same tent as males. Being that she was the only female, in a tent with 11 other male soldiers, this could have potentially been a distressing situation. However, Robin was more uncomfortable when she was made to be separated from them instead. One possible explanation for this is, when working together daily, a bond is created. When separated from family, fellow soldiers become your new family. The people you serve with are the ones who understand exactly what you are going through, and have also taken the oath to protect one another. Fortunately, Robin was deployed with people who respected her and treated her as such.

Implications for Practice

This research suggests a number of important implications for social work practice. These include understanding the military culture, including women when asking about veteran status, and providing education surrounding the military.

Understanding the military as its own culture is important in being able to provide effective services. When working with military populations, providers may hear stories that they would not normally hear when working with civilians. Understanding that the military is a job and a way of life, and not judging based on decisions soldiers may have made. For example, understanding in the military, if someone is sexually assaulted, they may have to continue working alongside that person if it is not reported. Another example is understanding the chain of command. A soldier may have done something in a situation where they did not have a choice to do otherwise because they were given an order. This could lead to guilt and remorse, even though legally, the soldier had to complete the task.

Including women in asking about veteran status is another important implication for social work practice. For example, a woman could seek counseling services after being raped, however, if it was related to the military, a slightly different treatment plan would be more beneficial. Also, women who serve may also respond to questions differently or perhaps appear guarded or uncooperative based on the mental toughness the military enforces. Asking about veteran status may also help provide a more accurate diagnosis or treatment plan.

Finally, providing an education surrounding the military for social work practice is necessary. The research (Burkhart & Hogan, 2015), suggested that soldiers and veterans may seek help outside of the VA Health Care system. This could be a result of not wanting to be recognized, or not wanting their mental health to interfere with their job should their chain of

command find out. Courses for military social work should be provided in all Master of Social Work programs, for this very reason. Should a service member seek outside services, providers should have a basic knowledge of how to help service members, as well as providing accurate services.

Implications for Future Research

The regulation states that when authorized for application to the proper uniform the American flag patch is to be worn, right or left shoulder, so that “the star field faces forward, or to the flag’s own right. When worn in this manner, the flag is facing to the observer’s right and gives the effect of the flag flying in the breeze as the wearer moves forward (Streufert, n.d.).

This research suggests the need for more research related to veteran identity for women. Further research could offer more examples of issues females have faced when not perceived as a veteran. By identifying more issues, more solutions can be created. Further knowledge will help society determine ways in which they can help identify females. More research will also help providers discover ways to help reach military women for services. Interviewing more women will provide a more diverse response, which will help define reoccurring issues faced among this population.

Conclusion

In defining the term veteran, not one participant specifically stated males only. Society recognizes that women are currently serving, but are often forget women once they are no longer in the military. Women have been battling equality since wars began. First, it was being allowed to serve, then it was accessing benefits. Women are now being allowed into combat roles, have access to benefits, and are able to access veteran services. However, there are still cases in which women are still battling, and still room for improvement. They complete the same training, fight in the same wars, and therefore should be provided the same respect and services. Women are at

greater risk for MST, PTSD, and health issues, as well as men, are, if not more. In serving veterans, women must not be forgotten.

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APPENDIX A

**Consent Form****[996979-1] A Case Study of Veteran Identity as a Female**

You are invited to participate in a research study about how identity and recognition as a veteran impacts females who serve in the military. I invite you to participate in this research. You were selected as a possible participant because of your military service, deployment, and veteran status. You are eligible to participate in this study because you are a female. The following information is provided in order to help you make an informed decision whether or not you would like to participate. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Kimberly Anderson a student in the Graduate Social Work Program at St. Thomas University, with a faculty member, Mari Ann Graham, as the research advisor. This study was approved by the Institutional Review Board at the University of St. Thomas.

Background Information

The purpose of this case study is to investigate the perspective of a female that identifies as a veteran, and how the public perceives that identity. The literature indicates that veterans who are women are at a higher risk for common issues many veterans face such as homelessness, post-traumatic stress disorder, and Military Sexual Trauma (MST). By obtaining the insight of a female who is a veteran, and her experiences, data will be collected to better understand what it means to identify as a female veteran, and this will be an important contribution to the literature on this topic. Being that this study is a case study, there will only be one person interviewed as the primary participant.

Procedures

If you agree to participate in this study, I will ask you to do the following things: complete 4 in-person interviews consisting of approximately 10 questions each. Interviews will last 45-60 minutes and in the location of your choice. With your permission, these interviews will be audio-recorded for later processing. As part of these interviews, you may refer me to other family members for follow-up documentation. I will also ask you to provide relevant documents in your possession related to the interview topic, such as DD 214, efficiency/performance evaluations, pictures, and newspaper articles.

Risks and Benefits of Being in the Study

The study has risks. There is possible emotional distress and recalling traumatic or distressing events during your military service. The focus of this study is on identity as a female veteran,

and although I am not asking specific questions about trauma, but I do ask for you to share stories that are relevant. If you become visibly upset I will check in with you to see if you need to pause, prefer not to answer a question, or even stop the interview altogether. At the end of each session, I will also check-in with you to make sure you are ok or if you need any additional support

There is also a possibility of a breach of confidentiality, which is more difficult to protect in a single case study design.

There are no direct benefits for participating in this study. Some indirect benefits might be associated with having the opportunity to talk about your identity as a female veteran, and pride in sharing your story should you decide to do that.

Privacy

Your privacy will be protected while you participate in this study. I will ask you whether you want to remain a confidential participant, or whether you would like to be identified. You will be asked to provide demographic information, relevant documents (if you still have them), and photographs as part of the case study. Using pictures may help you recall memories from your service in the military. I am happy to maintain your privacy in using these documents if that is your choice.

Confidentiality

The records of this study will be kept confidential so that no one else will have access to them. In any sort of report I publish, I will not include information that will make it possible to identify you. The types of records I will create include audio recordings, transcripts, and field notes that will be saved in a password-protected file on my personal computer, and then on a cloud-based storage system, which is more secure. (Once this is done, I will delete items from my computer.) Paper consent forms will be scanned and then destroyed upon three years of completion of this study; scanned images of consent forms will also be stored the same way: first on my password-protected my personal computer, and then on a cloud-based storage system. I will only be traveling from the interview location to my home, and consent forms and the digital audio recorder will be with me at all times in my bag (i.e., not visible to others) as I travel. All signed consent forms will be kept for a minimum of three years upon completion of the study. Institutional Review Board officials at the University of St. Thomas reserve the right to inspect all research records to ensure compliance. Although these measures will be used to protect confidentiality, if that is what you choose, I cannot guarantee anonymity or confidentiality in this study because these are harder to protect in a single case study design.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with me or the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time without penalty or loss of any benefits to which you are otherwise entitled. Should you decide to withdraw, data collected about you will not be used. You can withdraw by simply stating that you would like to withdraw your participation, and I will stop conducting the

interview. You are also free to skip any questions I may ask. I have other options for this project, so I don't want you to feel pressured to participate, or like you couldn't withdraw at any time if you wanted to. I know that I am your niece, but I want you to know that your participation is strictly voluntary and I will respect your wishes either way.

Contacts and Questions

My name is Kimberly Anderson. You may ask any questions you have now and anytime during or after the research procedures. If you have questions later, you may contact me at 608-780-9530 or ande4903@stthomas.edu. You can also contact my advisor Mari Anne Graham at magraham@tthomas.edu. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6035 or muen0526@stthomas.edu with any questions or concerns.

Statement of Consent

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study.

I wish to be identified in this case study:

Yes

No

You will be given a copy of this form to keep for your records.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date



Consent Form

[996979-1] *A Case Study of Veteran Identity as a Female*

You are invited to participate in a research study about how identity and recognition as a veteran impacts females who serve in the military. I invite you to participate in this research. You were selected as a possible participant because of your connection to the veteran participating in my study. You are eligible to participate in this study because this veteran has identified and given permission for me to interview you on her behalf. The following information is provided in order to help you make an informed decision whether or not you would like to participate. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Kimberly Anderson a student in the Graduate Social Work Program at St. Thomas University, with a faculty member, Mari Ann Graham, as the research advisor. This study was approved by the Institutional Review Board at the University of St. Thomas.

Background Information

The purpose of this case study is to investigate the perspective of a female that identifies as a veteran, and how the public perceives that identity. The literature indicates that veterans who are women are at a higher risk for common issues many veterans face such as homelessness, post-traumatic stress disorder, and Military Sexual Trauma (MST). By obtaining the insight of a female who is a veteran, and her experiences, data will be collected to better understand what it means to identify as a female veteran, and this will be an important contribution to the literature on this topic. Being that this study is a case study, there will only be one person interviewed as the primary participant, however, other participants identified, such as yourself will be interviewed to provide relevant information regarding this veteran for follow-up documentation.

Procedures

If you agree to participate in this study, I will ask you to do the following: complete 1 in-person interview consisting of approximately 10 questions. The interview will last 45-60 minutes and in the location of your choice. With your permission, this interview will be audio-recorded for later processing.

Risks and Benefits of Being in the Study

The study has no known risks for participants other than the veteran herself, and the possibility of a breach of confidentiality, which is a higher risk using a single case study design. If you become visibly upset I will check in with you to see if you need to pause, prefer not to answer a question, or even stop the interview altogether. At the end of each session, I will also check-in with you to make sure you are ok or if you need any additional support.

There are no direct benefits for participating in this study.

Privacy

Your privacy will be protected while you participate in this study. I will ask you whether you want to remain a confidential participant, or whether you would like to be identified.

Confidentiality

The records of this study will be kept confidential so that no one else will have access to them [if this is what you prefer]. In any sort of report I publish, I will not include information that will make it possible to identify you. The types of records I will create include audio recordings, transcripts, and field notes that will be saved in a password-protected file on my personal computer, and then on a cloud-based storage system, which is more secure. (Once this is done, I will delete items from my computer.) Paper consent forms will be scanned and then destroyed upon three years of completion of this study; scanned images of consent forms will also be stored the same way: first on my password-protected my personal computer, and then on a cloud-based storage system. I will only be traveling from the interview location to my home, and consent forms and the digital audio recorder will be with me at all times in my bag (i.e., not visible to others) as I travel. All signed consent forms will be kept for a minimum of three years upon completion of the study. Institutional Review Board officials at the University of St. Thomas reserve the right to inspect all research records to ensure compliance. Although this measures to protect confidentiality are in place, I cannot guarantee anonymity or confidentiality in this study because the single case study design may make it easier for people to recognize or identify participants.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with me or the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time without penalty or loss of any benefits to which you are otherwise entitled. Should you decide to withdraw, data collected about you will not be used. You can withdraw by simply stating that you would like to withdraw your participation, and I will stop conducting the interview. You are also free to skip any questions I may ask.

I have other options for this project, so I don't want you to feel pressured to participate, or like you couldn't withdraw at any time if you wanted to. I know that I am your relative, but I want you to know that your participation is strictly voluntary and I will respect your wishes either way.

Contacts and Questions

My name is Kimberly Anderson. You may ask any questions you have now and anytime during or after the research procedures. If you have questions later, you may contact me at 608-780-9530 or ande4903@stthomas.edu. You can also contact my advisor Mari Anne Graham at magraham@tthomas.edu. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6035 or muen0526@stthomas.edu with any questions or concerns.

Statement of Consent

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study.

I wish to be identified in this case study:

Yes

No

You will be given a copy of this form to keep for your records.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

APPENDIX B

Interview Schedule

Interview #1- Enlistment:

1. What made you decide to join the Army Reserves?
2. What year did you join the military?
3. How old were you when you joined the military?
4. Do you have a story about the enlistment process?
5. How did you decide on an MOS?
6. How did you friends/family react to you joining the military?
7. What was basic training like for you?
8. How do you think your experience was different because you were a woman?
9. Is there a story about your training that sticks out?
10. What else would you like to tell me?

Interview #2- Deployment:

1. How did you, your family and friends react to you being deployed?
2. How many females deployed with you?
3. What were the living conditions like for you and the other females?
4. What were your duties on your deployment?
5. Were there any differences in duties for males and females, if so what were they?
6. What was your leadership like in regards to treatment of males and females?
7. Current research states that females are more likely to face sexual trauma than combat trauma, is this something that you would think is likely, if so why?
8. Is there a story about harassment during your deployment that sticks out?
9. Are there any stories that you can recall that would be linked to being gender specific?
10. Are there any other stories in regards to your deployment that you would like to share?

Interview # 3- Post-Deployment:

1. What was it like coming home from your deployment?
2. How were you treated by family and friends?
3. When/ what was the reasoning behind you leaving the military?
4. Do you identify as a veteran?
5. When do you recall others identified you as a veteran?
6. Do you recall any experiences when you had difficulties identifying or being identified as a veteran?
7. Can you tell me an example of a time when you have identified as a veteran?
8. Do you have any documents from your service such as Efficiency reports, DD 214, etc., that you would be willing to share?
9. What else would you like to tell me?

Interview #4 -Today:

1. Do you access any veteran services? If so which ones?
2. Are there any barriers that you can identify that make it difficult for you to access services?
3. Are there any gender-specific services that you access?
4. If not, is that something you would be interested in, why or why not?
5. What is your opinion of females being included as 'one of us' vs being separate from males?
6. How do you feel about women being allowed to occupy combat MOS's?
7. In Minnesota, they have license plates that specifically state 'Woman Veteran' on them, what is your opinion of having that?
8. In your opinion, what do we need now for society to see women as veterans, or do they already?
9. Do you have any other thoughts about veteran identity for women?

Interview questions for potential identified participants:

1. How do you know this veteran?
2. What does her service mean to you?
3. What does the term veteran mean to you?
4. What are your thoughts on her veteran status?
5. Are there ways you identify her as a veteran?
6. What are your experiences with this person in regards to her deployment if any?
7. What are your experiences with this person in regards to her veteran identity?
8. What are your thoughts on veteran identity for women?
10. In your opinion, what do we need for society to see women as veterans, or do they already?
9. What else would you like to tell me?