WOMEN WHO HAVE SERVED IN THE MILITARY: SUBJECTIVE MEANINGS AND SELF-PERCEPTIONS AS “VETERAN” AND THE IMPACT ON ACCESS TO VETERANS’ SERVICES

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WOMEN WHO HAVE SERVED IN THE MILITARY: SUBJECTIVE MEANINGS AND SELF-PERCEPTIONS AS “VETERAN” AND THE IMPACT ON ACCESS TO VETERANS’ SERVICES

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Division of Social Work
Abstract

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WOMEN WHO HAVE SERVED IN THE MILITARY: SUBJECTIVE MEANINGS AND SELF-PERCEPTIONS AS “VETERAN” AND THE IMPACT ON ACCESS TO VETERANS’ SERVICES

by

Beatrice A. Lavrov and Serena A. Nethery

Women have had a presence in the US armed forces for more than a century. In many ways, they are still “forgotten veterans”. It is important to better understand these women and let their voices and their truths be heard. The purpose of this exploratory study is to explore the subjective meanings and self-perceptions of women who have served in the military and are now veterans. Furthermore, this study seeks to explore how these subjective meanings and self-perceptions may affect their access to services (both medical and mental health care) available to them through the Department of Veterans Affairs. Sixteen participants were recruited through snowball sampling. Using a 21-item interview guide that included closed-ended, open-ended, and Likert scale questions, the researchers solicited and discussed these women’s subjective perceptions of their status as a military veteran. There is an overwhelming sense of pride that exuded from the veterans as they spoke about their military service. Some have suffered trauma and some say they had the most memorable experiences of their lives; regardless of their situations, none
appeared to have any regrets. It does not appear as if their self-perceptions have had any effect on their access of VA services. However, the women did express concern about the quality of care that they have received at the VA. They shared a desire for increased awareness and sensitivity to the unique needs of women.

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Chapter 1
THE PROBLEM

Introduction

For some people, the term “veteran” conjures up images of men who have served in the military. As a result, it appears that women have become “forgotten veterans”, although they have long had a presence in the armed forces. Even when discussing veterans, it would seem that most people feel the need to specify female veterans; while rarely does someone specify when they are referring to male veterans. As this thesis focuses on women who have served in the military, the term “veteran” will refer to women who have served in the military and reference to males will be indicated.

The roles of women in the United States military have changed significantly throughout the past century. Women primarily served as nurses during the Civil War, but they actually began serving in the military in 1901. At that time, however, their roles were limited due to policy and law, and they were secondary to the roles of the male service members (Franklin, 2009, p. 164). Women have played a significant role in every conflict in which the United States military has been engaged, yet much of the focus has been on the contributions of the servicemen. However, the participation of these women has been overlooked for far too long.

All too often, people assume that women who served as nurses were not in any sort of danger. However, some of those women became prisoners of war, were
seriously injured, and cared for the wounded on a daily basis. These courageous women were responsible for tending to soldiers who were badly wounded, soldiers who lost limbs, soldiers covered in blood. At times, they found themselves alongside their male counterparts in war zones without protective gear. Though they did not bear the title of “soldier”, they, too, found themselves in perilous situations where their lives were at stake. These are the women who deserve to have their voices heard; women who courageously, honorably, and proudly served in the United States military throughout history.

Statement of Collaboration

This thesis is a collaborative effort of two researchers. Each researcher brought her unique perspective, strengths, and experiences to the process. Neither researcher has a military background, but both have had some experience working with veterans in a clinical setting. Both researchers were responsible for conducting interviews with participants and recording and compiling data. They also shared the responsibility of developing a thorough literature review of existing studies done with female veterans. It is worth noting that the majority of the veteran population they have served has been male. As such, the researchers became intrigued by women veterans’ issues. Their research topic spawned from their desire to better understand how these women perceive their veteran status and whether they believe their medical and mental health needs are being met.
Background of the Problem

The role that women have played in the United States military has not always been acknowledged; and when it has actually been recognized, it has often been minimized. It has taken many years for many women to be recognized for their contributions, to be recognized as veterans. Their service dates back to the War of Independence, taking on both conventional and unconventional roles. While they were not formal members of the armed forces, their contributions were invaluable and their place in history is important.

According to the Department of Veterans Affairs, as of September 2009 there are more than 23 million veterans, of which 1,824,198 are women (National Center for Veterans Analysis and Statistics, 2010). This number will continue to increase as more women enlist in the military each day.

Female veterans make up 10% of the soldiers who have served in Iraq and Afghanistan. More than 160,000 female soldiers have been deployed in these two wars, compared with the 7,500 who served in Vietnam and the 41,000 who were dispatched to the Gulf War in the early 1990s. (Franklin, 2009, p. 164)

Because the military has always been male-dominated, veteran service agencies must make a concerted effort to accommodate the specific needs of females. In doing so, these service organizations will be able ensure quality of care amongst all veterans. It is important to provide these women with an environment
where they are comfortable, respected, and treated with sensitivity. They should feel safe and at ease when discussing their medical and mental health concerns, especially when some of their symptoms may be related to their military trauma.

*Statement of Research Problem*

There is a need to discover how females who have served in the United States military perceive themselves in the context of the word *veteran*; to determine if their perception of self has an impact on whether they access medical and mental health services provided by the Department of Veterans Affairs (VA) and Veterans Health Administration (VHA). Washington, Yano, Simon, & Sun (2006b) explained that 87% of women do not access health care services through the VA (as cited by Department of Veterans, 2003). Washington et al. (2006b) found that many of these women are unaware that they are eligible for VA services; and they also believe that the VA care is inconvenient and its quality of care is poor (p. S16). It is essential that these heroic women be given a voice, a voice that has been silenced way to long.

*Purpose of Study*

The purpose of this study is to explore the subjective meanings and self-perceptions of women who have served in the military and are now veterans. In addition, this study seeks to explore how these subjective meanings and self-perceptions may influence their access to veterans’ services (both medical and mental health care) available to them through the VHA. By exploring this subject matter, these seemingly forgotten veterans are given a voice. Once there is a better
understanding of their self-perceptions, outreach efforts on the part of the VHA and social workers can be improved and geared toward the veterans' needs.

Research Questions

The following research questions guide this study:

1. How do women who served in the armed forces perceive themselves as veterans?
2. Do these self-perceptions affect whether they access VHA medical and/or mental health services provided?
3. If they have accessed the aforementioned services, how satisfied are they with the care they received?

Theoretical Framework

This study is based on the constructivism theoretical framework.

“Constructivism is the theory that ‘for any single event or situation’ there are multiple perceptions of reality all of which have validity” (Schriver, 2004, p. 133). During childhood, people begin to make sense of the around them based upon interactions (Lefrançois, 2000). Each person has a unique way of relating to her/his environment based upon how s/he constructs meaning for any given experience or situation that he find himself in. The reality of each and every situation is generated by the participants and is not objective; rather, reality is subjective. The stories that are shared transmit meaning of one’s life and allow understanding of how her/his identity has been shaped (Kilpatrick & Holland, 2006).
Each female who has served in the military is going to develop her own unique understanding of the world and culture in which she has become immersed. This understanding of her world validates who she has become; the same is true for a woman who has discharged from the military, thus becoming a veteran. The way in which she sees herself within the context of the veteran population will determine if she, too, will identify as a veteran. Identification as a veteran may have a direct relation to whether or not a woman veteran will see herself as eligible for VHA services.

Some women may look around and see a world where veterans are primarily perceived to be males. She may then decide that culture does not make sense to her; and, by not identifying as a veteran, her perception of self is not inclusive of being a veteran in relation to public perception. While at the same time, another female may look around and discover that she, like the men around her, served her county, thus making her a veteran; as a result, that becomes a part of her identity.

It is essential to gain an understanding of how females who have served in the military view themselves, how they perceive themselves as veterans, and how that affects their use of the VHA benefits which they are entitled to, which they have earned. Each female will have a different perception of the VHA. Her perception may be based on whether she has utilized the services there or not. It is important to gain an understanding of what these perceptions are, to validate them as the unique truth, as the reality in the eyes of the beholder.
Definition of Terms

For the purposes of this study, common key words are defined as follows:

*Combat.* “To fight... struggle against; oppose” (Mish, 2004, p. 143).

*Deployment.* “To spread out (as troops or ships) in order for battle” (p. 193)

*Discrimination.* “...to make a difference in treatment on a basis other than individual merit” (p. 205)

*Labeling.* “...a descriptive or identifying word or phrase... to describe or name with a label” (p. 403)

*Mental health issues.* “Of, relating to, or affected with a disorder of the mind” (p. 449).

*Military.* “Of or relating to soldiers, arms, war, or the army” (p. 456).

*Mission.* A military unit sent to a foreign country to complete a task or objective (Mish, 2004).

*MOS.* Acronym for “Military Occupational Specialty”. A job description assigned to a particular servicemember.

*MST.* (Acronym for “Military Sexual Trauma”.) Sexual assault, sexual harassment, rape and other acts of violence experienced while on active duty in the military (Department of Veterans Affairs, 2008). “Sexual harassment is further defined as repeated unsolicited, verbal or physical contact of a sexual nature, which is threatening in nature” (Department of Veterans Affairs, 2008).
**Nonservice-connected.** An illness or injury not incurred in or aggravated by military service, but it still adjudicated by the VA (Department of Veterans Affairs, 2008).

**OEF.** Operation Enduring Freedom. Those participating in OEF served in Afghanistan.

**OIF.** Operation Iraqi Freedom. Those participating in OIF served in Iraq.

**PTSD.** Acronym for “Posttraumatic Stress Disorder”, a psychiatric diagnosis seen in some individuals after exposure to or witnessing extreme danger (American Psychiatric Association, 2000, p. 218).

**Self-perception.** To attain awareness and/or understanding of oneself (Mish, 2004, p. 534).

**Service-connected.** “A disability that the VA determines was incurred or aggravated while on active duty in the military and in the line of duty” (Department of Veterans Affairs, 2008).

**Service-connected Rating.** “...an official ruling by VA that your illness/condition is directly related to your active military service. Service-connected ratings are established by VA Regional Offices located throughout the country” (Department of Veterans Affairs, 2008).

**Servicemember.** A woman or man who is a member of the armed forces (Mish, 2004, p. 658).

**Theater.** “A place of enactment of significant events … of war” (Mish, 2004, 740).
**Troop.** “A cavalry unit corresponding to an infantry company; armed forces” (p. 767).

**Unit.** “A group that is constituent of a whole; a part of a military establishment that has a prescribed organization” (p. 786).

**VA.** Acronym meaning “Veterans Administration”. The VA is a “consolidated Federal agency that administers all laws governing benefits for veterans of the armed forced” (Steen, 2007, p. 8).

**Veteran.** “A former member of the armed forces” (p. 804).

**VHA.** Acronym for “Veterans Health Administration”. VHA is under the umbrella of the VA and it oversees aspects of medical and mental healthcare.

**War.** “A state of hostility, conflict, or antagonism; a struggle between opposing forces or for a particular end” (Mish, 2004, p. 817).

**Assumptions**

It has been assumed that there is a difference in the way males and females perceive their own veteran status. It has been assumed that, due to their unique experiences and needs, female veterans perceive themselves as different from their male counterparts. It has also been assumed that these perceived differences likely deter women from seeking medical and mental health care through the VHA.

**Justification**

*Gender differences in quality of medical care.* Historically, the VA and VHA have served the male veteran population due to the smaller number of females
enlisted in the armed forces. Without many female patients, there was little experience to be gained regarding women's health. As such, a common complaint among female veterans is rudeness they encounter from the medical staff, as well as the staff's perceived lack of experience in women's health issues (Donohoe, 2005; Fontana & Rosenheck, 2006; Rothman, 1984; Vogt et al., 2006).

As the number of female veterans continues to rise, it is necessary for medical and mental health professionals to become better equipped to handle the various issues which are primarily found among women. For example, there is an increase in military sexual trauma (MST) that has become a significant concern among mental health professionals (Zinzow, Grubaugh, Frueh, & Magruder, 2007). Though there are also male MST victims, there are considerably higher numbers of female victims (Zinzow et al., 2007). This demonstrates the need for increased experience and sensitivity when working with female veterans.

Furthermore, understanding the way in which females identify as veterans and the way they feel about this status would provide medical and mental health care professionals with better insight into the barriers these women face. When this is more widely understood, female veterans may be provided with more respectful, sensitive, and effective care. They can then be treated as individuals whose needs are distinctly different from those of male veterans.

Larger domain of social work. It is important that social workers are aware of how females who have served in the armed forces perceive themselves and that they
are aware of the unique experiences and needs of these extraordinary women. In order to better serve these women, their service must be acknowledged and explored. Being aware of the various traumas that they may have experienced prior to enlistment, during enlistment, and upon separation, medical and mental health professionals will be better equipped to serve this population. With a significant influx of females joining the military, social workers are going to impact services provided to them on one level or another, whether it is in a clinical setting or in creating and implementing policies. It is crucial that the voices of these women be heard and assumptions are not simply made about what a “veteran” needs.

**Limitations**

This study is subject to the following limitations: a small sample of veterans and a lack of existing research regarding female veterans' self-perceptions. This small sample was acquired by word-of-mouth, snowball sampling; thus, our findings cannot be generalized to the larger female veteran population. Generalization is also affected by the lack of research on how women perceive themselves as veterans. Therefore, this study primarily focuses on female veterans self-perceptions on a small scale.

**Summary**

As discussed in this chapter, women have played vital roles in the U.S. armed forces throughout history. Unfortunately, much of their contribution has been overlooked or understated. Typically, research studies have not addressed the way in
which women perceive their own veteran status and whether these self-perceptions have had any effect on their utilization of VA services. This particular study seeks to bring forth a greater awareness of the aforementioned issues.

In Chapter 2, the current body of literature regarding female veterans and their perceptions of VA services will be reviewed. Furthermore, common themes within the literature will be identified. Chapter 3 will identify the sample population that participated in this study and will explain the methods employed in gaining a better understanding of these women; the data and results will then be further discussed in Chapter 4. Lastly, conclusions and recommendations based on the results of the study will then be shared in Chapter 5.
Chapter 2

REVIEW OF THE LITERATURE

Introduction

Women have played a significant role throughout history in the United States military. All too often, their roles and contributions have been overlooked, minimized, and forgotten. Furthermore, their voices have been long silenced and their needs ignored. This literature review will focus on the roles that women have held in the military, their unique needs as they relate to medical and mental health care, military trauma, and their perceptions of self as a veteran.

Roles of Women in Military

Historically, there has been a variety of reasons as to why females have joined the military. Through the use of questionnaires and old surveys, Campbell (1990) discovered that of the females that served during World War II, approximately one-fourth of those who joined the Marine Corps did so for reasons defined as negative; such as joining to escape from a boring job or difficulties within the family of origin. In addition, half of them enlisted because they had loved ones in the Marines, there were no men in the family to join, or they wanted to seek revenge for a loved one that had been killed. About 50% reported that they joined for adventure, or to better themselves. During this time, many women had to overcome the opposition of family and friends. Because many people held the opinion that these women should not join the military, the majority of the support that they
received was from their female friends. A woman who was married to a man in uniform was of high prestige; however, being a woman in uniform was considered far from prestigious. One veteran who served in 1943 recalls, “My own family didn’t like the idea of my dressing like a man and joining the Army, but now they are proud of me” (Campbell, 1990, p. 2).

Another reason some individuals join the military is for mobility. “For disadvantaged groups in this society, service in the armed forces often provides an avenue of upward mobility for the individual as well as a collective means of securing recognition of group rights” (Rothman, 1984, p. 380). Ironically, while some may be joining the military for upward mobility and to secure group rights, they are also forfeiting many of their constitutional rights, such as the right to vote which people fought to have.

The documented roles that women have played in the United States military have changed throughout history. Women have been serving in the US military as early as the War for Independence; however, it was not until February 2, 1901 that the Army Nurse Corps was “established” and recognized. February 2, 1901 is also the date that females officially began serving in the United States Armed Forces. Prior to women officially serving in the military, many found a way to serve; some women would even disguise themselves as men so they could be in the battlefield alongside their husbands (Perlin, Mather, & Tuner, 2005, p. 861).
During World War II, which spans from 1939 and 1945, approximately 350,000 women served (Campbell, 1990). At the time, they were excluded from “combat positions”; however, the positions that they held put them in immense danger and sometimes led to injury or death. These positions included clerks, cooks, nurses, secretaries, and pilots.

Even with restrictions in place, women have essentially always served in “combat” in one form or another. Murdoch et al. (2006a) explain that the majority of restrictions regarding females in the military had been removed by 1980, with the exception of roles in combat; yet history shows that many women serve in theater. How these roles can be defined as non-combative is beyond comprehension. Over 33,000 women served in combat support functions during the Gulf War, which began in 1991. Their “support” roles included “driving trucks, flying planes and helicopters, running POW facilities, directing artillery, and serving in port security and construction battalions”, all of which clearly took place in combat zones (Murdoch et al., 2006a, p. S6).

Disillusioned military officers placed progressively more restrictions on the numbers and types of jobs available to women. For example, during WWII, most women’s training included full-kit (i.e., 4-pound steel helmets, combat boots, 30-pound packs, mess kits, and gas masks), 20-mile hikes; poison gas and lethal chemical identification; small-arms training; basic combat survival skills, such as navigating obstacle courses under enemy fire, digging fox
holes, and dismantling or detonating incendiary devices. Except for nurses, most of this was phased out during the Cold War. Where once women had served as airplane pilots and mechanics, control tower operators, truck drivers, aerial gunnery teachers, logistic chiefs, cryptographers, and intelligence officers, now they were increasingly restricted to clerical and nursing duties. (Murdoch et al., 2006a, p. S6)

As Murdoch et al., (2006a) explains women have been present and carried arms in every conflict involving the United States. Women have been injured, suffered permanent debilitating injuries, been prisoners of war, and lost their lives. Not a single conflict has occurred where women have not suffered alongside their male counterparts. This continues to be true, as the U.S. is currently in the middle of a war, and the number of women serving continues to increase.

Approximately 10% of troops currently stationed in Afghanistan (OEF) and Iraq (OIF) are women. Of the 31 women who died in OEF/OIE as of late 2004, most were victims of convoy bombs or mortar attacks; a few died in on-the-job accidents. (Murdoch et al., 2006a, p. S7)

Washington, Yano, and Horner (2006a) report an increase in female recruits. Females consisted of 2% of all recruits 30 years ago; today, women account for approximately 20%. Women now represent 14% to 15% of the active duty forces (Perlin et al., 2005; Meehan, 2006). Due to the number of women being recruited
and serving, the number of female veterans is expected to make up 10% of all veterans by 2010 (Meehan, 2006).

When Campbell (1990) asked women veterans if they would recommend a young woman to join the military, 87% of nurses and 56% of the non-nurses stated they would definitely advise her to join, while another 33% of the non-nurses would “probably recommend” enlistment. Campbell speculates that, “In part, these answers demonstrate that the non-nurse veterans have more difficulty than the nurses in visualizing the roles women are given in the peacetime military.” Interestingly, the vast majority of the veterans reported that they would join again, stating that their military experiences played a large part in who they had become. Campbell (1990) explains that it was a period in their lives “when patriotism and personal opportunity came together and shaped their future” (p. 7). While many of the women had positive views of their time in the military, it is important to note that it was also discovered that one in six women who were surveyed report that “the suffering they saw was one of their worst memories” (Campbell, 1990, p.5).

**Gender-specific Care**

Women who have served in the United States military tend to have many of the same gender-specific concerns as civilian women regarding medical education and treatment (Perlin et al., 2005). Women are in need of information about illnesses and diseases, which are most commonly found in females. They must be informed of the relevant pathology, prevention, and treatments. However, one of the significant
differences between female veterans and civilian women is that the veterans’ needs may be even greater as a result of their military service. Their military experience may have affected their reproductive, mental, and overall physical health (Perlin et al., 2005, p. 861). In addition, historically, female veterans have been exposed to in-service sexual assault and sexual harassment, which affect one’s overall health and well-being (Donohoe, 2005). Vogt et al. (2006) conducted a cross-sectional telephone survey and found that women veterans are less healthy than their non-veteran female counterparts. In addition, they are in poorer emotional health than their male veteran counterparts, which may be correlated to their reporting higher rates of experiencing stressful and traumatic events.

Washington et al. (2006b) found that “eighty-seven percent of women veterans do not use the VA health care services” (p. S16). A common reason for not utilizing the VA healthcare system seems to be the lack of knowledge in regards to eligibility, or receiving inaccurate information from VA employees in regard to what services are available (Washington et al., 2006b; Washington, Kleimann, Michelini, Kleimann, & Canning, 2007). In addition, veterans report that they often receive the most accurate information regarding their eligibility from family and friends when, in fact, this information should accurately come from the VA employees or military personnel. Of the women who do not use the VA healthcare system, some were simply under the impression that the VA does not provide health care for women.
The women who have served our country have unique needs and have expressed their concerns in relation to the need for gender-specific care and privacy within the VA medical, psychiatric, and hospital environments (Rothman, 1984; Washington et al., 2006a). Of those who use the VHA for care, there is an overall general satisfaction with the care received. However, there are also identifiable barriers and dissatisfaction, specifically in the area of gender-specific needs in an environment which is predominately male (Rothman, 1984; Vogt et al., 2006). Research has shown that female veterans have specific wants and needs in relation to the treatments they desire and/or receive at the VA. Washington, et al. (2007) found that females desire gender appropriate care, which includes physicians who are sensitive and knowledgeable about the needs of women; in addition, they wish to be treated with sensitivity, especially during “gynecological examinations”. Further, they want care providers who are competent, who “understand women’s anatomy, women’s diseases, women’s particular needs, and particularly women veterans’ special needs” (Washington, et al., 2007, p.814).

Providers should be aware of the gender-specific needs of women who have been victims of sexual assault or sexual harassment while in the military. For example, it is important to be aware of the “increased suicide risk, posttraumatic stress disorder, major depression, alcohol and drug abuse, long-term sexual dysfunction, disrupted social networks, and employment difficulties” in addition to
the medical conditions associated with sexual assault, such as “breast cancer, heart attacks, obesity, and asthma” (Murdoch et al., 2006a, p. S7).

Physicians should be aware of their patient’s veteran status, deployment history, and occupation, as this information can help determine if a veteran has been exposed to any toxic agents while deployed. It is crucial that a female’s veteran status is acknowledged, and that their deployment history, including trauma exposure, is explored in order to ensure the highest level of care. Furthermore, “demonstrating familiarity and expressing appreciation for women’s military history and experience could promote empathy and build trust within the therapeutic relationship, and could perhaps shift any negative, service-related stereotypes or shame these women may have internalized” (Murdoch et al., 2006a, p. S8)

The environment of the VA has been described by females as that of an older male-dominated environment, one where the equipment is reflective of the male population, one that leads females to lose confidence in the care that they are eligible to receive (Washington et al., 2007). Women desire an environment that is designed to their needs, rather than one where the medical equipment is designed solely for men. There is an increasing desire for women to be physically separated from men for more intimate procedures. Concerns about the VA environment have led some VA users to limit their access to the VA women’s health clinics (Washington et al., 2007). “Women veterans’ perceptions and experience of VA health care are often related to women’s health issues and influences their decision-making about VA
use” (Washington, et al., 2007, p.816). Of those who use the VA for health care, they consider a women’s health center and/or provider to be of great importance. Additionally,

...women’s health care clinics may be preferred by women veterans who seek care in the VA as an option to the male dominated environments in the rest of the clinic settings. This may be especially true among women veterans with a history of military sexual trauma. (Washington et al., 2006b, p. S16)

The Department of Veterans Affairs “places special emphasis on assuring successful delivery of gender-specific care and has demonstrated that the quality of care of men and women is equivalent on numerous measures of performance” (Perlin et al., 2005, p. 862). However, historically, the VA has been a male-dominated arena and there has actually been little experience with women’s healthcare needs, especially regarding combat issues. With an increase in females in the military, the VA is committed to providing quality care and is “designing evidence-based treatment approaches especially for the increasing number of women veterans coming to VA facilities with traumatic brain injuries, and combat related psychological conditions” (Perlin et al., 2005, p.862). As a way to address the specific mental health needs of females, the VA Women Veteran Mental Health Committee has been established as a means of ensuring quality and state of the art mental health care for all female veterans via evidenced-based practice and policy recommendations and implementations (Perlin et al., 2005).
Military Trauma

Posttraumatic stress disorder (PTSD). Posttraumatic Stress Disorder is not simply a diagnosis which is given to individuals on the front line; rather it is a diagnosis which is available to give to any person who is “reexperiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma” (American Psychiatric Association, 2000).

Throughout history, females have experienced trauma while enlisted in United States armed forces. They have been exposed to a variety of traumas which include, but are not limited to, witnessing death; amputation; being sexually victimized; and being held as prisoners of war. The traumas that an individual experiences can lead to one experiencing symptoms of PTSD. Not all persons who have these experiences will ultimately suffer from PTSD, as each person experiences and copes with trauma differently. For the first time in military history, during World War II nurses became prisoners of war (POW). According to Feczer and Bjorklund (2009), there were 67 military nurses held in German prison camps, 5 Navy nurses imprisoned in Guam, and 66 Army and 11 Navy nurses held captive by the Japanese for 37 months. It can be assumed that some of these women, if not the majority, experienced PTSD because of being POWs.

Individuals who enlisted in the military are subject to experiencing traumatic events. Some may have joined with one idea of what their jobs would be, only to
realize their roles were far different than they ever imagined. As a result, they may have been mentally or physically unprepared for what they would encounter. The majority of the females who were stationed in Vietnam were nurses; however, they, along with their fellow male soldiers, found themselves in a combat zone absent of safe zones. The majority of these women did not have previous military experience and were more than likely unprepared for dealing with war and all that comes with it (Gold et al., 2007).

These women were exposed to the same dangers as men in combat (e.g., sniper fire and mortar attacks), yet they were not equipped with combat gear. As described by Feczer and Bjorklund (2009), “Nurses arrived in dress uniform – ‘a two piece suit, hat, high-heeled shoes, gloves, and a pocketbook’ – and found themselves in situations for which their military training had not adequately prepared them” (p.281).

Norman (1988) surveyed 50 Vietnam era nurses and found 75% had developed subthreshold levels of PTSD symptoms in connection to their military service. Forty percent of the nurses reported high levels of PTSD symptoms (e.g., avoidance and intrusive memories) within the first year home from the war. After the first year, 26% of the nurses still exhibited high levels of PTSD symptoms, and 22% experienced persistent symptoms. For them, war memories remained alive and potent and uncontrollable (Feczer & Bjorklund, 2009, p. 281).
The PTSD that they experienced was directly related to their assigned jobs in what was a combat zone, where they were exposed to trauma, day in and day out, while caring for the severely wounded.

There is a culture within the military, beginning at enlistment, where individuals are taught that it is not appropriate to show their weaknesses; only their strengths are acknowledged. They are expected to effectively deal with any physical or emotional injuries that they suffer which are not directly related to being in combat. As Feczer and Bjorklund (2009) explain, injuries not directly associated with combat are “viewed as a weakness”, regardless of the severity of the injuries. As a result, many soldiers do not seek medical treatment unless they perceive that their injuries will interfere with their assigned duties. If one suffers non-combat injury and she is unlikely to seek treatment, the odds are she is also less likely to seek treatment for any mental health concerns that she may have.

This culture, which individuals are subject to while enlisted, has spilled over to the Veterans Administration. If the “accepted” culture stipulates that injury is not worthy of treatment unless it occurs during combat, how are females who are “not in combat” treated by the VHA when it comes to PTSD? Pereira (2002) supports the notion that there is a gender bias regarding treatment; as males are diagnosed with PTSD 3.4 times more often than the females, although they may have more symptoms than their male counterparts. Females are subjected to gender bias, which may make getting a diagnosis of PTSD extremely difficult, further complicating their
access to adequate treatment for the symptoms which they may experience. While not all females are given a diagnosis of PTSD, there are those who are fortunate enough to get the proper diagnosis and are able to obtain treatment.

Feczer and Bjorklund’s (2009) study found the following:

Among 327 women receiving treatment in a VA women’s clinical program for stress disorders, Fontana and Rosenheck (1998) found that 93% had been exposed to some kind of sexual stress during their military service, 63% had been sexually harassed, and 43.1% had been sexually assaulted. While only 11.9% of the female veterans had direct combat exposure (e.g., mortar attacks, enemy fire), 58.4% met criteria for PTSD. (p.280)

Women veterans who have been diagnosed with posttraumatic stress disorder are often treated in a predominantly male environment. Fontana and Rosenheck (2006) examined how comfortable women are in receiving treatment in this environment. They report that as a whole “women treated for military-related stress disorder were ‘somewhat comfortable’ in coming to the VA for specialized PTSD treatment from the start” (p.65). As is the case with medical care, one of the most important factors in determining their level of comfort was the availability of a program that specializes in treating women who had been traumatized. Often, women who are in need of treatment due to being traumatized can be reluctant to go to the VA because of the male-dominated environment. However, in general, “the VA’s attempt to address women’s discomfort in coming for treatment by
establishing a specialized program for women has been successful in reducing possible apprehensions about coming for treatment in a predominantly male environment” (Fontana & Rosenheck, 2006, p. 66). Thus, increasing the likelihood that females will seek out treatment.

*Military sexual trauma (MST).* The issue of military sexual trauma has only recently been receiving increased attention. Presently, the Department of Defense (2008) defines “sexual assault” as follows:

…intentional sexual contact, characterized by use of force, threats, intimidation, abuse of authority, or when the victim does not or cannot consent. Sexual assault includes rape, forcible sodomy (oral or anal sex), and other unwanted sexual contact that is aggravated, abusive, or wrongful (to include unwanted and inappropriate sexual contact), or attempts to commit these acts. “Consent” means words or overt acts indicating a freely given agreement to the sexual conduct at issue by a competent person. An expression of lack of consent through words or conduct means there is no consent. Lack of verbal or physical resistance or submission resulting from the accused’s use of force, threat of force, or placing another person in fear does not constitute consent. A current or previous dating relationship by itself or the manner of dress of the person involved with the accused in the sexual conduct at issue shall not constitute consent. (p. 10)
Military sexual trauma occurs in a military setting and can be initiated by an intimate partner or an individual on active duty (Valente & Wight, 2007). Sexual harassment and trauma have always been present in the United States armed forces. As Campbell (1990) described, one of the biggest problems for the members of the Women’s Army Corps who were sent overseas was the pressure they felt by the men, who outnumbered the women one to 10. Murdoch et al. (2006a) discuss that, while women have made gains since WWII, assault and harassment continue to be a problem. Approximately a quarter of the women in the military have been sexually assaulted, and 80% have been sexually harassed. Moreover, there is an increasing risk for women to be victims of MST as their roles in the military continue to grow (Kelly et al., 2008). Of the veterans who served during Operation Desert Shield/Operation Desert Storm, 8% report that they experienced some form of sexual abuse. Of those females, 34% report having been raped, some more than once; or ganged raped; while others were the targets of attempted rape (Valente & Wight, 2007).

A study was conducted in May 2003 by the Department of Defense, in which 579 female cadets in the Air Force Academy were surveyed. Of those surveyed, 109 reported some sort of sexual assault. Of the 109 who reported being subject to sexual assault, 43 cadets reported that they had been victims of an actual or attempted rape; only 18.6% of all sexual assaults were reported by the cadets. The survey identified the following reasons as to why these assaults went unreported: embarrassment, fear
of ostracism by peers, fear of reprisal, fear of being punished for other infractions, and the belief that nothing would be done (Department of Defense, 2003).

Three-fourths of the women who served in Operation Desert Shield/Operation Desert Storm, who reported being raped did not report the incident to a ranking officer, typically for one of two reasons: not knowing how to report the incident, or having the belief that rape was sometimes to be expected in the military (Valente & Wight, 2007, p. 260). According to a 1995 Armed Forces Sexual Harassment Survey, of those who filed a sexual harassment report, 69% stated that they were not taken seriously, many were pressured to drop their report, experienced hostility, or no actions were taken (Murdoch et. al., 2006a).

As a response to the high levels of MST, it was mandated in 1999 that all veterans who receive VA services are to be screened for military sexual trauma. As a result, more than 40,000 men and women had been identified as having experienced MST. While this is a mandatory screening at the VA, compliance has been less than perfect. One reason for non-compliance; clinicians are being pressured for time. (Murdoch, Polusny, Hodges, & O’Brien, 2004). However, the reality is that screening for sexual trauma takes less than a minute. This one minute of time that is spent screening for MST can drastically change a person’s life and the course of her treatment; she can receive the appropriate treatment, thus increasing her quality of life (Valente & Wight, 2007). The mental health problems that are experienced by veterans who have been sexually assaulted are greater than those experienced by
veterans who have been exposed to other forms of trauma, once again emphasizing the importance of screening, diagnosing, and treating symptoms (Zinzow et al., 2007).

As a result of the high prevalence of sexual assault within the United States Military, the Department of Defense has implemented a policy entitled *Sexual Assault Prevention and Response (SAPR)*, which has three key elements: Victim Care, Prevention through Training and Education, and System Accountability (Department of Defense, 2008). This policy aims to eliminate sexual assault within the military by changing the culture, creating one where safety and well-being are emphasized. In turn, an environment will be created where perpetrators are held accountable for their actions, which may include prosecution for actions related to sexual assault. This policy provides the opportunity for people to make restricted or unrestricted reports.

Additionally, the policy prohibits individuals who have been previously convicted of a sexual crime from enlisting in the armed forces. While individuals are screened for prior criminal history, they are not screened for prior sexual trauma. However, it is known that many recruits who are newly enlisted already have “a history of sexual assault…They are more likely to experience another sexual assault at some time in their life...these people stand to experience higher rates of mental health problems when exposed to combat” (Department of Defense, 2008, p. 7). Currently, there are no measures in place to ensure that these individuals are
mentally prepared for the traumas that they may be exposed to, even though they are at higher risk for victimization.

Self-perceptions

There appears to be a lack of research regarding how females who have served in the United States military perceive themselves in relation to their veteran status. Suter, Lamb, Marko, and Tye-Williams (2006) conducted a study about how military service has shaped the identity of females after discharge and reintegration into civilian life; their participants included individuals who served as early as World War II and as recent as the Persian Gulf War. As a result of their research, it became evident that military service contributed to a new identity. At the same time, many individuals identified that the readjustment back into civilian life was rather difficult. Many of the female veterans reported that, although they were married, had families, and were proud to be wives and mothers, they experienced some difficulty in transitioning back into traditional female and civilian roles (Suter et al. 2006). In fact, some began to miss the role of service member.

While it is clear from this particular study how their identities were shaped to some degree, there is still a significant need to give these women a voice and to gain a better understanding of how they perceive themselves in relation to their military service. These veterans must contend with issues that most civilian women cannot even imagine. Feczer and Bjorklund (2009) illustrated the impact combat has had on one particular service woman:
The mortar fire blasts loudly, and I awaken with a start and reach for my
weapon. Then I realize it is only the crack and rumble of a Minnesota
thunderstorm. I lie back down in bed, bring the blankets back over me, and
fight with the movie in my head to be still and quiet…I feel profound sadness
that will not let me close my eyes. (as cited in Germain & Lounsbury, 2007,
p. 210)

Readjusting to civilian life is not a simple task for women or men. They are expected
to fall back into their roles in “normal” life, one that is far different from the
adrenaline-filled combat environment. However, throughout history, society has
been inundated with images of the doting housewife and mother. Though the idea of
the “working mother” is now more accepted, some people may still find it difficult to
fully understand how a female servicemember can fulfill her traditional familial
roles. The reality of a woman in combat, in immediate danger, fighting for her life
and the lives of her unit members, does not easily fit into those categories. While it is
important to learn more about the effects of MST and PTSD on servicewomen, it is
equally important to understand how they perceive themselves and whether they are
able to balance their unique roles in life.

In combat, it is common for servicemembers to engage in emotional numbing
and avoidant behaviors when faced with traumatic and dangerous experiences (e.g.,
death of comrades, the act of killing, enemy attacks, etc). Men are virtually primed
for this due to the social construct that men typically do not discuss their hopes and fears; they are expected to be strong and masculine. However, there is also a social construct that says the converse is true of women; they are assumed to be more emotional and communicative, and not quite as strong as men. As such, it is important to know how these constructs affect female veterans’ self-perceptions and whether they identify at all with such ideas. Regarding a female Army specialist who went AWOL (absent without leave):

Swift would later say that she had every intention of going back to Iraq. But in the weeks leading up to the departure date, she started to feel increasingly anxious. She was irritable, had trouble sleeping at night, picked fights with friends, drank heavily… ‘I can’t do this. I can’t go back there.’ (Corbett, 2007, para. 4)

As the numbers of women entering the armed forces continue to rise, the need for increased research will become more prominent. Though they are still outnumbered by male servicemembers, there are more females in the military than ever before; and there is no expected decrease any time soon. Their voices must be heard as they demand recognition for their courageous acts.

Summary

Though they are sometimes the “forgotten veterans”, women have always had a presence in the U.S. military (e.g., as nurses, pilots, engineers, medics,
mechanics, drivers, etc.). They continue to be a minority in a male-dominated environment, yet their contributions are as important as those of their male counterparts. These women not only face danger while in enemy territory, but also while among their male comrades. They challenge society’s gender roles and continue to pave the way for independent young women. These veterans suffer from PTSD just as men do, and it is sometimes strongly related to the military sexual trauma they may have endured.

Given all the information gathered by previous studies, it is evident that women play a very important role in the armed forces. As such, it is necessary that they are better understood by the public, especially medical and mental health care providers. At this time, little is known about how women perceive their veteran status and how closely they identify with the males who have also served. In Chapter 3, their self-perceptions and their decisions regarding the utilization of VA services will be further explored. To this end, the study methodology is also fully described in the coming chapter.
Previous research has found that women veterans are sometimes uncomfortable or dissatisfied with the treatment they receive at the VA (Fontana & Rosenheck, 2006; Rothman, 1984; Vogt et al., 2006). Much of their dissatisfaction has centered on a perceived lack of sensitivity regarding women’s unique medical and mental health concerns. Furthermore, there is not much information regarding the self-perceptions of females in terms of their veteran status. The following methodology aims to elicit a better understanding of how these women perceive themselves and what influences whether they access VA benefits and services.

**Design**

This study design is exploratory and the method of data collection and analysis is qualitative. This method was chosen because of the small sample size and the desire to tell the stories of the participants. Using a qualitative method allows for the voices of the participants to be heard and their words to be written, giving an accurate description of their experiences. The advantage of using a qualitative method is that the participants’ personal anecdotes can be shared, clearly showing their self-perceptions. A disadvantage of this study design is that there are only 16 participants, which may limit the validity of the results. There has been limited, if any, threat to the internal validity of this study; all data has been collected in the least intrusive way possible. Participants were interviewed by telephone or in person. An
interview guide was developed by the researchers specifically for this study and was utilized during all interviews.

The conceptual framework for this study is based on constructivism, which suggests that reality can be perceived in various ways, all of which may be considered valid (Schriver, 2004, p. 133). It is essential that the self-perceptions of women veterans are identified and explored as they relate to their veteran status. Having the knowledge and understanding of how female veterans perceive themselves will allow social workers to gain insight into the struggles and successes of these women. While there is a lack of research on how female veterans perceive their veteran status, it is known that many women who have served in the United States military are also MST survivors; they have had horrific experiences and are now dealing with posttraumatic stress disorder, other combat-related stress disorders, physical wounds, and military sexual trauma. It is important that the words of these women are heard and appreciated, that their experiences are acknowledged, and that they are honored for their service.

Subjects

The subjects for this research project consisted of 16 women veterans. Snowball sampling was used to recruit participants. Flyers, which described the nature of the study and provided the researchers’ contact information, were distributed to various locations frequented by veterans (see Appendix D). Initial contact with a few veterans then led to snowball sampling.
Instrumentation

The researchers used a 21-item interview guide that included closed-ended, open-ended, and Likert scale questions (see Appendix B). Minimal demographic data was collected. More specifically, the first nine questions focused on demographics, such as age range, branch of military service, eras during which the participants served, whether participants were in combat, length of service, and type of discharge from service. Interview questions one through five addressed how participants define the term “veteran”, how they perceive themselves as veterans, and the overall impact military service has had on their lives. Questions six through ten explored whether participants were familiar with VA benefits, had accessed medical and/or mental health services, and their impressions about the VA’s quality of care. Lastly, questions eleven and twelve gave participants with the opportunity to elaborate further and to share their thoughts regarding women veterans.

Data Gathering Procedures

Using an interview methodology and an interview guide, the researchers solicited and discussed these women’s subjective perceptions of their status as a military veteran. Interviews were conducted in private study rooms in the CSUS Library; telephone interviews were also conducted in private locations. The average length of the interviews was one hour; however, the duration depended on the details of the participants’ recollections. The researchers took notes during each interview. All participants were given an alias to protect anonymity and the data from the
interviews was quickly transcribed into a document file.

Data Analysis

Descriptive data, including demographic details, were compiled; and descriptive statistics were used to analyze this data. Content analysis was used to analyze the data gathered in response to the open-ended questions.

Protection of Human Subjects

An application for the protection of human subjects was completed and submitted to the Human Subjects Review Committee in the Division of Social Work at California State University, Sacramento. This research study was approved (#09-10-007) as a minimal risk study. This study focused solely on women veterans’ perceptions of themselves in terms of their veteran status. Additionally, they were not asked about any diagnosis, trauma, or any other personal medical or mental health concerns. However, they were asked about their knowledge and feelings about accessing medical or mental health services and other veterans’ benefits through the Department of Veterans Affairs. They were also asked about their utilization of these services and benefits, the availability of care, their perceptions of barriers to access, and their ideas for improved accessibility. Participants were not asked intrusive personal questions, as it is possible that such questions will have caused discomfort or elicit painful emotions. To minimize such risk, participants were informed of veterans’ mental health resources that are available in their communities and were given a handout with contact information for these agencies (see Appendix C).
All participation was voluntary. Participants were informed of the nature of this project, including voluntary participation, confidentiality, risks, and benefits. The research participants signed an informed consent form prior to being interviewed (see Appendix A).

Summary

The women participating in this exploratory study were asked to share their personal views regarding their veteran status and whether they can relate to the term “veteran”. They were interviewed individually either in person or via telephone. Prior to being interviewed, each participant reviewed and signed a consent form with the knowledge that she may withdraw from the study at any time. Through dialogue, the 16 women shared their opinions regarding VA services and the associated quality of care; they were never pressured to give more information than they were willing to share. Descriptive data was compiled and analyzed using descriptive statistics. Open-ended questions were analyzed using content analysis. In Chapter 4, the veterans’ responses are explored, their stories and opinions are shared, and common themes are identified.
Chapter 4
DATA ANALYSIS

Introduction

During the interview process, it was found that nearly all of the women were quite forthright with information and shared openly about their personal experiences. After all interviews were completed, the data from the 16 participants was compiled. Descriptive data is discussed and interview data was analyzed using content analysis. This chapter will seek to explore their responses and their own words will be shared. To ensure confidentiality, all of the participants’ names have been changed.

Demographic Findings

Participants were asked a series of demographic questions that focused on age range, branch, rank, and military occupational status (MOS). Participants were also asked to elaborate further on the job duties related to their MOS. In addition, participants were asked to identify the eras during which they had served and whether they had been in theater. It is important to note that some areas, such as South Korea, are considered “theaters” although there is not a war currently taking place there. As demonstrated by the data, it is also common for some individuals to have served during wartime without ever actually being in theater.

Sixteen women veterans participated in this study. Each participant was asked 21 questions (see Appendix B). The first five questions focused on
demographics, such as age range, branch of military service, eras during which the participants served, whether participants were in combat, length of service, and type of discharge from service. Interview questions one through three asked about military rank, MOS, and job-related duties. Questions four through eight addressed how participants define the term “veteran”, how they perceive themselves as veterans, and the overall impact their military service has had on their lives. Questions nine through thirteen explored whether participants were familiar with VA benefits, had accessed medical and/or mental health services, and their overall impression of the VA’s quality of care. Lastly, questions fourteen and fifteen gave participants the opportunity to elaborate further and to share their thoughts regarding women veterans.

Each woman was asked to indicate her age range. Of the 16 participants, one veteran was between 18 and 25 years, seven veterans were between 26 and 35 years, two veterans were between 36 and 45 years, four veterans were between 46 and 55 years, and two veterans were over the age of 55 (Table 1). Clearly, the majority of participants (approximately 44%) were between ages 26-35.

In terms of branch of military service, most women served in only one branch, but some served in multiple branches (Table 1). Three participants served only in the Air Force, three served only in the Army; one served only in the Coast Guard; two served only in the Marine Corps; and three served only in the Navy. Two participants first served in the Army and then later joined the National Guard. One
participant served in both the Air Force and later the Air Force Reserves. Another participant had served in both the Air Force and the Army.

Table 1

*Age Range and Branch of Service*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age Range</th>
<th>Branch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angie</td>
<td>36-45</td>
<td>Coast Guard</td>
</tr>
<tr>
<td>Becky</td>
<td>26-35</td>
<td>Army / National Guard</td>
</tr>
<tr>
<td>Carol</td>
<td>46-55</td>
<td>Air Force / Army</td>
</tr>
<tr>
<td>Colleen</td>
<td>26-35</td>
<td>Navy</td>
</tr>
<tr>
<td>Erica</td>
<td>26-35</td>
<td>Marine Corps</td>
</tr>
<tr>
<td>Evelyn</td>
<td>55+</td>
<td>Air Force</td>
</tr>
<tr>
<td>Joanne</td>
<td>55+</td>
<td>Air Force</td>
</tr>
<tr>
<td>Karen</td>
<td>46-55</td>
<td>Navy</td>
</tr>
<tr>
<td>Kathleen</td>
<td>46-55</td>
<td>Air Force / Air Force Reserves</td>
</tr>
<tr>
<td>Lauren</td>
<td>26-35</td>
<td>Army</td>
</tr>
<tr>
<td>Lisa</td>
<td>46-55</td>
<td>Navy</td>
</tr>
<tr>
<td>Melissa</td>
<td>18-25</td>
<td>Army</td>
</tr>
<tr>
<td>Michele</td>
<td>26-35</td>
<td>Army</td>
</tr>
<tr>
<td>Sara</td>
<td>36-45</td>
<td>Air Force</td>
</tr>
<tr>
<td>Shannon</td>
<td>26-35</td>
<td>Army / National Guard</td>
</tr>
<tr>
<td>Stefanie</td>
<td>26-35</td>
<td>Marine Corps</td>
</tr>
</tbody>
</table>

The participants had a variety of ranks, MOS, and duties (Table 2). The military ranks of the Army veterans ranged from E-4 Specialist to O-3 Captain. Their MOS included Engineer Officer, Huey Helicopter mechanic, Medical Service Corps
Officer, and Combat Medic. Some of the basic job duties included the overseeing of soldiers in their platoons and companies, ensuring training was accomplished, budgets were met, coordinating supplies, and deployments happened smoothly. Those who worked in the medical field were responsible for “everything from running an ambulance platoon to working in support operations”; irrigating, cleansing, and dressing wounds; and “working in a hospital at cancer and wound center.”

The military ranks of the Navy veterans ranged from E-3 Seaman to an O-4 Lieutenant Commander. Their MOS included Nurse Corps, ICFN (Interior Communications), and Aviation Maintenance Administrationman. Their job duties included charge nurse of inpatient acute care units, communications aboard ship, data entry, general office procedures, and aircraft inspections.

Both Marine Corps veterans had a rank of E-4 Corporal and were musicians. Their duties included performing in military ceremonies, including change of command ceremonies and funeral details; performances in the community; and security duties.

The Air Force veterans’ ranks ranged from E-6 Technical Sergeant to O-4 Major. Their MOS included clinical psychologist, medical technician, and computer and cryptographic equipment repairman. Their duties included assessment and treatment; medical duties, such as ordering supplies, and providing medical equipment; repairing computer and encrypted information; and evaluating industrial
environments for radiation and fitting people with respiratory equipment. While Kathleen was proud to be only the third woman to be trained as a computer and cryptographic equipment repairman, she felt pressured to retrain for a different profession (medicine technician) due to the great deal of sexual harassment she had to endure.

Carol, who served in both the Air Force and the Army, stated that her rank was an E-5, and she served as a chapel manager and worked in Personnel. Her duties included clerical work, liturgical and religious (religion-specific) setup, and maintaining personnel records. Angie served in the Coast Guard and had a rank of E-4 Radioman 3rd class and an MOS of Radioman. Her duties included message routing, cryptography, and advanced training on ship.

Table 2

<table>
<thead>
<tr>
<th>Participant</th>
<th>Rank</th>
<th>MOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angie</td>
<td>E-4 Radioman 3rd class</td>
<td>Radioman</td>
</tr>
<tr>
<td>Becky</td>
<td>E-4 Specialist</td>
<td>1) Huey Helicopter Mechanic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Logistics</td>
</tr>
<tr>
<td>Carol</td>
<td>E-5</td>
<td>1) Chapel manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Personnel</td>
</tr>
<tr>
<td>Name</td>
<td>Rank</td>
<td>Profession</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Colleen</td>
<td>E-5</td>
<td>Aviation Maintenance Administrationman</td>
</tr>
<tr>
<td>Erica</td>
<td>E-4 Corporal</td>
<td>Musician</td>
</tr>
<tr>
<td>Evelyn</td>
<td>E-8</td>
<td>AFSE Medic Superintendent</td>
</tr>
<tr>
<td>Joanne</td>
<td>E-6 Technical Sergeant</td>
<td>Medical Technician</td>
</tr>
<tr>
<td>Karen</td>
<td>E-3 ICFN</td>
<td>Interior Communications</td>
</tr>
<tr>
<td>Kathleen</td>
<td>E-7 Master sergeant</td>
<td>Computer and cryptographic equipment repairman/medicine technician</td>
</tr>
<tr>
<td>Lauren</td>
<td>Captain O-3</td>
<td>Engineer Officer</td>
</tr>
<tr>
<td>Lisa</td>
<td>O-4/CCDR when commission resigned</td>
<td>Nurse Corps</td>
</tr>
<tr>
<td>Melissa</td>
<td>E-3</td>
<td>Combat Medic</td>
</tr>
<tr>
<td>Michele</td>
<td>Captain</td>
<td>Health Services Human Resources</td>
</tr>
<tr>
<td>Sara</td>
<td>Major</td>
<td>Clinical Psychologist</td>
</tr>
<tr>
<td>Shannon</td>
<td>Captain</td>
<td>Engineer Officer</td>
</tr>
</tbody>
</table>
The average length of service for the participants is nine years; the shortest service length being 3 years and the longest service length being 26 years (Table 3). Some veterans (e.g., Evelyn, Joanne, and Kathleen) considered themselves to be career military due to their decades of service and military retirement. All of the participants stated that they received an honorable discharge from the military (Table 3). Angie stated that she was discharged with an R-4, which she later found out indicated that she was unsuitable for reenlistment. This was particularly upsetting for her because, although she was honorably discharged, she felt she should have received a medical discharge.

Table 3

*Length of Service and Type of Discharge from the Military*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Total Length of Service</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angie</td>
<td>4 years</td>
<td>Honorable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(R-4)</td>
</tr>
<tr>
<td>Becky</td>
<td>9 years</td>
<td>Honorable</td>
</tr>
<tr>
<td>Carol</td>
<td>9 years</td>
<td>Honorable</td>
</tr>
<tr>
<td>Colleen</td>
<td>8 years</td>
<td>Honorable</td>
</tr>
<tr>
<td>Name</td>
<td>Years Served</td>
<td>Rank</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Erica</td>
<td>4 years</td>
<td>Honorable</td>
</tr>
<tr>
<td>Evelyn</td>
<td>26 years</td>
<td>Honorable</td>
</tr>
<tr>
<td>Joanne</td>
<td>20 years, 9 months</td>
<td>Honorable</td>
</tr>
<tr>
<td>Karen</td>
<td>4 years</td>
<td>Honorable</td>
</tr>
<tr>
<td>Kathleen</td>
<td>18 years</td>
<td>Honorable</td>
</tr>
<tr>
<td>Lauren</td>
<td>6 years</td>
<td>Honorable</td>
</tr>
<tr>
<td>Lisa</td>
<td>8 years</td>
<td>Honorable</td>
</tr>
<tr>
<td>Melissa</td>
<td>3 years</td>
<td>Honorable</td>
</tr>
<tr>
<td>Michele</td>
<td>4 years, 6 months</td>
<td>Honorable</td>
</tr>
<tr>
<td>Sara</td>
<td>6 years</td>
<td>Honorable</td>
</tr>
<tr>
<td>Shannon</td>
<td>6 years</td>
<td>Honorable</td>
</tr>
<tr>
<td>Stefanie</td>
<td>4 years</td>
<td>Honorable</td>
</tr>
</tbody>
</table>

Each veteran was asked to indicate the era(s) during which she served. Three participants served during OEF; five participants served during both OEF and OIF; and three participants served during Desert Storm. One participant served during Desert Storm and Vietnam; another served during Vietnam and the Persian Gulf; and one other participant served during Vietnam and during peacetime. One particular
participant served during several eras and events: Desert Storm, Vietnam, Panama, Grenada, and “during the Iranian hostage taking.” One participant served during peacetime (1998-2002). Of the 16 participants, only four stated that they had served in theater (Table 3).

Table 4

*Eras of and Theaters of Service*

<table>
<thead>
<tr>
<th>Participant</th>
<th>OEF</th>
<th>OIF</th>
<th>OEF/OIF</th>
<th>Desert Storm</th>
<th>Vietnam</th>
<th>Other</th>
<th>Served in Theater</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angie</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Becky</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carol</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td>Panama, Grenada, Iranian Hostage Taking</td>
</tr>
<tr>
<td>Colleen</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Erica</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evelyn</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Joanne</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Findings**

The first few interview questions focused on what being a veteran meant to the participants and how they identify with their veteran status. They were asked how they ultimately felt about their decisions to join the service given what they know now, and whether they would ever recommend to a young woman that she join the military. Later on, participants were asked how familiar they were with VA

<p>| | | | | |</p>
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<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Karen</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kathleen</td>
<td>X</td>
<td>Persian</td>
<td>Gulf</td>
<td></td>
</tr>
<tr>
<td>Lauren</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lisa</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melissa</td>
<td></td>
<td></td>
<td>1998-2002</td>
<td>Peacetime</td>
</tr>
<tr>
<td>Michele</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sara</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Shannon</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Stefanie</td>
<td>X</td>
<td></td>
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</tbody>
</table>
service and benefits, whether they had ever utilized them, and how they felt about the care they received through the VA.

*Question 1a: When you hear the term “veteran”, what comes to mind?* When participants were asked what they thought of when they heard the word “veteran”, Michele stated:

The first thing that comes to mind is servicemen and women who have fought in wars. Secondly, I think of those that served in the military for a career and retired. Thirdly, I think of people like myself who served in the military for a shorter period of time, but served nonetheless.

Many participants associated the term with honor, pride, and military service. Carol thinks of “soldiers, past service, camaraderie, charitable service, pride, and trauma.”

A common theme that was found among participants’ responses was the association of “veteran” with older males. For some, the word conjured images of “old men wearing service ball caps and hanging out at the VFW”, while others were reminded of their grandfathers. Another participant expressed that she thinks of herself as a veteran, but believes that most people think of older men. Stefanie, a trumpet player in the Marine Corps, stated, “Honestly, I think of an older male who served...the ones you see in or at a Veteran’s Day parade – not a young female vet, like myself, who did not serve in combat.”

*Question 1b: Do you identify with the term “veteran”?* Having given their definitions for “veteran”, the participants were then asked to share whether they
identified with the term. Interestingly, one woman explained that she had mixed feelings, “I realize my minority status as a female vet, so I don’t entirely feel like part of the group.” Fourteen other participants stated that they perceive themselves as veterans. Of those fourteen women, three participants indicated that their identity as a veteran was closely related to their work environments in that they serve fellow veterans (e.g., employment at the VA Medical Center).

*Question 1c: When you think about yourself as a veteran what comes to mind?* Ten participants indicated that their veteran identity relates to their time in armed forces. Michele stated, “I am proud of my service and know that even though I did not serve my 20 years in the Army, I still served and am a veteran.” Erica feels “very proud to be a veteran of the US Armed Forces. I gave four years of my life serving America and its people; and I am honored to have done so.” Shannon, who served in the Army, expressed that she feels as though she is “now a part of a family of people who have had similar experiences.” Lauren was the only participant who felt she could not identify with the term “veteran”. She explained, “Since I didn’t retire from the service and am not recognized – like getting the day off from work or celebrating in a parade, I don’t usually think of myself as a veteran.”

The majority of participants expressed that they were proud of their service in the military. Sara stated, “When I reflect on my time in the military, it’s something I am proud of.” Stefanie shared that her pride is rooted in the fact that she “completed and went through something very difficult and outside the norm of society. I don’t
feel I fit the typical profile of a veteran...I feel I am in some ways different, when maybe I am not so much.” Kathleen, who was a computer and cryptographic equipment repairman, stated, “I think of myself as a pioneer since most women in the service worked in medicine or administrative work.”

When Carol thinks of herself as a veteran, she not only thinks of pride and patriotism, but also of “sadness and betrayal.” Lisa also has mixed feelings when thinking of herself and her military experience:

It was a good experience, but bad politics. When we were recalled during Desert Storm, I was assigned as a Training Officer for corpsmen being deployed. I asked for MOP/Decontamination gear in case of chemical warfare and was sent bedpans. I then asked for tests for the latest casualty response books... they sent old tests from old books. I spent two weeks...searching for tests to no avail ... Lastly, the training videos used were from Vietnam, which was a totally different theater than the Middle East. I asked again for decontamination and protective gear, but was told there was no threat of chemical warfare. After my tour, I resigned my commission.

**Question 2: What five words best sum up your perception of yourself as a veteran?** When asked to give five words to describe their self-perception of their veteran status, the participants had varied responses. In addition, each woman took her time when responding to this question, clearly giving it some careful thought.
Some of the words they used might be considered to have positive overtones (Table 5), while others have negative connotations (Table 6). On the other hand, there were also words that appeared to be neutral (Table 7).

Table 5

*Positive Terms Relating to Participants' Self-perceptions*

<table>
<thead>
<tr>
<th>Positive Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accomplished</td>
</tr>
<tr>
<td>Feminism</td>
</tr>
<tr>
<td>Loyal</td>
</tr>
<tr>
<td>Responsible</td>
</tr>
<tr>
<td>Camaraderie</td>
</tr>
<tr>
<td>Freedom</td>
</tr>
<tr>
<td>Moral</td>
</tr>
<tr>
<td>Rewarding</td>
</tr>
<tr>
<td>Capable</td>
</tr>
<tr>
<td>Friends</td>
</tr>
<tr>
<td>Patriotic</td>
</tr>
<tr>
<td>Strong</td>
</tr>
<tr>
<td>Confident</td>
</tr>
<tr>
<td>Honor</td>
</tr>
<tr>
<td>Pride</td>
</tr>
<tr>
<td>Unselfish</td>
</tr>
<tr>
<td>Courage</td>
</tr>
<tr>
<td>Independence</td>
</tr>
<tr>
<td>Punctual</td>
</tr>
<tr>
<td>Well-trained</td>
</tr>
<tr>
<td>Experienced</td>
</tr>
<tr>
<td>Leadership</td>
</tr>
<tr>
<td>Respect</td>
</tr>
</tbody>
</table>

Table 6

*Negative Terms Relating to Participants' Self-perceptions*

<table>
<thead>
<tr>
<th>Negative Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damaged</td>
</tr>
<tr>
<td>Hardships</td>
</tr>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Frustrated</td>
</tr>
<tr>
<td>Lonely</td>
</tr>
<tr>
<td>Sadness</td>
</tr>
</tbody>
</table>
Table 7

*Neutral Terms Relating to Participants’ Self-perceptions*

<table>
<thead>
<tr>
<th>Neutral Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alive</td>
</tr>
<tr>
<td>History</td>
</tr>
<tr>
<td>Non-combat</td>
</tr>
<tr>
<td>Woman</td>
</tr>
<tr>
<td>Different</td>
</tr>
<tr>
<td>Humble</td>
</tr>
<tr>
<td>Sacrifice</td>
</tr>
<tr>
<td>Young</td>
</tr>
<tr>
<td>Discipline</td>
</tr>
<tr>
<td>Initiative</td>
</tr>
<tr>
<td>Service</td>
</tr>
<tr>
<td>Hard Work</td>
</tr>
<tr>
<td>Liberal/Anti-war</td>
</tr>
<tr>
<td>Soldier/Sailor</td>
</tr>
</tbody>
</table>

Although these women gave a broad spectrum of responses, it is important to note that 11 out of 16 participants (almost 68%) stated that they felt *proud* of their service and their status as veterans.

*Question 3: How has serving in the military impacted your life so far?* When asked how the military has impacted their lives, six participants referred to their careers and/or leadership style. For example, Shannon explained that it has changed her leadership style and the way she related to people. She said her military experience “also gave me a path to my current job.” Additionally, Lauren stated,

It has been tremendous, from the training to career to personal responsibility and leadership. I was given great opportunities at a young age, which made me more mature than my peers. I am also grateful for the benefits that allowed me to finish my undergraduate degree and pursue my master’s
degree. Personally, I met my husband through the military and many of my best friends.

Sara shared similar sentiments, “It’s where my career as a psychologist all began. It’s had an extremely positive impact on my career and personal life.”

Three participants referred to diversity and being globally minded. Michele stated, “It gave me a good understanding of the diversity of people and how to interact with people differently to accomplish a common goal. I think it absolutely molded me into the kind of person and leader I am today.” Because of her military service, Evelyn developed a “broader outlook and better understanding of life.” She felt she gained a better perspective and deeper knowledge about the suffering of others beyond the borders of the United States. Furthermore, these women feel that they would not have been able to see the world to the extent they have if they had not joined the service.

Despite all the positive experiences and feelings regarding their military service, three participants shared some of the negative impacts that resulted from their time in the military. Angie said, “It’s easy to sum up: 100% PTSD, depression, anxiety attacks, physical limitations, and constant pain.” Carol stated, “My whole outlook on life changed as a result of my service. I have spent a great while holding back the negative.” Additionally, Kathleen thinks of her military service “overall negatively, though there were some positive things.” Since her military discharge, she was diagnosed with PTSD and sought treatment. However, this prevented her
from being licensed in the medical field after she had independently paid for medical education. She expressed that the “negative outweighs the positive.”

Four participants shared that their military experiences had positively affected their lives. Colleen stated,

I would not be where I am today had it not been for the Navy. I received orders to go to Jacksonville, Florida; I bought a house here and have been here ever since I got out. I would also not be who I am. I met many wonderful people that mentored me and help make me who I am today.

Melissa stated, “The military made me stronger and a more independent person. It taught me many things.” While Joanne did experience some hardships in life, she is still glad that she served in the armed forces. She explained,

There have been negative things in my life, but I wouldn’t say the military is responsible. They provided me with an education, the opportunity to travel, benefits for me and my dependents. It allowed me to grow and pursue dreams I may not have otherwise. Unfortunately, the downside is that my kids weren’t surrounded by relatives due to the moving that was required.

Question 4: Given what you know now as a veteran, how do you feel now about your decision to join the military? Despite difficulties they may have had during their service, all 16 participants stated they were glad they served. In fact, Carol, Erica, Michele, and Sara all said they “would do it again in a heartbeat.”
However, Carol added that, although she would do it all over again, she does not offer her own children “as sheep to the slaughter.”

Lauren expressed that it was “one of the best decisions I ever made and I probably should have stayed in a little longer.” Stefanie was glad she joined, but she recalls both the good and the bad associated with her decision to enlist. She stated:

I am glad I joined; it was a great experience...I had the best times of my life and the absolute unimaginable worst times of my life. There have been countless benefits as a veteran, which also makes it all worth it.

Other women felt confident that joining the military contributed to their personal and professional development. Becky, for example, stated that she “learned so much” and “wouldn’t be here today” had she not joined the armed forces. Karen is appreciative of the travel opportunities she had while in the service.

While all participants were glad they served and some said they would do it again if they could, six of them felt that they are now more aware of what they would be getting themselves into. Joanne said, “I’d do it again, but there’s so many things you’re not told...by the recruiter.” Kathleen, an MST survivor, believed she would have joined anyway, but would have chosen a different career path within the military. “I would’ve gone into a different field where I wouldn’t be treated like ‘pin the tail on the female.’” Angie also felt that her military service was good for her, despite the fact she experienced MST. She does not blame the military as a whole; “I blame the men themselves.” Colleen cautions that the military is “not for
everyone...if you can bear with it, it will help you get where you want to be.” Lisa expressed that she is glad she served, but is “no longer blindly patriotic due to moral conflicts about the current war.”

**Question 5: If a young woman sought your advice about whether or not to join the military, what would you say to her?** Many of the participants stated that they would encourage a young woman to join the service, but they also felt that potential recruits should be properly informed before making a decision. Becky said she would “definitely highlight the struggles of a female in the military.” Kathleen insisted she would not attempt to make the decision for a young woman, but would ...give her the pros and cons and let her make the decision for herself. The pros are: you get to see the world, learn to do things and have adventures, the experience instills pride, and you have exposure to different cultures. You also have the opportunity to learn an occupation. The cons are: sexism and the lack of appreciation for women in the service. Servicewomen should be given training regarding protecting themselves against their fellow male comrades.

Erica and Stefanie both believe that the military “is not for everyone.” They would advise young women to really consider their long-term goals and whether they are willing to endure the hardships that come with service. Stefanie and Sara both felt that the decision should also be based on the woman’s “life circumstances.”
Furthermore, Sara stated, “If she’s a good fit, then she should join. It also depends on the branch, too; I’d never encourage her to join the Marines. Air Force, yes.”

Michele, Lisa, and Carol expressed concern about young women joining the armed forces during wartime. Carol stated, “This many not be our best historic period for the risk.” Michele expressed, “I would tell her that it’s a very different military than when I was in because there weren’t two wars going on.” Lisa would not encourage a woman to join “at this time; maybe in peacetime.”

Other participants would strongly encourage a young woman to enlist. Karen stated, “It can be a wonderful opportunity to learn about yourself and the world. Learn what you can and take full advantage of educational opportunities. I would tell her to walk proud.” Colleen enthusiastically said,

Go for it! Get the most out of it that you can! Make the best of it. Go to school while you are in. you will get out of it what you put into it. It is a great way to give you a little bit of time to decide what you want to do with your life.

Along those same lines, Evelyn stated, “If you’re not looking at higher education, go into the military. It will give you self-esteem, self-confidence, and strength to be a better citizen and person.” Michele also said, “I would tell her that it was a great way to start my career and gain invaluable experience in leadership and people skills.”
Question 6a: I am very knowledgeable and aware of the services and benefits offered by the VA for women veterans. Using a Likert scale, participants were asked to indicate to what degree they identified with the above statement (Table 8). Two participants (12.5%) strongly disagreed and four participants (25%) disagreed with the statement. In total, 37.5% of the participants felt that they were not very knowledgeable and aware of their available services and benefits. Six participants (25%) strongly agreed and four participants (37.5%) agreed with the statement. A total of 62.5% of the participants felt that they were, in fact, very knowledgeable regarding available benefits and services. All participants were asked to elaborate further on this in Question 6b.

Table 8

Participants’ Awareness Level of VA Services

<table>
<thead>
<tr>
<th>I am very knowledgeable and aware of the services and benefits offered by the VA for women veterans.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>12.5%</td>
<td>25%</td>
<td>37.5%</td>
<td>25%</td>
</tr>
</tbody>
</table>


Question 6b: Would you like to elaborate further regarding your knowledge of services and benefits? Regardless of how informed they considered themselves, the majority of participants felt that information about VA benefits and services is not readily available. Sara, one of the participants who “strongly disagreed” with the statement in Question 6a, also works for the VA system. She stated, “I’ve been here for three years and I’m still learning. The info isn’t readily accessible.” Angie had also strongly disagreed with the statement. She explained that, upon discharge, she was not given adequate information about potential services and benefits. Shannon, Michele, Carol, and Melissa all “disagreed” and felt they were not very knowledgeable about services. Shannon expressed that she had “never received any information”; and Carol explained, “I simply go with the flow and am not aware of any gender-specific benefits.”

Becky, Lisa, Lauren, Karen, Erica, and Joanne all “agreed” with the statement and felt they were aware of the benefits to which they are entitled. Lauren stated that she is aware of and currently utilizing the G.I. Bill and medical benefits (including a fee-based program for her pregnancy). Joanne, who is employed within the VA system, explained, “I know about some [benefits], but there’s always more that come up.” Additionally, Erica said, “You have to seek the help; the information is not handed to you.”

Stefanie, Colleen, Evelyn, and Kathleen “strongly agreed” that they were very knowledgeable regarding their available services and benefits. Stefanie said,
I guess being a patient in the system for a while now and now an employee of the VA, I have gained a fair amount of knowledge. However...even with that, I find that it’s difficult to get your hands on information. You tend to learn about things by accident sometimes.

Two of these veterans believe that they became knowledgeable solely by “taking initiative” and actively seeking out the information. Kathleen explained, “I had to inform myself; I didn’t receive any help. The Women’s Health Care Coordinator at the VA did a lackluster job.” Evelyn indicated that she had to “read the book and research the benefits.” Additionally, she takes the time to help other veterans and inform them about the services and benefits that are available.

Question 7: Accessing VA medical services. In Question 7a, the veterans were asked to indicate whether they had accessed medical services offered by the VA. Approximately 31% of participants indicated they had not used the VA for medical services. Conversely, about 69% of participants stated that they used the VA’s medical care. Of those who have never utilized the VA for medical purposes, two participants explained that they “have other benefits” which they prefer. For instance, Karen’s husband is active duty, and she has been using his benefits for 18 years. Sara indicated that she is not service-connected, thus she would be charged a co-pay by the VA. As such, she prefers to continue using her other benefits. In order to qualify for VA medical care, veterans are required to have served in the military for a minimum of four years. As such, Melissa does not receive VA benefits because
she served for three years. Additionally, Michele explained, “I resigned my commission and do not receive VA privileges.”

In Question 7b, those who answered “yes” to Question 7a were asked how many times they had utilized VA medical services since their discharge from the military. A total of eleven participants said they utilized VA services: two participants reported having used VA medical services 1-5 times; three participants used the services 6-10 times; and six participants used VA medical care more than 11 times. The percentages in Table 9 were calculated using the 11 participants’ responses.

Table 9

*Frequency of Utilization of VA Medical Services*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 times</td>
<td>18.2%</td>
</tr>
<tr>
<td>6-10 times</td>
<td>27.3%</td>
</tr>
<tr>
<td>More than 11 times</td>
<td>54.5%</td>
</tr>
</tbody>
</table>

In Question 7c, the 11 participants who answered Question 7a affirmatively were asked to use a Likert scale to indicate their impressions of the quality of medical care they received from the VA (Table 10). The scale ranged from 1 to 5 (1 being poor, 5 being outstanding).

None of the 11 participants rated the VA medical care as completely poor and only Shannon, who served in theater, gave a rating of 2. She explained, “I was
injured in the line of duty and have been denied care for chronic pain.” Four women
gave the VA a rating of 3. Erica and Stefanie had a shared complaint regarding
difficulty with scheduling appointments. Stefanie has also been unhappy with the
lack of continuity of care. She stated,

One frustrating thing is that providers change often, and it is difficult to get
new or follow-up appointments scheduled. As an example, I once had
extensive labs done and still do not know what the results are. I have made
several attempts to contact appropriate staff, still nothing.

Additionally, Erica explained that it can take “a long time to get appointments” and
getting in to see a specialist “may take years.” Lisa felt that the “long waits and
confusing paperwork” were problematic. Furthermore, she recently became
ineligible for care because she earns “too much.” Kathleen, an MST survivor, related
an upsetting story:

I almost died last year because they failed to diagnosis a particular medical
issue. I had to threaten to call my congressman to get the medical care I
needed...The VA also lacks sensitivity towards MST survivors and females in
general...I felt very uncomfortable at a recent urology appointment where I
had to get undressed, wear a paper hospital gown, and wait in an exam room
where the walls were covered in anatomical penis diagrams.

Three of the participants gave a rating of 4 out of 5. Lauren explained that the
James A. Haley Veterans hospital in Tampa, Florida has a separate women’s clinic
which she finds to be useful for immunizations and common colds ailments, among other general purposes. However, she further explained that she does not feel that they are good with OB/GYN issues or more complex illnesses, which might require a referral. In addition, she expressed that scheduling appointments and parking are difficult.

Carol, who has been using the VA medical facilities for two years, expressed that she finds “most physicians and healthcare professionals to be very good”, yet recognizes “some laziness and rudeness.” Joanne, who was once a nurse at the VA expressed that, typically, the “doctors only want to see you every six months.” She explained that one must often go to the emergency room for acute issues; and how quickly a person gets in to see a physician “depends on who you know and how critical your issue is.”

Three participants gave a rating of 5 (“outstanding”). Angie shared that she feels “very supported” in the VA healthcare system and that she uses “regular doctors, the women’s clinic, and physical and mental therapy.” Evelyn expressed that she is very pleased with the care that she receives; it is the “bureaucracy that sucks, making access difficult.” Colleen articulated that it is “very easy to make appointments”, and further explained that she is usually seen the “very same day.” However, it typically takes a week or longer to see her “civilian doctor”. She further expressed that the people at the hospital are “very courteous, welcoming, and informative.”
Table 10

Quality of VA Medical Services

<table>
<thead>
<tr>
<th></th>
<th>1 (poor)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (outstanding)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>9.1%</td>
<td>36.3%</td>
<td>27.2%</td>
<td>27.2%</td>
<td></td>
</tr>
</tbody>
</table>

The participants who did not utilize VA medical services were asked in Question 7d what, if anything, would make them more inclined to seek medical care through the VA. Lisa and Erica both expressed that they would be more likely to use the services if they could get appointments when they needed them. Karen would be more inclined to use the services if she did not have existing outside health coverage; whereas Sara, expressed that she would use the services if she were fully covered, which she is not. Sara also stated, “I wouldn’t want to take benefits away from other vets.” Shannon expressed concern in the quality of services as she discussed that she would be more inclined to use the services if they were thought to be “top notch…everything I have heard about them states otherwise.”

Question 8: Accessing VA mental health services. The participants were asked to rate how likely they would be to utilize the VA for mental health services (Table 11). Seven participants responded that it would be “very unlikely” that they would access the mental health services provided by the VA. Shannon and Melissa
both explained that they have outside insurance coverage; therefore, they would be more likely to seek services outside of the VA system. Sara and Joanne, who are both employed by the VA system, explained that they would be very unlikely to access mental health services through the VA, as it may be considered a “conflict of interest”. In addition, Joanne expressed concern about colleagues and other VA employees potentially having access to her records. Michele revealed that she would be very unlikely to access services because “the system is overburdened with current service members who need those services and I would not take that away from them.” One participant stated that she is “unlikely” to access the mental health services through the VA, because she is a military spouse; and, as a result, she believes she would be “required to use our primary care”.

Four participants indicated that it would be “likely” that they would use mental health services provided by the VA system if needed. Lisa stated that she would be likely to use the services, as there are “good practitioners” at the VA. Erica shared that she has used the services in the past and “had a good experience”. Colleen spoke about having no problems with the VA system, thus she imagines that the mental health services “are just as good” as the services she is currently receiving. Lauren shared that she would be likely to access mental health services at the VA because it would be cheaper than utilizing her private insurance. She further stated that “they would probably have a better understanding of me as a person having known I was in the military”.
Four participants stated that they are “very likely” to use mental health services provided by the VA; each also disclosed that she is currently utilizing the services. Kathleen explained that she is pleased with both her psychiatrist and counselor. While Carol divulged that she is currently using the services, she chose not to elaborate. Angie shared that she has a diagnosis of PTSD, and has regularly accessed the VA for services and treatment. Evelyn stated that she uses the VA services, which allow her to “associate with others with a military background and similar experiences”.

Table 11

Utilization of VA Mental Health Services

<table>
<thead>
<tr>
<th>If you were to need mental health services, how likely would it be that you would access the mental health services offered by the VA?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Unlikely</td>
</tr>
<tr>
<td>43.75%</td>
</tr>
</tbody>
</table>

Question 9: What would make you more inclined to utilize the Mental Health Services available through the VA? The participants who stated that they were very unlikely or unlikely to utilize the mental health services available through the VA, were asked what would make them more inclined to utilize the mental health services available through the VA. Shannon reiterated that, if she believed that the mental health services were top notch, then she would be more inclined to use them.
Becky spoke of being a military spouse and not being able to utilize the services. Michele stated that there is “nothing” that would make her more inclined to utilize the services because she would not want to possibly deprive other veterans of the services they need. Although Joanne already explained that she would not want her colleagues to access her records, she added, “There is only one doctor over [at the VA] that I have heard good things about.” Sara reiterated that she would not utilize the services offered through the VA because she is an employee and there is the potential for a conflict of interest. She stated that, if she would ever need mental health services, it is likely that the VA would refer her to an outside provider. Karen, Stefanie, and Colleen could not determine what would make them more interested in using VA mental health services.

**Question 10: Are you currently receiving VA benefits?** The participants were asked to indicate whether they were receiving VA benefits (Table 12). They were then asked to describe which VA benefits, if any, they were receiving.

Table 12

*Recipients of VA Benefits*

<table>
<thead>
<tr>
<th>Participant</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angie</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Becky</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Carol</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Status</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Colleen</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Erica</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Evelyn</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Joanne</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Karen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kathleen</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Lauren</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Lisa</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Melissa</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Michele</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sara</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shannon</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Stefanie</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

As seen in Table 12, approximately 56% of the participants stated that they are currently receiving VA benefits. Nine participants shared that they are not currently receiving VA benefits. Joanne is currently receiving medical benefits and Stefanie is receiving VA disability benefits. Kathleen, who had shared that she was unable to get her license in the medical field due to her treatment for PTSD, also receives disability benefits. She stated that, if she did not receive disability, she would be “homeless” since she “cannot work” due to the licensing complications.
Erica shared that she had a 10% disability rating and is using the Post 9/11 GI Bill. Lauren shared that she is “20% disabled and I receive a monthly amount in addition to free medical care for these issues and my overall health.” Lauren is also relying on the Montgomery GI Bill for education. Angie, who has a 100% service-connected rating, believed that information about VA benefits should be more available, as she did not initially know about the benefits to which she was entitled. Carol receives monthly compensation in the amount of $123.00. Colleen is currently going to school and is using the Post 9/11 GI Bill to do so. She has also used the Montgomery GI Bill to assist her in purchasing a home. Evelyn classifies herself as a disabled veteran, and her benefits include military retirement. Evelyn stated, “I’m grateful for VA services. I got benefits through own research and speaking with other veterans. A lot of vets don’t know what questions to ask. The VA doesn’t give information out freely.”

Seven participants (44%) expressed that they are not currently receiving any VA benefits. As a result, they were asked if they were either in the process of applying for benefits or if they would be applying for benefits in the near future. Five of the seven participants stated that they do not intend to apply for VA benefits. Sara, who does not currently receive benefits, shared that she did use the GI Bill in the past. Karen shared that her husband is active duty and she is solely using his benefits. Becky is currently in the process of applying for benefits and has been “denied once.” She stated, “It is an ongoing process.”
Question 11: If there was anything at all that you would like others to know about women veterans, what would that be? All participants were given the opportunity to express any additional information about women veterans. Fourteen veterans responded to this question. Two participants felt that they had already provided enough information throughout the interview and did not feel it was necessary to elaborate further. In order to honor their thoughts and opinions, their full statements are included in Table 13.

There was common theme centered on women’s empowerment. Clearly, the majority of these veterans felt that women are not equally respected and appreciated for their hard work and service. There appears to be a concern that they continue to be perceived by the public as simply nurses, cooks, and secretaries.

Table 13

Participants’ Perspectives about Women Veterans

<table>
<thead>
<tr>
<th>Name</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angie</td>
<td>We fully served too! So many people think most of us were just cooks, secretaries, and nurses – common women roles.</td>
</tr>
<tr>
<td>Becky</td>
<td>We’re just as strong as, if not stronger than, our male counterparts but don’t receive the same treatment.</td>
</tr>
<tr>
<td>Carol</td>
<td>We have not been safe amongst our fellow soldiers.</td>
</tr>
<tr>
<td>Colleen</td>
<td>I think that, in this day and age, women vets are treated equally.</td>
</tr>
<tr>
<td>Name</td>
<td>Statement</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Erica</td>
<td>We’re beyond the differences that segregated men and women in the service. The only ones that are treated differently are the ones that ask to be treated different. I personally don’t think there is a difference between men and women in the military.</td>
</tr>
<tr>
<td>Evelyn</td>
<td>It’s a given that women will be sexually harassed at some point in their career. It may be a comment or physical abuse and it needs to be reported. Unfortunately, with the military culture and American culture in general it is very much underreported for many reasons and there should be more advocate programs for women in the military.</td>
</tr>
<tr>
<td>Joanne</td>
<td>We’re strong and proud. We want to be treated and respected like our male counterparts. We often don’t get that respect. People are surprised to hear that I served for about 26 years.</td>
</tr>
<tr>
<td>Kathleen</td>
<td>Women’s service is just as honorable as the men.</td>
</tr>
<tr>
<td></td>
<td>I signed up because I wanted to do something for my country and saw it as an opportunity to enrich my life; to get out of a stagnant town. I was asked by others if I was a lesbian or looking for a man. I was accused by a male VA social worker of not being a vet. Men receive preferential treatment at the VA.</td>
</tr>
<tr>
<td>Name</td>
<td>Statement</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Lauren</td>
<td>Also, the VA does not address sexual dysfunction and pain in women.</td>
</tr>
<tr>
<td>Lauren</td>
<td>Women are veterans, too. Oftentimes when my husband and I are first introduced to people, they will start talking to my husband about being in the Army and he will always tell them, “Lauren was in the Army, too.” They often look shocked when he says this, which, in this day and age, I find alarming. They just don’t know the real jobs that women do in the military; some more dangerous than the jobs that men do. We aren’t just secretaries and nurses.</td>
</tr>
<tr>
<td>Lisa</td>
<td>When I was active duty there were no services. I put up with a lot of sexual harassment.</td>
</tr>
<tr>
<td>Melissa</td>
<td>Respect them.</td>
</tr>
<tr>
<td>Sara</td>
<td>That there are plenty of them. It’s not just men who serve.</td>
</tr>
<tr>
<td>Shannon</td>
<td>We work hard and make amazing contributions to the Army, yet we are still seen as less than those men we serve with.</td>
</tr>
<tr>
<td>Stefanie</td>
<td>As for the Marine Corps, women and men go through identical training.</td>
</tr>
</tbody>
</table>
**Question 12:** Is there something else you would like to share about your experience and/or views about women as veterans? Eleven of the sixteen participants cared to share their additional thoughts regarding their experiences and/or views about women as veterans. Each veteran’s perspective is equally important and, as such, has been included in Table 14.

Table 14

**Participants’ Additional Comments**

<table>
<thead>
<tr>
<th>Angie</th>
<th>I served on land and at sea (15 women and 165 men). I had more additional advanced training than the other men in the “radio shack” on the ship, and I was the only one. Even though I had more training, I was still treated as “just” a woman.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol</td>
<td>Military service members are often threatened when reporting sexual assault and other mental health issues. Women serving on active duty are having abortions to retain their military careers.</td>
</tr>
<tr>
<td>Colleen</td>
<td>I think it is great that they allow women to join the service if they want to. They’re still not allowed to enter combat roles, but I believe that showing what we can do and what we are capable of will show that we are able to handle whatever we set our minds to do. We may lack physical strength, but what we lack in physical strength we make up for by being strong-willed.</td>
</tr>
<tr>
<td>Name</td>
<td>Statement</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Erica</td>
<td>The military is definitely more difficult for women, both physically and mentally, than men. It is a male-dominated profession, and to challenge their culture and behaviors could result in a very difficult experience for women. I wish there had been social workers or reps for women while I was in or at least have had those types of services more available for women.</td>
</tr>
<tr>
<td>Evelyn</td>
<td>We’re just as good as the guys are. If we die, that’s the oath we took. They try to shelter us. Being in combat makes women stronger and more appreciative.</td>
</tr>
<tr>
<td>Joanne</td>
<td>I wish more men were more open to women veterans and their service, but a lot of the men are closed-minded. I wish there was a way to educate them.</td>
</tr>
<tr>
<td>Kathleen</td>
<td>I think there are many female vets who are afraid to go to the VA. Large groups of men can be a trigger. Medical personnel need to be educated about women’s unique health care needs. A lot of women will forgo medical care rather than go to the VA to be mistreated. Women are veterans, too. Female vets are an afterthought.</td>
</tr>
<tr>
<td>Lisa</td>
<td>It’s changing for the better, but slowly.</td>
</tr>
<tr>
<td>Melissa</td>
<td>The military made me who I am today. I learned respect, teamwork, and perseverance. I continue to achieve my goals and climb to the top because of completing this goal. It was motivating being a part of something so great.</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sara</td>
<td>There’s always the assumption that my husband is the only veteran in the family. People never seem to consider that I might also be a vet. There are a lot of women in high ranking positions who have earned it and they’re still overlooked. It’s not just men anymore.</td>
</tr>
<tr>
<td>Stefanie</td>
<td>I am grateful for the experience, and am glad I can use as a benefit in my chosen career path to help others by having some understanding. There are a lot of stereotypes in the world about veterans in general, and female vets in general, it is important to get individual stories and not assume someone fits a certain profile.</td>
</tr>
</tbody>
</table>

**Summary**

Throughout the data analysis, it was evident that each of these women had unique, yet similar experiences. All of the participants were very proud of the fact that they had served. Although some had very traumatic experiences while in the military, they all indicated they would gladly serve again. Many of them felt that
they were making the best decisions for themselves and exposing themselves to opportunities to better their lives. Several women shared that they would have preferred to be properly informed about the environment and culture in which they had enlisted. Additionally, some would have appreciated more protection and compassion from their fellow servicemembers. Chapter 5 will discuss the conclusions and implications drawn from this research study.
Chapter 5

CONCLUSIONS AND IMPLICATIONS

Introduction

As discussed in Chapter 1, the purpose of this study was to develop a better understanding of the way former servicewomen actually perceive themselves as veterans. Additionally, there was also a need to determine whether such self-perceptions influenced whether they accessed VA medical and mental health services. In Chapter 2, the current body of literature regarding female veterans and their perceptions of VA services was thoroughly reviewed, and common themes within the literature were identified. In Chapter 3, the methodology of this research study was explained; and the data and results were then discussed in Chapter 4. In this chapter, the conclusions and implications of this study will be shared.

Conclusions

Subsequent to the completion of this exploratory study, the researchers were able to address the important research questions presented in Chapter 1. One of the questions that served as the basis of this study was: How do women who served in the armed forces perceive themselves as veterans? Based on the collected and analyzed data presented in Chapter 4, women who have served in the military have a strong sense of pride about their service. Each of the participants indicated that she would likely have chosen to join again if she were given the opportunity. However, several women also indicated that they would prefer to have been better informed
about the implications of joining the military. Their collective description of a veteran, in general, consisted of words like “pride,” “honor,” and “loyalty.” Additionally, the women who had identified themselves as MST survivors also indicated that they associated “sadness” and a feeling of being “damaged” with being a veteran. Nearly all participants felt that they could identify with their definition of a veteran.

Another research question that was explored in this study was: Do these self-perceptions affect whether they access VHA medical and/or mental health services provided? Interestingly, the participants’ perceptions of themselves as veterans appeared to have no bearing on whether they actually utilized VHA medical and mental health care services. Most of the veterans had already been going to the VA for medical care, although some were dissatisfied with the quality of services. Furthermore, while many participants had accessed the available medical care, fewer actually used the mental health services. Remarkably, a couple veterans actually explained that they would refrain from using VA services because they were concerned they would be depriving fellow veterans of access to services.

The third important research question studied was: If they have accessed the aforementioned services, how satisfied are they with the care they received? The majority of participants indicated that information should be more readily available regarding services and benefits. For the most part, it appeared that most of the veterans were generally satisfied with the quality of care they received from the VA;
however, there was a consensus that the medical staff often lacks sensitivity and experience with female veterans. Some veterans indicated that, although they are generally pleased with the quality of care, they are not comfortable relying on the VA for gender-specific care (e.g. OB/GYN services). Furthermore, there was a feeling that male veterans sometimes receive preferential treatment, and VA medical personnel often assume that female veterans are not veterans at all.

Implications

Social constructs have generally dictated that a veteran is an older male. Many of the participants in this study also defined a veteran in the same manner. It is worth noting, however, that many of the women seemed to create a new definition for the term “veteran” that stemmed from their own experiences and self-perceptions. They may not fully identify with the usual social construct of “veteran”, but they are developing a new construct of their own. Given the theoretical framework used in this study (i.e., social constructivism), their newly developed construct for “veteran” is equally valid and true.

Understanding the way females perceive their veteran status is of utmost importance. Though they have been seemingly forgotten and underappreciated, they continue to maintain a great sense of pride and accomplishment. It is necessary to give these women the respect they have earned. The culture is changing; though the military continues to be male-dominated, women’s roles are more prominent than ever before. Medical professionals, social workers, and other mental health
professionals must be prepared to address the unique needs of these accomplished female veterans.

It is important to know that there were potential limitations within this study. As stated in Chapter 3, interviews were conducted both in person and via telephone. Seven participants were interviewed in person, and nine participated by telephone. As such, it is possible that the results of this study may have been slightly impacted. Women who were interviewed by phone may have felt a protected sense of anonymity; whereas, those interviewed face to face may have filtered their responses to a degree. Given the responses as a whole, however, it did not appear that the interviewing method had any distinct affect on the results of this study.

What has become evident is that there is a need for further research; studies that further explore how women perceive themselves and how serving in the United States has affected their lives. It is essential that they continue to be given the opportunity to tell their stories, so that their truths may be shared. Further, it is important to explore how female veterans perceive themselves in relation to their male counterparts. Comparative studies can be beneficial in discovering if there are distinct gender differences; difference in self-perception, the use of VA benefits, and the overall impact of military sexual trauma.
APPENDICES
APPENDIX A

Informed Consent to Participate as a Research Subject

Title: Women who have served in the military: Subjective meanings and self-perceptions as “veteran” and the impact on access to veterans’ services.

I hereby agree to participate in research which will be conducted by Beatrice Lavrov and Serena Nethery, MSW II students at California State University, Sacramento. They are working under the direction of Dr. Chrys Barranti, Associate Professor as their thesis advisor.

The purpose of this research:
The purpose of this study is to explore the subjective meanings and self perceptions of women who have served in the military and who are now veterans. In addition, this study seeks to explore how these subjective meanings and self perceptions may impact their access to veterans’ services (both medical and mental health care) available to them through the Department of Veterans Affairs.

Procedure:
Participation in this study means that you will participate in a one on one interview with one of the researchers. You will be interviewed about your subjective meanings and perceptions of yourself as a female veteran and how this may impact your access to mental and medical health care options available to you through the Department of Veterans Affairs. The interview consists of 17 questions and will last for approximately one hour. The interview will take place in a private study room in the library at California State University, Sacramento. The interview will be tape recorded and transcribed. You can request that the audio taping be stopped at any time in the interview without any negative consequence. The tape recording and transcriptions will be destroyed upon completion of this study and no later than July, 2010.

Risks:
You will not be asked about your personal mental health or medical status. However, should you experience any distress as a result of participating in this study or identify any potential needs you can access the following services:
Sacramento Vet Center
916-566-7430

Sacramento Mental Health Clinic at Mather
916-366-5420

The Soldiers Project Sacramento
877-557-5888

Psychological Counseling Services at Student Health Center (For CSUS Students Only)
916-278-6416

You will be given a list of these referral resources to keep for future access.

I understand that this research may have the following benefits:
Giving voice to self-perceptions and the personal meanings that women veterans have about their status as veterans will increase understanding of women veterans’ experiences after active duty. This is important because it can lead to an increased understanding regarding women veterans’ access to veterans’ services. It is hoped that findings can help improve a better quality of care for female veterans through improved accessibility to services and benefits. In addition, increased understanding of how women veterans’ perceptions of themselves as veterans may help improve outreach to women veterans and provision of services.

Alternatives/Rights to Refuse or Withdraw:
Your participation in this research is entirely voluntary. If you decide to participate in this study, you may decline to answer any questions and you may discontinue your participation at any point without risk or consequences. Participation or non-participation does not affect goods or services.

Confidentiality:
Your identity will be kept confidential. No personally identifying information will be used in the study. All information collected will be used to find general themes and patterns, and not for presenting single case histories. Study results will be summarized only for the purpose of reporting on this project. All participants will be given alias identifiers and these will be used in all related data and documents. In addition,
the consent form will be stored separately from audio tapes, transcripts and any and all data. Both will be kept in a locked file in the researchers’ home and later appropriately destroyed after the Master’s thesis project has been filed with California State University of Sacramento and no later than July 2010.

Compensation:
Upon completion of the interview, you will receive a $5.00 gift card for Starbucks. If you withdraw at any time during or after this interview, you may still retain this compensation.

Contact Information:
If you have any questions about this research project or would like to inquire about the findings from this research project, you may contact Beatrice Lavrov and Serena Nethery at 916-xxx-xxxx / 916-xxx-xxxx and Beatrice.Lavrov@gmail.com / Snethery06@yahoo.com or by contacting the researchers’ thesis advisor, Dr. Chrys Barranti in the Division of Social Work at 916 278-4161 or cbarranti@csus.edu.

I understand that my participation in this research is entirely voluntary. I may decline to participate at any time without risk.

Your signature below indicates that you have read this page and agree to participate in the research project.

_______________________________       __________________________
Signature           Date
APPENDIX B

Interview Guide

The purpose of this interview is to obtain information about the way women veterans perceive their status as veterans. Additionally, this study seeks to understand how these self-perceptions influence access to health care services – both medical and mental – offered to them by the Department of Veterans Affairs. The information gathered from this interview will be compiled with other interviewees’ responses and it is hoped that findings can help improve a better quality of care for female veterans through improved accessibility to services and benefits.

Demographic Information:

Age:  
☐ 18-25  ☐ 26-35  ☐ 36-45  ☐ 46-55  ☐ 55+

In which branch of the military did you serve?

☐ Air Force  ☐ Army  ☐ Coast Guard  ☐ Marine Corps  ☐ Navy

☐ National Guard  ☐ Other: ______________________

During what era did you serve?

☐ OEF (Operation Enduring Freedom)  ☐ Desert Storm/Desert Shield

☐ OIF (Operation Iraqi Freedom)  ☐ Vietnam

☐ Both OEF and OIF  ☐ Other ______________________

Did you serve in:

☐ In Theater  ☐ Non-Theater
Length of your military service?

Type of discharge from service?

What was your rank in the military?

What was your MOS (military occupational status)?

Can you tell me about the duties related to your job in the military?

**Interview Questions:**

1. a. When you hear the term “veteran”, what comes to mind?

   b. Do you identify with the term “veteran”?

      □ Yes □ No

      Can you tell me more about that?

   c. When you think about yourself as a veteran what comes to mind?

2. What five words best sum up your perception of yourself as a veteran?
3. How has serving in the military impacted your life so far?

4. Given what you know now as a veteran, how do you feel now about your decision to join the military?

5. If a young woman sought your advice about whether or not to join the military, what would you say to her?

6. a. Please indicate how strongly you identify with the following sentence:

   *I am very knowledgeable and aware of the services and benefits offered by the VA for women veterans.*

   [ ] Strongly Disagree  [ ] Disagree  [ ] Agree  [ ] Strongly Agree

   b. Would you like to elaborate further regarding your knowledge of services and benefits?

7. a. Have you ever accessed the **medical services** provided by the VA system?

   [ ] Yes  [ ] No

   If you answered “No”, what has or would prevent you?
IF YES:
b. How often have you utilized the VA’s medical services since you were discharged from military service?

☐ 1-5 times  ☐ 6-10 times  ☐ More than 11 times

c. On a scale of 1 to 5 (1 being poor, 5 being outstanding), how would you rate the quality of the care you received?

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5

Can you tell me about what experiences influenced your rating?

IF NO:
d. Can you tell me what would make you more inclined to utilize the medical services available through the VA?

8. If you were to ever need mental health services how likely would it be that you would access the mental health services offered by the VA system?

☐ Very Unlikely  ☐ Unlikely  ☐ Likely  ☐ Very Likely

Can you tell me what influences your rating?

9. What would make you more inclined to utilize the mental health services available through the VA?
10. a. Are you currently receiving any VA benefits?

☐ Yes  ☐ No

b. If “Yes”, would you care to share which benefits you are receiving?

c. If “No”, are you currently in the process of applying for benefits or will you be applying in the near future?

☐ Yes; I am currently in the process.

☐ Yes; I will be applying in the near future.

☐ No; I did receive VA benefits in the past but am no longer receiving them.

☐ No; I have no intention of applying for VA benefits.

☐ I did not know that I was eligible for veterans’ benefits.

Would you like to elaborate further?

11. If there was anything at all that you would like others to know about women veterans, what would that be?

12. Is there something else you would like to share about your experiences and/or views about women as veterans?
APPENDIX C

Resources for Participants

Additional Information

Thank you for your participation in this study. Though this study was not designed to cause any emotional distress, we would like to provide you with the following resources should you need to process your feelings with a mental health professional.

Sacramento Vet Center
1111 Howe Avenue Suite #390
Sacramento, CA 95825
Phone: 916-566-7430

Sacramento Mental Health Clinic at Mather
10535 Hospital Way
Mather, CA 95655
Phone: 916-366-5420

The Soldiers Project Sacramento
Email: Sacramento@thesoldiersproject.org
Phone: 877-557-5888

If you are a student at California State University, Sacramento, you may also access the counseling services on campus.

Psychological Counseling Services
California State University, Sacramento
Student Health Center
6000 J Street
Sacramento, CA 95819-6045
Phone: 916-278-6416
APPENDIX D

Recruitment Flyer

Attention:

Women Veterans

We are conducting a research study to better understand women veterans’ perceptions of their veteran status and the services available to them through the VA.

This study is not affiliated with the Department of Veterans Affairs and, as such, they will not be aware of your participation.

We are graduate students in the Social Work program at Sac State who are conducting this research as part of our thesis project.

If you are interested in participating in this research or would just like some more information, please contact us at the phone numbers or e-mail addresses below.

Serena Nethery    Beatrice Lavrov
snethery06@yahoo.com  beatrice.lavrov@gmail.com
916-xxx-xxxx    916-xxx-xxxx

*As a token of appreciation, all participants will be offered a $5 gift card for Starbucks.*
REFERENCES


