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Exploring Transition Factors Among Female Veterans of Operation Enduring Freedom/ Operation Iraqi Freedom (OIF/OEF)

Myra Robinson
Walden University

Walden University

College of Social and Behavioral Sciences

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Myra Robinson

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Review Committee
Dr. Lillian Chenoweth, Committee Chairperson, Human Services Faculty
Dr. James Castleberry, Committee Member, Human Services Faculty
Dr. Mary Bold, University Reviewer, Human Services Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2016

Abstract

Exploring Transition Factors Among Female Veterans of Operation Enduring Freedom/Operation Iraqi Freedom (OIF/OEF)

by

Myra N. Robinson

MA, Webster University, 2005

BA, Fayetteville State University, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

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Abstract

Many transitional challenges have affected female veterans after returning from serving in the war in Iraq and Afghanistan. The number of females joining the military and becoming involved in combat has increased within the past 10 years. Research exists on the transitional challenges of male veterans. However, little research exists on the reintegration challenges faced by female veterans. As these females become veterans, they are more visible in the Veterans Affairs Health Care System. Given this increase in number of female veterans, it is important to address transitional challenges experienced by females who served in Operations Enduring Freedom and Operation Iraqi Freedom (OIF/OEF) postdeployment. For female veterans, the transitional experience will impact their responses to readjustment in civilian life. Selder's transitional theory and Schlossberg theory provided the framework for this phenomenological study. Using snowball sampling, 5 female veterans who served in combat during the past 5 years were selected and interviewed about their lived experiences using an open-ended interview guide. Data from the interview responses were inductively analyzed for themes and patterns. Using NVivo11 for management of data analysis, the interview responses were transcribed, categorized, coded, and clustered, revealing 5 themes: reflection on deployment, health issues, support from family, environmental concerns, and readjustment into roles. The key findings revealed that female veterans who served in combat experienced complex challenges after reintegrating back into civilian life. The findings may contribute to positive social change by informing treatment plans and support programs for female veterans reintegrating back into civilian life.

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Dedication

To my husband Leon Robinson, children, Ashley, Jermaine and Kyle words cannot express the gratitude I felt for all of your encouragement, support and patience while pursing my PhD, I could not have done this without you. In addition, I dedicate this study to each of the female who allowed me to share their stories. Thank you for your courage, commitment and your sacrifice for our country. I know we will have the opportunity to collaborate again, as we continue to advocate for all female veterans.

I dedicate this dissertation to my mother, her words of wisdom and prayers gave me the motivation and strength to embark on this long journey. To my mentors the late Dr. Saundra Newby Shorter and Dr. Nanette Reynolds your words, support, nurturing, and encouragement gave me the motivation to pursue my PhD for that I am eternally grateful.

Lastly, in loving memory of my oldest sister, Pauline Hinson, your love gave me the strength I needed to complete my dissertation. Yes, I did it!!! I know you would have been so proud of me.

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Chapter 1: Introduction to the Study

Introduction

The number of female in the United States entering the military and becoming involved in combat has increased over the past 2 decades (Resnick, Mallampalli, & Carter, 2012). The roles of female in the military have changed significantly over the years as well. They now fill combat support positions, which place them in combat zones and more susceptible to the effects of combat-related issues. Eventually, these females will make the transition from being an active duty service member to becoming a veteran.

Approximately 2.4 million active duty and reserve members of the military armed forces have transitioned from active duty military to civilian life since 2010 (Koo & Maguen, 2014). Researchers anticipate that within the next 4 years over a million soldiers will reenter civilian life (Koo & Maguen, 2014). Since the start of the war in Iraq and Afghanistan, more than 150,000 female service personnel have been deployed (Department of Defense [DOD], 2010). There have been over 160 female fatalities and thousands of injuries, including mental health problems, that are attributable to deployment-related activities (DOD, 2010; Flynn & Hassan, 2010; Vogt, 2011).

As females serve in direct combat roles it is important to understand their lived experiences, especially during the transition back into civilian life. The conversion from active duty military to private citizenship may present challenges that are stressful, affecting multiple aspects of their lives (Tolppanen, 2011). Cohen et al. (2012) indicated additional research is required to explore this process, focusing specifically on challenges and adjustments female veterans face while converting away from military life.

A quantitative study conducted by the RAND Corporation for Military Health Policy Research reported that 14% of the sample population of active duty and veteran females screened positive for depression (Rand, 2009; Sambamoorthim, Bean-Mayberry, Findley & Banerjea, 2010; Tanielian & Jaycox, 2008). This is consistent with a study conducted by Smith et al. (2008), which suggested that postdeployment female service members were twice as likely as male service members to develop depression based on separation issues. They are also vulnerable to other physical maladies including gastrointestinal dysfunction, changes in nerve fibers of the brain, and skin wounds (Smith et al., 2008). Research indicates that these females also face mental challenges, such as posttraumatic stress, compassion fatigue, and other challenges to their mental stability (Smith et al., 2008). Vogt (2011) suggested that gender differences in exposure to combat require attention from the academic community to understand better female veterans' experiences after returning from serving in the Middle East. Because the deployment process is difficult, the issues surrounding the transitioning of female veterans back into normative culture becomes tantamount (Vogt, 2011)

By the year 2035 females will comprise at least 15% of all the veterans in the United States (Resnick et al., 2012). This statistical proportion of veterans is significant and warrants future qualitative research (Resnick et al., 2012). I could not identify salient research regarding the resulting maladies on female veterans' experiences during this transitional process. Cohen et al. (2012) explored this process from the male perspective; however, I discovered a notable gap in the literature exploring transitional issues facing

female veterans returning from combat. I addressed this gap by describing the lived experiences of female veterans postdeployment.

Background of the Study

In 1967, the United States lifted a ban that limited the number of female who could join military armed forces (Mulrine, 2011). As a result, there has been an increase in females who have joined the military (Fontana et al., 2010). Since 2005, an unprecedented number of female were attached or assigned to combat units, which placed them in a direct line of enemy fire (Resnick et al., 2012). Given the change of roles for females in the armed forces, they are equally exposed to combat-related trauma as their male counterparts (Di Leone et al., 2013). Researchers have noted females reporting significant numbers of incidences of sexual abuse both from combatants and within their assigned battalions (Haskell et al., 2010). Increasing numbers of female soldiers are separating based on the drawdown of the number of troops serving in Iraq and Afghanistan over the last few years (Di Leone et al., 2013).

Upon returning from combat, researchers suggested some female veterans will have trouble during the period of transitioning away from military life (Cohen et al., 2012). The adjustment is of concern to the veteran as well as the community as a whole. A misunderstanding of the female veterans' experiences exists within the healthcare profession, along with the misconceptions among family members, friends, and often, the female themselves (Owens, Herrera, & Whitsell, 2009). Although coping mechanisms exist between both genders, it appears the severity exacerbates in the female population (Resnick et al. 2012). A study conducted by the RAND Center for Military Health Policy

Research documented increased levels of levels of deployment-related stressors in females transitioning away from military life (Dutra et al., 2011). The RAND study is one of the few institutions that have assessed the mental health outcomes of females after returning from deployment to the Middle East (Dutra et al., 2011).

The focus of this study describes the experiences of female veterans who have transitioned into civilian life. The social implications are far reaching, including revealing information that could contribute to improving the mental and physical outcomes of increasing number of female veterans who will transition from active duty military to civilian life. Qualitative research gives voice to the marginalized population such as this by documenting their strengths and challenges for consideration at all levels of society, including individuals and their families, as well as, organizational such as the Veteran Administration (Resnick et al., 2009). The outcome contributes to potential advocacy efforts and legislative changes.

Problem Statement

According to the DOD by the year 2011, 283,000 females were on active duty deployment representing over 10% of all deployed military personnel (Amara, 2013). As of February 2012, 20,000 females were deployed to Operation Enduring Freedom/Operation Iraqi Freedom (OIF/OEF) and post 911 at least 21% of female veterans transitioned from the military, compared to 9.9 % of male veterans (Mattock et al., 2012). Since the U.S. military downsized in the year 2010, female veterans will become increasingly dependent upon support from the federal government, local communities, and personal support systems to assist with the challenges of readjustment

(Nayback-Beebe, 2010; Resnick et al., 2012). Mattock et al. (2012) noted that lack of support from family, friends, and community, problems with work-life balance; uncertainty as to role expectations, and gender discrimination, interfere with successfully transitioning to civilian life (Mattock et al., 2012). Females' experiences in combat and the issues they faced when trying to reintegrate into their civilian lives postdeployment have been overshadowed by the experiences of male veterans facing similar issues (Bowling & Sherman, 2008; Cohen et al., 2012).

Exploration of the literature revealed that little research has focused on how female veterans cope with these experiences once they return from deployment and transition back into society (Resnick et al., 2009). According to Bowling and Sherman (2008), some studies have focused on the physical and mental health of men after returning from combat, but few studies have explored female experiences once they try to reintegrate back into civilian life. Past research has documented issues concerning female veterans, particularly about transitioning from the active duty military into civilian life (Dutra et al., 2011). Females return to private life with social and physical issues (Haskell et al., 2010). I could find minimal literature or studies which chronicled how this population copes with the transitional process. The problem is that helping professionals and society may not fully understand the transitional challenges among female veterans trying to readjust to civilian life.

The study increased the understanding of the lived experiences of female veterans returning from the Middle East by describing the myriad of challenges they face and the coping mechanisms they employ to attempt to readjust to normative life after serving in

the military. I explored whether there was a need for gender-specific approaches as well as described the intervention strategies the participants may experience.

Purpose of the Study

The purpose of this qualitative phenomenological study was to describe the lived experiences of transition for female veterans of OIF/OEF, who returned home from combat zones in the Middle East to civilian life. According to Taft, Schumm, Panuzino, and Proctor (2008), there is a strong need to add to the research literature on the effects of war exposure among female veterans after returning from combat. Taft et al. (2008) further suggested understanding female veterans' experiences after returning from combat would a provide a better understanding of war exposure for females and increase understanding of the impact of adjustment issues.

The target population of this research study was female veterans who have transitioned back into civilian life after serving in the Middle-East between 2010-2015. Researchers have indicated a need to identify and understand female veterans' difficulties (Mattock et al., 2012; Resnick et al., 2009; Taft et al., 2008). I conducted a phenomenological study to inform the academic and military communities, as well as the public regarding transitional issues from the study population's perspectives.

Research Question

Using a phenomenological approach, I described the lived experiences of post combat females through their responses to inquiries regarding their personal experience. The research question formulated to guide this inquiry is: How do female veterans experience the transitioning process from active duty military into civilian life?

Theoretical Framework

I based the study on the theory of transition to learn more about female veterans transitioning from the active duty military back into civilian life (Selder, 1989). After an extensive review of the literature concerning female veterans returning from combat I determined this transition theory was suited for the study. The theoretical framework builds on the works of Selder (1989) and Schlossberg (2005) as it discussed critical areas related to the research questions.

Selder (1989) used the transitional theory to describe the process of the transition from the active duty military to civilian life. I also used the theoretical framework developed by Schlossberg (2005), referred to as the theory of transition. Schlossberg (2005) defined transition as a transaction between an individual and their environment. Theory of transition can reveal the processes grounded in the experiences of female veterans who transitioned out of the active duty military and provided an understanding of the issues faced by female veterans upon transitioning into civilian life. Schlossberg (2005) suggested that transitions are often traumatic and a turning point in a person's life that requires them to let go of former roles and learning new tasks. Schlossberg (2005) further noted that an individual's perception will influence how they deal with the transition. Schlossberg (2005) identified four factors that may affect a person's ability to cope with the change: situation, self, support, and strategies. Situation refers to an individual's perception of the transition or change (Schlossberg, 2005). The self-factor describes a person's personal characteristics and how the person may view life, such as their socioeconomic status (Schlossberg, 2005). Support is having positive relationships

with family, friends, and the community, and lastly, strategies are coping responses that may modify a problem or situation (Schlossberg, 2005). Boury, Treadwell, and Kumar (2001) noted individuals who misinterpret facts may limit their focus to adverse circumstances, thus igniting negative thoughts and feelings about their current and future situations. According to Bolton, Litz, Glenn, Roemer, and Orsilla (2002), there is no single theoretical framework that will explain coping and adjustment for returning female veterans. The framework of this study was influenced by concepts that were obtained from the literature and served in building a foundation of the research being conducted and provides a better understanding of the lived experience of female veterans after returning from serving in combat.

Nature of the Study

Phenomenology is a model to uncover the essences of human lived experiences (McQueen & Turner, 2012). The phenomenological researcher identifies general themes and the meaningfulness within the descriptions of personal experiences shared by a group or individual (McQueen & Turner, 2012; Merleau-Ponty, 1945; Spiegelberg, 1982). Using a descriptive phenomenological approach, I captured the lived experiences among (OEF/OIF) female veterans who have returned from combat within the last 5 years, who reside in North Carolina.

Of the studies conducted to date, I found little research exists using a qualitative phenomenological approach with this cohort. Using a qualitative phenomenological study, I explored the lived experiences of female veterans who are transitioning back into civilian life. The phenomenological approach is best suited for this study because of the

limited amount of literature on this research topic (Resnick et al., 2009). I collected data using face-to-face, semistructured interviews. Using a phenomenological strategy, my goal was to obtain information regarding the transitional challenges that female veterans may face after serving in active duty military to address the research questions. According to McQueen and Turner (2012), and Smith (2011), an interpretative phenomenological analysis (IPA) allows exploration of the participants' lived experiences. A descriptive phenomenological analysis is useful in capturing the full extent of an individual's experiences and beliefs (McQueen & Turner, 2012; Merleau-Ponty, 1962; Osborne, 1994; Smith, 2011). Chapter 3 provides a more detailed discussion of the research method.

Definition of Terms

Combat: Action between military forces (Owens et al., 2009).

Combat Veteran: Active duty personnel who served in the U.S. Armed Forces during the war that exposed them to the face of war, involving mortar attacks, gunfire, attacks, and a threat to life (Department of Veterans Administration, 2010).

Deployment: When a service member of the U.S. Armed Forces is moved to a specified destination or assignment (Street, Vogt, & Dutra, 2009)

Female War Veteran: Active duty female armed services member that served in OIF/OEF (Department of Veterans Administration, 2010).

Military Transition: The act of an active duty personnel member, who is leaving the military to return to civilian life (DOD, 2010).

Trauma: Physical and or emotional threats experienced by an individual, causing and having lasting adverse effects on a person's physical, social, and emotional functioning (Samhsa, 2013).

Postdeployment: When an active duty service member of the U.S. Armed Forces returns homes and permanently leaves their assigned duty station (Department of Veterans Affairs, 2009).

Reintegration: Stage of the deployment cycle when the service member re-enters into his or her life before deployment, or back into civilian life (DOD, 2010).

Veterans: Individuals that served in the U.S. Armed Forces (Department of Veterans Affairs, 2009).

Assumptions

Each participant provided content regarding her lived experiences while transitioning from active duty combat back into civilian life. I assumed participants were truthful when answering the interview questions. I also assumed females who represent themselves as having experienced challenges while transitioning from the active duty military into a civilian life shared their experiences openly. Finally, participants were expected to be capable of describing their lived experiences when asked to share their experiences and coping mechanisms.

Scope and Delimitation

The extent of this study focused on a purposeful sample of the participants who met the inclusion criteria. I depended on the participants' truthful reflection of their lived experiences while adjusting to civilian life. I did not explore the experiences of male

veterans. I based my decision on the increased number of female veterans that served in the United States armed forces who are now transitioning back into civilian life.

Limitations

Several limitations contributed to the outcome of this study. Participants were volunteers. It was important to set aside preconceived ideas and expectations. According to Moustakas (1994), it is also important to apply bracketing or epoch to help set aside any prejudgment, biases and or preconceived ideas. To describe the lived experiences of female veterans, I attempted to remove my biases and remain open as they shared their feelings and beliefs about the phenomena. Using this tactic alleviated researcher bias. Using female veterans only that served in combat limited the findings and themes usually found in a larger study (Moustakas, 1994).

Significance

This study is important as researchers have validated the need for increased support for females who transition back into civilian life after serving in active duty military (Resnick et al., 2009). The results of this study are significant to healthcare professionals and the community by fully understanding the lived experiences of the lives of returning female veterans. The results also have significance by increasing awareness of this unique population by educating counselors, family members, and society as they continue to seek information regarding female veterans and their readjustment to civilian life. The study has significant implications for change in military policy on postdeployment interventions for female veterans.

In this current study, I fill a gap in the literature by exploring the lived experiences of female veterans, specifically, their transition back into civilian life, postcombat. Female veterans are a valuable part of our society (Resnick et al., 2009). Results of this study contributed in many areas of the military healthcare system and communities by providing the helping professionals with insight as they seek information regarding the transitional adjustments for returning female veterans. Given the influence of war on life events and mental health issues, this study is of importance as increasing numbers of female veterans are returning from the Middle East. The transition back into civilian life has social implications for employers, families, and society as a whole.

This qualitative study offered an understanding of how female veterans perceive their lived experiences after leaving the military. Resnick et al. (2012) indicated that the helping professionals and community should become familiar with the diversity of ways in which female veterans react to readjustment after serving in combat. It may be reasonable to assume that when a person transitions from active duty military to civilian life they may face a critical decision in the transition. Actions taken while on active duty may affect how well they adapt to this new life stage. Understanding the history, background, and issues faced by returning female veterans will enable helping professionals to provide services in a more informed content.

I further explored the role the Department of Veterans Affairs has played in addressing mental health disorders in female veterans after returning from combat. Although most traumatic stress, alcohol, substance abuse, sexual trauma, and traumatic

brain injuries integrally connect to veterans with mental health issues, female veterans are much more susceptible to suffering from psychological illnesses than male veterans after returning from a war zone (LePage & Garcia-Rea, 2008; Mattocks et al., 2012). This study provided a stimulus for the development of additional or new interventions to meet the challenges of female veterans returning from the combat duty.

Summary

Throughout the history of America, females have served honorably in U. S. Armed Forces (Owens et al., 2009). Taking into account the high number of female veterans that served in the recent wars in Iraq and Afghanistan, I elucidated the relationship between combat wars and transitional issues among female veterans, postdeployment. While some reintegrate into private life using their talents and leadership skills, others are faced with significant physical and mental impairments, which may hinder their ability to adjust (Owens et al., 2009; Vogt, 2011). Although there is a myriad of studies discussing male veterans after leaving the military services, I found little evidence on the effects of combat on female war veterans (Hamilton, Poza, Hines & Washington, 2012).

The purpose of this study was to explore and describe the lived experiences of female veterans after returning from serving in combat and their postdeployment challenges. Additionally, I expanded the understanding among female veterans returning to civilian life after serving in combat (Resnick et al., 2012). In this chapter, I introduced the transitional factors related to returning female veterans as it relates to their function in their family and society. Chapter 1 also provided the rationale of the experiences,

challenges, role expectations, and responsibilities of transitioning female veterans. I discussed that many research studies focused on the transition of male war veterans but revealed a small amount of female war veterans' transitional studies (Bowling & Sherman, 2008). In Chapter 1, I introduced the problem statement, research questions, and the purpose of this study; I also explained my rationale for choosing a qualitative method. In chapter 1, I provided a list of commonly used definitions and terms. My assumptions, limitations, and delimitations were also included.

Chapter 2 highlights the gap in literature, summarizes the existing literature, and discusses search strategies, concluding with a summary. Chapter 3 presents the methodology of this qualitative study. I explain the phenomenological process of data collection and analysis. Chapter 3 also includes information about phenomenological research design, the rationale, and an explanation of the theoretical frameworks that explains the connection with the purpose of this study. I discuss the research questions, the role of the researcher, the sample population and strategies, information on data collection, and data analysis plan. Then, an explanation of the instrumentation, ethical issues, confidentiality, and information on the trustworthiness of the methodology follows. I concluded with a summary. In chapter 4, I provide an overview of the results and findings of the data analysis, evidence of trustworthiness, transferability, and dependability. The final chapter reveals the interpretation of the findings, implications for social change, and recommendations for further study.

Chapter 2: Review of the Literature

Introduction

This literature review examined and discussed the challenges among female veterans who served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) after returning from combat and the influences of deployment upon readjusting to civilian life. The Department of Veterans Affairs (VA) defined deployment as temporary relocation for military personnel within a particular area of operations (VA, 2010).

Although the number of male veterans will decrease over the next 20 years, the number of female veterans will increase by 17% between 2013 and 2043 (VA, 2014). The number of females joining the military and becoming involved in combat has increased (Dutra et al. 2011). The roles for females serving in military combat have changed, allowing females to serve in all aspects of combat (Street et al., 2009). Researchers have documented increased exposure of service females to traumatic experience during conflict contributed to an increase in mental health issues, particularly depression (Burns, Grindlay, Holt, Manski & Grossman, 2014; Koo & Maguen, 2014; Sambamoorthi et al., 2010). Although female veterans that served in OIF/OEF are seeking health care services from the Veterans Administration (VA), there are many who do not use the services offered by the VA. These services are underutilized, based on a number of factors including the stigmatization, and poor help seeking behaviors exhibited in the military population (Carlson, Stromwall & Lietz, 2013). According to the Disabled American Veterans (DAV) (2014), one in four VA facilities do not meet the health,

social, and economic needs of female veterans after returning from combat. DAV (2014) further reported female veterans shy away from using the VA hospitals due to the lack of female health providers that would provide gender-specific care to female veterans returning from the Middle East. During the year 2000, the VA provided services for 390,000 female veterans in compared to over 5 million male veterans who used the VA (VA, 2013).

Review and Search Strategies

The research studies used in this review include a comprehensive search through the EBSCO, ProQuest, and Medline, to gather data on peer-review articles, obtained through searches of the following databases: PsyArticles (1990 through present), PsycINFO (1987 through present), Psychology: ProQuest Social Science, Walden Dissertations, ProQuest Psychology, ProQuest Central, The Department of Veterans Affairs Official Website, Public Library of Sciences, EBSCO host, SOCINDEX and A SAGE Full-Text Collection. The writer's focus is on current scholarly literature with published resources within the past 5 years. This will help in establishing the history of the subject being explored. The key terms include: *depression, mental health, military, family, children, health, Iraq and Afghanistan Wars, , homelessness, social support, PTSD, postdeployment, and PTSD, the Department of Veteran's Affairs, the Department of Veterans Administration, the National Coalition for Homeless, depression in female veterans, depression in male veterans, PTSD in male veterans, stigma, disorders, trauma, combat, veterans, transition, reintegration, military predeployment, postdeployment.*

The use of subject headings assists in gaining ideas for search terms that will help in describing the primary focus of the article. Of the articles found using these terms and definitions, a total of 75-peer-reviewed ones were cited from 2006 - 2014. The content of the articles was assessed for content appropriateness before selection for use in this literature review, to establish the history of the subject being explored (Creswell, 2013).

Critical Review of Past and Current Literature on Female Veterans' Postdeployment Transition

Most research papers published to date referencing transition adjustments in female veterans that served in OIF and OEF are from the United States. I read approximately 80 abstracts; of the 80, 15 were included in the literature review. The articles were thoroughly studied due to their relevancy to the topic and key issues in this study; they relate to female veterans, combat, mental health problems, deployment, physical and, physical, psychological, and re-integration issues.

Females have lived as patriots, fought for freedom, and died defending this country since the Revolutionary War (Murdoch et al., 2006; Tolppanen, 2011). Females have served in America's wars throughout history (Murdoch et al., 2006). Historically females have served in many capacities, beginning with the Revolutionary times to the current conflicts in Iraq and Afghanistan (Murdoch et al., 2006; Tolppanen, 2011). By the end of the American Revolutionary War (1781), more than 20,000 female provided support in every aspect of the military armed forces (Murdoch et al., 2006). These females included females such as Molly Ludwig Hays, Deborah Sampson, and Congressional Medal of Honor awardee, Dr. Mary Walker. Molly Pitcher was a nickname given to Molly because of her dedication to providing water to military troops

during the Revolutionary War. Dr. Mary Walker served as a contract surgeon and endured prisoner of war (POW) status for months while continuing to fulfill her role as a contract specialist caring for other inmates (Murdoch et al., 2006). Dr. Walker was the first woman allowed to practice medicine and to date the only female to receive the Congressional Medal of Honor (Congressional Medal of Honor, 2013). These females were among the few patriotic and heroic female that served during the Revolutionary War (Tolppanen, 2011).

Female's participation in the American Wars has grown since World War I (Skaine, 2011). Skaine (2011) reported that 35,000 female served in World War I (1914-1918) and 400,000 served in World War II (1939-1945). During World War II, female enlisted to free male soldiers for combat by filling positions such as clerical, translators, and radio operators. In an effort to serve, the military female became nurses (Boyd, 2013).While some served directly in nursing units; others served as Red Cross nurses (Skaine, 2011). During the 1940s, Female's Army Corps (WACs) was formed, thus creating similar organizations in the Navy, Coast Guards, and Marines (Skaine, 2011). There were still concerns about expanding the roles for female serving in the armed forces due to the belief that females could not endure the stress and physical exhaustion of warfare (Boyd, 2013). Eventually, females filled a variety of jobs except combat positions (Boyd, 2013). These included airplane pilots, radio operators, repair workers, and gunnery instructors (Skaine, 2011). Approximately 1,000 females were flight instructors (Boyd, 2013). These females belonged to Female's Airforce Service Pilots (Boyd, 2013).

After World War II had ended, female were released from their duties in the military armed forces and returned to their roles in their civilian life (Boyd, 2013). It was during the 1940s Congress Representative; Margaret Chase Smith tried to convince other Congress leaders to allow females a permanent role in serving in the military armed forces (Boyd, 2013; Murdoch et al., 2006). It was not until 1948 that Congress passed Female's Armed Services Act, which allowed female to become a permanent part of the military armed forces (Boyd, 2013). During this era, the law only allowed 2% of the female population to serve in the army, not to include nurses (Skaine, 2011). The stipulation allowed the military to remain predominately male while offering female a limited role while serving during World War II (Monahan & Neidel-Greenlee, 2011). World War II was a turning point for female that served for in the military armed forces (Boyd, 2013). The military commanding officers who once stated they would not accept female serving in the armed forces soon changed their minds and asked if more could help (Boyd, 2013).

As America prepared for the military buildup in Vietnam, there was another turning point for female serving in combat (Boyd, 2013; Monahan & Neidel-Greenlee, 2011). Initially, the U.S. military resisted sending female to Vietnam, other than nurses (Boyd, 2013). Nurses ranged from college graduates to civilian females in their 40s (Monahan & Neidel-Greenlee, 2011). During the Vietnam War (1959-1975), eight female Army nurses and one Airforce nurse died over the duration of the war (Boyd, 2013). These females included military nurse Lieutenant Colonel Annie Ruth Graham, who served in both World War II and Korea before suffering a stroke in 1968 (Boyd,

2013; Mulrine, 2011). Before the United States left Vietnam in 1973, approximately 7500 females served in that conflict (Skaine, 2011).

Before the Vietnam War ended in 1975, the United States lifted the ban in 1967, which limited the number of females represented in military armed forces (Mulrine, 2011). As a result, the roles for female in the military of the United States changed (Fontana et al., 2010). During the 1970s, opportunities for females expanded in serving in the military armed forces (Murdoch et al., 2006). The expansion happened for two reasons, namely the demand for equality for females serving in the military armed forces, and President Richard Nixon ending the draft and opening the doors for all volunteer armed forces (Monahan & Neidel-Greenlee, 2011). Instead of serving in clerical positions, females in the armed forces could be trained in jobs predominately held by males and could now provide support to combat units (Monahan & Neidel-Greenlee, 2011; Murdoch et al., 2006).

History provides accounts of females serving in support of military operations, many serving in combat related positions (Resnick et al., 2012). It was not until 2005 that over 200,000 females became active duty service members, making up nearly 14 % of the active duty armed forces services (Dutra et al., 2011). Despite the achievement and demonstration of competence, bravery, and reliability exhibited by females in the military, there are continuous reports of females labeled or stigmatized for serving in combat zones (Van Ness, 2008). Having equality comes with equal exposure to the hazards of war (Dutra et al., 2011). For the past 10 years, females have served in all branches of the military armed forces with honor, during peace times and now officially

in combat (Dutra et al., 2011). While excluding females from direct combat positions, many continued to hold combat support positions that ultimately placed them in direct combat situations (Resnick et al., 2012). As difficult as it was for male veterans to acknowledge and accept treatment for mental health issues after returning from combat, it was harder for female veterans, as their experiences went unacknowledged (Resnick et al., 2012). Although the lack of support was a common factor relating to depression development for male veterans, Fontana et al. (2010) demonstrated that a lack of social support was a significant factor in the development of depression for female veterans as well as male veterans after returning to civilian life.

Female Veterans' Statistics

A study conducted by The Department of Housing and Urban Development (HUD) (2015), estimated that the total number of the Veteran population as of January 2015 in the United States was approximately 21,97,964. HUD (2015) female veterans account for fewer than 10% (4,338) of the homeless veterans. The population of female veterans estimated at 2,271,222, with the states of Texas, California, Florida, Virginia, and Georgia, having the largest number of female veterans in the United States (Fontana et al., 2010). Females from the United States represented 1.5 million female veterans, with 29 % of all female veterans serving only during peacetime (Resnick et al., 2012). Half of all female veterans served during the Gulf War (1990 to present) (Resnick et al., 2012).

Stressors Associated with Postdeployment Transition

With the increase of females serving in the military, the DOD and VA have an increased interest in females that served in combat (Fontana et al., 2010). This organization has taken an interest in the number of female returning from combat with mental health diagnosis (Resnick et al., 2012). Healthcare professionals have played a crucial role in identifying female veterans of the Middle East with mental health diagnosis after returning to the United States (Maguen, Ren, Bosch, Marmar, & Seal, 2010). Serving in combat or combat support units placed female at a higher risk of being exposed to physical and psychological stressors (Maguen et al., 2010). Some of the stressors were the result of witnessing injuries and deaths of deployed soldiers (Fontana et al., 2010). Also, these stressors may create physical and psychological changes such as depression, adjustment issues, anger, inability to sleep, and feelings of loneliness (Maguen et al., 2010).

With the evolving roles of females now serving in forward combat or combat related positions, they are exposed to unpredictable risk to their health (Fontana et al., 2010). Serving in a forward position such as truck drivers, gunners, and fuel suppliers increased their risk of exposure to explosive devices, rocket-propelled grenades and mortar attacks (Fontana et al., 2010). Worthen (2011) defined forward positions as direct ground combat units such as infantry, armor, Special Forces, field artillery, and combat engineers. The increased involvement in combat zones heightened the risks associated with combat-related traumas, injuries and health consequences for active duty females and female veterans (Hassija, Jakupcak, Maguen & Shipherd., 2012). As with all

combatant experiences, there is the potential risk of emotional and physical trauma (Sayer et al., 2011).

Studies conducted by Worthen (2011) on combat-related stressors, combat exposures, sexual harassment, and sexual assault reported each is a contributing factor for female veterans and depression. Janoff-Bulman (1979) stated that there are two types of depression after a sexual assault: behavioral self-blame and characterological blame. Behavioral self-blame is when someone feels they could have prevented or done something differently to stop the sexual assault (Janoff-Bulman, 1979). For example, the victim feels they should have fought back or should have done something different that would have deterred the person from the assault, resulting in self-blame. Whereas, characterological blame refers to self-blame, feeling that they deserved what happened (Janoff-Bulman, 1979). Fontana et al. (2010) reported that female veterans exposed to sexual trauma during deployment are more likely to develop major depressive disorder than deployment-related stressors. Females who have been sexually traumatized during combat are more likely to experience depression once they return to the United States (Kelly, Skelton, Patel, & Bradley, 2011). Kelly et al. (2011) found that depression sets in after returning from serving in combat due to receiving minimal or no psychiatric care. Many female veterans will go untreated and experience several months of depression; that increases the risk for substance use and relational as a result of untreated depression (Kelly et al., 2011).

Females in the military are in a position to be affected by stressors associated with mental, physical abuse, sexual violence, and sexual harassment (Resnick et al., 2012).

The Department of Veterans Affairs (2010) defined sexual trauma as any person subjected to personal sexual harassment, and or assault from another member of military services. Female veterans who served in combat reported experiencing psychological distress due to lack of support and proper interventions after being sexually abused (Rowe, Gradus, Pineles, Batten, & Davidson, 2009). Fontana et al. (2010) found females exposed to trauma while deployed were at a greater risk for the development of depressive disorders. (Arbisi, Polusny, Erbes, Thuras, & Reddy, 2011), used the Minnesota Multiphasic Personality Inventory (MMPI) and the revision of the Mississippi Scale for PTSD to assess the degree of combat exposure among the groups of female veterans. The results of this study demonstrated variances in stressors (Arbis et al., 2011). Arbis et al. (2011) proposed the outcome of the study varied in both the level of stressors and exposure among the subsets of female. The stressors encountered by the females involved sexual harassment, occupational conflict, interpersonal issues, and homelessness (Arbis et al., 2011). The authors concluded in their findings that female veterans faced many stressors due to their assigned positions and specialized roles (Arbis et al., 2011).

There have been few studies that examined mental health outcomes between male and female veterans that were exposed to trauma during OIF/OEF (Resnick et al., 2012). Research indicated that in postdeployment female are more likely than a male counterpart to screen positive and report depression (Maguen et al., 2010). In a study conducted by Vigod and Taylor (2013), it was noted that while there are biological and psychosocial differences between males and females, there continues to be a preponderance of depression among female in general. Vigod and Taylor (2013) further added females are

predisposed to the onset of depression, mainly due to biological/hormonal, reproductive life changes, environmental stressors, violence, and socioeconomic instability.

Mental health issues are found among both genders (Resnick et al., 2012). Female veterans, however, suffered from various mental health problems at higher rates than those of male veterans primarily because female veterans are exposed to different circumstances than men during combat (i.e., sexual abuse, insubordination, higher hierarchy and lack of support) (Resnick et al., 2012). Teh, Kilbourne, McCarthy, Welsh, and Blow (2008) reported those with mental health illnesses have a lower quality of life including unemployment and lack of social relationships than those without mental health issues. As mentioned above, females make up more than 14% of U.S. veterans and 7.4% of U.S. veterans suffering from some form of related mental health illness (Cohen et al., 2012; Teh et al., 2008). In a previous study of 31,000 female veterans conducted by the Department of Veterans Affairs (2010), 25% of female veterans exposed to the conflict of war reported symptoms of depression without any other mental health problems. The National Institute of Mental Health (2015) (NIMH) reported depression has contributed to leading risk factors for osteoporosis, cardiovascular disease, dementia, and 50 % cardiovascular mortality in postmenopausal female.

More research illustrated females exposed and have experienced significant trauma show earlier signs of depression (Cohen et al., 2012). Females exposed to trauma also have a worse quality of life than males that have been exposed to the same level of trauma at the same age (Resnick et al., 2012). According to the Veteran Affairs (2013), 37 % of female veterans have sought mental health services upon returning from

deployment in Iraq and Afghanistan. While 24% had only one visit, there were more than 18% that found services for mental health and sexual trauma during a fiscal year after returning from deployment (VA, 2013). These findings suggested that mental health illness among female veterans may require more extensive resources (Kimerling et al., 2010).

According to Veterans Health Administration (VHA. 2012), military sexual trauma is a unique risk among female veterans returning from deployment. The National Veterans Administration sexual trauma surveillance data reported one in five female veterans reported subjection to sexual trauma while deployed (VHA, 2012). Two studies conducted on military sexual trauma (MST) during OIF/OEF reported elevated levels of depression in female veterans as compared with those not being sexually victimized (Kelly et al., 2011; Kimerling et al., 2010). MST is defined as the experience of sexual harassment, attempt, or actual completed sexual assault while serving in the military (Fontana et al., 2010). MST has a variety of psychological problems, which included depression (Kimberling et al., 2007; Vogt, 2011).

The VA (2010) reported that PTSD is the most common form of mental health problems is associated with MST. The VA (2010) also found that 71% of females reported being a victim of sexual assault during their military career. Kimberling et al. (2010) reported that there was a strong association between PTSD, and sexual assault as well as being diagnosed with PTSD, which could last a lifetime. The results of this study indicated females that served in combat suffered from depression. This research clearly

shows the need for further exploration of the effects of depression and postdeployment mental health needs of returning female veterans (Curray et al., 2013).

As the roles of females have changed in the U.S. military, so has the increase in exposure that has brought female closer to combat. Understanding the impact of deployment stressors, particularly for returning female veterans has increased (Dutra et al., 2011). There continued to be very little research focused on depression alone (Curray et al., 2013). Depression has been a leading diagnosis among female veterans postdeployment (Seal et al., 2009). Maguen et al. (2010) reported out of 329,049 veterans of the Iraq and Afghanistan that seek medical care at the Veterans Health Administration (VHA), 23% (40,701) were females diagnosed with depressive disorders, which was significantly higher than male veterans. Similarly, Seal et al. (2009) stated depressive disorders are the second highest mental health disorder among female veterans that served in the Middle East.

Many psychological stressors contributed to depression in both males and females associated with combat deployment (Seal et al., 2009). These included deployments, separation from family members, deployment, and non-deployment stressors, and the stigma associated with mental health (Seal et al., 2009). All are contributors that fuel depression among those who served in the military. Curray et al., (2013) examined the lifetime diagnosis of male and female veterans diagnosed with major depressive disorder (MDD) and their onset. In conducting this study on 1,700 veterans (346 females; 1,354 males) results indicated a lifetime of MDD was more common in female than in men (Curray et al., 2013). Despite the prevalence of depression among female veterans, little

is known about the patterns of depression (Maguen et al., 2010). Although evidence suggests, females that have a diagnosis of depression are also diagnosed with PTSD (Washington et al., 2013). There has been a great deal of literature that focused on the impact of deployment stressors and combat exposure on active duty and male veterans (Maguen et al., 2010). There is less known about the deployment stressors among active duty and female veterans populations, particularly with female deployed to Iraq and Afghanistan, diagnosed with depression, and other mental health issues, once they return from combat (Dutra et al., 2011).

With females serving in combat deployments in Iraq and Afghanistan, treatment of mental health care needs for female veteran continues to be challenging for the VA (Lindstrom et al., 2006). Being able to identify and understand the mental health needs of female veterans, it is also important to explore their reintegration back into their communities and civilian life in a positive manner after returning from deployment (Naybeck-Beebee, 2009). Naybeck-Beebee (2009) furthered noted when female veterans return from serving in military service; they may not identify themselves as a veteran. Therefore, it is important to ask if seeking health care if they ever served in the military.

Risk Factors after Returning From the War

Resnick et al. (2009) defined reintegration as assisting combat veterans back into civilian life and readjusting to their original home life before becoming military personnel. For some female veterans, the transition back into civilian life may be easy, for others the transition may be challenged with divorce, loss of a job, marital

relationship, and problems adjusting back into their daily routine of everyday life (Yano et al., 2010).

Because of the roles females have in the military and society, female veterans may have different transition challenges (Resnick et al., 2012). A study conducted by the Disabled American Veterans (DAV) reported the federal government has established systems and programs to serve combat veterans. Further suggesting the system that supports females transitioning from military services is disjointed and marked by gaps in the health care, housing community services and employment (Dutra et al., 2011; Schell & Taneilian, 2011). The study further suggested the number of females who served in combat is at risk by programs and support system designed for and dominated by male veterans after returning from combat. In a study conducted by (Dutra et al., 2011; Schell & Taneilian, 2011; Yano, 2010) to examine U.S. female military deployment experiences suggested females that served in combat became feeling unresponsive to deal with their stressful surroundings. Female veterans who recently returned from war identified stressors that fell into two categories – stressful combat experiences and postdeployment reintegration (Dutra et al., 2011; Schell & Taneilian, 2011). The study further reported that the re-integration of returning female veterans can be stressful one the veterans and their family members due to other issues associated with deployments, such as possible financial stability and the possibility of mental health problems (Schell & Taneilian, 2011; Yano 2010). Despite these challenges, programs designed to assist veteran's transition to civilian life cannot be determined (DAV). The DoD and VA do not collect data on the programs satisfaction and outcomes by gender or race (Naybeck-Beebee,

2009). In essence, returning female veteran who has experienced trauma while in combat may not be ready to re-integrate into civilian life and occupy certain roles as a civilian (Resnick et al., 2012).

Homelessness and Female Veterans

As the number of both active duty and veteran population grows, female veterans faced unusual challenges as they performed multiple roles as a parent, main provider in their household and spouse (Cohen et al., 2010). There is an estimated 57,849 homeless veteran reported by the U.S. Department of Housing and Urban Development (HUD), (2013). Approximately, 8% (4,770) were female veterans. (HUD, 2013). According to the National Coalition on Family Homelessness (2012) (NCFH) between 81-93% of female veterans were exposed to some form of trauma; these rates are higher than the civilian population. NCFH (2012) further noted beside the trauma experienced by serving in combat, many female veterans struggled with violence and trauma as a child and adult (Tsai, Rosenheck & McGuire, 2012). For most female veterans, the combination of repeated trauma has an impact on their physical and mental health, coping skills, and the ability to maintain stable housing and employment (Tsai et al., 2012). While factors like unequal distribution of income, lack of employment, and lack of affordable housing contributed to homelessness among female returning veterans, other vulnerabilities may determine the risk for homelessness, and other psychosocial issues (Tsai et al., 2012). After deployment, female veterans faced additional challenges as they readjusted to civilian life, the aftermath of combat, and mental health issues (Tsai et al., 2012)**.** These challenges include (a) community relationships and employment/unemployment, (b)

personal relationship issues, (c) financial matters, (d) lack of adequate health care, (e) difficulty trusting, (f) secondary PTSD, and (g) the possibility of becoming homeless (Tai et al., 2012). One out of every ten female veterans under the age of 45 becomes homeless (Tsai et al., 2012).

Unlike male veterans who faced the same issue, many females have the added responsibility of being a single parent (Tsai et al., 2012). Female veterans are two to four times more likely to become homeless than their civilian counterpart, (Washington, Bean-Mayberry, Riopelle & Yano, 2011). A study conducted by (Tsai et al., 2102; Washington et al., 2011) examined the risk factors for female veteran's homelessness after returning to civilian life. Washington et al. (2011) conducted a case-control study of homelessness among female veterans and revealed homelessness among female veterans are associated with sexual violence while serving on active duty. The study also noted when providing health care to female veterans returning from combat it is important to be aware of the extent of exposure to sexual assaults in this population, as well as other contributors to their physical and mental health (Washington et al., 2010).

Emotional Factors after Re-Integrating into Civilian Life

Service members experience many emotional challenges upon returning from combat deployment (Resnick et al., 2009). Family and social support are defined as assisting and understanding female veterans that served in combat who need assistance with reintegrating back into their family and society (Resnick et al., 2009). To date, females have become one the fastest growing veteran populations and is expected to continue to grow through the next decade (Haskell et al., 2010). Participation in

Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) forced female to expand their roles to survive, as well as the survival of their units (Resnick et al., 2012). Reintegrating back into civilian life is challenging, and possibly may lead to future family issues, mental and physical challenges, and economic instability (Haskell, et al., 2010; Carlson et al., 2013).

Female Veterans and Mental Health

According to the Department of Veterans Affairs (VA, 2011), female veterans represent the growing population of new veterans seeking health care for mental health. As noted above, with the increased numbers of females performing similar roles as male service members, more are returning that have been exposed to stressful and traumatic events such as MST, combat and challenging living conditions (Carlson et al., 2013). Carlson et al. (2013) further noted these experiences contributed to adverse mental health issues in addition to depression. The VA (2011) reported that female veterans maintain poorer mental health and are less healthy in comparison to nonveteran female and male counterparts. Carlson et al., (2013) discussed several factors that could exacerbate the impact of traumatic events on female veterans' mental health. Factors such as prewar abuse, multiple deployments, and deployment support can attenuate the relationship between military stress and the onset of mental health issues (Carlson, 2011). Carlson et al. (2013) reported three-prewar experiences that include (a) childhood trauma, (b) nonmilitary sexual assault, and (c) intimate partner violence. A study conducted by Carlson et al. (2013) suggested childhood trauma such as sexual assault is common among females in the civilian world, which increases the risk for depression. Carlson et

al. (2013) also noted in their study that 44% of female reported being raped and or molestation prior to serving in the military. Carlson et al. (2013) further suggested that the majority of females entering the military armed forces are single and if married lack social support while deployed in comparison to their male counterpart. Lehavot, Der-Martirosian, Simpson, Sadler, and Washington (2013) reported that at least 54% of all female veterans have experienced a traumatic event while serving in combat. While research suggested that depression and PTSD are highly related, the relationships between the two disorders have overlapping symptoms (Lehavot et al., 2013).

Depression in Female Veterans

Depression is defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, 2000, Text Revision (DSM-IV-TR) and American Psychiatric Association (2013) as having feelings of occasional sadness, mood changes, lack of concentration, inability to sleep, and lack interest in things that you were previously interested in. Depression is the most common form of mental health disorders faced by many Americans (Resnick et al., 2012). Historically, service members have faced challenges when returning from deployment and reintegrating back into civilian life (Carlson et al., 2013). Many return with issues related to their military experiences (Carlson et al., 2013). Unlike the decline in male veteran population, female veterans have increased to 1.84 million, with 147,821 having served in OIF/OEF (Resnick et al., 2012). Female veterans are now younger, with 77 % of OIF/OEF female veterans being 40 or younger (Carlson et al., 2013). The female veterans' population has become

ethnically diverse (Fontana et al., 2010). Half of the OIF/OEF female veterans are female of color (Carlson et al., 2013).

According to the National Institute of Mental Health (NIMH; 2015), depression is the most common mental health disorders among both male and female veterans, postdeployment. This cost the United States approximately $66 billion per year, with female veterans representing 14% of its total diagnosed with depression (Carlson et al., 2013). Studies revealed depression continues to be under-diagnosed in these populations (Fontana et al., 2010).

NIMH (2015) stated depression may be a combination of genetic, biological, environmental, and psychological factors that include mood disturbances, difficulty in sleeping and concentrating, and other daily activities. The onset of depression may occur gradually to the individual if it is mild (NIMH, 2015). There are times when experiencing depression individuals have an occasional feeling of the emotions as mentioned above, last a period of one or two days (NIMH, 2015). To date, there have been approximately 1,605,000 females from all branches of the armed forces deployed to Iraq and Afghanistan; out of this high number of deployed females, 155 have died and 609 wounded from hostile fire or other combat-related injuries (Department of Defense, 2009). A study conducted by Lindstrom et al. (2006) examined the effects of mental health on female in the military who served in combat and non-combat support units. The study consisted of 73,777 active duty service females serving in the Marines and Navy (Lindstrom et al., 2006). Fourteen percent represented females from combat support, and 86% represented females from noncombat support (Lindstrom et al., 2006). In spite of

this, depression remained underdiagnosed and undertreated among female veterans (Lindstrom et al., 2006).

Physical Limitations

Combat deployment has an impact on the physical and social health of both men and females who serve in the military (Fontana et al., 2010). According to the Department of Defense (2010), many females will return from war zones with little to no significant health issues, but others may suffer from post-war physical health problems such as chronic respiratory problems, gastrointestinal issues, and other unexplained physical illnesses. The difficulty with readjustment, in conjunction with health problems, contributes to daily functional impairments and difficulties in family and social relationships (DoD, 2010). The psychological and physical health of returning veterans is of substantial concern to military leaders as well as the public (Fontana et al., 2010). Previous research conducted by Eisen et al. (2012) confirmed that physical health often compounds increased mental health problems. The study used an observation research design method that surveyed veterans after 12 months of transitioning to civilian life (Eisen et al., 2012). The results of the study suggested that veterans that served in combat deployment had significantly poor mental and physical health functioning than the general population (Eisen et al., 2012). According to Eisen et al., (2012), the purpose of the study was to examine the physical symptoms and to function within one year of returning from deployment in Iraq and Afghanistan. The VA (2014) reported among the 362,014 female veterans seeking health care approximately 67,522 served in OEF/OIF.

More than 61 percent of females make at least one visit to the VA healthcare facility for conditions such as musculoskeletal, nervous, and digestive conditions.

For years, research has illuminated the adverse physical outcomes experienced by veterans after serving in combat (Eisen et al., 2012). According to the Veterans and the Americans with Disabilities Act (2013) (ADA), thousands of military personnel return to civilian life after serving in the active duty military with service-connected disabilities. An estimated 25% of returning veterans reported common war-related injuries that include missing limbs, burns, hearing loss, traumatic brain injuries (TBI), and other physical impairments (ADA, 2013). With the changing roles of female in the military, may are at risk for traumatic injuries and amputations (Resnick et al., 2012). As of August 2010, 23 females exposed to enemy fire suffered an amputation, 15 lost lower extremities, 3 lost upper extremities, 4 lost lower extremities, and 1 lost both upper and lower extremities (Resnick et al., 2012). Exposure to this adjustment period while transitioning to civilian life can have an effect on veterans (Eisen et al., 2012).

The struggle in adjusting to life after serving in the military may have an impact on returning veterans (Resnick et al., 2009). While deployed, service members may live with physical limitations as a result of combat exposure, the coping mechanism developed during a combat deployment may have an effect on life postdeployment (Maguen et al., 2010). Reintegration to life after serving in combat does not end after leaving the military (Resnick et al., 2012).

Conclusion

Since the expansion of females serving in Iraq and Afghanistan, there is a growing population of female veterans (VA, 2010). Depression and PTSD symptoms are not new diagnosis and research had been conducted on both since the Vietnam War, when soldiers began to exhibit signs of psychological impairments and adjustment difficulties after returning from war (Carlson et al., 2013; Cohen et al., 2010). More than 10,000 females were injured and suffered from mental health issues as a result of their exposure and serving in combat during their deployment (Resnick et al., 2012). An in-depth look at the transitional experiences to civilian life among woman veterans can provide better insight into the psychological and physiological effects and how they not only affect the individual after returning from combat but affect their families as well (Cohen et al., 2010). To understand better their experiences, this literature review focused on female veterans' postdeployment experiences after returning to civilian life.

The research method is used to focus on female veterans of OIF/OEF to tell stories of their lived experiences after leaving the military. Like males, females are exposed to combat stressors, but they also must face other issues such as lack of support from their peers, readjustment to civilian life, and the likelihood of being subjected to MST (Carlson et al., 2013). While research on the experiences of reintegration to civilian life on male veterans existed, there is little information on female veterans faced with the same phenomena (Cohen et al., 2012). In addition to the increased awareness of adjustment issues on female veterans after combat, a sense of awareness of this phenomenon among this cohort will be heightened within our military, with health care

professionals and the community. Carlson et al. (2013) summarized the need for additional research to understand the health needs of female veterans and to improve and raise awareness relevant to the transitional issues faced by female veterans, after leaving the military armed forces.

It is apparent research has increased on veterans' issues returning from combat (Carlson et al., 2013). Some veterans return with multiple psychological issues, and others who have completed multiple tours may return with little to no side effects of deployment until several months or years after deployment (Haskell et al., 2010). Studies indicated that female veterans might be at a higher risk than male veterans of developing postdeployment mental health issues (Haskell et al., 2010). As female veterans return from serving in indirect and direct combat roles, it is critical to understand the effects of combat after returning to civilian life and how their experience may differ from their male counterparts (Cohen et al., 2012). Ultimately, every woman in active duty military will transition to civilian life (Haskell et al., 2010). The purpose of this study was to raise awareness of the roles that females have played in the United States military, to provide an understanding of female veterans and how this affects their needs as they transition from military to civilian life. According to Haskell et al. (2010) literature on the experiences of female veterans and the impact of the war in Iraq and Afghanistan still require research. Female veterans and the challenges of readjustment upon returning from combat need to be furthered explored (Resnick et al., 2012).

Chapter 3: Research Method

Introduction

Serving in the military is demanding, challenging, and dangerous (Resnick et al., 2012). However, returning to civilian life often poses a problem for females who have served in the armed forces (Resnick et al., 2012). An increasing number of female veterans are returning from serving in the Middle East (Tanielian, & Jaycox, 2008). Female service members returning from combat duty faced readjustment issues as they transition back into their civilian life and their local communities (Resnick et al., 2009). The purpose of this study was to describe the lived experiences and transitional factors of returning female veterans. An interpretative phenomenological approach was used to understand better the lived experiences of female veterans during postdeployment reintegration into civilian life.

Chapter 3 includes information about the qualitative research design, the rationale, and an explanation of the theoretical frameworks that explains the connection with the purpose of this study. In this chapter, I also discuss the research questions, the role of the researcher, the sample population and strategies, information on data collection, and data analysis plan. In chapter 3, I additionally provide the instrumentation, ethical issues, confidentiality, and information on the trustworthiness of the methodology.

The goal of phenomenology is to identify the inherent meaning of the lived experiences of an event as described by the participant (Flood, 2010; Gadamar, 1975). I used this framework to bring together both the participant and the researcher to a place where the phenomena will be better understood, and human truths are accessible only

through inner subjectivity (Flood, 2010). Since the number of females who have served in combat in Iraq and Afghanistan has increased, it is important to understand their transitioning experiences, postdeployment (Haskell et al., 2010). To describe the lived experiences of female veterans, I was guided by the question listed below.

Research Question

RQ-1 What are the lived experiences of female veterans post-combat returning into civilian life?

The research question was answered using a phenomenological approach which captured the lived experiences of females post-combat. The goal of the study was to gain a deeper understanding of the lived experiences of female veterans as they cope with transitional issues associated with their return from deployment. In addition, the research question guided the exploration and the meaning behind the lived experiences of female veterans after exiting the military armed services back into civilian life.

Research Design and Rationale

Using a qualitative descriptive phenomenological approach, I explored the lived experiences of female veterans who have returned to civilian life, postdeployment in a combat zone. According to Silverman (2015), by using descriptive phenomenology the researcher can explore the personal description of an individual's phenomenon through the individual participant's personal perception as opposed to attempting to produce an objective statement. Consistent with the origin of phenomenology, descriptive phenomenology focuses on the lived context of the individual's perspective (Flood, 2010). Further, this method allowed the researcher to keep the voice of the participants

(Flood, 2010). This framework is appropriate for this study because it provided insight and a better understanding of the lived experiences of female veterans after returning home from the Middle East. Researchers use qualitative data to explore the lived experiences of study participants (Flood, 2010; Moustakas, 1994).

I used open-ended interview questions to explore the experiences among female veterans by: (a) being present, (b) being available and (c) being aware (Gadamar, 1975). Heidegger (1962) defined being present as being fully aware and open to another person's becoming. Being available is defined as being in the moment with the other person as they reveal/conceal their experiences (Heidegger, 1962). Being aware involves emptying oneself of one's emotions to be fully present and conscious with the other persons unfolding (Heidegger, 1962). The open-ended questions were asked of each participant in a private, quiet area in a public library where the participant felt comfortable. I informed the participants that they could ask to change the location if they became uncomfortable and ask to stop the interview at any time.

I considered using a grounded theory approach as it is one of the most common forms of designs for qualitative research (Birks & Mills, 2011). Using grounded theory provided an inductive process for the collection of data and analysis to build a theory based on the participant's experiences (Glaser & Strauss, 1967; Rudestam & Newton, 2001). The grounded theory seeks to construct a theory through understanding how individuals interpret their lived events (Glaser & Strauss, 1967). For example, the participant may describe witnessing the death of a comrade. The coding will resemble "witnessing deaths." Previous researchers used grounded theory to understand the

phenomenon of loss (Glaser & Strauss, 1967). I did not choose grounded theory as a methodological approach for this study because using a phenomenological approach would uncover more personal and reflective experiences from the participants in the study (Maxwell, 2013).

A narrative studies approach could have been used but narrative studies focus on the experiences told by the participants to better understand how people create meanings from their lived experiences (Branell & Varkas, 2001). Using a narrative method allows the researcher to capture these meanings and convey the participant's stories (Branell & Varkas, 2001). The qualitative ethnographic approach develops a theory based on a group of individuals with shared culture (Silverman, 2015). Using ethnographic methods, the researcher would describe and interpret behaviors and values of a shared group (Silverman, 2015). A case study approach could have been used; however, the goal of case studies is to provide a descriptive analysis of a phenomenon over a period of time, using multiple forms of data collection (Silverman, 2015). However, these designs did not meet the objective of my study. In this study, I used a phenomenological approach because this approach captures the deepest meaning of the phenomenon that best describe the lived experiences of female veteran post-combat (Gadamer. 1975; Maxwell, 2012; Silverman, 2015).

Silverman (2015) suggested using qualitative research when interested in learning more about the meaning that people make of their lived experiences. It also gives greater insight into a particular phenomenon (Peredaryenko, 2013). To document their meaning of the lived experiences, I used a phenomenological approach to explore the phenomenon

of reintegration into civilian life among female veterans, post-combat, within the last 5 years.

The sample size of this study consisted of five participants who served in the Middle-East. I continued interviews until saturation was achieved (Mason, 2010). Documenting this study, I presented insight into the prevalence and risk factors surrounding the lived experiences of female veterans after transitioning into civilian life. I also offered a stimulus for the development of interventions to meet the challenges of female veterans experiencing mental health issues after returning from combat. According to Resnick et al. (2009), the reintegration process can be complicated by psychological impairments resulting from combat exposure. The problem explored required open-ended interviews that enhanced the participant's ability to speak freely and describe multiple meanings of their experiences (Gadamar, 1975; Moustakas, 1994)

Role of Researcher

When using a phenomenological approach, I emptied personal thoughts and opinions; I became an open vessel to listen to the participants in an entirely unbiased manner as recommended by Maxwell (2013). In qualitative research, the researcher is the tool or device (Merriam, 2009). My role in this study was to ensure that every aspect of this research was executed in a manner that adheres to the ethical standards and human subject protection for all research participants and articulate the female veterans lived experiences of transitioning from active duty military into civilian life (Maxwell, 2013). My role also included ensuring that all consent forms were signed before the collection of data. It was my responsibility as the researcher to pay close attention to voice tones, body

language, and nonverbal gestures, and to translate the participant's description of the phenomenon (Maxwell, 2013). According to Maxwell (2013), the researcher has the responsibility to bring the experiences of the participant so others will be able to understand.

In addition, in my role as the researcher, I used member checking to validate the authenticity of the data collected from the participants. I met face-to-face with four of five participants to go over the study results, confirm accuracy and obtain feedback. One respondent requested the results sent via email. The participants were satisfied with the results. One participant stated there was an error in wording, for example, I described a hole in the ground as a pit, but it was a burn pit.

Participants

The following explains the process used to recruit participants, collect data, analyze data, and report findings. The methodology of this study followed guidelines as set forth by the Institutional Review Board (IRB) at Walden University. The sample population for this study included five female veterans who served in the Middle East within the past 5 years. I continued to interview until the data became redundant thereby reaching the point of saturation (Glaser & Strauss, 1967). Moustakas (1994) suggested using a smaller sample size when exploring the lived experiences of a phenomenon among a cohort. A sample size of five participants was selected based on previous samples used in qualitative research with female veterans (Gutierrez et al., 2013). The sample size used in qualitative studies is usually much smaller than those employed in a quantitative study (Maxwell, 2013). According to Mason (2010), as the study progresses

more data do not necessarily lead to more information. Qualitative research is concerned with the meaning of a phenomenon rather than generalized hypothesis statements (Mason, 2010). Also, because qualitative research may be timeconsuming, a larger sample may be impractical (Mason, 2010). Glaser and Strauss (1967) noted if a researcher remains focused on the principals of the study, the sample size will follow the concept of saturation.

I handed out flyers that included my contact information to invite volunteers who recently transitioned from active duty military back into civilian life. Interested participants could contact me by e-mail, SKYPE, or via telephone. I arranged a 30 minute face-to-face preinterview to review and explain the nature of the research study, explain the informed consent, discuss confidentiality, the potential risks, and answer any questions the participants may have. The participants in the study received a copy of the informed consent form describing the nature of the study and any potential risks. A licensed professional counselor was on site during the interviews in the event of distress. The licensed professional counselor was not in the interview meeting room. Also, a contact number was provided for a professional counselor, support group, or a 1-800 number if needed by the participant.

Sample Criteria

Using a purposeful sampling method, the participant pool consisted of five participants. Qualitative studies are usually small samples and there is no specific size. Mason (2010) stated that qualitative research aims to reach data saturation to justify the reliability and validity of the study's outcomes. Participants met the inclusion criteria of

being a female veteran; served in the Middle East within the last 5 years, and spoke English. Participants not eligible (excluded) were male veterans.

It is my belief that the exclusion criteria did not limit me from obtaining the target sample size. Interested participants who met the inclusion criteria were asked if they would like to participate. I used open-ended interviews protocol, approved by my dissertation committee members and Walden University's Institutional Review Board (IRB) regarding the rights and protection of human participants. I developed an interview guide stemming from the central research question. My dissertation committee members reviewed my guiding questions developed for the interview to ensure clarity and protocol. The interview questions were designed to address the central research question and foster an understanding of the transitional experiences after exiting the military (Maxwell, 2013). According to Merriam (2009), interview questions are important in the emergence of themes and topics of discussion.

Information regarding the demographics of the participants was collected using a demographic data sheet to ensure potential participants met the inclusion criteria for this study. Open-ended interviews were chosen as a method of data collection because of the ability to bring a more detailed understanding of the experiences among female veterans after returning from combat (Maxwell, 2013).

Instrumentation

As suggested by Maxwell (2013), I was the primary instrument for this qualitative study. I tested the interview questions for clarity and ease of use with the members of my committee to ensure that the questionnaire met all of the study eligibility criteria. Upon

completion of the interview, I followed up with each participant to allow them the opportunity to validate the accuracy of each interview transcript (Jacobs & Ferguson, 2012).

Data Collection

The purpose of this study was to describe the lived experiences and transitional factors of female veterans after serving in the Middle East. To understand the lived experiences of these females, including their feelings, thoughts, beliefs and perceptions I asked questions surrounding this area of interest. Upon approval from Walden University's IRB, data for this research study was collected using open-ended phenomenological questions, audio recordings, and field notes as suggested by Merriman (2009). The responses to the interview questions gave insight into the experiences, attitudes, and personal beliefs of female veterans and their personal outlook about transitioning back into civilian life after serving in the Middle East. Building a rapport with participants was imperative (Maxwell, 2013). The objective of the interviews was to be a good listener as recommended by Maxwell (2013).

Data Analysis

The data was reviewed, transcribed, hand-coded, and sorted into themes using NVivo software. NVivo is a program that assists in categorizing and coding collected data (Maxwell, 2013). Using the NVivo software allows quick access to identify and store data for the duration of the study (Leech & Onwuegbuzie, 2011). I reviewed the transcriptions several times, allowing for a deeper understanding of the data (Maxwell, 2013). I additionally searched for thematic units as they relate to the research question.

Thematic themes obtained through statements made by the participants reflected their experiences (Maxwell, 2013).

Using Moutakas' (1994) data analysis method, I reviewed the transcripts in-depth to obtain the overall meaning of each participant's experience and to identify similar phrases and statements. The transcriptions of the interview responses were uploaded into NVivo11 to obtain repetitive words and phrases. I used open coding. Open coding allowed me to organize the data by similarities and differences based on the experiences told by the participants (Gadamar, 1975). Patterns and thematic units were identified according to the responses related to the research question.

Prior to the conclusion of the study, I conducted a member check to validate and ensure the findings are accurate of the lived experiences described by the female veterans participating in the study (Carlson, 2010). The participants reviewed the final results of the study for accuracy and validity (Carlson, 2010).

Trustworthiness

Qualitative research seeks trustworthiness through several factors: consistency, credibility, dependability, transferability, reliability, validity, and conformability (Williams & Morrow, 2009). Lincoln and Guba (1985) suggested trustworthiness is used to validate the quality of one's data. To achieve integrity and credibility to my study, I used member checking, triangulation, and reflexivity. I used purposeful sampling to ensure the participants met the criteria for the study. Secondly, I paraphrased my understanding of what the participant said. Additionally, I followed-up with the participants by telephone and face-to-face for the validity of the findings, clarification,

and to seek feedback. The feedback was used to validate trustworthiness and verify the objective of the data. Finally, I used reflexivity that allowed me to reflect on field notes I made during the interviews, to capture certain phrases emphasis by the interviewee and to record my thoughts and any potential biases regarding the research study (Maxwell, 2013).

Credibility

Credibility ensures that findings of the study make sense in a qualitative inquiry (Maxwell, 2013). I established creditability through using a descriptive phenomenological approach (Maxwell, 2013; Creswell, 2010). I immersed myself in the data to identify common themes of the concept under investigation (transitioning), socialization process, and through constant observation.

Finally, to ensure credibility I implemented member checking, triangulation, and saturation to validate that the analysis of the participant's experiences and provide an accurate interpretation of the data (Maxwell, 2013). Mason (2010) stated that qualitative research aims to reach data saturation to justify the reliability and validity of the study's outcomes. I provided each participant a draft copy of the transcribed interview to review for accuracy. Recognizing personal feelings and experiences can have the potential of affecting the results. To minimize bias, I laid aside any preconceived ideas or judgments during the data analysis. This concept help to improve efficiency and creditability to the study (Maxwell, 2013).

Transferability

Transferability refers to the applicability or the findings of the research that can transfer to another setting (Merriman, 2009). To enhance the transferability, I presented rich, thick narratives to enable others in making a decision on whether or not the data can be transferred (Maxwell, 2013). I took field notes of my time spent with the participants as a descriptive detail of the lived experiences as told by the participants (Maxwell, 2013).

Dependability

My goal was to make sure there is consistency in the study. Miles, Huberman, & Saldana (2013) suggested employing steps that will extend beyond the study's creditability. To ensure dependability, I documented coding schemes and themes, as well as a cross check of the data sources to identify commonality of themes (Maxwell, 2013).

Confirmability

The goal of this study was to confirm that the findings of the study are reflective of the participants' lived experiences within their own descriptions (Silverman, 2015). I used a research journal to document each step of the interview process, participants' follow-ups, revision of interview questions and participant checking (Maxwell, 2013; Silverman, 2015). Using these particular techniques helped to enhance the trustworthiness of the research study findings (Silverman, 2015).

Ethical Procedures

Deployment and serving in combat can be a very stressful experience that can trigger psychological stressors such as depression, post-traumatic stress disorder, and

other mental health issues after leaving the military (Resnick, 2009). Researchers are morally obligated to conduct their study in such a way that there is minimal or no potential harm to participants (Bloomberg & Volpe, 2012). As mandated by the guidelines of the American Counseling Association Code of Ethics (ACA, 2014), and the IRB of Walden University, I conducted this research with the highest ethical standards to guard against harm to human subjects. I received my certificate of completion in Protecting Human Research Participant from the National Institutes of Health (NIH) in 2011 (see Appendix C).The training discussed being aware of beneficence, justice, and respect for human beings and assuring no intentional or unintentional harm to participants. I was aware that the interview questions could trigger psychological discomfort among respondents. I informed the participants of the sensitive nature of the study to minimize any distress prior to signing the consent form. I tried to prevent or reduce any potential risk of these triggers by ensuring that each participant was safeguarded against harm as required by Walden University's IRB and ACA ethical guidelines. Walden University IRB requires a standard code of conduct when conducting research on human participants. I took measures to maintain confidentiality and develop an atmosphere of mutual trust. According to Corbin and Strauss (2014), participants' belief systems may differ from those of the researcher. The participants were treated with dignity and respect for their time (Ahern, 2012). As a way of debriefing, I asked each participant if they would like a resource listing of licensed mental health professionals, toll-free help numbers, and support groups resources for participants at the beginning of the interview process. My asking demonstrated respect for their privacy and allowed

them a choice whether or not to accept the resource listing (Lees, Phimister, Broughan, Dignon, & Brown, 2013).

According to Ahern (2012), while conducting interviews in qualitative studies, some participants reported little distress. To address this concern, I had a mental health professional on site in another room while conducting my interviews to assist if participants become distressed. Finally, I did not begin the research until I received approval from Walden University's IRB; the approval number for the study was 10-08-15-0274365.

For the protection of the female's rights, both verbal and written explanation of the study was given to each participant. The researcher did not compensate the participants for participating in this study. It was my hope that each volunteer participant in this research study will benefit from telling her lived experiences. The participant's identifying information is kept private, confidential, and anonymous at all times. Each participant was assigned a color-coded number. I used color-coded numbers on all data instruments pertaining to this research study. All data collected is kept in a securely locked office. The data and the participants' signed informed consent will be maintained in a separate file away from the data collected for five years. The only person besides myself who can request access to data obtained in this study is my dissertation committee members and Walden University's IRB. Also, no persons except me, my committee members, and Walden IRB will be able to connect the participant with the assigned color-coded number. I alone have access to the data, and the computer will be password protected and locked in a file behind a locked door for confidentiality of participants.

The participants were offered to review the dissemination of research findings obtained in this study. I gave the results of the study to those who expressed interest once the study was completed. After five years, all data and all informed consents, interview questions and all documents will be shredded and destroyed. These steps and procedures will ensure the protection of the participants at all times during the study process. All of the information is included in the consent documents. Each of the respondents voluntarily contributed to the study. Before the pre-interviews, full disclosure of the nature of the study was discussed. Due to the sensitive nature of the topic and the vulnerable population sub-questions were not asked.

Summary

In Chapter 3, I provide an outline of the study design, the sample size, inclusion, and exclusion criteria per participant. Chapter 3 also discussed the selection, recruitment, and sampling procedures descriptive phenomenological instrumentation, ethical review process, research questions and overall conduction of the study. It is my intent to add to the existing literature regarding the lived experiences of returning combat female veterans from a qualitative descriptive stance. The results of this study will add to ongoing knowledge development in public health and mental health research. In Chapter 4, I present an overview of the chapters, the data analysis, research setting, data collection process, and conclude with results of the research study and recommendations.

Chapter 4: Results

Introduction

Chapter 4 presents an analysis of the data collected during the interview process. The purpose of the study was to explore the experiences of female veterans' transition from active duty military back into civilian life after serving in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF). Findings of the collected data, data analysis, research, and a description of the setting are presented in this chapter. I used the descriptive phenomenological method to understand better the individual perception of their lived experiences while transitioning out of active duty military. It was anticipated that the female veterans would provide a descriptive meaning of their lived experiences concerning this shared phenomena.

This chapter presents major themes resulting from the data analysis process. The themes emerged from the participants' responses to the interview questions which guided the research study. Conclusions will be drawn throughout the chapter as well as in the concluding section. The concluding paragraph will contain recommendations for future research leading to social change efforts on behalf of the female veterans.

Research Question

The research question provided the foundation to unveil the transition for female veterans after serving active duty military back into civilian life and if serving in OEF/OIF impacted their experience.

RQ – How do female veterans experience the transitioning process from active duty military back into civilian life?

Setting

The data collection for this study took place in North Carolina. The initial contact was made via telephone by potential participants responding to a flyer, at which time the preinterview was completed. The primary interviews were accomplished during face-to-face meetings in a private room at local libraries. A participant log was maintained including the dates and times from participants who were interested. Only the participant's last names and contact information were recorded to protect their identity. Once potential candidates responded to the recruitment flyers along with those who responded based on word of mouth, the participants and I agreed upon the time and date of the initial interview.

Demographics

Five participants responded because of the flyer and two responded to word of mouth contact. Out of the seven potential participants, five were preinterviewed, and five met the inclusion criteria. All five participants completed the interview process and agreed to an audio-recorded interview. The two potential respondents not interviewed did not meet the inclusion criteria. Neither had served in OEF/OIF as specified in the inclusion criteria.

The interviewees represented various branches of the military armed forces: three Army, two Navy (Table 1). Their rank ranged from E6 to O6 (E Enlisted, O – Officer). As specified in the inclusion criteria, each served in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) within the last 5 years and transitioned from active duty military back into civilian life. To reduce the risk of their being

identified, the participant's names, age, ethnicity, dates of deployment, and assigned unit were not recorded. This process allowed the sharing of rich and thick descriptions from the interview. Table 1 provides an overview of the participants' demographics.

Table 1

Study Demographic Data of Participants

Participants	Years of Service	Rank	OEF	OIF	Branch of Service	Transition Year
P1 Red	13	E7	11mos	12mos	Navy	2012
P2 Green	40	O6		8mos	Army	2012
P3 Blue	23	O5		9mos	Navy	2015
P4 Orange	22	O3	1year		Army	2013
P5 Yellow	13	E8	8mos		Army	2012

Data Collection

The qualitative study used a phenomenological approach, which seeks to explore and document the lived experiences through interviews, observation, memos and data analysis (Flood, 2010; Patton, 2002). Converse (2012) suggested the ideal method to conduct face-to-face interviews was to use open-ended questions.

Data was collected using face-to-face interviews conducted in a private room. The objective of the interview questions was to acquire knowledge of the phenomena surrounding this cohort. As the researcher, I was the only one who collected the data. I expected the data collection process would take 30 days; however, the process of collecting data lasted 3 weeks. Each participant was encouraged to describe the meaning

behind the lived experiences through face-to-face interviews using open-ended questions. As a result, the answers to the interview questions gave a deep understanding of the lived experiences of readjustment for female veterans.

Using a phenomenological approach minimized their experiences into a detailed meaning of the phenomenon (Moustakas, 1994). Using Moustakas' data analysis method was appropriate to understand better the experiences of female veteran's transition back into society.

Before the interview, the consent form was reviewed for clarity. Additionally, participants agreed to audio record the interview. I restated that they could stop the interview at any time and refuse to answer any additional questions. I asked each of the five participants the same interview questions, with additional questions if needed based on the responses given. Data collected from each participant's audiotaped interview were transcribed verbatim using a code for identification. Upon completion of the interview, each participant was debriefed on the next phase and asked if they could be contacted via telephone or email to respond to additional questions if needed, and to validate the responses to their interview. Also, each participant was offered a list of referrals and asked if they needed to speak with a professional that was onsite in another room of the meeting place.

Interviews ranged from 30-60 minutes. Each participant was asked if they needed a break; each said "no." No breaks were taken during the interviews. During the process, I used a journal to document field notes, my thoughts, and particular phrases. This information is in a locked file in my home office. Upon completion of the interview, I

began my transcription of the collected data. Data analysis was conducted immediately after the transcription of the data. Documents were stored in a separate file on my computer. A "P" for participant proceeded by the number code and different colors were assigned to each participant. Coding process was used to identify themes. I used a color coded process during the analysis and assigned them according to a category. The two participants that did not meet the inclusion criteria were not included in this study. There were scheduling issues with three of the five participants. When calling each participant to confirm the date and time, the three participants postponed the interview until later in the week or the following week. Of the five participants, one showed up late to the interview location. After the completion of the data analysis, each participant received a summary of the findings for validity.

Data Analysis

Moustakas' (1994) data analysis approach was used to organize the data for analysis. I began the first step by implementing phenomenological reduction (epoch) as suggested by Moustakas (1994). This approach aids in identifying any potential bias and focuses only on the participant experiences. I listened to the audio recorded data multiple times and reviewed the transcripts in-depth to obtain the overall meaning of each participant's experience and to identify similar phrases and statements. Thematic units were identified according to the responses related to the research question. Once I completed transcribing my interviews, I immediately emailed the participants to review the transcription and for clarification and member checking (Carlson, 2010).

Four of the five respondents replied via email with no changes and one called to confirm no changes. After respondents had verified the transcribed data, I began the coding process. Repetitive phrases were highlighted. To ensure confidentiality, each participant was assigned an interview color-coded booklet marked with distinct identifiers; to preserve anonymity that was placed in a secured locked file in my office.

Each booklet was coded with P1 and the color assigned to that particular participant. The responses of the transcripts of the interview were placed into NVivo11 to analyze the collected data for emerging themes (Leech & Qnwuegbuzie, 2011). The NVivo11 is data analysis software used to analyze qualitative data from interviews for emerging themes (Leech & Qnwuegbuzie, 2011).

After placing the data into NVivo11, five major themes were identified. Consistent with using Moustakas (1994) analysis approach, the process of horizontalization assisted in obtaining relative expression. Viewing each statement as equal allowed for a new horizon that resulted in new ideas emerging from the collection of data (Moustakas, 1994).

I assigned a color-coded process according to emerging themes. Using this process allowed me to describe and understand the feelings of the participants. Utilizing a comparative description helped me to highlight how the participants described their lived experience of the phenomenon.

Five themes emerged from the collection of data illuminating the interviewee's strengths and challenges while transitioning from OEF/OIF duties. Each theme provided feedback to the list of guiding interview questions and the research question of the lived

experiences of female veterans who served in OEF/OIF and now have reintegrated back into civilian life. The identified themes were: (a) Reflection on Deployment, (b) Health Related Issues, (c) Support from Family and Comrades, (d) Environmental Concerns and Triggers, and (e) Readjusting Back into Family and Society Roles.

Findings and Interpretations

Five themes emerged from the data analysis and the interview responses based on the questions asked to each participant. These findings do not represent the entire OEF/OIF cohort, therefore, cannot be generalized. However, they do provide concerns and implications for further research.

Theme 1: Reflection on Deployment

The participants reflected on their mission in OEF/OIF after leaving the military and how it influenced their adjustment back during their transitional period. Each female veteran reflected on their experiences while deployed to the Middle-East. The females discussed how they felt about each of their safety, the protection of their battle buddy, and the living conditions they endured while serving in the Middle-East. While the timeframe varied among the respondents serving in the Middle-East and transitioning out of the military, each reported their occupation titles were sailor or soldier serving as a commander, platoon sergeant, or staff sergeant. One female stated "as a leader of a battalion, I am obligated to protect and not only serve my country, but protect my fellow comrades."

> **(P2 Green)** My battle buddy, my sergeant, and I… which in itself was stressful at times, were on an airplane or in a chopper. When we take off or land we were

> shot at several times but by the grace of God I am here and while I am talking about all of this, I am starting to think "wow." It becomes a little bit uncomfortable; it's hard because I realize how at risk we were, because the worst time for us is when you [Participant & battle buddy] went off the military compound and we were off the compound quite frequently.

This participant reflected on her living conditions and how she learned to adapt under frightening conditions: "When I was over in Kuwait, I lived in a space that was 6 feet by 6 feet, and you basically learn to live off the essentials" (P3 Blue).

Out of the five participants interviewed, Participant 4 (Orange) was the only participant that described vigilance: "The war itself for me was just a period of time that I was on very, very high alert." The participants had much to say about when reflecting about their overall deployment.

Theme 2: Health Related Issues

The second theme revealed three participants returned to the United States after serving in OEF/OIF with minor and major health issues. Female veterans discussed that they experienced physical and mental health conditions as a result of deployment into combat zones. The female veterans described health issues from developing skin, swollen ankles, and neck problems from carrying heavy sacks to difficulty breathing. P1 Red explained:

> I don't know if some of the stuff you were exposed to over there [Afghanistan] is affecting you [P1 Red] but you kind of sort of have signs that all the burn pits and things we had over there [Afghanistan] and… kind of… sort of … don't breathe

> the same. Kind of like you never snore or had hard time breathing till you're in that environment [combat support zone] and came back and unknown rashes get on your face and come and go, but you don't pay it any attention. But you did not have that [the rash] when you left, but you did when you came back [from deployment].

Similar statements also revealed that physical health issues were experienced by female veterans. All five of the participants reported some form of mental and or physical ailment after returning from deployment. The results further validate that very few Veterans Administration facilities meet the needs of female veterans after returning back into civilian life (DAV, 2014). Other respondents reported:

> **(P2 Green)** I will tell you my health has suffered because, you're always traveling or something on the helmet… you know you have your rucksack [back pack], but… you had your duffel [bag] depending how long you are going to be gone, you wore your ballistic vest [protection vest] all the time. I turned 60 when I was in Afghanistan, so I already had a little osteoarthritis and that really, really worsened it, I think. But then I had work related or service connected disability then that's certainly one of mine, but I think that really hurt my neck because my neck was already starting to hurt before I left, and now it gets so stiff sometimes I can hardly get up in the morning. So that's one of the things, my health. It just the adjusting and sleeping well was a problem. I didn't sleep well for a while, and even now I go to bed very late. I don't know why but everybody else will be in bed, and I will be up reading. Part of it is… I like the solitude. I like to sit with the

dogs. I sit out on the porch sometimes, I have the TV on, and I'll be on the computer or I'll be reading. I rarely watch TV.

(P3 Blue) Probably, for the most part, its medical issues from being overseas, back issues from living on cots that was 2 inches thick as far as mattresses go and walking on gravel constantly and fatigue. Seems like sleep apnea started when I was over there and still dealing with that.

(P4 Orange) It is so different like night and day in the Middle-East, not just culturally, but the weather is dry. I don't think it's good for you; it really affected me a lot health wise, inhaling a lot of dirt and dust. Once you are over there awhile, your body adjusts to it of course.

After the experience of serving in OEF/OIF, they discussed traumatic events. Expressing conflictual feelings of witnessing life-threatening situations. One participant explained:

(P5 Yellow) At times, there is numbness, or just being numb to reality. Upon returning, I was emotionally empty. I felt a sense of detachment, anxiousness, currently dealing with PTSD (posttraumatic stress disorder) and memories of suicides that I visually encountered while deployed, depression, anxiety.

As she expressed her fears, she stated: "It just depends what day it is; you never really know how it's going to affect you from one day to the next. Add summarizing text to tie the information together and transition to your next theme.

Theme 3: Support from Family and Comrades

The third theme identified how having a good support system is crucial during and upon returning from deployment. Having social support from a comrade and

emotional support from family, friends, and church family was noted as being important from each participant. The participants described a sense of emotional security knowing they had a good support system, someone that understood their mission, and would often send care packages while serving in the Middle-East.

Two of the five participants expressed the gratitude of the support they had, especially once they transitioned from the military back into civilian life. One participant discussed how her family understood her emotional challenge after leaving the military.

Sometimes rank served as a barrier to receiving emotional and social support for many enlisted and junior officers. In the military associating with lower ranking military personnel is often frowned upon. One senior officer stated:

> **(P2 Blue)** Non-commissioned officers and junior officers and the courage they displayed and the commitment and the dedication these people (soldiers) in the hospital. They did not want to go home; some of them were there for months…I'm not saying that the senior officers were not exceptional, I am sure they were but… I mean, it makes me, it tears me up to think about the level of commitment of these folks and how hard they would work and they would work day after day, after day, after day, many without pausing except for a brief fifteen-minute cat nap. If the casualties are coming in, they [troops] are going to be there. It just floors me to see that kind of help. It is an experience that would always be with me is the commitment from those [support units].

Another participant stated:

> **(P4 Orange)** My life actually has been pretty well; it was going well before leaving. Upon returning, it's pretty much the same. I attribute that a lot to my belief system and a lot to my support system. As far as family, I was a person who had a lot of family support going, and so when I came back they were there to assist me with any adjustments issues and kind of take care of me if I did, you know, go through anxiety or anything of that nature, so I was able to get right into the rhythm of things especially with my husband.

Theme 4: Environmental Concerns and Triggers:

Th**e** adjustment period that follows after separating from active duty military and returning into society can have an impact on everyday occurrences for returning veterans. Environmental triggers like hearing a horn blow can become problematic for females who suffer lingering effects of being in a war zone. Three of the five females discussed how it was difficult to adjust to the noises, certain sounds and being around a crowd was significant in trying to reintegrate.

> **(P1 Red)** Different noises, like every noise that you hear, is not RPG (rocket propelled grenade)… just got to get adjusted to the life that you did not live while you were over in Iraq. RPG is kind of like a missile. Sounds, you know, you hear something go boom, and you think you automatically assume there's a bomb. You see yourself ducking a little bit then you say, wait a minute I am back in America.

For most females serving in combat theater, many perceive danger while convoying, patrolling and the threat of improvised explosive device (IED) as they enter

unknown territory. Participants in this study further reported having similar experiences. Participants noted:

> **(P2 Green)** I was not a direct combatant as most female aren't, but there are no form lines anymore so where I was based in Afghanistan, we were frequently targeted with incoming missiles. I don't think we had an incident of an IED while I was there on the base, but it was routine every evening we had to hoover down, take cover, or evacuate our building because of incoming missiles.
>
> It's just the adjusting and sleeping well was a problem. I didn't sleep well for a while, and even now I go to bed very late; I don't know why. I think that's a change that solidifies my deploying, and I don't know why. Maybe because of the alerts and the alarms that went off so often that will wake you in the middle of the night. Here you are dragging on what you can of your uniform and going where ever we're supposed to go for the security.
>
> **(P3 Blue)** It just took the mindset of getting out of the transition of being in a combat zone and always looking over your shoulder and trying to protect those around you.

During the interviews, female veterans expressed how being in a war zone created uncertainty and continuously on high alert which created anxiety. Female veterans described how they continue to be cautious in other events in their lives. Additional questions prompted them to expand on their thoughts and feelings. P4 Orange offered:

(P4 Orange) Pretty much still cautious… the way that I walk, how I step, what is surrounding me, who is surrounding me, and pretty much making sure that people are safe all the time, not just close family members but anybody.

Other stressors identified by one participant of the lingering effects of war when reintegrating into society. P5 Yellow added:

(P5 Yellow) There were a few, I guess it's all relevant, noises, sounds, it could be the ice maker is not supposed to be there because in my mind I am still overseas. I'm still in a wartime situation. So there was an instance I'd come home, and we were sleeping and I normally slept with my M9 [weapon] and a M16 [weapon] for 15 months and I slept with my M9 [weapon]. For safety, it's right there. And being so close to a military instillation, we could hear loud sounds; the Soldiers were in the field practicing. I will never forget this night. I must have been home, maybe 72 hours, maybe, and I was asleep and I heard sounds. They [soldiers] were in the field shooting, doing something, and it shook the house. That's something they normally do. They're training, but I immediately reached under my pillow for my weapon which is where I keep my 9 [weapon], and I didn't feel it, and I was frantic and mean I was really frantic. I couldn't feel it, in my mind I was in Iraq. So, so he [my husband] had to talk to me to get me to understand, you're home, that's the soldiers out there training. "Calm down, calm down." And it took me, I don't know about 9 months, I can't say to get used to the noise but to understand that there is training going on whenever I hear those sounds, as opposed to a combat situation and it's time for me to react.

With the increasing numbers of female veterans transitioning out of the military, it is uncertain how they cope with the readjustment back into society. They shared their personal experiences while serving in the Middle-East as well as returning to civilian life. Each response brought attention to the challenges they face while readjusting back into to the role of being a parent and spouse.

Theme 5: Readjusting Back into Roles

The fifth theme described how readjustment back into family roles and society encompasses emotional and social adaption postdeployment. Returning home after serving months in a combat war zone is difficult. For some, reintegrating is often framed within the context of re-cultivating their roles as mothers, spouses, friends and their roles in society. Transitioning from being structured, responsible for others and on an unpredictable time scale can cause distress for many after returning to civilian life. A senior officer described how she felt after transitioning back into civilian life.

> **(P3Blue)** I felt kind of "weird" to come back to a 2200 square foot house. I almost felt more comfortable before. Like the first week, I slept in my closet. I was so use to being in such a small confined space; it was like what do I need all this for; I've been surviving on all of what I need in this little space

For many female veterans reintegrating back to civilian life has been uncomplicated; for others, it has been more complicated, especially for female with children. Having a family can result in readjustment for both mother and child after returning from deployment. The status of being a solider is no longer there, and the role of a spouse and mother is re-established. While discussing how to adjust back into the

roles they had prior to deployment, they discussed that resuming the role as a mother was challenging.

After deployment, P4 Orange reflected her experience after readjusting to the role she had prior to leaving. She shared:

> **(P4 Orange)** Just adjusting back to family life, which was as difficult as a mother. When I left, my children were about three and four years old; when I came back, they were four and five. So, I missed a little bit of kindergarten and my husband took care of pretty much of their every need. So coming back to that and trying to readjust to a motherly role, my children trusted their father a little more, and so that kind of adjustment was different for me, because in a way it was like regaining their trust again.

Each of the females in the study made a conscious decision of not discussing their military experience soon after returning. Rather than sharing grueling memories, they kept their experiences to themselves. P5 Yellow offered:

> **(P5 Yellow)** In the army, you are raised to be tough resilient and more than determined. And for females, it's difficult sometimes because we wear those roles anyhow, and we [soldiers] or I found it hard taking no for an answer. In the military, you're taught to get it done, do it do the best you can. But then going overseas and be in a wartime situation it is hard to allow anyone to give you instruction or direction when you return. Because you are used to being in charge; at the same time, it's difficult. If you're married, it's difficult to walk back into a relationship because you have done everything for 15 months and without

> permission. So there is a communication barrier or problem when you return. For me, it was learning how to express myself the same way I had done before I left.

Discrepant Case

There was one discrepant case based on the experiences while deployed to a combat theater. One participant's experiences were different from the other four. The discrepant case was the participant who experienced witnessing suicides and sexual trauma of fellow soldiers. Although the content was addressed in Chapter 2 regarding military sexual trauma, I did not expect the participant to discuss it in this study. The participant talked about the extent of sexual harassment toward females and how it is covered up. Additionally she expressed her opinion that there is much that goes on and that society does not understand the depth of problems faced by females while deployed. She described how every time she would leave her tent to take a shower; she was always on high alert, not knowing if someone was following her, or whether there was a suicide bomber lurking in the debris. P5 Yellow explained;

> So many females deal with down range [combat zone]. And it's not for the lack of knowledge. We [soldiers] know what our situation is down range, yet somehow it's ignored. The [leadership] they don't care. They're [leadership] all about the big "I" and how does that make me look. I can't lose a soldier downrange; there will be no sexual harassment on my watch. But yet there is, but it's covered up.

She additionally noted: "Females by far suffer more than men coming back home from deployments."

As these females described their experiences and told their stories, it is clear that female veterans are committed to their military oath of allegiance. The participants reflected on their deployment challenges of dealing with a lack of support by senior officers, anxiety, and having to be on consistent high alert. Although these females have taken significant steps towards adjusting back to civilian life, they expressed uncertainty of how the effects of serving in a combat zone have affected their transition back into the lives of their families and communities. The female veterans interviewed shared their personal experiences, thoughts, feelings and beliefs in the hope of educating others and gaining insight of the challenges faced by females serving in the military armed forces. Consistent with the literature, the results from these interviews supported that serving in a combat war zone is directly related to post-combat challenges for transitioning females. Coupled with roles females have in the military and society, female veterans may have different transition challenges (Resnick et al., 2012). The results further confirm that deployment poses challenges and distress for females who served in the military and their families (Haskell et al., 2010).

Evidence of Trustworthiness

As a researcher, it is important to ensure research is transparent and allows for future investigators to extend the study. As noted by Gelo, Braakann, and Benetka (2009), researchers use multiple methods to solidify and validate qualitative methods. It is important that my research hold validity and not bias. Lincoln and Guba (1985) noted trustworthiness is used to validate data. Interviews were conducted face-to-face, using open-ended questions. Approval was obtained from Walden's University Institutional

Review Board (IRB) (10-08-15-0274365) prior to conducting the study. The study was conducted following the procedures outlined in the proposal to ensure the objective of the study's trustworthiness. Member checking was conducted for validity and accuracy for each thematic unit (Moustakas, 1994). Member checking was done by interviewees summarizing the interview statements at the end of the interview. I paraphrased my understanding of what the participant said.

I conducted a follow-up with the participants by email and telephone to validate the findings, clarify, and to seek feedback (Jacob & Furgerson, 2012). Each respondent confirmed the interpretations and themes. (No names were used to assure confidentiality among the participants). The member checking was used to validate trustworthiness (Carlson, 2010). The participants were encouraged to provide feedback on the interpretation of the collected data. Each responded with gratitude for being able to voice their experiences. Finally, reflexivity allowed me to record my thoughts and any potential biases regarding the data collection and analyzes process (Maxwell, 2013). I also consulted with my dissertation supervisor at various stages during the coding process to provide feedback.

Interviews were audiotaped and recorded verbatim. Interviews were transcribed from the audio recorder and coded as noted in Chapter 3. Notes were taken to record my reflections, notate body language, voice tones, and signs of distress and to note common words and or phrases (Creswell, 2013; Maxwell, 2103). Because of the sensitive nature of this population, additional questions were not asked being mindful that the topic may cause distress.

Transferability, Dependability, and Confirmability

To enhance transferability, I provided rich, thick narratives enabling other investigators to replicate the study in other settings (Merriman, 2014). I used a research journal and took field notes of my time spent with the interviewees to document each step of the interview process and provide details of how the respondents described their lived experiences (Maxwell, 2013). I conducted follow-ups by emailing each participant a copy of the findings for their review, feedback and to confirm the accuracy of the transcription (Silverman, 2015; Maxwell, 2013). These steps helped me enhance the trustworthiness of the data analyzes (Silverman, 2015). To ensure dependability, I documented themes, as well as cross-checked data sources to identify similarities (Maxwell, 2013). Commonality of ideas emerged, which increased the validity and dependability to ensure the results of the study findings were accurate, As discussed in chapter 3, I established conformability by having using a research journal to notate each step of the interview process, and by member check with each participant to validate the collected data (Silverman, 2015; Maxwell, 2013).

Results

Female veterans transitioning from active duty military back into society shared their lived experiences and perceptions as they reflect on their deployment to OEF/OIF. I designed the study to explore and describe the experiences of female veterans as they transitioned from active duty military, back into civilian life after deployment to OEF/OIF. According to Resnick (2012), the aftermath of serving in a combat zone may

differ by gender. While transition challenges framed the study, only three out of the five female veterans expressed readjustment issues and challenges.

Given the effects of war on mental health, reintegration back into society and quality of life, this study is of great significance as the numbers of females are leaving active duty military and returning to civilian life after serving in the Middle-East. The rate of the readjustment period can vary. It is important that returning female veterans educate themselves on the support that is available to them before and after transitioning out of the military, especially as it relates to their psychical and psychological well-being. The review of the literature revealed post-war effects may emerge as physical or psychological stressors of female veterans after reintegration back into civilian life. According to (Fontana et al., 2010), it is important to have a positive, welcoming homecoming postdeployment. Through the exploration of this study, there is a clearer understanding that female military personnel are committed to their roles as active duty soldiers. It also became evident these females often feel devalued and overlooked. The participants detailed the importance of support from their families, comrades, and friends while serving in OEF/OIF. Upon returning from deployment and transitioning from active duty military, they described a sense of relief, being back in America, and being home with family and love ones.

> **P5 Yellow noted**: I believe until we [society and military] are real with one another, we will never begin to tackle all of the issues that are preventable that female deal with, go through, suffer through, encounter down range [going into combat], and when they [female soldiers] come back from their deployment they

> need immediate mental help if they [female soldiers] need mental health. They need it "immediately". They should not be judged; they should not be… their careers should definitely not be affected by it, and they shouldn't be made to feel less of a soldier because they're asking for help. And until we're able to meet them there [emotionally] then the rest of the issues will not ever unfold. Because we don't want to deal with mental help, with mental issues, gender issues, it's just so much. I would have to write it down and characterize it and drawn arrows to everything that matters. But it's all relevant. Females, by far suffer more than men coming back home from deployments. And it's preventable; all of its preventable.

In chapter 5 I will discuss additional information while summarizing chapters 1-4. I will also discuss the findings while reviewing the study's collection of data and analysis. In addition, the identified findings will contribute to offering recommendations for additional studies and document the limitations of the study. The chapter will conclude with a discussion regarding implications for social change and efforts to support the needs of female veterans as they continue to transition from serving in the military armed forces back into society along with future recommendations.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative study was to explore and describe the lived experiences of female veterans transitioning from active duty military to postmilitary civilian life. I used a descriptive phenomenological approach to understanding the meaning behind female veterans' experiences after returning from serving in the Middle-East and readjusting back into society. The study was guided by the research question: How do female veterans experience the transitioning process from active duty military back into civilian life? During this study, research revealed the extent of challenges faced by female veterans after leaving the military. I examined the lived experiences of female veterans because of minimal research studies which explore their transitional experience after serving in a combat theater and returning to civilian life (Resnick et al., 2010). For professional health care providers, family members, and community stakeholders, it is important to understand the challenges faced by this cohort after returning into society.

Five female veterans who served in OEF/OIF participated in the study. Each participant described her experiences while serving in combat and transitioning from active duty military. The females were encouraged to describe their experiences by answering face-to-face, audio-recorded, open-ended interview questions. Describing their experiences will allow healthcare professionals, military personnel, and community human service professionals to understand better how female veterans perceive and cope with reintegrating into society after serving in a military war zone.

Five themes emerged that solidified the challenges and difficulties. The themes were: (a) Reflection after Deployment, (b) Health Related Issues, (c) Support from Family and Comrades, (d) Environmental Concerns and Triggers, and (e) Readjusting Back into Family and Social Roles. The themes allowed me to triangulate the results to answer the research question. I conducted member checking to validate the accuracy and credibility of the study.

Interpretation of the Findings

Understanding female veterans' postdeployment transition and readjustment experiences provides a guide to their overall physical and mental health. The intent of my study was to examine whether female veterans transitioning out of the military back into civilian life were affected by serving in a military war zone. The findings of this qualitative study revealed that after serving in active duty military it was stressful and challenging when trying to adjust back into the civilian roles they had before deployment to OEF/OIF. Each participant's experiences varied.

While support was noted as an important factor in the transition from active duty military back into civilian, respondents in this study described support from family and friends during their return from deployment and their transition out of military armed forces. Three of the five participants stated one of their biggest challenges was adapting to their predeployment roles. Another participant stated her experience serving in the Middle-East made her appreciate being an American. Her transition was good because she had a good family support system before and after serving in combat. Two participants shared they were coping with PTSD and depression as a result of witnessing

human remains on a constant basis. Teh et al. (2008) noted that 25% female veterans suffer from mental health issues after combat exposure. Fontana et al. (2010) noted the need to understand how female veterans cope with the stressors of serving in a combat zone, which presents a high risk of developing psychological problems. P4 Orange discussed after returning to civilian life she is sensitive to her surroundings, from everyday noises to people walking around her, and she continues to stay on high alert. In their interviews, all of the female veterans described changes in how they viewed their surroundings, such as being aware of those around them and having to cope with being patient when talking to others.

Some of the experiences described by the female veterans during transition supported those found in the literature; females reported resuming roles they had before leaving, military sexual trauma, and support while male veterans reported homelessness and mental health issues (Resnick et al., 2012). As suggested by Mattock et al. (2012), while deployed female experience a variety of stressors due to combat exposure, witnessing the death of a comrade and military sexual trauma, which last long after they transition out of the military. Although this study did not address military sexual trauma (MST), one participant discussed the prevalence of MST among females while deployed to OEF/OIF. P3 Blue discussed the prevalence of MST while deployed was happening to include intimidations and threats from higher command often exist if females did not participate with what is asked and often demanded from them.

The results paralleled the theoretical frameworks of Selder's (1989) transitional theory and Schlossberg's (2005) theory of transition presented in chapter 2. These

theories supported the study's research question. Both theories were used to understand the lived experiences of female veterans' adaption to civilian life after serving in the military. The results also align with Selder's (1989) transitional theory which states that a person's perception of their transition impacts the transition itself as presented in chapter 2. Schlossberg (2005) noted transition of any kind is multifaceted. During the transitioning process, a person often finds it difficult to let go of former roles. One participant, P5 Yellow, spoke on how she no longer had to be accountable for others; she no longer had to make sure others were safe and not in harm's way. This is consistent with transitional theory. As she said:

> You're able to come and go as you please without having to answer to anyone; you can move about freely. You don't have to babysit soldiers or check in with anyone, so having that freedom is almost scary because you don't know what to do. I don't have to do those types of things, but it was a relief, most of all. It was sheer relief because you don't have to worry or wonder is this about being deployed so often.(P5 Yellow).

During the transition, a person often goes through a traumatic experience. Schlossberg (2005) suggested that transitions are a turning point in a person's life that is sometimes traumatic because it requires the person to assume their former roles before deployment and learn a new task. The response from one participant concurred with the statement from transition theory stating she felt no longer important because she did not have the leadership role she had while deployed. P3 Blue offered this response:

> I was fulfilling four officers' jobs, and so it was constant stress that whole time I was there and to come back and not be responsible for anybody but myself…leaving was an instant relief. I found myself in tears. It was like awe but when I got home and got a little settled, I was like "Oh my God." Now I'm not important.

Boury, Treadwell, and Kumar (2001) noted that individuals may misinterpret their circumstances, further developing negative feelings about their past, current, and future situations. The transition theory provided a framework for the relationship between combat stress and postdeployment challenges. Schlossberg's (1981) model of analyzing human adaption to transition described three areas of facets, (a) perception of the reintegration, (b) a person's environment and (c) the characteristics of the individual. For example, a person's perception of their integration may include the duration of the transition or when the transition occurred. The environment includes a person's support system. The individual characteristics may be a person's socioeconomic status, age, values, or past experiences. The ability to provide adequate support is important in the transitional phase of postdeployment.

Each of the participants expressed a sense of gratitude of being an American after returning from deployment and witnessing various levels of trauma that was consistent with patterns of PTSD and depression as noted by Resnick et al. (2012). Consistent with other research studies, social support often buffers the pain of deployment for many female veterans (C'de Baca, Castillo, & Qualls, 2012). Since males were not included in this study, the responses given by the participants substantiate being female and

transitioning from active duty military service to civilian life. All of the participants described changes in their perspectives about how they now see life differently after returning from deployment. They each shared concerns of their surroundings and being on high alert at all times, not only looking out for themselves, but for those that is around them. When P2 Green stated that "You know that people in this world that are in bad shape in areas of the world that are under constant violent strike or the threat" there was a certain expression in her voice.

P2 Green further described her feelings:

> They (Afghanis) had little cleaning and laundry businesses. You would drop your uniforms off, and they would clean your uniforms. You never knew if they were going to be a suicide bomber, or if they were going to be a bad guy who slipped through the system.

In this study, two respondents reported a diagnosis of depression and PTSD. This is consistent with the studies conducted by C'de Baca, Castillo, & Qualls (2012) and Resnick et al., (2012) which suggested female veterans are often faced with PTSD and depression after serving in a combat zone. All of the participants were familiar with services provided by the VA; however, none of the participants reported utilizing the facilities. The responses given by the participants substantiate that being female and transitioning out of the military after serving in a war zone influences challenges in adjusting back to roles in family and society. Many of the challenges experienced by female veterans are exacerbated in society which continues to misunderstand the

problems faced by female veterans, and perhaps fails to comprehend that more female are now in the military armed forces.

Limitations of the Study

This study presented several limitations. The inclusion criteria restricted boundaries to the validity of the study, hampering generalizability and transferability. Another limitation of this study was difficulty in recruiting female veterans that only served in combat within the last 5 years. Compared to the overall number of females leaving the military, this study provided limited insight regarding this phenomenon. To deal with the limitations, I followed the approaches suggested by Moustakas (1994) to set aside preconceived ideas and bias. Using this tactic controlled the impact of researcher bias.

Five respondents were chosen for this study and when data became redundant, recruitment was ended. I provided and described the experiences of female veterans who served in OEF/OIF within the last 5 years and elucidated future research questions to serve this growing population better. I also identified the gap in the literature regarding the transitional challenges faced by this cohort.

Recommendations

The results of this study are a platform for future research. This study explored female veterans' lived experiences after returning from a war zone and reintegrating into civilian life. The study was limited to five female veterans who served in OEF/OIF within the last 5 years. Deploying females to combat zones is happening more in the military than in previous years due to policy changes regarding combat restrictions. With

the growing number of females now leaving the military, there is an opportunity to expand the sample size. This study interviewed five female veterans who transitioned out of the military within the last 5 years. As discussed in chapter 2, there is minimal research exploring female veteran's reintegration after serving in the military armed forces (Cohen et al., 2012; Resnick et al., 2012; Tolppanen, 2011).

I will attempt to make all branches of the military armed forces (Army, Airforce, Navy, U.S. Marines Corp, Coast Guards and National Guards), healthcare professionals, families, educators, those in military command, veterans organizations for female, DOD and the VA aware of this research study through the dissemination process. Each of these organizations can incorporate the results in raising awareness and encouraging partnerships for support programs to address the needs of transitioning female veterans. Future research should explore factors associated with the time-frame after returning from deployment to transitioning back to civilian life.

This study will be submitted for publication and available to all invested in the well-being of our military veterans such as civilian healthcare professions, military personnel, female veterans groups, the participants and the community. I will achieve this by providing state and local educational seminars and presenting at conferences to increase awareness and improve social conditions by promoting pre and postdeployment briefings specifically addressing the mental and physical disparities faced by woman veterans after leaving the military.

The study addressed the perception of female veterans after serving in OEF/OIF and transitioning from active duty military personnel to civilian life. Reintegration can be

faced with unforeseen challenges and stress for returning female veterans and their family members (Resnick, 2012). There should be future research on how female veterans perceive their transition experience to civilian life after deployment. Also, future research should focus on implementing evidence-based transition briefing programs should be created for the service member and their family. There is also the need to provide better access to physical and mental health services through the VA. Three out of the five participants discussed the prolonged wait time to receive treatment for their physical and mental health.

After returning from a war zone, healthcare providers, family members, and the community must understand the state of transition from serving in combat theater to the transition back to society. It is necessary to consider to what the veteran is returning such as cohesive family, unemployment, financial difficulties, and or impersonal community support. The answer can either positively or negatively affect the transition experience. There is a need to provide employment opportunities for female veterans leaving military service. While employment outside the military service calls for some form of continuing education, experience, or certification, many jobs in the military do not have the same requirements. As a result, many female veterans leaving active duty military find that the skills acquired while on active duty are not recognized or understood when applying for civilian jobs. One participant described after serving in the military for years and had a wealth of experience she was disappointed with the amount of time it took for her to be gainfully employed. She stated: “I did not have a job waiting for me, I had to come home and look for a job, and it took me about eight months to find a job. So with that, my self-

esteem went down." Family members and community workers need more training and information on helping with transition.

Female veterans are transitioning out of active duty military more now than ever before. In conducting this study, it was revealed that combat stress impacted how female veterans perceive their environmental surroundings once they integrated back into society. The findings of this study also suggest that the transition from military services back into society varies from woman to woman. It is important these females receive recognition of their experiences, and treatment, which respects their gender, military history, and physical and mental health needs.

Implications for Social Change

Positive Social Change

Positive social change can be brought about by the study findings to stimulate academia, increase awareness of the effects of combat exposure, and advocate research that addresses effective programs specifically for female veterans after returning to civilian life. Because the literature review showed very little research on female veterans' transitional experiences after serving in OEF/OIF, the present study adds to the knowledge of female veterans' combat experience and the effects of war postdeployment. This study combined with other research studies can impact positive social change can be a basis for legislative policy change and strengthen gender specific programs and of new ideas to address the needs of female veterans before, during and after transitioning out of the military. In addition, this study integrated with current literature can also support healthcare programs in both the VA and civilian setting which would address gender-

based trauma throughout the lifespan of female veteran. According to Kelly, Skelton, Patel, and Bradley (2011) female veterans are at a higher risk of exposure to trauma than male veterans, which could last a lifetime. Understanding and awareness are increased through this study by providing a description of the physiological and psychological challenges experienced by female veterans.

This study impacts social change by adding to existing research that addresses issues faced by female veterans after serving in OEF/OIF, and transitioning to civilian life. The study examined female veteran's thoughts, feelings and beliefs of their reintegration experiences. Additionally, the study also provides professional health care providers, military personnel, Veterans Administrators, female veteran support groups, and legislatures a better understanding of the importance to add to existing literature on female veterans transition experiences. There is a need for building and implementing additional programs to prepare better and support female veterans who are considering exiting the military armed forces. Females are growing rapidly in the military services and are now serving in combat support positions.

Individual/Family

This study's focus is to foster understanding of female veterans' experiences upon returning to civilian life after serving in active duty military. Also, the goal is to take a step towards understanding the psychological and physiological challenges faced after serving in military combat zones. Their needs are documented for consideration to aid in developing future programs to provide appropriate services and support during their transition from being active duty military personnel to civilian. P1 Red discussed the

importance of having family support during and after deployment that helped her deal with being separated from her family while serving in OEF/OIF and made her adjustment to civilian life a little better knowing she had their support. P3 Blue suggested giving thirty-day time frame with family after returning from combat before beginning the out-processing of leaving active duty military. In 2013, the American Academy of Nursing (AAN) in partnership with Woodruff Foundation and conjunction with the First Lady Michelle Obama and Second Lady Dr. Jill Biden began a movement to support veterans and their family members: "Have You Ever Served in the Military?" The implementation for this movement is to allow healthcare providers to now ask patients if they ever served in the armed force services. This program is geared for frontline personnel such as nurses to assess better and obtain important information to meet the needs of veteran patients and their families' healthcare. While the VA service providers may be familiar with military occupations and environmental exposures, many civilian healthcare providers are not aware. Understanding the physical and mental health needs of females who served in specifically in OEF/OIF is even lower among civilian healthcare professions. Furthermore, as this cohort reintegrates into their family lives, communities, federal, state, government agencies, nonprofit organizations and private and public business should seize the opportunity to serve them. Awareness and education in this area have the potential of addressing the needs of female veterans rather than solely relying on the military Veterans Administration.

Organizational

Inherent in this study is the understanding of everyday occurrences faced by female veterans at this life juncture. Although there is available information through Department of Defense (DoD), primarily seeking assistance for physical disabilities, it is typically centered on the male veterans. The DoD and VA have support groups designed to assist spouses of returning veterans, rather than the support of female veterans who served in the military. There are many veterans' organizations supporting male veterans. For example, The Veterans of Foreign Wars (VFW) which recently amended changes to their policy to allow female veterans also to be recognized, and supported. This amendment happened in November 2014. However, I was unable to find specific literature to address transition out of the military specifically for females.

Societal/Political

This study can be a basis for policy exploration and restructuring. Actions taken while on active duty affect how well female veterans adapt to readjusting back into society and this new stage of their life. The objective is to create an effective program, which could contribute to improving the mental and physical outcomes of the increasing number of female veterans who will transition from active duty military to civilian life. The study provides insights on the need for additional research on female veterans who face triggers while transitioning back into civilian life. Additionally, research should address the need for expansion on female veterans diagnosed with PTSD and or depression. Resnick et al. (2012) indicated helping professionals and the larger community should become familiar with the diverse ways in which female veterans react

to readjustment after serving in a war zone. Although the female veterans in this study did not discuss in depth challenges of mental health after their transition, two of the respondents elaborated on their experiences. They identified their mental health issues. P3 Blue described: “Trying to keep on top everything there was the potential of posttraumatic stress disorder”. “I never thought that I had it (PTSD) until I saw a professional.” P5 Yellow said she was currently dealing with PTSD, depression and anxiety that developed after returning from OEF/OIF and witnessing suicides.

The study findings will affect female veterans as they readjust to civilian life by developing or enhancing programs and support systems addressing their specific needs. There is a need for continuing research in exploring the transition and reintegration efforts of returning female veterans. Furthermore, this study can assist in improving and educating others of the quality of life after transitioning from active duty military to returning to society and addressing challenges experienced by female veterans. Collaborative efforts to enhance awareness among this cohort are significant in serving and meeting the needs of female veterans by developing appropriate assessments through the VA service and seeking assistance from administrators responsible for designing and implementing a policy for the Department of Veterans Affairs, which can aid in improving services and practices for transitioning female veterans.

Conclusion

The purpose of this study was to describe the lived experiences and transitional challenges faced by female veterans exiting their military life and reintegrating into civilian life. The results of this qualitative research study sought to unveil the lived

experiences as described by the words of female veterans. Research has primarily focused on male veterans readjustment challenges within the context of homelessness, and PTSD (Resnick et al., 2009). As of 2013, the Combat Exclusion Policy ended ensuring the next generation of female will serve on equal ground with their male peers. This being the case, we must take immediate actions to ensure females that are transitioning out of the military stand on equal ground as well. The communities must recognize and respect female veterans for their duty, loyalty, and honor to our country. This is accomplished through providing a better understanding and educating stakeholders of the sacrifices females in the military make when leaving and returning to their families and communities. Some served more years than others; however, the transitional challenges affect each of them and their families.

Through open-ended audio recorded interviews, this study described the dynamics, experiences, feelings, thoughts, and beliefs of female veterans when they transition back into society. Exploring these transitional factors led to the conclusion that the females in this study had varied reintegration experiences. Although the VA offers a variety of services for transitioning veterans, this study should promote additional specific gender programs before and after transitioning out of the military. As females continue to enlist and serve in conflicts, the effects of combat on females must be introduced to the U.S. military policy and program developments, including addressing psychological effects. I will always remember these five ambassadors as I reflect back on how each discussed her combat and reintegration experience. I now listen to female veterans' voices when they protest for equality in health care and housing and ask to be

treated with respect. I am grateful that each of the participants trusted me to share their thoughts, feelings, and experiences. As a result, I will continue to contribute to the existing body of literature, to be their voice and to advocate for continuous awareness and understanding of all veterans, specifically our female veterans.

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Appendix A: Interview Guide

The following interview questions were asked to each participant in a private setting. These open-ended questions will aid in exploring the participants' lived experiences, thoughts and feelings. Questions include:

Asked to the Participants: Is it okay to proceed with the interview questioning?

1. How has the war impacted your life since returning from combat?
2. Tell me about any adjustment issues you have faced after returning from the Middle-East, if any.
3. Please describe feelings you have experienced since returning home from combat.
4. How would you describe your life since returning from combat?
5. Is there anything else that you would like to tell me about your experiences since returning from the Middle-East?

Appendix B: Participant Information Sheet

RESEARCH PARTICIPANTS are invited to participate in the following Research Study

Female Veterans Only

You are being invited to participate in a study which will explore the challenges faced by female veterans transitioning from military services to civilian life after serving in Operation Enduring Freedom/Operation Iraqi Freedom

This research study is being conducted by Myra N. Robinson, a student at Walden University. Myra N. Robinson is a doctoral candidate in the program of Human Services. This research study is a component of completing her PhD.

If you are:

- A Female Veteran
- Have served in combat within the last 5 years
- If you are English Speaking

Agreement to participate in this study will require up to 30-60 minutes of a face-to face interview. For privacy, the interviews will be conducted in a private room at the public library on Maiden Lane, Boone Trail or Hope Mills public library at a time convenient for you. Participants will be asked nine questions during the face-to-face interview. All information will be kept strictly confidential and anonymous. At any time you may withdrawal from the study. If you have any question or need more information regarding

this study, or like to participate in this study, please contact: [redacted]

Appendix C: NIH Certificate of Completion

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Myra Robinson** successfully completed the NIH Web-based training course “Protecting Human Research Participants”.

Date of completion: 09/09/2015

Certification Number: 1846361