



The Experience of Women Veterans Coming Back from War



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ABSTRACT

Issues surrounding mental health are common for women veterans who have served in Iraq and Afghanistan wars. The goal of this phenomenological study was to document themes in the stories gathered from eight women veterans who had come back from war. Themes in the stories were: arriving with mixed sentiments; evolving to a changed view of self; permeating aggravation; confounding broken relationships, frequent deployments, and change in military status; remembering war experiences; and seeking opportunity for what is possible. Mental health issues can be observed in the themes. Including story as part of the mental health visit with veterans may be beneficial to veterans as they deal with the transition of coming back.

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Women veterans are coming back from war in greater numbers. As of September 2013, the population of women veterans totaled 2,271,222 out of a total of 21,972,964 veterans (Department of Veterans Affairs, 2013). Thus, women veterans represent 10% of the total veteran population; a number projected to increase to 18% by 2040 (Department of Veterans Affairs, 2013). Women who serve in the military suffer more mental health problems than male counterparts (IOM, 2013). Furthermore, Boyd, Bradshaw, and Robinson (2013) indicate that inquiry calling out the mental health needs of women veterans is sparse. The purpose of this study was to address the research question “What is the experience of women veterans coming back from war?”

The military role of women soldiers has advanced greatly in recent wars. Women veterans involved in Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) represent the largest cohort of women in history who were extensively involved and actively engaged in combat operations post 9/11 (National Center for Veterans Analysis and Statistics, 2014). Witnessing and experiencing combat related violence and death make their experiences different from the civilian population into which they return (IOM, 2013; Kelly, Skelton, Patel, & Bekh, 2011).

Mental health issues are not uncommon with OEF/OIF deployment. Researchers note depression and/or non-posttraumatic stress disorder anxiety occurring more frequently in women veterans (Conard & Sauls, 2014; Frayne et al., 2014; Haskell et al., 2011; Lehavot, Hoerster, Nelson, Jakupcak, & Simpson, 2012; Maguen, Luxton, Skopp, & Madden, 2012). Others posit mental health issues for women veterans often do not occur until after discharge and are mediated by events once home (Lehavot & Simpson, 2014).

Veterans coming back from war return to community life. This return is referred to in the literature as community reintegration. Crocker,

Powell-Cope, Brown, and Besterman-Dahan (2014) describe reintegration as the return to participation in life roles following discharge from where the veteran was separated from normal community living. Upon joining the military and going to war, he/she becomes a member of a unique club that holds values and expectations generally diverse and separate from the civilian community. (Demers, 2011). Coming back from war is reentry into civilian life by moving away from barracks and comrades toward family, community, and friends. The restoration of life roles as parent, employee, and/or student exemplifies reintegration as veterans come back to their position in the family to the larger civilian community (Crocker et al., 2014; Resnick, Bradford, et al., 2012).

Difficult reintegration following deployment can impact mental health (Sayer, Carlson, & Frazier, 2014). Women veterans are more likely to have higher personal and family negative reintegration experiences (Beder, Coe, & Sommer, 2011; Street, Gradua, Giasson, Vogt, & Resick, 2013). Reintegration challenges for women who experience post deployment life stressors and lack of social support (Vogt et al., 2011), may lead to depression, posttraumatic stress disorder (PTSD), substance abuse, anxiety, sleep disturbances, intimate partner violence, low social support, eating disorders, obesity, and chronic pain (Brown & Joshi, 2014; Carlson, Stromwall, & Lietz, 2013; Chapman, Carroll, & Wu, 2014; Curry, Aubuchon-Endsley, Brancu, & Runnals, 2014; Kelly et al., 2011; Maguen et al., 2013; Resnick, Mallampalli, & Carter, 2012; Rivera & Johnson, 2014; Runnals et al., 2014). Attempts to understand mental health issues and subjective experiences for women OEF/OIF war veterans have begun to occur (Burkhart & Hogan, 2015; Conard & Scott-Tilley, 2014; Demers, 2013; Gutierrez et al., 2013; Kelly, Berkel, & Nilsson, 2014; Mankowski, Haskell, Brandt, & Mattocks, 2015; Mattocks et al., 2012; Yan et al., 2012).

To identify how previous qualitative studies on women veterans who had come back from war differed from the approach used in the present study, a literature search spanning 2010–2015 was conducted after analysis of study findings. Inclusion criteria for article selection were: women veterans, OEF or OIF deployment, qualitative research,

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and published in peer reviewed journals. The search terms inserted into Cinahl, Academic Search and Google Scholar search engines were woman veteran, female service member, OIF, OEF, reintegration, and qualitative research. A total of eighteen articles initially met search criteria. Of these eighteen studies: eight were excluded because male veterans were included in the sample and two studies were removed due to use of mixed methods. In total, eight qualitative studies have been conducted with women who had come back from war. These studies are summarized in Table 1.

Table 1
Summary of Qualitative Research on Women Veterans.

Year	Journal/author(s)	Title	Research question	Method	Participants	Findings
2012	<i>Journal of General Internal Medicine</i> Yan et al.	Self-reported stressors of national guard women veterans before and after deployment: The relevance of interpersonal relationships	What are the types of stressors women veterans report: before deployment, immediately after deployment, 3 months after deployment, and 1 year post deployment?	Longitudinal Observation Self-report, descriptive, open ended questions	79 Army National Guard and Reserve women deploying OEF/OIF	Six major stressor categories identified: interpersonal, deployment and military related, health concerns, death of loved ones, daily needs, employment, and school. Interpersonal stressors were most important across all phases.
2012	<i>Social Science & Medicine</i> Mattocks et al.	Women at war: Understanding how women veterans cope with combat and military sexual trauma	What are U.S. women's deployment experiences, of: combat-related exposure, military sexual trauma, separation from family, military gender discrimination, and coping strategies used upon return?	Qualitative descriptive semi-structured interviews	19 OEF and OIF women veterans enrolled in VA healthcare	Two major stressors were identified: stressful military experiences including combat, sexual trauma, and separation from family. Post deployment reintegration problems including disrupted relationships with family and use of coping strategies.
2013	<i>Journal of Humanistic Psychology</i> Demers, A.	From death to life: Female veterans, identify negotiation, and reintegration into society	What are the challenges of becoming a military service member, returning home and reintegrating into civilian life among a heterogenous group of female veterans?	Phenomenology focus groups	17 women veterans who served in OEF/OIF from 2001 to 2003	Two major themes were: women at war, to include becoming a soldier and fighting two wars. Coming home, to include dirty time bombs, mourning who I was, questioning who I am, and composing who I will be.
2013	<i>Journal of Clinical Psychology</i> Gutierrez, L. et al.	A qualitative description of female veterans' deployment-related experiences and potential suicide risk factors	What are veterans' experiences in dealing with painful situations and being in social groups?	Qualitative descriptive semi-structured open ended interviews	19 OIF/OEF female veterans were recruited within a Western VA healthcare system	Three constructs related to Joiner's model were: perceived burdensomeness; acquired ability for suicide through habituation to pain; and spontaneous mention of suicide. Additional deployment themes were: loss of identity and self-worth, and grief.
2014	<i>Nursing Forum</i> Conard, P. & Scott-Tilley, D.	The lived experience of female veterans deployed to Gulf War II	What is the lived experience of female combat veterans deployed to Gulf War II?	Descriptive phenomenology interviews	12 enlisted active duty female military members from Army, Air Force and Marines	The major theme was constant fear of being in harm's way. Seven sub themes were: living in constant fear while deployed; combat has different meanings; bringing the war home; fear of being forever changed; disrespect from fellow military members; better or worse for physical health; and rewarding experiences of combat.
2014	<i>Nursing Research</i> Kelly, et al.	Post deployment reintegration experiences of female soldiers from National Guard and Reserve Units in the United States	What are family reintegration experiences of women in the National Guard?	Content analysis semi-structured interviews	42 National Guard females deployed to Iraq or Afghanistan returned from deployment from few months to 10 years prior to interview	Five themes identified: life is more complex; loss of military role; personal deployment changes; reestablishing partner connections; and being a mom again.
2015	<i>Social Work in Mental Health</i> Burkhardt & Hogan	Being a female veteran: A grounded theory of coping with transitions	What are the categories and processes grounded in the experience of female veterans who transitioned into, through, and out of the military?	Ground theory personal and telephone interviews	20 female active duty and reserves from Army, Navy, Air Force, and Marines who served in the Gulf war	The core category was coping with transitions and included 7 sub categories: choosing the military; adapting to the military; being in the military; being a female in the military; departing the military; experiencing stressors of being a civilian; and making meaning of being a veteran–civilian.
2015	<i>Social Work in Health Care</i> Mankowski, M. et al.	Social support throughout the deployment cycle for women veterans returning from Iraq and Afghanistan	What is the post deployment transition experience of women veterans from OIF/OEF? To what extent does their experience of perceived support offer a greater understanding of readjustment into civilian life?	Content analysis semi-structured interviews	18 OEF/OIF women (9 retired and 9 active duty) enrolled in VA healthcare	Two main themes were: participants relied on civilian and military supports throughout military career; and post deployment readjustment struggles were linked to accessing social support.

Analysis of the studies revealed three areas that differ from the present study and add significance to the current findings. These were: recruitment, study focus, and length of time between deployment and interview. In relation to recruitment, there were four resources tapped to obtain participants. Three studies recruited from VA repository listings of women receiving VA services (Gutierrez et al., 2013; Mankowski et al., 2015; Mattocks et al., 2012). Two studies recruited participants from active duty rosters (Burkhardt & Hogan, 2015; Conard & Scott-Tilley, 2014), two studies involved reservists (Kelly et al., 2014; Yan

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