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PERCEPTIONS OF SERVICE RELATED TRAUMA IN FEMALE SERVICE MEMBERS, RESERVISTS, AND VETERANS

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PERCEPTIONS OF SERVICE RELATED TRAUMA IN FEMALE
SERVICE MEMBERS, RESERVISTS, AND VETERANS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Sara Cathryn Klepps

June 2018

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ABSTRACT

The purpose of this research study was to explore female service members, reservists, and veterans feelings regarding service related trauma and what they want clinicians to know regarding treatment. This was a qualitative study that used a snowball sample to interview seven women; data collected was transcribed from recordings, analyzed, and categorized into themes. Qualitative themes included vulnerability, connection to clinician, and mental health stigma. Potential changes endorsed included understanding gender roles, clinician's ability to build better therapeutic relationships, and decreasing mental health stigma. Limitations included not being able to generalize the study as service members, reservists, and veterans were not looked at independently from one another. Recommendations for the social work profession include upholding the dignity and worth of each client, understanding client's perceptions, and advocating for policy changes. Future research will be fundamental in understanding how to provide better mental health treatment to females in combat military roles.

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I want to thank everyone who has been on this journey with me. Making it through this program would not have been possible without you. Thank you to my boyfriend, Tyler, for always being my rock and confidence when I started to struggle and wanted to give up. This program was a sacrifice for both of us but we have made it through!

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And to my advisor Dr. Armando Barragán, thank you for always believing in me and helping me find the strength to see past my over thinking and second guessing when I was unable to. You always listened to my concerns and never turned me away when I showed up at your office asking for help. Thank you for making this project possible.

DEDICATION

I want to dedicate this project to all the females who are and have been in the military and specifically the female service members, reservists, and veterans who are or were in combat. This research is for you. While you protect and fight for our country and freedom, the least we can do as clinicians is help you when you need it the most, especially regarding your mental health. It is with honor and respect I have done this research to help you and want to continue making sure you receive the best mental health care possible.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Those who join the military have a special calling, to both protect and serve this country. It is an honor to be a service member and takes great strength to endure the situations they encounter. The Persian Gulf War in 1991 was the first war women were allowed in combat zones, deploying over 41,000 women to help with the war (Colonial Williamsburg Foundation, 2008). As of July 2017, there are over 1.3 million active duty personnel, of which 211,926 are women (DMDC, 2017). According to the United States (U.S.) Department of Defense, in January 2015 there were 201,400 active duty women, of which 9,200 were deployed (U.S. Department of Defense, 2015). With the rise of women in the military, there is now a need for more research regarding the traumas they face along with their male counterparts.

Service members experience many situations, many of which can be very traumatic to their mental health. Traumatic events are events that involve any perceived or actual death, serious injury, or threat to self or others around (Landes, Garovoy, & Burkman, 2013). Between 15% and 30% of returning veterans with traumatic combat exposure will come home and meet criteria for a number of serious mental health disorders including: post-traumatic stress disorder (PTSD), major depression, substance use, and anxiety disorders (Coll, Weiss & Yarvis, 2011). These can lead to impairments in their every day lives

making reintegration into society difficult. Service members experience horrific situations that civilians cannot imagine. These events are internalized and dealt with differently between men and women. There also needs to be a clear understanding of how each gender should receive treatment to give them the best treatment possible.

It cannot be assumed that every military trauma experience is the same (Coll et al., 2011). Each person is different and perceives trauma in a different way. Being aware of this will help to make sure each veteran's needs are looked at specifically before advancing with treatment. Individualized treatment plans are important for each service member's own well being and making sure they get the proper services that fit their needs.

As social work clinicians, it is our ethical responsibility, as stated in the National Association of Social Workers (NASW) Code of Ethics, that each clinician uses integrity in making correct decisions and every client be treated with dignity and respect. This would include making sure each veteran is cared for individually and addressing their specific needs. Clinicians also need to make sure they are respecting the needs and wishes of the veteran, as it is difficult for veterans to open up about their most vulnerable and horrifying traumas. Each service member needs their own specialized treatment plan regarding the service related trauma they have faced while serving in the military.

Purpose of Study

The purpose of this research study was to explore women service members, reservists, and veteran's feelings regarding their service related trauma and what they want clinicians to know regarding their treatment. The participants in this study were female service members, reservists, and veterans. It was necessary to talk with them about their service related trauma in regards to the treatment they did or did not received. These women are a critical piece to the missing research on female service members, reservists, and veterans. Through interviews with the women who have experienced service related trauma, emerging themes were assessed in order to reevaluate the way trauma treatment is conducted and what needs to change in order to better serve this population. This will help social work clinicians, specifically, to evaluate the thoughts and perceptions regarding service related trauma treatment for women and what can be done further to more specifically help female veterans.

The research method that was used in this research study was a qualitative design. This study consisted of semi-structured interviews of female service members, reservists, and veterans to gain their insight and views about their current treatment, if any, and what they would like clinicians to know regarding the treatment of service related trauma. These interviews assessed for themes and discussed what needs to be done for future service-related trauma treatment and for future research.

Significance of Project for Social Work

The holes in the literature regarding female veterans and their service related traumas are an important piece to providing proper treatment. This can greatly impact the mental health services they may receive upon coming home (Kelly, Vogt, Scheiderer, Ouimette, Daler, & Wolfe, 2008). More research and a better understanding of women who have experienced combat trauma in the military is essential for social work clinicians.

Such research will have serious implications in the social work field because this identifies each gender's need to be provided treatment that is specialized and proper for them. Carlson, Stromwall, and Leitz (2013) note, for example, much is known about PTSD and depression in male veterans but not much is known about the effects mental health has on female veterans. This can be troubling for female veterans as their treatment plans can be based on the needs of male veterans, even though their needs may be quite different. Having the proper treatment for women, based on research, will increase services provided and can not only change the lives of women veterans but also help society as a whole. When vulnerable populations are strengthened, society is strengthened also.

This study seeks to address female service members, reservists, and veterans mental health needs as a whole, but more specifically focuses on both the planning and implementation stages of the generalist intervention process. Service related trauma exposure and dealing with the aftermath can be difficult to

work through. During the planning process, social work clinicians work with female service members, reservists, and veterans and create a treatment plan, which acts as a road map for the rest of their treatment. Discussing treatment with each individual female, understanding their personal concerns, and what they want to receive from treatment can help the social work clinician to tailor the treatment plan to those specific needs. During the implementation stage, the social work clinician and female service members, reservists, and veterans will be able to work better together in order to make sure the treatment plan is being followed and that the veteran believes her specific needs are being met.

Each service member has their own experience serving in the military. Some are able to process the traumas and some need additional services upon returning home (Coll et al., 2011). Social work clinicians have the responsibility to ensure each woman is given the best chance to transition back to civilian life. The research and insight from this study will provide a better understanding of how women are handling these situations as well as how they want and need to be treated when they come home. Having the right specialized treatment is key to truly helping them gain back control of their life. With that said, the research question for this project is as follows: What do female service members, reservists, and veterans, who have experienced service related trauma, need clinicians to know regarding mental health treatment of military trauma?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of the major themes within the military, the service related trauma service members face, and what can be further done to help.

Increase in Women in the Military

Women's roles were to stay at home during wartime to take care of the children and keep the family going. In 1948 after World War II, President Truman implemented the Women's Armed Services Integration Act, which gave women permanent status in the military and were entitled to benefits (Colonial Williamsburg Foundation, 2008). As previously stated, the Persian Gulf War in 1991 was the first time women were allowed to serve in combat zones. In 1994, Defense Secretary replaced the 1988 "risk rule" regarding women and combat with a less restrictive policy, now leaving 80% of military positions open to both men and women (U.S. Department of Defense, 2015). In 2013, this policy was lifted and women were allowed to serve in some direct combat roles (U.S. Department of Defense, 2015). As of January 1, 2016, all combat positions would be opened to female soldiers (Kamark, 2016).

As previously stated, there are over 200,000 active duty women in the U.S. military and many are in combat positions, relative compared to men, 15%-16% compared to about 35% of active duty men (Goldstein, Dinh, Donalson,

Hebenstreit, & Maguen, 2017; Patten & Parker, 2011; DMDC, 2017). There has been an increase in the number of women in the military, in combat roles, and an increased need for services.

Combat Trauma

As previously stated, traumatic events can involve actual or threatened death, serious injury, or threat to self or others (Landes et al., 2013). Combat or complex trauma is described as multiple traumatic events that continue to happen over a period of time (Landes et al., 2013). This kind of trauma can have serious impact on an individual's mental health.

In regards to military trauma, if it is not treated properly or in a timely manner, this can lead to an individual developing Acute Stress Disorder (ASD), PTSD, mood disturbances, anxiety disorders, or substance use (Coll et al., 2011; Landes et al., 2013). Previously noted, approximately 15%-30% of service members who were involved in combat will return home matching criteria for a mental health disorder from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (Coll et al., 2011). The signs and symptoms most commonly seen from returning veterans include traumatic brain injury, re-experiencing or reliving an event, avoidance, emotional dysregulation, interpersonal problems, and self-medicating with substances (Coll et al., 2011; Landes et al., 2013). These can all seriously affect one's mental state and also have social, occupational, cognitive, and physical impairments (Coll et al., 2011).

As previously stated, as more women take on more combat roles, they are experiencing more combat trauma (Goldstein et al., 2017). It was found that women who are deployed and experience combat trauma are more likely to encounter emotional distress in response to the trauma than men (Mattocks, Haskell, Krebs, Justice, Yano, & Brandt, 2012). Not every veteran's experience is the same. More research needs to be done on how women cope and internalize trauma to more effectively treat service related trauma in female service members, reservists, and veterans.

Treatment Options

As previously stated, treatment of service related trauma needs to be based on research of female service members, reservists, and veterans. There are treatments available for both men and women, within and outside the military. The treatment within the military looks at the military as a whole and strengthens the individual through resiliency training and normalizing combat experience (Coll et al., 2011). It is noted that these are not in place of treatment but as supplementary interventions to help soldiers.

There are many treatment interventions available outside of the military including psychoeducation, coping skills training, cognitive restructuring, exposure therapy, individual and family counseling, and pharmacology (Coll et al., 2011). All of these help veterans to readjust to civilian life and become more emotionally stable in their new life. Dialectical Behavioral Therapy, Seeking Safety,

Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Skills Training in Affective and Interpersonal Regulation (STAIR) Narrative Therapy are proven to be evidence-based practices that work to treat combat trauma in both men and women. However, the research that has been conducted has been based on studies with male veterans.

Research has been conducted on the treatment provided from Veterans Affairs (VA) centers and the reduction of combat trauma on veterans (Goldstein et al., 2017; Kelly et al., 2008; Mattocks et al., 2012). It was found that female veterans are more likely than male veterans to use mental health services from the VA (Kelly et al., 2008; Goldstein et al, 2017). Research needs to be directed at service related trauma in women, as there are an increasing number of them who are experiencing this trauma. Clinicians should not only rely on research about male veterans and their combat trauma to help female veterans. As previously stated, in the NASW Code of Ethics, it is our ethical responsibility to make sure all populations are treated with dignity and worth. In order to properly treat service members, reservists, and veterans, there needs to be research backing each gender and specific treatment for each.

Gaps in Research

There is little research on service related trauma for female service members, reservists, and veterans, as most programs are based on male samples (Kelly et al., 2008). From that little research, it shows military trauma

stressors impact each gender differently. For example, females have a higher likelihood of developing depressive symptoms but not PTSD like males (Goldstein et al., 2017). In order to know how each gender is affected, more research needs to be done specifically on women in order to know how women internalize and cope with trauma.

Kelly et al. (2008) conducted a study looking at the likelihood female veterans would use VA services. They concluded female veterans were more likely to use services but were less satisfied with them as they believe they were “male-oriented”, guided by male research and interventions. This is a reasonable assumption – if the research was based on men, the treatment would more likely than not be geared toward men as well.

With more research on female veterans, clinicians would be able to work more effectively and treat service related trauma in females and also change agency policy to better adapt to the differences between male and female veterans. Female veteran’s perceptions about VA services and combat trauma treatment need to be looked at in order to better serve this population (Kelly et al., 2008). If women’s perceptions are not looked at or understood, clinicians will not be able to properly help them reintegrate into society and gain control back over their life (Mattocks et al., 2017).

Through all this research it is clear that my study is needed to fill in the gaps in research. Much research has been done regarding coping and treatment of male veterans and their combat trauma. The current study looks more closely

at female service members, reservists, and veterans to find out their coping strategies and appropriate treatment needed to help them reintegrate back into society. As social workers, it is our job to help those who are oppressed and marginalized and help to give them a voice. In helping female service members, reservists, and veterans, we are showing society females differ from males and their treatment should reflect that difference. This will allow social work clinicians to develop better treatments for individuals as well as change agency policies in regards to the type of treatments given to each gender.

Theories Guiding Conceptualization

There are two theories used to conceptualize the ideas in this proposed study, which are Trauma-Informed Care and Ecological Systems Theory.

Trauma-Informed Care is an approach that uses all different aspects of a person (neurological, biological, psychological, etc.) while looking into treatment for the trauma that has occurred. There are guiding principles that help look closer at how to better treat the trauma including: safety, trustworthiness and transparency, peer support and mutual self-help, collaboration and mutuality, empowerment, voice and choice, and cultural, historical, and gender issues (SAMHSA News, 2014).

These necessary principles are used to help properly treat trauma; Trauma-Informed Care will be useful in a variety of ways. The female service members, reservists, and veterans must feel safe in the environment she is in,

both physically and mentally. The ultimate goal must be building and gaining rapport as well as having her understand she is part of the helping process. There must be collaboration within the treatment team as well as the individual. The individual must feel empowered and know she has a voice. These will be skills she is taught and a basis for trauma treatment. Lastly, cultural competence is necessary in order to look at all aspects of an individual in order to provide the best possible treatment. If these principles are followed, the female service members, reservists, and veteran undergoing combat trauma treatment will feel much more at ease in knowing the care going into the treatment. This study looks at each of their lives and in asking what social work clinicians need to know regarding treatment, a more clear understanding of how treatment can become more effective.

Ecological Systems Theory was developed by Urie Bronfenbrenner. In this theory, he stated there is an interaction between an individual, the immediate settings around them, and also the larger social context (Bronfenbrenner, 1977). There are multiple structures, microsystem, mesosystem, exosystem, and macrosystem, all of which can have a huge impact on an individual. Within these contexts, interpersonal, organizational, community, and public policy are included (Bronfenbrenner, 1977). The individual is affected by each of these but also the individual affects each one of the systems he or she interacts with.

Within my study, the individual (female service member, reservist, or veteran) is being influenced by the many systems around her. If situations

continued where her service related trauma is not treated properly this could affect her many interpersonal relationships. This could lead to isolation where her trauma could continue to worsen. Without proper treatment, at the organizational level, she could lose a job, not find a job, or her trauma has not been properly treated with female-specific treatment options and interventions. The community could also be affected if her trauma worsens, she could bring harm to herself or others around her. At the public policy level, these are the laws and policies set in place that the VA uses in order to treat combat trauma.

If the female service member, reservist, or veteran was able to receive the proper treatment for her trauma, she would be more likely to have a close support system with her family and friends, be able to hold down a job and continue with proper treatment. This would make her safe in a community with others and able to contribute to society. Public policies would have the potential to change in seeing how treatment, specific to women is more appropriate in treating the combat trauma that they have faced. In asking what female service members, reservists, and veterans need clinicians to know regarding treatment, they will be able to look at her within all the systems in her life. This will give a better understanding of how she is coping but also how the various systems in her life are being affected as well.

Summary

This chapter discussed the increasing number of women in the military, their combat trauma and need for treatment. Treatment options available are based on research conducted from male veterans who have faced combat trauma, which leads to the gaps in research regarding women service members, reservists, and veterans and their specific trauma treatment. This study, alongside Trauma-Informed Care and Ecological Systems Theory, has the potential to change the lives of female service members, reservists, and veterans who have experienced service related trauma. It is time for social work clinicians to hear from female service members, reservists, and veterans and try to understand their combat trauma and how to properly treat it.

CHAPTER THREE

METHODS

Introduction

This section seeks to explain the methods that were used to examine the perceptions and feelings of female service members, reservists, and veterans regarding treatment of service related trauma. This section will discuss the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis in detail.

Study Design

The purpose of this study was to identify and discuss the insights female service members, reservists, and veterans have regarding service related trauma treatment. Participants were female service members, reservists, and veterans known to the researcher within personal and professional life. This was an exploratory research project as there is no research about female service members, reservists, and veterans perceptions of service related trauma treatment, only studies about male veterans. This was a qualitative study in that interviews were conducted as a way to facilitate the process of exploring how female service members, reservists, and veterans feel about service related trauma treatment and what they need clinicians to know and understand, from their perspective.

The strengths of this research study include the use of individual interviews as this gives each participant a chance to express her own personal experiences and opinions. The researcher also focused on the specific questions being asked and will be able to ask further probing questions to clarify if necessary. Another strength of this qualitative study included the researcher being able to view and evaluate non-verbal cues and body language during the interviews. This is important because it gave the researcher insight in knowing if the participant's answers are congruent to their body language and they will be able to ask further questions

There were a few limitations of this study including no prior research on female service members, reservists, and veterans perceptions of service related trauma treatment. The researcher gathered information in order to fill the hole in research. Due to starting bottom up, researcher also struggled with not being specific in which type of service related combat trauma was looked at. This exploratory study gathered information about service related trauma to start filling the gap in research. Another limitation was using a small sample size. With a small sample, there is less variability and may lead to bias opinions. Due to this, research findings may not be generalized from a small sample to the larger population. Also with the exploratory nature of the study, causality and relationships will not be able to be determined.

The study will seek to explore the research question what do female service members, reservists, and veterans, who have experienced service

related trauma, need clinicians to know regarding treatment of military combat trauma?

Sampling

This study used snowball sampling in order to specifically look at female service members, reservists, and veteran's perceptions. Some of these women were known to the researcher within a personal and professional capacity and others were found from the snowball effect until there were enough participants. There were seven women, of various ages, ethnicities, and service branches, all who had experienced service related trauma while involved in the military.

Data Collection and Instruments

Qualitative data was recorded through individual semi-structured interviews that took place between January and February 2018. Individual interviews began with introductions; description of the study, the purpose, and time to answer any questions participants had about the study. Demographic information was collected before the start of the individual interview (Appendix A). This consisted of questions regarding age, marital status, ethnicity, education level, number of years in military, and number of years in combat.

The researcher facilitated each individual interview following the outlined interview guide attached in Appendix B. The interview consisted of open-ended questions the researcher asked the participants in order to elicit the information

needed. The questions included topics such as gender differences in the military, service related combat trauma, treatment options, and barriers to treatment. The researcher asked probing questions to further responses in order to clarify any information that was given by the participants. The researcher made sure all participants are heard and their answers were clear.

Procedures

Researcher asked friends and family if they knew of any female service members, reservists, or veterans who would be interested in participating in individual interviews related to service related trauma and treatment. Two participants were elicited by snowball sampling and then started to expand.

Some interviews took place in a preferred location, Starbucks, picked by the participant in order to make sure she was comfortable to share information. Other interviews were conducted over the phone as the service members, reservists, and veterans lived too far away or lived out of state to meet with researcher. Each interview lasted between 30-70 minutes. Each interview was audio recorded for the purpose of transcribing and hand notes were taken while participants answered interview questions.

As each participant arrived to the interview, they were welcomed, given a packet consisting of informed consent (including consent to audio recording) (Appendix C) and a demographic survey that they read and filled out. For the interviews that were conducted over the phone, researcher provided the

participants with the informed consent and demographic form by email and documents were sent back before the interviews began. Before the interview began, the researcher went over confidentiality and the limits of and collected the signed consent forms. Participants were thanked for their time and the study was discussed. The audio recorder was turned on and the interview began. At the end of the interviews, participants were thanked again for their time, a debriefing statement (Appendix D) was handed out, and any additional questions were answered. The debriefing statement provided information on where to obtain supportive services should they feel triggered due to the nature of the interview. Participants were also given a \$10 Starbucks gift card in gratitude of their time and contribution to the researcher's study. For interviews conducted over the phone, debriefing statements were emailed to the participant as well as an online \$10 Starbucks gift card.

Protection of Human Subjects

The identity of the participants will be kept confidential from individuals outside of the interview. Researcher accommodated participant's preferred private location to conduct individual interviews to ensure participant was comfortable to share information. Confidentiality was clarified to the female service members, reservists, and veterans who were participating in the interviews. Researcher will use "Participant 1" and so on to identify each participant within the research study. Each participant read and signed an

informed consent, with an X, before starting the interview and consented to being audio recorded. Participants also received a debriefing statement once the interview had concluded. Data was later transcribed by the researcher in a safe and confidential setting in order to avoid identifying information being compromised. The recordings are stored on a password-encrypted computer in the researchers home. One year after the completion of the research study, recordings and documentation will be destroyed.

There was also the possibility that participants may be retraumatized or triggered during the interview due to the content. It was the goal of the researcher to limit this as much as possible. Researcher directed participants to support services, included in the debriefing statement, if they had any further needs to speak with someone regarding feelings brought up from the interview.

Data Analysis

All data collected from the interviews was analyzed using qualitative techniques. However, demographic questions used descriptive analyzes in Statistical Package for the Social Sciences (SPSS) to identify the participants without any identifying information. First, audio recordings were transcribed into a text document.

After transcription was complete, responses were gathered, analyzed, and structured into subcategories with thematic analysis. Themes were identified and assigned specific codes, which will be logged with each audio recording.

Responses were sorted based on major themes and sub-themes and will be read through several times in order to make sure all themes were properly identified. A spreadsheet will be used to input all codes and data collected to maintain a collection of all themes mentioned.

Summary

This chapter reviews that this study was an exploratory and qualitative design that used individual interviews in order to talk with female service members, reservists, and veterans. These women were identified by friends and family of the researcher and continued through the snowballing method. These interviews took place in a private location or over the phone and consisted of questions regarding the service related trauma and possible treatment or lack of, of each service member, reservist, or veteran.

CHAPTER FOUR

RESULTS

Introduction

This section seeks to explain the results that were found from the study conducted on the perceptions of female service members, reservists, and veterans regarding mental health treatment of service related trauma. This section will include demographic findings as well as discuss how the data was analyzed and the themes and sub-themes that answer the research question.

Findings

The demographic data was analyzed through SPSS version 23, looking at descriptive statistics and frequency of the various questions asked. The rest of the data from the interviews was collected in a qualitative manner, broken down by researcher, and categorized into themes and sub-themes.

The study interviewed seven women, ranging in ages from 28 to 40, with a mean age of 32.29 (SD=3.86). Three of them identified as Caucasian (42.9%), two as Hispanic (28.6%), one as African American (14.3%), and one as multiracial (14.3%). The seven women were service members, reservists, and veterans in various branches; one in the Army, one in the Air Force, and one in the Marine Corp (14.3% each), two in the Army Reserves (28.6%) and two in the Army National Guard (28.6%). The participants in this study joined the military at

different times in their lives, ranging from 17 to 27, (M=20.57, SD=3.60), served for a range of 7 to 11 years (M=8.71, SD=1.60), and had various lengths of deployment, ranging from 0 to 24 months (M=13.57, SD=8.50). When asked if any had received mental health treatment, four responded yes (57.1%) and three no (42.9%). All demographic findings can be found in the table below.

Table 1: Participant Characteristics

N=7	%
Current Age^a	32.29 (3.86)
Age Joined Military^a	20.57 (3.60)
Years Served^a	8.71 (1.60)
Length of Deployment (months)^a	13.57 (8.50)
Ethnicity	
Caucasian/White	42.9
Hispanic/Latino	28.6
African American/Black	14.3
Multiracial/Multiethnic	14.3
Marital Status	
Single	71.4
Married	14.3
Divorced	14.3
Education	
Some College	14.3
Associates Degree	14.3
Bachelors Degree	57.1
Masters Degree	14.3
Work	
Full Time	28.6
Part Time	14.3
Still in Military	28.6
Reservist	28.6
Service Branch	
Army	14.3
Air Force	14.3
Marine Corps	14.3
Army Reserve	28.6
Army National Guard	28.6
Received Mental Health Treatment	
Yes	71.4
No	28.6

Note: Superscript a figure represents M(SD)

Qualitative Themes and Sub-Themes

In reviewing the interviews and answers given by participants, it was clear there were specific perceptions and feelings female service members, reservists, and veterans had regarding mental health treatment of service related trauma. The major themes found were vulnerability, connection with clinician, and mental health stigma. For each of these came sub-themes to further explain the perceptions of these women.

Vulnerability

Vulnerability can take on many forms as it can be defined in a variety of ways. Vulnerability is defined as being “exposed to the possibility of being attacked or harmed, either physically or emotionally”, as defined by Merriam-Webster Dictionary (2018). Brené Brown, a leading researcher in vulnerability studies, defines vulnerability as, “Vulnerability is basically uncertainty, risk, and emotional exposure” (Schwabel, 2013). These definitions help to better understand the vulnerability women can have in the military in unknown situations. This section will specifically be looking at gender issues and age differences in the context of emotional vulnerability and the level of respect females receive in the military as both emotional and physical vulnerability.

Gender. Most of the women interviewed talked about feeling overwhelmed in a male dominated military culture. The following participants identified a male to female disparity.

“I think, um, the most difficult thing about being a woman in the military – obviously it’s male dominated. So I would be in the office and I would be the only woman in the office” (Participant 1, January 2018).

“First thing you notice is there is a huge male-female disparity. I was always the only female in my classes” (Participant 5, February 2018).

There were a few women who felt that their male counterparts underestimated them, wondering if they could handle their own and do the same things the men could do, as evidenced by the following:

“And it feels like, they underestimate your strength, what you can and cannot do, they think like oh she needs my help kind of thing” (Participant 1, January 2018).

Some women felt that they were unwelcome in the military due to their gender and how the military had typically been structured. The following participants identified these situations.

“To move up in rank, you would have to work and fight twice as hard as the men” (Participant 2, January 2018).

“I mean as a woman you have to kind of come and deal with all “the boys” who think women should not be in the military and you have to work a little harder to change their minds” (Participant 7, February 2018).

Age. Some of the females joined the military when they were younger, joining at age 17. This was difficult for them as they were young and trying to navigate the military without much worldly experience. One participant in particular shared her experience.

“I feel like, especially because I was so young, I feel like I wasn’t taken as serious” (Participant 1, January 2018).

There were also some women who joined later in their 20’s and felt they had to take on another role of being more of a motherly figure, for the younger females. This was an extra responsibility that placed a burden on them and left them feeling vulnerable. One participant shared her experience being caught in the middle of this situation.

“I was one of the older girls that joined... I kind of had to take better care of myself and keep an eye out for my younger future coworkers because they don’t know so much. That was a challenge to impart and want to mentor and look after these other women... So that was a little

bit different because I'm not their mom, it's not my job. I just felt I needed to protect them because I know what is out there and they made all the mistakes that you could make here" (Participant 5, February 2018).

Respect. Respect was another factor most of the female service members, reservists, and veterans identified as something that was lacking during their time in the military. There was disconnect between the levels of respect they were shown and the actions of the men around them, in the forms of harassment and challenges in working together. The following statements describe the experiences the participants had.

"So there was gossip before I even got [to the first duty station]... So it's unfair because you've already been talked about before giving your first impression, your first impression arrived before you even got there... And even the harassment was common. It was not frowned upon until I had to make a big stink about it" (Participant 5, February 2018).

"...[The] constant verbal and sexual harassment, the physical sexual harassment, the sexism, the hatred toward women, the distrust and negative vibes I got all the time, the unwanted advances and talking to and turning conversation sexual all the time, it really messed me up because I was very distrustful" (Participant 5, February 2018).

“...But at the same time its challenging working with men – you want to fit in with them, you want to be held to the same standard as them, but you also have to watch your back” (Participant 2, January 2018).

“...Men who are coming from combat arms and coming into more the supply side of things or the support side have a hard time changing how they talk and deal with woman... I have a squad leader... but he told me I don't know how to deal with women... We were having a hard time understanding one another but after we talked about it we were able to make it past the barriers and now we just talk to each other about stuff now instead of him trying to figure me out and me trying to figure him out we can just talk about it” (Participant 4, February 2018).

At the same time, one Veteran identified that respect is also given in the ways you uphold yourself in front of others.

“You have to, you know, respect yourself and make your coworkers respect you. I didn't have a problem in that department but it can get messy if a woman does not realize they work around a lot of men and they must conduct themselves in a certain way. Your conduct is key” (Participant 3, January 2018).

Connection to Clinician

Finding and asking for mental health services can be hard enough but the five participants that received mental health treatment acknowledged they had a hard time finding a connection with the therapist they were seeing and really feeling comfortable enough to connect and work on their mental health problems.

Discomfort. All participants who had received mental health treatment indicated they did not feel comfortable with their therapist at one time or another. There were a few reasons, some of which included not offering a variety of services, not being considerate of their feelings, and the gender of the clinician. The following statements describe situations participants felt discomfort in therapy sessions.

One veteran indicated when she saw a Psychiatrist, "...There was never really any help or you can come in here if you need to talk about something. I think the only solution [they saw] was the medication" (Participant 2, January 2018).

"...I don't think she meant to, but in session she would laugh. She would say I'm not laughing at you its just the way you say things... It was like I don't think she realized some of the suggestions she would make... It just was not a good fit" (Participant 3, January 2018).

"There were times I would sit there and I would have nothing to talk to her about... I would just sit there and would be like I don't know what to talk to

you about today... I don't think I ever felt comfortable enough to share really detailed things about me and my life and my past [with her]" (Participant 4, February 2018).

One reservist acknowledged her experience when talking about how she felt the clinician's gender affected her mental health treatment.

"I've always had better luck with the females than with the males because the males were more like oh that's just how guys are [speaking about harassment]. And that's not acceptable behavior not on the therapist's side but that's not how guys should be in general" (Participant 5, February 2018).

Need to be Better Informed. In working with Veterans, it is a necessity to understand the military, the culture, and how trauma can affect people, particularly women. Many of the participants indicated clinicians needed to be more informed about the treatments they were providing and the rationales behind them, more informed on trauma, and understanding even just a little of how the military is structured and where women fit in.

"I think that as a clinician just to be well informed. Kind of like how I saw you had all the different branches on the [demographics] form earlier, like I

get it not everyone is willing to know but if you are going to work with this certain population you need to have some sort of background knowledge... It is already hard for veterans in general but I feel when you are well informed and they feel oh she has done her research it shows they care. Trying to speak the same language, at least general, I think that would help” (Participant 1, January 2018).

“Be more trauma informed. I think it is a combination of things like mental health, domestic, intimate or any type of violence, verbal or actions, and on top of that its all types of things you’re dealing with. I just think its having better training and people skills. I think the VA was so use to being male-dominate but also for certain eras too. Its like they don’t know how to react to the new generation (Participant 2, January 2018).

Mental Health Stigma

There is a stigma associated with mental health and it is even more prevalent in the military. The military has mental health staff that service members can reach out to but there can be consequences from that – a flag on a service record and people’s perception of others asking for mental health services. This stigma is prevalent in the civilian world and difficult to break through for women who have been in the military.

Many of the participants identified it was hard to seek out mental health services due to the stigma of asking for help. One participant explained very clear what is like from the military perspective.

“I do know the stigma associated with seeking out mental health and having it be a flag for your capacity to do what you want to do. So I know for instance, someone wanted to get help but did not because if they did they would not be able to do X, Y, and Z because they received MENTAL health... I think the biggest barrier for anyone receiving treatment for a trauma is the hesitation just based on if they get flagged for receiving treatment. Because heaven forbid you feel like you need to get treatment, you get treatment because you need it, and then down the line they say you got treatment so you can't do this or that.” (Participant 6, February 2018).

All participants also found it difficult to connect to civilians due to the mental health stigma and vulnerability they faced in the military as well as in society, as described below.

“I did not talk to any civilians about [mental health]. Because they don't understand and they just don't get it, they never will” (Participant 3, January 2018).

“You come back you cannot talk to your friends because they do not know you anymore... You cannot just pick up the phone and talk about it”

(Participant 2, January 2018).

Summary

In conclusion, it is clear female service members, reservists, and veterans, who have endured service related traumas, have specific needs regarding their mental health treatment. Exploring the themes of vulnerability, connection with the therapist, and mental health stigma helps to draw conclusions about what the next steps can be to better serve this population and their mental health needs.

CHAPTER FIVE

DISCUSSION

Introduction

In this section, main themes will be discussed in relation to changes that need to be made to better accommodate the needs of the female service members, reservists, and veterans. Findings from this study, support for the literature, unanticipated results, limitations, and future research will be explored. Finally, recommendations for social work practice, policy, and research will be discussed.

Discussion

Significant Results

As previously mentioned, the significant results discovered from this study were the three major themes: vulnerability (gender, age, and respect as sub-themes), connection to clinician (discomfort and needing to be more informed as sub-themes), and mental health stigma. These were all encompassing of the thoughts and feelings the female service members, reservists, and veterans alluded to in the interviews.

Changes Recommended from Themes

These results help to answer the original research question and show the perspectives of what female service members, reservists, and veterans need clinicians to do to better help with their mental health care. From the information

collected, it was also noted that specific changes should be made now in order to start changing how these females are handled with mental health care. These changes include developing better rapport and therapeutic relationship, understanding gender roles and stereotypes in the military translating to civilian life, and mental health stigma in the military.

Gender Roles. Gender was identified earlier as a sub-theme for vulnerability and seen as an emotional vulnerability that female service members, reservists, and veterans can get stuck in. In both military culture and society, there are gender roles and assumptions people adhere to that put a particular gender in a category. Specifically, working with females in the military, it is important to understand how each female felt in the military in regards to gender and the level of respect they were given, or the lack of, and how that has affected them as time has gone on. It is important to be mindful of these situations and feelings in order to avoid buying into the same thoughts while engaging in treatment. For example, one participant shared her struggles with harassment in the military and when seeking mental health services, she indicated, “I have always had better luck with the females [therapist] than with the males [therapist] because the males were more like oh that is just how guys are” (Participant 5, February 2018). This is just one example that shows the ugly side of gender roles and how easy it is to buy into and reinforce them. Clinicians in mental health treatment should be helping to break down barriers and not support the same judgments.

Better Rapport. From the data collected and one of the major themes discussed, the connection with the clinician, it was clear the participants felt that there was something that was keeping them from really being engaged with their clinician. This starts with really validating and understanding the client's story and feelings. It was clear from the interviews many participants did not feel their feelings were being heard and the clinician was not able to connect with them. Along with building rapport, due to the therapeutic relationship that has developed, the clinician should be able to assess for comfortability with the client and problem solving if something is wrong. Many times, there is a lack of connection between client and clinician – not anyone's fault but they were not the right fit. It is then the responsibility of the clinician to address the issue, find out what is going on, and identify a solution for this problem. Whether it be finding another clinician for the client to work with, changing or adapting a protocol of treatment to better suit the client's needs, or taking a step back and meeting the client where they are at and starting where they need instead of pushing forward.

Mental Health Stigma. Lastly, it was a suggestion of the participants but also a need in the mental health community in trying to reduce the stigma surrounding mental health and receiving services – whether in the military or as a civilian. Mental health has always been a taboo topic and even more so when trauma, PTSD, and the military come into the mix. It is imperative we as a society work together to decrease the stigma in order to help people sooner rather than later. A few participants acknowledged they had pre-existing mental health

issues going into the military and the experiences they faced exacerbated the issues. Because there is so much stigma, it was easier for those individuals to keep quiet about any problems they were having as it may affect promotion opportunities or show people “the weaker side”. Mental health is an important topic to talk about but also needs to be addressed sooner rather than later. If mental health treatment is put in place, coping skills can be taught, thought, feeling, and behavior patterns can be broken, and it can start leading to better outcomes sooner. Participants called trauma and mental health “invisible wounds” that can affect a person for years to come and they may not even know it yet. It is also necessary to have better awareness about mental health and treatment options, both in the military and outside. More awareness and outreach will start to shift the stigma and culture we live in today; to better help those who need the help and are suffering silently because they feel no one can help them.

Support the Literature

As indicated in the literature review, there has been no research regarding females in combat roles, their mental health, and their perceptions about the treatment that is offered to them. As previously mentioned, it was only as of January 2016 that all combat positions were opened to females, before very few positions, almost none in combat, were available to women (Kamark, 2016). Since this is still relatively new two years later, it is understandable there is no research but it is time for a change. It is important to understand the differences between men and women, how they perceive trauma and manage it, and to

understand that treatments can have the same information but be presented in different ways to best accommodate the individuals needs. This study aimed to share the perceptions of these seven participants in the hopes that it would open many directions for further research.

Unanticipated Results

The researcher found some unanticipated results within this study. Because there has been so much focus and study on the mental health treatment options provided to males in combat, it was assumed by the researcher that most women would agree that their treatment was solely based off the male research and it needed to be changed. As mentioned earlier in the literature review, the study Kelly et al. (2008) conducted showed female veterans were less satisfied with mental health treatment interventions as they believe they were more “male-oriented”, since there has been so much research on male service members and veteran’s needs. For this study, this was not completely the case. Two of the five participants who received mental health treatment indicated they found the treatments to be perfect the way they were. They believed the treatment they received was not geared toward either gender specifically and they did not see why it should be. They agreed treatment should be based on trauma and the individuals experience not the gender they are. These two participants also indicated that good therapy is not dependent on the gender of the clinician. “If you are good clinician, you are a good clinician” (Participant 3, January 2018).

Limitations

There were a few limitations to this study. One of the limitations was the sample size, as there were only seven participants. Also, the study was originally only looking at veterans but it was very difficult to find female combat veterans who were interested in sharing part of their story with the researcher.

Consequently, the participants ended up being a mix of service members, reservists, and veterans. This gives a good picture that all three groups of people have similar struggles, however, it is difficult to draw generalizable conclusions.

Further Research

Due to the limitations discussed, further research on this topic is crucial as the number of females in combat positions continues to grow. It would be necessary to focus specifically on the struggles of female service members, reservists, and veterans separate from one another in order to understand more about them individually. Once more data has been collected, it would be helpful to compare and contrast the findings. It could also be divided into research within specific branches to see if females in one branch have particular struggles that may be different or similar to other branches. From this research, it could then be concluded whether mental health treatment would need to be tailored differently based on branch or whether the client is a service member, reservist, or veteran.

Recommendations for Social Work

As social workers, we are called by the NASW Code of Ethics to do our best in providing services that uphold our values, such as the dignity and worth of the client. This is important in providing services to clients and remembering why we do the work we do as social workers and what makes us unique. We are able to see the person for who they are, their surrounding systems, and all the experiences that come with their individual story. When providing mental health treatment, especially related to trauma, it is important to always remember the client for who they are and their individuality. In understanding female service members, reservists, and veteran's perceptions about mental health treatment and knowing the differences between genders, this will help to make sure treatments are effective for the gender and the person specifically. Also recognizing that if a treatment is not working for the client, there needs to be a change. There might be small changes to help the treatment run more smoothly or having the flexibility to work with the individual and not be so rigid in the formality of treatment.

As social workers, we advocate on behalf of our clients, specifically to enact or change policies that are not inline with what is needed or need to be updated for better quality of care. It may be needed to make changes to policies set in place that dictate particular treatments to use for clients dealing with certain mental health issues. With more research and understanding, it may be necessary to find other evidence based practices or interventions that work for

the individual and work for their specific needs. This also helps us keep to our integrity value, as it is our ethical responsibility to make sure our client's are cared for in the best way possible in promoting quick and effective quality of care mental health treatment.

Again, more and continued research is fundamental in understanding more about women's needs specifically referring to combat and service related traumas in the military. From this research, it is clear trauma effects female service members, reservists, and veterans, in all branches, and all with various occupations in the military. The more that is known about the differences in men and women and how the differences can help understand mental health treatment and will greatly impact the service social workers provide to clients of all kinds, specifically females in the military.

Summary

In conclusion, the qualitative themes identified from this study looked at vulnerability, connection to clinician, and mental health stigma. From these, changes need to be made in regards to better understanding gender roles, the clinician's ability to build rapport and develop a therapeutic relationship, and to curb the mental health stigma, specifically in the military. This leads to recommendations for the social work profession to always follow the NASW Code of Ethics and practice within our values, better understand the perceptions of this population and advocate for policy changes if necessary. Most importantly,

more and continued research needs to be conducted as more females are joining the military and have active combat roles. It is important to understand that individuals have different needs. Looking at female service members, reservists, and veteran's specific perspectives on mental health treatment can help clinicians bring about positive impact and better treatment to this population.

APPENDIX A
DEMOGRAPHIC SURVEY

1. Current Age: _____

2. Ethnicity:

- | | |
|-------------------------------------|--|
| a. Caucasian/White | f. Native Hawaiian/Pacific
Islander |
| b. Hispanic/Latino | |
| c. African American/Black | g. Multiracial/Multiethnic:
_____ |
| d. Asian American | |
| e. American Indian/Alaska
Native | h. Other:
_____ |

3. Marital Status:

- | | |
|-------------|----------------------|
| a. Single | e. Separated |
| b. Engaged | f. Widowed |
| c. Married | g. Unmarried partner |
| d. Divorced | |

4. Educational Level:

- | | |
|-------------------------------------|----------------------|
| a. Some high school | d. Associates Degree |
| b. High school diploma or
G.E.D. | e. Bachelors Degree |
| c. Some college | f. Masters Degree |
| | g. Doctoral Degree |

5. Current Work Status:

- | | |
|--------------------------|----------------------|
| a. Full-Time | d. Still in military |
| b. Part-Time | e. Reservist |
| c. Not currently working | |

6. Military branch:

- a. Army
- b. Air Force
- c. Marine Corps
- d. Navy
- e. Coast Guard
- f. Army Reserve
- g. Army National Guard
- h. Air Force Reserve
- i. Air National Guard
- j. Marine Corps Reserve
- k. Navy Reserve
- l. Coast Guard Reserve

7. Which years did you serve in the military: _____

a. In what operation did you serve? _____

8. Age when joined the military: _____

9. How long were you deployed: _____

10. Have you received treatment for any combat trauma? Yes or No

APPENDIX B
INTERVIEW GUIDE

1. Describe your military experience and any difficulties you have had as a woman in the military?
2. What is your definition of combat trauma/service related trauma?
 - a. Clarifying question: what does combat trauma/service related trauma mean to you?
3. How has your life been impacted by this trauma (there is no pressure to provide specific trauma details)?
4. Who did you speak with about your trauma it occurred?
5. What coping skills were you able to use to help yourself? (deep breathing, grounding, etc.)

Treatment:

6. What treatment services were provided to you? Which did you take?
 - a. Inside and outside of the military
7. Did you feel that your clinician was effective in your treatment?
 - a. If yes, explain more.
 - b. If no, was there anything in the treatment you would (have) change(d)?
8. Did you feel your treatment was appropriate and geared toward a woman, explain?
9. Did you feel the sex of your clinician make a difference for your treatment, please explain?

No treatment:

10. If you did not receive treatment, what do you perceive as the main reason(s)?

11. What is something a clinician could change or do in order for you to receive treatment?

Other questions:

12. What was your job in the military?

13. Specifically being a woman, would you have done things differently if given the chance now?

14. What are your thoughts about the overall military culture?

15. Anything else you want to add wrapping up back to my question – women service members, reservists, and veteran's feelings regarding service related trauma and mental health treatment?

Interview Guide developed by Sara Klepps (2017).

APPENDIX C
INFORMED CONSENT



California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 1/16/2018 VOID AFTER 1/5/2019
IRB# SW1834 CHAIR *[Signature]*

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to explore women veteran's feelings regarding their service related trauma and what they want clinicians to know regarding their treatment. The study is being conducted by Sara Klepps, a graduate student, under the supervision of Dr. Armando Barragán, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to explore women veteran's feelings regarding their service related trauma and their treatment.

DESCRIPTION: Participants will be asked questions regarding their service related trauma they experienced in the military, any treatment they may have had, any possible barriers to treatment and demographic questions.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your interview responses will be recorded, transcribed, and maintained in a secure location to remain anonymous and data will be reported in group form only with pseudonyms.

DURATION: The interview will be between 30-90 minutes.

RISKS: There are no foreseeable long-term risks to the participants. A minor risk to participants could be some levels of discomfort resulting from potential triggers from questions asked within the interview.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragán at (909) 537-3501.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2018.

I agree to be recorded: YES NO

This is to certify that I read the above and I am 18 years or older.

_____ Place an X mark here

_____ Date

909.537.5501
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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APPENDIX D
DEBRIEFING STATEMENT



College of Social and Behavioral Sciences
School of Social Work

Study of Perceptions of Service Related Trauma in Female Veterans

This study you have just completed was designed to investigate perceptions of female combat veterans. This study is interested in the difference in perceptions of female veterans who have experienced service related trauma and how they were able to cope with the trauma. It is also exploring treatment female veterans received due to combat trauma or the barriers to receiving this treatment. Due to the sensitive nature of these topics, negative emotions may surface. Resources are available:

Veterans Crisis Line: (800) 273-8255 Press 1

San Bernardino County Department of Behavioral Health – to speak directly with clinician: (888) 743-1478

Department of Mental Health Office: Riverside County – to speak directly with a clinician: (951) 358-4500

Community Access, Referral, Evaluation, and Support (CARES): Riverside County Behavioral Health Line – referrals: (800) 706-7500

24/7 Mental Health Urgent Care:

- **Riverside:** 9990 County Farm Rd. Riverside, CA 92503 (951) 509-2499
- **Palm Springs:** 2500 N Palm Canyon Dr, Suite # A4 Palm Springs, CA 92262 (442) 268-7000

HELPLine – 24 Hour Crisis/Suicide Intervention: (951) 686-HELP (4357)

National Suicide Prevention Lifetime: (800) 273-TALK (800-273-8255); Spanish line: (888) 628-9454; TTY: (800) 799-4TTY (4889)

Thank you for your participation and for not discussing the contents of the decision question with other participants. If you have any questions about the study, please feel free to contact Sara Klepps or Dr. Armando Barragán at (909) 537-3501. If you would like to obtain a copy of the group results of this study, please contact Dr. Armando Barragán at (909) 537-3501 or Armando.Barragan@csusb.edu at California State University, San Bernardino, School of Social Work, SB 419 at the end of Spring Quarter of 2018.

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