**Women at War:**

**A Qualitative Study of Combat Experiences of Female Veterans of Iraq and Afghanistan**

by

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**Abstract of the Dissertation**

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This qualitative, exploratory study examines the combat experiences of female veterans of Iraq and Afghanistan, and explores differences and similarities between male and female veterans' descriptions of their combat experiences. Semi-structured interviews with 12 female and 5 male veterans provided data on definitions of combat and combat veteran, descriptors of and types of combat experiences, and the thoughts, feelings, bodily response and actions of the veterans during their combat experiences, as well as their coping behaviors immediately following the combat experience. These themes were then analyzed separately by gender and compared.

Findings from the female veterans' interviews included heterogeneous definitions of combat and combat veteran, as well as a wide variety of types of experiences they considered to be combat. Female veterans reported combat experiences in three themes – experiencing combat or post-battle events, witnessing combat or post-battle events, and feeling threatened. Male and female veterans primarily differed in two areas – definition of combat and combat veteran and types of experiences they considered to be combat. Male and female veterans described similar responses to combat in thoughts, feelings, physical response, behavior, and coping immediately

post-combat. This study has implications for social work practice and theory as well as important implications for the changing policies governing women in combat roles in the military.

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# Chapter 1: Introduction

## Introduction to the Problem

Combat trauma is one of the oldest human experiences, though for most of American history it has been considered to lie exclusively in the realm of men's experiences. For the military service members serving in the conflicts in Iraq and Afghanistan, this is no longer the case. As of October 2008, more than 102,000 female service members have deployed for these conflicts (GAO Report, 2009). The Department of Veteran Affairs estimates that although the total number of veterans will decline in the next 20 years, the number of women veterans will increase by more than 17% (GAO Report, 2009). Women are a growing segment of the veteran population, with unique needs that are not anticipated in a system designed for men.

Women's role in combat has changed significantly in the conflicts in Iraq and Afghanistan, for several reasons, and now policy allows women to enter all aspects of combat, including ground combat (Bumiller & Shanker, 2013). First, though women have been a part of every US conflict since the Revolutionary War (Goldstein, 2001), the nature of that involvement has shifted significantly, particularly in the past decade during the Iraq and Afghanistan conflicts. Whereas women involved in the military previously were segregated in Auxiliary Corps, after World War II women were fully integrated into the armed forces (Segal & Faith, 1992; Segal, 1978). Women currently have access to over 90% of military jobs (Donegan, 1996), and through a recent policy shift have begun the process of integrating into direct combat positions, though women have not yet been integrated into those jobs. This policy shift is historic, and for the first time would allow women in all positions in the military (Bumiller & Shanker, 2013). As women enter these direct combat roles, it will be critical to understand whether and how their experiences of combat may differ from their male counterparts.

The guerilla nature of warfare in the Iraq and Afghanistan conflicts has also exposed more women to combat. In previous conflicts, there were established "front lines" where the majority of the fighting took place. Today's conflicts, Operation Enduring Freedom and Operation Iraqi Freedom in Afghanistan and Iraq (OEF/OIF, respectively), are guerilla wars, fought with no front lines against a hidden enemy, often in close contact. It's referred to as a "360 degree war"; the danger comes from any direction, suddenly, and never subsides (Monahan & Neidel-Greenlee, 2011). Therefore, there is no "safe place" in which troops are sequestered; instead, they are often in the midst of the battle.

Women may also be more exposed to battle because of changes in the constitution of our deployed military force. The conflicts in Iraq and Afghanistan have required the deployment of National Guard and Reserve troops with longer terms and at higher rates than "it knew was optimal or combat performance" (Korb & Segal, 2011). These segments of the US military generally work in civilian employment and live in non-military communities, training once every month with a longer training once per year. These troops are used to supplement active duty troops, for whom the military is a full-time career and a lifestyle. Women are represented in slightly higher percentages in the National Guard and Reserve components, (WIMSAFMI, 2010). These troops have a different demographic and a different culture than do active duty troops, and may be less prepared for a combat deployment than active duty troops (Vogt, 2008).

Due to increased role of women in the military, the guerilla nature of today's warfare, and the constitution of our fighting forces, women in the military are experiencing combat at higher rates than in previous cohorts of veterans (Maguen et al., 2012). Male and female service members deployed to Iraq and Afghanistan have an approximately equal rate of experiencing combat, though the nature of those combat experiences differs (Hoge, Clark, & Castro, 2007).

Men were more likely to experience firefights and shooting the enemy, while women were more likely to handle human remains. A recent study has shown that although there are still gender differences in exposure to combat (e.g., men experience more intense combat exposure) the difference between the genders is small (Vogt et al., 2011), providing evidence that women are experiencing high levels of combat exposure, and underlining the need for a better understanding of women's experiences of combat.

**Theoretical Basis**

The experience of combat, by a male or a female, can frequently be considered a stressful experience. There is much in the literature describing physiological and behavioral gender differences in response to stress. Animal research clearly shows that males and females respond to stress differently, both behaviorally and physiologically (Maeng, Waddell, & Shors, 2010; Shors, 2002). Female animals consistently show higher physiological activation – increased heart rate and respiration – than male animals (Kudielka & Kirschbaum, 2005), showing that there may be physiological differences in response to stress in males and females that could influence the impact of the stressful event. These differences in response could lead to differences in future psychological impact of the stressor. Lazarus and Folkman (1984) describe the impact of the stressful event in humans as being dependent upon the individual's cognitive appraisal of the event, and appraisal that may also be influenced by gender and gender role expectations. Taylor, in her seminal work in 2000, theorized that while men respond to challenge with "fight or flight", women respond with "tend or befriend", with a focus on nurturance and relationship development rather than aggression or escape. Furthermore, research on gender differences in coping shows that men and women cope with stress in different ways (Tamres, Janicki, & Helgeson, 2002). These theories provide a basis for examining experiences for potential gender differences and provide sensitizing concepts for the analysis.

**Importance of the Issue**

Combat exposure is important to understand because it is clearly associated with a variety of negative mental health effects, the most well-known of which is post-traumatic stress disorder (PTSD) (Schell et al., 2011). Although PTSD is only one of several mental health conditions that are associated with combat deployment, much research shows that it is a common and difficult issue, one that is rarely a singular problem. Findings from a large sample study (1,259 VA Medical Center patients) suggest that the current rate of PTSD in female service members is 21% (Dobie, Maynard, Bush, Davis, & Bradley, 2004). Moreover, PTSD is highly comorbid, associated with other problems such as traumatic brain injury (TBI), depression, alcohol or substance abuse, and complications in relationships, money, career, and family problems (Tanielian & Jaycox, 2008). Tanielian and Jaycox (2008) also estimated the cost to treat one service member with PTSD alone for two years at between $7,933 and $13,935, with costs increasing for treating depression and comorbid PTSD and depression.

**Implications for Social Work**

Though social workers have worked with the military and veterans for decades, the field has recently begun to expand tremendously. Focus on military social work has become a priority in the past 10 years as service members and their families have been stressed by two simultaneous foreign wars (IAVA, 2011). The Veterans Health Administration (VA) has called for more trained mental health professionals, such as social workers, to be available to serve the many veterans who require services. The VA is currently the largest employer of Master's level social workers in the country (VA, 2012). The VA has particularly focused on mental health services, with an expanded budget of 6.2 billion for the fiscal year 2012, and services to women veterans, with an expanded budget of $270 million (VAOB, 2011). It is affiliated with more than 180 graduate schools of social work and trains 900 students per year in clinical social work (VA,

2010), and employed more than 13,000 social workers in 2010 and the Department of Defense had another 3,800 social work jobs (Partners for Public Service, 2010). Some schools of Social Work have begun adding courses and concentrations in Military Social Work, focusing on military culture, treating trauma and post-traumatic stress, clinical practice with military families, and preventative care and health management (USC, 2011). Clearly, military social work is a burgeoning field, but its advancement requires a similar advancement in knowledge with which to serve veterans and their families.

The issues facing military members and veterans, including those veterans of Operations Enduring Freedom and Iraqi Freedom and especially female veterans, are new and challenging for social workers. Though the research on gender differences in post-deployment mental health (Haskell et al., 2010; Hoge et al., 2006; and Skopp et al., 2011), stress response (Kudielka & Kirschbaum, 2005), and combat exposure has been examined (Vogt et al., 2011), research on female veterans' experiences in Iraq and Afghanistan has only started being published in the past four years (Street, Vogt, & Dutra, 2009; Chaumba & Bride, 2010; Dutra et al., 2011), and the qualitative research on women's experiences is even smaller (Mattocks et al., 2012). Women's experiences in these wars and especially, how these experiences compare to men's experiences is an area that needs more understanding. This study aims to explore the differences between reports of combat experiences from men and from women who have experienced combat in the current conflicts in Iraq and Afghanistan.

This research has implications for social work at several levels – practice, policy, and knowledge generation. First, social workers in practice with female veterans and their families should understand how female OEF/OIF veterans think about and understand their combat experiences, and how this differs from the male OEF/OIF combat veteran. Gender is an

important lens through which individuals make meaning from their experiences, and can influence the individual's response to an event and contribute to post-traumatic stress disorder symptoms and severity as well as trauma-related guilt (Hensley, 2009). Therefore, it is important for the clinician to understand how female veterans may interpret and make meaning of their experience. This is particularly true for social workers within the VA system, or those who work with OEF/OIF veterans with mental health difficulties. Further, the female veterans' experiences in combat and definition of combat can also have effects beyond the psychological, such as in relationships, in caring for children, or when dealing with issues such as homelessness or domestic violence. This research has particularly important implications for policy, especially considering a recent change in policy that now allows female veterans to serve in combat arms roles, such as infantry or artillery (Bumiller & Shanker, 2013). Finally, this research also provides some exploratory knowledge in the novel and unique phenomenon of women in historically gendered and highly stressful experiences. This could guide further research and theory development regarding gender differences in response to stress. This study provides a new understanding of the experiences of female combat veterans, which could help both clinicians and researchers fine-tune their work with female veterans.

**Research Questions**

The proposed research will address the following two questions:

1. How do female OEF/OIF veterans describe their combat experience?
    a. How do female veterans define combat and combat veterans?
    b. What are the thoughts, feelings, action, and physical or bodily responses that occurred during the combat experience?
    c. What are the coping behaviors female veterans used immediately after the combat experience?

2. Do female OEF/OIF veterans describe their combat experience differently than do male OEF/OIF veterans?
    a. How do female OEF/OIF veterans' descriptions of their combat experience differ from male OEF/OIF veterans?

## Chapter 2: Literature Review

Research on women's experience of combat draws from several fields, and thus the literature review will necessarily cover several topics. This chapter will review the literature on gender roles, women in the military and women's role in exposure and response to combat. Literature regarding theories and gender differences in stress and coping will also be reviewed. Finally, the effects of combat on the development of mental health concerns, such as post-traumatic stress disorder, and gender differences in those effects in veterans of Iraq and Afghanistan will also be reviewed.

### Gender Roles

Gender is an inextricable lens through which individuals make meaning of their experiences. Gender, therefore, impacts most human experiences, filtering and coloring the perceptions and behaviors of individuals throughout their lives. West and Zimmerman (1987) theorized that individuals "do gender" by behaving in ways associated with each gender. Women are expected to be more helpful, kind, gentle, and emotionally expressive, while men are expected to be independent, self-confident, competitive, and leader-like (Diekman & Eagly, 2000).

The traits expected of women, however, contrast sharply with those expected of a service member; masculine attributes are rewarded in the military, while feminine attributes are rejected (Ebbert & Hall, 1993; Francke, 1997; Williams, 1989). West and Zimmerman (1987) posit that the performances of gender roles are maintained by others who will judge and respond to people based on how they "perform" their gender. The military, however, is a traditionally masculine, even hypermasculine, organization (Rosen, Bliese, Wright, Gifford, 1999; Rosen, Knudson, & Fancher, 2003; Segal, 1995; Tarrasch, Lurie, Yanovich, Moran, 2010). Service members are expected to be "physically and mentally tough, goal-oriented, aggressive soldiers with skills of

violence, weaponry, and ultimately, death" (Silva, 2008, pp. 937-938). Women in the military, then, represent a contradiction for American society – are supposed to be both meek and passive as women and aggressive and strong as soldiers (Sjolander & Trevenen, 2010). They are expected to have more emotion-based characteristics than their male counterparts (Looney, Robinson-Kurpius, & Lucart, 2004), and emotion-based characteristics are frequently undesirable in military culture (Holmstedt, 2007; Weiss & DeBraber, 2013).

This discrepancy is even more apparent in military populations. Several researchers have found that men and women are evaluated at work based on gender stereotypes (Eagly, Karau, & Makhijani, 1995; Heilman, 1983). Boldry, Wood, and Kashy (2001) found that these gender stereotypes may lead to lower evaluation scores for female military cadets compared to their male counterparts. Perhaps more importantly, they also concluded that the negative gender stereotypes of women in the military "may also be responsible for women cadets' judgments of their own fitness for training in the military" (Boldry, Wood, & Kashy, 2001, p. 703). Moore and Kennedy (2011) have also found that women in the military have few women role models and leaders. Only 2% of female military officers are ranked at brigadier general, rear admiral, or higher (Eagly & Karau, 2002). Eagly and Karau (2002) further hypothesize that the lack of female leadership in the military is due partially to a female officers being evaluated based on female gender stereotypes, which are not conducive to military culture. These gender stereotypes may have an effect not only on how women in the military are evaluated by their peers and supervisors, but also on how they evaluate themselves.

Women in the military must balance traditional gendered behavior with traditionally masculine behavior expected of military service members. Women in other militaries, such as the Israeli army, have found a variety of ways to integrate these two expectations. Though there

are some cultural differences between the Israeli Army, which is conscripted (Hauser, 2011; Levin, 2011) and the US military, the ways in which women integrate expectations of masculine and feminine gender performances can shed some light on the gender expectations for women in the US military. Hauser (2011) found that "lone girls", women in the Israeli Army who were located on bases where the majority of soldiers are men, found that doing gender in traditional ways was empowering, and so used their feminine gender to their advantage, such as flirting with male supervisors to gain choice assignments. Levin (2011) also examined experiences of young women in the Israeli Army and found that roughly 35% of participants in the qualitative study described issues related to gender performance. These issues included differences in expected appearance, such as classes in the "appropriate" amount of makeup, as well as receiving attention and advantage for their feminine gender. Women in higher combat positions were perceived as less feminine, so women had to choose between accentuating her femininity or her abilities as a soldier, because it was rare to find a woman who could do both (Levin, 2011). Sasson-Levy (2003) found that women in "masculine" roles in the Israeli military, such as training soldiers how to drive tanks and use weapons, would mimic male combat soldiers' behavior, distance themselves from traditional femininity and trivialize issues of sexual harassment in an effort to "shape their gender identities according to the hegemonic masculinity of the combat soldier" (p. 440). In the American military, the contradiction also exists. For example, female Reserve Officer Training Corps (ROTC), a scholarship program that trains college students for military officer service after graduation, cadets also must prioritize their femininity because their identities as women are questioned for their participation in ROTC (Silva, 2008).

West and Zimmerman (1987) warn that failing to "do gender" appropriately may have repercussions. In the Israeli army, this puts women in a double bind; if they chose to accentuate their femininity, they were considered weaker and more vulnerable to sexual harassment, but if they accentuated their strength, they were considered "dykish" ( i.e. manly, less feminine or girly)( p 22) and sexually undesirable (Levin, 2011). Women in this study also describe sexual harassment being used to "put a woman in her place or make her feel her sexuality was her only important attribute" (p. 22). In the U.S. military, a female soldier may be excluded from infantry training (both formal training and informal group activities) because of her female sex category, but also is discredited as wife/mother/female for her participation in the military (Scott, 2010). She may be under pressure to prove that she is "essentially" feminine, despite her role in a traditionally masculine field. Conversely, she also may be under pressure to conform to masculine group norms and disprove her femininity. At the extremes, she may be sexually harassed or assaulted in an effort to re-establish her "femininity" and thus her exclusion from the masculine group.

This contradiction in gender expectations may affect how women experience combat. Hensley (2009), in a doctoral dissertation, found that the "biological, psychological, and sociological dimensions of gender establish event meaning, elicit response to the event, and contribute substantially to post-traumatic stress disorder symptoms and severity, and trauma-related guilt" (p. 4), though he does not separate the effects of biological sex and psychological and sociological gender. Hensley posits that women's roles as combatants in the current conflicts "diverge greatly from neuropsychological and neurophysiologic adaptation and lifelong social learning of gender role norms and expectancies" (p. 6). With the increasing integration of women into the traditionally masculine structure of the military, and especially with the integration of

women into combat roles over the next few years, the effects of gender roles on military experiences such as combat should be explored further.

**History of women in the military**

Women have participated in every American conflict, though their service was not always officially recognized, and their participation has greatly increased over the past century. The recognized US military has been almost exclusively male since its inception (Dienstfrey, 1988; Segal & Hansen, 1992), though women have served in some aspects of the US military since the Revolutionary War (Dienstfrey, 1988; Goldstein, 2001; Murdoch et al., 2006) in a variety of capacities, from camp follower to nurse to soldier. Women continued serving in combat through the War of 1812 and the Civil War, often, but not always, disguising themselves as men (Skaine, 2011). One thousand five hundred women served in the Spanish-American War from 1898 to 1899, mostly as nurses (Segal, 1978; Skaine, 2011). This tradition of serving as nurses continued into World War I and World War II, though as civilian contractors or auxiliary services rather than enlisted of commissioned service members (Dienstfrey, 1988).

Although women have long been involved in American war, women's participation in American war has grown significantly since World War I. Skaine (2011) reports that 35,000 women served in World War I and 400,000 served in World War II. Later conflicts included 1,000 women who served in theater in Korea, and 7,500 who served in theater in Vietnam. More than 40,000 women served in theater in Desert Storm, and over 26,000 had served in theater in OEF/OIF as of May 2010. Women made up 2% of the military after World War II, but grew steadily, making up 8.5% of the military population in 1980, and 11% in 1990 (Segal & Hansen, 1992), and still growing through the Iraq and Afghanistan conflicts (GAO Report, 2009).

Recognition of women's participation in the US military has only occurred since World War II. During this war, each branch of the military established a women's unit, such as the

Army's Women's Army Auxiliary Corps (Dienstfrey, 1988), that was separated from the regular military. Though they were recognized as members of the military, women were generally but not always relegated to traditional "women's jobs" and represented less than 2% of the military population (Dienstfrey, 1988; Segal & Hansen, 1992). Some women, however, did serve in the military as pilots for all types of aircraft (Diesntfrey, 1988), as parachute riggers, airplane mechanics, and gunnery instructors, and they were trained to load weapons, but were not allowed to fire them (Segal, 1995). The Women's Armed Services Integration Act passed in 1948 to establish formal military positions available for women in the Army, but further acts both expanded women's access to other branches and established limits to their numbers and roles, allowing only 2% of military personnel to be female, and only 10% of these could be officers, although this did not include nurses (Boyd, 2013; Murdoch et al., 2006; Segal, 1978). These limits were established to maintain the predominantly male composition of the military while simultaneously offering a limited role for women, as women's service during World War II established the advantage of allowing women to participate in the military in some aspect.

The Vietnam War also changed women's roles in the military and further exposed women to combat and the aftermath of battle. Women, mostly nurses, were located in combat zones and frequently had no special training prior to deploying (Monahan & Neidel-Greenlee, 2011; Van Devanter, 1984). Women also died in combat; 25 year old Lt. Sharon Lane was the first military nurse killed by enemy action in June 1969 (Monahan & Neidel-Greenlee, 2011). Though the Department of Defense was desperate for manpower in this conflict, it first authorized the enlistment of 300,000 men with low aptitude scores before removing the 2% cap on female troops and restrictions on women's promotions in 1968 (Murdoch et al., 2006). Women had to meet higher standards than men to enlist in the military (Segal, 1978). In 1973,

when the draft ended, women were actively recruited and opportunities for them to serve increased (Dienstfrey, 1988; National Center for Veterans Analysis and Statistics, 2011). After serving during the Vietnam conflict, women were integrated into the military branches when the Women's Army Corps was dissolved in 1978 (Monahan & Neidel-Greenlee, 2011; Murdoch et al., 2006). Job specialties beyond clerical and nursing work were opened to women for the first time, barring women only from combat specialties (Segal, 1978).

Part of the difficulty for female veterans during Vietnam was returning home to a society that largely considered their work in the war to be gratuitous (Willenz, 1983), rather than the critical and difficult work of helping service members wean off drugs or amputating limbs and treating horrendous combat injuries that many women were doing in the war (Van Devanter, 1984). As difficult as it was for male veterans to acknowledge and access treatment for mental health difficulties after Vietnam, it was even harder for female veterans, as their experiences went unacknowledged. Although lack of social support was a common factor relating to PTSD development for male Vietnam veterans as well, Fontana, Schwartz, and Rosenheck (1997) demonstrated that a lack of social support was a significant factor in the development in PTSD for female Vietnam veterans as well as male veterans.

Women's roles in the military, however, are socially constructed (Segal, 1995), and therefore are influenced by presiding social culture. Part of the expansion of women's roles in the military during the 1970s was a reflection of the expansion of women's roles in American society at that time due to the Women's Movement (Segal, 1978). In 1972 Congress passed the Equal Rights Amendment, guaranteeing equal rights to men and women, including the ability to serve, and be drafted into the military, but this was not ratified by the states within the ten year timeframe required (Ireland, 1998). Women's attitudes toward marital roles and female

employment shifted significantly from 1969 to 1973, becoming more accepting of working outside the home and sharing household responsibilities (Parelius, 1975). Several studies showed increasing egalitarian attitudes about women's social participation, education and marriage role expectations (Twenge, 1997; Weeks & Botkin, 1987; Weeks & Gage, 1984). These more egalitarian attitudes contributed to the expansion of women's roles within the military (Segal, 1978).

Women continued to serve in their expanded role in three conflicts in the 1980s. These were the Lebanese Peace Keeping Force, Operation Urgent Fury in Grenada and Operation Just Cause in Panama (Skaine, 2011). In these conflicts, women flew helicopters that came under fire and commanded troops in ground combat (WREI, 2008). These events were the exception rather than the rule, and therefore did not call for major policy shift.

The event that did require policy shift, or at least attention to the issue, was the Persian Gulf War in the 1990s. More than 41,000 women were deployed in support of this war (Boyd, 2013). In this war, the nature of battle shifted to the ambiguous battleground of today's wars in Iraq and Afghanistan, and public opinion began to shift toward favoring women serving in combat (Skaine, 2011). As a result, in 1992, the Defense Authorization Act allowed women access to flying combat aircraft and serving on combat vessels (Boyd, 2013). Women continued to serve in air combat in Bosnia-Kosovo, Kosovo, Haiti, and Iraq (WREI, 2008).

In 1994, however, the Department of Defense created a new rule – the Direct Ground Combat Definition and Assignment Rule – that prevented women from serving in ground combat roles and defined how those roles would be determined (Boyd, 2013). This was the policy that banned women from direct combat roles, such as infantry, artillery, and special operations. In the wars in Iraq and Afghanistan, however, despite this explicit policy preventing women from

serving in combat roles, women serve in combat support positions which frequently expose them to combat (National Center for Veterans Analysis and Statistics, 2011).

Today, women represent a larger proportion of US military forces than ever before (Street, 2009), currently representing 15% of active duty troops, 20% of reserve troops, and 15% of National Guard troops (WIMSAMF, 2010). They further make up approximately 20% of new recruits (Meehan, 2006). As of Sept 11, 2011, 141 women have been killed in OEF/OIF, and 813 more have been wounded (DoD, 2011). Combat clearly was and is still a major source of trauma for female military members from prior conflicts as well as those in Iraq and Afghanistan (Carney et al., 2003; Holmstedt, 2007, 2009; Fontana & Rosenheck, 1998; Fontana, Schwartz, & Rosenheck, 1997). Women have served in Iraq and Afghanistan in a variety of positions that exposed them to combat (Street, Vogt, & Dutra, 2009), and are more likely to be exposed to dead, dying or wounded people (Hoge et al., 2007), which has been shown to significantly predict long term mental health declines (Gade & Wenger, 2011).

**Controversy Surrounding Women's Role in Combat**

Despite the constant presence of women in the military and the expansion of women's roles within the military, social attitudes toward women in the military still reflect historical biases and stereotypes. There are many arguments both for and against women serving in combat, including the relative physical weakness of women, the potential for sexual distraction or sexual assault, and the stereotype of women as emotionally volatile (Hicks, 2013). Opponents of women in combat have suggested that women would cause problems with morale in male service members, would distract male service members, and would not be able to perform the duties required (Wilcox, 1992), although studies do show that women's presence does not degrade and may actually enhance unit performance in combat support tasks (Schreiber and Woelfel, 1979). This controversy focuses on both military readiness and feminist ideals of

gender equality (Segal, 1983; Tuten, 1982). Wilcox (1992) found that most Americans favored allowing women into nontraditional military roles such as fighter pilots, missile gunners, and positions aboard vessels in combat, but only a minority (35%) supported women in ground combat.

These attitudes of opposition to women in the service are particularly strong within the military itself. Matthews (1992) found that Air Force Academy cadets were significantly less approving of women in military jobs than their civilian counterparts. Kurpius and Lucart in 2000 echoed this finding, describing more traditional gender-role attitudes among Academy cadets and ROTC students at civilian colleges, than non-military students. A more recent study by Matthews, Ender, Laurence, and Rohall (2009) has found that these attitudes still persist in the military; military cadets remain less approving of women being assigned to military jobs than civilian college students. In a recent poll, hen surveyed about their opinions on women moving into combat roles, 17 percent of male Marines would leave the Marine Corps if women were allowed into combat roles (Hicks, 2013). The number rose to 22 percent if women were moved to combat roles involuntarily (Hicks, 2013). These statistics demonstrate the low acceptance, among the most male branch of the military, of women serving in combat roles. In contrast, 66% of the American public – both men and women -- support women serving in combat, according to a national survey by Pew Research Center for the People and the Press conducted Jan 24-27, 2013 (Pew Research Center, 2013). Despite the ongoing controversy of women's service in the military, by January 2016, women are expected to be integrated into all or nearly all military positions. Each branch is currently assessing its ability to integrate, and may petition the Pentagon for exemptions for select positions, but the expectation is that women will be fully integrated into the majority of combat roles (Lawrence, 2013). Women's recognized role in the

US military has clearly come a long way in the past century, shifting from nurses, secretaries, and members of segregated Auxiliary Corps to integration into combat roles. This integration reflects a recognition that women have always participated in American war, though their level of recognized participation has changed significantly.

**History of Policy on Women's Role in Combat**

Because women have always been involved in American war, discussion of women's role in combat must begin with a definition of combat. This is the fundamental issue that the US military and government has struggled with when attempting to prevent women from being exposed to combat (Skaine, 2011). Combat in the last century of warfare has been divided into three categories – land combat, air combat, and sea combat (Skaine, 2011). Women first entered into sea and air combat, serving as combat pilots and on Navy vessels in combat (Skaine, 2011). The only remaining arena of combat closed to women in the wars in Iraq and Afghanistan was ground combat. In ground combat, the lines are less clear – is it combat if you are defending yourself from attack, or when your vehicle is struck by a roadside bomb? Is combat only engaging the enemy? What is a policy preventing women from serving in combat actually preventing them from doing? Direct ground combat is the most controversial aspect of this issue, primarily because conceptions of "combat" are based on Cold War perceptions rather than the current warfare in Iraq and Afghanistan (Alliance, 2009).

In World War I and World War II, there were discussions about the "front line" (Skaine, 2011), and keeping women safely behind those front lines was a proxy for keeping them out of combat. This didn't entirely serve to keep women safe; 16 women died from enemy fire and 90 were held as prisoners of war in World War II (WIMSFAMF, 2010). After World War II, the Women's Armed Services Integration Act of 1948 prevented women from serving on ships or aircraft engaged in combat missions, another way of preventing women from being exposed to

combat (Skaine, 2011). In subsequent conflicts such as Korea, Vietnam and especially in the Gulf War, the front lines got increasingly blurry, and it was hard to determine what was and was not too close to combat for women (Skaine, 2011).

Because of the women's movement of the 1970s, the military expanded opportunities for women in the late 1970s, but these created a negative reaction in public policy debates (Segal & Hansen, 1992). Women were first allowed into military academies in 1976, and the Women's Army Corps was disbanded in 1978, women were incorporated into the "regular" military branches (Murdoch et al., 2006). After this expanded role for women was established, debate began to focus on the limits of these expansions, particularly whether women should have a role in combat and whether women should be registered for the draft and drafted in the same way as men (Segal & Hansen, 1992). This discussion brought up questions of women's rights, and there was considerably more dissension than in the congressional discussions of the 1940s. A content analysis of 1980s congressional testimony found that 31% of value statements in the Congressional Record described negative attitudes toward women in the military, such as opposing women's integration into the military because of a potential negative effect on military effectiveness (Segal & Hansen, 1992). The policy discussion and limits established in the 1980s (requiring only men to be registered for the draft), is a reversal from the expanding roles gained in the late 1970s. Segal (1995) posited that women's role in the military expands during wartime, when manpower needs are greater, then when they are no longer needed, their activity is restricted. For example, during the Gulf War when the need for military manpower was greater, women made up 11% of active duty personnel, and held a number of positions, including driving trucks, flying planes, nursing, directing artillery, and serving in security and construction groups (Murdoch et al. 2006).

In 1988, the Risk Rule was created to help determine whether a role was too close to combat to be allowable for women (Skaine, 2011). The Risk Rule compared the risk of exposure to "direct combat, hostile fire, or capture" present in noncombat units associated with combat units (US House, 1994, p. 83-84), such as a transportation unit connected with an infantry unit. If these non-combat units had equal or greater risk of exposure than that experienced by combat units in the same theater, then those positions were closed to women.

In the 1990s, Desert Storm and the Gulf War made policymakers' attempt to keep women from being involved in combat through the Risk Rule much more complex. Women had begun serving in aviation units, and were frequently exposed to hostile fire or capture while completing their duties flying and maintaining aircraft, driving trucks, and guarding captured troops (Carney et al., 2003; Sadler, 1997; Skaine, 2011).

In 1994, partially as a result of women's service during the Gulf War, the Department of Defense rescinded the Risk Rule (Skaine, 2011). Instead, women were prevented from serving in units below the brigade level (3,000-5,000 service members) whose mission was direct ground combat (Skaine, 2011). Direct ground combat was defined as "engaging the enemy on the ground with individual or crew-served weapons, while being exposed to hostile fire and to a high probability of direct physical contact with the hostile force's personnel. Direct ground combat takes place well forward of the battlefield while locating and closing with the enemy to defeat them by fire, maneuver, or shock effect" (US House Committee, Oct. 6, 1994). This policy remained in effect until January 23, 2013 (Bumiller & Shanker, 2013).

**Women's Combat Exposure**

Examining gender differences in combat exposure for US service members is difficult because the rate of exposure to combat varies from study to study due primarily to differences in study samples and because of the inconsistent use of definitions of combat exposure. For

example, some definitions of combat exposure used during the Gulf War included "having artillery, rockets, mortars, or anything else, other than scud missiles, explode in the air or on the ground within 1 mile" (Carney et al., 2003, p 655), while another definition included "was involved in direct combat duty and wore protective gear or heard chemical alarms sounding and witnessed any deaths" (Kang, Dalager, Mahan, & Ishii, 2005). Clearly the former definition would consider a greater number of veterans to be exposed to combat than the latter definition, making comparison between studies difficult. Combat definitions have also shifted with the nature of war in different conflicts. In Vietnam, combat exposure was firing a weapon, being fired upon, or witnessing injury or death (King et al., 1995; Wolfe, Brown, & Kelly, 1993). In conducting a study on female veterans, Dienstfrey (1988) found that limiting the definition of combat to "being under attack or attacking" (p 551) limited the female veterans in the study to those who were "inadvertently caught in the midst of hostilities" as women were barred from combat by law. Therefore, he chose to include "those who were exposed to combat or near-combat situations, ranging from being stationed in a war zone to being a prisoner of war" (p 551). Later researchers also expanded combat definitions to include other stressors, such as hazardous work environment or post-battle events such as handling human remains or caring for the wounded (King, King, Gudowski, & Verven, 1995), and noted differences between the genders. Vogt, Pless, King and King (2005) have specifically noted the need for conceptualizations of war-zone stressors that are more salient for women than the combat definition used for Vietnam era (predominantly male) veterans. For example, the definition of combat for the Vietnam era veterans focused on active engagement of an enemy – firing a weapon or being fired upon, which may be descriptive of a male infantry soldier's experience, but not a female nurse who is sexually assaulted by a coworker during deployment. Currently,

"combat veteran" is defined by the Veterans' Administration as a veteran who served on active duty in a theater of combat operations, according to Title 38, USC Section 1710(e)(1)(D) . Therefore, veterans in the present study were considered to be combat veterans if they had deployed to the Iraq or Afghanistan theaters of combat operation.

Despite differences in definitions of combat, the rates of women's exposure to combat in previous conflicts were generally lower than the rates of women's exposure in Iraq and Afghanistan (Maguen, 2012). In Iraq and Afghanistan, more women are reporting more frequent and intense exposure to combat, such as constant mortar attacks or engaging in firefights or experiencing IED explosions, rather than a singular or indirect exposure more frequently reported in prior conflicts, such as being on the ground during a missile attack (Carney et al., 2003; Maguen, 2012; MHAT-IV, 2006). In the Gulf War, 4%-71% of women reported combat exposure, depending on the definition used (Carney et al., 2003; Kang, Dalager, Mahan, & Ishii, 2005). Carney and colleagues (2003), for example, found that 71% of female veterans in the Gulf War had been on the ground during a missile attack, which was defined as combat. Dienstfrey (1988) found that approximate 5% of female veterans interviewed (from all prior eras) had been exposed to combat, and the percentage increased for those women who served in a World War II, Korea, or Vietnam. Most of the women who were exposed to combat were Army nurses in World War II. Of those exposed, 91% reported being in or near combat, such as serving in a war zone (86.5%), flying over a war zone (27.7%), or being stationed in a combat zone (71.6%). Sixty eight percent of those exposed to combat were fired upon; 45.8% received artillery, rocket, or mortar attacks, 47.1% received bombing attacks, 32.9% received sniper fire, and 11.6% received full scale enemy attacks. Also of those exposed, 38.7% were exposed to "serious combat", receiving war wounds (6.5%) or seeing Americans being wounded or killed (36.8%).

There were approximately 60 former women prisoners of war alive at the time of the study. As this shows, women connected with the US military have experienced combat in prior conflicts.

In regard to the current conflicts in Iraq and Afghanistan, the percentage of female services members exposed to combat has risen significantly. One study found that of American women who had been deployed with combat support units in OIF, 12% reported experiencing moderate levels of combat exposure, while 3% reported experiencing high levels of combat exposure (MHAT-IV, 2006). A study of 115 Gulf War and OEF/OIF female veterans showed more than 25% reported combat exposure (Hassija, Jakupcak, Maguen, & Shipherd, 2012). More recent research shows the rate of combat exposure for female veterans in OEF/OIF was 45% (Jacobsen et al., 2008). Dutra et al. (2011) found an even higher rate; approximately 75% of the 54 active duty women interviewed within three months of return from Iraq reported combat exposure. Maguen, Luxton, Skopp, and Madden (2012) also reported that 31% of active duty Iraq and Afghanistan female veterans reported exposure to death, 9% reported witnessing killing, 7% reported injury, and 4% reported killing another person. Regardless of the rate at which they are exposed, the literature clearly shows that female service members are experiencing combat (Chaumba & Bride, 2010), and have experienced it in previous conflicts, though there is some evidence that they are more exposed in the current conflicts (La Bash, Vogt, King & King, 2008).

Just as there are differences in how combat exposure is defined and measured in the literature, there are also differences in how combat is interpreted by men and women. Wolfe, Brown, and Kelley (1993), who studied war-zone exposures in the Gulf War, described event and person characteristics were influential in post-deployment readjustment, and found gender differences in the relative stress of various war zone experiences. They found that women were

more likely than men to report combat as their most stressful deployment experience. As previously described, gender is an important characteristic through which individuals make meaning of events, and the impact of war zone experiences on post-deployment mental health can be moderated by gender, though gender was not a moderator between combat exposure and mental health (Vogt, Pless, King & King, 2005; Woodhead, Wessely, Jones, Fear, & Hatch, 2012). In fact, there is increasing understanding that combat exposure is made up of multiple factors (Katz et al., 2012), which may differ for men and women. Though the rate of exposure (ever) is very similar between men and women (Carney et al., 2003; Jacobsen et al., 2008) male service members often (but not always) experience more frequent and more intense combat (Tolin & Foa, 2006; Zinzow et al., 2007). Women, however, had higher rates than men of knowing someone seriously injured or killed, being in serious danger of being injured or killed, and handling human remains, while men reported higher rates of firing at the enemy, being in a firefight, and receiving incoming mortar or rocket fire (Clark, Eaton, Castro, & Hoge, 2006). Finally, a recent study by Vogt et al. (2011) found that men reported greater combat stressors, such as combat exposure, aftermath of battle, perceived threat, and difficulties in living and in the work environment, while women reported greater other stressors, such as prior life stressors and deployment sexual harassment. The literature reveals a beginning knowledge in what types of experiences women have in combat, and how those experiences compare to men's, though there still is little rich description of the experience of combat for women.

Although there is little qualitative literature describing women's actual experiences of combat, one study has examined American women's experiences in Iraq and Afghanistan and how they cope with deployment-related stressors. Mattocks and colleagues (2012) conducted semi-structured interviews with 19 female OEF/OIF veterans to determine the types of their

combat and military sexual trauma experiences, as well as how they coped with them after returning from deployment. The study found that women divided their stressors into two categories – stressful military experiences and post-deployment reintegration problems. Their stressful military experiences included three categories – combat-related experiences, military sexual trauma, and separation from family. They described a variety of types of combat exposure, usually related to their occupational roles during deployment. Women veterans in this study described caring for injured service members in emergency rooms and managing perceptions of danger during patrols or fear of IEDs during convoys. The women also described military sexual trauma, including harassment, coercion, and even assault. Most importantly, they described a common theme that women felt their experiences weren't understood or recognized upon their return. This finding is perhaps the most important, as it demonstrates the need for practitioners and researchers alike to examine female veterans' experiences of combat and during deployment.

**Combat, Trauma and Stress Response**

All people experience negative events, but those who experience events defined as "trauma" are often more intensely affected (Kessler et al, 1995; Davidson, 1994; Freedman et al, 2002). Although "trauma" was originally defined as a bodily injury, it has begun to be used to mean a "psychological trauma", or an event that inflicted psychological harm to an individual rather than or in addition to a bodily harm (Caruth, 1996). Psychological trauma can occur in a wide variety of ways, only one of which is combat. People who experience trauma often also experience negative mental health effects, including depression (Kessler et al., 1995), psychotic depression (Davidson, 1994), anxiety (Freedman et al, 2002), alcohol and substance abuse (Ouimette & Brown, 2003), and acute stress disorder, and/or post-traumatic stress disorder (PTSD). In fact, PTSD is defined by a traumatic experience. To receive a diagnosis of PTSD, a

person must have “experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others”, and have responded with “fear, helplessness, or horror” (Criteria A) (DSM-IV-TR; American Psychiatric Association, 2000).

Warfare during the Iraq and Afghanistan conflicts has grown more complex, requiring humanitarian aid in one area, peacekeeping missions in another, and battles and open warfare in a third (Champion, Bellamy, Roberts, & Leppaniemi, 2003), which may make combat deployment more stressful than in previous conflicts. Women in the military can also experience a variety of stressful events that may or may not be related to their military service (Bray, Fairbank, & Marsden, 1999). When service members are in a war zone, they have additional potentially traumatic stressors of hazardous and difficult living and working environments, separation from family, and military sexual trauma (Boyd, 2013; Mattocks et al., 2012; Vogt et al., 2011). Of particular interest, however, is their definition and experience of combat, because combat exposure has been linked to mental health risks post-deployment (Cesur, Sabia, & Tekin, 2013). A recent study found that deployment to a combat zone increases risk of PTSD compared to non-combat deployment, while engagement in a firefight or witnessing death in a combat zone (“combat exposure” as defined in the study) further increases risk of both PTSD and suicidal ideation (Cesur, Sabia, & Tekin, 2013).

As discussed earlier, combat can also take many forms, and can include being attacked, shot at or fired upon, receiving serious physical injury, or witnessing injury and/or death of others, handling human remains, and involvement in injuring or killing others, among other traumatic experiences. These types of trauma have been studied in much more detail in men, as the majority of those sampled in studies of combat exposure and effects have been men (Vogt,

Pless, King & King, 2005). Women had, of course, been exposed previously to combat violence, though not with the frequency and intensity seen in the current conflicts, nor with the same active role. The most recent conflicts in Iraq and Afghanistan, however, have required a significant increase in women's active participation in combat – engaging the enemy in firefights and coming under active mortar or improvised explosive device (IED) attack. In the Gulf War, 1% of women reported killing someone, but in Iraq and Afghanistan, 4 % of female veterans report killing someone (Maguen, Luxton, Skopp, & Madden, 2012). Recent research shows that about 75% of women deployed to Iraq have been exposed to one or more combat experiences (Dutra et al., 2011). Women are experiencing combat at a greater frequency and intensity than in previous conflicts, and the proposed research aims to discover the qualitative experiences of their combat in these conflicts.

Not all experiences of combat are traumatic. In fact, there is debate about what classifies a traumatic event compared to a non-traumatic event, and therefore whether combat experience by itself can be considered trauma, or whether the immediate response of the individual is a necessary element (Friedman, Resick, Bryan, & Brewin, 2011). The diagnostic criteria for PTSD, particularly criterion A, the traumatic event, have shifted significantly over the past 40 years, and will shift again with the release of the new Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 this year. The proposed diagnostic criteria for a "traumatic event" that results in PTSD are:

(A) The person was exposed to the following event(s): death or threatened death, actual or threatened serious injury, or actual or threatened sexual violation, in one or more of the following ways:

(1) Experiencing the event him/herself.

(2) Witnessing the event(s) as they occurred to others.

(3) Learning that the event(s) occurred to a close relative or close friend.

(4) Experiencing repeated or extreme exposure to aversive details of the event(s) (e.g. first responders collecting body parts; police officers repeatedly exposed to details of child abuse). (Friedman, Resick, Bryant, & Brewin, 2011).

This definition expands the previous definition of a "traumatic event", and includes many activities that occur frequently in a war zone. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000) criteria for PTSD currently also include an individual to respond with "fear, helplessness, or horror", though this criteria is likely to be removed with the newest update of the Diagnostic and Statistical Manual, scheduled for May 2013 (Friedman, Resick, Bryant, & Brewin, 2010). Recent research has found that although immediate responses of fear, helplessness, or horror weakly predict PTSD at 6 months post-incident, there are also individuals who do not report those responses who also meet criteria for PTSD at 6 months post-incident (Brewin, Andrews, & Rose, 2000; O'Donnell et al., 2010; Rizvi et al., 2008). This holds true for both male and female victims of violent crime (Brewin, Andrews, & Rose, 2000), but there is no literature examining the immediate responses of male and female military members to the potentially traumatic experience of combat. Though it is a weak predictor, the immediate response of the individual after a traumatic event does predict PTSD and could predict the development of other mental health concerns, such as depression or anxiety (Brewin, Andrews, & Rose, 2000). Though this study does not examine mental health outcomes post-combat, it is a beginning step for understanding the connection between immediate response to combat and future mental health outcomes is to describe the veterans' immediate responses.

Regardless of whether the combat experience is defined as "traumatic", it is reasonable to describe a combat experience or combat deployment as stressful. Selye (1936) defined "stress" as "the non-specific response of the body to any demand placed upon it", which is a very broad definition used mostly at the beginning of stress research. More recent stress research has defined stress as "conditions where an environmental demand exceeds the natural regulatory capacity of an organism" (Koolhaas et al., 2011, p.1291), which can clearly be seen in a war zone. There are several different theories that describe human's responses to stress and stressful situations. The classic response to stress – fight-or-flight – was first described in 1932 by Cannon, and has since gained considerable support and evidence. This theory describes both the physiologic and behavioral responses to stress, in that humans faced with stress will experience an increase in heart rate and respiration, increased energy and alertness, and suppression of sexual and feeding behaviors. These physiological changes theoretically allowed the person to prepare to flee or fight the stressor. Selye (1936) expanded on this model, describing "general adaptation syndrome" which he believed was the typical response of most individuals to a wide variety of stressors. Research has shown, however, that individual responses to stress vary (Jezova, Jurankova, Mosnarova, & Kriska, 1996; Kudielka & Kirschbaum, 2005; Vo & Park, 2008), and several researchers have developed theory to explain this variety (Lazarus & Folkman, 1984; Taylor et al., 2000). A few of these theories of stress response are the cognitive appraisal theory and tend-and-befriend theory, which are described below.

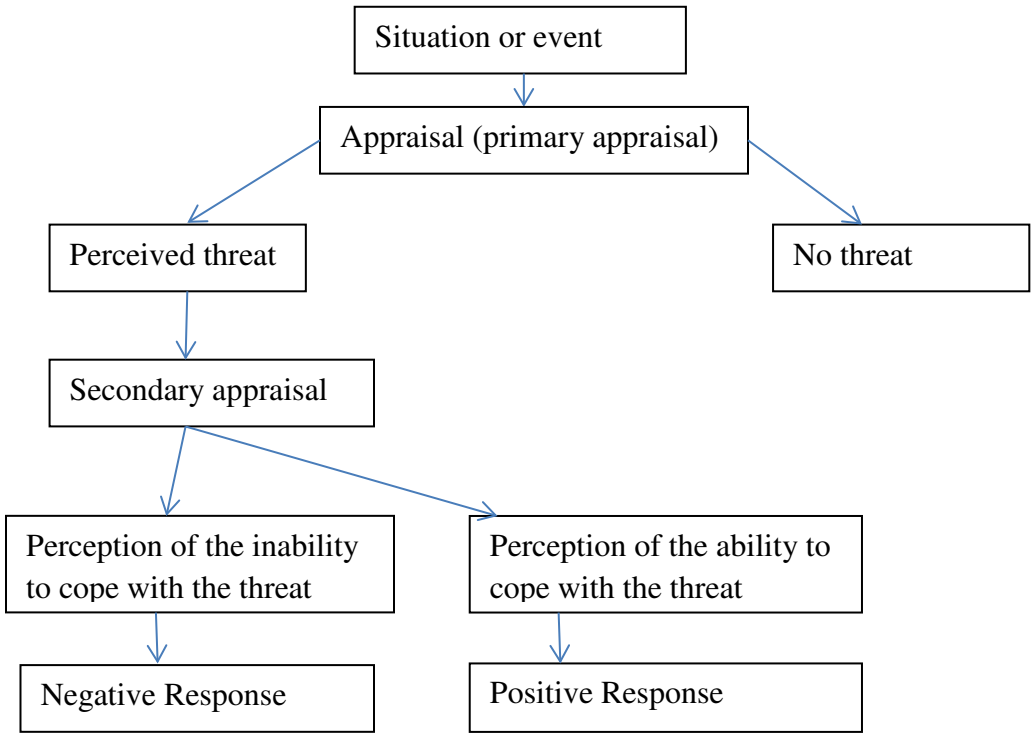
**Cognitive Appraisal Theory**

Lazarus and Folkman (1984) described cognitive appraisal theory, in which stress is produced both by the environment and situation as well as by the response of the individual subjected to the stressors. Stress previously had been conceptualized as either a stimulus or a response. Lazarus and Folkman, instead, focused on the relationship between the person and

environment (1984). They found variability in individual responses to stress – "under comparable conditions, on person responds with anger, another with depression, yet another with anxiety or guilt; and still others feel challenged rather than threatened" (pp.22-23). The theory used to explain this variability was cognitive appraisal.

In this cognitive approach, the response of the individual to the stressor is influenced by the appraisal of the situation by the individual and by their assessment of the resources available to cope with the situation. Figure 1, from Lazarus and Folkman (1984) describes this relationship.

Figure 1. Cognitive Appraisal Theory




According to Lazarus and Folkman's theory, it isn't the event itself that causes stress, but how a person perceives and construes the event. "A cognitive appraisal reflects the unique and changing relationship taking place between a person with certain distinctive characteristics (values, commitments, styles of perceiving and thinking) and an environment whose

characteristics must be predicted and interpreted" (Lazarus & Folkman, 1984, p. 24). Perception of threat has been shown to be a significant factor in mental health outcomes after combat deployment, more than combat exposure (Iversen et al., 2008; King, King, Foy, Keane, & Fairbank, 1999; Kolkow et al, 2007; van Wingen, Geuze, Vermetten, & Fernandez, 2011). Cognitive appraisal theory, therefore, accounts for the variance in responses to stress, and takes into consideration the unique characteristics of each individual and situation, by basing stress response on the perceptions of the individual.

The concept of stress has had important military connections since World War II, when researchers became interested in stress because of its significance for the military, specifically the military's concern that stress reduced the functional abilities of men in combat and the effectiveness of the group (Lazarus and Folkman, 1984). Lazarus and Folkman added the concepts of cognitive appraisal and coping to theories of stress response, and these concepts have been used by researchers in military populations since the early 1990s (Picano, 1990). Studies have examined threat appraisal and coping in a wide variety of military-related populations, a handful of which include both male and female veterans of Iraq and Afghanistan (Edge & Ivey, 2012; Mattocks et al., 2012), military spouses (Blank, Adams, Kittleson, Connors, & Padden, 2012), male and female veterans of peacekeeping missions (Adler, Huffman, Bliese, & Castro, 2005), personnel on submarine missions (Sandal, Endresen, Vaernes, & Ursin, 1999), male World War II veterans (Settersten, Day, Elder, & Waldinger, 2012), and military nurses (van Wijk, 1997). Though these studies examined differing aspects of cognitive appraisal theory, such as factors affecting the nature of the stressor or coping behaviors after deployment, findings generally support the theory that cognitive appraisal of a stressor significantly influences the individual's behavior, response, and psychological distress. Cognitive appraisal theory has been

applied to many military-connected populations for decades, but more recent studies have advanced the idea that greater appraisal of threat has a key role in the neurological response to threat (van Wingen, Geuze, Vermetten, & Fernandez, 2011). Edge and Ivey (2012) found that cognitive appraisal mediates the relationship between the combat experience and psychological distress in veterans of Afghanistan, indicating that psychological distress after a combat experience is dependent upon how an individual appraises the experience.

Another component of cognitive appraisal theory is the nature of the stressor, such as the duration of the stressor (Adler, Huffman, Bliese, and Castro, 2005; Lazarus & Folkman, 1984). In the U.S. military, Adler, Huffman, Bliese, and Castro (2005) sampled 2,114 men and 1,225 women who had returned from a peacekeeping deployment to examine the effects of stressor duration, a function of cognitive appraisal theory. They found that although men's depression scale scores increased with the length of the deployment, women's scores remained relatively constant. There was less difference in PTSD scores post-deployment; both men's and women's PTSD scores increased with length of deployment, although the women's increase was smaller. It is important to note that they did find gender differences in well-being post-deployment.

Other militaries have also found support for cognitive appraisal theory in the development of mental health problems post deployment. The Israeli Army, for example, though it has some cultural differences from the US military due to its conscription of both men and women (Levin, 2011), also shows similar patterns of threat linked with negative mental health outcomes. Also, Solomon, Mikulincer, and Benbenishty (1989) found support for this theory in Israeli soldiers in the Lebanon War. They found that greater appraisal of threat, more negative emotions, and more emotion-focused coping were predictive of a larger number of PTSD

symptoms. Mikulincer and Florian (1995) also found that greater appraisal of threat in military training predicted poorer training outcomes such as lower evaluations by their peers.

In cognitive appraisal theory, the individual's appraisal of the situation may be dependent on many factors, including the magnitude and duration of the stressor, and individual characteristics, including gender. Gender operates as a frame through which meaning is made of experiences (Hensley, 2009), and as West and Zimmerman (1987) propose, provide a set of ways in which members of a gender should act to perform their gender. There is some evidence that women perceive (Spielberger & Reheiser, 1994) and cope (Soderstrom, Dolbier, Leiferman, & Steinhardt, 2000) with stress differently than men. Cognitive appraisal of the combat experience, and consequently response to the event, and potentially long-term mental health effects, may be influenced therefore, by gender.

**Sex Moderated Stress Response – "Tend and Befriend"**

Another theory examining response to stress, and specifically sex differences in response to stress was proposed by Taylor et al. (2000) who have described a model of response to stress that is moderated by biological sex, which is termed the "tend-and-befriend" response. They postulate that the responses to stress extend beyond aggression and escape, and that humans also react to stress by bonding with and caring for others. In particular, women's responses are more marked by "tending and befriending", where men's are more characterized by the established "fight or flight" model. To be clear, "sex" refers to biological sex, while "gender" refers to the feminine or masculine gender performance described by West and Zimmerman (1987).

The "tend and befriend" theory of stress response attempts to account for some of the observed gender differences in stress response. In this theory, the physiological "fight-or-flight" response to stress (e.g., increased respiration, heart rate) still occurs in both men and women, but

women behave differently after or during a stressor. Specifically, women "tend" by nurturing and protecting the self and others to promote safety and reduce distress, and "befriend" by creating and maintaining social networks, and further that this disparity is based in evolution (Taylor et al., 2000). Women, with children to nurture and protect, had more to benefit from banding together when confronted with a stressor, while men who generally confronted stressors alone benefited from the adrenaline rush created by the fight-or-flight response. Physiological research has supported this theory. Motzer and Hertig (2004) found that the physiological activation of stress is moderated by oxytocin. Oxytocin is a relaxation hormone that elicits tending behaviors in animals such as nest-building (Pedersen, Ascher, Monroe, & Prange, 1982). In humans, oxytocin release reduces the activation produced by the fight-or-flight response, lowering the heart rate and respiration (Altemus et al., 1995), and enhancing bonding with others (Lee, Macbeth, Pagani, & Young, 2009; Turner et al., 1999). More oxytocin is released in females than in males (Jezova, Jurankova, Mosnarova, Kriska, & Skultetyova, 1996), and the effects of oxytocin are enhanced by the presence of estrogen (McCarthy, 1995), which is found in higher concentrations in women than in men. This research would suggest that although a physiological activation would still occur in both men and women, the presence of oxytocin would temper that activation and encourage bonding with others, which would be enhanced in women.

Taylor and colleagues begin their support of the tend-and-befriend theory with animal studies, which have supported a sex-moderated response to stress (Taylor, 2006; Kudielka & Kirschbaum, 2005). In a review of the literature, Kudielka and Kirschbaum (2005) concluded that in animal studies, there are consistent sex differences in physiological response to stress. Females show higher glucocorticoid levels after a stress response. These glucocorticoids, such as

cortisol, are responsible for the physiological activation – the cause of the increased heart rate and respiration, etc. – in a "fight or flight" response.

However, the research on sex differences in stress response in humans is less clear. Jezova et al. (1996) describes differences in physiological activation in men and women in response to stress. They further hypothesized that these differences may contribute to the development of emotional and other disorders with higher incidence in women (Jezova, Jurankova, Mosnarova, & Kriska, 1996). Kudielka and Kirschbaum (2005) found in their review that some research shows no significant differences in stress response to psychological stress, while other research shows both young and elderly men show higher cortisol (a neurohormone that is produced in the stress response) levels than young or elderly women in response to the same stressor. These stressors included real life tasks such as exams or driving tasks, cognitive tasks, or controlled laboratory stress tests such as mental arithmetic or harassment. They also conclude that the nature of the stressor may impact the stress response, citing several studies that indicated women had greater and more persistent stress responses to marital and social stressors (Kiecolt-Glaser et al., 1998; Stroud et al., 2002).

This more nuanced approach to sex differences in stress response was further supported and described by Vo and Park (2008) in their review. They conclude that the hormonal fluctuations during a female's reproductive cycle also may contribute to differing stress responses. Adler, Huffman, Bliese, and Castro (2005) also found men and women respond differently to stress. Regardless of the cause of these differences, the literature clearly shows males and females have physiological differences in bodily responses to stress – the response systems are not the same for both genders – and may depend on factors such as the nature of the stressor, the female's reproductive cycle, and other factors not yet accounted for.

Turton and Campbell (2005) also provided some evidence after testing the theory using Q methodology and factor analysis with university students, in which females exhibited greater "tend and befriend" responses while males exhibited greater "fight or flight" responses. Smeets, Dziobek, and Wolf (2009) found that men and women showed different effects of stress-induced cortisol responses on cognitive tasks, supporting the theory that men and women have different biobehavioral responses to stress. Females reported greater levels of post-traumatic growth following trauma than do males, and this growth was mediated by social support, an indicator that social support (befriending) may be a beneficial reaction to trauma and stress (Swickert & Hittner, 2009). Gender differences in stress response were even found in infants – when maternal behavior became frightening, female babies tended to approach their mothers more than male infants, providing some support for the theory that female babies utilize more affiliative behaviors in a threatening environment, while male babies attempt escape (David & Lyons-Ruth, 2005).

One important study examining stress and sex differences in a military sample was done by Tarrasch, Lurie, Ranovich, and Moran (2011). This study, examining the integration of women into combat roles in the Israeli army found that women experienced more stress in their basic training than men did, regardless of their type of training, whether it was combat or medical training (Tarrasch, Lurie, Ranovich, & Moran, 2011). They also found that women training for combat roles felt more committed and challenged while facing stress, similar to men training for combat roles, than did women training for more traditional female roles in medicine. They also found that women training for combat roles fit into the masculine sex type in higher percentages than women training for non-combat roles. They hypothesized that women training for combat roles either fit into those roles before joining the military, or moved into the more

masculine sex type as a result of fitting into a traditionally masculine environment. An important distinction is that these women were training for combat roles, rather than experiencing combat through non-combat roles as American female service members have done until the recent policy change. Still, this study invites further research into the impact of gender, sex role, and combat role on stress.

A body of research also describes sex differences in social support, which have generally found that women access more social support than men do (Allen & Stoltenberg, 1995; Ashton & Feuhrer, 1993; Burda, Vaux, & Schill, 1984; Caldwell & Bloom, 1982; Stokes & Wilson, 1984, Reevy & Maslach, 2001), although this support, as Reevy and Maslach describe, is more complex than a simple division by biological sex. The ability to both activate and provide social support is moderated by gender, as Barbee and colleagues describe; women obtain and provide more social support than men (1993). Eagly and Crowley (1986) described sex differences in helping behavior. In their meta-analysis of studies on sex differences in helping behavior, they found that in general, men provided more help than women and women received more help than men, but there was inconsistency across findings, and the type of helping behavior also varied between the genders. They conclude that women generally provided support within close relationships (nurturing behavior), while men provided assistance to strangers in contexts that presented risk to themselves (heroic behavior). Heroic helping behavior may be more recognized in a military context or in a combat environment (such as recognition through medals or awards for valor) than a nurturing helping behavior, which provides further reinforcement of the desirability of traditional male gender performance in the military.

Social support, or affiliation behavior, in women may be a function of the tend-and-befriend theory, as Taylor and colleagues describe (Taylor et al., 2006). It may also be an

influencing factor in tend-and-befriend theory – the social support that is more available and accessible to women encourages them to utilize social support in response to stress. It is important, to note however, that one study has shown that differences in social support are linked to feminine *gender*, rather than female sex (Reevy & Maslach, 2001), which is an important distinguishing characteristic, especially in the population of women in the military. The performance of gender requires that a feminine person (regardless of biological sex) be warm, empathetic and supportive, and also to seek out social support (Reevy & Maslach, 2001), while masculine people are intended to be stoic and self-reliant (Deaux & LaFrance, 1998). Studies on stress response have not included gender, as separated from sex, in their analysis, so it is difficult to ascertain whether differences in affiliative behavior during stress or post-combat can be attributed to biological/physiological differences or social expectations of gender.

There are, however, some limitations to this biological model, specifically, an assumption that differences in response to stress are fundamentally biological, or a function of sex differences in biological effects such as neuroendocrine response. Biological models have an established history in stress response research; Meakins and Wilson studied physiological responses of World War I veterans (Meakins & Wilson, 1918). The difficulty with this biological model is that it blends together "gender" and "sex". Gender refers to socially constructed and organized behavior – feminine or masculine (West & Zimmerman, 1987), while sex refers to biological sex, male or female (Prince, 2005). As Springer, Stellman, and Jordan-Young (2011), gender and sex are not interchangeable as they are frequently used in health and mental health research, and any differences found between sexes should assume these include effects of gender. Biological differences, particularly in neuroendocrine functions, which are a fundamental support of tend-and-befriend theory, are derived at least in part from social

variables (Spring, Stellman, & Jordan-Young, 2011). This is particularly important in research with women in the military, considering the contradictory sociological demands on their performance of gender in a hypermasculine environment. A biologically based theory with support based within research on sex differences can only be considered a beginning point for comparing differences by gender in this population.

In summary, biological sex differences in stress response are complex and nuanced, and may be influenced by the social construct of gender. Both men and women experience a physiological activation in response to stress, which includes an increased heart and respiratory rate and several other physiological effects, which have been called the "fight or flight response". The behavioral response to stress, however, is influenced by many factors, including the cognitive appraisal of the threat, resources available to cope with the threat, the nature of the stressor, and levels of various hormones, including oxytocin. All of these influences may be affected by biological sex, as Taylor (2000) proposes. As Springer, Spellman, and Jordan-Young (2011) caution, however, it is important not to reduce biobehavioral responses to biological sex because gender is a separate and influential factor in an individual's perceptions and experiences. The experiences of females in the military are already complicated by the performance of gender in a non-traditional gender role, and their gender may also influence how they experience and behave in response to stress. Clearly, the intersection of gender, biological sex, military deployment, and stress is a complicated area in need of further study.

**Gender Differences in Coping with Stress**

Lazarus and Folkman (1984) included in their theory of stress and cognitive appraisal the idea of coping. They defined coping as a constantly changing cognitive and behavioral efforts to manage specific threats, and focused on coping as a process. They divided coping strategies into problem –based strategies, such as information gathering, planning and acting, and emotion-

based strategies, such as focusing on the positive side of the problem, disengaging, and seeking support from others. Problem-based strategies are attempts to change or alter the stressor, while emotion-based strategies instead try to alter the cognitions about the stressor or avoid the stressor. However, in situations where the stressor is impossible or very difficult to change or alter, such as combat, emotion-focused coping may be the only acceptable strategy available. In veterans deployed during OEF/OIF, problem-focused coping strategies were not associated with post-traumatic stress disorder, but emotion-focused coping strategies were; this sample, however, included only male service members (Rodriguez & Renshaw, 2010).

Roth and Cohen (1986) further advance the theory of coping strategies by defining "approach" and "avoidance coping". These roughly associate with problem-focused (approach) and emotion-focused (avoidance) coping, though emotion-focused coping can also include appraisal, support seeking, and acceptance. Mattocks and colleagues (2012) utilized three categories when examining the coping strategies of female Iraq and Afghanistan veterans. They describe three categories of coping – behavioral avoidance coping, cognitive avoidance coping and behavioral approach coping, first described by Moos and Schaefer (1993). A person using behavioral avoidance coping engages in activities to distract or replace the stressor, such as substance abuse, gambling, and eating or exercise disorders, among others. Cognitive avoidance coping generally involves isolation or withdrawal. Behavioral approach coping is taking action to deal with stressful experiences or reduce their stress, which can include talking about the experiences or stressors with others, exercise, music, or other strategies. A person in a combat situation, such as a firefight or mortar attack, may not have the opportunity to cope during the event because their focus is on survival. They may attempt to cope with the event after it is over, using cognitive avoidance by withdrawing from social situations, staying in their room, or by

cognitive approach methods, by talking with other service members in their unit, listening to music, exercise, or joking with friends.

Gender differences in ways of coping and responding to stresses has been noted for many years in the literature. Women tend to use more emotion-focused coping than problem-focused coping (Billing & Moos, 1981). A meta-analysis examining gender differences in coping found that women were more likely than men to engage in coping strategies in general, particularly those that involved verbal expressions to the self or others (Tamres, Janicki, & Helgeson, 2002). More recent research has continued this trend, finding gender differences in stress appraisal and coping preferences, both finding that gender is a moderator in stress appraisal and coping (Kaiseler, Polman, & Nichols, 2012; Melendez, 2012).

Coping in combat can include a broad range of activities, and is loosely defined as "any attempt to increase the gap between combat stress and subjective distress" (Shalev & Munitz, 1989, p. 173). This differs from the immediate response to combat in timing – the immediate response is peritraumatic, or occurs during the combat event, while the coping in combat occurs after the conclusion of the event, when the service member is in relative safety. This also differs from long-term coping strategies, those engaged in outside of a combat zone, post-deployment.

Though there is significant literature on coping strategies and gender differences in utilization of those strategies (Billing & Moos, 1981; Kaiseler, Polman, & Nichols, 2012; Melendez, 2012; Tamres, Janicki, & Helgeson, 2002), there is little research done in military populations. The inclusion of women in combat roles in the military has made this area increasingly important. Rosen, Wright, and Marlowe (1999) first began examining gender differences in stress in military populations with Gulf War veterans. They found that female soldiers reported significantly more stress than male soldiers in three areas – anticipation of

combat, operational stress, and personal stress, though they found no differences in psychological symptoms or level of hardiness (Rosen, Wright, & Marlowe, 1999). Contrasting the literature describing gender differences in coping strategies, one study in a military population found no significant differences in coping strategy for men or women training for combat roles or women training for non-combat roles (Tarrasch, Kurie, Ranovich, & Moran, 2011). A recent study on American female veterans found that women described three major coping strategies after returning from deployment: behavioral avoidance, cognitive avoidance and behavioral approach, but did not examine women's immediate coping response to combat during their deployment (Mattocks et al., 2012).

Banyard and Graham-Bermann (1993) examined the literature surrounding coping strategies through a feminist lens and found that much of the research did not represent women's experiences. Many studies treated coping as a concept unrelated to gender, race, or class, in which the participants were male, but conclusions were gender-neutral and intended for both genders. They point out that Lazarus and Folkman, in their research supporting their cognitive appraisal theory, included 100 White men and women in one community, and thus this theory may not include the experiences of people in other groups. Research processes have significantly changed since, and perhaps as a result of, their review, and frequently examine not only women and men, but also include even hormonal or physiological differences such as phase of the reproductive cycle. However, their point remains, when starting to develop theory in this complex area layered with social, behavioral, and physiological gender differences, it is key to begin with the viewpoints of women.

**Combat Trauma and Effects on Mental Health**

Combat can sometimes be considered a traumatic event, as it is defined by Criterion A situations (DSM-IV TR, 2000) – situations in which the person may experience actual or threatened injury or death. Combat veterans, in fact, are one of the first populations in which the effects of trauma were first observed and explored (van der Kolk, Weisaeth, & van der Hart, 1996). Combat has been connected to battle stress for centuries, though it has gone by many different names – "nostalgia", "soldier's irritable heart", and "shell shock" (Yarvis, 2013, p.85) After the Vietnam War, combat was linked to post-traumatic stress disorder (Foy, Sepprelle, Rueger, & Carroll, 1984; Yarvis, 2013). However, despite many years of exploration in this area, there are many unanswered questions about the effects of combat trauma, and importantly, how it affects veterans differently. Much research over the years has shown that exposure to combat is a predictor of acute and chronic stress reactions and disorders (Wolfe, 1993). There is substantial literature on negative consequences of combat deployment, including post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, substance abuse, and other physical, mental, and psychosocial problems in veterans returning from Iraq and Afghanistan (DVBIC, 2013; Gade & Wenger, 2011; Hoge, Auchterlonie, & Milliken, 2006; Kulka et al., 1990; Schnurr et al., 2010; Seal et al., 2007; Tanielian & Jaycox, 2008; Thomas et al., 2010; Yarvis, 2013).

Combat deployment has been connected with some significant mental and physical health concerns in the literature, which may be interrelated. Seal et al., (2007) found that 25% of veterans seen at the VA between 2001 and 2005 (the first 4 years of war in Afghanistan) received a mental health diagnosis, and more than half of those 56% had two or more distinct mental health diagnoses. Seal et al. (2009) later found that the mental health diagnoses had increased; 36.9% of veterans entering VA health care from 2002 to 2008 received mental health

diagnoses; 21.8% received PTSD diagnoses, and 17.4% received depression diagnoses. Women received more depression diagnoses than men (Seal et al., 2009). These high rates of PTSD and depression were corroborated by Schell et al (2011), who also found a high rate of PTSD and depression in OEF/OIF veterans in New York. Vanderploeg et al. (2012) found that deployment-related traumatic brain injury was associated with PTSD, depression, anxiety, and other symptoms. Combat exposure in particular was linked to PTSD and post-concussive symptoms and non-concussive symptoms, such as indigestion and headaches (Vanderploeg et al., 2012). In a sample of 339 OEF/OIF veterans at the San Diego VA, 64% of veterans screened positive for PTSD, depression, or substance and alcohol abuse (Baker et al., 2009). Over 11% of OEF/OIF veterans registering at the VA from 2001-2009 received a substance or alcohol abuse diagnosis, or received both; 10% received alcohol abuse diagnoses, 5% received substance abuse diagnoses, and 3% received both (Seal, Cohen, Waldrop, Cohen, Maguen, & Ren, 2011). Further, they found that these diagnoses were 3-4.5 times more likely in veterans with PTSD and depression. The physical health issues faced by Iraq and Afghanistan veterans include hypertension and chronic pain, PTSD and depression, and psychosocial risks including marital instability, employment problems, financial problems, social isolation, and legal problems (Spelman, Hunt, Seal, & Burgo-Black, 2012). This is only a portion of the substantial research that describes mental health sequelae of deployment in Iraq and Afghanistan veterans.

There are also psychosocial issues of Iraq and Afghanistan veterans described in the literature that include economic problems, relationship problems, employment or education problems, social functioning, productivity, community involvement, self-care, divorce, dangerous driving, increased anger control problems, homelessness, and increased substance use (Elbogen, Johnson, Wagner, Newton, & Beckham, 2012; Hamilton, Poza, Hines, & Washington,

2012; Sayer et al., 2010; Spelman, Hunt, Seal, & Burgo-Black, 2012). Sayer et al. (2010) found that 40% of sampled OEF/OIF combat veterans "reported "some" to "extreme" difficulty in social functioning, productivity, community involvement, and self-care. One third reported divorce, dangerous driving, increased anger control problems or increased substance use since deployment. Veterans also make up a disproportionate percentage of the homeless population, and female veterans are four times more likely to be homeless than non-veteran women (Hamilton, Poza, Hines, & Washington, 2012). Financial difficulties may also be a consequence of PTSD; recent research found that probably depression, PTSD, and traumatic brain injury were associated with financial difficulties (Elbogen, Johnson, Wagner, Newton, & Beckham, 2012). It is not yet clear how these psychosocial issues may be related to combat exposure, but they are found at alarming levels in Iraq and Afghanistan veterans.

Some veterans develop a host of psychological difficulties, while others complete multiple tours with few ill effects, and still more don't develop symptoms until years after the combat deployment (Horesh et al., 2010). The risk and protective factors and trajectories of PTSD, for example, among other mental health effects, isn't yet completely understood (Renshaw, 2011). For example, research is only beginning to show that there is heterogeneity in trajectories of PTSD post-deployment (Berntsen et al., 2012). Other potential risk or protective factors include personality traits (Caska & Renshaw, 2013), a traditional machismo and caballerismo culture (Herrera, Owens & Mallicnkrodt, 2013), injury during deployment (Taber & Hurley, 2009), preparation for deployment, level of combat experience, and perceived threat (Renshaw, 2011), post-battle experiences (Renshaw, 2011; Vogt et al., 2008), and killing in combat (Maguen et al., 2012). Recent research has hypothesized that there are many stressors in a combat deployment which can be associated with negative mental health effects (Vogt et al.,

2011). The literature clearly shows that experiences during combat or after battle are a predictor of post-deployment mental health and are associated with mental health problems post-deployment, but exactly what aspects of combat exposure trigger these issues remains unclear.

The majority of the research describing mental health consequences of combat, such as PTSD, includes samples that are overwhelmingly male (Vogt, Samper, King, King & Martin, 2008; Vogt et al., 2011; Wolfe, Brown, & Kelley, 1993). For example, a research article that has been cited 825 times describing the mental health problems of veterans returning from Iraq and Afghanistan (Hoge, Auchterlonie, & Milliken, 2006) includes a sample of approximate 90% male and 10% female veterans. This is certainly understandable: male service members make up the majority of the armed forces – women make up only about 15% (WIMSAMF, 2010). In addition, female service members have until recently not been permitted in combat positions. Male veterans, therefore, were often exposed to combat experiences at a higher frequency and intensity than female veterans, because of the nature of their role within the military and the policies that have restricted their service.

It is clear that female veterans are experiencing mental health consequences of deployment and combat, including PTSD, depression, suicide, difficulty with reintegration, and homelessness (Boyd, 2013). The literature describing gender differences in mental health after combat deployment is mixed. Some studies indicate that women may be more vulnerable than men to post-deployment mental health concerns (Haskell et al., 2010; MHAT-IV, 2006), including PTSD (Tanielian & Jaycox, 2008; Smith et al., 2008). Wolfe, Brown, and Kelley (1993) found that female Persian Gulf veterans were more symptomatic in response to wartime stressors, which complemented a similar study done with Israeli women in the Persian Gulf which found greater rates of anxiety and depression in women than men (Ben-Zur & Zeidner,

1991). Hoge et. al (2006) found that Operation Iraqi Freedom returnees also showed differences by gender; 23.6% of women reported a mental health concern compared to 18.6% of men. Another study found that post-deployment presumed PTSD was 2.5 times greater for women than for men (Skopp et al., 2011). Another indicates that women were *less* likely to screen positive for PTSD (Haskell et al., 2010). A recent study found that male service members experienced more combat, but there was a slightly higher rate of PTSD in female veterans (Woodhead, Wessely, Jones, Fear, & Hatch, 2012). It is clear that combat exposure is a strong predictor of post-deployment PTSD and depression in women (Luxton, Skopp, & Maguen, 2010).

Other recent studies, however, have not detected significant differences in mental health by gender after a deployment to Iraq or Afghanistan. Many studies have found that male and female veterans deployed to OEF/OIF do not differ considerably in the rates of PTSD caseness or symptomatology following deployment (Kang & Hyams, 2005; LaPierre, Schwegler, & LaBauve, 2007; MHAT-IV, 2006; Rona et al., 2007; Seal, Bertenthal, Miner, Sen, & Marmar, 2007). One study found that 12% of female OIF soldiers and 13% of male OIF soldiers (and male Marines) met criteria for PTSD following a deployment (MHAT-IV, 2006). Similar results were found in a UK Armed Forces sample (Rona et al., 2007), a sample that included both OEF/OIF veterans (Seal, Bertenthal, Miner, Sen, & Marmar, 2007), and samples of VA (Veterans' Administration) users (Kang & Hyams, 2005). One study looked at gender differences in PTSD at varying levels of combat exposure and found no significant differences between men and women at the low and moderate levels of combat exposure (MHAT-IV, 2006), while the sample of women who had experienced high levels of combat exposure was too small to be statistically significant. A recent study of gender differences in mental health among recently

returned OEF/OIF veterans (Vogt et al., 2011) found no differences in mental health post-deployment. Although it is difficult to draw conclusions from these null hypotheses, it does suggest that gender differences in mental illness as a response to combat stress are not fully understood.

There are many factors of combat deployment that could predict gender differences in mental health post-deployment, including difficult living arrangements or military sexual trauma (Vogt et al., 2011). One considerable factor may be the nature of the combat experience or the perceptions of the service member during his or her combat experience. This research, therefore, provides a beginning step for understanding the differences in the subjective experiences of combat that may affect mental health outcomes post-deployment.

**Conclusion**

The literature clearly shows that women in the military are exposed to combat, though the specific experiences and rate of exposure varies across studies, and that combat exposure is associated with negative mental health effects, which may be affected by gender. Furthermore, there are gender differences in responses to stress – both behaviorally and physiologically. Some theory has been developed on these gender differences, but this has not yet been applied to intensely stressful and historically gendered experiences such as combat. The conflicts in Iraq and Afghanistan, and women's expanded role in combat in these conflicts, provide a unique opportunity to examine gender differences in response to extremely stressful experiences.

Knowledge of how men and women think about their combat experiences could inform both theory and treatment of post-deployment mental health. It is necessary, therefore, to begin generating knowledge about how women in particular think about their combat experience, and how this compares to men's experiences of combat in OEF/OIF. It is a next step in developing theory about gender differences in response to trauma and stress, and could be a beginning for

developing gender-specific treatments for post-deployment mental health. Finally, it also adds to the growing literature calling for gender-specific health care available to female veterans both within and without the VA health care system. A recent policy change allowing women to begin entering combat positions in the military has made this research more critical – to address how women might adapt to the new combat positions, it is essential to understand how female veterans define, describe, and consider combat in these current conflicts.

## Chapter 3: Methods

### Introduction and Overview

The purpose of this study is to systematically explore the combat experiences of female veterans of Iraq and Afghanistan, and to compare them with male veterans' experiences. With a greater number of women experiencing combat in the current conflicts in Iraq and Afghanistan, it is important to understand how they describe their combat experience and how this may differ from descriptions by male veterans. This chapter describes the study's rationale for research approach, and includes a description of the research sample, the research design, data collection, data analysis, and some limitations to the research design.

### Rationale for Research Approach

Combat is an intense experience, an event (or series of events) that is so far out of the normal range of human experience that it can often trigger chronic mental health conditions such as post-traumatic stress disorder (PTSD). This experience doesn't lend itself easily to quantitative descriptors, as Wolfe, Brown, and Kelley (1993) described in their study of Persian Gulf veterans. They found that a single dichotomous measure of exposure to combat was insufficient for calculating traumatic exposure, and more qualitative measures were necessary. They further described the need for measures that were more sensitive to female veterans' experiences of combat. To examine such an intense and potentially life-altering event, a greater depth of study is required. Patton (2002) describes qualitative research as the appropriate method when asking questions about people's experiences (p. 33). Because the research questions focus on the experience of combat, a qualitative, in-depth design was required to determine themes and a rich description of the experience. However, the literature review indicated that experiences of combat may differ, particularly depending on the intensity and frequency of the combat experience – some veterans may have experienced frequent and intense combat and others may

not, so it was necessary to gather some quantitative data about the participant's level of combat exposure. Teddlie and Tashakkori (2009) describe a continuum of mixed methods research, in which many studies use primarily one research method, in this case qualitative methods, but also include some components of the another research method, placing them within the "mixed methods" category. This study was primarily qualitative, as it focused on the experiences of combat, but also included some quantitative data about the level of combat exposure for categorization and comparison, therefore making it a "mixed methods" study by their definition. To determine combat exposure, a survey tool – the Deployment Risk and Resiliency Inventory – was also used in the research.

Previous qualitative research with or about veterans of OEF/OIF has been conducted using a variety of methods, including open-ended survey questions (Finley et al., 2010), focus groups (Graf, Miller, & Freeman, 2010), in-depth interviews (Hannold, Freytes, & Uphold, 2011; Jeffreys, Leibowitz, Finley, & Arar, 2010). The proposed research requires a balance between obtaining deep, rich descriptions of experience, and providing sufficient privacy for the participants to feel comfortable talking about as difficult a subject as combat. For this reason, in-depth individual interviews were conducted with participants. This approach allows participants the privacy of an individual appointment, rather than a group setting, while providing the researcher with rich data not available from surveys.

**Research Sample**

The research sample includes 5 male and 12 female veterans of Operations Iraqi Freedom and/or Enduring Freedom (the conflicts in Iraq and Afghanistan, referred to as OEF/OIF). The research focuses on women's experiences of combat, so female veterans were the primary target. A sample size of 12 female veterans was selected based on previous samples used in qualitative research with veterans. Previous research with veterans using in-depth interviews has used

similar samples between 8 and 23 veterans (N=8 veterans, Hannold et al., 2011); (N=23 veterans, Jeffreys et al., 2010); (N=19 veterans, Schok, Kleber, & Boeije, 2010); (N=19, Mattocks et al., 2012). A smaller sample of 5 male veterans was also included to provide comparisons for the female veterans' experience descriptions. The sample was stratified to ensure data was collected from both male and female veterans who experienced a range of levels of exposure to combat. The Combat Experiences Scale from the Deployment Risk and Resiliency Inventory was used to categorize the veterans into sampling strata. Previous research has also compared subsamples of participants based on various criteria (Schok, Kleber, & Boejie, 2010). Vogt et. al (2011), also compared male and female OEF/OIF veterans' experiences across several levels of combat exposure (Vogt et al., 2011). Furthermore, the Mental Health Advisory Team (MHAT) reports which analyze the mental health needs of troops currently deployed also divides combat exposure into three exposure levels (MHAT-IV, 2006).

Non-randomized, purposive sampling was used to elicit participants with specific characteristics (Patton, 2002). The sample was recruited from the VA Medical Center at East Orange, and includes veterans who served in both active duty and reserve components. Inclusion criteria for the study are set so the sample included 1) participants who are English-speaking and 2) OEF/OIF veterans. Participants were not specifically included or excluded on the basis of a mental health diagnosis (depression, anxiety, post-traumatic stress disorder), or substance use or treatment.

Participants were recruited through several methods. Participants were primarily recruited through 219 letters sent between December 2011 through December 2012 to male and female Iraq and Afghanistan veterans registered at the VA in East Orange. These veteran names were drawn from two databases, one of WRIISC veterans who had agreed to be contacted for

research, and one of veterans who were contacted to participate in a separate study. The recipients of these letters were then contacted via phone, and the researcher explained the study in detail and made appointments for interviews. Three subjects were also recruited through snowball methods by other participants or were referred from other studies being completed at the WRIISC. When potential participants were reached by phone, the study was explained in detail and participants had the opportunity to ask questions. After explanation, the researcher and participant set an appointment interview time to meet at the East Orange VA for the interview. Thirty one veterans scheduled appointments to participate, and 17 veterans completed those appointments, providing the sample for the study.

The sample was fairly diverse in several ways, and included veterans from active duty and reserve components, as well as from each of the branches, except the Coast Guard. Included in the sample were veterans from the Air Force, Army, Navy, and Marines. Veterans in the sample also had a variety of roles within the military. Some participants worked in finance, logistics, military police, communications, transportation, and some of the male participants were from combat arms. Participants were African American, Asian or Pacific Islander, Hispanic, and Caucasian.

**Instruments**

Two instruments, a semi-structured interview guide and a Combat Experiences Scale, were used in this research. Initially, a literature review was conducted to study the contributions of other researchers in this area and the contribution the research would make to advance knowledge. An interview guide was developed to ensure the information captured in the interview would answer the research questions, while allowing the veteran the freedom to tell their own story. The interview guide was initially developed using the literature review, and contained 23 open and closed-ended questions. This was reviewed by several individuals well

versed both in qualitative methods and with the veteran population, and was revised. It was then reviewed again with two combat veterans of Iraq and/or Afghanistan, to ensure the interview questions would elicit the information required and to identify additional lines of inquiry. The final interview guide is included as Appendix A.

The interview guide included 17 open-ended questions in 5 general categories. The first category was "Definition of Combat", which attempted to elicit how the participant defined combat, how they define a combat veteran, and whether they consider themselves to be a combat veteran and why. The next category was "Most Significant Combat Experience" and captured the veteran's description of their most significant combat experience, why it was most significant, and the best and worst parts about it. The next category was "Direct Vs. Indirect Combat Experience", which described the veteran's descriptions of a direct combat experience, an indirect combat experience, and the veteran's comparison of the two, if applicable. The fourth section was "Dealing with Combat Experience" and obtained data about the veteran's thoughts, feelings, actions, and bodily responses to combat as well as their coping responses immediately after the event was over. The final section dealt with gender differences in combat, and attempted to capture the veteran's perceptions of differences between men and women in combat, how combat has shaped their gender role, and "most important" information about combat for others of either gender.

After consenting, participants completed several scales from the Deployment Risk and Resiliency Inventory (King et al., 2006), which took approximately 20-30 minutes. These scales were chosen because they are  the only scales validated for the current cohort of veterans to use female service members in the validation studies (Sternko, 2011), and the inventory has been validated with OIF veterans (Vogt et al., 2008) veterans The survey data allowed the researcher

to compare descriptions of combat by gender, but also by low, moderate, or high combat exposure and post battle exposure level. The survey has not been validated specifically in OEF veterans, but has been shown to be valid and reliable in other cohorts of veterans, including French-Canadian veterans (Fikretoglu, et al., 2006). Only one other measure was developed with female veterans in mind, but was focused on Vietnam Veterans (Women's Wartime Stressor Scale (Wolfe et al, 1993), and so was not considered for this research.

The first scale used was the Combat Experiences Scale, which is intended to capture exposure to stereotypical warfare experiences "such as firing a weapon, being fired on (by enemy or friendly troops), witnessing injury or death, and going on special missions and patrols that involve such experiences" (King, King, & Vogt, 2003). This scale included 15 dichotomous items, and scores were summed to create a total. Questions included, "I went on combat patrols or missions" and "My unit engaged in battle in which it suffered casualties". Range of scores was 0-15; higher scores indicated greater exposures to stereotypical combat situations. In the validation sample, men averaged 4.13 combat experiences (SD=3.5), while women reported 2.18 combat experiences (SD=4.0), which was statistically significant ($p<.001$) (King, King, & Vogt, 2003). In the validation study, this scale had a mean of 3.12 (SD=3.31), and an alpha of .85 (King, King, & Vogt, 2003).

The next scale used was the Aftermath of Battle scale, which was intended to capture "more objective war-zone events, such as exposure to human remains, dealing with POWs, and observing other consequences of war, such as devastated communities, and homeless refugees" (Vogt et al., DRRI Manual, p 6). This scale also included 15 dichotomous items, and scores again were summed to create a total. Some of these items were "I took care of injured or dying people" and "I saw the bodies of dead civilians". The range was 0-15; again, higher scores

indicated more exposure to war-zone events and circumstances. In the validation sample for this scale, men averaged 6.05 (SD=4.4) types of post-battle experiences, while women reported 5.12 (SD=7.2), which was also significantly different ($p<.05$) (King, King, & Vogt, 2003). This scale obtained an alpha of .89 in the validation study (King, King, &Vogt, 2003).

**Data Collection**

All interviews were conducted in person by the researcher at the East Orange VA, in a private office. All participants gave informed consent, and consented to participate in the research and have their interview tape recorded for transcription. The researcher obtained both initial and continuing approval from both the Rutgers IRB and the East Orange VA IRB for the research.

During the research appointment, the researcher would greet the veterans at the front desk of the floor and lead them to a private office. The researcher began the appointment by explaining the nature of the study once more, and answered any questions posed by the participants. After the initial greeting, participants completed consent paperwork, which detailed the study, benefits and risks, and provided contact information for the researcher, and a VA representative. Participants all received a copy of the consent form. After completing consent paperwork and enrolling in the study, participants completed a set of self-report questionnaires, which were part of the Deployment Risk and Resiliency Inventory, which took approximately 20-30 minutes.

After completing the self-report questionnaires, participants engaged in a semi-structured, open-ended interview with the researcher about their combat experiences and their readjustment after those experiences. The interview guide is attached as Appendix A. These interviews were tape recorded and transcribed for analysis. Interviews lasted between 45-75 minutes. All participants received contact information to contact the researcher after the interview is

concluded and were requested to contact the researcher if they had any questions, or if there was other information that was not addressed in the interview that they wanted to share with the researcher.

The interviews were then transcribed verbatim by the researcher. Transcripts of the first three interviews were sent to several committee members (Dr. Beth Angell, Dr. Patricia Findley, and Dr. Sarah McMahon) for review. This was intended to ensure that the researcher was able to capture the data sought and that the interview technique did not influence the participants' responses. All of the committee members approved the interview technique.

**Data Analysis**

The semi-structured interviews were chosen for the primary method for data collection because of their ability to elicit rich descriptions and a more detailed understanding of the intensity of combat. Data from the interviews were transcribed for analysis, and the researcher used Atlas.ti software (Scientific Software Development, 1997) for coding and organization. Quantitative data from the self-report questionnaires was analyzed using t tests to determine significant differences by gender. This data was also used to sort descriptions into categories for comparison purposes.

The first step of data analysis was transcribing the interviews. This process required the researcher to first conduct the interview, then listen through the transcription once to ensure the entire interview was captured, then listen to it once more while doing the transcription, then listen to it a third time to confirm the accuracy of the transcription. By transcribing the interviews, the researcher reviewed the data from each interview at least three times, developing a deeper understanding of the data. Because the researcher becomes the instrument in qualitative research, this extensive review of the data assisted in a thorough data analysis.

A framework for coding the data was developing from the interview guide, and intended to capture several areas of the combat descriptions. The coding frame developed from the interview guide included:

- Definition of combat
- Definition of a combat veteran
- Self-identification as a combat veteran
- Type of combat experience
- Adjective descriptors of the combat experience
- Thoughts or feelings during combat
- Bodily responses during combat
- Actions or behaviors during combat
- Coping behavior immediately following combat experience

The researcher used "general inductive analysis" approach outlined by Thomas (2006). In this approach, the data analysis is guided by evaluation objectives, which identify the domains to be investigated, and the analysis is carried out through multiple readings and interpretations of the data (Thomas, 2006). The researcher then coded the data in each area of focus generated from the interview guide through open coding (Strauss & Corbin, 1998). Open coding allows the researcher to examine and organize the data by similarities and differences. Once open codes were generated, the next step, axial coding, was completed, grouping similar codes together. Finally, the selective coding was used to collapse these groups into the broader themes (Strauss & Corbin, 1998). Result tables are constructed to display both the codes and the broader theme under which they fall. For example, a female veteran described a scene in which she picked up human body parts. This was coded as "handling human remains", but fell under the larger theme

of “witnessing”. The researcher, however, did not continue in Strauss and Corbin’s “grounded theory” method, as the purpose of the research was not to develop theory.

The next steps were to interpret meaning from the codes developed, and compare across subgroups. Patton describes this process generally as “content analysis” or “attempts to identify core consistencies and meanings” (Patton, 2002, p. 453). The researcher collected and examined the coded meaning units to identify patterns, determining themes that reached across narratives. This was done in several steps, in order to compare themes generate from male and female veterans’ interviews. First, the codes developed from the female veterans’ narratives were collected and analyzed. Next, the codes from the male veterans’ narratives were analyzed separately. After men’s and women’s interviews were analyzed separately, the themes for both were compared. The purpose of the research was to identify differences and similarities in themes generated from men’s experiences and women’s experiences. The researcher examined the identified themes for each gender and identified similarities and differences. This process was repeated, dividing subgroups for comparison by combat exposure level instead of gender, comparing themes developed from narratives of veterans with low combat exposure, moderate combat exposure and high combat exposure. Counts of code occurrences in each category were used to support conclusions made about similarities or differences, using this approach.

After all the interviews were completed and analyzed, the researcher conducted a “member-check” of the findings with two female participants and one male veteran who did not participate in the research but met all eligibility criteria. These member checks were used to verify that the findings from the research accurately represent the experiences of veterans of Iraq and Afghanistan.

**Ethical Concerns**

Combat is obviously an intense and upsetting experience; one that can trigger psychological concerns such as post-traumatic stress disorder. Even describing a combat experience can be intense and can cause psychological distress. The researcher was prepared for the possibility that an interview about combat experience may provoke psychological distress in participants, and worked to prevent or minimize this response as much as possible. Interview questions were reviewed with combat veterans prior to initiating interviews to ensure questions are not triggering or inflammatory, and that the risk of triggering psychological distress in participants is minimal and acceptable. Potential participants were informed of the nature of the study before agreeing to participate in the consent process. All participants received information about the study and had the opportunity to ask questions and have their questions answered through the informed consent process. Participants were informed and reminded that they may refuse to answer any question or terminate the interview at any time without penalty. Participants were also informed that their answers were confidential and could neither help nor hinder any disability claims or benefits provided by the VA system. All interviews took place at the VA Hospital in East Orange, which is equipped with both an emergency room and psychologists on call who are familiar with psychological distress in veterans.

**Trustworthiness**

Credibility and confirmability are closely tied in establishing trustworthiness for mixed methods, and particularly qualitative research (Patton, 2002). The researcher has endeavored to establish credibility in this study in several ways, through repeated exposure to the data (conducting, reviewing, and transcribing all interviews), multiple checks with combat veterans to establish confirmability, and through locating herself as a researcher closely to the target

experience to engage participants in telling their story, but far enough removed to maintain objectivity and establish the primacy of the participant's experience without interjecting her own.

The researcher established confirmability through multiple checks with OEF/OIF combat veterans, the target population of this study. These checks increase the systematic rigor of the study by confirming the findings with members of the study population (Patton, 2002). First, the researcher reviewed the interview guide with two veterans of Iraq and Afghanistan prior to initiating interviews. The research findings were also reviewed with one female participant and one male veteran who met eligibility criteria to provide additional member checking.

The research also establishes trustworthiness in this area of research because of her personal situation, which adds a measure of credibility through semi-heuristic inquiry. McCracken (1988) argues that a researcher's deep familiarity with the culture under study can dull the investigator's observational powers but can also provide the researcher an "intimate acquaintance", thus giving an analytical advantage. The researcher in this study is an active duty military spouse whose husband has completed two combat tours to Iraq and Afghanistan prior to the start of this research and a third to Afghanistan during the research and data analysis. Though this does not fall clearly into the realm of heuristic inquiry, the experiences of interest have clearly impacted the researcher's life as a military spouse. Though not an examination of self-experience as is the case in true heuristic inquiry, the closeness of the experience lends a level of credibility that a person who is otherwise unaffiliated with an Iraq or Afghanistan veteran would not have, while still maintaining a measure of objectivity that is important in qualitative research.

It is important to note that the researcher did not disclose any personal connection with the military prior to or during the interview process. Patton (2002) describes the importance of balancing neutrality with establishing rapport. He states "rapport must be established in such a

way that it does not undermine my neutrality concerning what the person tells me" (p. 365). To avoid any potential bias, the researcher chose not to disclose any military affiliation prior to or during the research process; participants could bias the information they choose to disclose in an interview if they knew the interviewer had a personal connection to a combat veteran to gain perceived approval or avoid disapproval by the interviewer. For example, a female veteran may chose not to disclose sexual harassment by her male coworkers for fear it would offend the interviewer/researcher. Although the researcher's personal connection with the military was a valuable asset in outlining and guiding the interview, the potential for bias made it necessary to avoid disclosure before or during the interview.

## Chapter 4: Results

### Sample Description

Table 1 presents the counts of types of combat experiences and post-battle experiences of male and female veterans in the sample, from the Combat Experiences and Post-Battle Experiences Scales of the DRRI. It categorizes the variety of these experiences into low, moderate, or high exposure. It is important to note that these scales do not capture the frequency of combat or post-battle experiences, but whether the veteran had been exposed to different types of combat or post-battle experiences. A veteran, for example, may have gone on many missions or patrols, but would only count this as one type of experience. Veterans with high scores in combat experiences or post-battle experience have been exposed to a greater variety of these types of experiences than veterans with lower scores.

Both male and female veterans in the sample reported a range of experiences in the objective experience scales; some were exposed to only a few combat or post-battle experiences, others were exposed to every type of combat or post-battle experience. Female veterans report a range of 0-11 types of combat experiences, while male veterans reported a range of 1-15. Female veterans also reported a range of 0-12 types of post-battle experiences, while males reported the full range of 0-15. Female veterans also reported more types of post-battle experiences than combat experiences, while male veterans reported more types of combat experiences than post-battle experiences. The results are listed in Table 1.

**Table 1. Participant Gender, Combat and Post-Battle Experiences**

| **Participant** | **Gender** | **Combat Experiences Score** Range (0-15) | **Combat Experiences Category** Low 0-4, Moderate 5-9, High 10-15 | **Post-Battle Experiences Score** Range (0-15) | **Post-Battle Experiences Category** Low 0-4, Moderate 5-9, High 10-15 |
|---|---|---|---|---|---|
| 14 | Female | 0 | Low | 1 | Low |
| 10 | Female | 0 | Low | 4 | Low |
| 13 | Female | 0 | Low | 9 | Moderate |
| 1 | Female | 1 | Low | 1 | Low |
| 5 | Female | 2 | Low | 0 | Low |
| 6 | Female | 2 | Low | 5 | Moderate |
| 16 | Female | 3 | Low | 11 | High |
| 11 | Female | 5 | Moderate | 0 | Low |
| 3 | Female | 5 | Moderate | 2 | Low |
| 7 | Female | 6 | Moderate | 12 | High |
| 17 | Female | 10 | High | 12 | High |
| 4 | Female | 11 | High | 6 | Moderate |
| 9 | Male | 1 | Low | 15 | High |
| 8 | Male | 3 | Low | 15 | High |
| 15 | Male | 10 | High | 8 | Moderate |
| 12 | Male | 14 | High | 0 | Low |
| 2 | Male | 15 | High | 1 | Low |

Table 2 further describes tests of difference between the genders on these scales. The total sample reported an average of 5.17 types of combat experiences (SD=5.0) and 6 types of post-battle experiences (SD=5.45). The female veterans averaged fewer types of experiences of combat (M=3.25, SD=3.77) and post-battle experiences (M=5.75, SD=4.69) than the male veterans (M=8.6, SD=6.3; M=7.8, SD=7.26, respectively), though there was significant variance. There were no significant differences between men and women on either of the scales. Because the sample size was very small, a Mann-Whitney U test was conducted to detect a statistical difference between male and female veterans' combat experiences and post-battle experiences scores. No statistically significant differences were found.

Table 2

*Tests of Differences in Gender and Experiences*

*(with Standard Deviation in Parentheses)*

| Experience | Gender | | | | | |
|---|---|---|---|---|---|---|
| | Female (*n*=12) | Male (*n*=5) | Total | *t* | *Df* | *P* |
| Combat Experiences | **3.75 (3.77)** | **8.6 (6.3)** | **5.17 (5.0)** | 1.98 | 15 | .07 |
| Post-Battle Experiences | **5.25 (4.69)** | **7.8 (7.26)** | **6 (5.45)** | .62 | 15 | .55 |

The first research question examined how female veterans of Iraq (OIF) and Afghanistan (OEF) described their experiences in combat. This included their definition of combat and a combat veteran, and their descriptions of events they considered to be their most significant combat experience, such as what types of events, descriptive adjectives regarding combat, and their thoughts, feelings, behaviors and responses to the combat situation.

**Defining Combat and Combat Veterans**

Combat is officially defined by the Veterans' Administration as service in a hazardous duty zone (Department of Veterans Affairs, 2007). Veterans themselves, however, have heterogeneous definitions of what "combat" is and how to define a "combat veteran". Several themes emerged in the veterans' definitions of combat, which are outlined in Table 3. The most common definition of combat was "feeling threatened", regardless of the circumstances. Most female veterans (9 of 12) identified feeling threatened as all or part of their definition of combat. One participant described combat as "any kind of confrontation that you or your team is in

danger. Any kind of hostility. Doesn't always lead to you know fire but you can have situations where you had to employ the rules of engagement of war."

| **Table 3. Definition of Combat for Male and Female Veterans** | | | | |
|---|---|---|---|---|
| **Participant** | **Gender** | **Combat Experiences Score** | **Combat Definition/ Secondary Combat Definition** | **Self-Identification as Combat Veteran** |
| 10 | Female | 0 | Location/Deployment | Yes |
| 13 | Female | 0 | Location/Threat | Yes |
| 14 | Female | 0 | Threat | No |
| 1 | Female | 1 | Threat | No |
| 5 | Female | 2 | Witnessing/Location | "Technically" |
| 6 | Female | 2 | Location/Deployment | Yes |
| 16 | Female | 3 | Threat | Yes |
| 3 | Female | 5 | Witnessing/Threat | Yes |
| 11 | Female | 5 | Threat/Location | "Technically" |
| 7 | Female | 6 | Witnessing/Threat | Yes |
| 17 | Female | 10 | Location/Threat | Yes |
| 4 | Female | 11 | Deployment/Threat | Yes |
| 9 | Male | 1 | Threat | Yes |
| 8 | Male | 3 | Action | No |
| 15 | Male | 10 | Threat/Action | Yes |
| 12 | Male | 14 | Action/Threat | Yes |
| 2 | Male | 15 | Threat/Action | Yes |

** Two veterans emphasized that they were "technically" combat veterans because they deployed to a combat zone, but they would not describe themselves as combat veterans.*

Another common theme that emerged when participants defined combat was location in a combat zone, regardless of threat, action, or circumstances, following the VA definition of

combat. Seven of the twelve female participants included location in a combat zone or deployment in their definition of combat.

> "If you're in a red zone, deployment I mean, if you're just in any deployment where there's no harm or anything just doing the daily activities, but to be aware of your surroundings at all times of being attacked, that to me is considered combat. Whether you're attacked or not".

A third theme was witnessing war, including fighting, people being injured or killed, or the aftermath of war, such as blown up trucks, human remains or body parts. Three female veterans included witnessing or being exposed to these experiences as part of their definition of combat.

> "Like people who go outside the gate and see the fighting and see the shells and see the people and things like that like we did, that's combat. […] Blown up trucks from another convoy, um people being injured from another convoy, things like that. Things in rubble…"

One female veteran initially described a combat veteran as someone "who actually had to fire had to fire their weapons against someone and they had to get fired their weapons back in return and you know people were injured", but after consideration, revised her definition to include "anybody that was actually in a war zone". Other than this incidence, no female veterans defined "combat" or "combat veterans" in terms of action.

**Self-identification as a combat veteran**

Most female veterans (8 of 12) identified themselves as combat veterans, because of their exposure to the risk of injury that comes from being located in a hostile area, though some were more tentative than others. Two female veterans defined themselves as exposed to combat or

"technically" combat veterans because they deployed to a war zone and yet not combat veterans because they weren't "out there" and didn't fight "hand to hand", because other people were more exposed to danger in comparison to themselves.

> "I mean I suppose I feel a little more justified 'cause I went out on those mission and I was more exposed but my second deployment I didn't really feel like one [a combat veteran]. I was just there, I you know, I stayed on the FOB and yeah I mentored and all that stuff but I guess you know like I said, technically yeah I am but…"

> "Guys and women that are out there on patrols are at much higher risk, so you know. Like I don't, technically I'm a combat veteran, but I don't really consider myself having been in combat."

> "I guess I really don't [consider myself a combat veteran] because I like I wasn't out there. You know like I really wasn't exposed to it because … when my unit came back they told me like … a week before they came back, they got hit by where we sleep, we're pretty close to the border of … the place where the sergeant and the commander lived like that part got hit, like you know, *they* were really exposed."

Two female veterans downgraded their experiences in reference to what they viewed as a higher level of risk or exposure, and did not identify as combat veterans. They described other service members that had a more active role in combat, which contrasted with their own experiences in supportive positions. One veteran said that she did not consider herself a combat veteran because "we were combat support and I think that you do soldiers a disservice if you say that you are a combat vet and you know that yours was only support."

> "I mean, I am [a combat veteran] in terms of been in a combat zone, but then to be like, I want to say hard-core, or just really call me a veteran, not say I actually fought my way out of a situation, a threat."

Several female veterans felt strongly about their identities as combat veterans, and felt that this role wasn't recognized by other people or by the VA entity, which was frustrating to them. The setting of the interviews in the VA Hospital in East Orange, NJ, made this identity more important, as some of these women felt they were still struggling for recognition or "legitimacy" of their status as a combat veteran within the VA system. One female veteran had been attempting to file a disability claim for post-traumatic stress disorder as a result of her experiences of combat and was frustrated at its rejection. She said, "I've been in these situations. I've seen things, been exposed to things. I mean, I've seen shots fired. I mean, just because I haven't taken a bullet myself doesn't mean I'm not a combat veteran." This identity was important to the female veterans interviewed. Another female veteran described returning from Iraq and entering the VA, and being questioned about calling herself a combat veteran. She was asked what she had done, implying that she hadn't "earned" the identity of a combat veteran, because she was female.

**Describing the combat experience**

One theme that was repeated by many veterans, both male and female, was that each combat experience is unique to the individual. One female veteran said, "I know what it is for me and what I'm dealing with, but what is it in somebody else is not for me to say." Furthermore, if the veteran served in more than one tour, each experience was different, even if it was in the same country. There may be a different location, a different level of technology available, a different mission, and all of these things would affect the combat experience. One female

veteran, who served in two tours in Iraq, 3 years apart, described the two experiences as "vastly different".

> "They were so different. So it's hard to generalize. I think if I would have just gone by one experience or the other oh it's like this that or the other but I know that it can be a world apart depending on where you are in the country, depending on what year it is that you're that if you're gonna be there at the beginning of the war where it's intense or later on when you're maybe not dealing with incoming as much but you're dealing with psychological issues of soldiers with suicide attempts and this and that."

**Types of Combat Experiences Described by Female Veterans**

This theme was also evidenced in the women's own descriptions of their combat experiences. There was a variety of ways they were exposed to combat, described in Table 4. These experiences can be grouped into several broad categories, including experiencing, witnessing, and feeling threatened. Experiencing combat included experiencing mortar, RPG (rocket propelled grenade), and IED (improvised explosive device) attacks, shooting at or being shot at by enemy combatants or by friendly fire. Witnessing involved seeing or hearing over radio transmissions the death or injury of service members, combatants, or civilians; viewing the aftermath of an attack, such as body parts, human remains, or blown up vehicles. Feeling threatened included living with a feeling of constant worry of being attacked by Iraqi civilians, members of the foreign militaries that were being trained, third country nationals or contractors, or from other US service members (in a sexual harassment or assault). The experiences that women described could seem minor, but in the situation, they were very threatening for the veteran. One veteran described finding that the door to her location, which was in a prison and should have been secured, had been left unlocked, leaving her vulnerable. Normally, an unlocked

door would not be considered a dangerous situation, but given her circumstances, it was threatening for her.

Despite the variety of experiences the female veterans had, they described their experiences in similar terms. Many, not surprisingly, described their combat experiences as "scary". Other terms female veterans used were "thrilling", "apocalyptic", "real", "stressful", and "graphic".

> "We had a mini hospital the first deployment, the second deployment we didn't have that so to see some more action like that or bigger issues other than giving cold medicine or you know like physical therapy or pain killers, was more, *exciting*, like I was going to say *adventurous* but that didn't make sense but yeah it was really *thrilling* really to kind of see but at the same time not thrilling 'cause obviously…". "

| Table 4. Types of Combat Experiences of Female Veterans | |
|---|---|
| **Types of Combat Experience** | **Examples** |
| *Experiencing* | |
| Mortars/Rockets/Bombs<br><br>N=8 | • "Being in a base and having mortars and RPGs being sent over the wall and can explode anywhere."<br>• "First I thought I heard a mortar when I first got there, like a couple hours after I got there. It was like BOOM and I was like oh shit already?"<br>• "You hear the siren go off which you already knew that's the siren, ok, you were trained for this. Something's gonna happen, don your protective gear."<br>• "There were actually three mortar rounds that came in."<br>• "Right outside our the gates where we were there would be, they were throwing bombs"<br>• "So it was strange, there was some kind of mortar fire where we used to do our drop offs and um after a while we just considered it normal."<br>• "We were mortared every day."<br>• "We get attacked outside the gate and you could hear mortars every night you go to sleep you could hear the mortars going on, the siren going on, we under attack there was no specific time to go to sleep because sometime you don't feel that you wanna take off your gear because of that." |
| Live fire/attacks (including friendly fire)<br><br>N=3 | • "There were like tiny little almost like like life raft size boats that would go by and shoot at us."<br>• "There was just a whole bunch of us doing tower guard and there was like some kinda special forces crew or something doing recon on the other side of the fence. And nobody told us about it so we started firing at them and they started firing at us…"<br>• "So we were we thought we were getting under attack but one civilian step on a mine and then so we all like we screaming like seek cover get down and then and then we were |

| | |
|---|---|
| | receiving some fire…" |
| Improvised Explosive Devices (IEDs)<br><br>N=3 | • "I hit an IED on my right side so I swung to the left and hit an IED on my left side so I swung back and hit another IED on my right side…"<br>• "It was a vehicle explosion."<br>• "One time I was on another fob and there was a VBIED [vehicle borne improvised explosive device] that hit the front gate and we were just, we were sitting on the porch actually and we just saw this explosion and we were like whoa." |
| *Witnessing* | |
| Witnessing injured/killed service members or civilians<br><br>N=6 | • "I could see, military civilian all kind of people be missing an arm and a leg and disfigured and you could smell, you know blood and everything else like that."<br>• "We were dealing with pirates off the coast of Somalia and they had taken over a merchant ships and basically just I mean we were going back and forth with you know firing shots and just seeing first hand 'cause we were so close that you could see that they had civilians and they were holding guns to them. And we actually did see them like drop dead bodies off the side of the ship and everything."<br>• "I guess there had been a firefight outside, I just saw when they were bringing her out, there was a like two rooms this big and there was just a bunch, just a lot of soldiers, civilians, who were injured. Like, I like, just thinking about it, I can smell the burning skin. […] people that were just screaming because I remember I saw one guy with, he didn't have a leg, some other guys didn't have a arm."<br>• "So we went into one and somebody shot himself. There was blood all over the place, so I don't wanna say it was combat but the fact is, it was related to a gun wound or anything like that."<br>• "We had rolled past a convoy and we had seen a, I don't remember if it was a civilian or a soldier that had a brain injury. And he was uh, he had the grey matter coming out of his ears. It was just horrible to see." |

| | |
|---|---|
| | • "There was one time I was there, there's a local civilian, female civilian. We shot her. That was kinda weird. She was coming to the gate, they gave her ample multiple warnings and didn't stop, kept speeding up, so they had to shoot her and uh that was hard, that was weird." |
| Witnessing/Handling Human remains or Body Parts<br><br>N=2 | • "A vehicle borne IED that had exploded right on the other side of the wall and body parts came over and so we went outside and you know completely did not expect that and you see blood and and matter."<br>• "We have to pick it [body parts] up. I never pick it up actually a soldier of mine or but we did pick it up civilians, especially kids." |
| Witnessing an attack<br><br>N=1 | • "I could see it far in the distance but I wasn't close to it but I heard over the cause I did communications my first deployment so I heard over the radio, the calls, the transmissions being back and forth about what was happening the ambush." |
| Witnessing aftermath of fighting<br><br>N=2 | • "We're there after the fact so we're looking at blown up vehicles and body parts."<br>• "They're you know dead on the side of the road and you keep moving. Didn't think about it during the process while it was happening and what was going on, never thought about it. One more dead guy, one more dead person, let's get to of this sector, let's keep moving, mission first." |
| *Feeling Threatened* | |
| Feeling threatened<br><br>N=5 | • "I worked the main gate, the traffic, well people coming on the base and off the base and you I may have a couple of times run across people that were trying to attempt to get on base that were not.." […]"I just see natives. You don't know if they're friendly you don't know if they.. especially when you hear people, you know you hear stories of other soldiers telling you they don't even you know these people don't even want us here, whey we here, they don't even want us here. So when you hear stuff like that you begin to think like oh my god. You know. Are they gonna get us?" |

| | |
|---|---|
| | • "I'm like oh my gosh I'm I'm pulling security, and we're in the middle of traffic in this highway in Iraq and you know and then it hits me and then I start shaking and my heart starts pounding and I feel like I'm hypersensitive to everything like I'm trying to pick up on everything" […]"The threat like going on convoys all the time and you know it's said repeatedly that over there you don't know who the enemy is so you could be in a vehicle and you know there's just regular civilians on either side and on the streets and doing their thing and you never know if that's a person that wants to harm you or not so you're on such this high alert and stress." […] "When I go I notice the door is cracked open and I said oh my gosh if that wouldn't have happened, I wouldn't have known and god knows that they were plotting in there."<br>• "We were then tasked out to guard the DFACs [dining facilities] and the various main gates and whatnot, um so, you did see people come and go you saw Iraqi s come and go because they came on post to cut hair and just do various things, so yeah, you know there were some encounters so you always just felt you know, are they going to sneak me, but it wasn't that we had to actually fire at them, but so you had to be cautious and maintain security."<br>• "Especially in the dark, dealing with a lot of third world nationals and other contractors, US and third world, they could potentially threaten you at any time."<br>• "Even on our secure base we had several situations where our I think it was .. trying to think of the politically correct word for them. We had nationals from every place you know that came and did our contract work and um I you know there was hostility.[…] we had uh, incidents where they opened fire, tried to come in to our secure area and our outposts." |
| Training foreign military members<br><br>N=4 | • "(JS) And that training is something you consider to be combat? (P) Oh yeah, cause you're training them, you have to get to and from their location, so that's a threat. You know, you go on some missions with them to see how they're performing, so that's actually, you know, a position where you know it's combat you know."<br>• "You would hear on the news all the time about Iraqis turning on the American soldiers trying to train them, so that was always a constant worry as well. Like here I am, I'm showing you our procedures, I'm showing you how we do things. And now you know them |

| | |
|---|---|
| | and now I'm scared that something happens, you know exactly what I'm gonna do. You know exactly what I've been trained to do."<br>• "We had to train Iraqi army personnel to take over positions and they had their weapons. So we had to constantly be on our toes, make sure they didn't turn on us. So even though we weren't attacked by them there was always that concern, would they turn on us?"<br>• "Just knowing that's the side where the suicide bomb happened and it was in a meeting, so here I was going to meetings. And it was somebody dressed as an ANA, so you know yeah, so that was a little scary and I didn't trust them as much as I did the Iraqis." |
| Leaving the Forward Operating Base<br>N=2 | • "I used to do missions right outside the gate."<br>• "I would have to say, traveling from our FOB of record, [location], to [location] to do training and to also service equipment. I didn't expect to be on my own in a Black Hawk, like it was a car, jumping in and out of planes and traveling with equipment, by myself, I thought it was pretty significant." |
| Close proximity to a fire fight<br>N=2 | • "That's how they got into a firefight in the parking lot. I actually you know I didn't really see any of it, 'cause they kept us in the building, we weren't allowed to go out."<br>• "I remember one night there was a firefight like right outside." |
| Being sexually harassed<br>N=1 | • "Incident with an American soldier in my unit, where he put his 9 mil on me but I was easily, I… he did it at the chow hall. I was doing duty there for three months, guys were desperate, so he put his 9 mil on me and from across and he's just shaking, shaking, talking about I need to be his." |

*Each bullet point indicates one participant's statements.*

> "I knew it was real when I was deployed but it was REAL. Like going there you may think ok I'm just going, like we have a lot of exercises, so this is just another exercise, you know I've been deployed you know 3 times, I'm gonna be home, whatever, but that particular moment it begin to dawn that this is real. You know there's a possibility you read about this you hear about this. This is real. You know it's not just another exercise, all the training that you've had to lead up this is what it led up to, this is, this is real. So at that moment I begin to realize wow there's a possibility I'm not making it home, might not make it home."

**Thoughts and Feelings During Combat**

Female veterans had difficulty separating their thoughts and emotions during the combat experiences they described. Several described not having time for conscious thought, just responding as their training or protocols demanded.

> "I'm a parent, if I if I saw my baby falling off the counter it just happens so fast there's nothing to think about or just. (JS) *You just respond.*(P) Yeah you just respond there's no thought there's no emotion. […] To me your feelings at that point don't even kick in that's like asking do you want chocolate cake at a time like that. I mean no one cares what you feel, you don't care what you feel. The one thing you just know this is not a dress rehearsal you gotta do it right this time. That's it."

Female veterans did describe a variety of thoughts and emotions they experience during combat events they described, but several themes emerged. The first involved concern for others. Female veterans often expressed concern for their teams, their battle buddies, or other service members directly involved in a combat situation.

"I just thought of my friends. I was so scared for them."

"It was both, we [veteran and another service member] were both immediately thinking the same thing. You know, we need to get those guys [their team] from where they're at. […]We need to go get 'em we need to go get em quick."

"My concern was lives could have been taken away because of let's say if I reacted to it, that was my concern.""

"I also stopped to think about a friend of mine, a girlfriend. […] So I had you know my battle buddy, her name was [name] and I remember worrying so much about her, you know, I couldn't stop thinking about her. It like, uh [tears]. I remember just feeling sick you know not knowing 'cause I sat in that bunker for hours and um you know nobody came around to tell us what happened if there were any casualties or anything. So I sat there forever just wondering how she was and hoping to god that she got somewhere safe […] I guess that's bad I don't remember thinking about anybody else I just remember thinking about her. Worry, genuine worry."

The second theme that emerged from the female veterans' thoughts during a combat event was considering how to proceed and what would happen next. Female veterans were often concerned with ensuring they followed protocols and adhered to their training.

"'cause every little thing I do once I start would be accounted, I'll be responsible."

"You hear the explosions, you're told to go somewhere, and then it's like what's gonna happen?"

"That's when I realized that this is something bad (*right*) really bad happening and I can't just jump, I gotta really think of my actions, the consequences of everything, check my

> options, everything was really fast going on in my mind, so it was just sitting there thinking things through."
>
> "What do I do? Like I said I wasn't sure if I should zero out the radios, if I should leave and the fact that right when I'm contemplating all these things…"
>
> "You make the call everybody stay in the vehicle, everybody stay in the vehicle, you radio in I hear live fire, I hear a little firefight, but you're calling in to your team […] You're saying to yourself this is protocol but I know this isn't gonna do anything to save us."

More than half of female veterans described experiencing fear during their combat event. Another recurring theme, though, was helplessness. Five of the twelve female veterans reported being frustrated by being unable to help themselves or others because of the circumstances, and this often made the combat event significant for them. One veteran stated, "I just remember thinking I couldn't believe there was nothing we could do".

Female veterans also reported several other feelings during their combat event, including guilt/shame, pride, focus, shock, anxiety, excitement, annoyance, a sense of calm, and vulnerability. These feelings and quotes are listed in Table 5.

| Table 5. Female Veterans' Thoughts and Feelings During Combat | |
|---|---|
| **Thoughts/Feelings** | **Examples** |
| Concern for Others/Team<br><br>N=7 | • "I just thought of my friends. I was so scared for them." […] "I was really scared for my friends because they you know they were out there."<br>• "It was both, we were both immediately thinking the same thing. You know, we need to get those guys from where they're at. […]We need to go get em we need to go get em quick."<br>• "My concern was lives could have been taken away because of let's say if I reacted to it, that was my concern." […]"I became really close with a lot of these infantry guys. They'd constantly come in from different units so I cared for them. So whenever I knew that I would hear [firefights or bombs, etc], I would always be concerned like oh my god are they ok are they ok? That was always a concern."<br>• "I also stopped to think about a friend of mine a girlfriend. […] So I had you know my battle buddy, her name was [name] and I remember worrying so much about her, you know, I couldn't stop thinking about her. It like, uh [tears]. I remember just feeling sick you know not knowing 'cause I sat in that bunker for hours and um you know nobody came around to tell us what happened if there were any casualties or anything. So I sat there forever just wondering how she was and hoping to god that she got somewhere safe […] I guess that's bad I don't remember thinking about anybody else I just remember thinking about her. Worry, genuine worry."<br>• "(JS) So you were less concerned with the prospect of a suicide bomber scared you more because you were concerned about… (P) Not being able to take care of people adequately."<br>• "I'm trying to put a strong a front 'cause people looking at me like ok like what is Airman [name] gonna do?"<br>• "But if you are taking care of other people, um I remember one time right outside the gate. Um, you expect to to guide them, you expect to cover them. And is it's just different because when one of the soldiers I guess in his first time, it was your first time one time and they weren't expecting they just stood there, which it happened to one of them. And we yell at him you know seek cover, get down and he won't. so one of us have to find a way to cover him." |

| | |
|---|---|
| Planning Next Steps/<br><br>Following Protocol<br><br>N=5 | • "Damn I can't go anymore. Um, you know so where's the gun truck, where's the gun truck […]Now I have to get out of the truck and look for people. […] Where the hell's the gun truck?"<br>• "It was really high stressful cause then I'm like what do I do next?"<br>• "That's when I realized that this is something bad (right) really bad happening and I can't just jump, I gotta really think of my actions, the consequences of everything, check my options, everything was really fast going on in my mind, so it was just sitting there thinking things through."<br>• "You know because the whole thing you know is don't react. Don't react. You don't react." […]"You make the call. Everybody stay in the vehicle, everybody stay in the vehicle. You radio in I hear live fire, I hear a little firefight, but you're calling in to your team […] You're saying to yourself this is protocol but I know this isn't gonna do anything to save us."<br>"What do I do? Like I said I wasn't sure if I should zero out the radios, if I should leave and the fact that right when I'm contemplating all these things…" |
| Fear<br><br>N=9 | • "I wasn't scared yet and then when they said we'll just get out of here, I did feel a sense of calm, I don't think I was I was I guess I was a little I'll admit I probably a little scared because it was my first time out I'm like great it's my first time out and we're getting shot at." […] "I guess scared for a second but honestly I'm surprised I wasn't more scared but I guess by that time I was so comfortable with the guys that I was working with that I trusted them."<br>• "I've never been so scared in my life."<br>• "Just scared, just fear, you know."<br>• "Very nervous. Very scared, very scared."<br>• "Everything else was internal you know, your family, you're scared."<br>• "I was definitely scared. I was scared." […]"And now you know them and now I'm scared that something happens you know exactly what I'm gonna do."<br>• "I was scared because especially I know a lot of my friends who were infantry."<br>• "I was scared."<br>• "I was frightened, I was like wow is this really happening?" |

| | |
|---|---|
| Helplessness<br><br>N=2 | • "I just remember thinking I couldn't believe there was nothing we could do."<br>• "Not being able to do something." |
| Guilt/Shame<br><br>N=1 | • "I should've seen it coming." |
| Pride<br><br>N=2 | • "Oh cool I feel like I am paramedic."<br>• "And I was proud I could get the mile" (driving a mile out of the way after an IED explosion). |
| Focused<br><br>N=1 | • "Maybe I had to put myself away from all that and somehow train my mind. That's why I felt like I was in the bubble because I had to like put away maybe I did block out anybody who was talking to me or around me because I wanted to focus just what was directly in front of me." |
| Shocked<br><br>N=2 | • "Were they just as shocked as I was or whatever, yeah, so. It was like a whole myriad of feelings."<br>• "I don't know, like I said I was really shocked". |
| Nervousness/Anxiety<br><br>Excitement<br><br>N=2 | • "I was nervous the whole time".<br>• "Excited and anxious, like I want to get revenge on these people." |
| Annoyance<br><br>N=1 | • "This sucks I don't wanna get out of bed" (response to mortar attacks). |
| Calm | • "I wasn't scared yet and then when they said we'll just get out of here, I did feel a sense of calm."<br>• "I couldn't hear anything it was just like time stopped and I sort of had time to sort of look |

| | |
|---|---|
| N=3 | around at what was happening you know. It happened a couple instances for me on my first convoy […] It's just like hype like overdrive but initially it's always this calm like feeling where I'm sort of able to gather my thoughts and then react."<br>• "I was able to stay calm when I wanted to punch this guy in the face." |
| Vulnerable/Mortality<br><br>N=3 | • "I don't think I had space to think about anything else but the possibilities, what if, what if, what if, what if."<br>• "You hear the explosions, you're told to go somewhere, and then it's like what's gonna happen. And then you say to yourself, am I gonna get out of here, you know, am I gonna make it home? […] if this is the end you know what happens you know where do I go from here, you know."<br>• "You know it's not just another exercise, all the training that you've had to lead up this is what it led up to, this is, this is real. So at that moment I begin to realize wow there's a possibility I'm not making it home, might not make it home." |

*Each bullet point indicates one participant's statements.*

**Physical Response**

Half of the female veterans did not recall their physical bodily response to combat. Those that did reported crying, heart pounding, shaking, hyperventilation, pressure in the head and chest, and nausea. These are the physical responses normally expected in stressful situations, so it is no surprise that female veterans describe them in their combat experiences. Interestingly, a few reported feeling calm, being able to focus and block out distractions and other sensory input. One veteran stated, "Initially it's always this calm like feeling where I'm sort of able to gather my thoughts and then react." Another said, "I felt like I was in the bubble because I had to like put away maybe I did block out anybody who was talking to me or around me because I wanted to focus just what was directly in front of me".

Other female veterans reported a conscious relaxation. One reported consciously taking deep breaths when she felt herself hyperventilating. "I felt myself beginning to hyperventilate, so I'm like oh… [taking deep breaths]". Another stated,

> "I relaxed. That was like the one thing that I, cause for the first couple of seconds, I was stiff, first couple of… stiff (muscles were tense) I was just like, would sit straight, like frozen almost but yeah, eyes are still moving, like wait you know checking left to right, checking both of them at the same time, and then right away I said whoa I can't, I can't be like this. Gotta relax, right away I just got into this relaxed mode like, shuu [exhalation sound], think straight and then right away I started doing the right… planning, and that's. So it was both. It was a stiff moment and it was an ok relax and trying to make the right decision."

**Behaviors During Combat**

Clearly, the behavior of female veterans during combat depends on the nature of the combat experience being described. When the combat experience described is a military sexual assault, it would not be appropriate to run to the bunker. When the experience is an IED or a military sexual assault, it would not be appropriate to locate protective gear. Each response, of course, is calculated as appropriate to the situation described.

There were, however, some themes that emerged from the female veterans' descriptions of their actions during a combat experience. The female veterans, as could be expected, reported responding to combat experiences by following protocols, though those protocols varied according to the situation. Often, in response to mortar or biological attacks, the protocol required gathering equipment and seeking shelter in a bunker. Four female veterans reported this as a response to a combat experience. Some female veterans, however, reported eventually stopping this response, and instead staying where they were, or stopping to put on protective gear, when there were mortar attacks. One stated she didn't feel any safer in a bunker, because she had heard of others getting injured or killed on the way to the bunker or in the bunker. Another was annoyed because the mortar attacks were at night, disturbing her ability to sleep, and so instead of getting up to go to a bunker, she would instead put on her protective gear and go back to sleep.

Three female veterans also reported that their first action in their combat experience was to seek out a supervisor. One wanted guidance, because she was not sure on the protocol, and wasn't sure what to do. Another reported her experience to her supervisor, to obtain a follow-up action. A final veteran reported looking to the command to make a decision and see how the situation would play out.

Another common behavior was ensuring the safety of other members of the team. This theme may also overlap with the theme of following protocols, as often when a service member is in a higher rank, it is part of their responsibility to care for others in their team or unit. Five female veterans described seeking out, covering, or prioritizing the safety of their team or battle buddy. One veteran stated, “He didn’t run to me and I didn’t run to him, I ran out, he ran out, we met up here, went to go get the other guys. So it was immediate.” Others said, “Yeah I’ve just gotta protect my battle” or “I was trying to keep our guys together”.

Other ways of responding to combat experiences by following protocols included providing medical care, recording the event, and continuing to drive after receiving an IED explosion. Other female veterans reported praying, talking with others in their unit, and stopping to look around or watch (in situations like distant rocket or mortar attacks or an IED, when there was likely no immediate danger).

**Coping Behaviors After Combat**

Female veterans described several strategies for coping with the stresses of their combat experiences, after the experiences were over, which are listed in Table 6. Only two female veterans reported behavior that could be considered cognitive avoidance coping immediately after combat, in which they isolated themselves from others for a little while. Most female veterans in this study reported using behavioral approach coping strategies, in which they took action to deal with the stress of combat. Examples from the women in this study include praying or going to church, music, humor, exercise, and talking with or caring for others.

| Table 6. Female Veterans' Methods of Coping after Combat | |
|---|---|
| **Method** | **Examples** |
| *No Coping/Behavioral Avoidance Coping* | |
| Following protocol/ Didn't cope<br><br>N=6 | • "I had to write a report."<br>• "Um, nothing. I had to keep performing, doing my job. I was already going through a lot over there, so it was, it was hard to, uh, hard to deal with men." (after dealing with a military sexual trauma)<br>• "And we moved on with the day. They rerouted us to another gate and we still had to go out on our mission."<br>• "I still had to stay on watch for the rest of the time but I mean I kind of wanted to you know be done with my my watch for the time."<br>• "Well you always have to report what happened. You have to report what happened and all that kind of stuff.<br>• I don't know I guess I didn't really have to deal with it." |
| *Avoidance Coping* | |
| Crying<br><br>N=1 | • "Calm down and I wanted to go home. Haha. I just wanted to go home. I got I got a little depressed. […] I felt depression. Um you know a lot of times I would go. We lived in tents and I would cry, when nobody was around, I just wanted to go home. I really wanted to go home." |
| Be alone<br><br>N=1 | • "I think I I went and like sat down for a little while 'cause the whole time you're standing you know I probably got something to eat and I just kind of you know went off somewhere for a little bit." |
| *Approach Coping* | |
| Talking to/Being with | • "I think I told my boyfriend what happened." |

| | |
|---|---|
| Others<br><br>N=5 | • "You know I did try to be a little bit more social, we had pool and card time but just maybe just getting with people at the end of the day, and just letting the day be done and having some kind of recreation that way."<br>• "I remember the first thing I wanted to do was call home you know and I wanted to um talk to somebody about it too especially my mother, constantly she's like the first person I went to for for everything of course and I just so badly wanted to hear her voice."<br>• "But I mean like later in like the week I you know. Talked about it. […] I talked with a couple of my friends."<br>• And that upset me because I just went to my room and I argue with a friend of mine and I tell him you know what I said. That really upset me." |
| Caring for Others<br><br>N=1 | • "A lot of that depended on who we had with us. […] We had .. Two really young guys. Really young, you know, 17 18 years old. And um you know they big and badass but you know the other thing is I brought to the table you know, 20 something plus years of military and law enforcement experience and so you know I'm not going to get as easily rattled as the kid who's 17 18 years old and it's his first job so a lot of it had to do with what do we have to do to bring them in so they don't get angry about what happened, I need them to be able to let it go and move on so that the next mission goes right." |
| Humor<br><br>N=1 | • "I turned around I said, who's shitting their pants? And everybody started laughing like after a second. That was it. Everybody laughed, and that was it." |
| Spirituality<br><br>N=3 | • "I went to church."<br>• "Well I said prayers and was thankful that whatever the situation was, I was spared."<br>• "Oh I got really very very I was always religious but I found myself reading the bible a LOT more. I got really really closer you know to me my relationship with god got real close. I was I mean I was like my sense of relief. Listening to music and reading the bible." |
| Distraction (Eating, | • "Listening to music and reading the bible." |

| | |
|---|---|
| Music, Exercise)<br><br>N=3 | • "Um, music […] There's nothing to replace it with because we had nothing but, um exercise."<br>• "Go, you know, like rest, go eat. You know something like that you know 'cause it was such a stressful event." |

*Each bullet point indicates one participant's statement.*

**Differences in Descriptions of Combat by Male and Female Veterans**

The second research question examined differences between the descriptions provided by female OEF/OIF veterans and a small reference group of male OEF/OIF veterans (N=5). This research examines whether male and female descriptions differed, and if so, in what ways they differed. The research found some small but notable similarities and differences in definitions of combat, adjectives used to describe the combat experience, descriptions of significant combat experiences, and notably, the thoughts, feelings and physical responses to a combat situation.

**Combat Definition**

Male and female veterans differed in their definitions of combat. While the theme of threat also resonated with male veterans, the male veterans also described action as an important component of combat, while female veterans did not. Most male veterans (4 of 5) described combat as being a time when "your life is at stake" and required action on the part of the veteran, "actively fighting the enemy, exchanging rounds".

A secondary component of the theme of "threat" from the male veterans' definitions was proximity to the danger. In this case, male veterans only considered it combat when a person is "actually involved in like kinda like almost a face to face type of situation". Another male veteran described combat as,

> "If you as an *individual* were fired upon or had to participate in firing upon somebody else while you were deployed. […] If you were on a base and you know the tent next to you got rocked by a mortar, even though you were not hurt, I would consider that combat."

Only one male veteran considered anyone who had been "in theater over 90 days" a combat veteran, and felt this way because he had seen friends suffering from symptoms of PTSD after a deployment, even without the combat exposure he had had. Most male veterans, however, described a combat veteran as a person who has acted to engage or "shot back at" an enemy.

**Combat Veteran Label**

Interestingly, male and female veterans adopted the label of "combat veteran" in slightly different proportions. Four of the five male veterans accepted the label of combat veteran and described times in which they participated in combat by their own definition. One male veteran accepted the label of combat veteran because he supported the direct actions of other service members, "in an indirect way". The one who did not cited reasons similar to the female veterans' reasons, because he considered his role to be a supportive one rather than an active one.

> "I don't wanna say I'm like one of those guys out there facing the enemy getting shot at getting blown up you know. I didn't do that, you know. I supported them, I supported those guys (ok) I wouldn't say I was a combat vet."

Interestingly, though all of the veterans meet the definition of combat veteran determined by the Department of Defense, that is, deployment to a war zone, both male and female veterans demonstrated some hesitance in identifying themselves as combat veterans and described heterogeneous definitions of "combat".

**Describing the Combat Experience**

Female and male veterans didn't differ tremendously in the adjectives used to describe the combat experience, the primary adjectives were, or were similar to "scary".

Both male and female veterans also described their combat experiences as “exciting”, “intense”, “thrilling”, or “crazy”. One described several of his experiences as “stupid”, indicating his frustration with the decisions made by leadership that he believed put them in greater danger. One male veteran described his most significant combat experience as “the most American thing I’ve ever done”.

The combat situations male veterans described were different from those described by female veterans, which was expected as their roles in the military were different. The male veterans described several types of combat experiences – primarily actively engaging in a firefight with an enemy or being in a location attacked by rockets or mortars, though they also described situations in which they witnessed ambushes, attacks, human remains, or suicide bombers. Three male veterans, who were in combat arms positions during their deployments, described actively engaging in a firefight with an enemy. Often, they were long and difficult. One veteran described a firefight that lasted over a day, and another said, “In Afghanistan my longest fire fight was 8 hours. Straight.”

> “I jumped into the canal and singlehandedly pulled SFC [name of soldier] from under the mire while returning fire against a significant number of enemy personnel.”

> “I call it the medal of honor run ‘cause it was like crazy, so the first F18 comes, shoots like maybe from here to that wall over there to the corner of the building, so it was pretty close. And we start running across the field, running across the field, then the second F18 shoots while we’re running, the other F18 comes and shoots and we finally end up on the other side and we’re all sitting on the wall and we get down and they didn’t hit the guys so we started getting shot at again once we made it to the

other side. And I shot two uh two or three rounds […]. I shot 2 203s [grenades] in the building."

All male veterans described mortar attacks, often very frequent. Two reported daily or weekly mortar attacks. Two of the male veterans described these mortar attacks as their most significant combat experience. One said, "When the mortar went off close to us, that was the most significant." Another said,

"I remember I was sleeping in the daytime, there's no windows of course in these trailers we're in so as soon you open the doors it's like you're blinded by the sun. I hear something outside and um, open the door and my buddy's out there, and I'm like what the hell's going on and he just looks up points up he's like fucking rockets and you could see em flying over…"

Male veterans also described witnessing attacks and ambushes, suicide bombers, and human remains.

"It was bodies on the floor when I got there, it was bodies on the ground. It was it was through burning, building, still burning. You know, which means you know the attack just happened or it was the fires still lit. […] It wasn't just the burning oils or feces, which we had to do, it was burning bodies and burning vehicles and houses."

"The next day after those long firefights your job is to confirm how many dead people there are so you gotta walk up and down those same mountains hoping that nobody is going to pop up behind a rock and take your head off and go look at how many people are dead from the day before."

Male veterans, particularly those in the combat arms positions in the Army or Marines, were frequently exposed to intense and difficult combat situations that differed from the experiences described by female veterans, who were not in those positions. The male veterans who were not in combat arms positions, however, described combat experiences that paralleled with the female veterans' experiences.

**Thoughts and Feelings During Combat**

Male veterans also had a variety of thoughts and feelings during combat situation, though they described a smaller range than their female counterparts, as might be expected. These thoughts and feelings are described in Table 7. Each of the thoughts and feelings expressed by the male veterans was echoed in the female veterans' thoughts and feelings. For example, just as many female veterans did, male veterans also described not remembering having thoughts or feelings during a combat experience, simply focusing on the mission or the protocol they were to follow. One stated, "It's weird. I mean there's not a lot to really worry about. You worry later." Another described his first thought or fist response in combat to be:

> "It's just a reaction. Go towards the fire, not the fire, go towards the towards the gun or whatever is shooting at you."

Also like their female counterparts, they described fear, concern for others, excitement, guilt, vulnerability/mortality, and helplessness. Female veterans, however, described feelings of pride, annoyance, shock, and nervousness not described by male veterans.

**Physical Response**

Male and female veterans reported similar physical responses to combat – generally involving an adrenaline rush, sweating, and pounding head and heart,

hyperawareness. There were some differences, though, in expected ways – women reported crying or shaking during the combat experience while men did not. Men did report crying after the event was over, however. In one or two veterans there were also notable differences – several female veterans reported a conscious relaxation that male veterans did not describe. Male veterans reported physical responses to combat including an “intense adrenaline rush”, sweating, a pounding heart, and increased sensitivity or awareness of the environment.

| Table 7. Male Veterans' Thoughts and Feelings During Combat | |
|---|---|
| **Thoughts/Feelings** | **Examples** |
| Focused N=3 | • "It's weird. I mean there's not a lot to really worry about. You worry later."<br>• "It's just a reaction. Go towards the fire, not the fire, go towards the towards the gun or whatever is shooting at you. Just go towards that direction and you know set up. And like I said it was a lot of just like instinctual stuff from all our training."<br>• "Usually when you're there, you're almost in the moment so you never really feel sad or angry, you're just focused on what the mission is and the mission is really to make it back alive and to get the enemy. And that was pretty much the mission, that's what was going on through your head like ok I need to do my job right now and that was really the main focus of everything that was going through my mind." |
| Fear/Anxiety<br>N=4 | • "(JS) I can see how that would be very anxiety provoking. (P) Especially if they're not there. 'cause then you think they're there the whole time then you spend fricking hours knocking on doors gong in here an then finally nobody's there. So that whole night was just a disaster."<br>• "They were scared more than I was and if I'm trained and ready to go and I'm scared, you could definitely see the fear in their face."<br>• "Fear. I was. I was for the one time in my life I would say."<br>• "Probably scared me more than anything." |
| Concern for Others/Team<br>N=1 | • "Definitely glad that you know they weren't hitting our area, it was going over us. So you know, all the guys were safe." |
| Excitement<br>N=1 | • "It was sorta actually exciting, more than anything, to actually being able to go out there and really do your job. So that was really exciting. Like you see all your training actually paid off." |
| Guilt/Shame | • "I was still like man I didn't have my armor you know like, regardless of the fact of whether I |

| | |
|---|---|
| N=2 | wanted it on or not, I was still like well imagine if we didn't have our armor on and we got like injured or something and then like some sergeant comes flying he's like you idiots, you didn't have your armor on!"<br>• "I think we were just more worried about not having our gear. He knew he was gonna be in trouble." |
| Vulnerable/Mortality<br><br>N=4 | • "You feel really small. [..] you realize just how small you really are. […] There wasn't much thought to it. Like man that was close."<br>• "Just you feel exposed 'cause it's like damn I should've been on the base. […]"I think maybe just 'cause I felt vulnerable 'cause I was sleeping in my trailer"<br>• "I don't want to die now. […] Like I hope I don't get shot while I'm running across this field."<br>• "I don't think I'm going to make it back home". |
| Helplessness<br><br>N=1 | • "The fact that we couldn't really pursue the enemy. Like we wanted to like we were pretty much just sitting ducks like at night time or daytime it was just like you can't you can't do anything about it." |

*Each bullet point indicates one participant's statement.*

> "Not much you can do but it's just that your body gets in the fight or flight, it's like your whole body becomes like an antenna, just picks up everything. […]Everything gets a little crisper in your vision in your hearing but I know like like the only time I actually went to the bunker when I was over there it just didn't seem like I was moving fast enough, like those dreams you have when you're stuck and you can't run."

**Behaviors During Combat Experience**

Similar to female veterans' descriptions, male veterans' descriptions included a general theme of following protocol or responding as previous training indicated, whether that involved engaging an enemy or getting to a secure location. One veteran stated that during a combat experience, his first thought was, "Just go towards that direction and you know set up. And like I said it was a lot of just like instinctual stuff from all our training." Just as female veterans did, male veterans described seeking shelter in a bunker or other cover, and locating protective gear and equipment. One described going back to his room instead of the bunker because, similar to the female veterans, he didn't consider the bunkers any safer than any other location on the base. They also described seeking out and providing medical care for injured service members, stopping to watch (in a rocket attack). Essentially, the behaviors described by both male and female veterans followed the same themes, generally being that they followed their protocols and training, which should be expected of a military member.

**Coping Behaviors After Combat**

Male veterans also described many of the same coping strategies after a combat experience that female veterans described. These are described in Table 8. Some described having little time to deal with the experience because there were still tasks to be done and missions to accomplish. Again, this could either be a function of their duties, an avoidance strategy, or simply that there was no need to cope with the event. One male veteran echoed the

female veterans who explained that there was no need for them to “cope” because the experience didn’t affect them profoundly enough to need to deal with it.

The other coping strategies that the male veterans describe were also included in the female veteran’s strategies. Male veterans also described using behavioral approach coping strategies such as spirituality, talking to or being with others, using humor, and cognitive avoidance strategies such as distraction (exercise, watching movies, eating, etc.), and crying. All of the coping strategies by both male and female veterans could be considered emotion-focused, because the stressor of combat was beyond their control, except one. One male veteran described a problem-focused strategy, in which he focused on improving himself, to be more of an asset to the unit, to become stronger, a better marksman, better trained, focusing on the part of the combat experience that he could control – his training.

| Table 8. Male Veterans' Methods of Coping after Combat | |
|---|---|
| **Method** | **Examples** |
| *No Coping/Behavioral Avoidance Coping* | |
| Nothing<br><br>N=3 | • "I took off my stuff off and I was just like thank god I made it. (right) that was about it I was just like thank goodness I made it back and just get ready for it again tomorrow. That was all."<br>• "I really don't believe that I ever had to cope with it, because it was just indirect, like I said."<br>• "The next day you get up and you go on a different mission. There's no time to absorb any of this until really like you get back." |
| *Cognitive Avoidance Coping* | |
| Distraction (Exercise, Eating)<br><br>N=1 | • "We just worked out, we had like a tiny little gym."<br>• "I would usually try to do something just to keep it off my mind you know.[…] I would either watch movies on my laptop or I'd go take a walk and get out and the green bean coffee" |
| Cry<br><br>N=2 | • "The first thing I did was cry."<br>• "Broke down, started crying. I couldn't control myself. It was horrible." |
| *Behavioral Approach Coping* | |
| Talking to/Being with Others<br><br>N=3 | • "But talking to a lot more vets, you know just to talk to them, so in case I passed away they'd know a little about me so they could tell my mom or my family members. I wanted to know a little bit about them so that I could I'd be able to tell something about them I mean it was just weird. But I wanted to know everybody a little bit more now."<br>• "Played jokes, watched movies together. Played dominoes or spades and stuff. […] Yeah come back sleep play games. Eat. talk. Stuff like that." |

| | |
|---|---|
| | • "If I was with people we'd just laugh it off and joke and it's a coping mechanism so…" |
| Spirituality<br><br>N=1 | • "I want to say pray but I don't remember." |
| Humor<br><br>N=2 | • Yeah there was a lot of humor.[…] Oh we made fun of people."<br>• If I was with people we'd just laugh it off and joke and it's a coping mechanism." |
| *Problem-Focused Coping* | |
| More Training<br><br>N=1 | • "The second thing I did was … start a … start talking to other vets about protein shakes and you know I wanted to.. I wanted to be more of a … wanted to be more of a soldier, pretty much. […] I wanted to work out more, I wanted get bigger, I wanted to learn more weapons systems, I wanted to be authorized on more weapons, I wanted to be authorized to shoot different weapons systems and I did. |

## Chapter 5: Discussion

Though there is significant interest in female veterans of Iraq and Afghanistan, research has generally focused on either quantifying the types of experiences they had during deployment, rather than their descriptions of those experiences, or their reintegration post-deployment. This research intended to examine the qualitative nature of female veterans' combat experiences and their immediate coping behaviors, to provide a basis for understanding the female veterans after they return from deployment. This chapter discusses the recommendations generated from the study findings for social work practice and for policy, as well as the implications for theory in this area, and the limitations of the study and recommendations for future research.

### Summary of Results

In answer to the first research question, regarding how female veterans describe their combat experiences, it is first important to obtain the female veterans' definitions of what "combat" is. Female veterans had multiple definitions of what constituted combat, which hinged upon the themes of *feeling threatened*, *location in a combat zone*, and/or *witnessing* war or the aftermath of war. These themes were also reflected in the women's definition of a "combat veteran". Most of the female veterans, therefore, also describe themselves as combat veterans, or "technically" combat veterans, because they had met the criteria of combat veteran as they defined it – feeling threatened, being located in a combat zone, or witnessing the war. It is interesting, though, that two of the female veterans did not consider themselves to be combat veterans. These female veterans, although they defined combat as "feeling threatened" and they did describe experiences in which they felt threatened, did not identify as combat veterans because they knew other service members who were more exposed to danger than they were, and they considered their roles to be supportive rather than active.

Female veterans had a difficult time trying to explain what combat is like, and repeated the theme that each combat experience is unique. When asked to describe a significant combat experience, the women expressed a wide variety of different types of experiences. These included exposure to mortar rounds and fire fights, witnessing the death or injury or service members, combatants, or civilians or the aftermath of an attack, such as human remains, body parts, or blown up vehicles. They often described situations in which they felt threatened, in which they feared attacks by Iraqi civilians, members of the foreign militaries they were training, third country nationals or contractors, or even other US service members. They used words like "scary", "thrilling", "apocalyptic", "real", "stressful", and "graphic" to describe these experiences.

The female veterans sometimes described their first response to a combat experience as just a reaction, in which they followed the protocols in which they had been trained, with no time for conscious thought. Others recalled stopping to consider their next steps, concerned about applying their training to the current situation. Other thoughts that female veterans described were concern for others, such as battle buddies or other service members that they knew were directly affected. Feelings during combat included, not surprisingly, fear and helplessness, but also guilt, pride, focus, shock, anxiety, excitement, annoyance, calm, and vulnerability.

Women often didn't remember their bodily response to combat, but those that did described the general physical symptoms of an adrenaline rush, such as shaking, a racing heart, hyperventilation, pressure in the chest and head and nausea. A few described a feeling of calm, or a conscious relaxation to calm their bodies.

Following the theme of concern for adhering to protocol, female veterans reported acting according to their protocols during their combat experiences, as would be expected from a military member. This included seeking shelter in a bunker or using protective gear, though some eventually stopped this behavior, regardless of protocols. Others described seeking out a supervisor for guidance or next steps, ensuring the safety of the other members of the team, providing medical care, continuing to drive after receiving an IED explosion, all of which could be considered following protocol. A few veterans described behaviors such as praying, talking with others, or stopping to look around or watch the situation unfold (when there was no immediate danger).

Finally, women reported using several strategies for coping with the combat experience immediately after it was over. Some reported not coping, or not needing to cope. Other women reported withdrawing, or utilizing distractions, or crying. Several reported connecting with others, caring for others, or utilizing spirituality to cope.

The second research question asked whether and in what ways the female veterans' experiences of combat differed from male veterans' experiences. Male and female veterans primarily differed on their definitions of combat and combat veterans and the nature of their combat experiences. They used similar adjectives to describe their combat experiences, though the nature of their experiences was different. The male veterans described mortar attacks, engaging in firefights with an enemy, and witnessing ambushes, attacks, human remains, and suicide bombers. This difference in the nature of their experiences is anticipated from the literature, and may be due to the differences in roles during deployment. Male veterans with combat arms roles are likely to have different types of combat experiences than veterans in combat supportive roles.

In the other focus areas – thoughts, feelings, physical response, and behavior – the themes generated from the male veterans' interviews echoed those generated in the female veterans' interviews. Male veterans also described reacting without thought, responding in the ways they were trained to respond. The feelings and thoughts they described – focus, fear, concern for others, excitement, guilt, vulnerability, and helplessness – were all also included in the female veterans' descriptions. Their physical responses were also very similar – an "adrenaline rush" which included sweating, a racing heart, and a hyperawareness. Female veterans, however, also reported crying, shaking, and a calm or conscious relaxation that male veterans did not include. Just as in the female veterans' descriptions, male veterans also behaved in ways consistent with their training. This often meant seeking shelter or protective gear, though some male veterans eventually stopped this, just as the female veterans did. It also included actively engaging the enemy, seeking out and providing medical care for injured service members, and stopping to watch in a rocket attack.

Men also reported similar coping strategies immediately following the combat experience – generally using emotion-focused coping, which is consistent with the literature on coping with combat experiences. Only one veteran, a male, described using a problem-focused coping, in which the focus is on managing or altering a problem (Lazarus & Folkman, 1984). Problem-focused coping is not frequently used in situations in which the stressor is impossible or very difficult to change, such as combat (Folkman & Lazarus, 1988).

## Findings

### Heterogeneity in Combat Definition and Experience

One of the central findings of this study is the heterogeneity in definitions and descriptions of combat by female veterans. Some of the experiences described by male and

female veterans support those found in the literature of gender differences in combat exposure; female veterans reported post-battle exposure to human remains and mortar attacks, while male veterans reported combat exposure to firefights and shooting or directing fire at the enemy, as has been previously reported in the literature (Hoge, Clark, & Castro, 2007). However, the three themes derived from female veterans' descriptions of combat experiences – experiencing, witnessing, and feeling threatened -- however, support the growing literature that combat, especially that in Iraq and Afghanistan, is not best defined by a checklist of stereotypical war events such as firing upon an enemy that may better describe men's experiences at war than women's (Dienstfrey, 1988; Vogt, Pless, King & King, 2005; Mattocks et al., 2012). As Mattocks and colleagues (2012) describe, women experience a variety of military-related stressors during deployment to Iraq or Afghanistan, including caring for other service members, witnessing carnage, acting during a firefight, and surviving and coping with military sexual trauma. This study shows that while women do describe stereotypical war events such as mortar attacks and firing upon an enemy as combat experience, they also describe other military-related stressors, such as witnessing injuries, viewing the aftermath of attacks, and handling human remains, and a subjective feeling – feeling threatened – rather than an objective event, as combat experience as well. Combat experience for female veterans of Iraq and Afghanistan, therefore, is more complex than a single dimension of events, but also includes a subjective feeling of threat. To examine the experience of war and, subsequently, the post-deployment mental health of female veterans, this research shows that it is important to consider a wider range of experiences.

Female veterans frequently described each experience of combat as unique to the individual, making it difficult to describe to others what combat is like. This supports Lazarus & Folkman's theory of cognitive appraisal, in that each person appraises the threat of a stressor

upon their own unique constellation of characteristics, and responds using the resources he or she has available. This theory allows for the influence of gender, in addition to biological sex.

**Feeling Threatened**

Further, the definition of combat by female veterans as "feeling threatened" provides more support for cognitive appraisal theory. The combat situation, regardless of events, was defined as combat because of how the female veteran appraised the threat posed to her. One female veteran, for example, described a combat situation in which she was in a mosque, where no weapons were allowed, and she carried a weapon on her, contradicting a supervisor's request. In this situation, no weapons were drawn, no bullets exchanged, and no explosions occurred, but this situation was defined as combat because the potential for harm if her weapon were discovered was great. This shows that the experience of combat for female veterans lies more in the appraisal of the situation than in the actual series of events, which extends previous research findings that cognitive appraisal of threat mediates the relationship between combat exposure and psychological distress (Edge & Ivey, 2012).

The theme of "feeling threatened" found in this study helps to extend some newer literature that examines the effects of perceived threat during deployment on post-deployment mental health (James, Van Kampen, Miller, & Engdahl, 2013; King, King, Bolton, Knight, & Vogt, 2008; Koren, Norman, Cohen, Berman, & Klein, 2005; Renshaw, 2010; Van Wingen, Geuze, Vermetten, & Fernandez, 2011; Vogt, Pless, King & King, 2005). Vogt, Pless, King, and King (2005) found that perceived threat during deployment was significantly associated with anxiety and PTSD post-deployment, while the association between combat experiences and PTSD approached significance. More recent research has also shown an association between perceived threat during combat deployment significantly predicted PTSD, anxiety disorders and

mood disorders, even after controlling for combat experiences (Mott, Graham, & Teng, 2012; James, Van Kampen, Miller, & Engdahl, 2013). The current study shows that 9 of 12 female veterans, and 4 of 5 male veterans of Iraq and Afghanistan include threat in their definitions of a combat experience, more than location or deployment, or acting or witnessing an event. This research adds a qualitative component to the literature that shows that combat exposure, as narrowly defined as a series of events, does not paint an adequate picture of the experiences of combat deployment or potential risk factors for post-deployment mental health, particularly for female veterans.

It is important to note that this research showing the effects of perceived threat during deployment on post-deployment mental health is occurring at nearly the same time as the DSM revision. The proposed revision to the PTSD criteria in the DSM-V include removing Criterion A2, in which the person responds to the traumatic event with feelings of fear, helplessness, or horror (Friedman, Resick, Bryant, & Brewin, 2011). In the current study, however, the theme of "feeling threatened" extended through both male and female veterans' definitions of combat and combat experience. Though combat does not always equate to the traumatic antecedent to PTSD, this study's findings indicate that threat is a significant factor in veterans' descriptions of their combat experiences, more than acting or witnessing an event. In fact, the current study extends Vogt and colleagues' (2005, 2008, 2011) work showing that it may be the subjective feeling attached to the event that is more important than the event itself, at least in the definition of a combat event by female veterans of Iraq and Afghanistan.

**Sex/Gender Similarities in Combat Responses**

Though they differed on the definition of combat, both male and female veterans described similar responses to their respective combat experiences. They used similar adjectives

to describe combat experience, described some similar types of experiences, thoughts, feelings, physical response, and behavior. The themes generated in these domains reached across biological sex, the comparison point, which indicates that sex may not be an influential factor in stress response during a combat situation. These findings, however, help to describe that biological sex may not be an influencing factor in the appraisal of, and response to, the stress of combat, which extends previous research finding that there were no biological sex differences in perceived threat in combat deployment to Iraq and Afghanistan (Vogt et al., 2011). Theory development in cognitive appraisal theory should therefore begin to examine other factors that may influence the perception of threat in combat. However, there was still variety in described thoughts, feelings, and behaviors in response to the combat event, which could indicate that other factors beyond biological sex may influence stress response during combat, such as gender, role in combat, or other factors, including cognitive appraisal of the event. The literature describing gender differences in stress response has been mixed, and research has frequently used biological sex as a proxy for gender, which may not be accurate (Springer, Stellman, & Jordan-Young, 2011; Reevy & Maslach, 2001). It may be that a biologically female veteran who has more masculine gender traits experiences combat differently than a biologically female veterans with more feminine gender traits. This research indicates that biological sex was not a distinguishing factor for descriptions of combat experience, although there was still variation, indicating that there may be other factors that affect stress response in combat beyond biological sex.

The similarities in descriptions of combat by male and female veterans could be interpreted as evidence for female veterans' adoption of traditionally male gender performance expected in a hypermasculine military combat situation. Many female veterans must negotiate the paradox between their (presumably) feminine gender and their historically masculine careers.

This paradox, however, is also experienced by many women entering traditionally masculine jobs, such as firefighting and police work (Rabe-Hemp, 2009), as well as men entering traditionally feminine careers, such as nursing (Cross & Bagilhole, 2002). Rabe-Hemp argues that women in traditionally male careers such as police work must negotiate between an adherence to the male gender performance  of achievement which will enhance their careers at the cost of being negatively labeled as "butch or dyke" (Rabe-Hemp, 2009; Pike, 1985, p 264) or conformity to traditional gender roles. These women can also "redo" or "undo" gender (Morash & Haarr, 2011, p. 5), by behaving in ways that create a non-stereotypical version of gender or challenging the binary separation into masculine and feminine categories.

When describing their combat experiences in Iraq and Afghanistan, the incidents female veterans choose to describe and how they choose to describe them are influenced by the gender they are performing. Female veterans may color their descriptions of their experiences in ways that reinforce their chosen gender performance. Female veterans who choose to perform the masculine, aggressive gender role that is rewarded in military culture may describe the experience in different ways than a female veteran who emphasizes their femininity. A female veteran emphasizing the masculine "strong" gender performance may downplay the significance of a combat event because she doesn't want to be perceived by her colleagues as "weak" or "girly". In contrast, another female veteran may downplay aggressive behaviors because she wants to retain her feminine gender performance. Being female in the military requires deciding between and negotiating conflicting expectations of behavior, and this further impacts their experiences and descriptions of events.

**Sex/Gender Similarities in Social Support and Coping Immediately After Combat**

Almost all veterans who described coping used emotion-focused coping strategies immediately after the combat experience, as expected when the stressor is uncontrollable (Rodriguez & Renshaw, 2010). As Mattocks and colleagues (2012) report, women veterans used behavioral avoidance coping, in which they distracted themselves from the stressful experience of combat. In that study, coping included behaviors like over indulging in food, exercise, or prescription medication, but this was not reported by the female veterans in this study. This could be due to a lack of access to the possible overindulgences in a deployment zone. Other behavioral avoidance coping strategies, however, could include a focus on work, continuing to work on tasks to avoid thinking about or coping with the combat experience. Female veterans in this study did report continuing to work or complete work-related tasks after their combat experiences were over, but it is impossible to determine if this was a requirement of their duties, a potential coping behavior, or simply that the experience was not so profound as to require coping. The theme of talking with other veterans generated in this study echoes the themes generated from Mattocks and colleagues' (2012) work with other female veterans of Iraq and Afghanistan.

Both male and female veterans described seeking out social support as a coping response after a combat experience. These results show that an affiliative response to stress, as described by Taylor and colleagues (2006), may be evident in both male and female veterans during combat deployment; though this finding reached across both genders and therefore was not sex-specific, as suggested in tend-and-befriend theory. The male veterans described a concern for others during or immediately after a combat experience and seeking out social support for themselves, but didn't describe providing social support. This supports the previous findings that women provide more social support than men (Barbee et al., 1993).This finding does show,

however, that seeking out others or concern for others is a coping response to combat trauma in both men and women, which is important, as the literature shows an advancing knowledge on the effects of social support on post-deployment mental health. Although the link has been established for some time, recent research has shown social support during deployment to be a significant protective factor against mental health problems post deployment, specifically PTSD, depression, and anxiety (James, Van Kampen, Miller, & Engdahl, 2013; Vogt, Pless, King, & King, 2005).

**Implications for Social Work Practice**

Social workers work with female veterans in a number of settings and through a number of ways. Practitioners may be working directly with female veterans in mental health through the VA, Vet Centers, community mental health, private practice, or many other settings (Hall, 2008). Their work may focus on trauma and post-traumatic stress disorder specifically, or it may include other aspects of mental health, such as working to overcome depression, anxiety, or other mental health concerns (Rubin, Wiess, & Coll, 2013) . Practitioners working in substance abuse may also work with female veterans, as trauma and addiction are well established as linked (Dewane, 2010). Beyond working directly with veterans in mental health, though, social workers also practice with female veterans in other areas – through medical social work, school social work, working with homelessness, domestic violence, or sexual assault. There are many ways for social workers to connect with and assist female veterans, and therefore, a greater understanding of the deployment or combat experiences of female veterans of Iraq and Afghanistan could provide better information for assessment and clinical decisions.

The nature of the combat experiences is essential information for a clinician working with a female veteran experiencing post-deployment mental health problems. An accurate

assessment of PTSD, or any mental health condition, begins with an accurate assessment of the traumatic antecedent (Moore & Penk,2011). It is therefore essential that practitioners be sensitive to a wide variety of situations that female veterans consider to be combat, and avoid the assumption that combat involves only bullets and bombs. Even situations in a war zone that are not self-defined by the veteran as combat can be potentially traumatic (e.g. aftermath of battle or a military sexual trauma that are not self-defined as combat). This theme supports the previous literature, especially that by Chaumba and Bride (2010) and Street et al. (2009), who describe a variety of potentially traumatic experiences faced by female veterans. It may be important for clinical work for the clinician to include a thorough assessment of all combat experiences, beyond stereotypical war experiences of firefights and mortars, as the NASW Practice Guidelines indicate (NASW, 2012). Clinicians may ask about experiences in which the female veteran felt threatened or witnessed war or the aftermath of war, as these were some of the major themes generated from the female veterans' descriptions of experiences they considered to be combat. There may be multiple and varied experiences that continue to affect the female veteran. The situations that female veterans described may not be considered dangerous in a civilian environment (leaving a door unlocked, for example) but during a deployment or in a combat zone, could be very threatening for female veterans, which is an important consideration in the development of post-deployment mental health problems.

Clinicians also need to be sensitive to female veterans' definition of and identification as a "combat veteran". Although all service members who serve in a qualified hazardous duty area are considered "combat veterans" by the Veterans' Administration (Department of Veterans Affairs, 2007), individual veterans still hold different definitions of what is and is not considered combat or who is or is not a combat veteran. Identity as a veteran is often very important to

female veterans (Huynh-Hohnbaum, Damron-Rodriguez, Washington, Villa, & Harada, 2003). Female veterans' self-identification as a combat veteran is important for social work for two reasons; it provides another layer to the veteran's identity structure, and it also provides some knowledge of a relatively new population served by social workers – the female combat veteran. The National Association of Social Workers has developed minimum standards for working with military service members and veterans, and those standards include assessing veterans for "exposure to trauma both in combat and non-combat settings" (NASW, 2012, p 10). In addition, these standards require that social workers understand "the unique needs and issues relevant to special populations such as Service Members and Veterans who are female" (p. 11) This research, however, takes this objective assessment a step further and suggests that social work practitioners should further assess how the exposure to combat or non-combat trauma affects the veteran's identity. The strength with which a female veteran identifies as a combat veteran is affected by their exposure to combat experiences and their definition of combat, and can shape their future thoughts and behaviors.

Practitioners working with female veterans of Iraq and Afghanistan should consider how these women identify themselves or do not identify themselves as combat veterans. Many were very proud of their service and their identity as a combat veteran was very strong (Huynh-Hohnbaum, Damron-Rodriguez, Washington, Villa, & Harada, 2003). Others did not feel that it was an important part of their identity. Female veterans may identify themselves as veterans, but not as combat veterans. Those that did feel strongly about their identity as a combat veteran also frequently felt that this identity went unrecognized by other people and within larger systems. For example, Mankowski (2012), in a doctoral dissertation, found that identity centrality and identity threat was an important theme generated from interviews with 18 female OIF/OEF

veterans. Mental health professionals, therefore, may consider making some questions about veteran status a part of their intake and assessment process.

Findings from the current study did not support a difference in stress response by sex, so social workers practicing with both male and female Iraq and Afghanistan veterans should not assume gendered responses to combat situations based on sex. Veterans in this study did not always perform according to gender stereotypes in combat situations. This suggests that clinicians should be prepared to work with female veterans who acted aggressively in a combat situation as well as with male veterans who acted passively.

Additionally, this research also found that social support was an important coping response used by both male and female veterans. As recent research shows, social support is one of the most important protective factors against post-deployment PTSD, depression, and anxiety (James, Van Kampen, Miller, & Engdahl, 2013; Vogt, Pless, King, & King, 2005). Clinicians should assess for social support availability both during and after the deployment and work to advance acceptability and accessibility to social support for both male and female veterans during and post-deployment. The Deployment Risk and Resiliency Inventory (DRRI) includes two scales that measure unit social support during deployment and social support post-deployment (Vogt, Proctor, King, King, & Vasterling, 2008).

Finally, mental health professionals should understand that this large group of female combat veterans is a relatively new phenomenon. Although women have previously experienced war and combat, the conflicts in Iraq and Afghanistan have created thousands of female combat veterans who must navigate new ground of feminine gender and the “masculine” experience of military deployment to war. This research did not examine the intersection of veteran identity

and gender roles post-deployment, but it does suggest that this is an issue about which practitioners should be aware.

**Implications for Policy**

There are three specific areas of policy that have implications in this research. The first involves the current policy defining combat and combat veterans. The second addresses the larger issue of women serving in the military and being exposed to combat, and the changing policies that govern which jobs are open to female service members. Finally, this research should help propel greater funding for and access to services, particularly mental health services, for female veterans.

The first area of policy that has implications from this research is the definition of "combat" and "combat veterans". As described throughout this paper, the Department of Defense and Veterans' Affairs both consider any person who deployed to a combat zone with their military unit to be a "combat veteran", which includes the experiences that female veterans in this research describe as combat. This policy definition, however, is not widely known or understood. Both professionals working with Iraq and Afghanistan veterans and the public should be aware that it doesn't matter what a service member did while deployed or what they were exposed to, if they deployed to a combat zone, they are considered a combat veteran. This information should be shared in training programs for professionals working with veterans, as well as made available for public knowledge. It would be particularly important for professionals working within the VA or DoD system, or community members working with veterans of Iraq and Afghanistan, to understand this policy definition.

The most important implications, however, may be in the changing policies regarding the positions open to women in the armed forces. On January 23, 2013, the Pentagon reversed its

1994 policy preventing women from serving in “combat roles”, or jobs that will likely mean direct exposure to combat, such as infantry, artillery, and the elite forces such as Army Rangers and Marine Force Recon. All branches now need to address the role of their female service members and develop a plan for gender integration within the next three years (Bumiller & Shanker, 2013). As this research demonstrates, the previous distinction between “combat roles” and “non-combat roles” was a meaningless distinction, so the policy change was an appropriate progression. The nature of war has changed, and the definition of combat has changed, and therefore female service members are experiencing combat, regardless of their job description. There is no safe combat-free place in a war zone; there are only more safe and less safe locations. As indicated by this research, female veterans are describing many experiences they consider to be combat, from which they cannot be protected by their role. A finance, communications, or transport specialist is as likely to experience a mortar or the threat of sexual assault or possible attack from a foreign military member as an artilleryman.

Embedded in the previous policy preventing women serving in combat roles is the implication that women are less able to respond appropriately in a combat situation, or that they are more likely to respond “emotionally” and risk the mission and the safety of their fellow service members. This research demonstrates that both male and female veterans experience a range of emotions during a combat experience, and yet generally they respond by focusing on the mission (through following their training) and considering the safety of their fellow service members. The thoughts, feelings, and behaviors of male and female veterans in combat situations were similar, indicating that the fear that women will perform differently in combat based on their biological sex may be unfounded and requires further exploration.

The findings from this study also have further implications for training service members. Because both male and female service members often responded to a combat situation by either following training or seeking out a supervisor to provide guidance on proper protocol, it will be critical to provide training for all service members – male and female – on appropriate protocols during different combat situations. Male service members whose role is in an infantry unit will receive advanced infantry training to prepare them for combat situations, a female service member whose role is to maintain and support communications equipment may not and will be at a significant disadvantage during a combat experience. Recent research has shown that preparation, or training, provided some protection from PTSD for service members who had deployed (Ray, 2012). It is critical, therefore, that female service members receive the same training that male service members receive.

Finally, the Veteran's Administration should continue to provide and expand its research and mental health services for women in the military, particularly regarding feeling threatened rather than exposure to combat as a potential predictor for post-deployment mental health concerns for female veterans. This has been a focus for the VA for several years, and has specifically been the focus of Yano and colleagues (Yano et al., 2006), but as these findings indicate, it continues to deserve special attention. As described by Mattocks and colleagues (2012), women veterans are describing stressors that are gender-related, including military sexual trauma, and therefore need gender-specific mental health care both within the VA system and from community resources. This area is rapidly changing and the need for services specifically for female veterans will grow with the addition of female combat arms service members (Yano & Frayne, 2011). Female veterans who do not feel that their combat experiences or their identity as a combat veteran are recognized by an organization or by society will not be

likely to seek mental health services. In addition, funding is necessary to continue research on female veterans and their specific needs, which is even more important as women begin to enter combat arms positions. This research showed that the descriptions of combat experiences of male and female veterans had many similarities and a few differences, but it only begins the knowledge in this area. There is much to learn about how women integrate their combat experiences once they return from deployment, and how they integrate their female gender with their traditionally masculine experiences of war. Until recently, female veterans have been fitting into a VA system primarily designed for men. While that is a useful starting point, there is still much to learn about how the needs of female veterans may differ from the needs of male veterans.

**Limitations**

One of the important limitations of this study is the small sample size. Though the study was exploratory and therefore a smaller sample was useful, a larger sample of both male and female veterans may have provided information on cultural differences or other differences due to role within the military, particularly within the comparison group of male veterans. Further, the sample self-selected to participate in the study, so the participants may differ in important ways from the veterans who did not chose to participate. Veterans were notified during the screening phone call that the study would include an interview about combat experiences; veterans who were not willing to discuss them would have been screened out. These veterans may have had more intense experiences or have had different responses to the combat experiences they had. Because of safety considerations when discussing combat experiences, veterans were also required to travel to the East Orange VA hospital to interview in person with the researcher, rather than interviewing over the phone. This made recruitment difficult, as many veterans were either too busy or too far away to travel to the interview location. In this way,

veterans sampled may differ from other veterans, in that they had the time and ability to travel and were willing to discuss their combat experiences.

Another limitation of this study was the reliance on recall of events during the interview. Participants were asked to recall events that occurred between a few months and ten years in the past, and therefore their recollection of events may have been blurred over time. They also may have had more time to process and consider the events, or describe them to others, and therefore the description may have shifted over time or with multiple retellings. Participants who had more time to find ways to cope with their experiences may report them differently than veterans who had only recently returned from deployment.

In addition, narration of a story is a performative act, and the telling of the story depends on the storyteller's perception of the audience. In this way, the experiences described by the veterans may have differed slightly in response to the interviewer, and what the veterans perceived about the interviewer's level of understanding. Veterans, in this study and elsewhere, describe being able to talk more freely with other veterans than with those who have never served in the military. Participants, therefore, may describe their experiences differently depending on their perception of the interviewer's experience of the military. Because of the co-construction of the narratives elicited in this research, it is important to remember that these experiences have been described for a particular audience at a particular time, and so are not literal recitations of events.

Another limitation of the interview method of this research is that participants were describing events that they may have described many times over in therapy, which also may have altered their recollection of the experience. Cognitive therapy is one of many techniques used

with combat veterans, and involves restructuring cognitions associated with an event. A veteran who has received cognitive therapy may therefore describe their thoughts or feelings or the nature of the combat experience differently than they would have if they had not received this type of therapy.

Although all participants were veterans, some were still serving in the reserve component of the military. Particularly because the interviews were set in the VA Hospital, another government agency, participants may have felt pressured to report their experiences or behaviors as following the protocols that were expected. Furthermore, though all participants were assured that their responses were confidential and were not linked to VA benefits or to claims for disability, veterans may have altered their stories to either prevent loss of VA benefits or to provide a better claim to receive disability benefits.

Finally, all participants were seeking healthcare within the VA, which distinguishes them from non-treatment-seeking veterans in several ways. First, their combat experiences may have been different from those who did not seek treatment – they may have been more likely to have experienced difficult wartime experiences such as combat trauma or military sexual trauma. They may have had similar experiences, but have had more difficulty coping with those experiences, leading them to seek treatment at the VA. The researcher was not made aware of any mental health or other treatments provided to the veteran before the interview, and so was not able to distinguish veterans by mental health diagnosis or treatment.

**Future Research**

Future research with female veterans, and indeed all veterans, especially that which examines the effects of combat experience, should expand the definition of combat exposure to encompass a broader variety of experiences. Research that limits combat to a prescribed list of

events does not accurately describe female veterans' experiences of combat, which are more subjective and include feelings of threat. Research findings from this study indicate that the perception of threat is an important contributor to both male and female veterans' definitions of combat, and as such, combat experiences can encompass a broader range of experiences than the current definition of combat exposure used in research. Research on veterans of Iraq and Afghanistan, therefore, should continue to assess for cognitive appraisal of threat, rather than using combat exposure, which may not be as accurate for female veterans, especially research on post deployment mental health

Future research in this area could examine the effects of multiple factors on the veteran's combat experiences, including their gender, their role in combat, and their level of combat exposure as well as their perceived threat. This research indicates that there are similarities between males and females in their experiences of combat, but there are still a variety of stress responses within both sexes. It remains to be seen if the differences could be accounted for in an examination of role within the military or by accounting for gender rather than or in addition to biological sex, or perhaps another factor. Interviews with male veterans who were not in combat arms show some similarities to the female veterans' interviews, though this is limited by the small number of male veterans who were not in combat arms. Though very limited, this may indicate that role in combat or the intensity or frequency of combat exposure, may influence how the combat experience is defined and described. The new policy that allows women to enter into combat roles in the military will dramatically shift future research in this area. Studies that compare the experiences of males and females serving in the same role, such as artillery or infantry, would be particularly useful. Other future research could further examine the intersection of the experience of "doing gender" and the identity of "combat veteran". Several

female veterans described difficulty merging these two roles after return from deployment. They were expected to be loving and emotional and focused on relationships with friends and family, but their experiences in the military or in combat made this role difficult for them. They described difficulty establishing or maintaining romantic relationships because they did not act "feminine". Male veterans don't have the expectation of performing female gender roles, and are not expected to demonstrate emotion. Female veterans, however, are females first, and thus expected to respond in traditionally feminine ways.

**Conclusion**

While female veterans have many similarities to their male counterparts in their descriptions of and response to combat in Iraq in Afghanistan, they are also faced with unique challenges. Their existence in a historically hypermasculine military culture requires them to manage their behavior and negotiate conflicting expectations between traditional feminine gender performance and traditionally masculine work performance. This influences their experiences of being in and coping with combat, describing combat, and being a veteran. It can influence their self-identification as a veteran or combat veteran. Their combat experiences are influenced by many factors, including perceived threat, though biological sex, as this study indicates, may only play a small role. Practitioners and policymakers alike should be aware of the wide variety of experiences and definitions of combat and combat veteran that female service members and veterans may describe, and should be cognizant of the effect of gender performance on their experiences.

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## Appendix A: Interview Guide

### Definition of Combat

*First I'd like to ask a few questions about what you consider to be combat. I know this can be difficult to talk about, and if you'd like to take a break or stop the interview at any time, we can do that.*

***Interviewer:*** *This section should capture*

- *how the participant defines combat.*
- *how they define a combat veteran.*
- *whether they consider themselves to be a combat veteran, and why.*

*Questions*

1. Can you describe for me a person you would consider to be a combat veteran?
2. Many veterans and military groups define combat in different ways. Can you tell me what you consider to be combat?
3. There are many ways in which people can be exposed to combat, even if they aren't intended to be combat participants. Even if you weren't in a combat role, what are some of the ways you were exposed to combat while you were deployed?
4. Would you consider yourself a combat veteran?
    a. Why or why not?

### Most Significant Combat Experience

*Next, I'd like to ask about some of your experiences with combat. Many veterans have more than one experience of combat during a deployment or multiple deployments, but for the next few questions, I'd like you to think of one combat event that was particularly significant for you.*

***Interviewer:*** *This section should capture*

- *The veteran's description of their most significant combat experience.*
    - *Why that experience was most significant.*
- *Best and worst parts of combat.*

*Questions*

5. Please think for a minute about the most significant combat experience you had. Can you tell me about this experience?
6. What was the hardest part?
7. Was there anything positive that happened during this event? What was that?
8. Stepping back from your most significant combat experience that you've just been telling me about, what made it the most significant for you?
    a. If you had other combat experiences, how were they different from this one?

**Direct Vs. Indirect Combat Experience**

*Next, I'd like to ask about some of your other experiences with combat. Combat can be separated into two categories – direct combat, such as when enemy fire is directed at you, or you directed fire at the enemy, and indirect combat, in which you did not or could not engage the enemy or there was no enemy present, such as during mortar rounds, IED explosions, or suicide bombings. I'm going to ask you about experiences you might have had with each type of combat.*

***Interviewer:*** *This section should capture*

- *Veteran's description of direct combat experience.*
- *Veteran's description of indirect combat experience.*
- *The veteran's comparison of difficulties of direct vs. indirect combat.*

*Questions*

9. Can you tell me about your experiences of direct combat, such as when enemy fire was directed at you, or you directed fire at the enemy?
10. Can you tell me about your experiences of indirect combat, in which you did not or could not engage an enemy or there was no enemy present, such as mortar rounds, IED explosions, or suicide bombers?
11. When considering both your direct and indirect combat experiences, which did you find more difficult? Why did you find that more difficult?

**Dealing with Combat Experience**

*I'd like to know a little more about how you dealt with combat immediately, and then how you coped later on. Many veterans experiences more than one incidence of combat during a deployment, or during multiple deployments, so these questions might bring up memories of more than one experience. I'd like you to think about whatever experience seems most important to the question. If you would like to talk about more than one experience, please indicate when you are talking about different events.*

***Interviewer:*** *This section should capture*

- *Immediate response to combat*
    - *Thoughts/cognitions during combat*
    - *Feelings/emotions during combat*
    - *Actions during combat*
    - *Physical/Bodily responses during combat*
- *Later responses/coping with combat after danger has passed*

- *Coping Responses: Social support, humor, distraction, withdrawal, self-blame, spirituality*

*Questions*

12. *First I'd like to know how you dealt with combat as it was happening.* Can you describe for me the most intense 10 seconds of a combat experience in the best detail you can?
    a. What were some of the things you remember thinking?
    b. Tell me about what you were feelings or your emotions.
    c. What did you do to respond? *(Actions)*
    d. How did your body respond? *(physical/bodily responses – e.g. heart pounding, difficulty breathing, sweaty palms, etc.)*

*Now I'd like to ask you how you coped with a combat event after you knew it was over. Different people deal with stressful events in different ways – some talk with others, some find distractions, some avoid thinking about it, some blame themselves, some make jokes about it, or use spiritual or religious beliefs to find comfort. I'm interested in how you tried to deal with it.*

13. Tell me about what you did after you got to a secure location and you knew the event was over.

    Probe: Some combat veterans can talk about their experience in combat in many ways with many different people. For example, you may have shared with someone that you have been in combat, but haven't told them in detail about what that experience was like for you. Have you talked to anyone about some of the details of this experience? If so, whom? Why did you share those details with that person?

**Differences for Men and Women**

*I'd also like to know how you think combat is different for men and for women.*

***Interviewer:*** *This section should capture*

- *Participant perceptions on differences between men and women in combat.*
- *Participant perceptions on how combat has shaped their gender role.*
- *"Most important" information about combat for non-combat veterans of either gender.*

*Questions*

14. Do you think engaging in combat feels different for men than it does for women?
    a. If so, in what ways?
15. **If participant is male**: Do you feel like your combat experience has changed how you feel about yourself as a man?
    **If participant is female:** Do you feel like your combat experience has changed how you feel about yourself as a woman?

   a. If so, in what ways?
16. **If participant is male:** If a young man who had recently joined the military and was about to be deployed came to ask you what combat was like, what would you tell them?
    **If participant is female:** If a young woman who had recently joined the military and was about to be deployed came to ask you what combat was like, what would you tell them?
17. How would your advice change, if at all, if the new military member were the opposite gender?