Quick Takeaways:

- Female veterans from all military branches deal with similar stressors related to their military experiences and use similar strategies to cope with these stressors.
- Female veterans reported that their transitions to civilian life were smoother when they belonged to a veteran-civilian community or could take pride in being a veteran civilian.

Study:

In this study, researchers developed a grounded theory around the unique experiences and challenges of female veterans. Researchers focused narrowly on the experiences of 20 female veterans who served in the Gulf War and post-Gulf war era in the Army, Navy, Air Force, Marine Corps, or Reserves/National Guard. The data was collected through personal interviews designed to capture each woman’s experiences transitioning into, through, and from the military and to identify coping strategies used to counter military related stress.

Findings:

The female veterans’ military experience was defined by “coping with transitions” which occurred in seven phases: 1) choosing the military; 2) adapting to the military, 3) being in the military; 4) being a female in the military; 5) departing the military; 6) experiencing the stressors of being a civilian; and 7) making meaning of being a veteran civilian. The 20 women interviewed had similar experiences across the seven phases with one exception. There was a marked difference in women who served in a healthcare capacity and women who served outside of a healthcare capacity. Women who served in a healthcare capacity felt they were treated as equal to their male counterparts. In contrast, those who served outside of healthcare were more likely to report being demeaned, treated as inferior, and being victims of sexual assault. They were also more likely to report feeling betrayed and becoming hardened as a coping mechanism.

Respondents reported experiencing “culture shock” when transitioning between their military and civilian lives due to different values and social rules. Across all branches, female veterans reported using only a few coping strategies, such living in the moment, developing a strong work ethic, becoming hardened, secluding themselves, or hiding their military service with limited success. Respondents reported that their transitions to civilian life were smoother when they belonged to a veteran-civilian community or could take pride in being a veteran civilian.

Conclusion:

Overall, women veterans report similar stressors related to the seven identified phases of military service. Health providers that serve women veterans must be aware of the unique challenges they face and strive to integrate strategies such as trauma-informed care into their services. Providing additional coping strategies before, during, and after service could also be useful. Additional research could provide insight into the most effective programs and intervention strategies for women dealing with military-related stressors.