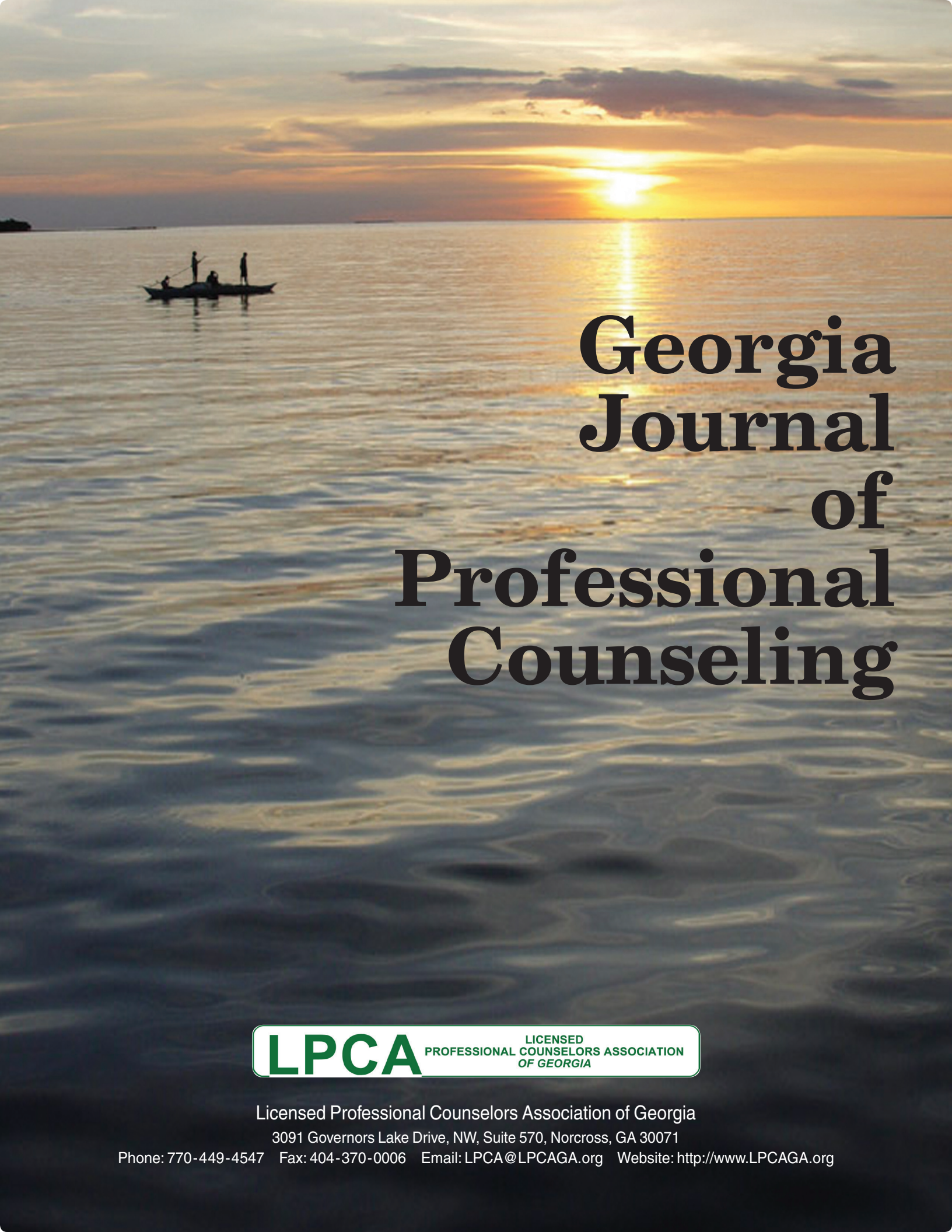

Georgia Journal of Professional Counseling

LPCA LICENSED PROFESSIONAL COUNSELORS ASSOCIATION OF GEORGIA

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LPCA of GA Immediate Past President

Carolyn Ramp, EdS, LPC, CPCS

"What counts is not necessarily the size of the dog in the fight -it's the size of the fight in the dog…"

Dwight D. Eisenhower

In the mid 1980's I was in the middle of a personal crisis and went to therapy for the first time in my life. Back then, psychiatrists were doing therapy and I was treated by an excellent man who was kind, wise, and gentle although he could confront when necessary. I had no health insurance, and it was a costly financial experience. However, it was the best investment I have ever made in myself. I learned so much about myself! When our therapy was ending, my therapist suggested I get trained as a therapist myself. He told me I would be perfect for the profession. I had been a schoolteacher for many years but decided to go back to college and get my master's in counseling.

I was hooked from the very first course I took and while it was demanding to hold down a job, take care of two children, and go to college, I loved every minute of every course I took. I had marvelous professors and I credit them with instilling in me a professionalism for the field and a desire to continuously grow and learn. I almost hated to finish the degree. So, I decided to go further and get a Specialist's degree in counseling. Following that, I was asked to teach as an Adjunct Professor in the master's program. Now, I was combining the two professions I had grown to love.

In those early days, there was no licensure in the state of Georgia for counselors. The Council for Accreditation of Counseling & Related Educational Programs (CACREP) was created in 1981 and was just beginning to hit college campuses.As I learned more about the counseling profession, I tried to help the college I was attending to investigate the future of this field and make changes to the current counseling programs to meet the CACREP criteria.

The National Board for Certified Counselors (NBCC) was created in 1982 and I quickly learned everything I could about it. I did not realize I was already becoming politically active. In 1984 the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists was created by an act of the General Assembly. This board was charged with regulating the practices of professional counseling, social work, and marriage and family therapy. Laws began to be added. Rules were created for our profession.

I joined all the professional organizations I could find that were related to counseling in Georgia and counseling nationally. That is when I first joined the Licensed Professional Counselors Association of Georgia (LPCA). My member number is 286. I was so excited to find other counselors with whom I could network. Belonging to this organization over the years has kept me informed about advances in our field, up to date on current trends in our profession, and able to attend continuing education that benefitted my work with patients. I am a better professional for being in this organization.

But I had no idea of the challenging work that was ahead to bring our profession into public awareness nor to grant our profession the same rights to function as professions with equal or similar training. In 1989, LPCA had our first proclamation for Mental Health Counselor's Week. This recognition began to bolster our efforts to increase public and political awareness of the benefits of counseling. LPCA began to lobby the Georgia Legislature and in 1995 *The Privileged Communication Law* was passed, and it became the law for our scope of practice.

This small group of volunteer professionals with the help of an executive director and a lobbyist began to make huge strides for licensed professional counselors. LPCA began to receive recognition nationally

for its efforts on behalf of the profession. By 2008, LPCA received the premier national distinction by the American Mental Health Counselors Association as the *Most Outstanding State Chapter Association*. We were recognized for our exemplary service to our members, most extensive member benefits, most active advocacy group, and largest membership with over 2600 Professional Counselors.

Mental health awareness was growing, and the stigma of getting help for those disorders was decreasing. Governor Sonny Purdue signed the *Mental Health Awareness Proclamation* encouraging all Georgians to work together to promote the mental health of our residents. In 2014, recognition of the work of the LPCAreally began to blossom. Governor Nathan Deal declared the month of May *Mental Health Awareness Month* and signed an LPCA proclamation promoting the mental health of all Georgians that encouraged the use of Licensed Professional Counselors.

In 2014, LPCA was also successful in getting LPCs added to the current list of providers who can sign the emergency transport form called the 10-13 MH and 20-13 Addictions for a client who is suicidal or homicidal. Recognition of our training and the benefits we could offer to our communities was on the rise. The next big step was to educate the legislators on the training of licensed professional counselors to get the right to diagnose the individuals with whom we worked. It was one word that needed to be added to the law. These may appear to be small steps, but they were quite significant.

Once these steps were achieved licensed professional counselors found their rightful place in the mental health field in Georgia. Other states began to follow the progress that LPCA was making in Georgia for licensed professional counselors. Now, it is time to push for national recognition. Our next goal is to get Licensed Professional Counselors added as Medicare eligible providers.

This past year with a national pandemic and volatile political climate has significantly highlighted theimportance of the mental health of Americans.The war against illegal drugs and the devastating impact these drugs have on all communities has been brought to the forefront of the political arena. The COVID-19 pandemic and the economic downturn that followed have negatively affected the mental health of many Americans. Isolation, social distancing, school and business closings are triggers that have created fear, anxiety, and financial stress for many families. Many individuals turned to alcohol and drug use to cope. Families faced the loss of their loved ones without the ability to be with them at the end and many are experiencing complicated grief and insomnia. Mental Health providers around the country were challenged to get their practices online to reach vulnerable individuals.More mental health providers are needed to meet these demands.

Licensed Professional Counselors are acutely aware of this and stand ready to meet the needs of their communities. LPCA has been a driving force behind the counseling profession for many years but trulystepped up to the plate in 2020 by providing guidance and support for counselors state-wide. It has always been an association on which Licensed Professional Counselors in Georgia can rely. Our members are highly trained professionals who consistently highlight best practices and the pursuit of excellence for the benefit of the communities we serve.

There are changes on the horizon again which will require additional training and expertise. LPCA will always be there to travel this journey with its members and provide them with the resources needed and the political advocacy necessary to meet the challenges.

State-Specific Guide to Documentation Procedures for the New Counselor:

From Licensure Application to Clinical Records

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Abstract

Documentation is a fundamental ethical component within the practice of professional counseling, yet novice counselors may experience challenges pursuing licensure and providing clinical documentation in various work settings. The following paper aims to provide a literature review of the ethical and legal requirements for various record-keeping practices through a state-specific case example (Georgia). Best practice guidelines for the Licensed Professional Counselor application, as well as documentation of directed experience, supervision, and continuing education are addressed. An overview of state laws federal laws, ethical codes, and best practice guidelines are synthesized and outlined to address the adult client's clinical record.

Key words: documentation, licensure, ethical, legal, client record

Introduction

Documentation is weaved into the fabric of professional counseling requirements and plays a critical role in the field (Luepker, 2012). Identified within our ethical codes and within our governing laws, counseling documentation is not only an expected, but a regulated and protected practice. Documentation may offer counselors protection from legal and licensing actions (Mitchell, 2007). However, with the ethical and legal significance of documentation, instruction in the method and procedures of documentation are often lacking within training programs and post-graduate supervision (Luepker, 2012; Wiger, 2012).

Although the Council for Accreditation of Counseling and Related Educational Programs (CACREP) identifies the knowledge of various counselor roles and functions (2.F.1.b) as well as professional counseling credentialing (2.F.1.g) as elements of the core areas of foundational knowledge (CACREP, 2016), and many counseling students and beginning counselors are informed of the importance of documentation, they are often left without specifics regarding the process (Luepker, 2012). New professionals enter the field to find the requirements they must comply with are vague and convoluted (Pope, 2017). Applicants for the professional counselor licensure must navigate varying requirements and expectations and need to be familiar with the rules and regulations of any state composite board in which they expect to work. Furthermore, while attempting to parse out licensure requirements, beginning counselors are tasked with ensuring their competence and compliance with all ethical and legal mandates concerning documentation as they venture into licensed independent practice.

Through a review of the literature, we aim to synthesize and analyze documentation procedures within the counseling profession through a state-specific case study. This paper

examines the rules and policies set forth by the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists(Ga. Comp. R. & Regs. r. 135-5, see http://rules.sos.ga.gov/gac/135-5) along with best practice guidelines, ethical codes, and additional Georgia state and federal laws when applicable. The definitions and documentation procedures for the direct experience and supervision requirements to obtain the Licensed Professional Counselor (LPC) licensure are addressed. Further, documentation of continuing education, record keeping, and case notes are reviewed.

Documentation for Licensure Applications

In the state of Georgia, rules and regulations for professional counselors are created and overseen by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists. Prior to application for the LPClicense, Georgia code requires applicants to complete a post-mater's directed experience. The Composite board defines directed experience as the "time spent under direction engaging in the practice of professional counseling" [Ga. Comp. R. & Regs. r. 135-5-.02(a) (6)]. In Georgia, number of years required to fulfill the direct experience requirement for licensure varies according to degree type. For instance, applicants who hold a doctoral degree in a program that is primarily related to professional counseling are required to complete a year-long supervised counseling internship of at least 750 hours during the doctoral program, or one year of supervised post-master's directed experience (O.C.G.A. § 43-10A-11). Applicants who hold a master's degree from a program primarily counseling in content however, must demonstrate 4 years of post-master's directed experience under supervision, or three years of past-master's directed experience under supervision (O.C.G.A. § 43-10A-11) and a 600-hour supervised graduate practicum or internship (Ga. Comp. R. & Regs. r. 135-5-.02). The degree program must be accredited at the time the

degree was awarded "by the Council on Accreditation of Counseling and Related Educational Programs (CACREP), the Council on Rehabilitation Education (CORE) or a regionally accredited program recognized by the Council on Higher Education Accreditation (CHEA)" [Ga. Comp. R. & Regs. r. 135-5-.02(b) (1)].

While states require the 3,000 hour post-masters clinical experience in order to obtain licensure as a professional counselor, licensure portability continues to be an issue in the profession (Bray, 2015). David Kaplan, former president of the American Counseling Association, said "more than 35 different license titles are currently in use by professional counselors across the country" (Bray, 2015). Along with more than 35 different licensure titles, there are also different rules, standards, and regulations for obtaining licensure as a professional counselor. While a thorough discussion of differences in state licensure requirements is beyond the scope of this paper, it is worth noting the difficulty this procedure may be for counselors who move to different states, both during and after their post-master's directed experience. For example, if a counselor completes their post-master's directed experience in the state of Georgia, and passed the National Counselor Exam prior to graduation, they will need to take the National Clinical Mental Health Counselor Exam prior to practicing in New York – even if they have received the full LPC license in Georgia. For more information about the differences in licensure portability across states, visit the American Counseling Association Knowledge Center (ACA, 2020). Post-master's directed experience must meet the requirements related to acceptable work sites and direction outlined by the board. In Georgia, work sites are also expected to maintain documentation of the applicant's signed contract; noting the job description, office hours, performance review procedures, and dismissal policies (Ga. Comp. R. & Regs. r. 135-5-.02). Direction of the directed experience specifies either an employer or administrative superior who

provides ongoing oversight and confirms quality services are being provided by the clinician (Ga. Comp. R. & Regs. r. 135-5-.02). Further, the director is responsible of ensuring supervision when the practice falls outside of the counselor's scope of practice (Ga. Comp. R. & Regs. r. 135-5-.02).

While the definitions and hour requirements for LPC's are outlined within the Official Georgia code and thoroughly explained in the board rules, guidance related to the documentation process is limited. The Georgia Composite Board requires a "Directed Experience Under Supervision Contract" be filled out and filed (Ga. Comp. R. & Regs. r. 135-5-.02). The contract (Forms C and E) are available through the board's website and outline the working relationship between the applicant, director, and supervisor. The work site must meet the requirements set forth by the "directed experience" definition, and the applicant is responsiblefor notifying the board of any contractual changes through submission of a new contract within 14 days of the change (Ga. Comp. R. & Regs. r. 135-5-.01). Additionally, the board notes that applicants may be requested to provide additional documentation on the working relationship, structure of the organization, and whether any other licensed individuals work there (Ga. Comp. R. & Regs. r. 135-5-.02).

Separate from the board rules, the Georgia Composite Board has a set of policies that extend the expectations related to accruing and documenting directed experience. The Board Policies (2018) state the post-master's work experience should "be obtained consecutively each and every month for the duration of the required months/years of the post-master's experience" (p.2). However, these policies state an expectation of accumulating a minimum monthly hour amount do not offer any indication on an actual minimum number of hours. Separately, the

policies state hours are expected to be evenly distributed across months and for a full twelve-month period (Ga. Comp. Board, 2018).

Aside from the initial requirement to notify the board via a contract affidavit, and the requirement to update any contract or site changes, the official board rules do not address the documentation of the ongoing direct experience. The board's policies require a full 12, 24, 36, or 48 months of documentation depending on degree type and state, "contemporaneous logs must be kept and shall be subject to board review upon request" (Ga. Comp. Board , 2018, VII). The policies, however, lack guidance on what is expected to be recorded in these logs.

Further**,** application for a Professional Counselor License does require documentation on the summary of the direct experience. Form C, the "Post-Masters Directed Work Experience Verification Form" (2017) requires the director to certify via signature and notarization the dates and total number of hours the applicant acquired at the work site. The Licensed Professional Counselors Association of Georgia (LPCA) strongly advises using the "Directed Experience Log" from their website to document direct experience for licensure. "The Directed Experience Log" offers a format to record weekly dates, weekly hour total, and amount per type of hour (i.e. direct contact hours, consultation, documentation hours, etc.). Additionally, the form includes space at the top to fill in applicant name, employer, type of work setting, director signature, applicant signature, and clinical supervisor signature (LPCA, 2017).

Supervision Documentation

The directed work experience outlined above is required to be supervised practice. As such, if the applicant is required to complete three years of directed experience, then they are also required to obtain three years of supervision. The Composite Board defines supervision as "the direct clinical review, for the purpose of training or teaching, by a supervisor of a

Professional Counselor's interaction with their client(s)"[Ga. Comp. R. & Regs. r. 135-5-.02(a)(4)]. Like the direct experience requirement, the supervision requirements are broken down into hour requirements per year. As of 2018, a minimum of 35 hours obtained during a twelve- month period is required per year of supervision and all supervision hours must be accrued during the 60 months prior to application [Ga. Comp. R. & Regs. r. 135-5-.02(a) (8)].

The Georgia Composite Board currently allows supervisors to be LPC's as well as professional from related fields (Ga. Comp. R. & Regs. r. 135-5-.02). While the specific supervisor requirements are beyond the scope of this paper, there are two important aspects to note in relation to an applicant gaining full licensure. First, while supervisors can be from related disciplines, there is a minimum requirement to have part of one's supervision with an LPC. For example, for those who hold a master's degree, a minimum of 2 years of supervision must be from an LPC, while those with a doctoral degree are required to have, at minimum, half of their one supervision year with an LPC (Ga. Comp. R. & Regs. r. 135-5). Second, supervision documented as of September 30, 2018 must be with a supervisor who holds the credentials of either an Approved Clinical Supervisor (ACS) through the National Board of Certified Counselors or a Certified Professional Counselor Supervisor (CPCS) through the Licensed Professional Counselors Association of Georgia (Ga. Comp. R. & Regs. r. 135-5-.02).

Supervisors and supervisees are required by the Composite Board to keep records of their supervision. These records are to include the date, duration, type of supervision (individual, paired, group), and a brief summary for each supervision session (Ga. Comp. R. & Regs. r. 135-5.02). Additionally, the board policies assert a full 12, 24, 36, or 48 months of supervision be documented according to degree requirements. The Georgia Composite Board policies state supervision hours should be obtained each month of the required duration, therefore having a

minimum requirement each month (Ga. Comp. Board, 2018). As noted above, there is no official number provided as a monthly minimum. The LPC application requirement for documenting supervision follows suit with the direct experience form. The "Post-Masters Clinical Supervision Verification Form" (Form E) requires the dates, hour total, and description of supervision practice be signed and notarized by the clinical supervisor. Additionally, this form asks the supervisor check whether they recommend or do not recommend the applicant for licensure (Form E, 2017).

Ethical codes provide some guidelines on the documentation procedures of supervision. The American Counseling Association (ACA) Code of Ethics (2014) simply states supervisors are responsible for incorporating informed consent into the supervision relationship. Supervisors are also instructed to inform supervisees of all policies and procedures supervisors must adhere to, as well as the process to appeal a supervisor's actions (ACA, 2014). The National Board of Certified Counselors (NBCC) Code of Ethics (2016) states National Certified Counselors (NCC) who provide supervision are to keep a record of supervision goals and progress. Additionally, all information gathered during supervision is to be kept confidential with the exceptions of preventing imminent danger to others and when legally required to break confidentiality (NBCC Code of Ethics, 2016).

Guidelines for Best Practices

The Licensed Professional Counselor Association of Georgia (LPCA-GA; 2017) reported a 60% increase in supervision audits with many resulting in denials of applications or board meeting testimonies. As such, they created a series of forms in 2017 to be filled out by the supervisor and the supervisee. Both pairs of forms include a "Summary of Supervision Hours" form and a "Supervision Notes" form (i.e. "the logs"). The "Summary of Supervision Hours"

form is formatted as a table to include date, time by minute and hour, supervision modality (individual, triadic, group), and topics discussed (LPCA, 2017). Further, both the supervisor and supervisee set of the "Summary of Supervision Hours" form allows space for the supervisee and the supervisor to sign and date (LPCA, 2017). The supervisee version includes an additional row for supervisor's initials by each individual supervision date (LPCA, 2017).

The "Supervision Notes" forms for both the supervisor and supervisee are to satisfy the continuous logs requirement outlined in the board policies section (G. Macke, personal communication, January 19, 2018). LPCA's (2017) logs are to be used per supervision session and include the names of supervisor and supervisee, meeting number, date, start and end time (as well as total time), agenda, and case specific information (presenting issue, treatment plan, interventions, notes, etc.), as well as a space for both supervisor and supervisee to sign and date. LPCA (2017) created an additional form, "Supervisor's Non-Clinical Supervision Notes" for supervisors to record supervision items discussed not directly related to client cases.

The Association for Counselor Education and Supervision (ACES), a founding division of the American Counseling Association (ACA), established a taskforce to identify a set of guidelines for best practices in clinical supervision across work settings (Borders, Glosoff, Welfare, Hayes, DeKruyf, Fernando, & Page, 2014). The Best Practices in Clinical Supervision Guidelines (2014) were developed based on existing research, ethical codes, accreditation standards and other relevant documents from professional organization (Borders et al.). A section on supervisor's responsibility for supervision documentation is outlined in the guidelines. This section highlights that supervisors should maintain supervision documentation, which at a minimum includes a supervision contract (signed by the supervisor, supervisee, and site

supervisor when applicable), supervision case notes, and supervisee evaluations (Borders et al., 2014).

The Best Practices in Clinical Supervision Guidelines (2014) offer detailed specifics in maintaining supervision notes. According to Borders et al. (2014), supervision case notes should include supervisee and client informed consent, supervision session content (e.g. client updates), review method (e.g. recorded counseling session), and goals, directives, or recommendations regarding counseling sessions or client care. When applicable, supervisors also include problems, decision processes, and remediation efforts in their case notes (Borders et al., 2014). Borders et al. (2014) further argue, procedures should be in place to protect supervisee privacy and confidentiality (e.g. locked files), and documentation should be kept separate from client files. Additionally, the best practice guidelines highlight that supervisors should maintain documentation related to supervisees' certification or licensure until the supervisee submits the necessary documents (Borders et al., 2014).

The Southern Association for Counselor Education and Supervision, a division within ACES, offers a template for a supervision log available through their website (http://www.saces.org/page-1360109). The log consists of columns for the week (month, day range, year), direct supervision hours per week, direct clinical hours per week, indirect hours per week, site of clinical hours, supervision session content, and both the supervisor and supervisee initials per week (SACES Supervisor Training Committee, 2011). Additionally, space for both the supervisor and supervisee to sign and date the cumulative hour total can be found at the bottom of the log (SACES Supervisor Training Committee, 2011).

In considering best practices and the legal support for requiring the documentation of supervision practice, the concept of standard of care comes to the forefront. Standard of Care

reflects the level of practice accepted by a profession and stems from case law, ethical codes, and professional statutes and standards (Haarman, 2013). Haarman (2013) argued documenting supervision is part of the standard of care for the counseling profession and lacking a written record is almost synonymous with providing clinical services without records. Similarly, Falender (2014) maintained risk management strategies for supervisors include documentation of supervision as well as ensuring supervisees are maintaining records. Haarman (2013) further explains if damages or injury were to occur from a supervisor's breach of an established duty (i.e. a violation of a standard of care), the supervisor could be at risk of a malpractice suit and held liable due to negligence.

Continuing Education

In Georgia**,** all licensees, whether Associate Professional Counselor or Licensed Professional Counselors, are required to complete 35 clock hours of continuing education every two years (Ga. Comp. R. & Regs. r. 135-9-.01). A minimum of five hours must be in professional ethics, a minimum of 15 hours must be core hours (professional counseling continuing education), and no more than 15 hours can be from related disciplines (Ga. Comp. R. & Regs. r. 135-9-.01). Additionally, a maximum of ten hours can be obtained online, excluding continuing education to fulfill the ethics requirement (Ga. Comp. R. & Regs. r. 135-9-.01).The Composite Board declares licensees should maintain their own record of completed continuing education for a three-year period and the licensee will attest whether they have satisfied the continuing education requirement with each license renewal cycle (Ga. Comp. R. & Regs. r. 135-9-.02). A fixed number of the renewal applications will be audited, in which case, the licensee will have to provide documentation for their continuing education hours (Ga. Comp. R. & Regs. r. 135-9-.02). If audited, this documentation must be either a certificate of attendance, a signed

statement from the provider, or an official transcript (Ga. Comp. R. & Regs. r. 135-9-.02). If the continuing education was in the form of an independent study (limited to five hours and may not be counted towards ethics or core hours), an affidavit including the dates, number of hours, subject material and a description is required (Ga. Comp. R. & Regs. r. 135-9-.02). To date, the literature did not yieldany best practice guidelines or suggestions for maintaining continual documentation of continuing education. Typically, continuing education record-keeping consists of organizing certificates in a filing cabinet, creating and updating an excel spreadsheet with uploaded certificates, or using a tracking program (ACEA Team, 2017). Today, there are many continuing education tracking subscription programs and apps available for purchase.

Client Documentation

Documentation of client information, counseling sessions, and client interactions is both a standard and expected practice within the mental health field (Corey, Corey, & Callanan, 2007). With this endeavor, comes both legal and ethical implications for the clinical record. Professional Counselors must not only be familiar with these principles but have an understanding of how to apply the various legal and ethical requirements when documenting client cases. Proper documentation provides the client and the counselor many benefits. Thorough documentation offers continuity of care both between sessions for the treating counselor and when communicating with other helping professionals (Mitchell, 2007). Additionally, in the event the treating counselor needs coverage due to sickness, vacation, or emergency, documentation provides the covering clinician a roadmap for treatment (Mitchell, 2007). Mitchell (2007) asserts documentation is often involved in legal issues related to the client, required by third-party payers, and can offer protection to the counselor against claims of unethical behavior. Furthermore, Duranti (2016) proposes that documentation of services

provided and related outcomes demonstrates that a professional counselor is working both within their bounds of competency and at the highest standard of care.

The ACA Code of Ethics (2014) outlines multiple codes that relate to the documentation of clients. Within the client welfare subsection, the ACA Codes (2014) require counselors maintain documentation that includes client progress and services provided, are sufficient and timely, and note any amendments made. According to the ACA Codes (2014), informed consent (a client's choice to enter and remain in counseling) must be reviewed both orally and in writing. Documentation is also required in the event of extending professional boundaries with clients, bartering agreements for client services, romantic relationships with former clients, accepting new clients with whom there was a previous relationship, defining "the client" in couples and family counseling, and when faced with an ethical dilemma (ACA, 2014). Finally, the ACA Codes (2014) have an additional subsection labeled "Records and Documentation" that reiterate the professional counselor's responsibility of creating and maintaining documentation and records of services provided. Counselors are to ensure the security of records in order to protect confidentiality, document any client requests to view records and any decisions to withhold such information, and acquire written permission to disclose or transfer records (provided no exceptions to confidentiality exist) (ACA, 2014). Additionally, counselors are instructed to maintain and dispose of records in accordance with state and federal laws (ACA, 2014).

The Georgia Composite Board included aspects of the ACA Code of Ethics into their board rules, highlighting specific requirements for applicants and licensees alike. Included in the rules related to documentation are the requirements of obtaining informed consent and maintaining client confidentiality as permitted by law (Ga. Comp. R. & Regs. r. 135-7-03). Federal requirements for the security and confidentiality of health information were set forth via the

Health Insurance Portability and Accountability Act (HIPPA) of 1996 (Office for Civil Rights [OCR], 2017). The *Standards for Privacy of Individually Identifiable Health Information* ("Privacy Rule") was later issued by the U.S. Department of Health and Human Services to address the use and disclosure of protected health information (PHI) by covered entities (OCR, 2017). While a full review of the Privacy Rule is beyond the scope of this paper, sections relevant to psychotherapy notes will be addressed here. Additional information on the "privacy rule" and information related to the safeguarding requirements for electronic health information (see *Security Standards for the Protection of Electronic Protected Health Information*; "security rule") can be found through the Department of Health and Human Services.

Under the Privacy Rule, HIPPA distinguishes the clinical record from psychotherapy notes and defines psychotherapy notes as

> "notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date." (OCR, 2013, p.76).

Holloway (2013) explains psychotherapy notes may contain clinical impressions, personal notes, and sensitive information that HIPPA has identified as requiring additional protection. As such, HIPPA mandates psychotherapy notes are to be kept separate from the medical record (OCR,

2017). Specific client authorization is required for the release of psychotherapy notes, with the exception of mandated reporting and when state laws require a "duty to warn" (OCR, 2017). Holloway (2003) adds while the Privacy Rule grants client's a right to their medical record, it does not extend this right to psychotherapy notes. While the Privacy Rule only applies to the electronic transmission of health information (i.e. electronic claims, third-party payers, etc.), the APA Practice Organization and APA Insurance Trust strongly recommend compliance with these standards (APA Practice Organization, 2018). HIPPA does not include any governing rules on the length of retention required for clinical records. However, Doverspike (2008) highlights that HIPPA standards implicitly require records to be maintained as long as there are requests for access from clients.

Georgia law stipulates mental health records are required to be maintained for each client (O.C.G.A. § 37-3-166). The code specifies the clinical record includes all medical records, progress notes, charts, and admission and discharge data (O.C.G.A. § 37-3-1). Further Georgia Law stipulates the clinical record may not be made public or released except under specific circumstances (O.C.G.A. § 37-3-166). For example, disclosures are permitted with client authorization, a court order or valid subpoena, at the request of a client's attorney with client consent, when a client is admitted into a treatment facility, or between treatment personnel when necessary for continued treatment (O.C.G.A. § 37-3-166). Georgia law does not specify any requirements in relation to the retention period of mental health records.

\Guidelines for Best Practices for Clinical Documentation

The American Psychological Association (APA) formatted 13 record keeping guidelines based on professional consensus, previous APA policy, ethical standards, and legal requirements in an attempt to offer a framework to the practice of record keeping. These guidelines, along with

their rational and application, can be found in full online. Critical sections will be briefly reviewed here.

Similar to the ACA codes discussed above, the APA Record Keeping Guidelines (2007) consider the clinician responsible for the maintenance and retention of records. The Record Keeping Guidelines (2007) advise clinicians maintain accurate, legible, and timely notations of services provided and ensure all personnel who have access to client records are properly trained on issues pertaining to confidentiality (APA. 2007). Information related to the client, including identifying information, fees and billing agreements, documentation of informed consent, waivers of confidentiality, authorizations for release of information, and any mandated disclosures are highlighted for inclusion within the guidelines (APA, 2007). Additionally, client health and developmental histories, presenting concerns, diagnoses, and treatment plans are considered necessary components into the clinical record (APA, 2007).

Client contact, including the date, duration, and type of service provided (e.g. treatment, assessment of client status, training) should be noted with each occurrence (APA, 2007). Additionally, the nature of the contact or intervention (e.g. treatment modality, referral) and the contact format (e.g. email, phone, etc.) should be recorded (APA, 2007). Prognosis and plans for future treatment, as well as client reactions to treatment interventions, and emergency interventions utilized are outlined for inclusion within the recommendations (APA, 2017). The guidelines also advise including any client risk factors for danger to self or others, alternate treatment modalities being utilized (i.e. medication, group therapy), cultural factors, and case related consultations or referrals (APA, 2017). The Record Keeping Guidelines (2007) consider the impact of language used in documenting clients and highlight the importance of preserving the context in which the original information was gathered. Further, considerations related to the

level of detail included are discussed and outlined according to different settings and factors (i.e. client wishes, emergency settings, setting requirements).

Following the recommendations of the Record Keeping Guidelines (2007), client files are to be divided into subsections, such as information that will be shared with others, information obtained from the client or third parties (i.e. past treatment logs, letters, pictures), and psychological test data. In line with HIPPA requirements, psychotherapy notes constitute a section separate from the rest of the record as well (APA, 2007). Additionally, when re-releasing data (past therapy records), the guidelines (2007) suggest considering the specific request, demand of the request, and client wishes. Subsequent guidelines include developing procedures to ensure confidentiality of physical and electronic records and notifying clients of record keeping policies, who may have access to the medical record, and potential distribution of records by third parties when released (APA, 2007). Further, the APA's Record Keeping Guideline's (2007) suggest keeping records in areas safe from damage, maintaining backup copies off-site, utilizing security measures (locked offices, passwords, and firewalls), and establishing transfer arrangements for the records in case of retirement, death, or disability.

The APA's record keeping guidelines (2007), like state law, do not offer direction on the time span of retaining records. The Georgia State Board of Examiners of Psychologists**,** however**,** requires psychologists, in the absence of state and federal laws, maintain complete adult clientrecords for seven years following the last date of service (Ga. Comp. R. & Reg. R. 510-5). Doverspike (2008) reasons a seven-year retention period is sufficient and considered conservative as HIPPA continually references a six-year time period throughout the federal regulation (although not specific to mental health record retention).

Healthcare Providers Service Organization (HPSO), a malpractice insurance company for healthcare professionals, warns “not documented, not done” in the eyes of the legal system (HPSO, n.d.). HPSO offers a summary of counseling documentation recommendations for best practice and legal protection. These recommendations include recording observations of client’s affect, actions, and body language at the beginning of each session (HPSO, n.d.). Further, the subject matter and a reiteration of the overarching purpose of counseling should be documented each session (HPSO, n.d.). HPSO (n.d.) explains this process offers a comparison to previous and future sessions to monitor treatment effectiveness. Results of treatment, including client’s response to counselor and treatment interventions, changes in mood or behavior from the start of session, and any avoidance of topics or interventions should be noted (HPSO, n.d.). Additionally, any communication with the client regarding the session’s plan or treatment expectations should be documented (HPSO, n.d.). HPSO (n.d.) contends recording these conversations can provide both assistance in treatment rationale and potential protection for the counselor as there is now a point of reference for agreed upon treatment.

Outlined in the HPSO (n.d.) recommendations is the suggestion that follow up plans be thoroughly documented with special attention given to any changes or plans to change treatment in response to client progress level. Additionally, HPSO (n.d.) asserts counselors should document when providing clients with resources, engaging in professional case consultation, and next session scheduling agreements that occur (HPSO, n.d.). Lastly, counselors should note any professional observations, actions that need to be taken, and follow-up results of those actions (HPSO, n.d.). HPSO also advises any notes that are amended or added at a later date should be dated, initialed, and time-stamped to protect the counselor from accusations of falsifying records.

Discussion & Recommendations for Future Research

New counselors navigate a plethora of professional responsibilities rooted in ethical and legal requirements. As discussed in this paper, documentation is one such issue and is an essential and integral part of the profession. This literature review aimed to review various documentation related topics paramount to the success of new counselors as they venture through the application process for full licensure and into independent practice. Composite Board rules and policies and best practice guidelines were reviewed for the documentation of the Professional Counselor licensure application, including an in-depth review of the directed experience and supervision requirements. The requirements for Continuing education were addressed next and outlined in accordance with the Composite Board rules.

Paramount to any discussion on documentation related to the field of professional counseling is that of the clinical record. As such, documentation practices for the adult client were examined. A thorough review of Georgia state laws, federal laws, ethical codes, and best practice guidelines was included. Future research and scholarly writing regarding documentation should include ethical and legal considerations related to clinical records of child clients, including the complexities of working with minors, navigating subpoenas, court orders, and access to records during custody cases.

Training new counselors in the legal and ethical requirements of documentation is necessary for both the success of the counselor and the treatment of the client. While there is an abundance of topics to review in counseling preparation programs, and later in post-graduate supervision, documentation procedures are one area that should not be overlooked. Navigating the complexities of documentation protocols can often be perplexing, cumbersome, and time-consuming. Providing beginning counselors guidance and education on documentation requirements from seasoned counselor educators and supervisors allows new professionals to not

only meet their obligations, but also creates an opportunity for best practice from the onset of their careers.

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Title

Perceptions of Students and Associate Counselors on Preparedness for Substance Use Counseling

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Abstract

The study of substance use counseling is vital as 85,000 individuals work with substance use (NAADAC, 2017) and 7.1 million people met the diagnostic criteria for substance use disorder within the past year (SAMHSA, 2017). This initial study looked at counselors and counselors-in-training perceptions of preparedness to work in substance use counseling. The purpose of this study was to increase awareness and provide counselor training recommendations. Findings include implications of high perceptions of self-efficacy and emphasis on limited participants with lack of interest in this topic and how this may impact preparedness and future research.

Keywords: counselor education, addictions counseling, substance use treatment, counselor preparation

Perceptions of Students and Associate Counselors on Preparedness for Substance Use Counseling

1. Introduction

The importance of preparedness in substance use counseling is evident in Counselor Education Programs. According to the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health, approximately two-thirds of people 12 years of age and older reported in 2014 that they drank alcohol in the past 12 months with 27 million people indicating that they used illicit drugs during this same time period. This is an increase of approximately 2% over the prior decade of data. Of those indicating prior illicit drug use, 7.1 million people met the criteria for an illicit drug use disorder within the prior year (U.S. Department, 2017). The probability of a student in their experiential counseling practicum or internshipwork and associate counselors during their post-master's work providing services to an individual with substance use concerns is high. According to the SAMHSA 2014 Survey, about 14% of adults with illicit drug dependence reported receiving treatment in the past year (U.S. Department, 2017). Annual costs are estimated at 67 billion dollars in the United States related to crime associated with substance use, lost work, foster care, and other social issues (McLellan, Lewis, O'Brien, & Kleber, 2000).Treatment needs are increasing and counselors, as part of the treatment team, will be presented with these specific presenting concerns.

SAMHSA competencies indicate an addiction professional should understand addiction, treatment knowledge, application to practice, and professional readiness (U.S. Department, 2005). The need for preparedness is critical as the increased need for substance use counseling and substance use professionals occur. Historically, substance use counseling professions were trained in programs developed by treatment agencies rather than in academic settings. Today,

colleges and universities are taking on increased responsibility for this training and preparation of counselors within the addiction profession (U.S. Department, 2005). The need for preparation in treatment of substance use spreads across professions. Trained professionals can be crucial resources in confronting this social problem (Morgan & Toloczko, 1997).

2. Importance of Study

Credentialing is important to discuss when considering preparation for efficacy. Certifications are often managed at the state level and canhave both organizations active in the state, fall under one of the two national organizations, or have neither. The International Certification and Reciprocity Consortium (IC&RC) is a national organization providing certification including alcohol and drug counselors (n.d.). NAADAC is also a national organization that provides certifications on various levels of certified addiction counselor and master addiction counselor (2017). With the increase in training falling on the college system, there is an emphasis on specific standards being met and programs effectively preparing students to obtain certifications. However, the training and requirements vary by state as well as by profession. The minimum state requirements to qualify as a substance use counselor can vary greatly from those of mental health counselors. Kerwin, Walker-Smith, & Kirby (2006) noted that 45% of states do not require a college degree to qualify as a substance use counselor but 98% of state requires a minimum of a master's degree to become a licensed mental health counselor. Fewer hours of classroom education are often required for substance use counselor certification as compared to mental health counselors with variation in supervision hours, direct experience hours, and examinations observed (Kerwin et al., 2006).

Salyers, Ritchie, Cochrane, & Roseman (2006) provide a summary of the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) standards in

substance use training in graduate-level coursework. These authors indicate that it is not clear if counselors in training are adequately prepared in their graduate programs for substance use issues. They found, in their study that substance use training was needed due to the high number of students seeing this issue in their practicum and internship sites.

Bina et al. (2008) measured perceptions of social work graduate's preparedness in the area of substance use treatment and found that respondents were likely to perceive selves as prepared if they had received formal training in substance use concepts and models supporting the need for emphasis on this content education within the curriculum. However, when looking at the research available on the prevalence of substance use counseling work, professional counselors have the highest proportion of clients with a primary substance use diagnosis compared with other professionals such as social workers, psychologists, and psychiatrists (Harwood, Kowalski, & Ameen, 2004).Therefore, the issue of effective training and education is unmistakable for counselor preparation. Researchers have suggested that many counselors in training do not receive adequate preparation in addiction counseling despite the frequency of these concerns and the necessity of all students regardless of specialty area needing this training (Lee, 2011; Madson, Bethea, Daniel, & Necaise, 2008; Morgan, Toloczko, & Comly, 1997; Dawes-Diaz, 2007; Washton & Zweben, 2006). The American Counseling Association Code of Ethics (2014), stressed the ethical nature of being trained and working within one's scope, skills, and knowledge of practice. Due to inadequate standards, counselors were often unwilling to identify, treat, or refer persons with substance use issues (Iarussi, Perjessy, & Reed, 2013). Despite this unwillingness, there is coursework available among counseling education programs. However, Chandler, Balkin, & Perepiczka's (2011) study found only 18% of licensed counselors who took the survey reported addiction specific education in their required courses whereas 82%

took elective courses containing addiction specific education. CACREP (2016) also has increased standards for counselor education programs. Practitioners and higher education recognized the need for specialized training and addressed these within the clinical mental health counseling standards in 2009. Iarussi et al. (2013) found in their study of graduate-level programs that the standards specific to addictions are being implemented with the majority of respondents (program directors) indicating that their programs currently satisfy these increased standards and that addictions content is being covered within required coursework. The implementation of these standards ranged from required and elective core courses specific to addiction counseling to the standards being implemented within other coursework without a specific addiction focused course.

The Association for Addiction Professionals (NAADAC, 2017) estimates the professional workforce in substance use treatment to be more than 85,000 individuals which include counselors. With higher education becoming more involved in this training it is important to understand the effectiveness of the counselor education program in preparation for counselors who specialize in addiction treatment. It is also important to understand the perceived preparedness of students entering the counseling profession. This includes students and associate counselors who are obtaining additional experience hours and supervision to seek full licensure and who may be specializing in substance use counseling. However, not only is it important for those substance use counseling professionals to be adequately prepared, but it is also vital for all counselors to be knowledgeable and effective at treating substance use both as a co-occurring disorder and as the primary disorder despite their chosen specialty. Crozier and Gressard (2005), contended that the delivery of effective substance use education, as well as interventions, necessitates comprehensively trained and effective professionals. This study will allow us to

better understand how students and post-masters professionals (e.g., associate counselors) perceive their preparation and effectiveness. The purpose is to determine counselor and counselors in training's perceptions of preparedness in substance use counseling. Additionally, interest in substance use counseling and preparation of counselors-in-training was also explored.

3. Methods

3.1 Participants and Procedures

The study was conducted to address and identify the perceptions of preparedness for counselors in training and licensed counselors for working with substance use and was approved by the Institutional Review Board. The participants were sought out via counseling listservs, state counseling associations, national counseling associations, substance use counseling associations, and graduate school programs. The CACREP (2016) website lists programs previously accredited, currently accredited, and in the process of accreditation. Each program with a clinical mental health counseling track was then found via the university website (link on the CACREP website). This list included CACREP accredited programs and programs that were no longer accredited. Both types of programs were targeted. The program coordinator or other faculty within the counseling program was then contacted via email requesting assistance with distribution of survey requests to graduate program faculty and students. The contact included a link to an anonymous online Qualtrics survey.

Participants include those who met the criteria of being a counselor or counselor in training. Participants (N=41) included full licensure as a professional counselor (N=3) as well as the “other” category which was not clarified (N=12). There are two sections to counselors in training for the purpose of this study. A student indicates an individual within their practicum or

internship coursework who are obtaining their experiential hours as a part of a counselor education graduate program (N=24). An associate counselor is defined as a counselor who has completed a graduate counselor education program and is currently within their post-master's experience of obtaining required experience and supervision hours prior to full licensure status (N=2). This length of time varies among states. All participants must also be 19 years of age or older.

3.2 Instrumentation

The survey utilized for this study was developed from a pre-existing instrument developed by Dr. Brain Shaw from the University of Florida, with permission,and modified to address the needs of our study (Shaw, 2011). The survey is a web-based Qualtrics anonymous survey with an estimated time of completion being 20 minutes. Data was collected electronically and entered, organized, and analyzed utilizing SPSS software. The survey via Qualtrics consisted of demographic questions (n=6), Likert Scale Perceptions Subgroup questions (n=14), Likert Scale Abilities Subgroup questions (n=12), and a Likert Scale Overall Preparedness question (n=1). Demographic variables included: gender, number of years in counseling, CACREP program versus non CACREP-accredited graduate program, license held or not, counselor in training or licensed, substance use certification type if held, and number years of experience.

Subgroup one is identified as the group of questions which focused on the perception of participant's preparedness for substance use counseling. The variables being studied will be perception of preparedness for counselors in training and licensed counselor to work with clients with substance use concerns as it relates to relational difficulties, financial impacts, legal matters, substance abuse/addictive or compulsive behaviors, suicidality as it relates to substance use,

academic/learning impacts, mood issues, stress/anxiety, psychotropic medications, risk of harm to others, career related issues, trauma, special populations, and providing education. The Abilities Subgroup focused on the perceived ability of participant's preparedness for substance use counseling in performing specific roles. These variables include individual counseling, group counseling, couples/family counseling, consultation, referrals, assessment, diagnosis, treatment planning, theory, crisis intervention, utilizing research, and ethical/legal concerns. The final question addressed overall preparedness to effectively work with substance use clients.

3.3 Research Questions:

1) What are the perceptions of preparedness among post-master associate licensed counselors with issues specific to substance use counseling?
2) What are the perceptions of preparedness among counselors in training with issues specific to substance use counseling?

4. Results

Forty-one participants completed this study with the majority identifying as female (82.9%, n=34) and 7 identifying as male (17.1%). Two participantswere associate professional counselors (4.9%), 3 were licensed professional counselors (7.3%), and 24 were counselors in training (58.5%). Eight participants stated that they were in the “other” category in regards to licensure without clarifying their licensure status. Participants were asked about additional certifications and four indicated that they had a state certification as an addiction counselor (9.8%),9 (22%) participants indicated an “other” certification without clarification, and 28 did not respond to this question (68.3%). The majority of the participants have a bachelor’s degree (56.1%, n=23) followed by 14 with a master's degree (34.1%) and 3 with a doctorate degree (7.3%). Thirty-eight participants agreed that the graduate program they attended or were

currently attending was CACREP accredited (92.7%) and three indicated that their program was not accredited (7.3%). Years of experience as a mental health professional was spread out into three categories including 0-3 years (75.6%, n=31), 4-7 years (19.5%, n=8), and 8-11 years (4.9%, n=2).

Demographic Table-41 Participants

Gender	License Status	Certifications	Educations	CACREP	Years of Experience
Male = 7	Associate Professional Counselors = 2	State Substance Use Counseling Certification = 4	Bachelor's = 23	Accredited = 38	8 to 11 Years = 2
Female = 34	Licensed Professional Counselors = 3	Other with Identification = 9	Master's = 14	Not Accredited = 3	4 to 7 Years = 8
	Counselors in Training = 24	Did Not Respond = 28	Doctorate = 3		0 to 3 Years = 31
	Not Identified = 12				

The survey consisted of four subsections including demographics, preparedness items (n=14), ability scaling items (n=12), and an overall question of preparedness (n=1). The total range on the preparedness subscale was 14 indicating most prepared with 84 indicating least prepared. The total range on the ability subscale was 12 indicating most able with 72 indicating least able. The overall scale ranged from one (most prepared) to 6 (least prepared). Chronbach's Alpha was utilized to measure internal consistency of the two subscales. The preparation subscale Chronbach's alpha suggested relatively high internal consistency ($\alpha = .89$) with the ability subscale suggested high internal consistency ($\alpha = .90$). The maximum score on the survey was 162 with the lowest score being 27. The mean of the entire survey was 61.15 with a standard

deviation of 18.94. Chronbach's alpha for the entire survey (N=27) indicated high internal consistency ($\alpha = .93$).

A one-to-one ANOVA Regression analysis was conducted to give individual correlations between the independent and dependent variables. Within the perception of preparedness subscale, this was compared with each identified demographic variable. No significant results were found between gender, licensure type, years of experience, degree, or CACREP status. A main effect of certification type was found to be significant in reference to perceptions of preparedness indicating a strong positive relationship, $F(1, 11) = 11.77$, $p < .01$.

Among the perception of ability subscale as well as the overall rating of preparedness ANOVA regression, no significance was found among any demographic variables. When the items were combined associated with preparedness for substance use counseling no significant findings were identified with correlations among demographic variables including gender, licensure status, CACREP accreditation, years of experience, and degree type. A weak positive linear relationship was identified with certification.

Table 2

Means and Standard Deviations of Levels of Ratings on Items within the Survey Scales

Perceived Preparedness	Items rated most competent			Items rated least competent	
	M	SD		M	SD
Helping clients with relational difficulties	1.9	7.68	Management of Financial Impacts	2.44	1.21
Assessing and helping with suicidal ideations or attempts	1.88	.75	Working with unique legal challenges	2.63	1.51
Providing education on substance use	1.90	0.94	Understanding Psychotropic Medication	2.93	1.57
			Helping racial and cultural minority clients	2.63	1.28
Perceived Ability	Items rated most competent			Items rated least competent	
	M	SD		M	SD
Diagnosis	1.93	1.19	Group Counseling	2.56	1.53
Crisis Intervention	1.78	1.17	Couples and Family Counseling	3.15	1.57
Utilizing Research	1.98	1.08	Consultation	2.95	1.36

Within the perception of preparedness scale when rating perceived capabilities, the lower the rating the higher the perception is of preparedness. On this scale, the lowest scores were on the topics of relational difficulties, suicide ideations or attempts, and providing an education which indicates these areas are perceived as the highest level of competence. The higher ratings

on financial concerns, legal involvement, psychotropic medications, and special student populations indicate the lower levels of perceived competence. Within the perception of ability scale ratings indicated the least perception of ability on Group counseling, Couples and Family Counseling, and Consultation. Diagnosis, Crisis Intervention, and Utilizing Research were rated on the highest level of perceived ability.

The overall question asked: "I feel my graduate counseling program adequately prepared or is adequately preparing, me to work effectively with substance use clients. The Likert-type scale included 9 participants designated strongly agree (22%), 14 designated moderately agree (34.1%), 9 somewhat agreed (22%), 2 somewhat disagreed (4.9%), 3 moderately disagreed (7.3%), and 3 strongly disagreed (7.3%). The mean at 2.56 (SD = 1.52) indicates a high rating of perceived preparedness.

5. Discussion

Chandler, Balkin, & Perepiczka (2011) found that participants in their study rated themselves with a high ability to work with clients that were dealing with substance use issues; however, they concluded this study was not able to evaluate the quality of the service that these participants were providing. Essentially, during the Chandler (2011) study, a client required immediate and urgent attention however the students who received little or no instruction in substance use counseling incorrectly dismissed this problem as not urgent. This indicates that perception does not align to ability. This is similar to the results found within the current study as participants rated the perceptions of theirability high nevertheless there is no conclusive way to analyze the clinical services they are providing to clients who are seeking substance use counseling-related services. It should be notated that this current study does differ in that few licensed counselors are participating; therefore, some are experienced in providing treatments

and could have actual indicators of their success in working with this population. However, the majority completing this survey were students or counselors-in-training and the high perception ratings are important to consider.

Within the current study, results indicated that having a certificate does impact perceived preparedness. This may be due to having additional education, direct experience, supervision, or all of these that contributed to an increased level of preparedness. As a part of a certificate process, there is often additional training specific to substance use and therefore it is not surprising that increased preparedness ratings are associated with certifications. There were only forty-one participants that completed the survey. This could be representative of the interest that individuals have to work with the population or this interest in this topic, in general as a study for research. The limited number of participants could also be related to the fact that substance use counseling is moving towards having a certification or advanced training, meaning many individuals felt that they could not add to this body of research as they do not have this advanced training/certificate.

With the limited numbers of participants, additional studies need to be conducted to explore the interest within this area. Counselors-in-training, associate-level counselors, and/or licensed counselors could be studied to evaluate their interest in getting advanced training or credentialing to work with the substance use population. Furthermore, being able to evaluate, qualitatively, with counselors-in-training the lack of responses and reasons why could shed light on the poor response rate for this study.Ultimately the interest could be evaluated as compared with perceived preparedness to practice in this area. Counselor educators are also impacted by lack of interest ultimately impacting the implementation of substance use counseling preparation standards.

5.1 Implications

The recommendations, based on the study, could be to require substance use training or a required course in master's programs as not all programs do require this course-work. These recommendations are developed from the ever-increasing need for substance use treatment and the value that this specific training would add in ensuring that counselors-in-training entering the field have the knowledge and skills to work with this population (U.S. Department, 2017). Additionally, based on the 7.3% of participants who stated they felt unprepared for working with this population, having more open or transparent conversations between faculty and students is a recommendation. This could increase competency or perceived efficacy of counselors-in-training to work with this population if they could share any feelings of inadequacy more openly with their faculty or site supervisors (De Stefano, J., Hutman, H., & Gazzola, N. 2017). The 7.3% of participants who stated they felt unprepared are of concern as the American Counseling Association (2014) Code of Ethics states that one must be competent and work within their scope of practice; therefore, counselor educators must be aware of this statistic in order to develop ways to engage and equip counselors in training with knowledge specific to working with this population. Although this is a small representation, the need for additional research and the possible implications demonstrated are of concern.

The areas of for which participants rated themselves least competent are important to mention including financial issues, legal issues, and psychotropic medications. Along with these the lowest ratings of perceived ability in specific roles including group counseling, consultation, and couples and family. Substance use counseling within a group setting, for example, is a common treatment modality. Competence and perceived preparedness would be crucial to the role of substance use counseling. This would have implications not only for training programs

within higher education but also with past-master's supervision requirements. Additional training specific to areas one feels least competent would be beneficial to the training program and ongoing supervision process.

5.2 Limitations and Future Research

There were noted limitations within this study. First, the sample size was small, with only forty-one participants. This means that the results did not have “breadth” of data as many more participants were anticipated for the study to be representative of the counselors and counselors-in-training population; therefore, these results could not be generalized. Second, there was a small significance found within the study results. Third, the highest number of participants were counselors in training, meaning that some of the participants might have very limited experiential work with the population of substance abuse clients. An assumption could be that efficacy was rated high by participants with substance abuse as they had limited experience working with these populations; therefore, having no evidence to the contrary feel confident in their ability.

Additional research could be conducted to determine the efficacy of counseling skills versus perception. This could be a mixed-methods study that required self-reporting of skills utilized. The purpose of the study would be to receive “breadth” and “depth” related to this topic. This research could highlight areas of weakness in treatment or counseling related skills when working with substance use clients. As a part of a study determining of the efficacy of counseling skills, evaluation of the relationship between certification and perceived preparedness to determine to what degree a certificate impacts effective or perceived efficacy in one's role could be useful.

A qualitative or quantitative study related the 7.3% who felt “they were not prepared” by their graduate program that would inquire as to what they felt the areas of weaknesses were. A quantitative study could utilize a survey that would address, in question from, a wide range of specific areas that students could rate on a Likert scale to rate weaknesses and strengths with substance use curricula. A qualitative study could utilize a semi-structured interview that would allow the emergence of themes to arise that would lead to the "lived" experience of the graduate student and their phenomenological perspective as to why they were not prepared to work with this population of individuals.

A longitudinal study could be conducted for counselors-in-training that required pre and posttest analysis. This would require administering a pre-test during course work and then a posttest during practicum or internship that evaluated their perceptions of efficacy when working with substance use clients. This study could provide some insight into the results of this current study, possibly. This would provide insight by providing clarity on whether counselors in training are rating their efficacy based on their practicum or experiential experiences or based on their perceptions without having worked with the substance use populations.

An additional study could be conducted that would evaluate the perception of supervisors on their supervisees performance or ability to work with substance use population. This study would provide a different perspective and provide insight to counselor educators from the site supervisors working with counselors-in-training or with associate licensed counselors. This study could be a qualitative, quantitative, or mixed-methods study. This study, depending on how it was conducted, could provide a breadth and depth to the literature and inform clinical directors, supervisors, and counselor educators on how to engage and work with associate-level counselors and counselors-in-training as they prepare to work with substance use population.

6. Conclusion

The Council for Accreditation of Counseling and Related Educational Programs (2016) continues to develop standards to ensure that counselors-in-training are enabled with the education and skills necessary to serve clients adequately. In addition, the American Counseling Association (2014) has ethical standards that stress the necessity of being competent in a scope of practice before serving a specific population. The purpose of the study was to analyze the perceptions of efficacy based on education, licensure, additional certifications held, and CACREP accredited program or not. Due to limited participants, significance found was small, but this study did lead to interesting questions as to why there was not more interest and possible future research studies that could be conducted.

In reviewing the results, with the areas of least competence related to financial and legal issues, and psychotropic medications there is further research to be conducted on how to increase and ways to incorporate this knowledge in counseling curriculum. It is important to understand that the American Counseling Association (2014) Code of Ethics mandates one work within their scope of practice and counselors in training rated competence lower with the above areas and with group, consultation, and couples and family therapy. Within this study, 7.3% participants reported feeling unprepared, which highlights the value for clinicians, clinical directors, supervisors, and counselor educators to challenge themselves to engage in critical thinking over how to inquire and ensure that counselors-in-training they are working with are prepared and able to offer services specific to the substance use population.

Further research could help to provide better insight and services to the substance use population. Furthermore, with the results of this study, and further research more information and knowledge could be gained on how to engage and equip counselors-in-training and associate

licensed counselors with more knowledge and training related to providing substance use specific skills to clients. Additionally, this means that self-perception and preparation could be studied furthered to gain better insight and clarity in order to enable supervisors and clinical directors with knowledge on their counselors, counselors-in-training, interns, and associate level counselors that could assist them in developing training on-site to enable them with more advanced skills for working with substance use population.

This study, with the low participant numbers, shows the need for further evaluation in areas related to the substance use population as the importance of credentialing and scope of practice has been highlighted in the above information. For instance, the low response rate and interest that counselors-in-training have to work with this population could be examined and supervisory ratings on preparedness from counselors-in-training could be investigated. This studied provided enough information to allow the development and processing of where future research could go.

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Toward Trauma-Competent Counselor Education

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ABSTRACT

Trauma and disaster have been devastating people's lives since the beginning of time. Survivors of historical trauma, warfare, rape, serious accidents, domestic violence, police brutality, natural disasters, and childhood trauma are our neighbors, friends, family members and clients. Whether the disaster is human-caused or natural, individuals who seek relief from the debilitating symptoms that follow a traumatic event deserve to receive effective treatment. Webber and Mascari (2018) reminded us that those who look for helpers know that there is hope; mental health counselors are these helpers. This truth comes with acute social and cultural implications, and counselor educators who train the counselors must demonstrate the necessary trauma-informed knowledge, skill, and attitudes that will influence the student-educator alliance and ultimately improve the efficacy of trauma mental health treatment for communities around the world. In order to train and educate the future traumatologists who will care for the trauma survivors among us, educators must develop high quality training practices that are culturally responsive and empirically informed (Deprince& Newman, 2011).

INDEX WORDS: Trauma, Trauma competency,Cultural competency, Professional training, Counselor education

Toward Trauma-Competent Counselor Education

Trauma and disaster have been devastating people's lives since the beginning of time. Survivors of historical trauma, warfare, rape, serious accidents, domestic violence, police brutality, natural disasters, and childhood trauma are our neighbors, friends, family members and clients. Whether the disaster is human-caused or natural, individuals who seek relief from the debilitating symptoms that follow a traumatic event deserve to receive effective treatment. Webber and Mascari (2018) reminded us that those who look for helpers know that there is hope; mental health counselors are these helpers. This truth comes with acute social and cultural implications, and counselor educators who train the counselors must demonstrate the necessary trauma-informed knowledge, skill, and attitudes that will influence the student-educator alliance and ultimately improve the efficacy of trauma mental health treatment for communities around the world. In order to train and educate the future traumatologists who will care for the trauma survivors among us, educators must develop high quality training practices that are culturally responsive and empirically informed (Deprince& Newman, 2011).

Trauma informed approaches, a term coined by Harris and Fallot (2001), is a two-pronged approach thatserves as a tool for practitioners who requires practitioners to understand the ways in which violence, victimization and other traumatic experiences impact the lives of the survivors and apply that understanding to clinical service delivery in ways that promote healing and recovery (Carello& Butler, 2015).Several articles, including but not limited to Cook, Simiola, Ellis, and Thompson (2017), Butler, Carello and Maguin (2017), and Van Asselt, Soli and Berry (2016), provide emerging evaluation data about trauma-informed practices such as: crisis preparation in counselor education; secondary traumatic stress symptoms in clinical training; counselor educators attitudes about trauma-informed practices; teaching graduate

students about traumatic stress; and evaluating the impact of trauma informed care (TIC) in curricula (DePrince& Newman, 2011; Carello& Butler, 2016;Barrio-Minton& Pease-Carter, 2011; Lau & Ng, 2014; Mattar, 2011; Abrams & Shapiro, 2014; Patel, Hagedorn, &Bai,2013; Wilson &Nochajski, 2016; Curois& Gold, 2008; Strand, Abramovitz, Layne, Robinson, & Way, 2014; Mattar, 2010; Watkins, 2016). This consensus on the importance of trauma training quietly, yet profoundly, points to the need for trauma-competent educators and trainers to navigate the complexity, delicacy, and necessity of high-quality trauma work.

Catalyzed by the women's movement and the Vietnam War, psychological trauma gained attention during the 1970's (Courtois & Gold, 2008). This awareness culminated in the inclusion of the diagnosis of Post-Traumatic Stress Disorder (PTSD) (American Psychiatric Association [APA], 1980). The National Council of Schools of Professional Psychology hosted a national conference in 1986 on the nature of graduate education and training in professional psychology, with one area of focus articulated as follows: "How can we best evaluate whether our graduates have the knowledge, skills, and attitudes to become competent…?" (Bourg, et al., 1986; Cook & Newman, 2014). The development of the New Haven competencieswas informed by prior works such as these on core competencies in psychology and other fields (Cook & Newman, 2014). The New Haven competencies overlap greatly with the foundational and functional competencies developed by the APA (1986, 2002), but differ slightly in that these competencies consider diversity of age and type of trauma survivor across multiple theories (Cook & Newman, 2014); although trauma survivors respond to trauma in similar ways (emotionally, neurobiologically, socially, somatically) appreciating the type of trauma is a nod to being culturally reesponsive and cultivates the necessary mass of emotional safety critical for effective trauma competnent work (Van der Kolk). Other prominent national organizations, such as the

American Counseling Association, have identified the need for trauma competency development among mental health professionals; social workers have even developed a core trauma curriculum (Cook & Newman, 2014). The American Counseling Association for professional counselors is currently developing trauma competencies that are also informed by the work of the American Psychology Association, as well as the Traumatologists Interest Network, a community of over 1,000 professional counselors and educators (Paige et al., 2017).The continued call for standards for the assessment of counselor educators' trauma informed practices rests on the shoulders of these thought leaders.

Specific to counselor educators, the 2009 Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards highlights the growing need for attention to crisis across curricula (Barrio-Minton & Pease-Carter, 2011). Students are expected to demonstrate understanding of the potential impact of trauma or disaster on their population of interest and have knowledge of crisis intervention with their population of interest. Van Asselt et al.'s study (2016), found thatcounselor educators themselves have not had robust training on trauma competency or how to respond to students who may disclose personal crises in the classroom, despite spending a median time of 10 years preparing to educate and supervise trainees in preparation for licensure (Butler, Carello&Maguin, 2017; Barrio-Minton & Pease-Carter, 2011; Carello& Butler, 2015; Watkins 2016). Van Asselt et al., (2016) report that out of 52 CACREP program coordinators [counselor educators] who responded to a query regarding offering coursework on crisis, one-third reported little to no clock hours concerning crisis preparation; in a follow up study, one-third of professional mental health counselors reported having no crisis training in their programs, while over 82% of them reported working with trauma and crises including suicidal clients in their internship experiences. The counselor

education literature demonstrates a clear need to encourage, promote and assess trauma competency among counselor educators so that the counselor educators can confidently teach what we know intrinsically.

Trauma-Informed Counselor Education

Cook and Newman (2014) state that certain conditions can exacerbate the effects of trauma and suggest that counselor educators be sensitive and responsive to social and cross-cultural cues. These researchers also suggest that counselor educators be trained in practitioner behaviors that enhance the likelihood of success with counseling students and trauma survivors. This is of great importance to counselor educators who have the dual task of developing trauma-competent counselors while being careful not to retraumatize students who may be survivors (Watkins 2016). Bowen and Murshid (2016) point to the concept of structural power as a link between trauma and related suffering, arguing that suffering is structured by processes and forces that conspire whether through routine, ritual or more commonly the hard surfaces of economics; within the structure of academia counselor educators should take care not to inadvertently constrain the agency of students by being unaware of the social stressors or conditions that may incite trauma symptoms in the classroom. A variety of trauma-informed literature concurs that counselor educators should hold trauma informed attitudes and practices that ensure safety, establish trustworthiness, maximize collaboration, maximize choice, and prioritize empowerment so that counselors-in-training develop trauma-competent mental health practices (Bowen &Mushid, 2016; Carello& Butler, 2015; Cook, Simiola, Ellis & Thompson, 2017; SAMHSA, 2014). Counselor educators must recognize how their role as a trauma-informed practitioner educator could potentially affect students' emotional, behavioral, and spiritual well-being (SAMHSA, 2012). Studies reveal that trauma counseling competencies should inform the

counselor educators' teaching practices; this is a complex task that requires assessment (Frueh et al., 2002; Paige, 2015.) Counselor educators with trauma-informed attitudes are able to 1) interact beneficially with students who have experienced trauma, and 2) teach all students how to effectively intervene with vulnerable individuals or groups dealing with negative trauma symptoms. Baker et al., (2016) suggest that a positive relationship exists between staff with trauma informed attitudes, and trauma informed classroom behavior. Further, one of CACREP's (2014) standards for learning requires that counselor educators operate in trauma-informed ways.

Trauma informed attitudes in the classroom

There is not much literature describing how trauma informed care (TIC) or practice is assessed in higher education, or how educators feel about the call for trauma competency in counselor education (Wilson &Nochajski, 2016; Van Asselt, Soli & Berry, 2016). Van Asselt et al. (2016) conducted a study exploring the feelings and attitudes of counselor educators about being trauma informed within academia. They found that some counselor educators feel unprepared or ill-suited to "Address these topics [trauma-informed approaches] or model pertinent skills when training counselors-in-training [CITs]" (p. 202, Van Asselt et al., 2016) and turn to "Videos for expert demonstrations" (p. 205, Van Asselt et al., 2016). This gap makes room for exploration of the attitudes and measures counselor educators implement to increase confidence and competence while training CITs in trauma-informed practice. Counselor education promotes the growth of the profession, requiring counselor educators to continue being experts in an evolving field (Van Asselt et al., 2016). The overwhelming uncertainty around training in crises and other traumata could leave counselor educators undergoing emotional processes yet explored (Van Asselt et al., 2016). These attitudes must be assessed as they can have profound impact on training and trainees. Van Asselt et al.'s study uncovered specific

attitudes about teaching the high-profile topic, trauma (2016). Participants reported feeling embarrassed about being uncomfortable teaching crisis counseling, and not feeling supported to discuss this feeling among colleagues (Van Asselt et al., 2016). During the experiment, Van Asselt et al. (2016) pointedly asked, "Who teaches you to teach it?" (p 205). Participants mentioned turning to videos for expert demonstrations, which implies a desire and need for competence in trauma-related skills. One participant questioningly admitted, "Am I a bad person for not wanting to do this?" (p. 205, Van Asselt et al., 2016) Counselor educators should feel competent in trauma training, and in turn should embolden counselors-in-training to become action-oriented toward competence in trauma mental health and crisis delivery. Potential hesitancies for counselor educators in addressing crisis-related topics while teaching CITs may trigger attitudes of uncertainty about how to effectively conduct training on something in which the educator has not been trained to do (Van Asselt et al., 2016; Barrio-Minton & Pease-Carter, 2011). The provision of TIC requires change in organizational cultures so that the system is not only structurally safe for clients and counselors-in-training, but for staff and administrators also (Van Asselt et al., 2016; Wilson &Nochjski, 2016). For professionals at varying points in their careers it is understandable that some may not feel as comfortable discussing a challenging topic like trauma under the growing awareness and calls to adopt trauma-informed practices (Van Asselt et al., 2016).

Counselor educators determine if counseling students, prior to their graduation, can demonstrate the necessary knowledge, skills, attitudes and practices that best promote client welfare (Patel, Hagedorn, & Bai, 2013). Professional attitudes and perceived barriers often affect the rate of practice diffusion and adoption in a helping profession (Patel, Hagedorn, & Bai, 2013). Patel et al., (2013) further the conversation about factors that influence counselor

educators' attitudes around adopting new, evidence-based practices by introducing the following criteria that either motivate or hinder counselor educators from implementing trauma-informed instruction: presence of trauma specific training or lack thereof; level of professoriate experience; and area of focus (i.e., clinical focus/practical vs. vocational focus/career development). The researchers also explore organizational factors that influence counselor educators' attitudes about adopting new practices and found that some of the organizational factors perceived as barriers toward the diffusion of trauma-informed practices include program type and course title (i.e., master's granting programs vs. doctoral-granting programs; counseling courses with trauma in the title vs. courses without trauma in the title); accreditation status (CACREP vs. non-CACREP); and faculty position (i.e., core faculty vs non-core faculty). Results of Patel et al.'s study found no statistical difference in attitude toward adopting practices between counselor educators with specialized training and counselor educators with no specialized training. Additionally, attitudes toward new evidence-based practices among counselor educators with 10 or more years of professoriate experience were not statistically significant from counselor educators who had less than 10 years of professoriate experience. Statistically significant differences did exist, however, between counselor educators with a clinical focus and those with a vocational focus. Results indicate that educators with a clinical focus held more positive attitudes toward implementing evidence-based practices when compared to counselor educators with a vocational focus. Patel et al., also conducted research to determine the difference in perceived barriers to adopting evidence-based practices [such as TIC] in counselor education curricula among counselor educators with respect to organizational factors. Their results indicated that a significant difference existed between counselor educators who taught at master's only programs and counselor educators who taught at master's-and-

doctoral programs. Counselor educators teaching at master's-and-doctoral programs reported greater barriers to the inclusion of evidence-based practices in counselor education curricula than master's only programs. Counselor educators in doctorate granting programs perceived more barriers to implementation because of their tendency to critically assess research findings versus practicality of interventions; these findings underscore why counselor educators verbalize a perceived lack of trauma competence – because there is no succinct trauma-competence trainin, certification or standard of training, counselor educators lack confidence.

Patel et al. (2013) found that counselor educators with a clinical focus were more likely to adopt evidence-based practices if it were required by an organization and if it was appealing. A theme that emerges in the literature is that counselor educators hold resistant attitudes about incorporating trauma-informed approaches, but place higher emphasis on developing therapeutic relationship (Simpson, 2013); therefore, counselor educators should be offered and encouraged to use evidence-based practices such as demonstrating knowledge and cultural sensitivity about the insidious ways trauma occurs (i.e., systematically, or in childhood) – such a practice demonstrates positive trauma-informed attitudes and provide the building blocks for beneficial therapeutic relationships in and out of the classroom.

So many trauma survivors walk among us, and have no idea that there is relief. For those who look for helpers know that there is hope. Mental health counselors are these helpers. Counselor educators who train the counselors must demonstrate the necessary trauma-informed knowledge, skill, and attitudes that will influence the student-educator alliance and ultimately improve the efficacy of trauma mental health treatment for communities around the world. In order to train and educate the future traumatologists who will care for the trauma survivors among us, educators must develop high quality training practices that are culturally responsive

and empirically informed (Deprince& Newman, 2011). Evidence-based practices that emphasize the importance of educator-learner alliance while teachingdisseminates well within the profession, reduces vicarious traumatization and demonstrates how counselors-in-training should navigate their own client-therapist relationships (Patel et al., 2013; Wilson &Nochajski, 2016).Consensus rests on the importance of trauma training, and points to the need for trauma-competent educators and trainers to navigate the greatnecessity of trauma work.

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The Transition Experiences of Post-9/11 Women Warriors: A Sociocultural Perspective

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ABSTRACT:

Women Veterans are a growing population within American society, and their sociocultural background impacts their personal military experiences and final adjustment and identity as a veteran. This exploratory research project used mixed methods to assess the post-9/11 women veterans' transition experiences from a military culture to civilian culture. Using an online survey and semi-structured recorded interviews of post-9/11 women veterans identified intersections of sociocultural characteristics that provide a more holistic description of the lived experiences of women warriors**.** Quantitative and qualitative information was collected from 359 individuals. Descriptive analysis and inferential analysis identified intersections of demographic objective and subjective information, and in-depth interviews of seven women expanded on the personal experiences of a diverse cohort of women warriors. An interdisciplinary model of the intersecting variables was developed as a holistic assessment tool and to illustrate the complexity of the warrior experience. The sociocultural background, the military experience, and social support were specifically identified as major topic themes that impact a woman warriors transition experiences.

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Glossary and Definitions of Military Acronyms and Terminology

AWP – America's Warrior Partnership

Commission – Permanent assignment as a commissioned officer that may be resigned or retired

Community – any organization, village, town, city or neighborhood

DAV – Disabled Veterans of America

Disability Rating -- Rating of percentage of physical and mental

DoD-- Department of Defense

Enlistment – Contracted length of service for enlisted and Noncommissioned Officers

G.I. Bill – Veteran's educational benefit that is available to most veterans that have served a length of time on active duty

GWOT – Global War on Terrorism

IAVA – Iraq and Afghanistan Veterans of America

KIA – Killed in Action

MIA – Missing in Action

MST – Military Sexual Trauma

PT -- Physical Training

PTSD/PTSS/PTS – Post-traumatic Stress Disorder/Syndrome/or stress

Stop Loss – Department of Defense program which alters enlistment contract to prevent loss of critical specialties during times of war

TBI – Traumatic Brain Injury

TS-SCI – Top Secret security clearance with special clearance for a specific environment

UCMJ – Uniformed Code of Military Justice

VA -- Veterans Administration

VA Benefits – Multiple benefits that include healthcare, education, life insurance, guaranteed home loans, vocational rehabilitation, disability evaluations and compensation

Veteran – Anyone that has served in the Armed Forces of the United States and successfully completed their enlistment contract. This term also applies to Reserve Forces and National Guard that have served and deployed to a theater of war or hazardous duty.

VGLI – Veterans Group Life Insurance

Voluntary Separation – hardship discharge or resignation/termination of military service

Warrior – Anyone that is currently serving in the Armed Forces of the United States in any capacity

WWP – Wounded Warrior Project

Chapter One: Introduction

"Stand Up! Hook Up, Shuffle to the Door"

Social roles as a woman within American society are as diverse as the American geographic landscape. Being women in America means assuming gendered roles as sister, mother, wife, or daughter to name just a few. Role adherence within a society equates to social acceptance and harmony. Changing roles creates friction before the balance is restored. In a nation of 327 million citizens, with intricately blended racial and ethnic groups, religious beliefs, and diverse values, the patriarchal society that limited a woman's right to vote 100 years ago has changed dramatically. Women have been a part of every war since the American Revolution. Despite their critical participation, they have fought for recognition, equality and support services based on their biological and psychological differences not as less than men, but as different. The story of women in America over the past 241 years has changed. Educated, employed, and equal under the law, the military was the last official androcentric institution to change their legal gender exclusion policies. Gaining equal access to career opportunities within the military in 2015 has allowed women to pursue direct combat roles in which they were previously limited and thought unsuitable because of their gender.

As the fastest growing veteran population in the U.S., 555,000 Post-9/11 women (United States Department of Veteran Affairs, 2016) are experiencing new frontiers as they leave the military and reintegrate into civilian communities. This study presents a sociocultural perspective of a cohort of 251 Post-9/11 women veterans. Through a descriptive analysis of quantitative and qualitative data, the transition experiences of women warriors that served in the Post-9/11 Era are described focusing on three independent variables; sociocultural background, military experience and support systems. The transition experience as both the subjective rating of

adjustment time-period and qualitative evaluation of the transition is the dependent variable in this study.

A new group of women in ever growing numbers have served in combat theaters in varied roles and now face the challenge of reintegration into diverse communities. Critical to assisting this new and younger group is to know and understand the transition difficulties they identify, and the support systems they report as being helpful during this life change.

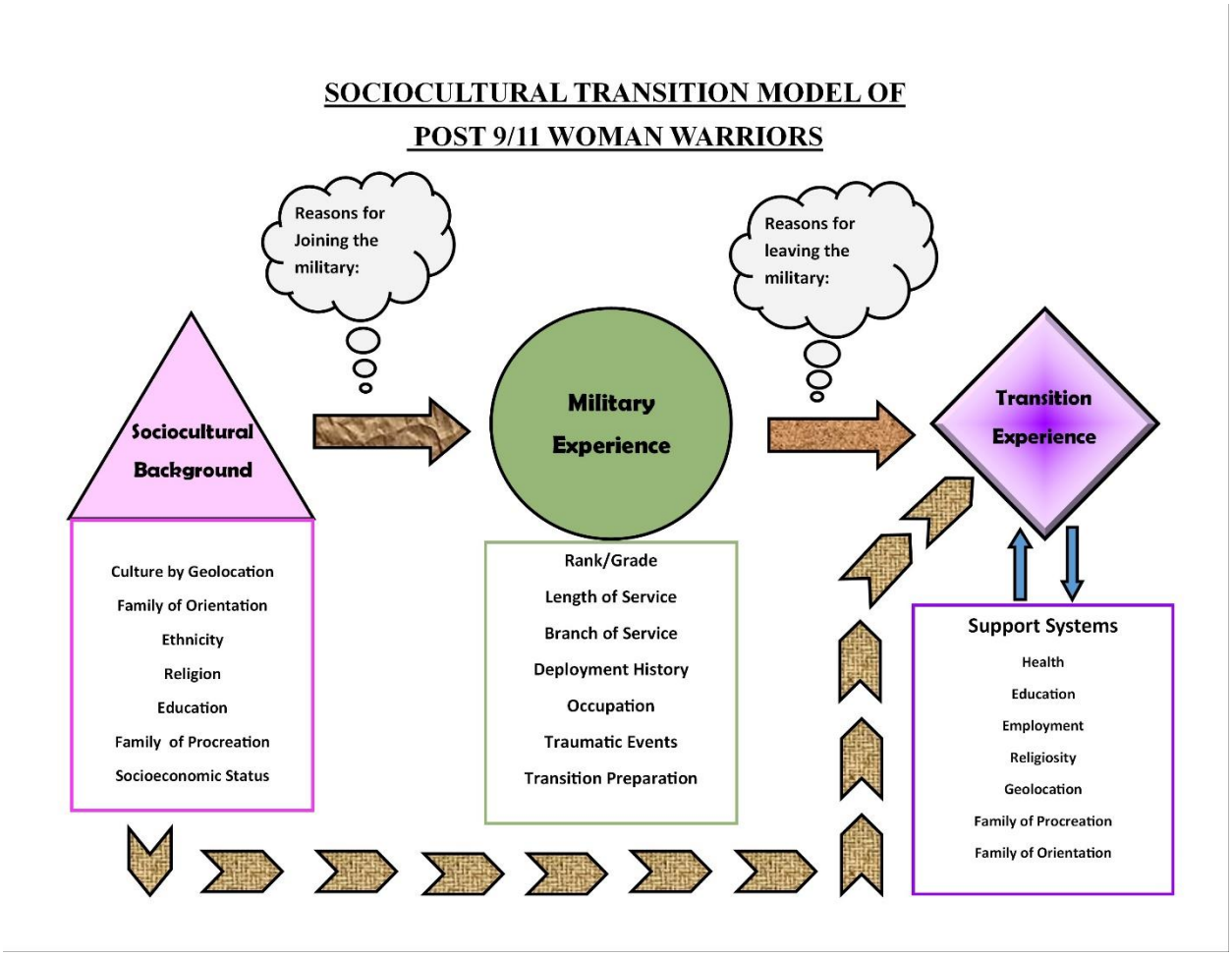
Model of Sociocultural Transition Experiences. Through this study, a model of the sociocultural transition experiences of women warriors emerged as a promising assessment tool *(See Figure 1.1).* The model of sociocultural transition experiences presents a methodology for identifying specific characteristics and life experiences that are unique and relevant to each person and are known indicators of opportunity, social status, and social adjustment. The sociocultural background examines demographics before service as well as at the time of the survey. Military experiences included rank, deployment history, branch and other significant aspects of their career that may have influenced the quality of a woman's service. The transition experiences reported by the individual may then be understood in the context of their past and present. An individual assessment should also consider why a woman decided to join the military and why she left. These two questions are indicators of change preparation and provide additional context of the decision-making process. This research study used the model as a guide to explore and describe characteristics and experiences reported by study participants and identified common themes, intersections, and experiences.

The culture from which she evolved as a young adult entering the military not only influences her military experience but also her future transition experience as she negotiates a new identity as a woman veteran. Social expectations and roles did not change while she was in

the military, but she has changed profoundly. Experiences during her period of military service as a paratrooper in the 82nd Airborne Division, Blackhawk Door Gunner, radio operator, combat medic, F/A Hornet Navy Combat Pilot or intelligence analyst are but some of the occupations described by women in this study. How their many life experiences intersect with their transition experience helps to tell the story of our growing population of women veterans.

It is in the public interest that policymakers know how to help women veterans by understanding them and the challenges they face. The goal is to humanize the veteran not by creating more statistics, but by painting a portrait that tells her story (Spradley, 2012). The hope is that communities and society might recognize and accept these women as warriors and veterans. This study also strives to inform women warriors of the challenges they may face and how they can help themselves and other veterans.

Figure 1.1



Interdisciplinary Studies. As an interdisciplinary study, sociology, anthropology and gender studies provided the disciplinary focus. Discovering intersections and viewing the woman as part of the more elaborate system of society requires a systems perspective. Holism is a perspective and philosophy used in multiple disciplines from nursing to anthropology. It is the philosophy of functional systems that states that one can not understand the whole by looking at the parts in isolation. The complex interactions and intersections of a human system must be considered to understand the whole truth (Heibert, 2017). Grounded theory is the foundation and framework of this study used to explore the Post-9/11 woman veteran in American society. The chronological growth and development of the child, warrior, and veteran are presented holistically to discover

the prevailing themes that emerged from this research. The knowledge acquired through this study was collected through an online survey and in-depth interviews with seven women Post-9/11 women veterans. Symbolic interactionism, as a more intimate view, is focused on the meaning of things and how they interact in the context of this study. There is common ground between disciplines, theories, and concepts in all aspects of a woman warrior's transition experiences that suggest new approaches are needed to understand the transition experiences of women veterans.

The Researcher. In anthropology, the individual that studies a culture may view the subject from an insider (emic) perspective or outsider (etic) perspective. There are strengths and weaknesses with both. The outsider or non-native may not understand the nuances of language and requires a system of relating to experiences. This difference in perspective may confound the findings as communication and interpretations may lose their meaning in translation. The native has experience with the culture and language, so a translator is not required, but the prior immersion of the researcher may bias results by a similar process of over-relating to the subject. As a retired officer from the Air Force that served in the U.S. Army first 41 years ago, the researcher has experienced the process of transition multiple times. Each transition was challenging, and there were no known transition support systems 38 years ago. The final transition in 2009, after 25 total years of service and three significant deployments was more challenging because it included a life-altering health condition. The story lived was also the story told by many of the women that participated in this study.

It is the researcher's opinion that the emic perspective in this study enriches the findings. What might be considered insignificant by the outsider is known to be invaluable information to one who has traveled the same road. Perhaps this is a reason why veterans continue to feel

displaced and isolated when returning to civilian status. Feelings of loss, loneliness, isolation, as well as freedom and satisfaction, were shared by the respondents in the survey and interviews. An outsider can only imagine, but an insider understands these feelings profoundly.

Summary. This thesis will explore the transition experiences of women warriors from a sociocultural perspective**.** The sociocultural background of a woman, the reason she may have joined the military, her military skills and status she achieved during her service, and why she left the military all influence her transition experience. This paper will include a current literature review in chapter two. Chapter three and chapter four will discuss the theoretical framework, methodology and survey sample used to explore the transition experiences of women veterans. Chapter five will present a narrative account of a veteran and followed by a presentation of the significant sociocultural background of the survey sample. Military experience is the focus of chapter six, and a narrative story will provide context followed by a bivariate analysis of the survey data with transition experiences. Chapter seven presents a chronological narrative account of a woman veteran emphasizing support systems. A bivariate analysis of the online survey data describes the support systems used by women veterans and how they appeared to impact the quality of their transition experiences. Finally, chapter eight offers a conclusion and summary, highlighting the lessons learned from this research study.

CHAPTER TWO: Literature Review and Conceptual Context

"Hurry up and Wait"

This chapter provides the necessary review of current literature and research that will add context to the topic area and address the prevailing themes of research on women veterans. Definitions of the foundational constructs are provided from the literature. Although the researcher conducted an extensive review, few studies provided current information on the topic area. It should be noted that the social and cultural perspective of current research is primarily gender-blind or fails to explore women's transition experiences from the viewpoint of service experiences, socioeconomic status, ethnicity, education, pre-service family life, religiosity, and post-service family life and social support.

Society Defined. The United States is a broadly representative society created by common governance, shared space and is formally structured through laws which regulate behavior. Less officially, American society is a complex matrix of diversity. Ethnic/racial backgrounds, gender identity, socioeconomic status, religion, a community of residence, geographical locations, ecological environment, family patterns, and social stratification create many sociological and anthropological perspectives to study a society. Broadly defined using a structural-functional approach; "… society is defined as a complex system whose parts work together to promote solidarity and stability" (Macionis J. J., 2015, p. 16).

Culture Defined. Culture, as defined by Spradley and McCurdy (2012), "is the learned and shared knowledge that people use to generate behavior and interpret experiences" (pp. 2-3). Culture can be broken down into the explicit culture, which is known and discussed, and tacit culture which is the knowledge that has no specific words to describe the behavior. Tacit culture is an unspoken learned behavior such as the acceptable speaking distance between two people

depending on their interpersonal relationship (Spradley, 2012). Beyond the knowledge and understanding the rules of culture, Spradley (2012) related culture to the meanings of things using symbolic interactionism, a perspective created by sociologists like George Herbert Mead, Herbert Blumer, and Charles Cooley. Culture is not a series of artifacts, behaviors or knowledge, but rather the meanings implicitly and explicitly ascribed to those things by an individual based on their experiences learned through social interactions. This process of learning of the meanings of things is taught in childhood and forms the foundation or core knowledge for an individual. Spradley (2012) believes cultural understanding can only be understood by an outsider by experiencing the meaning of things through ethnography and qualitative study.

Military culture, as a total institution, must be experienced in situ to understand fully. Unique in the way it immerses members through indoctrination training, behavior and language change meaning from the society at large. Explicit culture is the way that a uniform must be worn, and tacit culture is nuanced behavior specific to branches of the service and individual units. Highly structured with a rigid hierarchy, members of the Armed Forces must adhere to a new set of laws known as the Uniform Code of Military Justice (UCMJ). All aspects of the recruit's life are controlled during indoctrination training. Values such as integrity, duty, honor, and attention to detail are instilled. Rules and regulations prescribe every aspect of a warrior's life.

Enculturation and Socialization. Although children receive primary socialization and enculturation beginning at birth, they are separate concepts that may be studied by disciplinary scholars that recognize the difference between universals and the resocialization that occurs for most individuals as they change environments, jobs, and significant life events such as marriage and child-bearing. Enculturation is the learned process how marriage and child-rearing must be

done in the context of society. Margaret Mead argued the differences between the concepts of socialization and enculturation in 1963.

> "So, it is important to reaffirm the difference between the study of enculturation—the process of learning a culture in all its uniqueness and particularity—and the study of socialization—the set of species-wide requirements and exactions made on human beings by human societies *(Mead, 1963, p. 187)*"

Enculturation is a contextual process which provides an individual the unique identity and embeds the meanings of things in their culture. Recruits in the military go through both resocialization as a universal process and a unique enculturation that requires the individual's context. When a veteran leaves the military, they must resocialize as a civilian. Depending on multiple variables such as the length or quality of time in the military, this re-indoctrination as a civilian requires a change in culture. How she is taught these new roles is the resocialization and what she must learn is within the context of the unique community.

A Sociocultural Perspective. The social sciences use many shared theories, perspectives and methods to understand aspects of society and cultures. Sociocultural backgrounds impact the behavior and experiences of the individual throughout the life cycle. The similarities between the disciplines and underlying concepts create a bridge when studying childhood experiences and how they might influence an adult's acceptance and place in society. "The study of socialization is a field which can provide us with common ground for the development of viable methods" (Mead, 1963, p. 187). A study using a sociocultural lens acknowledges the universals of resocialization as a broader perspective and the unique cultural transitions from warrior to veteran in American society and local communities. Unique to American society is our diversity and blending of cultures. Margaret Mead (1963), argued for cultural studies from a purist perspective. In a multicultural, multiethnic society, cultures merge into a moulage elusive to a

purist. A sociocultural perspective assumes a more holistic study of the transition experiences of women warriors to veterans.

Despite women's rapidly growing presence in the military and their ever-growing role in the Global War on Terrorism (GWOT) (no longer an official operation), little research has been done to study their post-military transition experiences holistically. Problem-focused research or gender-blind studies dominate the literature landscape primarily examining the signature issues of the Post-9/11 cohort including post-traumatic stress, traumatic brain injury and military sexual trauma and substance abuse. Relevant available research and articles were compiled and reviewed on the transition experiences of Post-9/11 Women Veterans from an interdisciplinary, sociocultural perspective.

Current Statistics of Post-9/11 Women Warriors and Veteran Populations. As of September 30, 2017, the Veterans Administration (VA *(National Center for Veterans Analysis and Statistics, 2016)* projection tables report 555,206 women have served in the Gulf War Era Post 9/11 period compared to the 1,882,848 living women veterans. Additionally, 2,397,652 men are Gulf War Era Post-9/11 veterans. Based on this data, 23% of all Post-9/11 veterans are women, and 29% of the all living women veterans served during the Gulf War Era Post-9/11. Additionally, the data projection tables for 2017 report 42% of all women veterans, regardless of era, had served in the U.S. Army, 23% served in the Air Force, 19% in the Navy, 6% were Marines. Seven percent served exclusively in the Reserve forces without active duty time. Ethnic diversity presented in these tables report 71% of all women veterans are white, 19% are Black, 9% are Hispanic or Latina, 2% are Asian, 1% are Native American/Native Alaskan, and 0.5% are Pacific Islander. The 2017 projection tables report of all women veterans, 8% are officers, and 92% enlisted. These statistics of the women veteran population provides support for the

growing size and diversity of Post-9/11 women warriors. Representative samples should mirror similar demographics.

Multidisciplinary Review of Literature

War has always impacted women. They have been "double victims of war and conflict" (Pawelczyk, 2015, p. 87). As victims of war, they have been raped and killed to punish the enemy. Additionally, they have lost loved ones, families, homes, and life, yet they have been considered helpless and dependent, unable to defend themselves or family against the ravages of war. Until recently, women have not been recognized or accepted as combatant or aggressor within Western society, despite serving in these roles for over 40 years in the United States. Socialized gender roles and hegemonic masculinity deny women the status of equal or the opportunity to compete with men for the role as a combatant creating a second type of victimization. Women warriors experience war, military service, and family roles differently for a variety of cultural, social and biological reasons. As might be expected, they also experience the transition from military service to civilian status differently, for the same reasons. As of 2015, legislation directed the Department of Defense to open all technical and officer specialties to women (DoD, 2014) This directive is still in the process of being implemented. However today, deployment to any theater of war, in any capacity, involves inherent risk. This literature review will present the focus, methodology, disciplines, and findings of research on women veterans who have served Post-9/11. As an exploratory analysis, understanding the transition experiences of Post-9/11 women warriors was the primary interest to determine how women warriors adapt to civilian life. "Both the services required by women veterans and the issues they face after their return to civilian life are different from those of their male counterparts" (National Center for Veterans Analysis and Statistics, 2017, p. 9). The *Women Veterans Report:*

The Past, Present, and Future of Women Veterans compares all living women veterans with non-veteran women and not the differences experienced by their male veteran peers. As a new cohort of women completes their military service and war as combatants, specific questions were considered to focus the search for relevant literature:

1.) How do they negotiate the transition from warrior to a citizen?

2.) What are coping strategies used by women as they adapt to this major life event?

3.) Are there unique intersections of gender, race, socioeconomic status, marital status, parental status, education status that mirror American society or has military service altered this pattern?

Women warriors, transition, re-entry, reintegration, women veterans, veterans, warriors, demographics of women veterans, Post-9/11 women veterans were key terms used to conduct the search. An open, multidisciplinary query for relevant research yielded several studies, but none that considered the intersections of demographics, sociocultural background, military experience and their transition experience.

Current Statistics of Post 9/11 Women Veterans. The impact of the Global War on Terrorism on military women is represented by "The Grim Toll of Military Women Killed in War" (Center for Military Readiness, 2013). By 2013, 146 women had been killed in the line of duty since 2001 with the beginning of the Global War on Terrorism (GWOT). As of April 2017, 164 women are listed as killed in action (KIA) *(Service, 2017).* In comparison, only 16 killed during the Viet Nam War and six were killed during the first Gulf War. The author of this article submits the death of military women is more significant than the death of military men and expresses concern about the change in our values and society because of this cultural shift in viewing women as equals able to share the burden of war with their male peers. During the Wars in Iraq

and Afghanistan, two women were awarded the Silver Star in combat due to their heroic efforts to save their fellow soldiers and fight aggressors. Numerous others have received Bronze Stars and other commendations for their service in combat.

Since 9/11, a record number of female veterans have served during the Gulf War II-time period and have returned or are returning to their families, civilian employment, and their communities. According to an Iraq/Afghanistan Veterans of America (IAVA) report and Disabled Veterans of America study, "[A]almost 280,000 women have served Post-9/11 in Afghanistan and Iraq" (DAV, 2014). Approximately 350,000 women are serving today in the active duty or reserve components. "They experience deployment and reintegration differently than men. Women focus more on disruption of interpersonal relationships, feeling less social support once they return home, and do not find services or commanders prepared to support a woman and her family after deployment" (DAV, 2014, p. 1).

According to Lemmon (2015), women have been serving in high-risk missions as enablers providing gender-specific services questioning and searching Muslim women during nighttime raids on suspected terrorist compounds by Rangers, Navy SEALs, and Green Berets. Working side-by-side with less training, they took significant risks and, as in the story of Ashley White, gave their lives knowing the risks of their mission. The strain of gaining the respect and support of these Special Operations Warriors placed an added criterion on these women and any women entering the military to serve their nation as equals.

What We Know about Post-9/11 Women Veterans. "In 2015, there were 3.6 million veterans who had served during Gulf War Era II. Eighteen percent were women, compared with about 4 percent of veterans from World War II, the Korean War, and the Vietnam era. Nearly half of all Gulf War Era II veterans were ages 25 to 34" (United States Department of Labor, 2016).

Despite the rising number of women veterans serving in the Gulf War II Era in any role, the majority of current research is either gender-blind (i.e., statistics are for all veterans regardless of gender), or problem-focused(Fasting and Sand, 2010). In 2010, Fasting and Sand conducted a complete review of Gender and Military Issues Research and creating a comprehensive bibliography identifying trends in studies explicitly done on women serving in the military since 1970. The primary objective of this compilation was to determine the publications in which gender was presented as a social construct. They found the term gender was associated predominantly with women. Significantly, gender-blindness of most studies had been an obstacle to strengthening the adaptation of women to military service. Avoiding gender differences and relying on a hegemonic male perspective prevents the acknowledgment of women's socialization and physical differences. Gender stereotypes serve as barriers to gaining respect and acceptance of the strong female soldier. Male standards of the "body as a machine" (Fasting and Sand, 4, 2010), and instrumental dehumanization dominate the military literature. Fasting and Sand (2010) note that "a desired consequence of the military transformation seems to be that soldiers should be humanized and that the understanding of military skill will become more complex (5)". They propose that soldiering skills cannot be viewed as a single discipline, but rather a complex merger of social science, humanities, and physical sciences. An interdisciplinary understanding of what truly is needed to perform the task, and developing a new meaning for "good soldiering skills" (Fasting, 5, 2010).

According to a PEW research study of *Women in the U.S. Military: Growing Share, Distinctive Profile* (Patten & Parker, 2011), there are several unique trends in the demographics. The number of women serving in the military has tripled since 1973. Despite the downsizing of the military forces in general, women have increased their percentage overall. Demographic

differences between male and female recruits include the ethnic ratios, marital status, and occupational choices. More women come from minority ethnic backgrounds, are unmarried, and the majority chose medical or administrative occupations. This pattern may change as more women select combat arms occupations. According to this study of 135 post-9/11 women, their reasons for joining are like men's: 1.) Serve country, 2.) Receive education benefits and 3.) See more of the world (Patten & Parker, 2011). One consistent difference was the difficulty in finding employment in the civilian sector. Forty-two percent of women say they joined the military because jobs were hard to find versus 25% of men with a similar reason for serving in the military. "Overall, the women's reasons were not statistically different from men's reasons" (Patten & Parker, 2011, p. 10).

Transition Experiences of All Veterans: Gender-blind Research. According to a PEW study by Rich Morin (2011), 7-in-10 Veterans reported they had no difficulties transitioning from the military to civilian life. In this survey of 1,842 men and women veterans from all eras, 27 % recounted having a tougher experience during their transition. However, that number changes to 44% when the 710 post-9/11 veterans were considered. Significant differences were noted for six variables which correlated with self-reported painful transition experiences:

1.) Experiencing a traumatic event

2.) Being seriously injured

3.) Being a Post 9/11 veteran who was married while serving

4.) Being a Post 9/11 veteran

5.) Serving in combat

6.) Knowing someone who was killed or injured in combat.

Conversely, four factors seemed predictive of a more favorable self-report concerning their transition on experience:

1.) Being a college graduate

2.) Understood the mission

3.) Being an officer

4.) Identifying as an active religious Post 9/11 veteran

Of note in this study, eight variables appeared to be poor predictors of transition experience:

1.) Race and ethnicity (separated as Black, White, Hispanic or other)

2.) Age at time of discharge

3.) Having children under the age of 18 at time of serving

4.) How long the veteran served in the military

5.) Number of deployments *(Morin, 2011)*.

Annually, the Wounded Warrior Project (WWP) conducts an alumni survey of over 58,000 wounded, ill or injured veterans who have utilized services provided by their veteran service organization. The 2015 study reported on the results of 23,200 veterans who completed the questionnaire to identify trends, compare with other veteran datasets and find ways in which WWP might better assist alumni. The mission of the WWP is to "To honor and empower Wounded Warriors" (Wounded Warrior Project, 2015). These surveys are conducted online as anonymous questionnaires which are gender and ethnic blind with results analyzed by reported experiences and status. Significantly, these polls appear to be less consistent with current military and veteran demographics with 85% male and 15% female respondents. Despite providing the demographic profile of race/ethnicity, age, marital status and regional affiliation, a

detailed analysis is not done analyzing the intersectionality of these factors with survey results. This survey collected data regarding current activities such as employment, education, physical and mental well-being, access to health care services, prevailing attitudes, economic empowerment, debt, income, living arrangements, and homelessness. However, these surveys do not highlight positive transition experiences beyond reporting employment rates of the respondent population and the pursuit of higher education utilizing G.I. Bill benefits or the Veteran's Administration (VA) Rehabilitation &Employment Program. Although not explicitly stated, improving the adaptive strategies and well-being of wounded warriors is its ultimate mission.

A survey conducted by the Iraq and Afghanistan Veterans of America (IAVA) in 2014 specifically addressed Military Sexual Trauma as it applied to women and men separately. However, family reintegration or transition challenges remained gender-blind. Additionally, the issue of women in combat was addressed, and a gendered response included the perception of overall impact on a woman warrior's military career by being excluded from combat roles (IAVA, 2016). This online survey asked 2089 veterans (244 of those were women) 200 questions. Interestingly, only 4% were African-American and 10% Hispanic, which is well under the national or military demographics.

Ostavary and Dapprich (2011), in their Chapter on "Challenges and Opportunities of Operation Enduring Freedom/ Operation Iraqi Freedom Veterans with Disabilities Transitioning into Learning and Workplace Environments" (p. 63), they consider the transition experiences of disabled veterans returning to work environments and universities or technical schools. Individually, signature medical and psychiatric conditions were considered as they may affect a veteran's social reintegration experience. Post-traumatic stress, traumatic brain injury, chronic

concussive syndrome, and military sexual trauma are the signature disabilities, but the associated symptoms can result in significant cognitive impairments and social adjustment disorders. Symptomology may impact all activities and cause considerable frustration and disability for the veteran. This review remained gender-blind with the exception highlighting the increased rates of military sexual trauma (MST) of women veterans which correlates with the IAVA survey of which 30% of the 244 women reported experiencing military sexual trauma (IAVA, 2016). Additionally, Ostavary and Dapprich (2011) explicitly recommend research in the area of women veterans to evaluate the impact of returning mothers and children separated during deployments as was also supported by DAV and IAVA (DAV, 2014) (IAVA, 2015) (IAVA, 2016). Overall, this reference is primarily a summary of available information on veterans returning from war or leaving military service and reintegrating on a societal level. This essay fails to identify a percentage of veterans with disabilities and so blankets all transitioning veterans with disabilities and reintegration difficulties.

Gender Specific Studies on Veteran Transition. Military literature and research on Post- 9/11 veterans was selected if it contained gender-specific information concerning women veterans and the word "transition" or "reintegration" as part of the study objectives. As previously noted, most available research appeared to be both gender and color blind. However, more research is emerging that addresses specific gender differences as warriors face the challenge to change from military member to civilian.

Pawelczyk (2015) conducted a qualitative analysis of the oral interviews of two American women war veterans recorded through the Veteran's History Project run by the Library of Congress. These personal accounts are conducted through interviews and recorded to

capture, in the woman veteran's voice, descriptions of their wartime experiences. Pawelczyk analyzed each recorded interview to include;

1.) How is the category of gender introduced and discussed as it applies to military service?

2.) How is the gendered ideology of emotionality addressed by the interviewer to describe wartime experiences?

3.) How do female war veterans construct their professional persona during the interview (Pawelczyk, 2015, p. 92)?

Despite the small size of the study and its sophisticated analysis, Pawelczyk (2015) concludes that women veterans attempt to redefine and negotiate their legitimate role as warrior yet in the emotional voice. The emphasis is on the gender differences in talking about their wartime experiences in contrast to a masculine description. This female expressive gender difference versus the male instrumental may be a key to understanding transition experiences for women warriors.

In Patten and Parker's (2011) study, there is a similarity in difficulties expressed by women and men as they transition from the military to civilian life. According to Patten and Parker (2011), four-in-ten women felt their transition experience was somewhat to very difficult. The actual percentage is 43% of women compared to 45% of men that experienced somewhat or very difficult transitions. The "struggles of re-entry" (Patten & Parker, 2011, p. 11) are;

1.) Strains of family relations

2.) Frequently felt irritable or angry

3.) Had difficulties adjusting to civilian life

4.) Thought they have suffered from Post-traumatic stress

5.) Felt they did not care about anything.

Positive experiences of military service were equally similar in this study. One significant difference between genders involved their opinion of the wars in Afghanistan and Iraq. Women were significantly more against the wars and did not feel they were worth the cost. They were also less likely to have deployed, so this may impact their opinions concerning the mission, and that statistic is not available. Men were more likely to have deployed in support of these wars, experienced combat, and a slightly more significant percentage felt they were worth the cost (Patten & Parker, 2011). This finding is consistent with the results of the DAV and IAVA survey and demographic information (DAV, 2014) (IAVA, 2016).

Suzannah Creech and Brian Bosari (2014) conducted a study of 95 women veterans. The study begins with "United States veterans, as compared to civilians have high rates of substance use and mental health problems" (Creech & Bosari, 2014, p. 379) and multiple studies are referenced to support this statement. The study further details the correlation between various indicators of heavy alcohol consumption and military sexual trauma. However, of 95 participants, only 37 were considered drinkers and nine of those were found to be heavy drinkers. This multivariate study attempted to correlate alcohol use, military sexual trauma, coping strategies, expectancies, and post-traumatic stress disorder. Nine of the total correlated personal military sexual trauma (MST) and heavy alcohol use. Federal law gives the official definition of MST employed by VA (United States Government Publishing Office, 2006). "It is Psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training" (Department of Veteran Affairs, 2016). The small sample from a single region is not generalizable. The

correlations fail to report the adaptive population with healthy coping skills. However, they present their findings regarding transition experiences of women veterans.

Szelbach, Steinkogler, Badger, & Muttukumaru (2011) conducted a comprehensive study on the barriers to the reintegration of women veterans in rural areas. Geographical barriers, limited job opportunities and lack of childcare became prominent factors for women in rural settings in this exploratory study. This particular research builds on the similar issue addressed in the 2001 Women' Research &Education Institute, which expressly outlined the impact of military service on employment, unemployment, earnings, and occupational mobility in 2001. Of import in this study is the transitional experience of all women veterans in areas defined as rural. Interestingly, the military recruits many men and women from the rural south. Once military service is completed, these veterans return home with baggage; Single mothers with children, medical issues, lack of skills transfer, lack of public transportation or unemployment/underemployment welcome them home. The environment did not change while they served, and returning to a rural community as a veteran may not change their options, particularly as a single parent. As of the date of this study, 19% of Americans live in rural areas, yet 44% of military recruits come from these regions contrasted with 14% from the large cities (Szelbach, Steinkogler, Badger, & Muttukumaru, 2011). Women veterans have described their transition experience from soldier to mother, wife, or caregiver as being the most difficult after a deployment. Social identity was recognized as a significant change encountered in the woman veteran's post-military service. Many women veterans enter the military with little or no job skills and return to their communities with skill sets that may not transfer well to the civilian workforce. Again, recent surveys by the DAV (2014) and the IAVA (2015) support these findings as gender-specific issues faced by many women veterans.

This study provides a detailed synopsis of the challenges facing many women veterans returning to a rural environment. If they have medical issues related to their military service, treatment options are limited. Problems included:

1.) Translating military skills into civilian job experience

2.) Difficulty transitioning from structure/hierarchy of military culture to civilian workplace culture

3.) Post-traumatic stress disorders issues or other mental health issues

4.) Amount of time spent adjusting to civilian workplace culture

5.) Combat-related disabilities, and

6.) Employees apply for positions in which they are underqualified (Szelbach, Steinkogler, Badger, & Muttukumaru, 2011)

This study accounts for the experiences of all veterans including National Guard and Reserve, who have some level of protection for their previous job or equivalent, and active duty who have completed their term of service. National Guard and Reserve are continually recalled and deployed for extended periods and then return to their previous occupations or employers and experience similar adjustment difficulties based on their lengthy absence, potential future deployments, or changes in family and work environments. Significantly, this study emphasizes the dire need for research concerning the transition experiences women veterans face when they return home. “Rural women veterans are more likely to meet these and other challenges when transitioning back to civilian life because of the unique needs of rural veterans and a woman veteran” (Szelbach, Steinkogler, Badger, & Muttukumaru, 2011, p. 93). This exploratory study relies on mixed methodologies of literature review, Bureau of Labor Statistics veteran data and interviews. Five rural states were selected and included South Dakota, West Virginia, Vermont,

Mississippi, and Montana. Only Sixteen women were interviewed. Nine were female, and just six were veterans. Specifically, access to employment, education, and healthcare were the primary issues in all interviews. The challenges that women veterans faced:

1.) Societal roles as primary caretaker for children

2.) Gender-specific mental health problems resulting from MST and negative experiences during military service

3.) Self-perceptions that they are not veterans because they did not deploy or serve in combat

4.) Lack of awareness by employers and the broader community that women are veterans and bring valuable leadership skills to the workplace (Szelbach, Steinkogler, Badger, & Muttukumaru, 2011, p. 96)

Of more significant impact in this study, is the perception that the private or civilian sector believe that all veterans have experienced PTSD, TBI or MST and that they may be a danger to their workforce (Szelbach, Steinkogler, Badger, & Muttukumaru, 2011). Media saturation of veteran challenges links most warriors leaving the military with physical and psychological conditions due to their military experiences. Interestingly, veterans come from a "very well-organized machine" (Szelbach, Steinkogler, Badger, & Muttukumaru, 2011) to a civilian life which lacks a clear hierarchical organization. The conclusion of this study supports further research and education of the available resources for women veterans. Specific recommendations included:

1.) Closing the gap for rural women veterans through consistent measures of their access and utilization of available resources

2.) Follow-up

3.) Expanding relationships with organizations that may more effectively reach rural women veterans,

4.) Educating potential "employers on the value women veterans can bring to the workplace" (Szelbach, Steinkogler, Badger, & Muttukumaru, 2011)

"The Women Veterans in Transition Research Project" (Business and Professional Women's Foundation, 2007), conducted an online survey of women veterans at various ages and stages in their career. The principal objective was to gain insight of the complexity and issues faced by women veterans as they returned to civilian life. This exploratory study conducted by BPW Foundation focuses on "under-recognized or under-utilized groups of working women" (Business and Professional Women's Foundation, 2007, p. 1). Their objective was to inform organizations concerning needed "programs and resources that help working women make successful career transitions" (Business and Professional Women's Foundation, 2007, p. 1)

Although BPW Foundation was unable to access the DoD or VA data, they utilized multiple available sources including newsletters, emails invitations, web postings, flyers and veteran service organizations. Of the 2,177 attempting the survey, 1,629 were able to complete the quantitative survey. This diverse population of women veterans represents all ages, backgrounds, length of service, and era. Women veterans had left the military an average of seven years at the time they completed the survey, yet 44% of them still did not feel "completely adjusted to the civilian workplace" (Business and Professional Women's Foundation, 2007, p. 4).

As highlighted in this study, "[L]little information specific to the transition experiences of women veterans in available in the public realm" (Business and Professional Women's Foundation, 2007, p. 2). This survey provides detailed information on a broad sample of women veterans including narrative comments which reflect individual experiences with the transition

process. Although this study provides the richest sample of data regarding women veterans; it is focused primarily on the workforce transition, job search, and civilian occupations. Little information is available on the sociocultural experiences of transition from status as a military member to civilian. Additionally, this semi-random sample was color-blind, and there was no intersectional analysis of results.

Maiocco and Smith (2016) conduct a phenomenological study using Story Theory to assess, in a women's words, their experiences of war as service members. Eight women were interviewed, and eight common themes were consistent in each woman's story of deployment and returning home:

1.) Arrived with mixed sentiments

2.) Evolved to a changed view of self, family, and others

3.) Permeating aggravation

4.) Confounding broken relationships

5.) Frequent deployments

6.) Change in military status

7.) Remembering war experiences

8.) Seeking opportunity for what is possible (Maiocco & Smith, 2016).

This thematic approach is unique to women veterans, although a comparative analysis is not done using the same methodology for a similar number of male veterans. Additionally, the terms reintegration or community reintegration replace transition experience terminology utilized in other studies. The Story Theory approach allowed each veteran to tell their story in their words as part of a mental health visit. "The researchers were engaged in intentional dialogue

with participants in which there was an attitude of listening to really hear the story from the veteran's perspective of what it meant to come home from war" (Maiocco & Smith, 2016, p. 18).

"Combat veterans" remains a confusing term for women. Many will not view themselves as combat veterans or warriors despite their deployment to hostile war zones (Strong, Findley, McMahon, & Angell, 2015). As women's roles expand to include more direct and indirect experiences with war, this description and cultural identity will become more accepted. Strong et al. (2015) used a qualitative methodology based on feminist research and noted that most prior research focused on the experiences of women impacted by war through their relationships as wives, mothers or nurses (Strong, Findley, McMahon, & Angell, 2015). Based on feminist research methods, the understanding of the subjective experience, the importance of context and agency, and using a narrative analysis shaped this study. Additionally, "Appraisal of Threat Theory" as described by Lazarus and Folkman in 1984 (Strong, Findley, McMahon, & Angell, 2015, p. 3), is a cognitive process in which an individual determines the level of perceived threat over what may have occurred. This perception of threat was more important than the experience itself as to how the person reacted to the situation. The research proposal was defined as giving "voice to the experience of female veterans who were deployed to Iraq or Afghanistan to gain a better understanding of how combat is defined and to explore the experience of the combat situation" (Strong, Findley, McMahon, & Angell, 2015, p. 4). Understanding the woman warrior's perception impacts the ultimate transition experience of women veterans when they return to their communities.

Burkhart and Hogan (2015), utilize stages to define the transition process of women veterans. They identified seven stages that must be successfully negotiated, and these categories included:

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 Stressors of Being a Veteran-Civilian

7.) Making Meaning of being a Veteran-Civilian

(Burkhart & Hogan, 2015, p. 108).

Burkhart and Hogan (2015) applied grounded theory to understand the context of the lived experience. The sample included 20 candidates recruited using a snowball method. Telephone interviews were conducted. The essential theory of stages of development as women begin the process of military service is taken from Erikson's Psychosocial Theory of Development. The late adolescent joins the military during the development phase of identity versus role confusion. Once the service contract is complete, the individual departs military service and must again experience reintegration into the civilian community (Burkhart & Hogan, 2015). Cultural shock is experienced both upon entering the service and adapting to new rules, traditions, and lifestyle to reversing the process as the military member must abandon military culture to assimilate into the civilian community successfully. This study was limited by the sample size and recruitment of candidates. Burkhart and Hogan (2015) attempted to identify, in the veteran's words, the lived experience and through analysis, define transitional stages that might apply to all veterans.

The Disabled American Veterans National Organization (DAV) released its most current and comprehensive study of the experiences and post-service needs of women veterans. Of

greatest significance is DAV's power to educate legislators regarding the issues faced by America's veterans. "The stories and statistics that support this report make clear that women veterans face a homecoming that is remarkably different than their male counterparts. As a nation we need to fully recognize their contributions and sacrifices—we owe them this respect and opportunity to heal and successfully transition home" (DAV, 2014, p. 3).

Of their 27 key recommendations, they identified consistent gaps in the transition needs of women warriors. Key recommendation number two reinforces the general lack of quality, informative data on the transition experiences of women veterans:

> The federal government should collect, analyze and publish data by gender and minority status for every program that serves veterans to improve understanding, the monitoring and oversight of programs that serve women veterans (DAV, 2014, p. 3).

Summary

Despite the dramatic increase in the number of women veterans serving in the military, little quality research has been conducted that identifies their sociocultural transition experiences. Negotiating the transition from the woman warrior's perspective after deployment to home, family life, civilian employment, or previous occupation as is the case for many Reservists and National Guard remains unexplored. In the literature reviewed, consistent findings suggest that women warriors experienced stressors differently as they reintegrate as family members, reassume role as a parent, and leave military service. Additionally, the impact of ethnicity, socioeconomic status, educational status, marital status or gender identity as they intersect with the ability to process experiences and turn them into strengths which assist in their transition have not been the focus of current studies.

Military culture is in stark contrast to civilian society from the order of dress and appearance, Uniform Code of Military Justice, new living environments and socialized

expectations of personal behavior. This transition process is identified by Burkhart and Hogan (2015) as developmental transition points. Successful transitions are not the subject of any studies, nor are women veterans who have few if any mental or physical health issues discussed in comparison to women experiencing greater difficulty coping from a sociocultural perspective which considers the intersectionality of demographic characteristics and whole person.

This multidisciplinary review of the literature of the transition experiences of women warriors from military to civilian life serves as a background of available research. Ultimately, studies were selected that met identified criteria to determine the primary focus, methodology, theory or discipline and significant themes to find current research regarding the transition experiences of women warriors. Barriers exist for rural veterans as they return to their communities, but few solutions are recommended (Szelbach, Steinkogler, Badger, & Muttukumaru, 2011). Much of current literature focused on the signature themes of post-traumatic stress disorder, military sexual trauma, substance abuse, traumatic brain injury, sexual harassment and abuse, and gender and history. Themes identified by Fasting and Sands (2010) noted little research included recruitment of women, gender, race and ethnicity; gender, hazing and bullying; gender and stress; and gender and the body in the military context. “However, given the complex interconnections between physical, psychological and social health, the nation must be prepared to take a more holistic, interdisciplinary bio/psycho/social/spiritual approach to providing coordinated, continuous care for veterans” (DAV, 12, 2014). Studies that identify differences based on gender, ethnicity, socioeconomic status and level of education as factors influencing the quality of the transition experience are needed. Unisex veteran’s services based on a culture of one size fits all is flawed. Policy makers, the VA, DoD, communities, employers, and veteran service organizations require a greater understanding of the needs of women

warriors. Research is predominately biased towards male veterans or gender-blind. Consistently, there is a call and need for more comprehensive, holistic, and interdisciplinary research on this growing generation of women veterans.

Chapter Three will present the theoretical framework and research design used by the researcher to conduct this study. This study provides quantitative and qualitative data on a cohort of post-9/11 women veterans in answer to the call for more research on the transition experiences of women veterans.

CHAPTER THREE: RESEARCH DESIGN

"Fall In! Dress Right, Dress!"

Theoretical Framework

Grounded theory provides an approach that explores data for the development of models or theories using several specific techniques. Developed by Barney Glasser and Anselm Strauss in 1967, social scientists often use qualitative research, interviews, and ethnographies to discover and explore phenomena beyond the quantifiable statistics. The use of this approach allows the researcher to analyze texts, conversations, behavior and interpersonal interactions. Categories emerge through repeated exposure and coding themes as they appear permits the researcher to create hypotheses or models to understand a particular population better (Bernard, 2002). Inductive coding was used to identify emerging themes within the narratives after data gathering. Exemplars from the texts expand the encoded topics and their potential interrelationships. Through immersion, the data creates a story grounded in existing theory, model or provides evidence of new theory. Grounded theory provided the overarching framework for this study (Bernard, 2002).

Methodology

This study used a mixed methods approach. First, an online survey of 42 questions (See Appendix D) was constructed using SurveyMonkey. Subjective and objective information was collected from four broad categories including the sociocultural background, physical and mental health, military experience and a self-rating of the transition experience. Qualitative responses to several questions were included to describe experiences as holistically as possible. Open-ended questions and narrative response qualifiers were added to describe their experiences and presented each respondent an opportunity to explain their rating of experiences in fuller detail.

Some terminology was used that mirrored prior studies, and several questions from these studies were replicated for comparison.

Specific issues that were discussed in the literature involved single parenting post-service, religiosity, employment, education, and socioeconomic status were compared with transition experience rating. The four major themes provided multiple social and cultural intersections to explore when compared to the transition experience rating.

Secondly, semi-structured interviews (See Appendix C) of seven post-9/11 women veteran volunteers provided qualitative information. All women had served immediately before 9/11 or after. One had left active duty before 9/11 but remained in the National Guard until 9/11. Of the 251 women that met the research criteria of having served in some capacity after 9/11, 111 volunteered for the interviews. Initially, 8-10 interviews were planned and a diverse group of women from different branches, ranks, lengths of service, service rating and transition difficulty ratings were selected. Attempts to balance race/ethnicity and geographical locations was also an objective, however, time limitations and funding reduced the number to seven volunteers. The cultural consensus model (Bernard, 2002) criteria for selecting informants was applied to determine the quality of cultural competence and the minimum number that could provide statistically significant information. Three basic assumptions were met: 1.) Informants shared a common culture (women warriors), 2.) Informants were interviewed independently, and 3.) interviews covered a single cultural domain shared by all informants (women warrior's transition experiences). The minimum number of informants needed was ten for a 99% confidence interval according to the model. Seven informants provided cultural competence of the informants would be lower but still acceptable since each informant was considered proficient in their cultural

experiences. All informants met the criteria, and their descriptions of transition experiences were their stories.

The organization of the semi-structured interviews replicated the four broad organizational themes of 1.) Sociocultural background, 2.) Military experience, 3.) Physical and mental health and 4.) Transition experiences. The objective was to obtain a more in-depth understanding of the transition experiences of the seven purposively selected survey participants and compare their stories to the information provided through the online survey of the respondents. Fifty-dollar gift cards were offered to these interviewees for their time and participation. The interviews lasted approximately 25 to 93 minutes and were audio recorded and later transcribed. Encoding themes and classification of groupings of information as presented during the interviews and the qualitative responses from the survey provided comprehensive descriptions of their sociocultural background, physical and mental health, military experience, and transition experiences. Analysis of the quantitative and qualitative data provided a rich, holistic perspective of the life experiences of post-9/11 women veterans. By presenting a case study of an interview and a comparison with the cohort from the online survey, this analysis offers a more personalized perspective on what would otherwise merely be numbers and statistics.

Participant Recruitment. Post-9/11 women veterans were recruited using multiple social media platforms and private pages focused on women that served in the military including Rally Point, Facebook, and Linked-In, Veteran Service Organizations (VSOs) and other military networks (e.g., Wounded Warrior Project, America's Warrior Partnership), as well as personal networks. The snowball method was used to recruit additional participants. Initially, the survey link reached several thousand Post-9/11 women veterans through these platforms. General

correlations were observed and used to develop a Sociocultural Model of Women Warriors Transition Experiences identifying the factors that may impact woman warrior's adaptation to veteran status.

Analysis Strategy

Statistical analysis of closed-ended responses in the online survey was calculated, and replies were considered statistically significant using a standard 95% confidence level. Statistically significant responses had less than a 5% probability of occurring by chance or sampling error alone. (SurveyMonkey, 2017). Using bivariate tables comparing percentages, a descriptive analysis was possible to explore intersections of variables from the four key categories with the transition experience.

The interview narratives and qualitative data were analyzed by encoding themes and classification of groupings of information as presented during the interviews. The qualitative responses from the survey provided comprehensive descriptions of their sociocultural background, physical and mental health, military experience, and transition experiences. Analysis of the quantitative and qualitative data provided a rich, holistic perspective of the life experiences of post-9/11 women veterans. Themes, concepts and possible correlations were observed and used to develop a theoretical model of the many factors that may impact woman warrior's adaptation to veteran status.

Limitations/Validity Threats

As an emic researcher that has personal experiences from within the cohort, the coding of data may be less objective and reflect researcher bias. Comparing these results to the existing literature helped to ameliorate this threat. However, understanding the language, military culture, and gender-specific challenges is a strength in deciphering ethnographic descriptions and relating

to the subject. Although the sample size was diverse in geolocation, military service and age group represented, limitations include small sample size, the methodology used and restriction to online sampling and interviews. Online surveys may have excluded those who do not participate in online communities or have access to computers. Those respondents willing to participate in a video interview that was audio recorded limited number of interviews the researcher completed alone and provided a tiny sample. Despite attempts to reach out to more women veterans, survey fatigue and busy lives limited their availability. Time and funding were also limitations. The researcher provided all costs associated with this study.

Additionally, the research questionnaire and interviews had not been tested on other populations and were developed by the researcher to gain a broad picture of the face of the Post-9/11woman veteran. “The Bottom Line on all this is that while various forms of validity can be demonstrated, Truth, with a capital T, is never final” (Bernard, 2002, p. 56). Despite the challenges of demonstrating statistical significance, this studies objective was to explore and describe the challenges of transition experienced by women warriors from a holistic, sociocultural perspective.

CHAPTER FOUR: SURVEY AND INTERVIEW SAMPLE

"Forward! March"

Although 359 individuals completed or attempted the online survey, 251 met the criteria as Post-9/11 women veterans. The 251 respondents that met the study objectives were initially queried to determine their sociocultural background to assess their overall representation of the larger population of Post 9/11 women veterans. The demographic breakdown of the survey respondents includes their sociocultural background pre-military service, their military service experiences, their current physical and mental health and their transition experiences. A total of 42 questions were asked and analyzed using Survey Monkey. Additionally, open-ended questions and responses added personal narratives. This chapter will describe the survey population demographic data and the interview respondents that participated in the study.

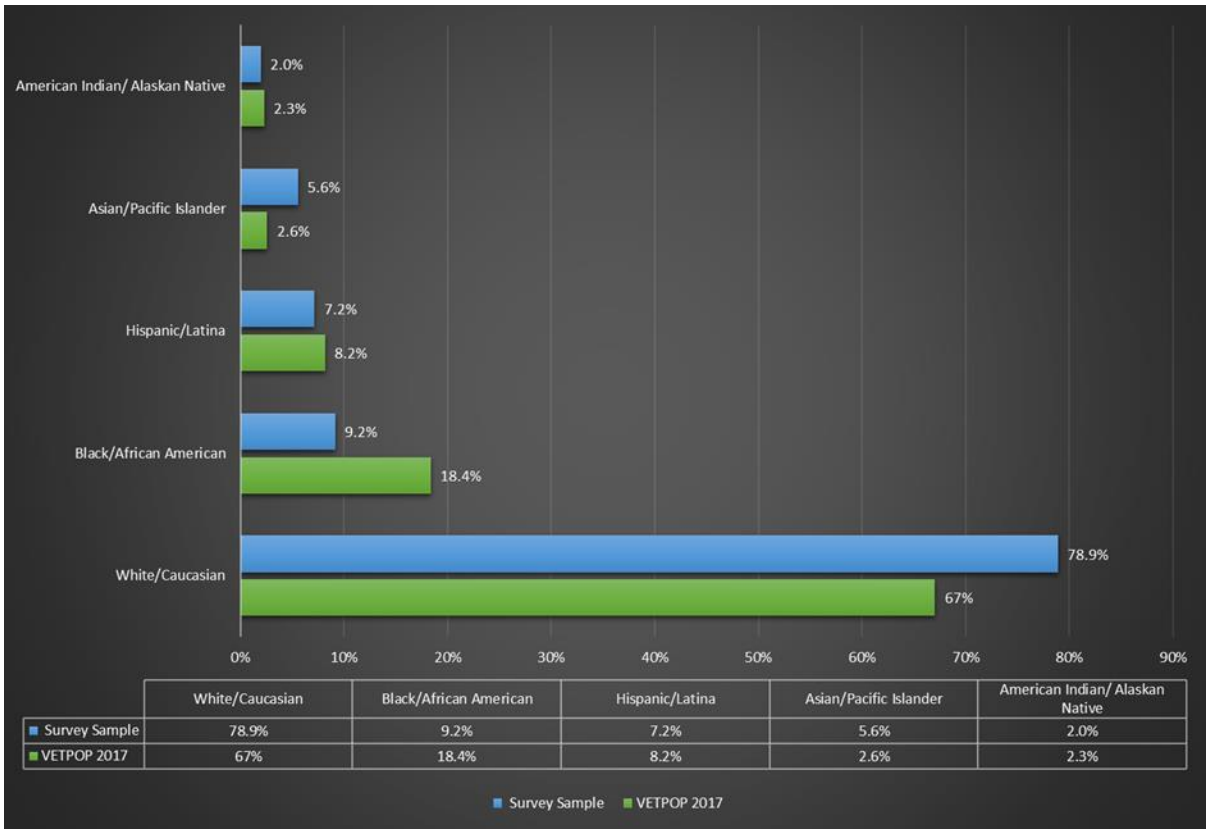
ONLINE SURVEY DEMOGRAPHICS

Of the 251 women that participated, 78% described themselves as White/Caucasian or selected White in addition to another race. Blacks/African Americans made up 9% of the population. The Latina/Hispanic population represented 7.6%, Asian/Pacific Islanders comprised 5%, and the Native American/Alaskan totaled 2% (see Figure 4.1). The Women Veteran statistics available through the VETPOP database do not provide a breakdown by date of service or era, ethnicity, with gender. Therefore statistics available represent all living women veterans. Based on a comparison with the reported population of all women veterans, this sample appears to closely represent the total population except for the smaller representation of Black/African American women veterans and overrepresentation of White women veterans.

Figure 4.1

Comparison of Ethnic/Racial Distribution Categories:

Online Survey Sample and Total Women Veterans

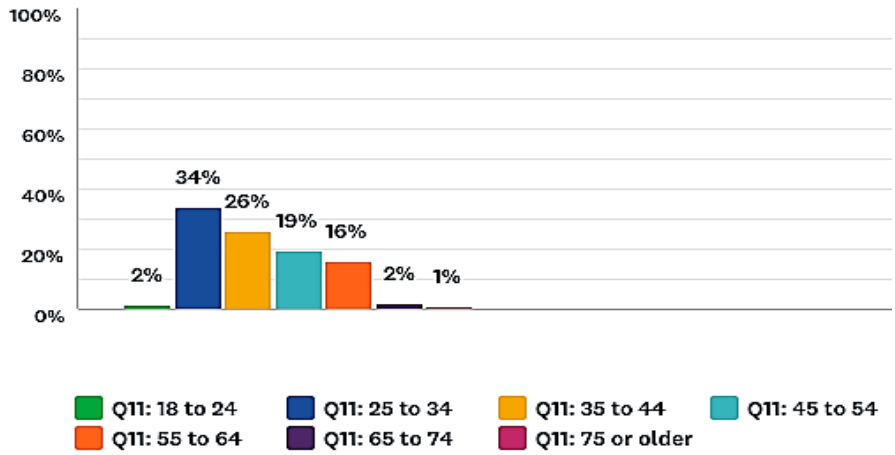


	White/Caucasian	Black/African American	Hispanic/Latina	Asian/Pacific Islander	American Indian/ Alaskan Native
Survey Sample	78.9%	9.2%	7.2%	5.6%	2.0%
VETPOP 2017	67%	18.4%	8.2%	2.6%	2.3%

Source: (U.S. Department of Veteran Affairs National Center for Veteran Analysis and Statistics, 2016)

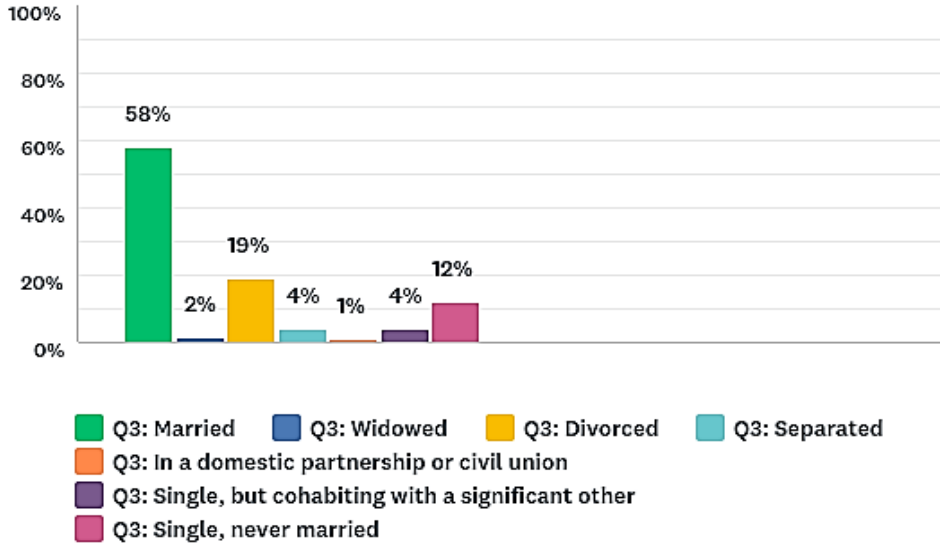
Thirty-six percent of online survey participants were between the ages of 25-34 and 26% were ages 35-44 at the time of the survey (*See Figure 4*.2). A more significant percentage of women who had left the military between 2011 and 2017 were also the younger women represented in this cohort.

Figure 4.2 Age at Time of Survey



Just over one-half of the women reported being married, cohabitating or in a domestic partnership/civil union (*See Figure 4.3*) and 52% had children in the home at the time of the study.

Figure 4.3 Relationship Status at Time of Survey



The largest percentage of women reported a household income of $50,000 -- $78,000 at 20% and 19% selected a household income of $79,000 – $99,000 (*See Figure 4.4*).

Figure 4.4 Socioeconomic Status at time of Survey

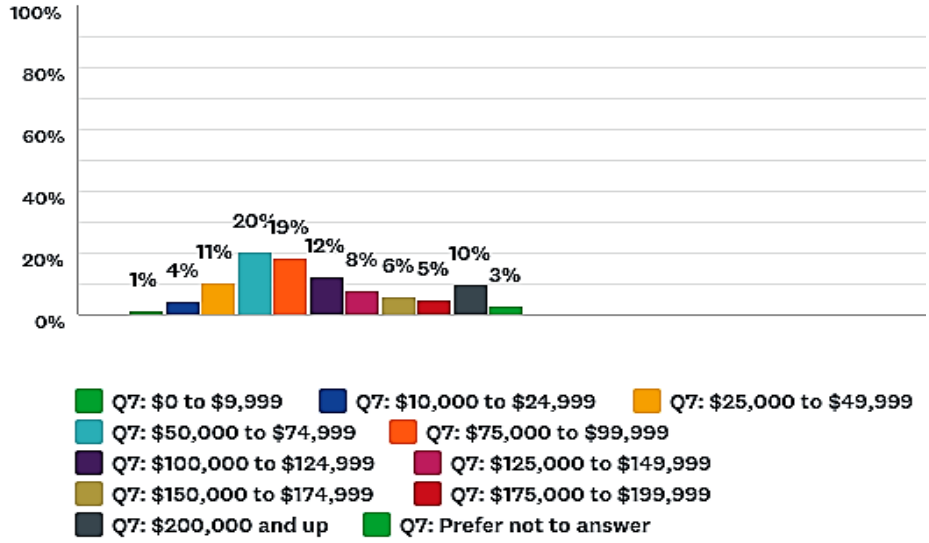
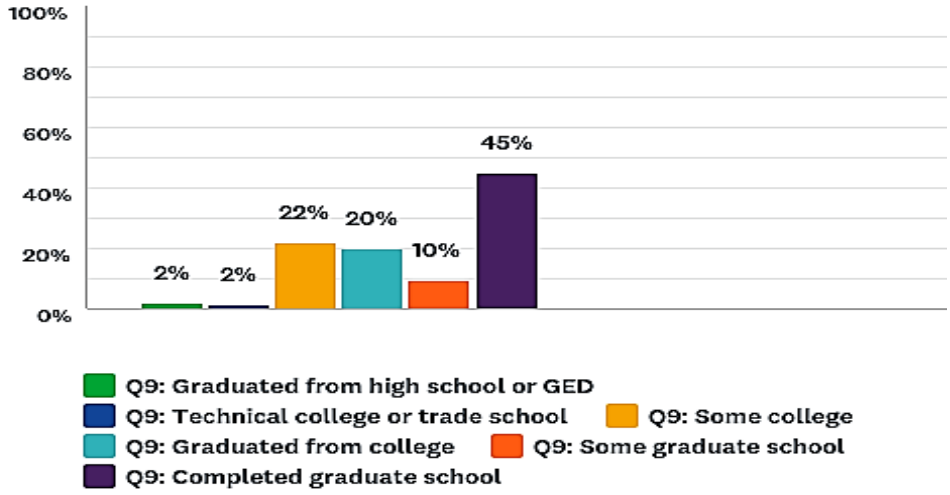


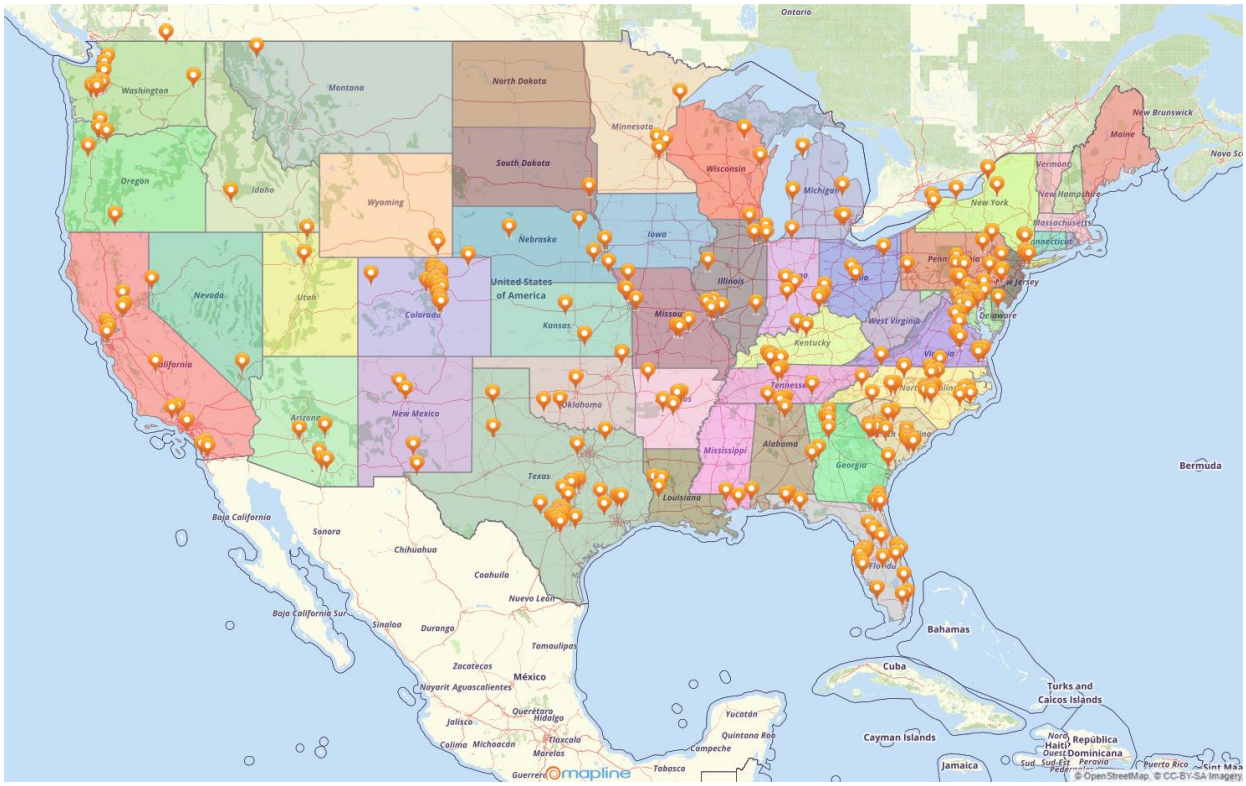
Figure 4.5 provides a breakdown of the highest level of education at the time of the study. Remarkably, 45% of the women in this study had attained a graduate level degree at the time of this study. Additionally, 20% had a college degree, and 22% had completed college. Fifteen percent of respondents reported they were currently in school.

Figure 4.5 Level of Education of Survey Participants



The geographical location of survey respondents corresponds to the general area of other military veteran populations (*See Figure 4.6*). The women veterans sampled in this study used the zip code of current residence and showed a diverse spread with the largest populations residing in the Eastern United States. Larger groupings exist in the Southeast and Northeast primarily around military bases and large urban centers.

Figure 4.6 Geographical Location of Survey Respondents by Zip Code



Interview Participant Demographics

Seven women participated in a semi-structured video interview. Three officers and four enlisted women told their personal stories. The information they described is a small sample of the experiences of the 359 that took the online survey and the 251 that met the criteria of Post-9/11 Women Warriors. Two of those interviewed had left active duty at the time of 9/11 or

shortly before, but continued in the National Guard or inactive reserves during 2001. Their process of transition began Post-9/11.

Table 4.1 Demographic Profile of Interview Participants

Fictitious Name	Veronica	Chelsea	Emily	Margaret	Kara	Rita	Judy
Race/ Ethnicity	White/ Caucasian	White/ Caucasian	White/ Caucasian	White/ Caucasian	Hispanic/ Latina	White/ Caucasian	White/ Caucasian
Age	35-44	25-34	35-44	55-64	35-44	35-44	25-34
Religion	Christian	Christian	Christian	Christian	Christian	Omnism	Agnostic
Family status at time of survey	Married with children	Married without children	Married without children	Single without children	Separated with children	Divorced with children	Married without children
Household income	125,000-149,000	125,00 – 149,000	50,000-74,000	100,000-124,999	75,000-99,000	25,000-49,000	75,000-99,000
Highest level of education	Graduate Degree	Graduate Degree	College Degree	Graduate Degree	Graduate Degree	Some Graduate school	College Degree
Branch of service	Army	Air Force	Army	Army	Army	Marine	Army
Rank/Grade	E7-E9	O1-O3	E1-E3	O4-O6	E4-E6	E4-E6	O1-O3
Region of residence	Northwest	East	Midwest	Midwest	Southeast	Southeast	East
Year of Discharge	2007	2006	2001	2017	2005	2001	2012

Summary. This chapter presented the demographics of the survey sample. The profiles of the interview sample are depicted in Table 4.1. Overall, most women were white, Christian and between the ages of 25 and 44. A more significant percentage of women had a college degree or graduate degree at the time of the survey. These demographics are consistent with the Post 9/11 women veteran demographics except a smaller representation of Blacks/African Americans when compared with the veteran population statistics. The next chapter will begin by exploring the sociocultural background and describing the results when compared with the transition experiences of the survey sample.

CHAPTER FIVE: SOCIOCULTURAL BACKGROUND

"Your Mother was there when you left! Your right!"

Using an interdisciplinary approach to analyze the effects of social and cultural context provides a more holistic viewpoint since it considers the possible correlations between reported personal history, demographic characteristics and the reported transition experiences. The process of a transition is chronological and proceeds linearly, yet individual historical experiences continuously influence perceptions, interpretations, and the meaning of events. Sociocultural background information considered in this chapter follows the model in figure 1.1 and includes: 1.) Family life before military service, 2.) Race/ethnicity, 3.) Religiosity, 4.) Education, 5.) Family of procreation and relationship status and, 6.) Socioeconomic status at the time of the survey. Each variable is analyzed and compared with the rated transition experience.

Narrative Case

Kara is a white/Hispanic woman with two children. Her parents divorced when she was in high school, and she lived with her mother at a friend's house. She was required to help support their household working after school. Upon high school graduation, Kara decided to leave and join the military.

> I grew up in a small town, and my parents were not financially stable. I wanted to go to school, and I wanted to travel the world, but most of all I wanted to get out of the little town that I lived in. For me, it was just getting away from that small town.

Her mother was supportive of her decision to join the military. However, her father refused to sign a parental permission form since she was not yet the age of 18. She resolved this conflict by threatening to permanently end her relationship with her father if he did not consent. "My dad was less than thrilled. His exact words were; no daughter of mine is joining the Army."

Kara served in the U.S. Army for six years and deployed to Iraq as a signals/radio specialist. Kara later married another service member while in the U.S. Army. Kara's occupational specialty was considered critical, and the deployment frequency increased. To prevent attrition of the critical specialties, the U.S. Army initiated a Stop-Loss program. She had 30 days to decide if she wanted to remain or leave active duty. Kara and her husband had recently relocated to a new base in Texas when they had to determine which of them would need to leave active duty. The reason for this decision was the pending arrival of their first child. Despite Kara's pregnancy at the time, the couple flipped a coin to determine who would remain on active duty. The operational tempo of deployments influenced their choice, yet they decided by chance versus a gendered decision that the mother would be better suited to remain with the child. She described her transition experience as very difficult. Kara confided that she was utterly unprepared to face the adjustment alone. As a new mother on an unfamiliar base, she completed the out-processing in 30 days as required. Two months after their baby was born, her husband was redeployed and unavailable for support.

As a new young mother, Kara had an insufficient amount of time to attend the transition assistance program (TAP). Additionally, Kara did not want to leave the military. She described her deployment time, skills she learned, the confidence she acquired and the benefits of the training and travel. She also lamented that her skills as a radio/signals operator did not provide her with a transferable occupation as a civilian.

> I worked on radios and things, and unless I wanted to string cable for a cable company, and even that I didn't really have any experience doing it. They just go, "Oh, you have communications, that means you're trainable." There was no way that I wanted to be stringing cable for direct TV in 120-degree weather in El Paso, Texas while I was pregnant.

Kara left the military in 2005. At the time, women were still not granted equal access to all military specialties. This gender exclusion did not prevent women from serving in a combat environment. Kara experienced this gender bias throughout her service but still felt equally capable and earned the respect of those with whom she served. Kara characterized her military experience as “awesome” despite the perception that as a woman in the U.S. Army, she was held to a different standard and regarded as “other.” Questioned about her least positive experience during her service, Kara explained her perception of the constant challenges she faced:

> The worst thing probably was the fact that being a woman, you have to prove every single day that you're supposed to be there. I volunteered to carry the heaviest weapon. I volunteered to do the hardest details. I felt like I had to have the highest PT score and be able to run in the guy's running group. I felt like I had to prove every single day that I deserved to be there just as much as they did. I had to work harder. It was okay that they just got by, but I had to be perfect at everything.

Kara continued to experience gender bias and difficulty accessing healthcare for her service-connected disability. There was also a struggle with acquiring a legitimate veteran identity. Kara saw herself as a deserving veteran, yet American society’s perception of the veteran remains androcentric.

> Well, I hurt my knee when I was in the army. Just keeping up with my records, making sure that I get an appointment to the VA. Then, again, once you get an appointment, you're still qualifying your service for people. My first appointment, the doctor said, "Well, what did you do when you were in the military?" I told her what I did, and she said, "Well, did you deploy?" I said, "Yeah, I deployed." She's like, "Oh, but you were like on the base the whole time, right?" I was like, "Well as a matter of fact no, because my job requires me to be on an outpost to provide network support for the radios and stuff." She says, "Well, how is that possible? You're a woman?

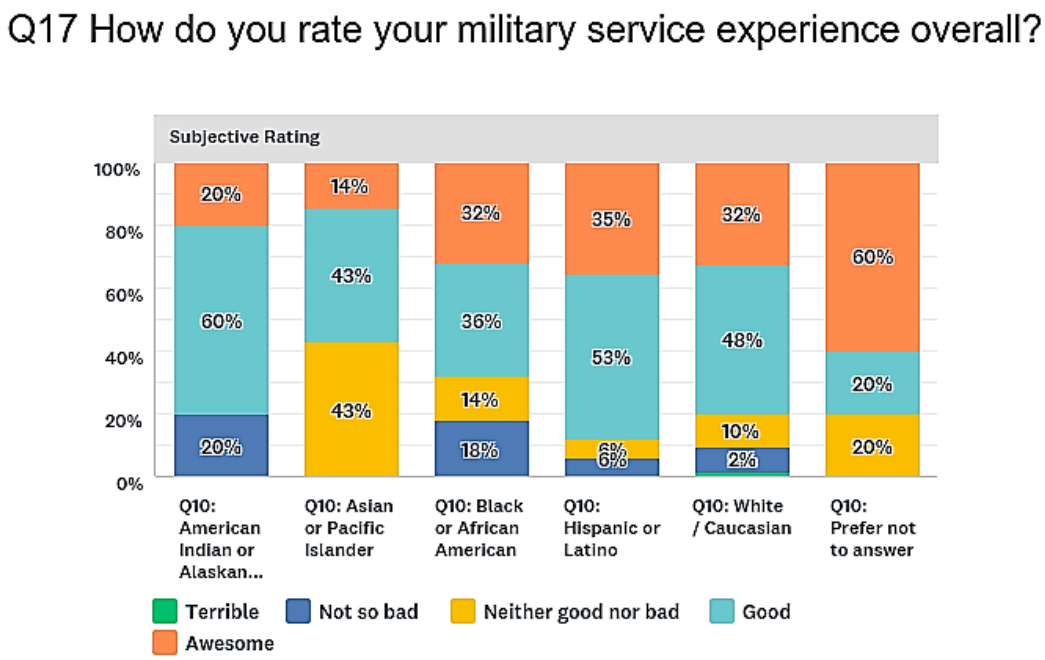
Kara talked about her feelings of being alone and overwhelmed in her new roles. Despite these challenges, she used her Montgomery G.I. Bill to complete her Bachelor's degree followed by a Master’s degree in Sociology. She was unaware she could exchange the benefits of one type of

G.I. Bill for the revised Post-9/11 G.I. Bill. Twelve years after leaving the military, Kara is employed fulltime and has purchased a home using her VA Home Loan benefits. Kara describes herself as "situationally separated," manages home life, children, and employment on her own. She reports a happier but busy life with friends providing assistance and support. Although she regrets leaving the Army, she also has reconciled that only one of them could serve in the military and they would not be able to provide adequate childcare if both deployed.

Sociocultural Background Survey Data Analysis

Race/ethnicity and the quality of military service and transition. A comparison of the data from the online survey was made to determine if race/ethnicity correlated with the self-reported transition experience. The subjective quality of the military experience rating was also used in the analysis. Asian/Pacific Islanders (9 total), and African American/Black women (18 total) were less likely to report a "good" or "awesome" experience with a combined 66% of the total. Hispanic women (15 total) were most likely to rate their service as "good" or "awesome" reflecting a total of 88% of the respondents. Four of the five (80%) American Indian/Native Alaskan respondents rated their service as "good" or "awesome," and 79 % (173 total) of white/Caucasian women also had a "good" or "awesome" experience. Overall, most women veterans reported their military service was a positive experience. (*See Figure 5.1*)

Figure 5.1 Race/Ethnicity and Military Service Rating



Race/ethnicity comparisons with transition experience ratings revealed that Asian/Pacific Islanders experienced the least amount of difficulty with 55% reporting a "not very difficult" to "easy" transition (*See Figure 5.2*). Black/African American women rated their transition as slightly more challenging with only 44% stating the process was "not very difficult" or "easy." According to Lindsey (2015), African American women have a long history of resilience and extended kin and fictive kin networks. African American households are more likely to be single-parent homes with a female head of the family. While raising children to be more independent, employed Black women model strength in adversity, not weakness. Asian and Pacific Islanders comprise a blend of diverse cultural backgrounds. Chinese, Japanese and Filipino make up the majority in the United States. However, without generalizing too much, they do share strong family ties, distinct gender roles, strong religious influences and collectivistic traditions (Lindsey,2015). They are the fastest growing minority in the United

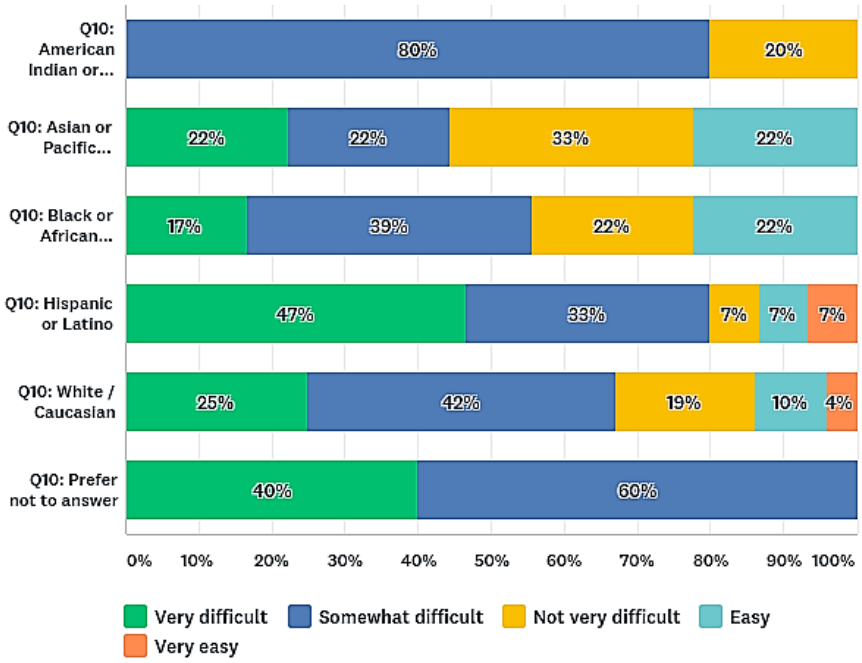
States, earn higher incomes and attain higher levels of education than other minority groups. These cultural differences likely influence their relatively easier transitions.

As one Asian/Pacific Islander woman veteran stated:

> My quality of life is so much better. I've worked for the same employer since I got out. I've been promoted and out earn my military peers. I've earned two graduate degrees. I've married. I have a robust life in my community. I'm happier but fatter!

Hispanic/Latinos women reported the most trouble with 80% expressing a “very difficult” or “somewhat difficult” transition. Hispanic/Latina women in the U.S. primarily consist of three subcultures, Puerto Rican, Mexican, and Cuban. The cultural value of familism stems from Spanish colonialism and Catholicism. Traditionally gendered by machismo-marianismo, men are the strength of a family while women are the moral authority (Lindsey, 2015). This restrictive family structure is abandoned when a woman joins the military, and she enjoys greater personal freedom and prosperity. Upon leaving the military, her family may no longer accept her, or she relinquishes this newfound autonomy and independence to return to her family of orientation. The need for the family may result in a far more significant sense of loss as she leaves her military family and has lost her close connection to her family of orientation. The responses of Latina women varied from confusion to awesome when asked to describe their life after military service. “I miss the camaraderie. I am always looking to move though I don't need to. It took a few years to figure a path to take but once on it I was full steam ahead.”

Figure 5.2 Comparison of Transition Experience with Race/Ethnicity



Native Americans and Native Alaskans have close kin and tribal networks. However, according to Lindsey (2015), one-third of Native American families are single-parent homes living in relative poverty. Many of the tribes followed a matrilineal, and matrilocal tradition and women were viewed as equals or their culture was female-centered. Although conceding the interracial absorption of many, tribal traditions are still taught and practiced. Women continue to hold spiritual, economic and leadership roles in families and their communities (Lindsey, 2015, p. 262). This cultural difference in socialization fits within the premise of the military as an egalitarian institution. Transitioning from the military family and returning to the tribe may be a mixed benefit. They are veterans with new job skills when they return home, but dysfunctional family dynamics, difficulty finding employment and resulting poverty may affect their post-service life. White/Caucasian women also had trouble during their transition. However, this is

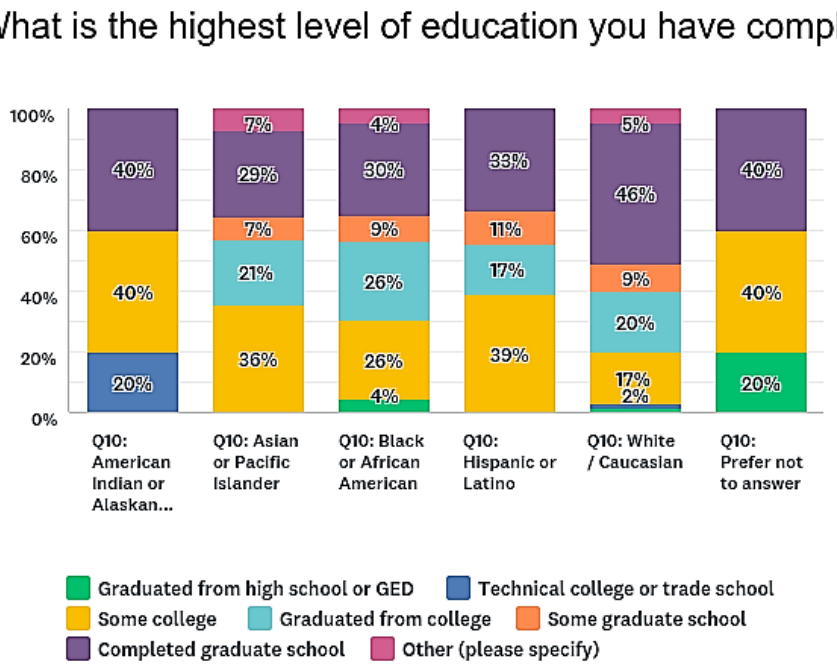
likely less related to ethnicity and more a result of other sociocultural factors. One veteran's narrative describes the complex issues many women face when they leave the military:

> I went from having a fantastic life very involved with friends and community, loved my job, and I separated so my long-distance boyfriend, and I could try raising our baby together in the same country as he was also Active Duty. I had no idea I, as a strong independent woman was going to become a victim of abuse. And now, as a civilian, instead of being respected as I was while in uniform, I was now the "crazy dependa" and the military programs that I once had so much faith in, have now told me I deserved it. Luckily, I have lots of support off base, but the military was the love of my life, and I feel crushed by the lack of support. I feel like I went from being respected and treated like one of the guys to being completely invisible. I wear my old squadron shirts, and people ask if that's where my husband was before PCSing here. I love, love, love being a mother, and I'm working on getting me back as I've flooded the Internet with my resumes and looked at my school options, so I can be the mom my baby deserves. But I deeply regret leaving the military, and I'm very disappointed in the lack of help and outreach for veteran women. I know my story is not all that unique, but like men, we try to be tough by not talking about it. Would anyone believe someone who was once so strong could struggle in this way? I probably wouldn't have had it not been me. I'm normally a VERY positive person, so I'm sorry I had to share something so dark, but I know I'm not the only one, and something needs to change. Maybe when I'm in a better situation, I can help be a part of that positive change, but for now, all I can do is share what's REALLY going on. Also with the "PTSD" thing, I had no idea I was diagnosed with that until after I separated. I had some sleeping problems, which is something else I think is approached differently among men and women, however, even having that experience, I loved being in the military, and it was a part of why I wanted to serve so that others didn't have to experience those things at home. Logic and reasoning helped me best. I also started praying more which helped a lot... And having a baby, then I fell asleep whenever he was asleep!?? And trying to laugh. Laughing is always the best medicine!

Education. Comparing education and ethnic group/race demonstrated the positive results of military service. Overall, minority women have increased their level of education compared to their civilian peers, yet there are still some ethnic/racial differences in the highest level of education obtained. Rank also is an indicator of the level of education during service since officers are required to have at least a four-year college degree before commissioning. One benefit of military service for all Post-9/11 veterans is the G.I. Bill Education Benefit. Most Post-9/11 veterans have earned 36 months of in-state tuition and a housing allowance which varies based on their geolocation. Figure 5.3 demonstrates that minorities of all ranks at the time of the

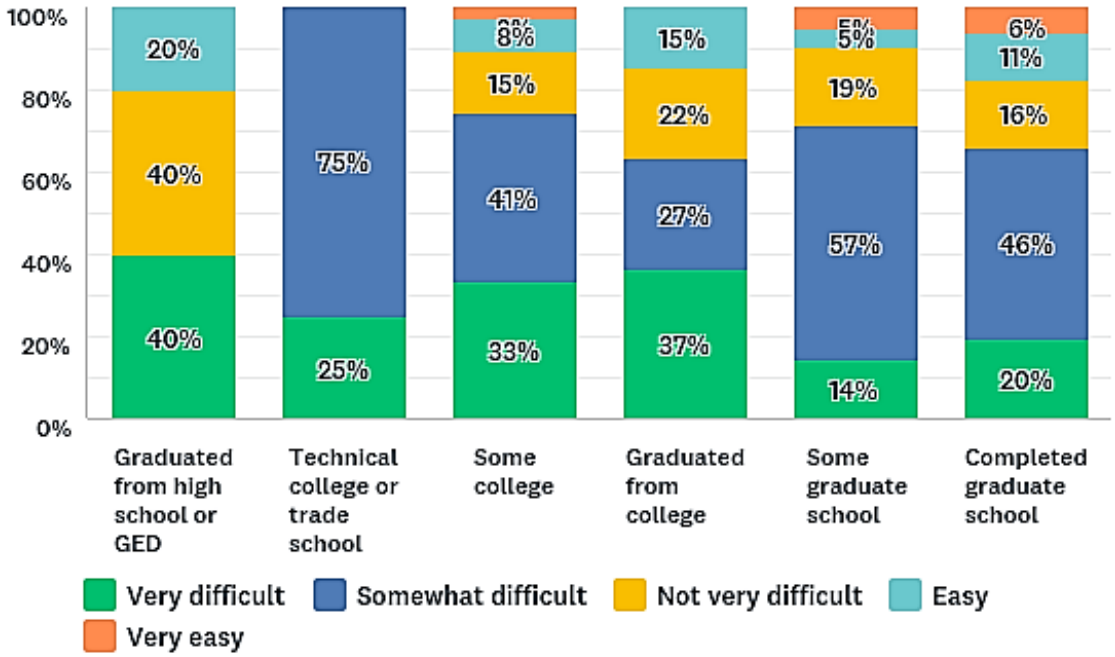
survey have used these benefits to improve their life chance. Full-time students of all races made up 15 percent of the study sample.

Figure 5.3 Education level by Ethnic/Racial Characteristics at Time of Survey



Educational attainment did not seem to impact the transition experience rating for most women. While a smaller number reported their transition experience as “easy” or “very easy,” the percentage of women that had completed a Bachelor's, Graduate degree or higher was somewhat easier than those that underwent a difficult transition. (*See Figure 5.4*) One respondent's statement indicated that attending school after discharge from the military may have improved her transition experience. This statement also is supported by a veteran’s hindsight: “I didn't attend school right after I got out, but I do think if I had, the transition would have been easier because I would have been welcomed into a new community.”

Figure 5.4 Comparison of Level of Education with Transition Experience



The Family of Procreation. Fifty-nine percent of women veterans were married at the time of the survey. Women veterans were slightly more likely to have children at home with 52% reporting having dependent children at the time of the survey. Having dependent children did not affect the overall transition rating for most of the women veterans. Families today are primarily dual-income households, and 62% of the women veterans that reported having children at home also worked full-time or part-time while 70% of women without children worked full or part-time (*See Figure 5.5*). Although the presence of children did not seem to indicate a more difficult transition experience, this variable can contribute to the reason why women left the military and the added burden of "second-shift" work for women responsible for caring for children and home and maintaining employment (*See Figure 5.6*).

Figure 5.5 Comparison of Rates of Employment and Raising Children

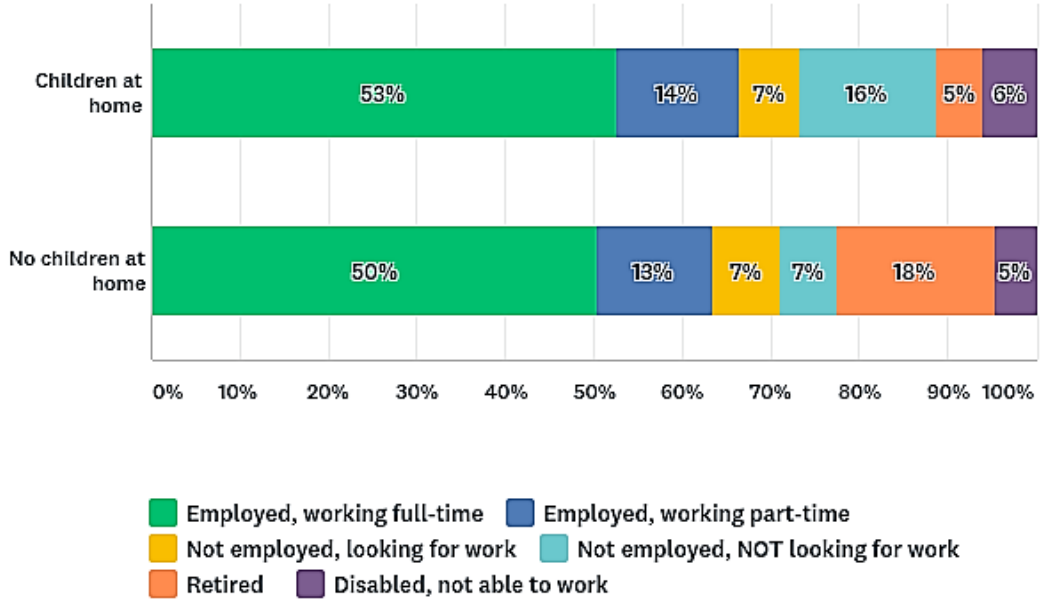
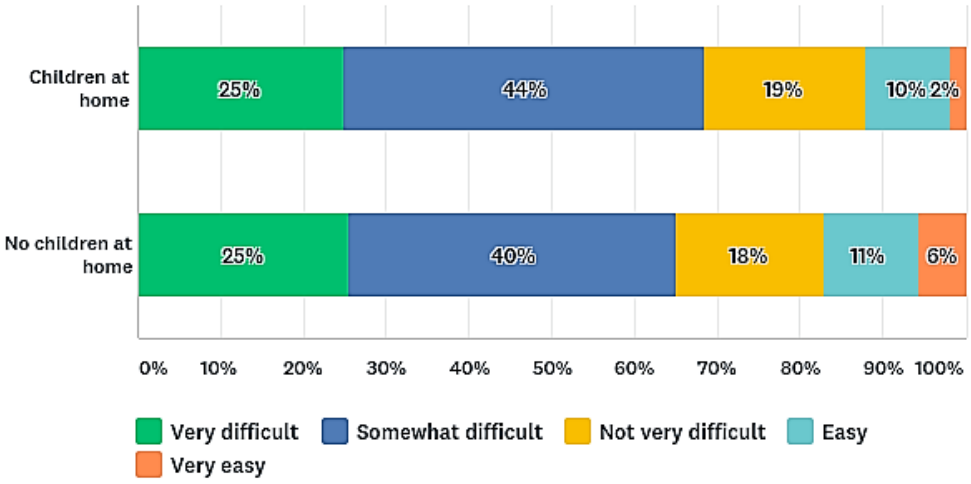


Figure 5.6 Comparison of Transition Experience and Currently Having Dependent Children in the Home

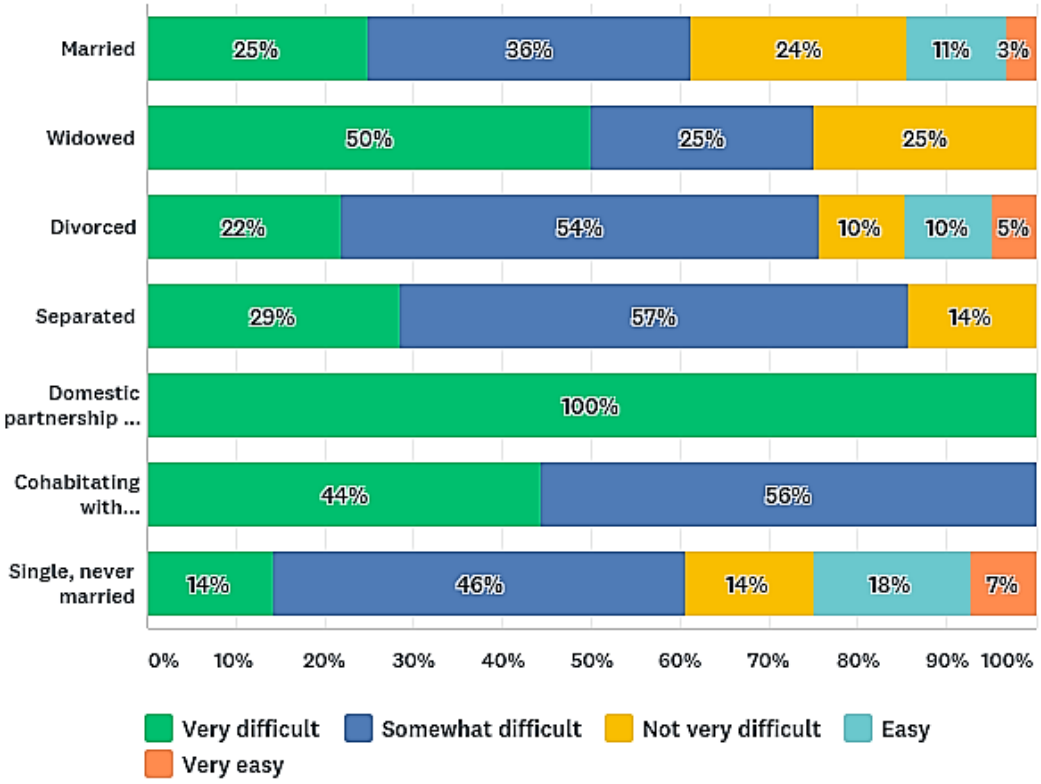


Significantly, in the online survey, 70 percent of women with children in the home were married while 20% were divorced. Of the interviewed women, three had children at home, of those, one was separated, one was divorced, and one was married. Veronica was married with three children, completed law school after leaving the military and was working full-time as a

lawyer. Kara was separated, had two children at home, had finished graduate school after leaving the military and was employed full-time. Rita has two children remaining at home, is currently divorced, and is now using vocational rehabilitation to assist in completing her graduate studies.

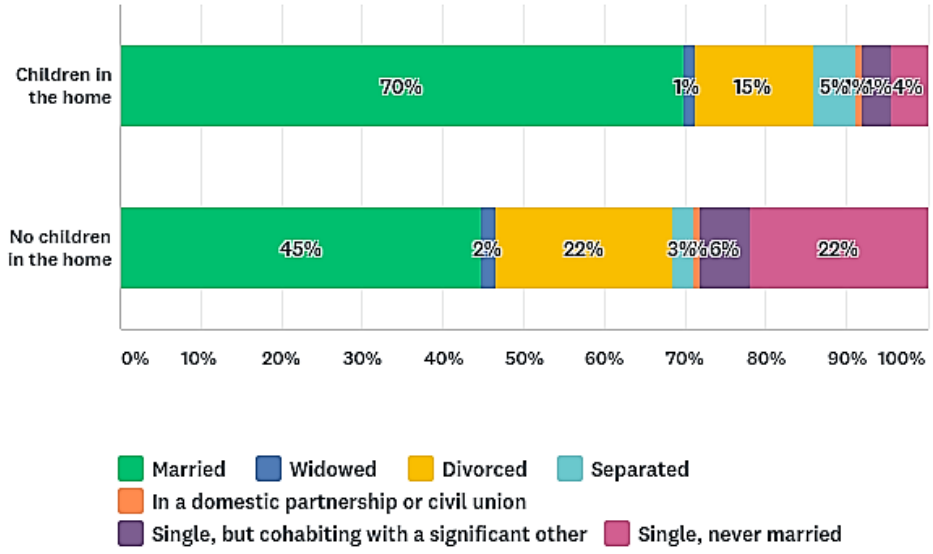
As the case study of Kara demonstrated, multiple reasons impacted the process of transition. Education levels are higher for all women but going to school, marital status, having dependent children, religiosity, and the reasons for leaving military service are also at play. Kara is separated from her husband, and as one of ten women that reported this relationship status, there are some interesting similarities as a group and differences from other categories. Separated women, in general, were younger, had lower incomes, lower levels of education and seven of the ten had dependent children in the home. Most left the service because their enlistment ended (*See Figure 5.7*).

Figure 5.7 Relationship Status Compared with Transition Experience



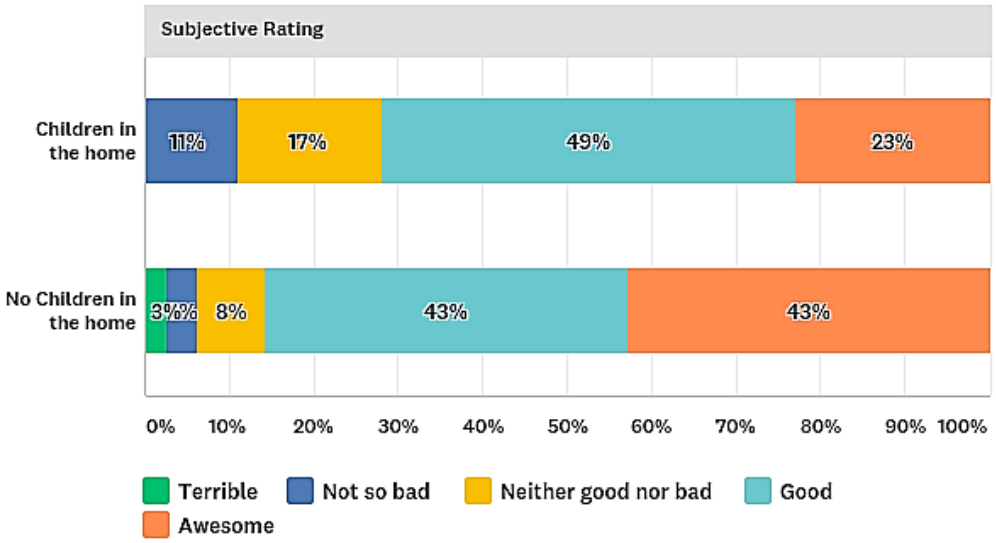
Most married women have children in the home by absolute numbers, but a more significant percentage of separated women also had dependent children (*See Figure 5.8*).

Figure 5.8: Comparison between Relationship Status and Children in the Home



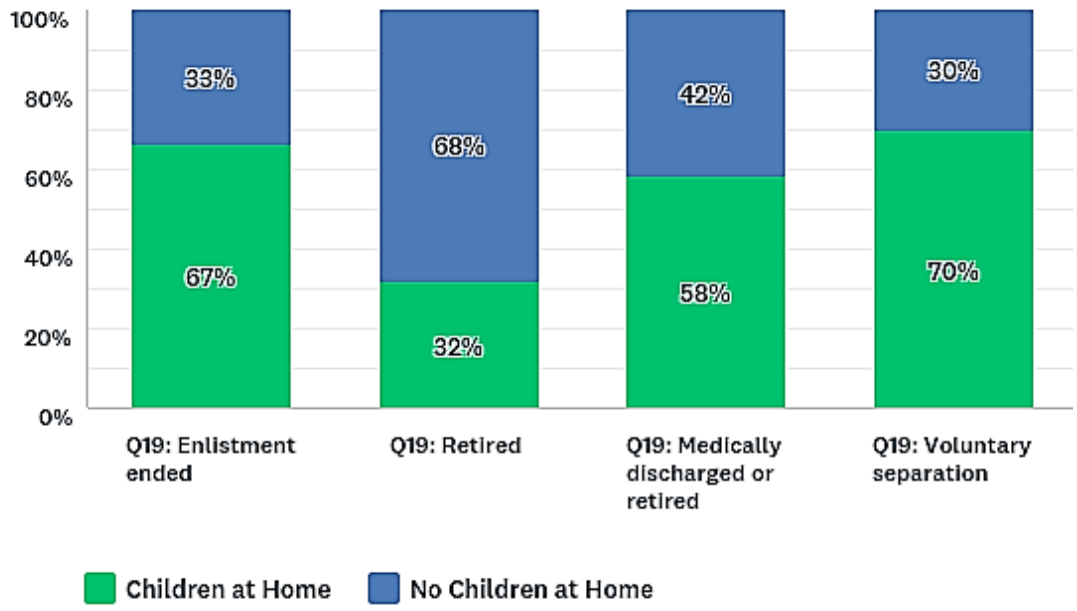
In this study, there was a relatively equal distribution of education, household income, and most demographics. However, there was a statistically significant difference in the selected description of overall military service and the transition experience. Women with children in the home were less likely to report a positive military experience compared to those who did not have dependent children (*See Figure 5.9*). Nonetheless, there was no statistical difference between women with children and without children and the rated transition experience at the time of this survey.

Figure 5.9 Military Experience Rating Compared to the Presence of Children in the Home



Women with children at home at the time of the survey were younger and more likely to have left with 5-10 years of service during the 2012-2017 timeframe. Voluntary separation rates from the military were higher for those women with children at home. Those who reported no children in the home were also more likely to have retired after 20 years of service and were generally older. However, this variable as presented does not rule out the possibility that there were children at home at the time of separation. This younger cohort of women may just be beginning their families following their service (See Figure 5.10). There is further exploration of the length of military service in comparison with transition experiences in Chapter Six.

Figure 5.10 Why Women Left the Military Compared with Children in the Home

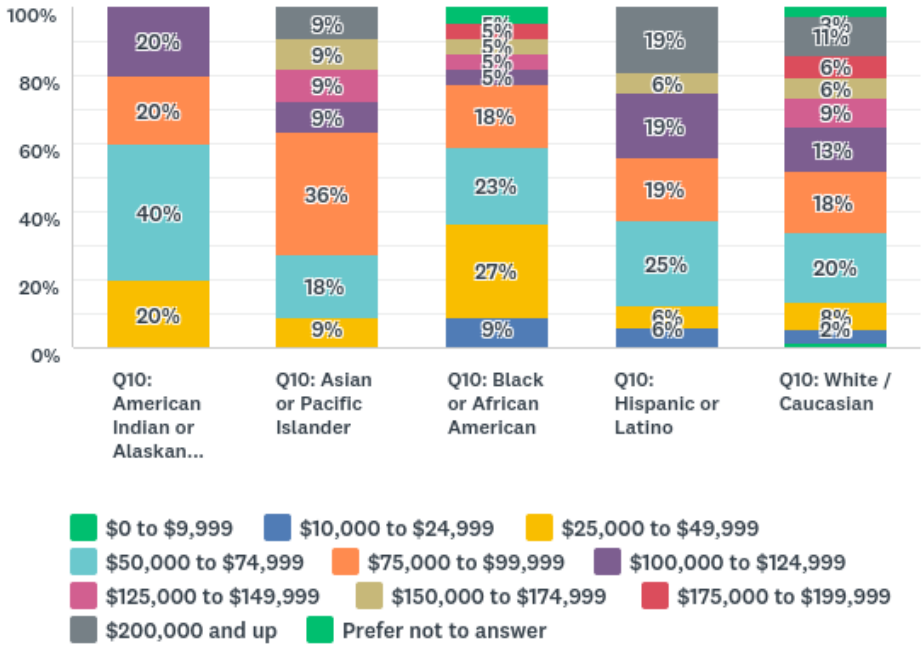


Socioeconomic Status. Overall, women veterans make more money than their civilian peers.

> "In short, there is considerable evidence here to affirm that serving in the armed forces continues to have a direct correlation with greater socio-economic success" (Capello, 2017, p. 8).

Despite 15 percent of the sample consisting of full-time students, these survey results support women veterans are making more money per year than their peers. They have higher rates of employment, advanced levels of education and this results in higher prosperity (Capello, 2017). Despite their reasons for joining the military, they all may benefit post military service and have equal access to those benefits. (*See Figure 5.11*)

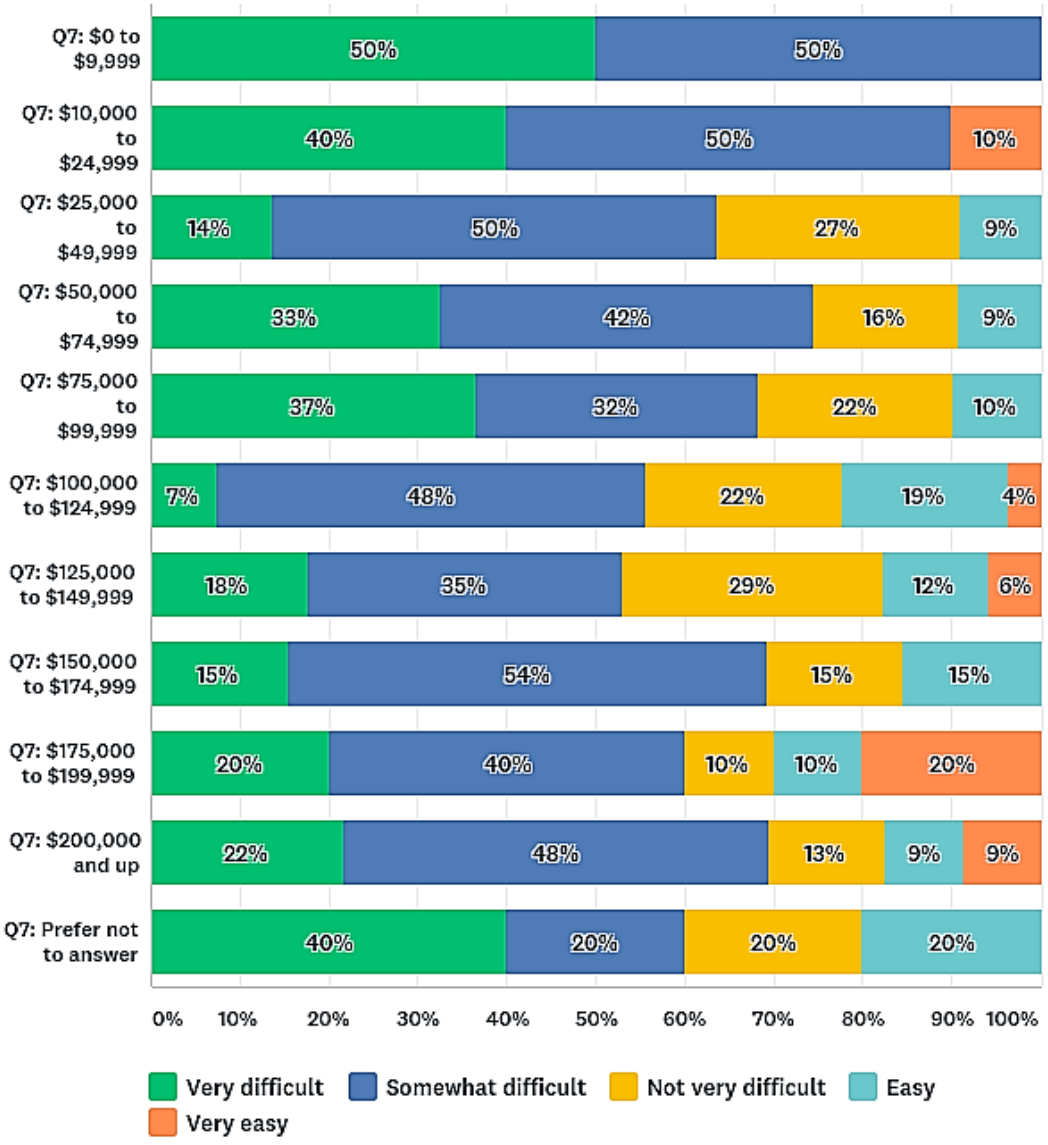
Figure 5.11 Socioeconomic Status at Time of Survey Compared with Race/Ethnicity



When Capello (2017) looked at gender and race/ethnicity simultaneously, the non-Hispanic black population, particularly non-Hispanic black females, consistently had the lowest median household income among all the veteran groups at $60,800 as of 2015. Nevertheless, non-Hispanic black veterans still have markedly higher median household incomes than those reported by non-Hispanic blacks nationwide (approximately $20,000 higher as of 2015). The most successful group in this regard is Asian women veterans, who enjoy a median household income of roughly $90,700 as of 2015. (Capello, 2017, p. 20)

Socioeconomic status does not seem to affect the transition experience rating since all income brackets are represented and does not seem to be the predominant factor in determining how a woman veteran rates her transition experience (*See Figure 5.12*).

Figure 5.12 Comparison of Socioeconomic Status at time of Survey with Transition Experience



Family Life Before Service. Childhood and the family life are the most formative years of growth and development. The online survey does not address in detail the quality of family life and childhood. However, each interviewee was asked about their childhood to include family composition, hometown, and socioeconomic environment. Three of the women experienced significant difficulties within their home environment and stated that these were the main reasons

for joining the military. Their religious orientation and geographical location were also considered part of the sociocultural assessment. Interestingly, most of the enlisted women interviewed described negative support when they told parents they were joining the military, and parents explained this as deviance from social norms for expected gender roles. Fathers were more resistant than were the mothers. One officer (Chelsea) experienced this resistance from her father because of his patriarchal belief in more typical gender roles for women. Her family was described as a "close-knit, Christian family" from Arkansas. Kara reported that her Mexican father refused to sign her consent to join which she required due to her age. The family socioeconomic situation adversely affected the opportunity for a college education in all three cases. All respondents interviewed had family members who had also served in the military, from grandfathers, grandmothers, parents, uncles, aunts and cousins that served during WWI or WWII, Korea or Viet Nam. Military service was an opportunity to continue the family tradition, escape, obtain education benefits and serve the nation.

Listed are the four primary coded reasons for joining the military:

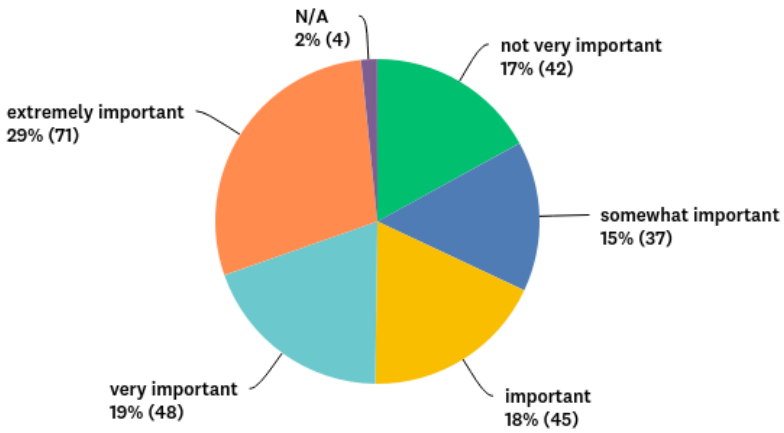
1. **Escape: dysfunctional home environment/ legal difficulty/ small town**
2. **Service to country**
3. **G.I. Bill for college**
4. **Military family exposure and tradition**

Significantly, officers had far more parental support, and these respondents described parents as being proud of their service decision.

Religiosity. According to Morin's study (2011), religiosity was considered "a powerful predictor of an easier re-entry experience for post-9/11 veterans but not for those who served in earlier eras" (P. 7). Most of the women veterans reported religiosity as being important-extremely

important. When compared to religion as a child, religiosity was either maintained or increased after service for Christians. Other denominations were less likely to report strong religiosity/spirituality post-service. *(See Figure 5.13)*

Figure 5.13 Religiosity or Spirituality at Time of Survey



According to Winzler (2012), Judeo-Christian beliefs guide the social morality of most Western societies. Regardless of the faith of the individual, religious principles such as the Ten Commandments are the cornerstone of American society. The boundaries established by denominations of what is right or wrong influence how people view themselves and the actions of others. The greater one's faith, the more structured and critical it is to the individual to stay within the boundaries of that belief. Each denomination interprets and emphasizes different aspects of biblical teachings such as Catholicism determining the timing of baptism, or the sanctity of life. Moral transgressions are sins, and this affects what happens to the soul after death (Winzler, 2012).

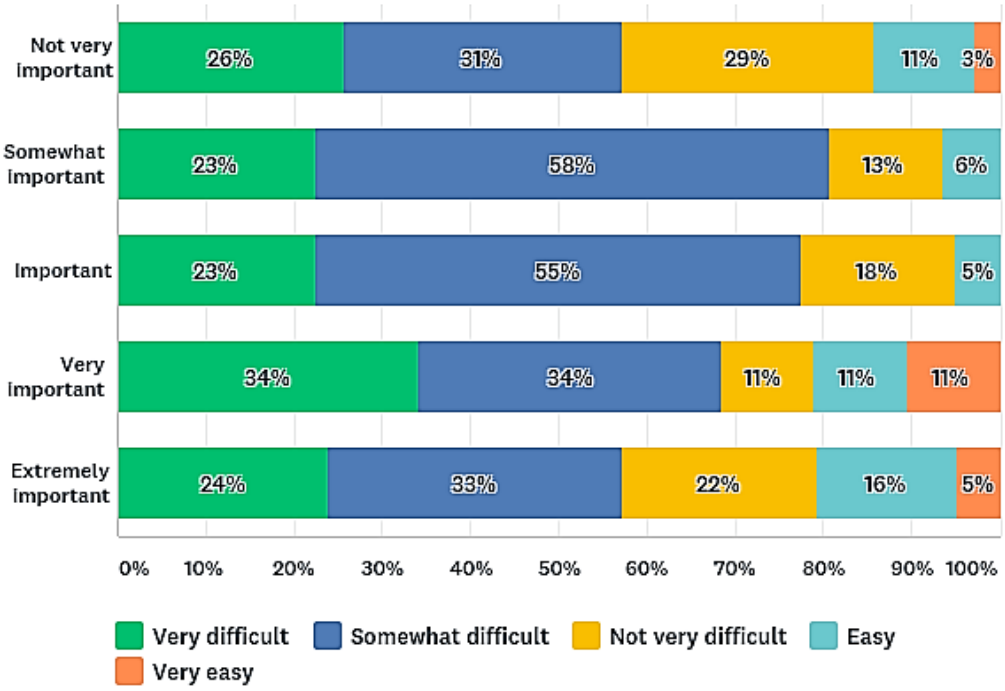
Regions within the United States can be divided into denominations. Many states have majority denominations such as Mormons in Utah and Catholics in Massachusetts. The South as the "the Bible Belt," is composed of evangelical Christians and the Midwest reports most as mainline Protestants (Pew Research Center, 2015). The importance of the degree of religiosity is

to describe and emphasize this aspect of a woman veteran's sociocultural background and the present. Overall, most post-9/11 women veterans express their religiosity/spirituality as being important, very important or extremely important.

> I left the military because I realized I couldn't be a great mom and a great officer. My female friends from the military didn't understand because they were mostly of the feminist "I can do it all" mindset, and my civilian peers had no idea what to do with my tough, take-charge, driven style of living and communicating. I felt like I didn't really fit in anywhere, but a group of SAHMs (Stay at Home Moms) from my church welcomed me in and loved me well through the transition time.

In this study, religiosity did not seem to impact the transition experience of women positively. Despite the higher percentage that rate religion as being important, they experienced somewhat difficult or very difficult transitions. Whether religiosity increased for women during their service or post-service is unknown. It may have become an adaptive strategy for coping with the meaning of their military service and the struggles they faced during transition (See Figure 5.14)

Figure 5.14 Religiosity and the Transition Experience



Chapter Summary. As a symbol, the military in the United States was viewed by all respondents as a positive organization at the time of induction. Exposure to adults in the family of orientation that had served in the Armed Forces provided the cultural knowledge and the associated symbolism. The meaning of military service to women veterans: 1.) **Escape** from an adverse environment, 2.) **Opportunity** for education and growth, 3.) **Patriotism** and service to the country, 4.) Enhancing **social status,** and 5.) **Deviance** from social gender norms or rebellion. The cultural knowledge that the military was a symbolic opportunity was part of the pre-service sociocultural background exposure.

Although there were some noted differences in marital status, the family of procreation, education, religiosity, and socioeconomic status; no single variable appeared to predict a difficult transition experience specifically. Women veterans were highly educated in this cohort, emphasized the importance of spirituality and were economically more secure yet continued to experience somewhat or very difficult transitions when they left the military. Significantly, Latina women experienced greater difficulty with their transition over other ethnic groups, and this may be due to the cultural differences of familism. Those women with dependent children in the home were more likely to have voluntarily separated from the military and rate their military service more moderately than those that don't have children.

This chapter described the sociocultural background of the women in this study and through bivariate analysis compared multiple variables with the transition experience ratings and narratives from the online survey and the interviews. This is their story; where they came from, where they are now and why they may have joined the military. The next chapter will explore the meaning of military service from the perspective of the woman veteran. How women veterans characterized their military service compared with the reasons they joined the service,

expectations, experiences, objectives, family of orientation, and achievements as well as their integration into the military culture and impact of the process of reentry into the civilian world.

Chapter 6: Military Service

"Double time! March!"

As previously emphasized, the Armed Forces in the United States is a highly structured, mission-oriented, warrior culture that requires total immersion of the recruit. Upon successful completion of military indoctrination training, the trainee claims a new identity as Airman, Marine, Sailor or Soldier. They eat, sleep, shower and work together, as a team. This new cultural identity is beyond anything one may experience in any other profession. The creed of each service represents the values encultured during basic training that guide service and expectations (Appendix C). This team becomes a new family. This metaphor of military family in the literature is a recurrent theme. As is the responsibility of the family of orientation, the military provides resocialization, education, discipline, healthcare, clothing, food, shelter, structure, income, and purpose. This chapter looks at how women describe their military service, and how this may later influence their transition experience.

Narrative Case: Judy

As an Army officer veteran, Judy completed her service obligation in 2012. She grew up in a rural community in Wisconsin, attending Catholic school and has one brother. Her parents were also both Army officers. At the age of 12, she knew she wanted to join the military. Her parents encouraged her choices and were supportive of both her decisions not to become a confirmed member of the Catholic church and to attend West Point Military Academy. Her reasons for joining the military included service and family tradition, but she also chose a military path as a rebellion against difficulties she experienced during childhood.

> I was bullied quite a bit as a child, and I think part of me was I'll show them kind of thing. I'm going to do something really really hard that people don't think I can do, and I'm going to do it. The service for sure was there, but I really do believe there was this underlying, why do people put themselves in harm's

> way, why would you go join the military and do something like that completely out of nowhere? Because it's really that, out of nowhere, in my opinion.

Judy rated her military experience as being “neither good nor bad” and yet, still feels that she has not adjusted to being a civilian. She described her transition experience as “very difficult.” She is currently living in a large metropolitan area with a veteran spouse who is recovering from an injury sustained during military service. She is employed part-time, and her husband has recently started a new job.

Judy described her military service after graduating from West Point Military academy as not meeting her expectations due to her experiences in her career field and the leadership of her superiors.

> The least positive one would be I had gotten to my first job as a battalion S1 at Fort Lewis and spent about eight months in the job, and it was pretty hard, especially being a new lieutenant. Finally linking up with my husband. We were apart for the first year of marriage. I had an injury, had to stay at West Point to heal. For our first year of marriage, we were completely apart, had never lived together, so I show up to Fort Lewis, and we're starting to live together and learn how each other works. And the job is very tough, and we were under a commander that later was dismissed or they had a whole investigation, got rid of them as a toxic leadership environment. I was learning under a toxic leader, several leaders who were toxic. It got to the point where I was just getting beat down every day. Not physically, but just lots and lots of work, lots of stuff getting assigned that really wasn't my responsibility, but they're saying you got to do it or else kind of thing.

Judy later described an experience that was far better and produced sustained relationships and allowed her to practice the quality of leadership she had trained for at West Point.

> I was a rear detachment commander for about eight months or so. It was after a pretty long period of not so good times in the Army, and I think it was one of those things where it was just sort of a breath of fresh air. I had a great first sergeant. We got along really well. We just were an awesome team. We put our team together. It was just so nice not to have people breathing down your neck. As a rear detachment commander, you're

> kind of like on your own, and it was really nice to be in charge and stay in charge versus having folks above you telling you what to do, kind of thing.

Judy and her husband left the military in 2012, once they completed their service obligation. Their transition experience was challenging due to multiple factors. Despite their voluntary mutual decision to separate from the military, Judy stated they had not expected the sense of loss and loneliness. Developing a new identity as a veteran, no longer belonging, not understanding the civilian world as adults, loneliness, and difficulty "fitting in" was experienced. Judy immediately went to work first in the food industry and then in different civilian jobs. She quickly learned the ethos and creed of the U.S. Army no longer applied.

> It really was more like here's how you do the resume, here's how you dress for the interview. There wasn't that social aspect of hey, here's what to expect. Guess what, loyalty doesn't count for much in the civilian world, so don't feel like you have to be ... I'm speaking regarding when I quit my first job; I was having nightmares. I was like oh my god, I feel so bad; I'm a traitor to my people. No, people quit all the time, and believe me, it's not personal. I just didn't know that. In the military, you're loyal to your soldiers, you're loyal to your comrades, and it's a very personal thing. This is not like that, the civilian world. It was just a very big culture shock.

Despite her mixed experiences while in the military, Judy experienced what she described as "culture shock." Her initial training and enculturation occurred during her four years at the West Point Military academy, followed by five years of active duty service including one deployment. These years of growth and development are typical of the average recruit. Additionally, after six years of civilian life, she continues to feel that she has not adapted.

> left for West Point at 18 and had spent all my adult life at that point in the military. So again, now, I mean I thought it would be easy. I thought whatever; the military is super hard, anything I do out here is going to be nothing.

Survey Data Analysis of Military Experience and Transition Experience

This section explores online survey data such as the rank/grade acquired at the time of the survey, the length of service, branch of the military, deployment history and subjective

descriptions provided by survey respondents. Comparison between this information and the transition experience suggest that officers report less difficulty with transition when compared to enlisted members.

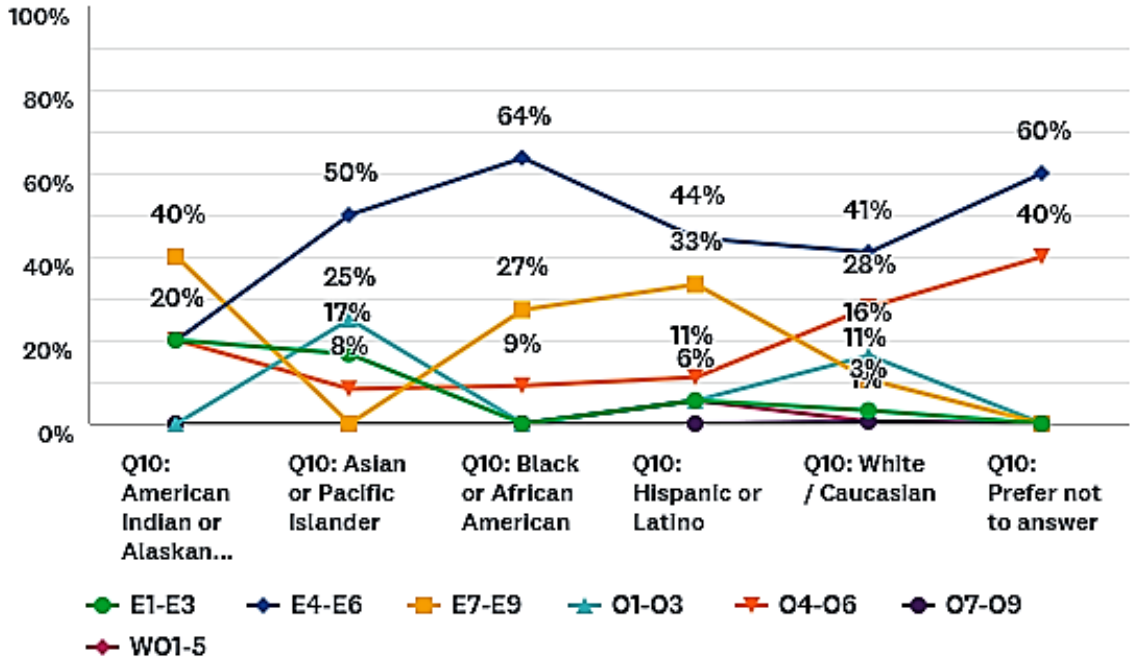
***Rank/Grade*.** Rank is the basis for the hierarchical structure of the military. Unlike most other professions, service members display their rank on their uniform, and there are regulations on how one regards superiors and subordinates. Younger members may outrank older individuals, but regardless of age, ethnicity, gender or socioeconomic background, rank trumps all other advantages in the military.

Despite this equality of opportunity within the service, race/ethnicity appeared to influence the rank/grade of individual women that join the Armed Forces *(See Figure 6.1).* Most Black Women enlisted as compared to commissioning as an officer with 91% of the total compared with 53% of the White women. Similarly, a majority of American Indian/Alaskan Natives, Asian/Pacific Islanders, and Hispanics were enlisted at 60%, 75%, and 83% respectively. Although the military consists of primarily enlisted members, this study over-represents officers. Therefore, minority ethnic groups are predominantly enlisted members as supported by this study as well as the DoD demographics (Department of Defense (DoD), Office of the Deputy Assistant Secretary of Defense and Manpower, 2015).

The officers in this study were 47% White, 25% Asian/Pacific Islanders, 17% Hispanic and 9% Black. Compared to DoD active duty statistics of male and female officers in 2015: 77% of all officers were white with 12.3% of the White population of Hispanic origin, 5.3% were Asian/Pacific Islanders, and 9% were Black. (Department of Defense (DoD), Office of the Deputy Assistant Secretary of Defense and Manpower, 2015) Minority populations in the United States were reported as 16.3% Hispanic/Latino, 13.3% Black/African American, 6%

Asian/Pacific Islander and .9% American Indian/Native Alaskan. The white population was 63.7% (Humes, Jones, & Rameriez, 2011). The military serves as a reflection of the greater society attracting more minority women due to the potential opportunities for employment, education, social status, and other benefits but their entry level is likely due to their lack of opportunity before joining the military.

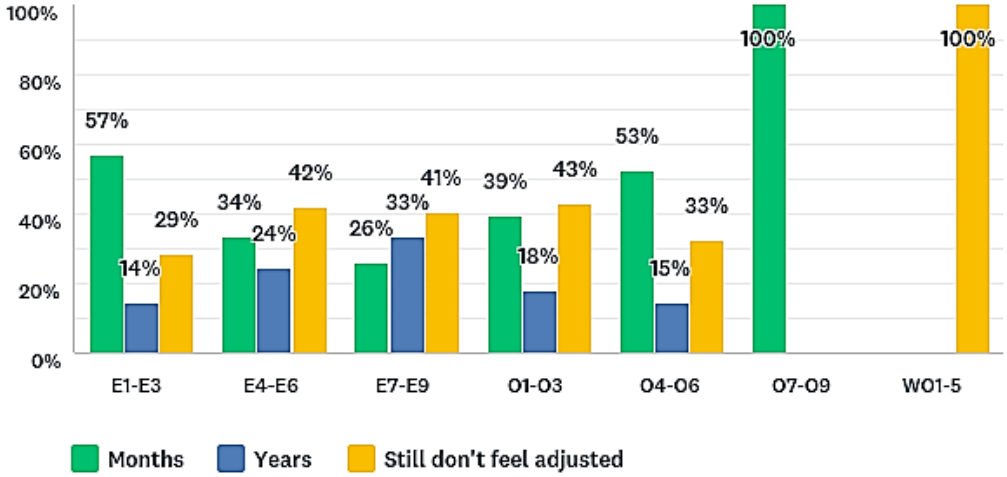
Figure 6.1 Rank/Grade at Time of Separation or Retirement Compared with Ethnicity/Race



Officers reported a more rapid adjustment to civilian life when compared with enlisted women. Specifically, comparing the large block of E4-E6 women veterans with the block of O4-O6 women, there is a significant difference in the length of time required for the enlisted woman to report feeling adjusted (*See Figure 6,2).* Enlisted women also have the higher number of

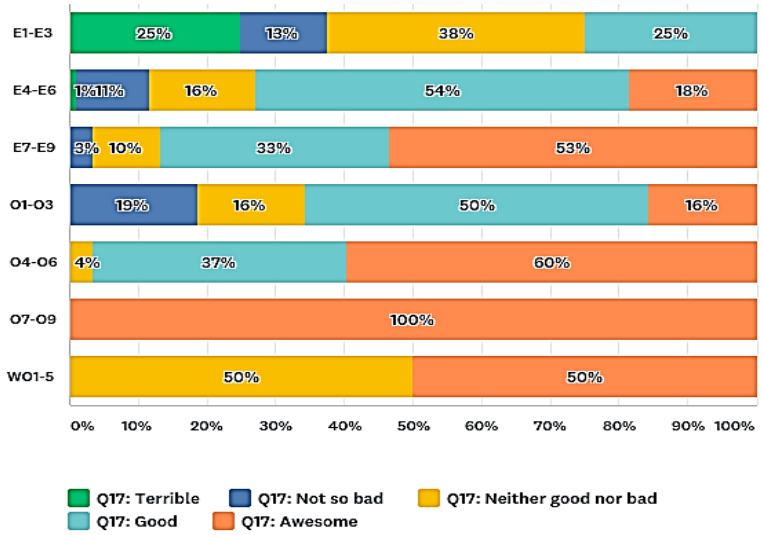
minorities and have left the service without retirement benefits such as pension and healthcare. This correlation is likely multivariant including aspects of the sociocultural background.

Figure 6.2 Rank/Grade Comparison with Post-service adjustment



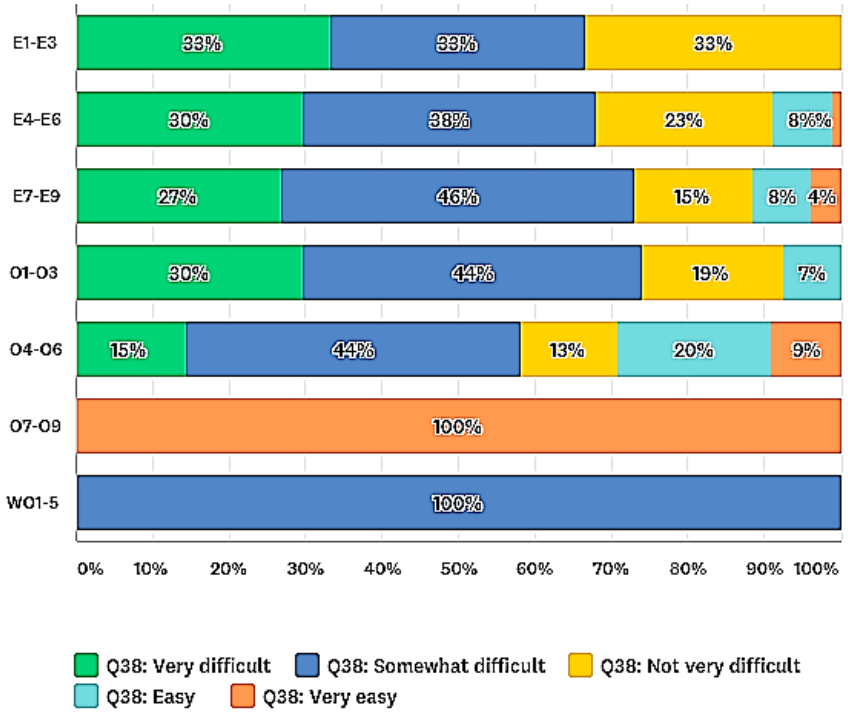
The longer a woman serves and the higher the rank/grade as enlisted or officer, the higher the overall service rating. It is highly likely they remained in the service making promotions because they were mostly satisfied with their work and the lifestyle. The lower enlisted ranks (E1-E3) were less likely to rate their service as “awesome” or “good.” This more moderate rating in this group may be related to adverse experiences which occurred while in the service *(See Figure 6.3).*

Figure 6.3 Comparison of Military Service Rating by Rank/Grade



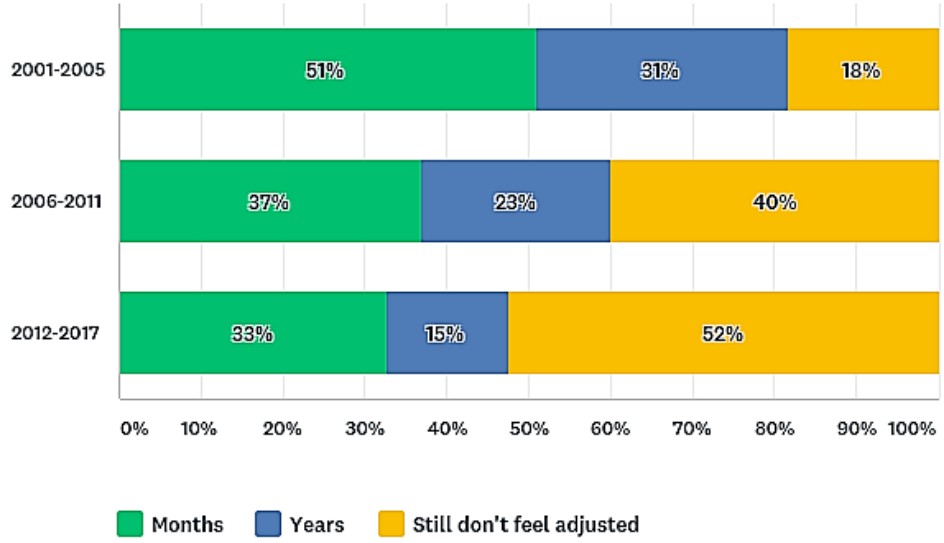
The rating of overall transition experience by rank/grade is similar to the military service rating. The two largest groups (E4-E6) and (O4-O6) have differing lengths of service and professional opportunities post-service (*See Figure 6.4).* These differences may help explain why officers were again more likely to experience a somewhat less stressful transition experience overall when compared with enlisted ranks. This difference is consistent with Morin's (2011) gender-blind study of 135 post-9/11 veterans.

Figure 6.4 Rank/Grade Compared with Transition Experience Rating



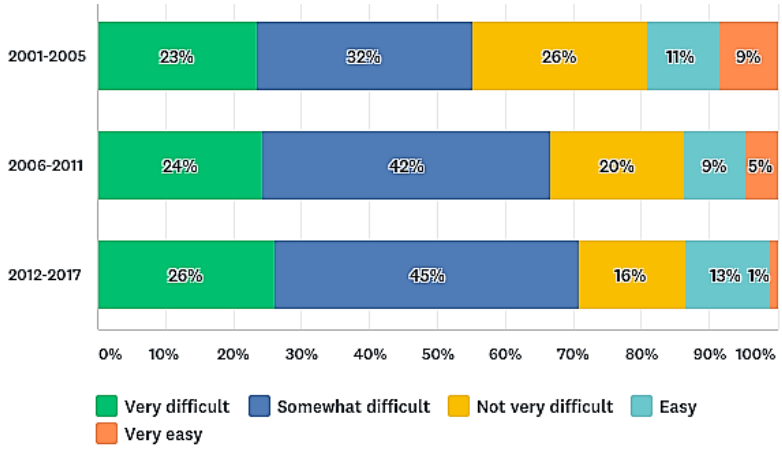
Online survey respondent data was divided into three periods of time based on the year of their discharge from the military. Overall, the most abundant group was those discharged between 2012-2017. The more recent cohort reported still not feeling adjusted (52%) compared to the 2006-2011 cohort (40%) adjustment to civilian life. Only 18% of the 2001-2005 report that they still don't feel adjusted. Selecting the "months" or "years" option indicates some form of adjustment to their veteran status. Although some difficulty adjusting would be expected for the most recent cohort, 40% of those that left the military 6-12 years ago report that they are still struggling to adapt (*See Figure 6.5*)

Figure 6.5: Year Group of Discharge from Military and Adjustment Time Rating



Of perhaps greater significance, more women in the 2012-2017 cohort increasingly recorded their transition experience was difficult or very difficult. This subjective rating would not be expected to change over time, however, once a woman feels a sense of adjustment, her memory of the transition experience may change, or this may be a reflection of other factors such as deployment history, length of service, or other military experiences (*See Figure 6.6*).

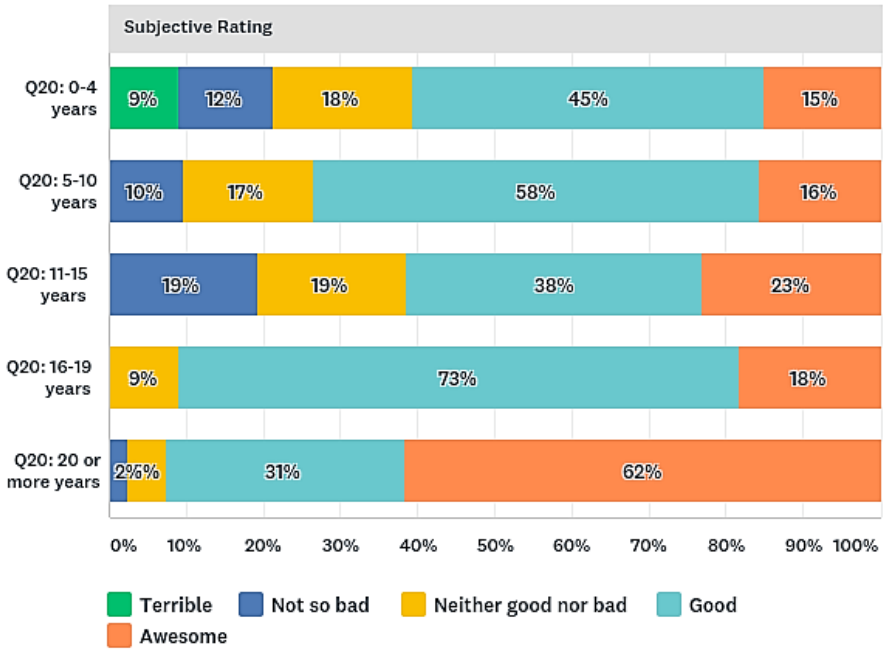
Figure 6.6 Year Group of Discharge from Military Compared to Transition Experience



Length of Service. The duration of time a woman served in the military correlated with her overall service experience rating. Although expected, the greatest percentage (60%) of the 85

women that served for 20 or more years rated their service as awesome. In contrast to only 18% of the 88 women that served between 5-10 years judged their military service experience as awesome. These two groups represent the majority of the online survey respondents (*See Figure 6.7).*

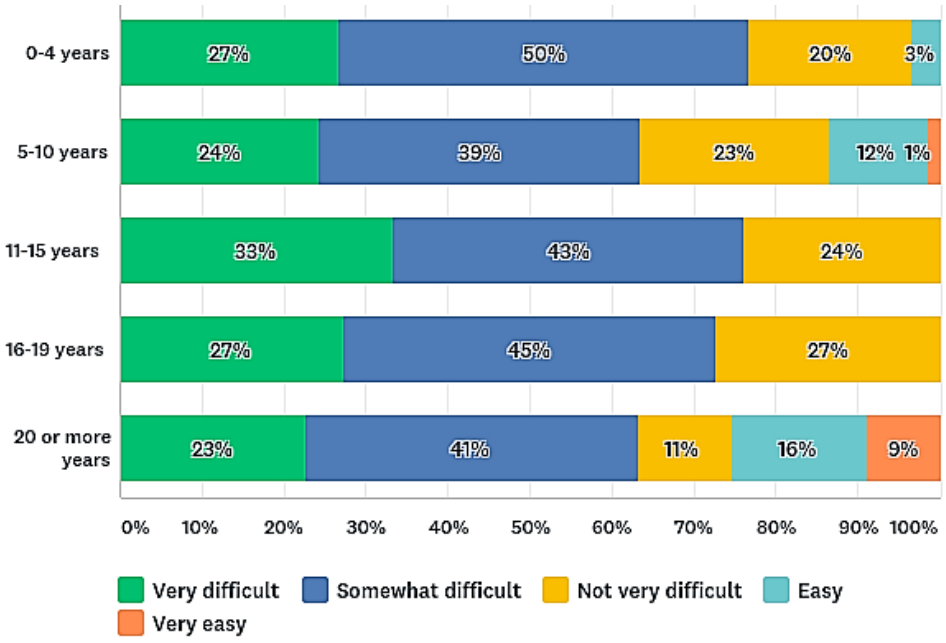
Figure 6.7 Length of Service and Military Service Rating



The veteran's length of service also correlates with the transition experience rating. Overall, those that served between 11-15 years and 16-19 years experienced the most difficulty when they left the service. These two groups had specific reasons for leaving the military. Of the 36 total women in these two groups, 60% were medically discharged or retired. Those that voluntarily separated chose this option because of hardship moving with children in high school, or it became too difficult to share a military career with a military spouse. All had deployed at least once. Equally, of the 0-4 year group, 77% rated their transition experiences as extremely or very difficult. The 20 or more year group had by far the largest number (36%) that reported an

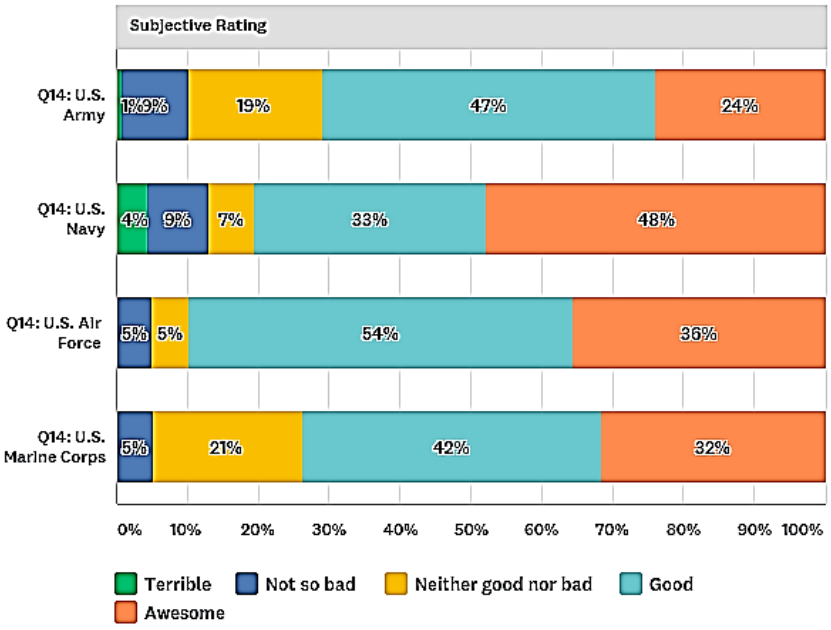
easy or very easy transition experience (*See Figure 6.8*). One veteran described her transition; “Initially super easy...it's when the novelty of no PT wears off that it becomes clear that you don't fit in with the other moms.”

Figure 6.8: Comparison of Length of Service with Transition Experience



Branch of Service. Each service has a unique subculture that shapes a woman’s transition experience. The percentage of women serving in each branch reflects their acceptance of women as warriors. Included in each branch of the Armed Forces is a Reserve and National Guard component. Although a woman may be under the Reserve or National Guard, she is activated or placed on active duty for deployments. How women report their military service experiences is examined in the context in which they served (*See Figure 6.9*). A larger percentage of Women (47%) that served in the U.S. Navy reported it overall as an awesome experience. Contrasted with the U.S. Army at 23% rating their experience as awesome. Overall, the U.S. Air Force women (91%) rated their service as good or awesome In comparison, 81% of Navy women, 74% of Marines, and 71% of Army women experienced a good or awesome military service.

Figure 6.9 Branch of Service Compared to Military Service Rating



Despite their somewhat lower ratings of military service, Army veterans experienced a prolonged adjustment period when compared to other branches (*See Figure 6.10*). Marines also reported still not feeling adjusted more frequently. All veterans regardless of branch described their transition experiences in a similar pattern (*See Figure 6.11*).

Figure 6.10 Branch of Service Compared to Adjustment Rating

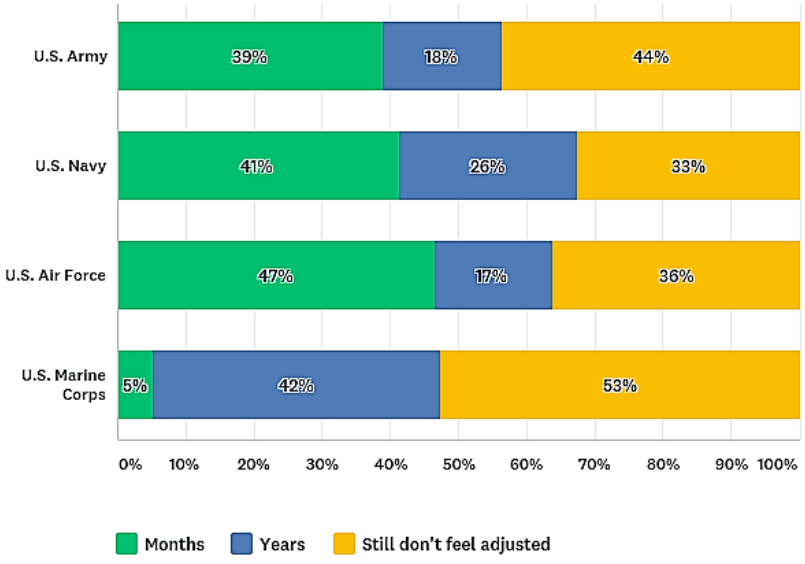
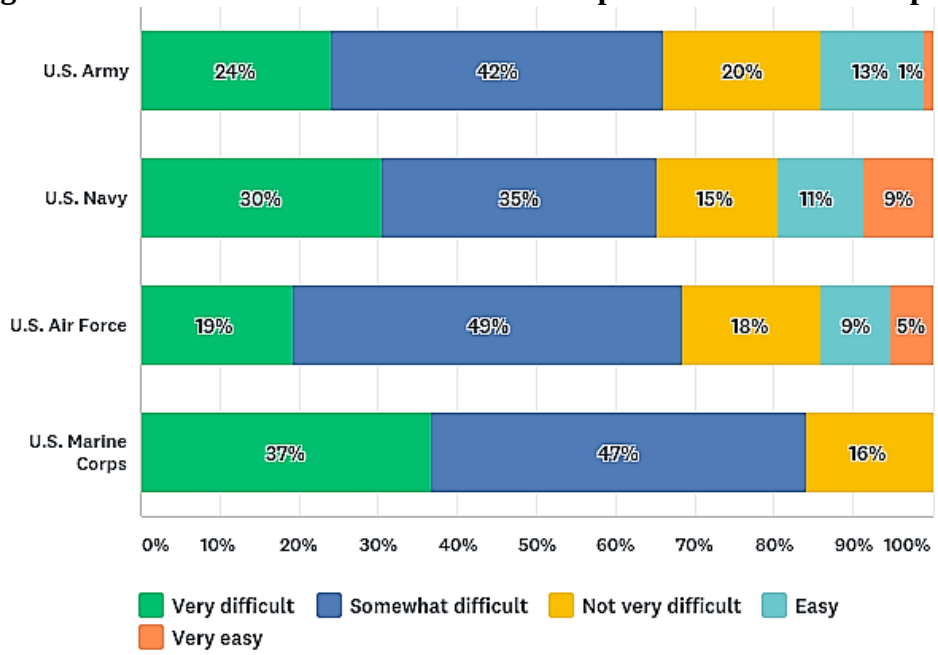


Figure 6.11 Branch of the Armed Forces Compared to Transition Experience



Even though most women served in an active duty status at some time during their military career, serving part-time, alternating between a Reserve or National Guard, status impacts personal life and experiences in different ways. The Reserve personnel and National Guard women had an equal number of deployments however average months deployed was more for the Reserve and National Guard compared to the active duty.

The transition experiences of active duty, Reserve, and National Guard is somewhat different due to the part-time nature of their service. Reservists and National Guard rarely change units or home base, so they are already established in a community. They rate their transition experience somewhat differently than their active duty peers (*See Figure 6.12*). Overall, National Guard members rate their transition experience more negatively. One officer described her experience regarding her occupational choice and comparing it to what she had experienced while serving in the National Guard; “I went from managing 183 people in the special ops community, a familial, trusting environment, to law school, a cutthroat world to say the least. It

was psychologically jarring." Reserve and National Guard, despite their part-time service, experienced more difficulty adapting to civilians (*See Figure 6.13*).

Figure 6.12 Component of Armed Forces Compared to Transition Experience

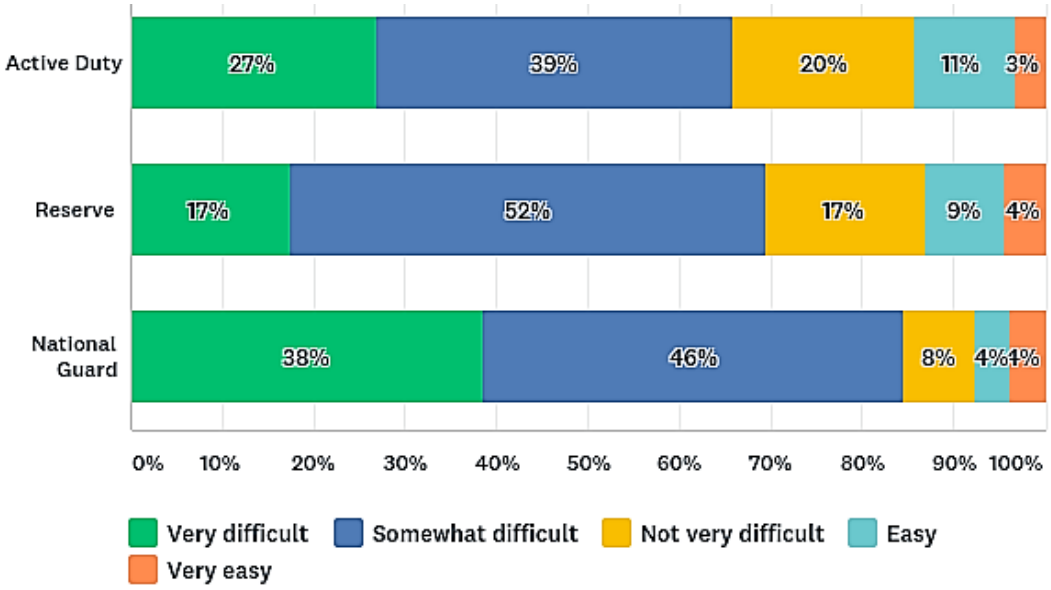
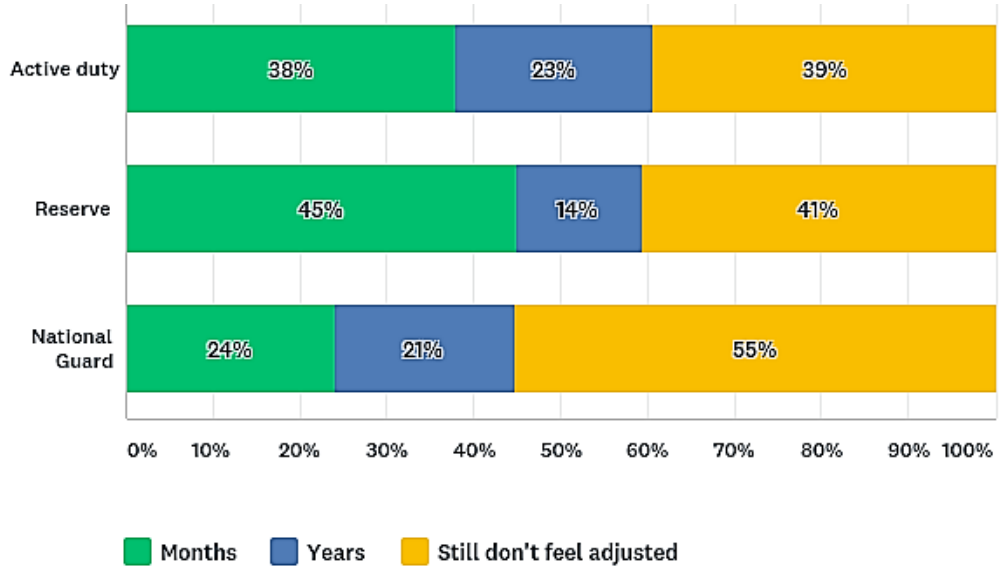


Figure 6.13 Component of Armed Forces Compared to Adjustment Time



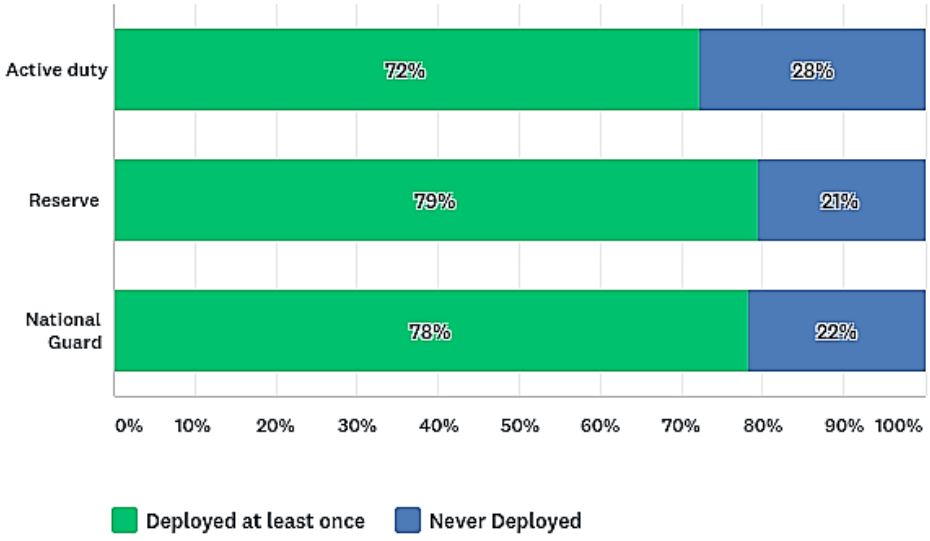
Deployment History

The average deployment time for active duty women was 14 months. Reservists and National Guard deployed 17-18 months on average. The cumulative average does not reflect the variation amongst individuals considering ranges from 0-84 months between all components. Some occupations were more likely to deploy more often. When compared with military experience rating and the number of deployments, a decline in service experience rating and transition experience difficulty is noted. One servicemember that deployed six times described her experience:

> "Boring. I should have gone to work right away. I thought "staying home" would be the right thing to do but it's frustrating & there's no "Me" to hang with. Too late to go back once you're out & let that TS-SCI expire etc."

Active duty women (72%) in this study had deployed at least once for 30 days or more. A slightly larger percentage of Reserve and National Guard had at least one deployment (*See Figure 6.14).*

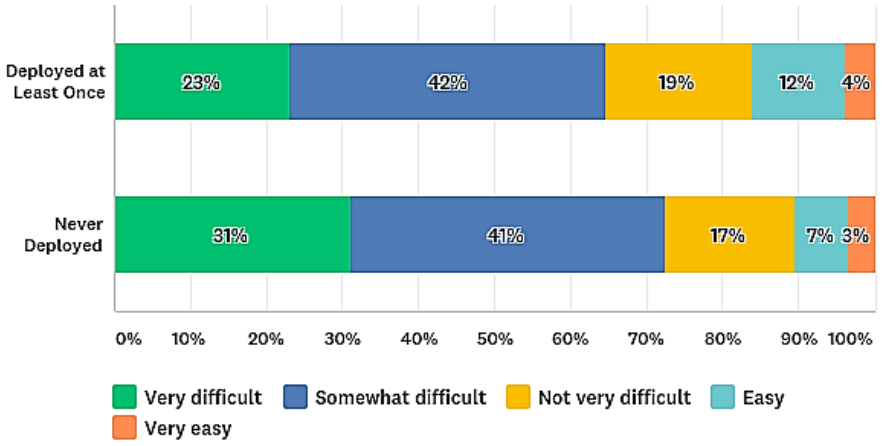
Figure 6.14 Deployment to any Theater by Component of Branch



These results are comparable to “The new Pew Research Center survey [which] also found that more than eight-in-ten recent veterans (84%) say they were deployed at least once while serving—and nearly four-in-ten (38%) say they have been deployed three times or more” (Trends, 2011, p. 34).

Interestingly, 31% of women who had never deployed rated their transition experience as “very difficult” compared to 23% of women who had deployed. Otherwise, the transition experiences of most women were similar between the two groups *(See Figure 6.15).*

Figure 6.15: Deployment History Compared to Transition Experience



***Traumatic Events*.** Several service members in this study described traumatic events as their reason for leaving the service. Specific narratives in the response sections described the ways that these impacted their service experience and overall transition experience *(See Table 6.1*

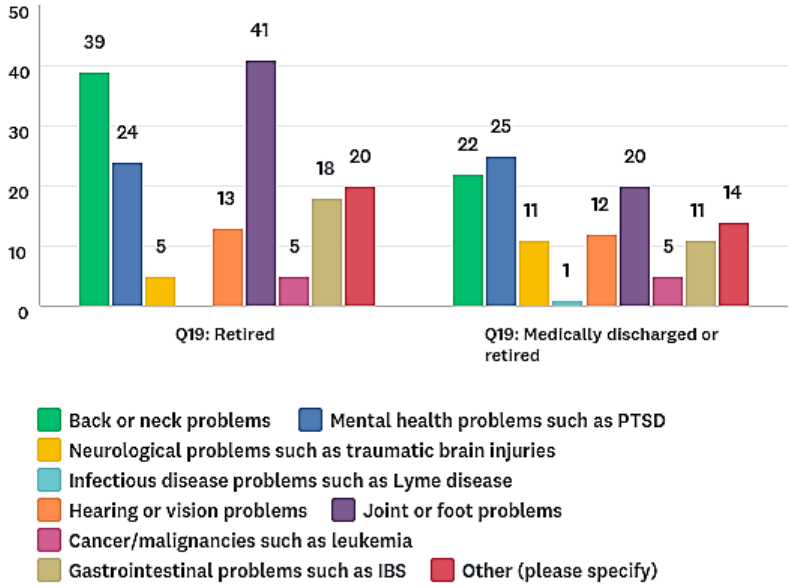
.

Table 6.1 Narrative Comments by Survey and Interview Respondents

My MST not recognized, security clearance pulled, transfer pending, I said no more.
I am a military sexual trauma survivor, and it happened about five or six times. I'm still working through that aspect of it, acknowledging and moving on and dealing with that.
Traumatic events have left me with the inability to cope in everyday life skills. The inability to sleep without nightmares and the fear that I will not cope as normally as I would like to.
Okay, so I was assaulted and ended up becoming pregnant, and I couldn't deal with that. I didn't have the ability to deal with that situation. The only thing I knew was to come home and terminate it. That's what I did. It was not something that I wanted to do, but it was either that, or I'd kill myself. There were no other options.
With regard to me having chronic pain daily, life after the military is tons better. I don't have to show up to formation in "8-9" level pain. Instead, I deal with it in the comfort of my home. I don't feel trapped, and my health is the priority, not the mission, even considering me being in Warrior Transition Unit twice.
I feel a bit isolated. Due to my mTBI, I can become very overwhelmed and confused easily.
Stable but still dealing with emotional and physical problems from the military.
I left the Marine Corps in November of 2016 so very recently. I was starting to have serious pain from my service years (back, neck, knees, and migraines).

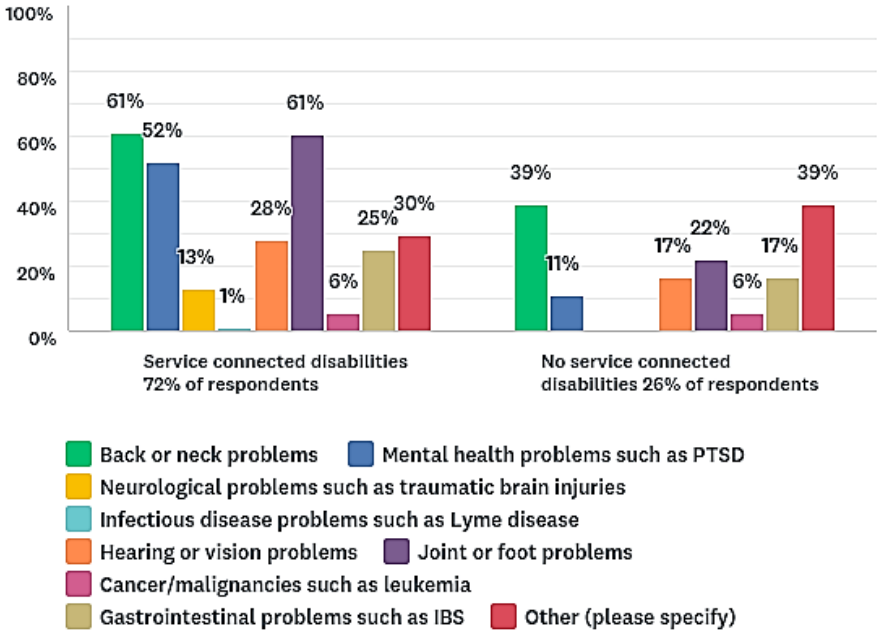
Of the women that were medically discharged or retired (35 total), 71% reported mental health issues such as post-traumatic stress disorder. Physical injuries such as joint problems and back or neck injuries were also significant (*See Figure 6.16*). Significantly, 72% of the women in this survey had some level disability rating associated with their military service. Not all of them were a result of a specific traumatic event, but more likely due to a military lifestyle of physical activity. Some illnesses were acquired while on active duty and are considered service-connected.

Figure 6.16 Medical Discharge or Retirement and Associated Disability



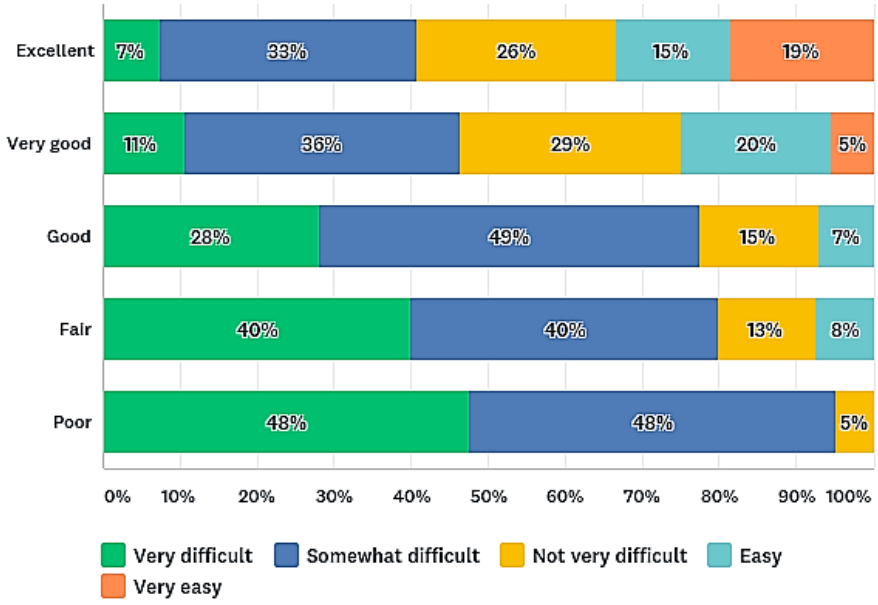
A majority (179 of 193) Post-9/11 Women in this study reported a disability associated with their service (service-connected). Of those that reported a disability, they also rated their overall physical and mental health more often as “somewhat healthy” compared with the women that did not have a service-connected disability. The most frequently reported disabilities included back or neck problems, joint or foot problems, followed by mental health problems for this study (*See Figure 6.17*). This contrasts with current VA statistics of women’s disabilities that result from military service which showed PTSD and Major Depressive Disorder are the primary service-connected disabilities by the Women Veterans Report (National Center for Veteran Analysis and Statistics, 2017)

Figure 6.17 Service-Connected Disability Compared to Non-service Connected Disability



Not surprisingly, women that rated their mental or emotional health as fair or poor also had more difficult transitions (*See Figure 6.18).* An increasing percentage of those experiencing very difficult transitions rated their mental health as fair or poor. A lower physical health rating also correlated with a more difficult transition experience, although this was less pronounced when compared to the subjective mental health assessments.

Figure 6.18 Comparison of Mental or Emotional Health with Transition Experience

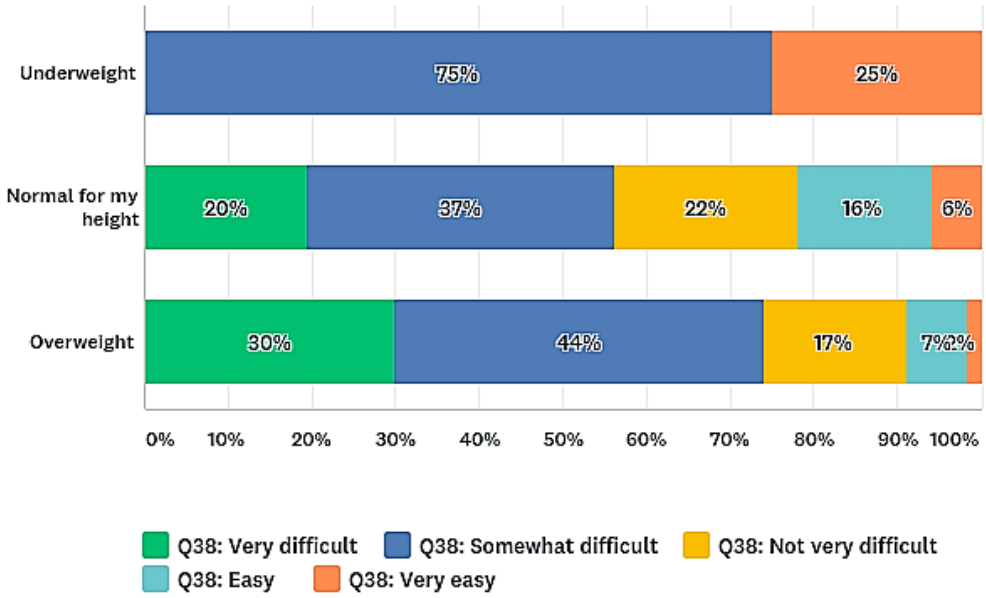


One significant health problem encountered by the majority of women veterans was weight gain after military service. A positive correlation was observed in the data for women who considered themselves overweight and their transition experience (*See Figure 6.19*). One veteran described her experience:

> "It was difficult. I turned to food to cope with the stresses and gained over 130 pounds. I finally got fed up and got healthy about 3 years ago. I took jobs that I could and didn't plan for a career."

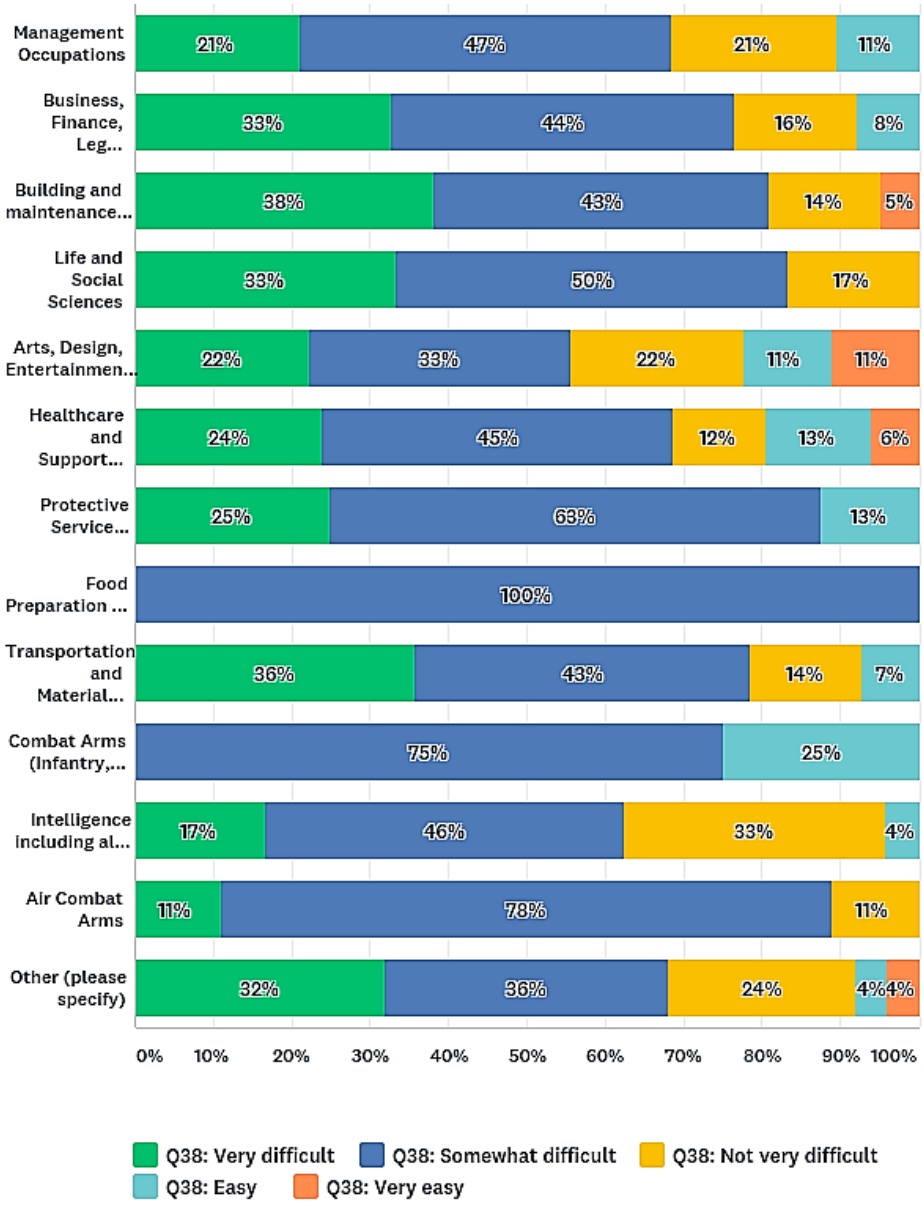
A majority of the women in this study rated themselves as overweight (58%), while 40% consider themselves to be of normal weight and just 2% considered themselves underweight. Most of the women interviewed as part of this study considered their weight to be a health issue they would change. Upon leaving the military, many veterans face weight gain as a health risk. Since they no longer have mandatory weight requirements or must meet physical fitness standards, finding the self-discipline to maintain an active lifestyle is an aspect of the transition process.

Figure 6.19 Comparison of Weight Rating and Transition Experience



Military Occupation. Women in this study represented a diverse selection of military occupations. The largest percentage were in management, business, finance, computer, and healthcare. Intelligence and security personnel were also present but in smaller numbers. Interestingly, only one woman worked in food service. When compared with all occupations represented; transition experience ratings appeared to be equally dispersed among the occupations with no specific group demonstrating a statistical difference. This finding may simply be a result that most women veterans in this study experienced a "somewhat difficult" or "very difficult" transition and other factors affected their overall experience (*See Figure 6.20*)

Figure 6.20 Military Occupation Compared with Transition Experience



Transition Preparation. Inadequate transition preparation before leaving the military was frequently mentioned in the online survey and interviews. Women veterans had not anticipated some of the difficulties they would face when they left the military. Qualitative narratives of women veterans' responses to the question**; "What would you do differently, knowing what you know now?**" are presented in Tables 6.2, 6.3 and 6.4. Better Preparation and Transition

assistance were the most coded themes of responses. Interestingly, many also responded that they would not have left the military at all.

Table 6.2
What would you do differently, knowing what you know now?
2001-2005 Year Group

Code Group	Total Number	Narrative Example
Stayed Active duty	9	"I would have retired from active duty instead of the Reserves."
Transition assistance	9	"Ask those who transitioned before for their experience and advice." VA screenings, better record of medical concerns."
Nothing different	7	"I'm not sure of anything that could have prepared me better. Went to 3 Senior TAP programs, 2 in the last 2 years prior to retirement, which were extremely helpful in transitioning health, personnel records, etc. Mentally, had prepared myself for "something new, and different" life in a new locale, within the civilian healthcare community of which I'd been absent for 25 years."
Prepared Better	3	"I would focus more on my health and plan for a career better."
Finished College on AD	2	"I would have acquired all the education I needed prior to retirement"
Pre-discharge Medical Evaluation	1	" VA screenings, Kept a better record of medical concerns"

Table 6.3
Knowing what you know now, what would you have done differently?
2006-2011 Year Group

Code Group	Total Number	Narrative Example
Transition assistance	12	"I would have utilized my veteran education benefits better. I should have loaded up on credit hours to maximize my benefits. I would have also tried to network more with civilian employers before my exit".
Stayed Active duty	9	"I would have stayed in. When you separate you no longer matter to anyone, especially as a woman vet".
Prepared Better	7	"I would have done more to be financially secure for mine and my daughter's future".
Nothing different	3	"nothing"
Finished College on AD	2	"I would have finished my degree when I was still in the army so I could have transitioned into a job".
Pre-discharge Medical	1	"I would have applied for disability immediately. I would have insisted on a final physical, which I did not get because my PCM was "on leave for 2 weeks".
Parenting Assistance	1	"Get more help for parenting".
Embraced New Life	1	"I wish I had recognized that my experiences in the military had made me different from my civilian peers and seen that as something to embrace and offer to my community rather than something that had to be overcome so I could "fit in".
Legal Advice	1	"Fought harder for the legal aspects so I didn't leave how I felt the only way I could".

Table 6.3
Knowing what you know now, what would you have done differently?

2012-2017 Year Group

Code Group	Total Number	Narrative Example
Transition assistance	24	"I would have liked to have been "schooled" on how to proceed through the VA disability process - not the standard language stuff that people are paid to tell us, but the "real" information we need to know. Like how they do the evals, what you need to focus on, etc. I did get this information from the DAV afterwards, in the process of submitting more documentation to support my claim. It would have been great to be able to talk to other women veterans who had been through the process prior to submitting the original retirement claim. It is ridiculous that the VA still uses male-centric assessment tools to evaluate female service members' chronic conditions".
Prepared Better	20	"Prepare with resume's, career goals, plans for housing and other hidden costs of rental, and utilities deposits, needs for family and basic living expenses."
Stayed Active duty	13	"I would not have left, and when I was ready to retire, I think I would have made sure I had another job lined up, and perhaps been more involved with the community to establish a role or purpose for life after the military".
Finished College on AD	6	"I would have networked a lot more, made time to finish my degrees while I was in the military."
Nothing different	4	"I wouldn't change a thing"!

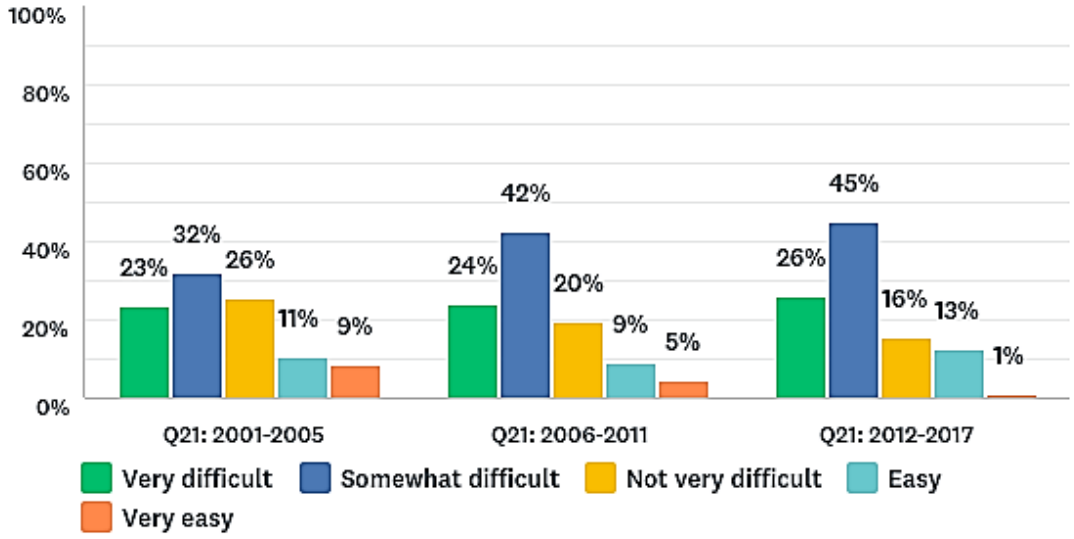
Table 6.3
Knowing what you know now, what would you have done differently?
2012-2017 Year Group (Cont.)

Pre-discharge Medical	3	"I would plan better and make sure my health needs were fully addressed".
Left Sooner or not Joined	3	"I would have left earlier."
Embraced New Life	2	"I would not sit in my home and feel sorry for myself. Instead I would embrace my new life".

Women also emphasized the loss of relationships with other service members that were not available with civilians. Feelings of lonliness, isolation, frustration were often reported. The grief experienced between loss of identity and camaraderie were significant stressors that changed the quality of the transition experience for many. The feelings of loss and grief are relevant transition issues that should be included in any transition assistance program. Educate members to anticipate these feelings and teach them ways to cope with them. Mentors and those who have experienced transition should provide counseling to those preparing to leave the military.

Since the Transition Assistance Program (TAP) has evolved over the past 17 years, responses were separated by the year groups of departure to determine if they have become more helpful. Having adequate time to plan and prepare for the transition was an additional individual factor. Those impacted by the stop-loss program had only 30 days to transition. Comparison of the year group of departure with reported transition experience demonstrates that women are having a tougher time in the more recent group (See Figure 6.22).

Figure 6.22 Transition Experience Rating by Group Year of Discharge



Chapter Summary:

Despite the diverse experiences and occupations of women warriors, most experience difficult to very difficult transition experiences. Rank as an officer appears to lessen the struggle to adjust. Women veterans in this study are overall, younger, have deployed at least once, and reported a "good" or "awesome" service history regardless of their branch or component. As expected, those that were officers of higher ranks with the longest service time, rated the quality of service more positively and fared better adjusting to civilian life. Lower enlisted women (E4-E6) experienced more difficulty with their adjustment. They felt they were not adequately prepared for private employment, networking, attaining a college education or financially stable. The next chapter will explore and describe the support systems used by women veterans that are available throughout the transition period.

Chapter Seven: Support Systems

"I don't know, but I've been told,"

The availability of robust support systems benefits the veteran as they leave the military. Moving from the highly structured environment in which a member is secure with employment, healthcare, housing benefits and the known for the unknown and less predictable civilian world is a significant life event. Even positive changes such as marriage and childbirth are considered stressful events. Many women warriors were unprepared for the sweeping changes that occurred when they navigated so many changes at one time. Veterans must change their appearance, communication patterns, behavior, residence, and secure employment, healthcare, and establish a new identity as a veteran. Often this transition is accompanied by marriage, divorce, childbirth or other significant life events. This chapter will examine the support systems used by respondents in this study and explore those that are rated most helpful. Post-9/11 women veterans in this study were divided into three groups (2001-2005, 2006-2011, and 2012-2017) based on their year group of discharge from their branch of service. During the past 16 years, access to benefits have changed, and many more community-based organizations have emerged to support veterans. The Veteran's Administration has struggled to improve gender-appropriate health care services, and all veterans had greater access to G.I. Bill benefits. The Transition Assistance Program underwent a significant revision in 2011 to provide more relevant information and support to the transitioning warrior. Employers, institutions of higher education, and religious institutions have offered mixed levels of support. This chapter examines these systems within the context of this study.

Narrative Case: Rita

Rita left the Marine Corps in 2001 shortly after having her first child and pregnant with her second. She described joining the Marine Corps to do something with her life.

> "I had to get out of town. When I was sitting in jail over the weekend, I remember looking up, and I was hanging with the wrong crowd. One of the ladies in an orange jumpsuit knew my boyfriend. In an effort to not be all dramatic about it, basically she was like hey, I'm going to take care of you while you're in here, let them know. It was that kind of thing. Out of respect for him, she protected me or just let me know she was there if I needed her. She basically threw a chick off of her bed, so I could have the bed and not be sleeping on the floor like it was a respect thing… I had a scary insight, I didn't care, here I was 17, 18 years old, didn't care if I lived or died, and I was just like whoa, that's some profound wisdom there. I got to do something with my life. When that phone call rang, I was like well I need to do something with my life. This sounds like a good idea. I didn't know anything about the Marine Corps. Not a thing."

Rita spent eight years in the Marine Corp and received a "hardship discharge" because she was pregnant at a base in Arizona and had no support locally. As a single parent, she recognized the burden she faced coping with her military service and motherhood.

> "Moving to be closer to the father of the baby that I was having made sense to me. He made some noise about us being married and how everything was going to work out, and it sounded really good, so I was ready to go for it. But then it was just ... I felt stripped of my identity and isolated and alone and overwhelmed because I'd gotten used to doing things on my own, and then when I got out, I found myself having to rely on my parents. My dad came to Arizona to help me get home because I was, at the time it was all said and done, close to six months pregnant, and my dad drove me in my little car across the country to get me back home. I didn't get a final paycheck. They said I didn't rate a final paycheck."

Initially, Rita struggled with her identity, having a second child and marriage. Although her father did provide some support, she followed her new husband to his next assignment. Rita had four children and was married to this Marine for 13 years. She described this inter-racial marriage as problematic and overall did not receive much support from him. She stated he would not let her work and was controlling and suspicious when she began to feel happier as she

volunteered at the base thrift store. Rita describes being isolated and without purpose following her discharge from the Marine Corps.

> "People that I knew were people that I had been stationed with before, and they all still had jobs. They were still going to work doing the Marine Corps thing. Their attitudes changed. Once I got, it was no longer hey; it was like what's up. It was just like because you no longer had that thing in common. I remember the first Marine Corps ball we went to, I was pregnant, and I just ... No. I just had the baby. So she went with us, I think. One of those kids went with us to the ball, and it was just weird because the people that I had been in the Marine Corps with, they didn't have anything else to say to me. Does that make sense"?

Rita's life began with a difficult childhood and adolescence; this was followed by traumatic events while in the military that included domestic violence and military sexual trauma. In 2001 she began her secondary education and received counseling through the VA. She described her experience with the VA health system as not very helpful.

> "I started to feel overwhelmed and realized that I needed to start talking to somebody about things. I remember he's still a practitioner at the little clinic there, so I'm not going to mention no names, but they diagnosed me with PTSD, and they had a PTSD group. He wanted to add me to it. But the PTSD group, the theme that bonded all of them together was combat-related PTSD stuff. I'm like are there other women? No. I would have been the first woman. I said I'm not trying to be that person, but their PTSD is not my PTSD. I don't think that would be a good idea for me. I mean they're all sitting around talking about whatever, and I bring up something that's important to me, they're going to feel a certain kind of way. It wasn't a good idea."

.

In 2002, the VA began to recognize a greater need to adjust types of counseling for women veterans that had experienced military sexual trauma during their service. These early attempts to view women veterans based on their unique biological and mental health needs was a benefit to some, but not Rita.

> "Now since then, they've incorporated the military sexual trauma groups, and they're trying to be more aware and stuff like that. Even my most recent experience is still somewhat of a shit show because you've got people that come into the group and it's not healthy for the group, and the moderator, the person facilitating the group, sucks and doesn't address it".

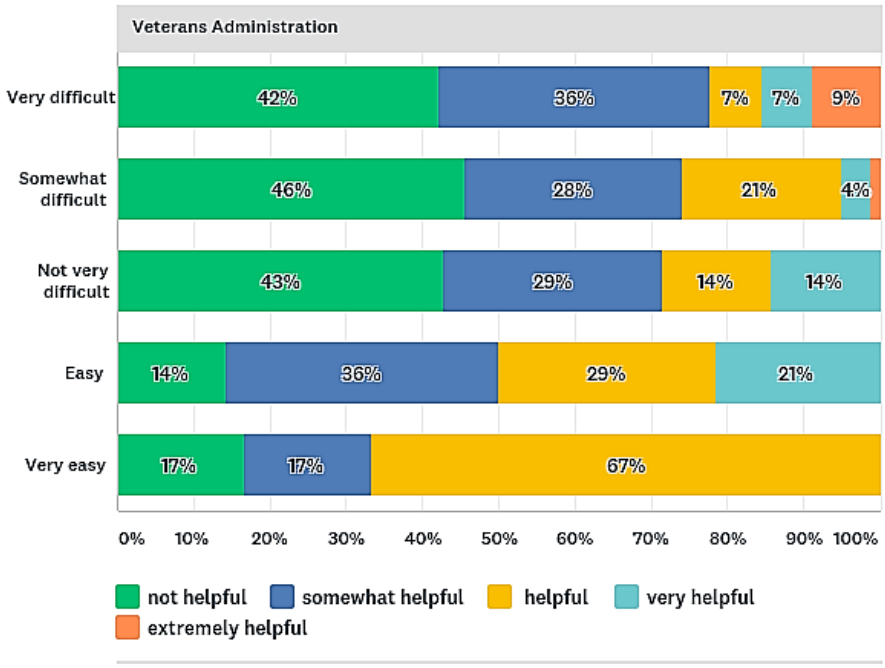
In Rita's experience, she lacked healthy support systems when she left the military. However, she has almost completed her graduate studies in Marriage and Family Therapy and works as a certified peer support specialist. Through the VA Vocational Rehabilitation Program, she has received greater support to return to self-sufficiency. Her adjustment and self-esteem have significantly improved, although she is still working on healthy coping strategies.

Support System Ratings of Survey Respondents

***Health Support Systems*.** Active duty service members receive comprehensive health care during their service. Reserve and Guard receive some healthcare after deployments from the VA and while they are on active duty. Civilian healthcare providers are unprepared to diagnose and treat military members for service-connected disabilities. Beyond their limited exposure from the media covering signature conditions, most civilian healthcare providers have not been trained to recognize and address health issues. Veterans often don't seek treatment for conditions they view as a weakness, may jeopardize their work options, or they feel they may be stigmatized by family or friends (Wounded Warrior Project, 2015, p. 6). As discussed in Chapter Six, women veterans are more likely to have joint and back or neck issues at an earlier age, more unresolved mental health issues and other service-connected disabilities such as hearing loss, tinnitus, substance abuse and the suicide rates are dramatically higher (United States Department of Veteran Affairs, 2016). There are higher rates of heart disease, arthritis, cancer, skin problems and neurological disorders such as migraines and traumatic brain injury that affect many veterans (National Center for Veteran Analysis and Statistics, 2017) (Texas Health Institute, 2017). The gaps in healthcare are significant for most veterans and women veterans rated healthcare systems as not very supportive.

There was not a significant correlation between the difficulty rating of the transition experience and health care provider degree of helpfulness. The VA was rated as “not helpful” for most women that also experienced a difficult transition and only 9% of women that underwent a very difficult transition rated the VA as “extremely helpful.” The VA and healthcare providers may have some impact on the women veterans’ transition if it is accessible and appropriate for the woman (*See Figure 7.1*).

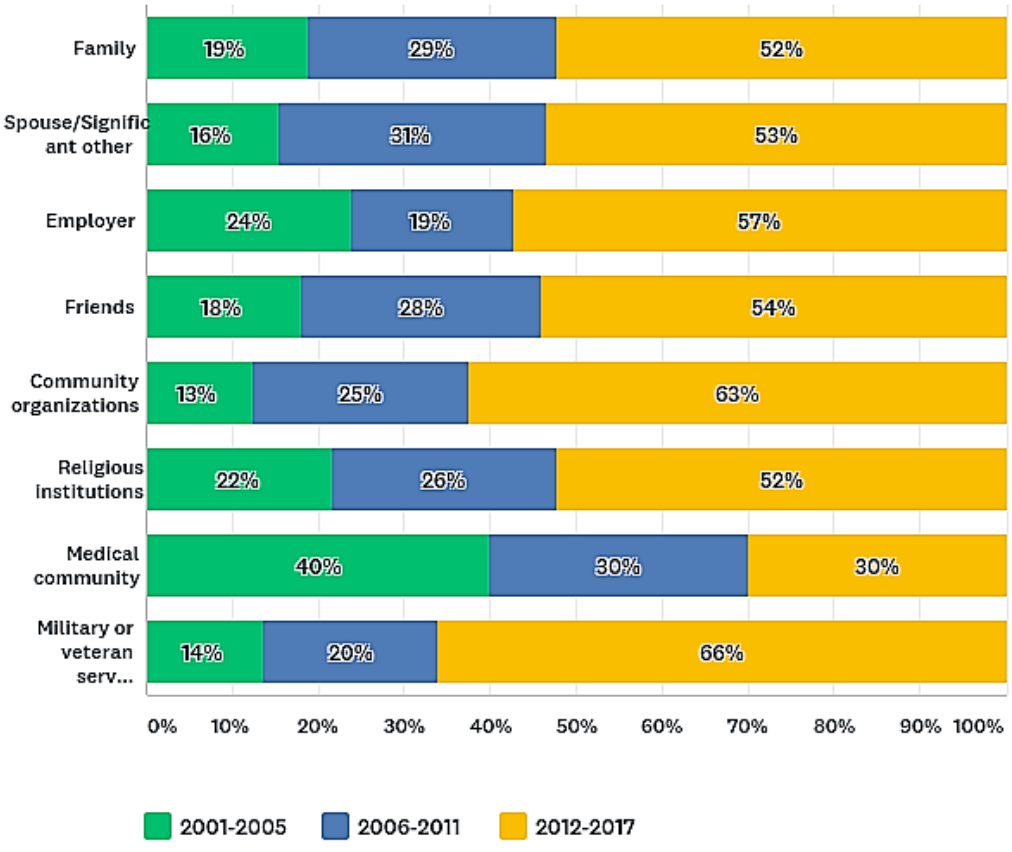
Figure 7.1: Veterans Administration Helpfulness Compared with Transition Experience



Women in this study were asked **“During your transition from the military, did you have any type of support from anyone that helped you through the process? (Social, emotional, physical, financial) (Check all that apply)”.** The results were analyzed in the context of the year groups of discharge to discover possible differences as communities, religious institutions, families, friends and healthcare providers become more aware of the difficulties veterans face during their transition. The military and veteran service organizations have made

costly efforts to improve services for veterans to include outreach and benefits. Overall, women veterans in the 2012-2017 cohort reported increased supportiveness of all possible support systems except for the medical community. Forty percent of the 2001-2005 cohort found the medical community to be helpful, compared to 30% of the 2006-2011 cohort and 30% the 2012-2017 cohort. The highest rates of improvement are seen by the military and veteran service organizations and community organizations. Overall, data from this response demonstrates that support for women veterans has improved since 2001, yet the medical community has only been helpful to less than a third of the 2012-2017 cohort.

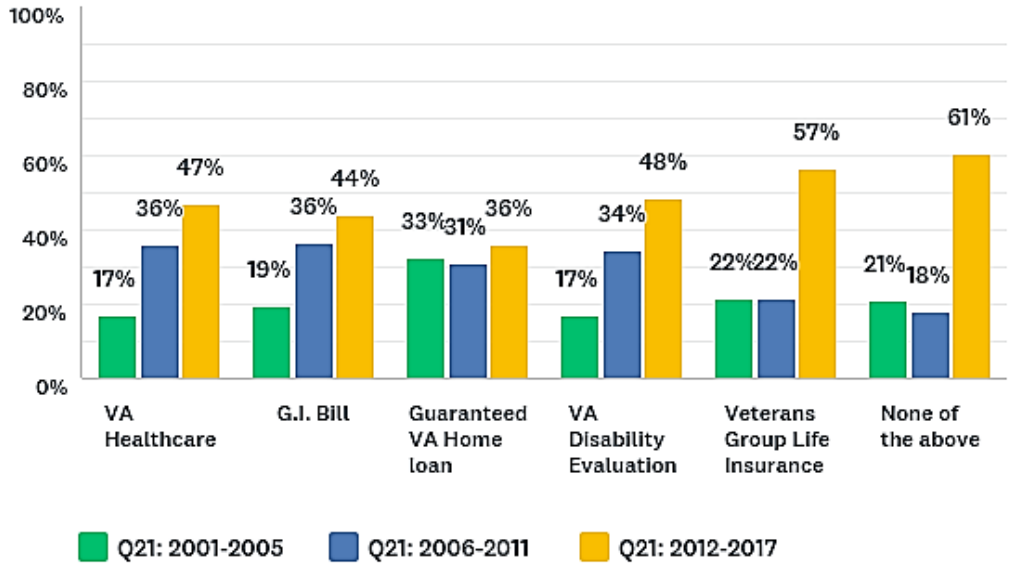
Figure 7.2 Comparison of Support Systems Selected as Helpful by Year Group



The VA provides a range of benefits for the Post-9/11 veteran that includes education, vocational rehabilitation, health care, home loan guarantees, life insurance, and disability

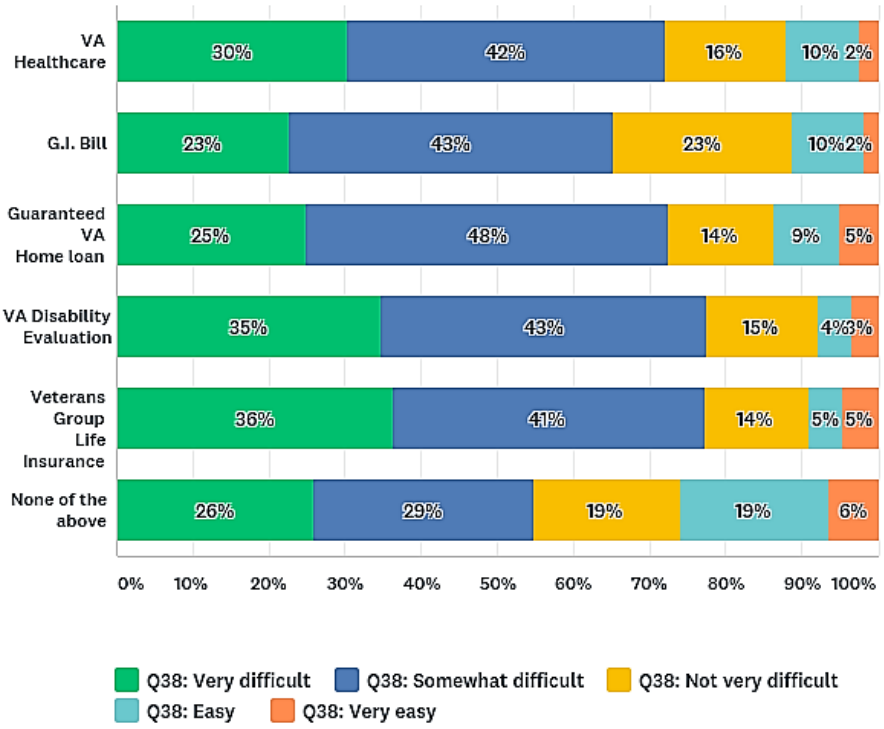
compensation. There are additional support services, but the veteran must initially apply to qualify for services. In this study, the benefit opportunities women had used at the time of the survey demonstrated an increase overall by year group. Only 17% of women in the 2001-2005-year group had used VA healthcare compared to 47% of the 2012-2017-year group (*See Figure 7.3*). These results suggest that more women veterans are accessing available benefits and services.

Figure 7.3 Comparison of VA Benefits used by Year Group



A comparison of the helpfulness of support systems by year of discharge also shows a trend of more significant impact, there doesn't seem to be a statistical correlation with the transition experience overall *(See Figure 7.4*).

Figure 7.4 VA Benefits Utilized Compared with Transition Experience

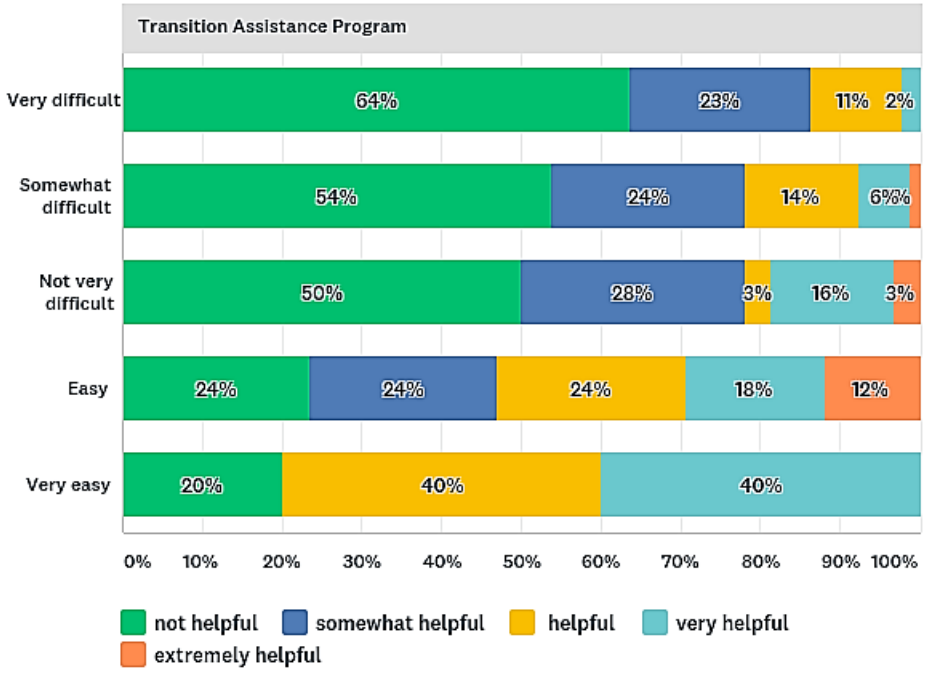


Transition Assistance Program. The Transition Assistance Program (TAP) has been available to service members preparing for separation or retirement and was revised in 2011 under the Veterans Opportunity to Work Act of 2011. Comprised of pre-separation counseling that may be completed 24 months before retirement or 12 months before separation. A capstone portion that includes resume writing and budget planning which must be completed 90 days before discharge and validated by the commanding officer to ensure a member's career readiness standards have been met. Some training modules are provided online, and specific portions of VA benefits are mandatory. Some elements of the pre-separation training must be attended in-person. Once the warrior is discharged, the TAP is no longer accessible (AFPC, 2011).

TAP has made a significant effort to assist the transitioning veteran to prepare them for a life and career outside of the military. When asked to rate the helpfulness of the program, 64% of

women veterans that experienced a very difficult transition found it not to be helpful (*See Figure 7.5*). The number of veterans that reported it as helpful increased as the quality of the transition experience improved. Since this is a relatively new program, it was rated using the most recent group of women veterans and found most of those women with difficult transitions did not find TAP to be helpful. Despite being a mandatory program, most women did not report a benefit that resulted in a smoother transition. However, this is likely not the main reason for their transition difficulties. Overall, few found TAP helpful. As one veteran stated, "[I] retired from the Reserves and I got a lot of run-around, not helpful at all."

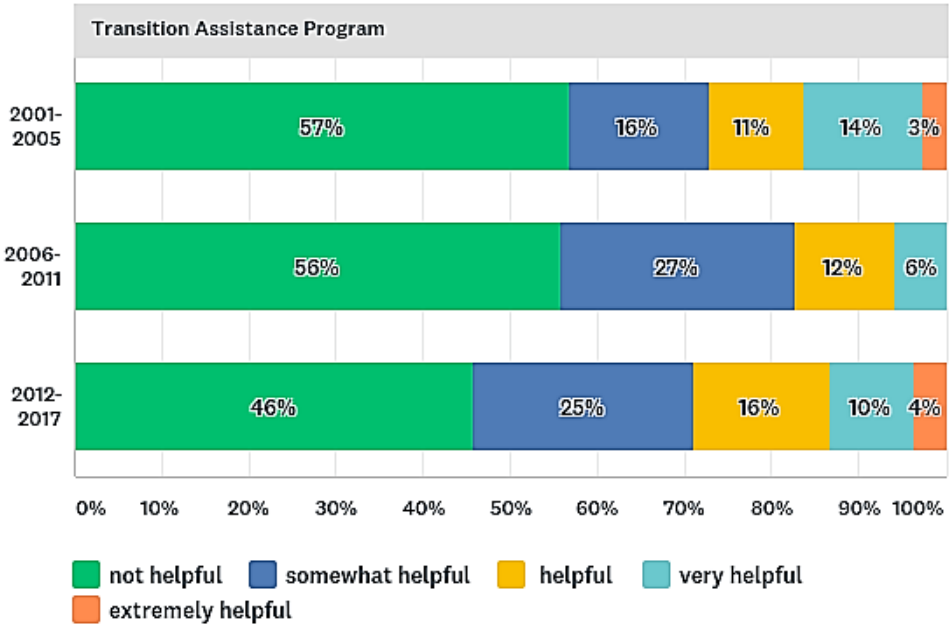
Figure 7.5 Transition Assistance Program Helpfulness compared with Transition Experience



A recently released report by the United States Government Accountability Office noted the overall program's deficiencies. Reserve component members were not accounted for as consistently attending TAP. Additionally, performance measures of outcome to the veteran were not assessed in any report (GAO, 2017). To explore possible changes that benefit women

veterans since 2001, a comparison was made of the Transition Assistance Program helpfulness rating by year group (See Figure 7.6). This data demonstrates some improvement in the subjective ratings by women veterans in the 2012-2017 cohort.

Figure 7.6: Year Group Ratings of Helpfulness of the Transition Assistance Program



Schools. When women veterans were asked to rate their school as a support system, most did not find their educational institution helpful. By percentage and year group, going to college improved their life chance, but women veterans selected "not helpful." when asked to rate their school's supportiveness. (*See Figure 7.7*). Many schools are striving to become more veteran friendly to compete for G.I. Bill money. Veteran-friendliness is determined by criteria developed by *U.S. News and World Report* (Brooks & Morse, 2017). Many universities and colleges have made a concerted effort to help veterans access their G.I. Bill Education benefits as well as providing veteran opportunities to interact with other veterans and this is reflected in this survey and supports the schools' efforts. Bearing in mind that there was a smaller number of women in

this study that experienced an easy or somewhat easy transition experience, those that did rate school as helpful also rated their transition as less difficult (*See Figure 7.7*).

Figure 7.7 School Supportiveness by Year Group

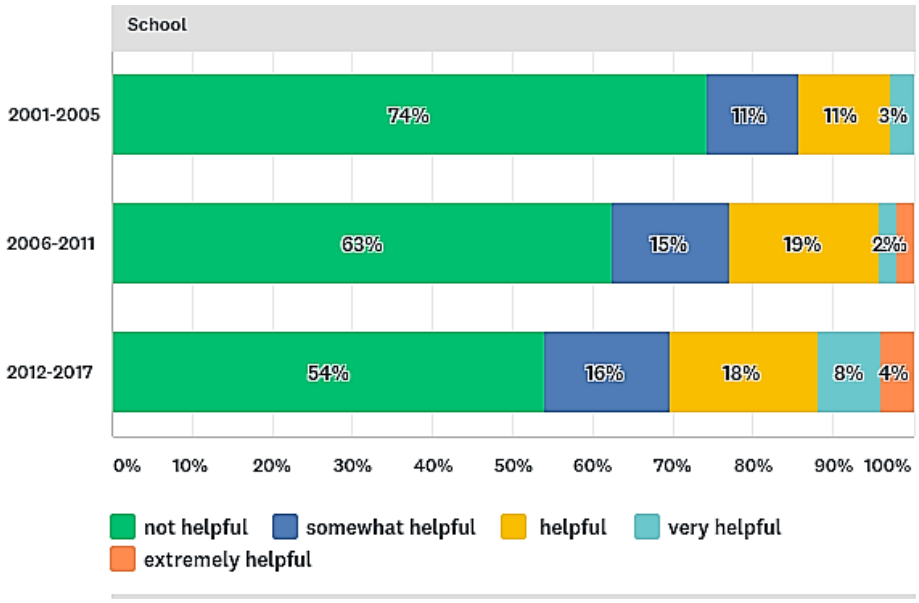
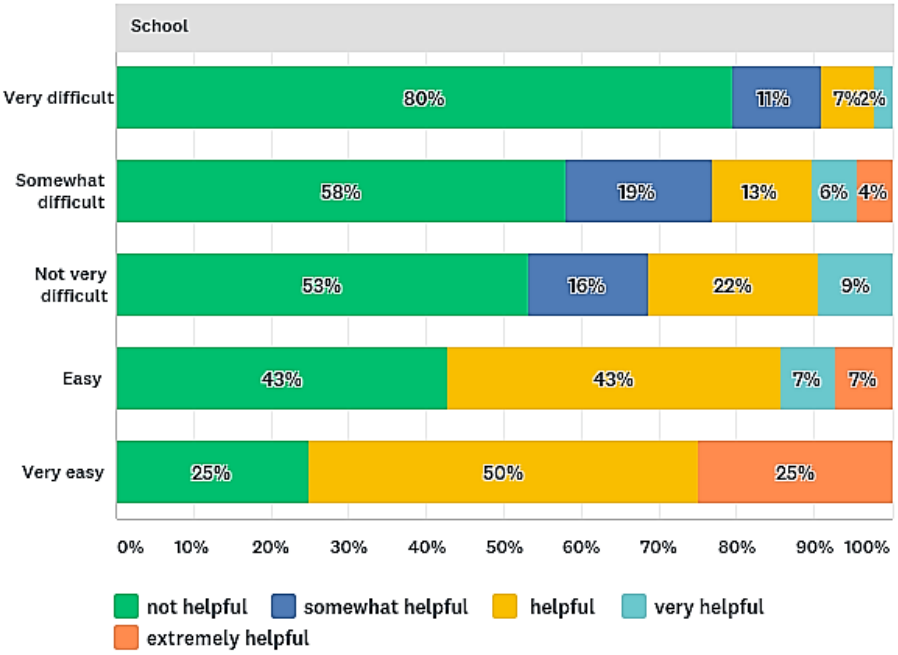
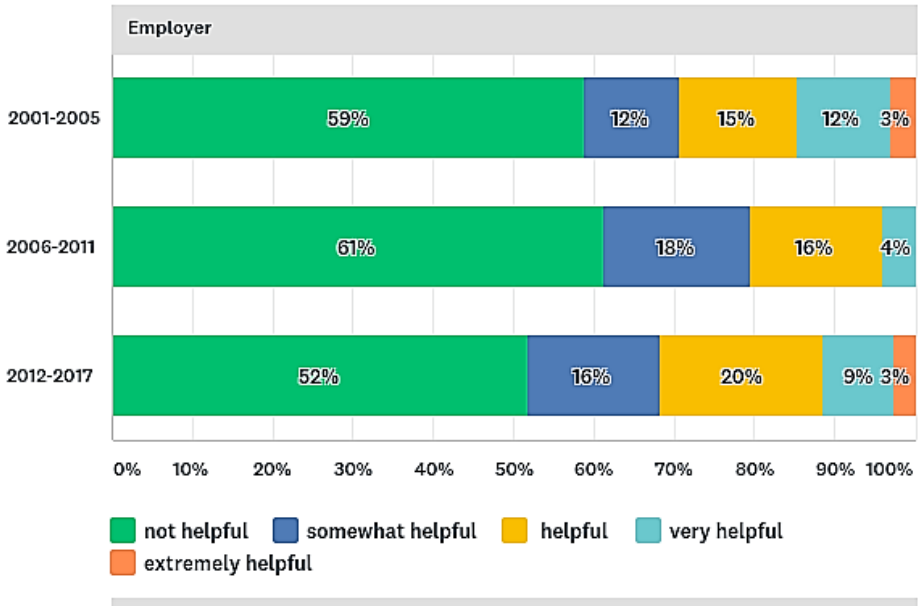


Figure 7.7: School Supportiveness Compared with the Transition Experience



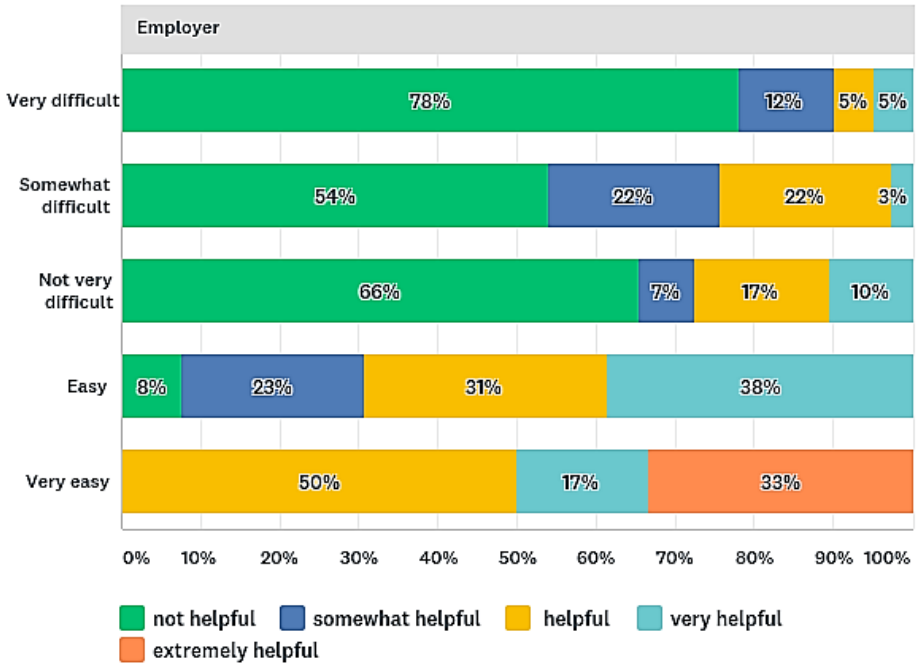
Employers. Employers were not considered helpful by most women veterans in all year groups (*See Figure 7.9*). When respondents to the interview discussed civilian employment experiences, the change in people and lack of camaraderie were key themes. Private employers and co-workers had no real interest in understanding the experiences of the veteran. Chelsea stated that she is currently working as a legal clerk, and her biggest issue with civilian employment was the lack of camaraderie and the "cutthroat type of atmosphere that you get in the civilian world." Finding rewarding work, pay, benefits, and work-life balance was brought up as concerns of women veterans. These findings are consistent in multiple studies however, work-life balance is a gender-specific issue more often described by women with dependent children. (Ostavary & Dapprich, 2011) (Szelbach, Steinkogler, Badger, & Muttukumaru, 2011) (Business and Professional Women's Foundation, 2007)

Figure 7.9: Employer Helpfulness by Year Group



The transition experiences of women improved with helpful employers (See Figure 7.10). This finding was consistent with each type of support. Women with very easy or easy transitions were more likely to rate all support systems as helpful.

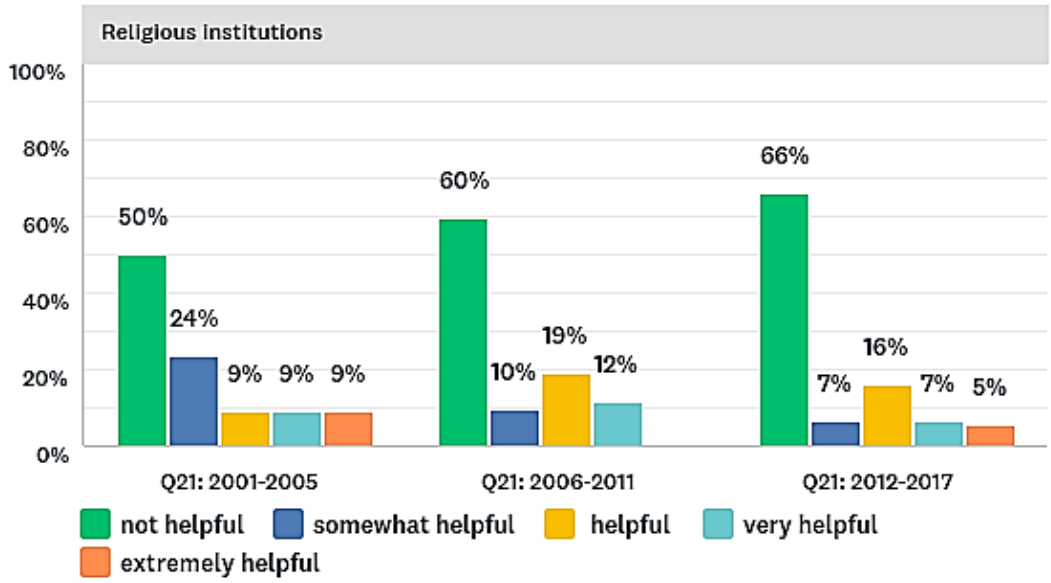
Figure 7.10 Employer Supportiveness Compared with Transition Experience



Religious Institutions. Although most women veterans reported religion/spirituality as being vital, religious institutions received the lowest rankings when compared to a woman veteran's transition experience. Perhaps, this is a result of their inability to establish a relationship with a church due to the relocation of residence while in the military and when separating from the military (*See Figure 7.11*). Fewer Americans attend services regularly today than in previous generations. According to PEW Research on "America's Changing Religious Landscape" (2014) this trend of non-affiliation is increasing across all regions of the U.S.

> While the drop in Christian affiliation is particularly pronounced among young adults, it is occurring among Americans of all ages. The same trends are seen among whites, blacks, and Latinos; among both college graduates and adults with only a high school education; and among women as well as men all generations (Pew Research Center, 2015, p. 3).

Figure 7.11 Supportiveness Rating of Religious Institutions by Year Group



Geographic Location. When a veteran retires or separates from the military, they usually move to new communities or return to their home of record. During the interviews, all the veterans relocated to find employment, follow a military spouse or select a city in which to retire. Relocation to an unfamiliar city or town requires adaptation to local community culture. Returning to a rural home of record may reunite the veteran with a family that provides support, or as one veteran commented:

> Oregon has very little in the way of veteran sort of ... There's no bases around here. It's not like there's a lot of military presence. Which it was probably a good thing for me considering the fact that I probably needed to not see all the things we'd left because it was a very difficult transition. I missed my life in the Navy. I missed my life in the service. I missed the people. I missed the honor or the feeling that we were doing something noble. I missed the pay. I missed the benefits. I missed the travel. I missed the structure of it and the safety and peace knowing that you're just going to promote in rank, promote in rank, promote in rank. All of that was a difficult thing to leave. But we didn't know it was difficult until we'd already left it.

Choosing a community to reside in post-military is likely the most critical decision a veteran makes when they plan for separation or retirement. According to Szelwach, et al. (2011),

prevalent themes for veterans returning to rural locations included inadequate resources to obtain employment, education, training, and healthcare. Women veterans also lacked childcare services and reliable transportation. Women that return to their hometowns may find themselves facing the same problems they experienced before their military service.

> I lived in my car. I lived on friends' couches. I lived ... Just here and there. There was no place that was really permanent. I didn't have enough money for an apartment.

Additionally, one veteran related open hostility in a community. Veteran friendly communities provide more services and voice support for veterans. By location, these cities tend to have a stronger military presence, veteran service organizations and a larger population of veterans. Exposure of community members to the military increases their support for veterans.

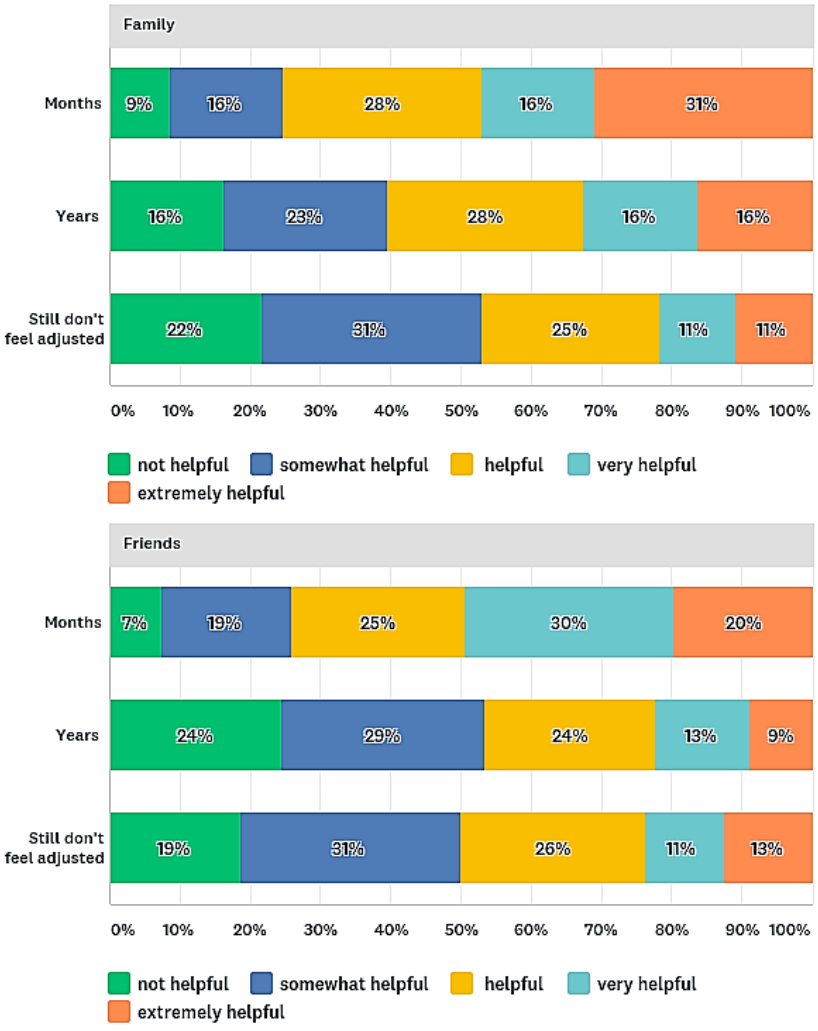
> With civilians. Yeah. I mean I wanted to connect with veterans. The problem was where we moved out to Oregon, veterans; they were kind of in hiding. I mean you really couldn't ... It was like one of those dirty words kind of thing. We didn't realize how anti-military and sort of anti-anything the area we moved was. We learned pretty quickly that okay if there is a veteran around, they're not going to tell you. They're not going to come out and say it. I thought okay, well if I can't find people who are like me and find veterans, then I just need to meet people.

Family and Friend Support Networks*:* Family support includes spouse, a family of procreation and the family of orientation in the context of support systems that assist the veteran during their transition process. Most women veterans in this study gave higher ratings to their family group as being helpful and supportive compared with any other category. Family, spouse or significant other, and friends proved to be most impactful.

Women veterans without strong family or friend networks struggled the most during their transition. Sadly, many women felt they had no support systems available during their transition. Several expressed this as a feeling of abandonment. “I feel like the Army used me threw me out and just forgot about me.” Women veterans that did not have the support of family, significant other or friends experienced more difficult transitions. However, many women veterans with

strong supportive families also reported “very difficult” or “somewhat difficult” transition experiences. Having a healthy family support system did not buffer them from the challenges they faced when leaving the military. However, the period of adjustment decreased for women veterans that also reported a more supportive family or friend network (*See Figure 7.12*)

Figure 7.12 Family Support Compared with Transition Adjustment



Veteran Service Organizations and Community Services. Within the context of transition experience ratings, women veterans were less likely to use outside organizations to provide support during their reintegration process. The reasons for this may be a result of specific gender

differences. Asking for help is difficult and finding resources that are available in a community that recognizes women veterans, provides needed services locally and reaches out to women veterans are sporadic within cities and neighborhoods in the U.S.

"Ridiculous, everyone I went to dismissed me as I was a woman and what could I possibly need" was the response of one veteran. Though not asking for help was evident in another's response; "There should be a choice, "did not contact or ask for help" to question #37. "There is bias to a negative reply vs. a vet not seeking help from these sources". However, since most women in this study did report that their experience was challenging, requesting assistance and having assistance available that they found supportive was the focus (*See Figures 7.13, 7.14*)

Figure 7.13 Military or Veteran Service Organizations Supportiveness and Transition Experience

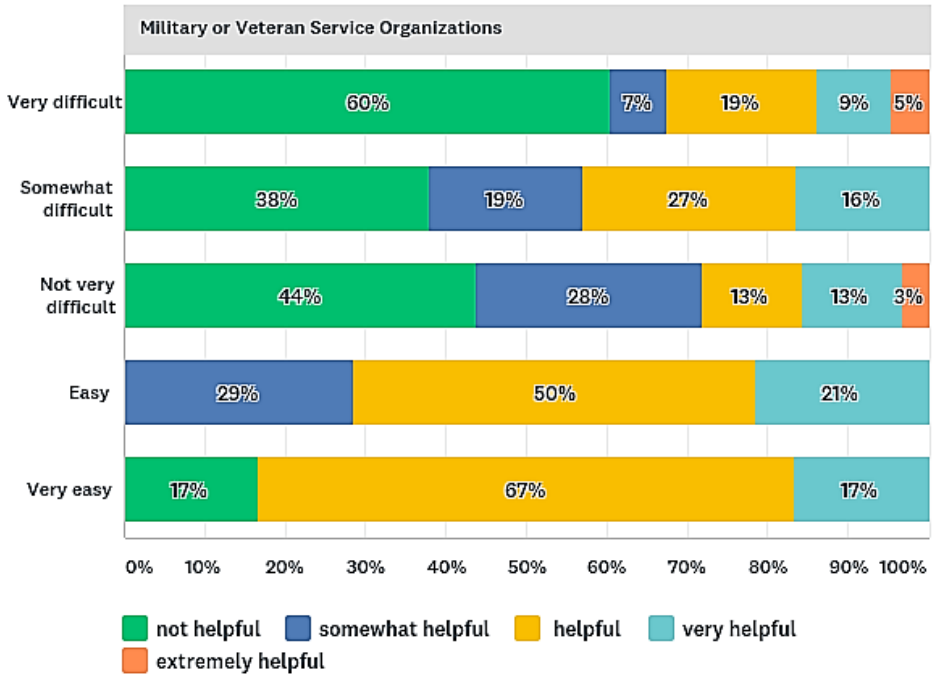
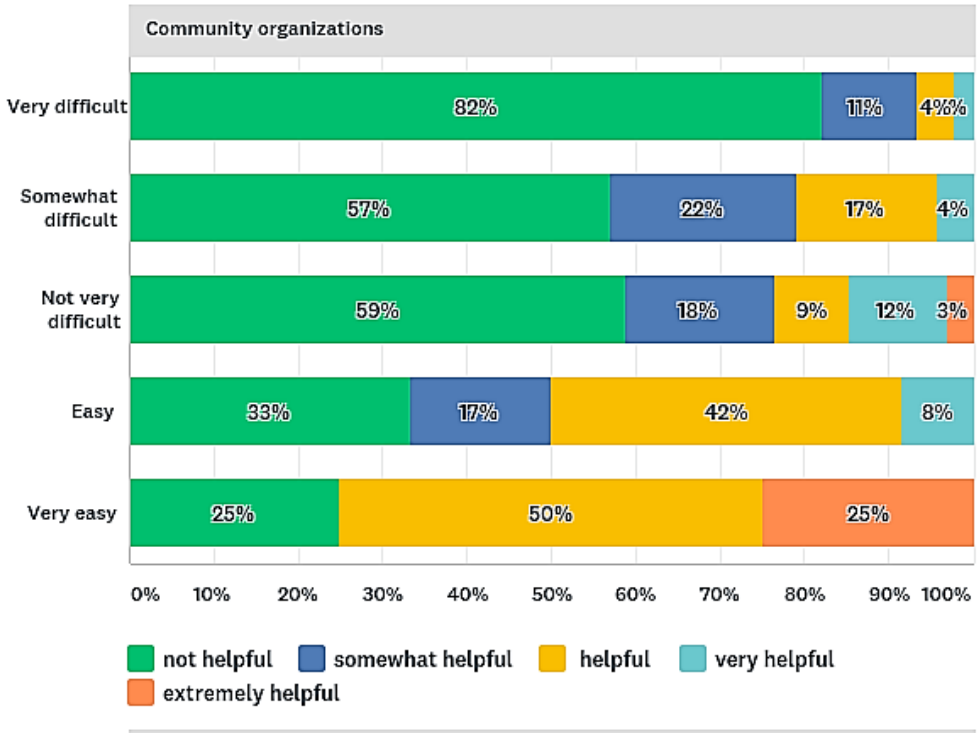


Figure 7.14 Community Organization Support and Transition Experience



Chapter Summary. In this chapter, the helpfulness of support systems available and used by women veterans was explored and described within the context of the transition experience. Family, significant other and friends were rated as most helpful, while others were less likely to be considered supportive by the veterans in this study. In a recent survey conducted by America's Warrior Partnership (2017), veterans in their five affiliated communities searched primarily for six resources within their communities including opportunities for recreation, health benefits, connection with other veterans, employment, health services and volunteer opportunities. Those veterans that scored poorly on the Hope Scale lacked adequate transportation, assistance with obtaining VA benefits and housing. Of the 939 that completed the survey, 21.1% were women. This study included all era veterans, but 50.7% of survey respondents were post-9/11. Affiliated communities included Goodwill of Orange County Tierney Center for Veteran Services (California), Panhandle Warrior Partnership (Florida),

Palmetto Warrior Connection(Charleston), Upstate Warrior Solution (Greenville) and the Veterans One-Stop Center of Western New York (Buffalo). In the U.S. there are a reported 40,000 - 45,000 non-profits that provide veteran support services (GuideStar, 2015), yet the women respondents in this study did not report connecting with community organizations or veteran service organizations in a significant majority or did they confirm that the services they offered facilitated their transition.

CHAPTER EIGHT: CONCLUSION

"Sound off!"

As with all military operations, this chapter provides an After-Action Report (AAR) highlighting the lessons learned from conducting this study as well as a summary of the most significant findings. The recommendations are for every organization that assists warriors as they face the challenge of transition to life as a civilian. Communities, the Department of Defense and the Veterans Administration have an inherent obligation to prepare and facilitate the reentry of all warriors into civilian society. Knowing the challenges women face during this process will not only strengthen support services but also inform women that they must prepare differently for the road ahead.

Since 9/11, over 555,000 women have served in the armed forces. Women are the fastest growing population of veterans and perhaps those with the most exceptional courage. Because they are women choosing to join the military, they have entered a career in which they are still fighting to be equals. Depending on their career selection and assignments, they may serve alone with men. They must meet physical and mental standards to earn the respect of their battle buddies. Men must do this too. However, women warriors are continually facing the daunting challenge of a bar set higher for them, because of their gender. If they fail, it is because they are women. If men fail, it is because they didn't train or couldn't make the grade. They don't fail because they are merely men. The expectation is that women will fail. As one interviewee Marine veteran stated:

> I proved them all wrong. The recruiter's little clique had a pot going on every month who would make it and who wouldn't. Out of the month I shipped, when I came back, they all gave me $10, and I was like what is this, and he's like we all had a bet going that you wouldn't make it, and I was like huh? He's like yep, out of everybody we

> ship, they take your picture, right, put it on the wall, he's like you were deemed least likely to make it, and you're the only one to make it.

Women warriors must become less emotive and more instrumental, countering the socialization they received during their childhood.

Lessons Learned from this Study

Lesson Learned #1. Women joining the military continue to face unique obstacles and challenges due to their gender. Through basic indoctrination courses, they are integrated and socialized to be Soldiers, Airmen, Sailors, and Marines. They become genderless instruments of our national defense forces. The indoctrination process of each branch of service is the initial immersion phase. Women and men proudly embrace their new identity.

Lesson Learned #2. Women learn to be strong physically and mentally. They build teams and integrated units working together as Soldiers, Airmen, Sailors, and Marines. They experience the trust and camaraderie shared by all warriors. They deploy, fight and support the mission as equals. They share opportunities as equals. The limitations of occupations based on gender have recently changed. Opening direct combat and special operations occupations to women is the last barrier to equality of opportunity. To secure these positions, women face a challenge of not only the physical and mental fortitude it takes to achieve this role, but they must overcome the androcentric mentality that women are not capable of meeting the same standards and will prove to be detrimental to their unique warrior culture. The stigma that women serve as a social experiment and are not welcomed by the team is a far more significant mental obstacle.

Lesson Learned #3. Most of the women in this study loved their service time. Despite the challenges of physical and mental training, deployments and the stigma of being less capable than men, most women in this study experienced rewarding military service.

Lesson Learned #4. In contrast to the gender-blind study by Morin (2011), most post-9/11 women warriors experienced difficult transitions when they left their military families. They face the same challenges as men embracing their new veteran status in their loss of camaraderie, purpose, and identity. They experienced loneliness, grief, disorientation, and culture shock.

Lesson Learned #5. Women warriors face unique challenges of reintegration due to individual reasons not experienced by male veterans. They must reclaim a female role in civilian society which means changing their appearance, communication patterns, and behavior to fit in. Civilian men or women no longer accept the leadership, command authority, and confidence they displayed in the military. They may not be recognized as veterans. They lose the rank and status they held while in the armed forces.

Lesson Learned #6. Women veterans face new roles as mothers and must become caretakers for dependent children. They often marry or build relationships during their time in the service and leave the military to assume these roles.

Lesson Learned #7. Women veterans rate their spouse or significant other, family and friends as their most reliable support systems during their transition process. Community organizations, veteran service organizations, employers, religious institutions, and institutions of higher learning were rated as "not helpful" by most of the women in this study. Although many women had strong family and significant other support systems, they still experienced difficult transitions. One strength in having family support was in the length of adjustment time. Women

with “very helpful” family support rated their adjustment time in months or years and were less apt to state they still don’t feel adjusted.

Lesson Learned #8. In support of Morin’s finding (2011), Officers report less difficulty with transition than enlisted women. African American/Black and Asian/ Pacific Islanders also report less problematic transitions. Hispanic/Latina women experienced the greatest difficulty in this study.

Lesson Learned #9. Religion/spirituality was reported as very or extremely important by most women in this study. Women that had children at home were more likely to rate religiosity higher than women that don’t have dependent children. Yet, religious institutions were not helpful to most women warriors.

Lesson Learned #10. In hindsight, many women say they would have never left the military. They would have prepared for their transition differently. They recommended keeping better medical records, finishing their college education while still on active duty, Women veterans would have sought out advice from other women who had already left the military and connected with the Veterans Administration immediately after or before discharge. The Transition Assistance Program (TAP) was not rated as helpful by most women in this study.

Recommendations

Research. More research conducted on women warriors is needed. Gender-blind studies that do not address their unique life circumstances fail to meet the needs of this growing cohort. The preponderance of media publicity regarding the signature medical issues experienced by some veterans excludes most veterans that have had positive military experiences and experience the loss of their military family. Not all women have suffered military sexual trauma (MST),

post-traumatic stress (PTSD), or traumatic brain injury (TBI), yet there is a perception in many communities that women veterans are all victims of these issues. Although 71% of the women in this study reported a service-connected disability, joint and back problems were the prevailing disability; mental health problems ranked third most common impairment. Depression and anxiety may be more of a consequence of their sense of loss of identity, camaraderie and culture shock than of traumatic events that occurred during their time in service. Feelings of isolation and loneliness may also be a result of their inability to find and bond with other veterans that shared their experiences and culture. Fitting in with other moms is not equivalent to their prior military life.

Additionally, research that considers a holistic perspective is needed. Exploring veterans based on their sociocultural background and their military experiences provides a more personal assessment of the unique needs of individuals as well as the common themes that remain unaddressed during transition. There is a need for more qualitative studies of women that join the military, not just focused on specific problems some experience, but adaptive strategies used by those that successfully negotiate the challenge of transition despite traumatic events they may have experienced during their life. Knowing why they joined the military and what they plan to do when they leave the military will help understand the level of difficulty they will face during their transition process.

Communities. Communities must do more to recognize women as veterans. Despite their relatively smaller numbers, women that have served the nation have deployed, faced combat and hostile environments and are no less deserving than men of community recognition and inclusion. Men are more demonstrative in claiming their status as a veteran. They wear their hats and shirts and other symbols of veteran status openly. Women are more likely not to be

recognized as they adapt to the clothing styles and behaviors expected of them within their communities. They are uncomfortable being thanked for their service. This is a gender difference that means they are less likely to ask for assistance or recognition.

> I never stand when they say thank the vets, ever. I've never once stood in all of my years. Or you'll be at a Memorial Day celebration, and they'll play the service songs, and members of the Army stand when the Army song is played. I never stand. It's not because I'm not proud to have served in the Navy. I just don't think I deserve the same kind of appreciation or gratitude that someone who served in a bigger, more intense capacity would deserve. That's my honest to goodness feeling. I fight this all the time. I know it's not intellectually correct.

Department of Defense

More must be done to prepare all veterans for their life after military service. Despite efforts to educate service members to translate job skills, write resumes, and connect with the Veteran's Administration, the psychological challenges of culture shock, anomie, disorientation, loss, loneliness and emptiness they will experience should be discussed and strategies for negotiating this expectation provided. The Transition Assistance Programs (TAP) should not be designed for the "least common denominator" but taken as seriously as military induction training. Great strides have been made, but it is not enough. Those at highest risk for homelessness and suicide are identifiable before their discharge. A holistic assessment can and should be done for every warrior, and a basic reintegration training program should be part of the process.

Veterans Administration

A concerted effort must be made to register every warrior before their separation. Disability evaluations, healthcare, and a safety net must be implemented before a veteran's discharge and relocation. Providers of services within the Veterans Administration must talk to each other and reach out to the veterans under their care. A primary care team that is consistent

and caring should be assigned before the veteran's discharge. A holistic lens must be part of the physician's, nurse's, counselor's, technician's and clerk's playbook. They must learn to see the whole and not merely the broken parts.

Concurrently, the Veterans Administration must coordinate and interlace seamlessly with community partners, employers, private healthcare providers to ensure no veteran is lost to bureaucratic apathy. Although positive efforts have been made, the Veterans Administration must root out toxic leadership, and employees found wanting.

Isolating women to women's centers perpetuates the perception of "other." Well woman clinics are appropriate, but isolating women from all male veterans is inappropriate. Women and men served together and must be able to be together as veterans. All women have not been victims of rape. Most women that are suffering from post-traumatic stress due to events during combat will feel comfort and relate to men and women that have shared similar experiences. Gender segregation further isolates women as legitimate veterans and amplifies their sense of loss.

Conclusion

Women veterans were warriors in every sense and deserve an equal opportunity to acquire needed benefits and support services. They courageously volunteered to serve the United States during a time of war. They are proud of their service. As new generations of women select direct combat roles, they will face different challenges integrating and reintegrating. All veterans have served in a supportive role as enablers despite their primary occupation at some point in their career. They are team and family, bonded by shared culture and experiences. There is no "other" in the Armed Forces of the United States. Good leaders know the strengths and weaknesses of their team and must use all members for maximum effect.

The transition experience is difficult for all veterans. “Our identities are constantly being negotiated and renegotiated within the roles we play” (Rose, S., 2017). The invisible wounds of war include the loss of identity, purpose, and the family that shared these experiences. It is not a band of brothers or sisters, but a band of brothers and sisters. This cultural shift is ongoing and must be understood by the greater society. Women are not less than men as veterans, just different in some of the unique roles they play and their fundamental biological differences. Accommodating these differences should not prevent them from proudly claiming their new identity as a veteran. Thanking them for their service should be an action and not just words.

Appendix A

Military Oaths

The Oath of Enlistment (for enlisted):

"I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God."

The Oath of Office (for officers):

"I, _____ (SSAN), having been appointed an officer in the _____ (Military Branch) of the United States, as indicated above in the grade of _____ do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign or domestic, that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservations or purpose of evasion; and that I will well and faithfully discharge the duties of the office upon which I am about to enter; So help me God."

Appendix B

Code of Conduct
for
Members of the United States Armed Forces

I

I am an American, fighting in the forces which guard my country and our way of life. I am prepared to give my life in their defense.

II

I will never surrender of my own free will. If in command, I will never surrender the members of my command while they still have the means to resist.

III

If I am captured I will continue to resist by all means available. I will make every effort to escape and aid others to escape. I will accept neither parole nor special favors from the enemy.

IV

If I become a prisoner of war, I will keep faith with my fellow prisoners. I will give no information or take part in any action which might be harmful to my comrades. If I am senior, I will take command. If not, I will obey the lawful orders of those appointed over me and will back them up in every way.

V

When questioned, should I become a prisoner of war, I am required to give name, rank, service number and date of birth. I will evade answering further questions to the utmost of my ability. I will make no oral or written statements disloyal to my country and its allies or harmful to their cause.

VI

I will never forget that I am an American, fighting for freedom, responsible for my actions, and dedicated to the principles which made my country free. I will trust in my God and in the United States of America.

Appendix C

Creeds of U.S. Armed Forces

Army and Army National Guard

The Soldier's Creed

I am an American Soldier.

I am a Warrior and a member of a team. I serve the people of the United States and live the Army Values.

I will always place the mission first.

I will never accept defeat.

I will never quit.

I will never leave a fallen comrade.

I am disciplined, physically and mentally tough, trained and proficient in my warrior tasks and drills. I always maintain my arms, my equipment and myself.

I am an expert and I am a professional.

I stand ready to deploy, engage, and destroy the enemies of the United States of America in close combat.

I am a guardian of freedom and the American way of life.

I am an American Soldier.

Air Force

Airman's Creed

I am an American Airman.

I am a Warrior.

I have answered my Nation's call.

I am an American Airman.

My mission is to Fly, Fight, and Win.

I am faithful to a Proud Heritage,

A Tradition of Honor,

And a Legacy of Valor.

I am an American Airman.

Guardian of Freedom and Justice,

My Nation's Sword and Shield,

Its Sentry and Avenger.

I defend my Country with my Life.

I am an American Airman.

Wingman, Leader, Warrior.

I will never leave an Airman behind,

I will never falter,

And I will not fail.

Coast Guard

Creed of The United States Coast Guardsman

I am proud to be a United States Coast Guardsman.

I revere that long line of expert seamen who by their devotion to duty and sacrifice of self have made it possible for me to be a member of a service honored and respected, in peace and in war, throughout the world.

I never, by word or deed, will bring reproach upon the fair name of my service, nor permit others to do so unchallenged.

I will cheerfully and willingly obey all lawful orders.

I will always be on time to relieve, and shall endeavor to do more, rather than less, than my share.

I will always be at my station, alert and attending to my duties.

I shall, so far as I am able, bring to my seniors solutions, not problems.

I shall live joyously, but always with due regard for the rights and privileges of others.

I shall endeavor to be a model citizen in the community in which I live.

I shall sell life dearly to an enemy of my country, but give it freely to rescue those in peril.

With God's help, I shall endeavor to be one of His noblest Works...

Marine Corps

My Rifle - The Creed of a United States Marine

This creed, accredited to Major General William H. Rupertus, USMC (Deceased) and still taught to Marines undergoing Basic Training at the Recruit Depots at San Diego and Parris Island, was first published in the San Diego Marine Corps Chevron March 14, 1942.

1. This is my rifle. There are many like it, but this one is mine.

2. My rifle is my best friend. It is my life. I must master it as I must master my life.

3. My rifle, without me, is useless. Without my rifle, I am useless. I must fire my rifle true. I must shoot straighter than my enemy who is trying to kill me. I must shoot him before he shoots me. I will.

4. My rifle and myself know that what counts in this war is not the rounds we fire, the noise of our burst, nor the smoke we make. We know that it is the hits that count. We will hit.

5. My rifle is human, even as I, because it is my life. Thus, I will learn it as a brother. I will learn its weaknesses, its strength, its parts, its accessories, its sights and its barrel. I will ever guard it against the ravages of weather and damage as I will ever guard my legs, my arms, my eyes and my heart against damage. I will keep my rifle clean and ready. We will become part of each other. We will.

6. Before God, I swear this creed. My rifle and myself are the defenders of my country. We are the masters of our enemy. We are the saviors of my life.

7. So be it, until victory is America's and there is no enemy, but peace!!

Navy

The Sailors' Creed

I am a United States Sailor.

I will support and defend the Constitution of the United States of America and I will obey the orders of those appointed over me.

I represent the fighting spirit of the Navy and those who have gone before me to defend freedom and democracy around the world.

I proudly serve my country's Navy combat team with Honor, Courage and Commitment.

I am committed to excellence and the fair treatment of all.

Appendix D

Online Survey

The Transition Experiences of Post-9/11 Women Warriors

The Transition Experiences of Post-9/11 Women Warriors: A sociocultural Perspective Survey

Dear Sister-in-Arms,

Following my medical retirement from the Air Force in 2009, I dealt with several life-changing health conditions. Because I am a family nurse practitioner, I recognized the challenge this added to my transition to life as a civilian. As a student of sociology, anthropology and gender studies at the University of South Carolina Aiken, I have discovered that there is very little current research on the experiences of this generation of women warriors as they journey from a military culture to veteran status. This study is focused on what you may have experienced as you transitioned and how it relates to your unique social and cultural identity. I have also given you the opportunity to share, in your own words, how you experienced this transition process.

This survey will not take long (10-15 minutes) and is completely anonymous. The data is de-identified and will be analyzed by myself and my two faculty advisors at the University of South Carolina Aiken. No one else will have access to any of this information.

I am using a "snowball" method to recruit participants, so I am asking you to share this survey with every woman veteran you know that served before and after the events of 9/11. During the second phase of this study, I will semi-randomly select eight volunteers to participate in an interview for a $50.00 gift card.

By taking this survey, you are consenting to anonymously contribute your data for our greater good as veterans of one of the Armed Forces of the United States. I am sponsoring this study

using the funding I receive from my G.I Bill. My plan now and for the future is to volunteer as an advocate for veterans, women, and patients. To do that, I need your help. This one is for you.

In Continuing Service,

Becky

Rebecca L. Lorraine, Col (Ret), USAFR Student of Interdisciplinary Studies USCA

The Transition Experiences of Post-9/11 Women Warriors

2. Sociocultural Background

In this section, we would like to know a little about your general social and cultural information.

1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

***2. Please confirm that you are a Woman veteran that served in any branch of the Armed Forces before or after 9/11.**

Yes

No

3. Which of the following best describes your current relationship status?

Married

Widowed

Divorced

Separated

In a domestic partnership or civil union

Single, but cohabiting with a significant other

Single, never married

4. Do you have children at home?

Yes

No

5. How important is religion or spirituality to you?

not very important somewhat important important very important extremely important

6. What religion or denomination best describes the way you were raised as a child? w

Christian

Protestant

Catholic

Mormon

Judaism

Muslim

Buddhism

Orthodox

Agnostic

Atheist

Other (please specify)

7. How much total combined money did all members of your HOUSEHOLD earn last year?

$0 to $9,999

$10,000 to $24,999

$25,000 to $49,999

$50,000 to $74,999

$75,000 to $99,999

$100,000 to $124,999

$125,000 to $149,999

$150,000 to $174,999

$175,000 to $199,999

$200,000 and up

Prefer not to answer

8. Are you currently in school?

No

Part-time

Full-time

Online program

What are you studying?

9. What is the highest level of education you have completed?

Graduated from high school or GED

Technical college or trade school

Some college

Graduated from college

Some graduate school

Completed graduate school

Other (please specify)

10. What is your ethnicity? (Please select all that apply)

American Indian or Alaskan Native

Asian or Pacific Islander

Black or African American

Hispanic or Latino

White / Caucasian

Prefer not to answer

Other (please specify)

11. What is your age?

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

75 or older

3. Military Service

Please tell us a little about your military service.

***12. Did you serve in the Armed Forces after 9/11?**

Yes

No

13. Did you serve in the Armed forces before 9/11? w

Yes

No

Before and after 9/11

14. What Armed Forces of the United States did you serve in? Check all that apply)

U.S. Army

U.S. Navy

U.S. Air Force

U.S. Marine Corps

15. Were you Active Duty or Reserve/Guard (check all that apply)

Active duty

Reserve

National Guard

16. Which of the following best describes your occupation while in the military (Enter answers that best fit your primary occupation)?

Education, Training, and Library Occupations

Food Preparation and Serving Related Occupations

Community and Social Service Occupations

Production Occupations

Arts, Design, Entertainment, Sports, and Media Occupations

Healthcare Practitioners and Technical Occupations

Healthcare Support Occupations

Intelligence including all specialties

Architecture and Engineering Occupations

Installation, Maintenance, and Repair Occupations

Management Occupations

Life, Physical, and Social Science Occupations

Office and Administrative Support Occupations

Combat Arms (Infantry, Artillery, etc.)

Legal Occupations

Personal Care and Service Occupations

Construction and Extraction Occupations

Computer and Mathematical Occupations

Business and Financial Operations Occupations

Building and Grounds Cleaning and Maintenance Occupations

Protective Service Occupations

Transportation and Materials Moving Occupations (Air, Land or Sea)

Air Combat Arms

Other (please specify)

17. How do you rate your military service experience overall?

Terrible Not so bad Neither good nor bad Good Awesome

18. What was your rank/grade at time of separation or retirement? w

E1-E3

E4-E6

E7-E9

O1-O3

O4-O6

O7-O9

WO1-5

Other (please specify)

19. Why did you leave the military?

Enlistment ended

Retired

Medically discharged or retired

Voluntary separation

Other (please specify)

20. What was your length of military service?

0-4 years

5-10 years

11-15 years

16-19 years

20 or more years

21. What year did you leave the military?

2001-2005

2006-2011

2012-2017

Before 9/11

22. Did you deploy outside the United States to a theater of war or away from your home base before or after 9/11?

Yes

No

23. Where did you deploy to support a military operation before the events of 9/11? (check all that apply)

Southwest Asia

South America

Caribbean

Central America

Europe

Africa

Southeast Asia

N/A

Other (please specify)

24. Where did you deploy Post-9/11?

Southwest Asia

Southeast Asia

Europe

Africa

South America

North America

Other (please specify)

25. How many times did you deploy for 30 days or more Post-9/11?

1

2

3

4

5

6

7

8

9

10

Other (please specify)

26. How many total months were you deployed away from your home base Post-9/11? w

0 50 100

4. Physical and Mental Health

Please describe your current physical and mental health.

27. How important is exercise to you?

Extremely important Very Important Somewhat Important Not so important

Not at all important

28. In general, how would you rate your overall mental or emotional health? w

Excellent

Very good

Good

Fair

Poor

29. How would you describe your current physical health?

Extremely healthy

Very healthy

Somewhat healthy

Not so healthy

Not at all healthy

30. How would you classify your current weight?

Underweight

Normal for my height

Overweight

31. Do you have a disability due to your military service?

Yes

No

32. What disabilities are associated with your military service?

Back or neck problems

Mental health problems such as PTSD

Neurological problems such as traumatic brain injuries

Infectious disease problems such as Lyme disease

Hearing or vision problems

Joint or foot problems

Cancer/malignancies such as leukemia

Gastrointestinal problems such as IBS

Other (please specify)

5. Transition Experience

Please tell us a little about your transition experience from the time of your departure from the military and to your present time as a civilian.

33. Which of the following categories best describes your employment status?

Employed, working full-time

Employed, working part-time

Not employed, looking for work

Not employed, NOT looking for work

Retired

Disabled, not able to work

34. Which benefit opportunities have you utilized since leaving the military? (Check all that apply)

VA Healthcare

G.I. Bill

Guaranteed VA Home loan

VA Disability Evaluation

Veterans Group Life Insurance

None of the above

Other (please specify)

35. How long did it take for you to adjust to becoming a civilian?

Months

Years

Still don't feel adjusted

36. During your transition from the military, did you have any type of support from anyone that helped you through the process? (Social, emotional, physical, financial) (Check all that apply) w

Family

Spouse/Significant other

Employer

Friends

Community organizations

Religious institutions

Medical community

Military or veteran service organizations

Other (please specify)

37. Please rate the following support systems that helped you return to civilian life after a deployment as a Reservist/Guardsman or transition from a term of military service.

[Extremely helpful] [Very helpful] [Helpful] [[Not helpful]

Family

Spouse

Community organizations

School

Health care providers

Veterans Administration

Transition Assistance Program

Religious institutions

Employer

Military or Veteran Service Organizations

Other (please specify)

38. How would you describe your transition experience from the military at the end of your enlistment or term of service? (Reserve/Guard; this is your final departure from the military)

Very difficult

Somewhat difficult

Not very difficult

Easy

Very easy

Other (please specify)

39. Which of the following best describes your current occupation?

Healthcare Support Occupations

Building and Grounds Cleaning and Maintenance Occupations

Computer and Mathematical Occupations

Life, Physical, and Social Science Occupations

Protective Service Occupations

Construction and Extraction Occupations

Education, Training, and Library Occupations

Sales and Related Occupations

Community and Social Service Occupations

Personal Care and Service Occupations

Business and Financial Operations Occupations

Production Occupations

Architecture and Engineering Occupations

Installation, Maintenance, and Repair Occupations

Food Preparation and Serving Related Occupations

Arts, Design, Entertainment, Sports, and Media Occupations

Management Occupations

Farming, Fishing, and Forestry Occupations

Office and Administrative Support Occupations

Legal Occupations

Healthcare Practitioners and Technical Occupations

Transportation and Materials Moving Occupations

Other (please specify)

40. Please tell us in a few words how you would describe your life after you left the military. (Optional question)

41. What would you do differently if you knew what you know now when you left the military? (Optional Question)

42. For a $50.00 gift card, would you volunteer to participate in a video interview?

Yes No

If yes, please provide email contact information Email or other contact information

Appendix E

The Transition Experiences of Post-9/11 Women Warriors: A sociocultural perspective

Qualitative Interview Questionnaire

1. Sociocultural Background
   Could you tell me about your family life before you joined the military? (siblings, parents, SES, residence, education, etc…)

   How did your family react when you told them you were going to join? Who was most supportive?

   What attracted you to the military and the service you chose?

2. Military Service
   What was the most positive experience you had while in the military?

   What was your least positive experience?

   What do you say when someone thanks you for your service?

3. Physical and mental health
   What do you think is your biggest health challenge?

   If you could change your health and lifestyle, what would you do first?

   What makes you feel good about your life now?

4. Transition Experience
   You described your transition from the military as being _____. Could you tell me more about the process for you?

   Who or what helped you the most when you left the military? How did they help?

   You are currently working as a _____, How does civilian employment compare to your military employment?

   How do you think you benefited the most from your military service?

   How do strangers react when you tell them you are a veteran?

   What would you tell other women veterans to expect when they leave the military?

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Book Review:

How to Fail as a Therapist

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The purpose of this review is to introduce a text that provides valuable clinical information and guidance for beginning counselors. The title is How to Fail as a Therapist: 50 + Ways to Lose or Damage Your Patients (Schwartz & Flowers, 2010). This book can also be helpful for seasoned professionals. The recent publication date means that it offers current information. It is a part of The Practical Therapist Series of books. This book is easy to read. The font is large and the authors make use of numbering and quotes in order to break up the text. It is laid out well and follows a sensible progression. The writing is designed to point out common mistakes thattherapists make and then to offer ways to avoid them. These include behaviors that counselors engage in, as well as steps that they fail to take that result in poor treatment. The book begins with a forward by Dr. Arnold Lazarus. An introduction and a table of contents follows. It ends with citations, a bibliography, appendixes that include assessments that can be used in therapy, a list of suggested assessment instruments, a list of suggested readings and an index. The book provides realistic examples of how therapy breaks downand ways to avoid each pitfall. This book is composed of fourteen chapters. Each chapter is further divided into the various skills that make up each topic.Each chapter begins with pertinent quotes. It is impressivebecause it makes heavy use of quotes from recognized therapists throughout. Peer-reviewed sources are also prominent. It is heartening to learn from experienced counselors.The chapters follow roughly the order of treatment. Preparing a client for therapy, assessment, expectations, boundaries, confrontation and various forms of non-compliance or miscommunication are addressed. This is a conglomeration of the actual chapters. Two chapters that seem to stand alone

include one that addresses therapist burnout and another that outlines ways to successfully work with children. In keeping with the title, the chapters are phrased in the negative sense. An example of a chapter title is: How to Guarantee Noncompliance with Assignments (Schwartz & Flowers, 2010). The use of the term “how to fail” in other chapters is not just a catchy technique to capture the reader. Rather, this is because each chapter opens with a relevant and realistic case study in which therapy goes wrong. The authors then explore the vignette in detail. They list several errors and then offer solutions. Some of the mistakes may seem obvious. At the same time, other mistakes are more obscure or complicated. It is here that the teaching that the authors offer are invaluable. These suggestions are practical and will ensure best practice. It is important to note that they offer multiple answers for each problem. I strongly recommend this book to those who are starting a counseling career. It provides extremely helpful guidance, tips and recommendations. The scenarios used as illustrations are brief and realistic. It is easy to read and backed up by experience and research. The back matter alone is reason enough to obtain a copy of this text.

Reference: Schwartz, R. & Flowers, J.V. (2010). How to Fail as a Therapist: 50+ Ways to Lose or Damage Your Patients. Atascadero, CA: Impact Publishers.

Leadership

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Leadership

Leadership in supervision is essential to maintain the integrity of the field (Meany-Wallen, Carnes-Holt, Minton, Purswell & Procheko-Jain, 2013). Two major theories of leadership will be compared and contrasted: trait theory and transformational theory. Trait theory dates from the early 20th century, but was discredited for lack of empirical support (Vroom & Jago, 2007; Zaccaro, 2007). This theory has been revived because recent research demonstrates that individual factors are essential components of leadership (Zaccaro, 2007).

The interest in trait theory has increased because it has been updated by linking it to situational variables (Zaccaro, 2007). The role of these environmental factors is common to transformational theory also. In transformation theory, situational factors do not merely include the culture. They also include: characteristics of followers, goals and the work to be accomplished (Avolio, 2007). Leadership traits can emerge in different forms based on the nature of the variables encountered (Avolio & Gardner, 2005). This flexibility is crucial for counselor supervisors. They must be able to deal with the unexpected.

A similarity between trait theory and transformational theory is the focus on the leader. Similar terms are used to describe the personality of the leader. They are visionary, able to lead and goal directed. This is important for supervisors who are attempting to increase the skills of their supervisees. Zaccaro (2007) notes authors have now turned their focus to individual traits that are related to the ability to respond to change. These include cognitive processes that can vary among individuals. Having this ability is crucial to conceptualizing cases. Both trait and transformational leadership believe that leaders can learn, grow and develop when the situation is adaptive (Kaslow, Falender& Grus, 2012; Zaccaro, 2007).

A difference between trait theory and transformational theory is the focus placed on followers. Trait theory deviates from transformational theory in that leaders are viewed as more self-focused. Leadership relies more heavily on being a person to emulate, rather than using motivational interventions with followers (Avolio & Gardner, 2005). The leader has more of a relationship with followers in transformational theory (Kaslow, Falender & Grus, 2012). They also lead by example, as in trait theory. As supervisors, we are gatekeepers and must adhere to the highest ethical standards. Our supervisees see this and learn from our example.

Transformational leadership relies on the use of teams (Kaslow, Falender & Grus, 2012). This is important when performing group supervision or when working as a member of a faculty. This is not the case with trait theory, which focuses on the leader. While both theories acknowledge the situation, the transformational theory identifies the leader's need to cope with impediments and become a change agent. This is a supervisory task when we deal with systems and agencies. The transformational theory seems to better suit counselor supervisors because the leader empowers followers.

Observation supports the evidence that leadership can be developed through experience (Hackman & Wageman, 2007; Kilburg & Donohue, 2011; Paradise, Ceballos & Hall, 2010).Many disagree with the trait theory that leaders are born; however, leadership does emerge from the traits that an individual possesses (Zaccaro, 2007).

It is clear that situational factors can hinder leadership (Hackman & Wageman, 2007; Vroom & Jago, 2007).Poor supervision as well as corporate culture can be unhealthy and limit interventions (Vroom & Jago, 2007). Leaders display the ability to discriminate

priorities(Kilburg & Donohue, 2011). Poor boundaries and self-care with those who are supervised indicate personal, situational factors (Meany-Walen et al., 2013).

Innovations to establish a team spirit in group supervision is crucial (Kaslow, Falender& Gus, 2012). Methods include a variety of rewards and reinforcement for successful task completion. This is an example of motivating followers (Kilburg & Donohue, 2011). Leaders have the ability to seize opportunities (Meany-Walen et al., 2013). Some supervisors avoid conflict, and while this may keep a team stable; it is not leadership. At best it is management. At worst, it set a poor example and undermines authority.

Transformational leadership encourages common ground, shared values and interactional processes (Kaslow, Falender & Grus, 2012). Future leaders often serve as a follower; which can be as important as leading because it instills communication and teamwork (Avolio, 2007). Leaders are genuine, motivated to serve others and are not motivated by self-seeking. These leadership traits are put forward in the literature (Avolio & Gardner, 2005; Kaslow, Falender, & Grus, 2012).

Myers and Sweeney (2004) call for the development of advocacy through involvement with professional associations. The Licensed Professional Counselors Association of Georgia (LPCA), is a good example of this. It is open to all licensed counselingprofessionals, those working toward licensure as well as students. There are several dimensions of advocacy of the LPCA. It is intended to develop professional identity to members. It also promotes ethical behavior and an understanding of the laws that apply to our profession. The structure is designed to encourage members and Licensed Professional Counselors to assume leadership roles (Meany-Walen et al., 2013). It also expected that all of those involved will perform advocacy and volunteer work in their community.

The LPCA provides guidance on training opportunities, leadership development as well as career development to counselors (Paradise, Ceballos & Hall, 2010). Many of the LPCA workshops, which provide CEs for licensed individuals, are free to members. Members of the LPCA are encouraged to become active in the legislative efforts of the LPCA to promote counseling, which is an identified need (Myers & Sweeney, 2004). The article started with the broad theme of the profession. It then examined, from a micro prospective, leaders and their traits. It now ends as it began; this is the macro level of a large organization that does so much to promote the counseling field.

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HOLDING ON TO HOPE AND ONE ANOTHER
IN A WOUNDED WORLD

Here's the scene. It is 1916. The German army is launching a gas attack against the Russian defenses. A moving wall of yellow fog envelopes the Russian troops. The German infantry advances, breaks through the barbed wire barriers and then disappears. The winds shift and both armies are engulfed in the deadly cloud. Birds drop from the sky. Flowers, trees, grass, bees turn black, decompose. German soldiers, many naked, crazed, and blind, flee the carnage, carrying Russian soldiers to safety. Imagine dying soldiers, some barely older than boys, lying together in trenches, desperately clinging to one another. Germans and Russians, boys and men at war, reaching out in the dark, wanting to be held as they die.

I write this sitting in my small study at home, sheltering in place, on my desk a mask and gloves I will wear when I venture outside. The soul-wrenching account of men at war is found in *Lazarus* by André Malraux, written as he struggled with a serious illness and the specter of his own death.

I have, for many years, sat quietly, closed my eyes, and meditated on my own decline and death, and the deaths of those I love. Realistically, it's a kind of preparation, a way of rehearsing for the inevitable losses and finalities that are part of living. I want to do as well as I can when I say goodbye, to my life and to others. The death meditation I do has, it appears, helped me to prepare for the pandemic now moving across the world.

Some believe my practice of death meditation is morbid, but it is not. When I open my eyes, I'm struck by how beautiful the world is, despite all the heartbreak, loss, cruelty, violence and despair that is part of the human condition. An object previously unnoticed seems to shine. I know how amazing it is to be alive. I want to jump up and tell others I love them, maybe even cry while saying it. I feel the urge to hug a lot of people, even people I barely know, or say to them something crazy like: "Do you realize we're all going to die? Celebrate being here now. Don't wallow in your misery. Take hold of those you love and let them know how much you love them, how glad you are they're in the world." I want to ask, with the words of Mary Oliver: "Tell me, what is it you plan to do/with your one wild and precious life?"

Some of the people I encounter in the dark times may understandably experience my joy as naïve and even inappropriate. They may not realize my enthusiasm is actually a self-controlled version of what I feel. I have had passing moments when I felt my heart was big enough to take in the suffering of the world and pour out love in return.

Novelist and poet, Carolyn Houghton, writes that "we skate on hot blades over thin ice." Sometimes the ice breaks and we fall through; we confront the pain and suffering that is often concealed underneath the surface of everyday life. Therapist and author Mark Epstein wants to free us to live so he keeps reminding us it is necessary to face the trauma that is simply a fact of life. Trauma "does not go away. It continues to reassert itself as life unfolds." Right now this revelation is probably not "breaking news" for any of us.

Epstein further tells us that traumatic events do not have to destroy us. They can help us to discover resilience and strength we did not know we had. They can awaken in us, while we are still here, the realization that life calls us to choose to be among the truly alive rather than the walking dead. Facing the trauma of everyday life, particularly when living in the midst of a pandemic, we can discover more deeply who we are, what truly matters, what we value the most.

Joan Halifax in her book, *The Fruitful Darkness*, reminds us that "our personal suffering is also the world's suffering." The truth is this: we are not really alone in the trenches of life. Everyone who suffers is here with us. We are not just an "I". "I" and "You" are actually a "We." Sharing our suffering, Halifax writes, brings forth "the fruit of compassion, the fruit of joy." And yes, the fruit of hope as well. She sees catastrophic events as potentially "sacred" or "holy failures," capable of helping us to see that we are a part of everyone, everything. In the trenches of life, despair can morph into hope when we reach out and hold on to one another <u>while we are still here, still alive!</u> In *Joy, Inspiration, and Hope*, author Verena Kast writes: we are capable of being creatures of joy and not defeated victims living "our lives in tragic resignation" during the darkest times. Healthy, responsible joy gives birth to hope and hope allows "us to find shelter in life," and trust "in the future in spite of knowing better." To be a bringer of hope is to "turn toward a light that does not yet exist, though we have the impression that it must."

One of my favorite poems is "A Ritual to Read to One Another" by William Stafford. In this circus we call life, it is crucial we hold on to one another so we don't lose our place in the human community. The poem depicts a chain of circus elephants parading through town. Each elephant is holding another elephant's tail because "if one wanders the circus won't reach the park." In many ways, the park represents where we all want to go to <u>be</u>. It's the place where we get to play and be happy, connect and communicate, and be with and for one another. Stafford cautions us to slow down, wake up, pay attention, and see what's happening. He tells us to hold on to one another so our "mutual life" is not "lost in the dark" because he warns: "[t]he darkness around us is deep." His poem is one to read to each other as we huddle together in the trenches of the global pandemic.

I am painfully aware of the unimaginable suffering persons are experiencing around the world and in my own community. My intention is not to minimize this suffering in any way. I also consider the possibility that some persons may be troubled or offended by my encouraging them to earnestly try to bring joy and hope to others overwhelmed by death, loss, heartbreak, and fear. Theologian Jurgen Moltmann in *The Theology of Play,* also struggles with how it is possible to laugh, be joyful, and rejoice when all of us, some more than others, are weighted down with worry and depression, when so many are traumatized and tortured by the dark state of the world. "Is it right," he asks, "to laugh, to play, and to dance without at the same time crying out and working for those who perish on the shadowy side of life? . . . . How can we laugh and rejoice when there are still so many tears to be wiped away and when new tears are being added every day?" Is it really compassionate and life-affirming to say yes to life in the presence of all this suffering,

when the life we took for granted has disappeared and the future is uncertain and unknown?

In my best moments, I answer the latter question with a heartfelt YES. I shout, even when I myself am sad and fearful, amor fati! (love one's fate), strive and affirm the gift of life, even in, perhaps especially in, the dark times that can wound us the most. All the spiritual traditions I'm acquainted with proclaim it is possible to live life without being dominated by the fear that just comes with being human. They tell me we can become persons capable of bringing authentic hope to even what appear to be hopeless times. We can bring joy and hope in times of despair. They teach that practicing justice, again and again, is a way to become a just person. Practicing kindness, again and again, is how we become kind persons. In the words of psychologist and author, I. David Welch: "Every time we act we increase the chances of doing the same thing again. . . . We are as likely to act ourselves into a new way of thinking as to think ourselves into a new way of acting." Every one of us, no matter who we are, can choose to make it our ultimate concern to strive to do no harm, to be a healing, hopeful presence in our own unique, imperfect way. I say imperfect, because those of us who seek to heal ourselves and others, are also the wounded. Those of us who seek to be whole are broken as well.

My wife, Anne, and I have a friend who, with an IQ of 52, is described as intellectually-challenged. When asked what he could do at work to make customers feel appreciated, he answered: "Smile, wish them a nice day, ask them how they are doing or feeling, be nice, and ask them if they need help." We are, of course, all challenged in one way or another. I continue to believe that most people, perhaps close to everyone, have the capacity to learn and know the difference between being kind and unkind, between harming others or seeking to do them no harm.

We don't need more advice, more information to know what to do and be in order to hold on to hope and one another. To live, for ourselves and others, a more meaningful, fulfilling life we must earnestly strive to bring what offerings of hope, love and joy we can, for "[t]he darkness around us is deep."

Fred Richards-Daishi

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