A Phenomenological Exploration of Moral Injury Among Female Operation Enduring Freedom/Operation Iraqi Freedom Veterans

Tricia Mercaldi Steeves

Follow this and additional works at: https://digscholarship.unco.edu/dissertations

Recommended Citation
A PHENOMENOLOGICAL EXPLORATION OF MORAL INJURY AMONG FEMALE OPERATION ENDURING FREEDOM/OPERATION IRAQI FREEDOM VETERANS

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy

Tricia Mercaldi Steeves

College of Education and Behavioral Sciences Department of Applied Psychology and Counselor Education Counseling Psychology

August 2019
This Dissertation by: Tricia Mercaldi Steeves

Entitled: A Phenomenological Exploration of Moral Injury among Female Operation Enduring Freedom/Operation Iraqi Freedom Veterans

has been approved as meeting the requirements for the Degree of Doctor of Philosophy in the College of Education and Behavioral Sciences in the Department of Applied Psychology and Counselor Education, Program of Counseling Psychology

Accepted by the Doctoral Committee

_________________________________________________________
Jeffrey A. Rings, Ph.D., Research Advisor

_________________________________________________________
Brian Johnson, Ph.D., Committee Member

_________________________________________________________
Jennifer Murdock-Bishop, Ph.D., Committee Member

_________________________________________________________
Lory Clukey, Ph.D., Psy.D., RN, Faculty Representative

Date of Dissertation Defense: ______________________________

Accepted by the Graduate School

_________________________________________________________
Linda L. Black, Ed.D.
Associate Provost and Dean
Graduate School and International Admissions
Research and Sponsored Projects
ABSTRACT


The purpose of this transcendental phenomenological qualitative study was to investigate the construct of moral injury among a female Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veteran sample. Moral injury has been defined as the “lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply-held moral beliefs and expectations” (Litz et al., 2009, p. 697). Moral injury also includes experiences of feeling betrayed by others (e.g., leaders and/or peers) while serving in high-stakes situations such as theater (Drescher et al., 2011; Litz, Leslie, Gray, & Nash, 2015; Shay, 1994). A total of 11 female OEF/OIF veterans were ultimately recruited and interviewed before saturation was reached. Data were analyzed using Moustakas three phase horizontalization approach (Moustakas, 1994). Demographic information and qualitative information from the Moral Injury Questionnaire – Military Version screening measure (Currier, Holland, Drescher, & Foy, 2015) were collected to provide additional understanding of the sample. Five composite themes emerged from participant interviews: *Feeling Betrayed by Organizational Leaders*: “Senior leadership wasn't taking care of us”; *Feeling Minimized and Disrespected Through Cultural Norms*: “We have to have this emotional exoskeleton”; *Various Experiences of Violence*: “I don’t
always feel good about how we treated them”;

Struggling with Relationships: “It’s still the greatest betrayal of my life”; and

The Emotional and Psychological Impact of Moral Injury: “Once you’re that tortured it's pretty hard to recover.”

Further, the clinical and research implications for counseling psychologists were identified, along with ideas for future research. The implications of this study include the recognition that female veterans have had unique morally injurious experiences during their military careers when compared to the experiences of male veterans. These unique experiences include: gender discrimination, sexual harassment, stresses that accompany being a part of a skewed minority group, and having to live and work within a traditionally misogynistic military culture. Further, female veterans experienced military sexual trauma as a morally injurious experience in part because of the ways that they felt betrayed by those who had assaulted them, and also because of the ways that their military leaders had responded to their attempts to report the trauma. Next, that female veterans are likely to have experience combat-related morally injurious experiences even when they did not serve in a traditional combat role during deployment. Further, that female veterans are likely to have morally injurious experiences related to their veteran identity due to the fact that female veterans are not considered the norm within the United States culture. Overall, this study highlighted the need for researchers to continue studying the causes of moral injury within female veteran samples. A new definition of moral injury is offered here to be more inclusive of their experiences.

Keywords: FEMALE VETERANS, OEF/OIF VETERANS, MORAL INJURY, QUALITATIVE STUDY, TRANSCENDENTAL PHENOMENOLOGY
ACKNOWLEDGMENTS

First and foremost, I am incredibly grateful for the constant love and support of Peter Steeves, my amazing husband. He has selflessly postponed his own professional goals and dreams in order to allow me the opportunity to become a doctor. He is a wonderful, encouraging, optimistic, and loving husband, and I am so darn lucky every day to have him in my life.

I also want to thank my mother, Terry Bonadonna. It was not an easy journey for me to begin an undergraduate career as an adult, and without her support I would never have made it this far. I would also like to acknowledge my father, Anthony Mercaldi, who held a life-long love of academia. I know that he would be incredibly proud to know that I made it to the finish line.

I was also fortunate to have the most amazing ‘dream team’ serve as my dissertation committee. To begin, I want to thank Dr. Jeffrey Rings, the professor who made me want to come to UNC in the first place. I appreciate his humor, his constant encouragement, his amazing pep talks, and above all else his patience and his humanness. I am so grateful for all that he has done for me.

I also want to thank Dr. Brian Johnson for his support, his encouragement, and his hilarious sense of humor. He was an incredible mentor in all things cognitive, and did much to shape me as a clinician and a clinical supervisor. Next, I would like to thank Dr. Jennifer Murdock-Bishop for her willingness to serve on my committee despite her incredibly busy schedule. She was an amazing source of support and always seemed to be
seeing the best in me; thus, helping me to see the best in myself. I also want to express my thanks to Dr. Lory Clukey for her guidance with the qualitative aspects of this research. She also offered an invaluable perspective on the experience of veterans, and told some pretty great stories along the way.
TABLE OF CONTENTS

CHAPTER I INTRODUCTION ..........................................................................................1
Review of the Literature .............................................................................................4
Study Rationale ...........................................................................................................13
Statement of Purpose .................................................................................................15
Research Questions ....................................................................................................16
Limitations of the Study ..............................................................................................16
Definitions ..................................................................................................................18

CHAPTER II REVIEW OF THE LITERATURE ....................................................................20
Morality .....................................................................................................................22
What is Morality? .......................................................................................................22
Theories of Moral Development ................................................................................28
Moral Injury ...............................................................................................................37
Atrocities of War .......................................................................................................38
Pre-Construct Literature on the Affects of Wartime Atrocities ................................39
Guilt and Shame in Veteran Population ...................................................................48
Shay’s Theory of Moral Injury ..................................................................................55
Current Model of Moral Injury ................................................................................56
Current Research on Moral Injury ...........................................................................58
Importance of Research with Minority Group Members .......................................62
Experiences of Female Veterans ..............................................................................63
Military Sexual Trauma ............................................................................................68
Summary ...................................................................................................................71

CHAPTER III METHODOLOGY .......................................................................................74
Present Study ............................................................................................................74
Constructivist Epistemology .....................................................................................74
Transcendental Phenomenological Theory ..............................................................75
Research Design ......................................................................................................77
Researcher Disclosure .............................................................................................78
Researcher Stance ....................................................................................................78
Researcher Role .......................................................................................................81
Methods ...................................................................................................................81
Institutional Review Board Approval .......................................................................81
Audit Trail ..................................................................................................................82
Participants ..............................................................................................................82
Data Collection .........................................................................................................84
Call for Participants ..................................................................................................84
Qualtrics Survey Process .........................................................................................85
Measures ...................................................................................................................87
Future Directions for Research ................................................................. 242
Conclusion .................................................................................................. 246

REFERENCES ............................................................................................. 248
APPENDIX A INSTITUTIONAL REVIEW BOARD APPROVAL .......................... 273
APPENDIX B CALL FOR RESEARCH ........................................................... 275
APPENDIX C INFORMED CONSENT DOCUMENT ........................................ 279
APPENDIX D MORAL INJURY QUESTIONNAIRE – MILITARY (MIQ-M) ........ 283
APPENDIX E DEMOGRAPHIC QUESTIONNAIRE ......................................... 285
APPENDIX F SEMI-STRUCTURED INTERVIEW QUESTIONS ............................ 288
APPENDIX G NATIONAL VETERANS’ REFERRAL SHEET ......................... 290
APPENDIX I AGATHA’S MEANINGFUL HORIZONS ....................................... 292
APPENDIX J ANNE’S MEANINGFUL HORIZONS .......................................... 296
APPENDIX K CHRIS’ MEANINGFUL HORIZONS .......................................... 302
APPENDIX L DIXIE’S MEANINGFUL HORIZONS ........................................ 308
APPENDIX M JADE’S MEANINGFUL HORIZONS .......................................... 313
APPENDIX N KELSEY’S MEANINGFUL HORIZONS ...................................... 319
APPENDIX O LATEA’S MEANINGFUL HORIZONS ....................................... 325
APPENDIX P RAVEN’S MEANINGFUL HORIZONS ....................................... 330
APPENDIX Q SAGE’S MEANINGFUL HORIZONS ......................................... 338
APPENDIX R TIA’S MEANINGFUL HORIZONS ........................................... 344
APPENDIX S YOKO’S MEANINGFUL HORIZONS ........................................ 350
LIST OF TABLES

Table 2.1  Piaget’s Theory of Moral Judgment (Piaget, 1965) .............................................29
Table 2.2  Kohlberg’s Six Moral Stages (Kohlberg, 1984)..........................................................31
Table 2.3  Gilligan’s Development of Women’s Moral Judgment (Gilligan, 1982) ......36
Table 4.1  Participants' Demographics (n = 11)........................................................................107
Table 4.2  Composite Themes and Subthemes........................................................................148
CHAPTER I
INTRODUCTION

On October 7, 2001, in response to the September 11, 2001 terror attacks on New York City, President George W. Bush ordered the United States (U.S.) military invasion on Afghanistan (McCaleb, 2001). This began a series of U.S. military-led conflicts in the Middle East, including Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), which have persisted ever since. Due to the lengths of the OEF/OIF campaigns coupled with the U.S. military’s rising need for recruits, more females were deployed in these conflicts than ever before in our nation’s history (McGraw, Koehlmoos, & Ritchie, 2016). Further, despite legislative laws banning them from serving in combat roles, the lack of definable front lines in these conflicts created a situation in which an extraordinarily high percentage of the female service member population was deployed into theater (Afari et al., 2015; McGraw et al., 2016). While it is currently unknown how this unprecedented exposure to combat may be affecting the long-term wellbeing of these female veterans, it seems reasonable to expect that some may experience detrimental impacts on their mental and emotional health as a result.

The realities of war can be ethically challenging for the persons who choose to fight in them. Active duty military personnel are often placed into situations that can be morally ambiguous, particularly during wars against insurgent armies who do not heed the agreed-upon rules of engagement (Laufer, Gallops, & Frey-Wouters, 1984). U.S.
troops are often required to engage in aggressive actions that might transgress their own personal moral values and to bear witness to barbaric acts of violence and intense human suffering that clash with their core beliefs about fairness and justice (Litz et al., 2009; Litz, Leslie, Gray, & Nash, 2015). Additionally, active duty service members may experience a sense of betrayal from military leaders due to lack of adequate provisions, inoperable weapons, and seemingly unfair orders (Litz et al., 2015; Shay, 1994). More and more U.S. soldiers have experienced these realities of war for almost two decades, as war has become a seemingly endless event.

For decades, researchers have been interested in understanding how participation in war may be affecting the mental health of some U.S. veterans. In 1980, the American Psychiatric Association added the Posttraumatic Stress Disorder diagnosis to its Diagnostic and Statistical Manual of Mental Disorders, 3rd edition (DSM-III), based in part on research conducted with veteran samples. PTSD is a fear-based syndrome that affects victims of traumatic and life-threatening experiences such as those endorsed by some veteran survivors of theater (American Psychiatric Association, 1980). Further details regarding PTSD’s specific diagnostic criteria will be provided both later in this chapter as well as in Chapter II.

Without contradicting the findings of previous studies that have identified the war experience as a source of trauma, there is a newer theory that additional factors may be affecting symptoms of PTSD in the veteran population as well. Many veterans who have experienced war have endorsed engaging in behaviors that transgressed their personal moral values (Litz et al., 2009). Not only have veterans found themselves to be the victims of combat-related trauma, but also to be the perpetrators of combat-related
traumatic experiences onto others. Such trauma may have been inflicted upon enemy soldiers and/or innocent civilians either intentionally or unintentionally, and may have included killing, maiming, torturing, and terrifying others (e.g., King, King, Gudanowski, & Vreven, 1995; Laufer et al., 1984; MacNair, 2002; Shatan, 1973a). While these experiences of war may not be pleasant to discuss, they can be the reality for U.S. troops; and mental health clinicians who focus only on ways that veterans have been traumatized by war may not understand how the perpetuation of such trauma also may be related to psychopathology in the veteran population. For example, studies have found that the very act of killing in combat is associated with subsequent symptoms of PTSD, dissociation, and functional impairment (Maguen et al., 2009). Other studies have also found relationships between engagement in and/or exposure to wartime atrocities (e.g., killing or harming civilians, torturing prisoners, desecrating human remains) and symptoms of PTSD including emotional numbing and intrusive thoughts (Beckham, Feldman, & Kirby, 1998; Fontana, Rosenheck, & Beck, 1992), along with feelings of shame and guilt (Litz et al., 2009).

These findings have led to the development of a *moral injury* model, which was first described by Shay in 1994, and then later refined by Litz et al. in 2009. Moral injury has been defined as, “the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations” (Litz et al., 2009, p. 697). This model was built on decades of research investigating the effects of various types of wartime behaviors on the psychological health of U.S. veterans. Since its recent inception, research on the moral injury construct remains in its infancy stage, and has primarily
focused on the male veteran experience. Despite a few comparison studies that have suggested that female veterans are indeed experiencing moral injury in rates similar to male veterans (e.g., Bryan, Bryan, Morrow, Etienne, & Ray-Sannerud, 2014; King et al., 1995), there is little current understanding of how moral injury specifically may be affecting the female veteran population. Further, although female veterans may have similar rates of moral injury, their overall experiences are likely to be qualitatively different. This could be due to (a) females in the military experiencing a higher rate of Military Sexual Trauma (MST) than males in the military (Maguen, Ren, Bosch, Marmar, & Seal, 2010); (b) the long-held theory that morality develops in females through their relationships with others (Gilligan, 1982); and/or prior research conducted with female military personnel that identified deployment stressors that were unique when compared to male military service personnel (e.g., Paul, 1985). Due to the current dearth of qualitative inquiry about the experiences of moral injury within a female veteran sample, specifics about these potential differences remain unknown. Increasing this understanding of the female veteran experience could be valuable to counseling psychologists and other mental health providers who serve the veteran population.

**Review of the Literature**

Between 2001 and 2014, approximately 2.7 million U.S. military personnel deployed to the OEF/OIF conflicts, with one-third to one-half of them deploying more than once (Adams, 2013; Zucchino & Cloud, 2015). While the majority of these service members were male, 355,904 were female, representing approximately 16% of the active duty population (Department of Defense [DoD], 2013a). Previously, the lower number of active duty female personnel was mostly due to restrictive laws that had been passed both
to control the number of females participating in the U.S. military at any given time, that dictated the exact terms under which females could serve (e.g., Boyd, Bradshaw, & Robinson, 2013; Holm, 1992). These laws began to change during Operation Desert Storm (1990 to 1991) during which new roles were open to female troops such as the ability to serve in the military police, to fly fighter jets, and to serve on warships (Carney et al., 2003). In fact, since 1991, U.S. Congressional law only forbade female personnel from serving in direct combat roles and from deployment along the front lines (Segal & Hansen, 1992).

The nature of the recent OEF/OIF conflicts expanded the involvement of female troops to beyond that which they served in any previous conflict. The lack of any front lines coupled with the new supporting roles in which female personnel now were permitted to serve often placed male and female troops side-by-side throughout these conflicts (Hoge, Clark, & Castro, 2007). Consequently, approximately 74% of deployed females reported combat-related experiences such as engagement in enemy fire (Dutra et al., 2010). A 2012 study by Maguen et al. described that 31% of their female military participants ($n = 554$) reported exposure to death, 9% witnessed combat-related killing, 7% were wounded in the line of duty, and 4% reported that they themselves had killed enemy combatants (Maguen et al., 2012).

Participation in the acts of war can be challenging, both emotionally and morally, for U.S. military personnel. The Mental Health Advisory Teams Four (Mental Health Advisory Team Four, 2006) and Nine (Mental Health Advisory Team Nine, 2013) prepared comprehensive reports identifying such risks to U.S. troops in the OEF/OIF conflicts. According to their findings, 49 to 70% of military personnel reported that they
had fired on the enemy, with 11 to 40% acknowledging that they had killed enemy troops; and 50 to 66% of troops reported that they had witnessed someone in their unit killed, while 55 to 75% reported that a friend had died in combat (Mental Health Advisory Team Four, 2006; Mental Health Advisory Team Nine, 2013). Qualitative data from these reports added richer context to these numbers as military personnel described having seen body parts severed, friends burned to death, and fellow troops buried alive by the enemy (Mental Health Advisory Team Four, 2006).

On top of this, since the Vietnam War, the U.S. has been at war against insurgents who use guerrilla warfare tactics. Guerrilla warfare is distinguishable from traditional warfare in that (a) there are no definable front lines; and (b) it is difficult to distinguish the noncombatant civilians from the combatant insurgents due to the real possibility that insurgents may be disguised as civilians (Laufer et al., 1984). In the OEF/OIF conflicts, guerrilla war techniques that were implemented against U.S. troops included ambushes, improvised explosive devices, and dressing in civilian clothing (Litz et al., 2009). This type of aggression introduces an aspect of ambiguity to theater that may cause service members to engage in behaviors that the U.S. military culture has traditionally deemed unethical (e.g., firing upon civilians) (Laufer et al., 1984; Litz et al., 2009).

Further reports to the Mental Health Advisory Team teams indicate feelings of betrayal toward U.S. military authority, including anger towards incompetent commanders who placed units into unnecessarily dangerous situations, and who authorized house raids using faulty intelligence (Mental Health Advisory Team Four, 2006). It may also be that female service personnel face additional betrayals from both authority personnel and fellow service members as a result of their gender. In 2014 (a)
23% of active duty female personnel had reported being sexually assaulted by a fellow service member (DoD, 2014), and (b) the Department of Veterans Affairs (VA) reported that 34% of female veterans who had been seen by physicians and mental health workers had screened positive for MST (Klingensmith, Tsai, Mota, Southwick, & Pietrzak, 2014). Shay (1994) hypothesized that symptoms of psychopathology in the U.S. veteran population were, in part, the result of feeling betrayed by authorities within the military; and while this may be the case, it is currently unknown how this sense of betrayal may be affecting mental health symptoms in the female veteran population. It seems reasonable to expect that there may be a relationship here as female veterans who have spoken about their personal experiences of MST have indicated that, for them, these acts of sexual aggression by fellow service members onto them was worsened by the way the military ignored and betrayed them (Barklow, Dick, & Ziering, 2012).

Researchers have spent decades studying the connection between combat exposure and subsequent psychopathology in the veteran population. These studies have identified relationships between combat service, and subsequent depression and anxiety (e.g., Taft, Vogt, Marshall, Panuzio, & Niles, 2007), substance abuse (e.g., Douglas, Southwick, Darnell, & Charney, 1996), PTSD (e.g., Blake et al., 1990; Weiss et al., 1992), and difficulties with reintegration back into the civilian world (e.g., Sayer et al., 2010). Due to previously discussed pre-1990 legislation which forbade female personnel from serving in service roles that would expose them to theater, most of this research has been focused on the male veteran experience.

However, as legislation changed, and female service members began to engage in combat-related activities on a more frequent basis, comparison studies have been
conducted to determine if female veterans were experiencing psychopathology at similar rates to male veterans. For example, a 2007 study of OEF/OIF veterans found that rates of PTSD and other anxiety-related disorders were actually higher in female veterans than in male veterans (Riddle et al., 2007). Other studies have reported equal rates of PTSD between male and female veterans, yet higher rates of depression among female veterans (Afari et al., 2015; Maguen et al., 2010; Maguen et al., 2012). While the occurrence of PTSD appears to be similar between male and female veterans, the apparent precursors to PTSD symptomatology do tend to differ between these two groups. For example, 31% of female veterans diagnosed with PTSD also reported having been victims of Military Sexual Trauma during their military careers as compared to 1% of male veterans (Maguen et al., 2010). Kimerling et al. (2010) investigated a cohort of 21,834 female veterans and 142,769 male veterans who had used physical and mental health services within the Veteran Health Administration at the VA between 2001 and 2007. Among their participants, veterans who screened positive for MST (15.1% female veterans, 0.7% male veterans) were twice as likely to receive a mental health diagnosis (Kimerling et al., 2010).

The studies examined thus far have primarily focused on how veterans have responded to the traumas of war such as witnessing the death of a friend, experiencing a sexual trauma, and living under the constant fear of death within a warzone. PTSD, as currently described in the most recent Diagnostic and Statistical Manual, 5th edition (DSM 5), is a set of symptoms that emerge in response to the exposure to trauma (e.g., actual death or threat of death) (American Psychiatric Association, 2013). Thus, it is a “fear-based” (Frankfurt & Frazier, 2016, p. 318) reaction as experienced by victims
(MacNair, 2002), as opposed to a reaction stemming from the perpetration of trauma, namely causing death or other physical harm to another.

The construct of moral injury was based on decades of research with the veteran population. In a 1984 study among Vietnam veterans \((n = 350)\), Laufer et al. (1984) found correlations between psychological distress and three elements of their model, (a) combat experience, (b) witnessing abusive violence, and (c) participation in abusive violence. The term abusive violence was defined in that study as torturing prisoners, physically assaulting civilians, using chemical warfare on civilian villages (e.g., napalm), and mutilating bodies (Laufer et al., 1984). A second study that sampled Vietnam veterans \((n = 69)\) discovered a significant relationship between participation in wartime atrocities and a later diagnosis of PTSD (Breslau & Davis, 1987). Yehuda, Southwick, and Giller (1992) also found that witnessing atrocities (e.g., torturing and killing POWs and civilians) played a role PTSD symptom severity and overall poorer functioning in a clinical sample of Vietnam combat veterans \((n = 40, M \text{ age} = 42.3 \text{ years}, SD = 3.6 \text{ years})\).

While these studies are salient in understanding ways that specific behaviors during war may have been contributing to later psychological distress among Vietnam veterans, they each focused solely on the male veteran experience.

It was not until 1985 that Paul surveyed 137 female Vietnam nurse veterans and identified specific stressors that were correlated with their fear-based PTSD symptomatology (e.g., nightmares, flashbacks, emotional distress). These stressors included (a) exposure to casualties of war, (b) perceived threat to their own lives, (c) Military Sexual Trauma, and (d) survival guilt (Paul, 1985). Stretch, Vail, and Maloney (1985) also determined that perceived danger and exposure to violence were correlated
with PTSD in a sample of 361 female Vietnam nurse veterans. Later, King et al. (1995) used a national probability sample of Vietnam veterans (n = 1,200 males and 432 females) and found a significant correlation between PTSD and a model of war stressors that included (a) malevolent environment, (b) traditional combat, (c) atrocities/abusive violence, and (d) perceived threat. The male veterans scored higher on all variable indices when compared to the female veterans; the researchers hypothesized that this may have been because their female veteran participants had served in nursing roles, and thus were less likely to have directly witnessed combat. Even so, results did indicate a common pattern within the stressor-PTSD relationship across gender (King et al., 1995).

The present study was particularly interested in exploring the construct of moral injury, which was first described by Dr. Jonathan Shay (1994). Shay was a clinical psychologist working with Vietnam veterans diagnosed with PTSD, who believed that moral injury was a result of authority figures breaking ethical codes of the military as a social order. He defined moral injury as the inclusion of three variables: (a) a sense of having been betrayed, (b) by someone in authority, (c) in a high stakes situation (Shay, 1994, 2014). While researchers investigated the connections between the atrocities of war and ensuing symptoms of psychopathology in the combat veteran population (e.g., Fontana & Rosenheck, 1999; Hiley-Young, Blake, Abueg, Rozynko, & Gusman, 1995; MacNair, 2002), it was not until 2009 that moral injury became a researchable construct applied to veterans from the OEF/OIF conflicts.

Holding onto Shay’s (1994) original definition, Litz et al. (2009) hypothesized that it was not only the betrayal of the military’s code of ethics that could add to later emotional distress, but also the betrayal of the service member’s own personal morals.
that might be an additional variable. Additionally, that the ambiguities of guerrilla warfare caused military personnel to have to make ethically challenging decisions in the field, including decisions about whether or not to fire upon civilians posing as potential threats. Litz et al. (2009) stated that the “critical elements to moral injury are the inability to contextualize or justify personal actions or the actions of others… into preexisting moral schemas, resulting [in shame and guilt] and dysfunctional behaviors” (Litz et al., 2009, p. 705). Their understanding of moral injury was that guilt and shame are at its heart; and that it is the veterans’ inability to make sense of their experiences in theater, coupled with beliefs that these experiences have defined their self as being bad or immoral, that may be causing symptoms of withdrawal, re-experiencing, emotional numbing, and depression (Litz et al., 2009).

Research on the moral injury construct is currently scant but what has been done suggests that moral injury may be negatively impacting the emotional and psychological wellbeing of veterans. In 2014, Bryan, et al. recruited a clinical sample of military active duty personnel (n = 96 males and 55 females) and found that the presence of moral injury was associated with a higher suicide risk. Specifically, participants who had a previous suicide attempt reported higher levels of (a) having witnessed immoral acts done by others, and/or (b) feelings of emotional distress over their own immoral behaviors during deployment when compared to participants without a history of a suicide attempt (Bryan et al., 2014). Also in 2015, Currier, Holland, and Malott investigated the exposure to morally injurious events and subsequent meaning-making abilities within an OEF/OIF veteran sample (n =116 males and 15 females). They found that exposure to morally injurious events was significantly related to (a) subsequent ability to make meaning of
traumatic events, (b) subsequent posttraumatic stress, and (c) subsequent symptoms of depression. They concluded that moral injury may serve as a mediator variable between traumatic events and posttraumatic stress symptomatology, and that by interfering with the ability of the veteran to make meaning of combat-related trauma, moral injury may be increasing post-discharge psychopathology (Currier, Holland, Drescher, & Foy, 2015). More recently, an article in the American Psychological Association journal *Military Psychology* (Frankfurt & Frazier, 2016) recognized the need for more research on moral injury, and specifically noted the importance of qualitative methods in these initial investigations. This currently study was based on the belief that some of these requested investigations should focus on experiences of female veterans alone in order to uncover how the experience of moral injury may be qualitatively different in the female and male veteran population.

It has been theorized that morality may develop differently in males and females. While Piaget (1965) and Kohlberg (1984) have both suggested females were less morally developed than males in terms of lacking the ability to apply logical thought to moral dilemmas, Gilligan (1982) wrote that the difference was in the type of morality and not degree of morality. Through her research, she theorized that females develop their moral identities through interpersonal relationships, while males showed a tendency towards logical thought when considering ethical dilemmas (Gilligan, 1982). A 2015 process dissociation analysis conducted by Friesdorf, Conway, and Gawronski also found a difference in the ways in which male and female participants (*n* = 6,100) considered moral dilemmas, suggesting that male participants showed a greater use of cognitive processing while female participants showed stronger affective reactions to the idea of
causing harm (Friesdorf et al., 2015). This research is salient given that most of the behaviors conducted in theater result in an individual causing harm to another human being (e.g., actively killing the enemy, exposure to death). This evidence suggests that female veterans may be processing their wartime experiences differently when compared to male veterans.

**Study Rationale**

The majority of research previously conducted with veteran samples has taken the narrower perspective that it is the exposure to traumatic, life-threatening experiences of war that is most likely causing subsequent PTSD symptoms in the veteran population. While the current study did not set out to argue with the theory that symptoms of PTSD can be linked with a learned, fear-based response to living within a warzone, it did wish to broaden the lens that researchers and clinicians use when addressing veterans who present with PTSD symptoms. Currently, there is growing empirical support suggesting that engagement in morally injurious events also can have a detrimental impact on the emotional and mental health of veterans (e.g., Bryan et al., 2014; Currier, Holland, Drescher, & Foy, 2015), and further that moral injury is correlated with PTSD symptoms (e.g., Beckham et al., 1998; Laufer et al., 1984; Maguen et al., 2009). As previously noted, much of this research has focused primarily on the experiences of male veterans, which has minimized if not ignored the experiences of female veterans.

Given that active duty military personnel were still being deployed to the Middle East as of 2016 (Cooper, 2016) coupled with the U.S. military’s growing interest in actively recruiting female service members (Brook, 2015; Seck, 2016), it was reasonable to expect that the female veteran population will continue to rise over the next years.
This, coupled with the likelihood that these female veterans will be increasingly exposed to combat including serving in combat roles, makes it essential that counseling psychologists, and other mental health professions who work with veterans, begin to understand the impact of theater on this growing population.

There are many reasons why this study could be a necessary addition to the existing literature on veterans. To begin with, psychologists have recognized the importance of conducting exploratory research on minority group members instead of merely assuming their experiences are similar to those of the dominant group members (Sue, 2015; Wendt, Gone, & Nagata, 2015). The reason for this is to ensure that we as counseling psychology practitioners are not causing accidental harm to our clients by misidentifying the nature of their distress. Currently, we have only a limited amount of research focusing on veterans’ experiences with moral injury, substantially few of which have included female veterans to any extent. Further, it is important to remember that among those very few salient studies, they either (a) have recruited a very small sample of female veterans, and/or (b) have compared male and female veterans in some way to assess for similarities among them rather than to search for meaningful differences that might exists between these two groups.

A qualitative study on the experiences of moral injury among female veterans could help counseling psychologists and other mental health clinicians to better understand around the impact that various deployment experiences may have on female veterans. Further, this type of research might lead to the development of new mental health treatment methods specifically tailored for female veterans. This, in turn, could decrease accidental harm and iatrogenic effects that can occur when utilizing treatment
methods developed with majority group members (male veterans) on minority group members (female veterans) (Sue, 2015; Wendt et al., 2015).

While the findings of the current study will not be applicable to the greater female veteran population due to the general nature of qualitative research, qualitative research is often able to provide the rationale for larger quantitative designs. These future studies could, in turn, provide a better understanding of the larger female veteran population. If we do not begin this exploration of how female veterans experience moral injury, it is possible that female veterans will be misdiagnosed and/or misunderstood by well-meaning yet uninformed mental health clinicians. This, again, could very well lead to iatrogenic consequences such as an increase in the severity of presenting symptoms, and accidental reinforcement of the feelings of guilt and shame that result from moral injury. It may even lead to increased suicidal ideation within the female veteran population, as suicidality is often related to feelings of guilt and shame.

**Statement of Purpose**

The purpose of this qualitative study was to investigate the construct of moral injury among the female OEF/OIF veteran sample. This understanding can help counseling psychologists better support female veterans presenting for psychotherapy post-discharge, and even potentially help serve female veterans who are not presenting to treatment through large-scale intervention activities (e.g., workshops, self-help books). Finally, by attempting to understand the morally injurious experiences that female veterans had while being exposed to and engaging in theater, it was hoped that this research might begin to unveil currently unknown factors of moral injury that may be unique to the female veteran population, and that, in turn, might later be assessed among
larger female veteran samples. Given the 2016 regulations allowing females to serve in combat roles, new knowledge gained as a result of this study could be highly beneficial for this growing female veteran population.

**Research Questions**

Using a transcendental phenomenological perspective, the overarching research questions will be:

Q1 What themes of moral injury may be present in the stories that female veterans tell of their deployment experiences?

Q2 How might moral injury present itself among female veterans?

Q3 What may be the impacts of moral injury among female veterans?

Q4 What might counseling psychologists need to understand about the effects of moral injury on female veterans in order to better serve this population?

**Limitations of the Study**

Qualitative studies attempt to shed light on the subjective experiences of a small group of participants in order to provide an emic, or insider’s, perspective on a given phenomenon (Creswell, 2007). Unlike quantitative research, results were not meant to be generalized to an entire population (Merriam, 2009). Due to the nature of the small sample size in this study, it was unlikely that I would be able to gather a truly representational sample of the diverse female veteran population.

Further, due to the very nature of participant self-selection, there may have been inherent differences between those individuals who did and did not choose to participate in this study. For example, participants who may have been experiencing a higher degree of shame or guilt associated with (a) their own immoral behaviors, and/or (b) the immoral behaviors of their colleagues during deployment, may not have wanted to share their
experiences as part of this study. Thus, I was transparent about the demographics of the participants who did elect to volunteer their stories, and further I was mindful of these limitations when I spoke to the implications of this study’s findings. With that done, it is now up to the reader to decide how transferable the results of this study can be to female veterans as a whole.

Another limitation was interviews were conducted over the telephone as opposed to being completed in-person in a single shared space. While telephone interviewing doubtlessly decreased the obstacle of distance in the retention effort, it did bring forth its own set of problems. For example, I was not able to physically see the participants who were being interviewed in real time. This may have limited our ability to make use of nonverbal communication during the course of the interview. Additionally, it was harder to accomplish a warm interpersonal connection over the telephone. To minimize the impact of these limitations, I scheduled 60 to 90-minute interviews with each participant which gave me time to build rapport. Next, used a secure telephone line and I conducted each interview from a quiet and private office space, which minimized distractions. During the interviews, I asked the interview questions in plain, jargon-free language, and I made certain that participants fully understood what was being asked. I then used probing follow-up questions, and I paraphrased their responses to ensure all the more that I truly captured the meaning behind their words.

Finally, in qualitative research, the researcher is a key instrument in the collection of data (Creswell, 2007). Thus, it was my questions that gathered the data, and my analysis that led to the findings of this study. In an attempt to limit the influences of my own biases, I used a bracketing method, which is described in the methods section of this
paper. Further, I used the literature base to develop my interview questions, and used member checks with participants to confirm that the experiences captured were truly their own. I also collaborated with a research peer during analysis procedures to verify that the findings were a true reflection of the data. Lastly, I relied on the judgment of my dissertation committee to determine if my biases were influencing my research decisions.

**Definitions**

**Guerrilla Warfare:** The use of irregular military actions (such as harassment and sabotage) carried out by small usually independent forces (Guerrilla Warfare, n.d.).

**Hypermasculinity:** “A macho personality constellation consisting of … callous sex attitudes toward females, violence as manly, and danger as exciting” (Mosher & Sirkin, 1984, p. 150).

**Military Sexual Trauma:** “Sexual harassment that is threatening in character or physical assault of a sexual nature while the victim was in the military” (Suris, & Lind, 2008, p. 251).

**Moral Injury:** “The lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations” (Litz et al., 2009, p. 697).

**Operation Enduring Freedom:** October 11, 2001 to December 28, 2014. OEF was a combat mission launched against Al-Qaeda and the Taliban in Afghanistan. The mission began in response to the September 11, 2001 terrorist attacks on the World Trade Center in NYC. It was immediately succeeded by Operation Freedom’s Sentinel on January 1, 2015, which is, to date, an ongoing, active military mission (CNN Library, 2016a).
**Operation Iraqi Freedom:** March 23, 2003 to September 1, 2010. OIF was the U.S. military-led mission which targeted Iraqi leader Saddam Hussein and ultimately destroyed his political command. Rather than ending, OIF was renamed Operation New Dawn (OND) as a reflection of the reduced role U.S. troops planned to take in developing the future of Iraq. OND ended on December 18, 2011 (CNN Library, 2016b).

**Operation Desert Storm:** Also known as Persian Gulf War. A military operation that lasted from 1990 to 1991. The attack was launched against Iraq in response to their attack on Kuwait in August, 1990. The allied coalition that took part in this war consisted of 39 countries, including the U.S., Italy, France, Germany, and the United Kingdom. Of the 670,000 troops deployed in the war, approximately 425,000 were U.S. troops. (CNN Library, 2016c).

**Posttraumatic Stress Disorder:** PTSD is a mental health diagnosis in the DSM 5 (American Psychiatric Association, 2013) currently listed under the “Trauma and Stressor-Related Disorders” (p. 274) domain. PTSD is a cluster of symptoms that result from either directly experiencing a trauma, witnessing a trauma, experiencing a chronic trauma, and learning about a trauma happening to a loved one. Posttraumatic Stress Disorder is currently understood to be a fear-based reaction to a traumatic event, defined in the DSM 5 as “exposure to actual or threatened death, serious injury, or sexual violence” (p. 271).

**Skewed Population:** A population where the majority group consists of approximately 85% or more of the overall population (Kanter, 1997).

**Theater:** “The area of air, land, and water that is, or may become, directly involved in the conduct of the war” (Sewall, Nagl, Petraeus, & Amos, 2007, p. 338)
CHAPTER II
REVIEW OF THE LITERATURE

Within the last decade, psychologists have begun to research and understand the construct of moral injury (Litz et al., 2009). Moral injury has been defined as “the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply-held moral beliefs and expectations” (p. 697). Thus, veterans who had been exposed to deployment situations that have violated their deeply-held moral values may experience symptoms of psychopathology including re-experiencing the event (Beckham et al., 1998; Fontana et al., 1992), avoidance of thoughts/reminders of the event (Laufer et al., 1984), dissociation, functional impairment (Maguen et al., 2009), and shame and guilt (Litz et al., 2009). Many of these symptoms are listed in the current Diagnostic Statistical Manual, 5th edition (DSM-5) diagnosis of Posttraumatic Stress Disorder, a fear-based disorder that stems from having been the victim of trauma (American Psychiatric Association, 2013). This raises the question: what is morality, and how could witnessing or perpetrating acts that transgress one’s morals be associated with such symptomatology?

Many moral philosophers believe that for social order to exist in a given society, there must be some moral code in place to define and guide social conduct. Charles Darwin viewed morality as a product of evolution and observed, “Society could not go on except for the moral sense, any more than a hive of Bees without their instincts” (Barrett,
Thus, in order to live together within a society, there must be some common understanding of fairness and honorable order (Wilson, 1993). It often falls upon parents to nurture the next generation of children in learning the skills that are in line with prevailing social norms, including the internalization of a moral code (Maccoby, 1992). Additionally, countless fairy tales and myths have been created to help parents instill this moral code into the growing child in order to ensure long-term compliance within a given culture (Guroian, 1996; Maccoby, 1992).

There is evidence to suggest that nature also plays a role in the development of morality. Researchers have long since recognized that human babies are born with innate prosocial behaviors as well as the ability to learn and follow a moral code. At birth, babies demonstrate natural reflexes that help them engage others: they turn their heads toward the stroke of their cheek, they reach their hands out to grasp, they show preference to human sounds, and they react with distress when they hear another baby crying (Eibl-Eibesfeldt, 2007). By the 10th month of life, a baby will show agitation at the sight of another in distress, at 18-months-old, they will try to assuage that distress. By the age of two, they will offer verbal consolation and suggestions, demonstrate sympathy, and even seek out help (Dunn, 1988; Dunn & Munn, 1986). Children develop to learn to understand the abstract concepts of fairness and fair play. They take turns, share toys, and invent and follow rules (Piaget, 1965). Wilson (1993) hypothesized that as children begin to recognize that they have a self that is separate from others, they gain an understanding that in order for their self to be happy, they require the presence of others.
Jean Piaget (1952) stated that children interpret and make sense of the world using schemas. Schemas are mental frameworks, or cognitive categories, that help the individual process everyday stimuli into meaningful categories (Piaget, 1952). Later, Aaron Beck recognized that these internal schemas were highly relevant to how an individual evaluates their self and the world (Beck & Haigh, 2014). Where there is a sense of dissonance between an individual’s existing schemas and their experiences in the world, the individual may experience emotional distress. For example, cognitive theories of PTSD speculate that the experience of a traumatic event often clashes with the victim’s existing schemas about the safety of the world, and even their own sense of self worth (McCann & Pearlman, 1990). Litz et al. (2009) argued that the transgression of deeply-held moral values, by self or other, also violates an individual’s schemas, creating emotional distress. If the individual is unable to make meaning of, and thus integrate the event within their pre-existing schema, this distress may lead to emotional and cognitive intrusions. These intrusions are often correlated with avoidance behaviors such as emotional numbing, and social withdrawal (Litz et al., 2009). Thus, morality appears to be an important construct; for if it were not, then the violation of moral values would not cause so much emotional and cognitive distress to members of society. It makes sense, therefore, to attempt to understand morality.

**Morality**

**What is Morality?**

As an abstract concept, it is not easy to define morality. In the broad sense, morality involves the formation of an internalized set of rules that govern behaviors, and help individuals to think outside of their own immediate needs by considering the welfare
of others (Tangney, Stuewig, & Mashek, 2007). Philosophers have argued about the definition of morality for centuries. In the West, the debate about what was considered moral and immoral can be traced back to ancient Greece (Fieser, 2000).

**Morality as a universal law.** Socrates (470 to 399 B.C.E.) connected morality and virtue with knowledge. He believed that virtue was taught rather than innate, and that acquiring the knowledge of virtuous behavior would lead to good ethical conduct and happiness for the individual (Fieser, 2000; King, Viney, & Woody, 2013). Plato’s later writings described a more universal and objective moral law. In *The Republic* (Plato, 2002), Plato (428 to 348 B.C.E.) described a dividing line, above which existed the perfection of a divine realm, and below which existed the imperfection of the secular realm. He claimed that in the divine realm there existed eternal, nonphysical forms that were universal and perfect, which included justice, honesty, goodness, and morality. To be moral, according to this theory, the individual residing in the imperfect secular realm must strive to emulate the perfect forms of morality that exist in the divine realm (Plato, trans., 2002).

Immanuel Kant (1724 to 1804 C.E.) also believed in an absolute moral law that applied to everyone regardless of culture, gender, religion, or any other categorical identifiers (Kant, trans., 2009). He said that it were the actions of the individual, rather than the consequences of those actions, that were to be judged moral or immoral. To this end, he developed two categorical imperatives that he said were both logical and universal. The first was that the individual has a moral duty to behave in a manner that would be logical if the behavior in question were a universal law (Kant, trans., 2009). For Kant, it would be immoral to steal food even to feed one’s starving family because if
stealing became a universal law, meaning that everyone could steal all of the time, it would be illogical because no individual would ever truly own possessions; therefore, no one would be able to steal another person’s possessions. His second imperative was that an individual should never use or manipulate another human being because doing so would take away that human being’s ability to behave logically (Kant, trans., 2009). Compliance with these categorical imperatives, according to Kant, would decrease self-interest and increase good will. Good will, for Kant, referred to the performance of duty for the sake of duty, without any other reason being relevant (Kant, trans., 2009).

**Cultural relativism.** The ancient Greek philosopher Xenophanes (570 to 475 B.C.E.) believed people held a subjective understanding of morality (and God) in terms of their own cultural beliefs. This was in contrast to the idea that morality was an objective construct. The ancient Greek philosopher Pyrrho (360 to 270 B.C.E.) argued that human beings could not actually know what was objectively moral or immoral, and therefore must suspend judgment (Fieser, 2000). The correct course of action, Pyrrho believed, was to doubt the existence of a universal morality and to allow moral judgment be left to cultural preferences (Allen, 1998; Empiricus, trans., 1933). A scholar of Pyrrho, Sextus Empiricus (160 to 210 C.E.) pulled these two ideas together into an early form of cultural relativism (Allen, 1998; Empiricus, trans., 1933). In doing so, he described ways that the same behavior (e.g., theft, human sacrifice) merited praise in one culture yet condemnation in another. Later in the 1500s, French renaissance philosopher Montaigne (1533 to 1592) wrote an essay in favor of cultural relativism, claiming that cultural customs shape morality, and that “peer pressure is so strong that we automatically approve of our society’s customs” (Fieser, 2000, p. 5). Then in the 1700s, Scottish
philosopher David Hume (1711 to 1776) also concluded in one of his dialogues that morality was determined by cultural preferences (Fieser, 2000).

**Morality and government in United States culture.** This notion of cultural relativity raises the question: What does morality look like in the U.S. culture? English philosopher John Locke (1632 to 1704), remembered as “the father of liberalism” (Hirschmann, 2009, p. 79), believed that freedom was a fundamental right granted by God. He agreed that the ruler and the ruled create a social contract in which the people entrust power to the ruler without giving up their God-given rights to life, liberty, and property. Further, Locke believed that revolution could be morally necessary when the ruler behaves immorally against the good of the ruled (Hampton, 1988). These are some of the ideas captured within the Declaration of Independence (Jefferson, 1776), one of the founding documents of our nation. On morality, American Founding Father, President Thomas Jefferson (1743 to 1826) wrote:

> Man was destined for society. His morality, therefore, was to be formed to this object. He was endowed with a sense of right and wrong merely relative to this. This sense is as much a part of his nature, as the sense of hearing, seeing, feeling; it is the true foundation of morality. (Holowchak, 2014, p.72)

More recently, American political philosopher John Rawls (1921 to 2002) published his social contract theory of morality. He argued that the only correct morality would be one that created a free society that was fair and just for all of its people. This moral society should allow all people to possess basic rights to liberty including equal opportunity for income, wealth, and power (Rawls, 1971). Thus, Rawls identified four moral rules that should govern the behavior of each individual: individuals must (a) uphold justice, (b) provide aid to others in need, (c) to do no harm to each other, and (d) promote mutual respect (Rawls, 1971).
Morality and religion in United States culture. The U.S. population is predominantly Christian although there are many Americans who follow other world religions including Islam, Judaism, Hinduism, and Buddhism (Alper & Sandstrom, 2016; Lugo et al., 2008). It was outside the focus of the present study to understand the moral foundations of each of these religions, however there is a recognizable common moral ground that is known to be shared across the various practices. His Holiness Tenzin Gyatso, The 14th Dalai Lama once wrote:

I maintain that every major religion of the world ... has similar ideals of love, the same goal of benefiting humanity through spiritual practice, and the same effect of making their followers into better human beings. All religions teach moral precepts for perfecting the functions of mind, body, and speech. All teach us not to lie or steal or take others' lives, and so on... It is in this sense that I believe all religions have essentially the same message. (Gyatso, 1984, p. 13)

Religious scholars have agreed that most religions tend to follow the same moral rulebook, even if the reasons behind the rules are different. Donovan (1986) revealed that various world religions shared the same moral codes as evidenced by written materials created by these religions. Often, the same essential moral tales are told in the Christian faiths as are told within the Hindu, Buddhist, and Jewish faiths, all featuring different religious characters and contexts. Common moral laws found across religious texts include (a) do not lie, (b) do not steal, (c) do not kill, and (d) show compassion for others (Donovan, 1986).

Morality and United States military culture. Over the past two decades, researchers have recognized that the U.S. military comprises its own unique culture. In 2008, Reger, Etherage, Reger, and Gahm wrote that “to the extent that a culture includes a language, a code of manners, norms of behavior, belief systems, dress, and rituals, it is clear that the [military] represents a unique cultural group” (p. 22). From the first day of
training, new recruits are challenged both mentally and psychologically in order to get them to internalize a specific set of core values (Arkin & Dobrofsky, 1978; Dahn, 2008). While some values may vary slightly between the military branches, many are universal such as honor, courage, loyalty, integrity, and commitment (Exum, Coll, & Weiss, 2011).

The defining activity of the U.S. Armed Forces is combat (Unruh, 1979). It is quite possibly the sole reason that the military exists at all, and thus its culture has been developed and maintained over the past 200 years to support this activity. Above all else, the job requirements of a U.S. soldier include killing the enemy, avoiding death, caring for fellow soldiers, and bearing witness to the maimed and the dying (Adler & Castro, 2013). In 1970, Moskos stated that only males should be employed in the soldiering profession, thus unveiling the masculine culture that continues to thrive throughout the various military branches (Belkin, 2013; Dunivin, 1994; Moskos, 1970). Previous research has concluded that military culture both emphasizes and distorts the construct of masculinity to indoctrinate new recruits into accepting hyper-masculine ideals, such as strength, aggression, and toughness. This indoctrination better prepares soldiers for the violent and often self-sacrificial acts in which they may have to engage within the combat zone (Alfred, Hammer, & Good, 2014; Brooks, 1999).

It is important to note that the morality endorsed by the military culture may clash greatly with the morality of the military service member’s culture of origin. For example, while acts of war are acceptable within the confines of the military culture, returning veterans may experience an internal dissonance while reintegrating back into a civilian culture that may view the act of killing as immoral (Litz et al., 2009). These reintegrating veterans may begin judging their own deployment behaviors out of context by using the
moral lens of the civilian culture. This judgment may lead to shame, guilt, and other psychopathological symptoms such as emotional numbing, depression, social withdrawal, and intrusive memories (Litz et al., 2009; Litz et al., 2015).

**Theories of Moral Development**

In exploring the affects of morally injurious behaviors in the female veteran population, it makes sense to explore the various theories of moral development that were created by prominent researchers. This exploration also should include a comparison between males and females, for if morality looks different across gender then the purpose of this study to understand moral injury within a female veteran sample becomes all the more salient. To this end, we will look at three models that seek to describe the stages of moral development, first by Piaget, then Kohlberg, and finally Gilligan. Both Piaget and Kohlberg used observations and interviews to chart the expansion of a child’s ability to make moral judgments at different stages of one’s development (Nucci & Narvaez, 2008). Gilligan, a former research assistant to Kohlberg, believed that both his and Piaget’s models normalized the experiences of boys and men to the detriment of girls and women. Thus, she created her theory of moral identity development in an attempt to separate and appreciate the unique experiences of girls and females (Gilligan, 1982). All three of these theorists found gender differences between boys and girls in regards to morality development. While Piaget and Kohlberg both viewed females as being inferior to males in their range of moral development, Gilligan theorized that males and females were simply different from each other.

**Piaget’s theory of moral judgment.** Jean Piaget believed that “all morality exists in a system of rules” (1965, p. 13), and that one can understand the essence of moral
development if one observes the ways in which an individual is able to acquire the rules (Piaget, 1965). In deriving his theory he conducted an analysis of children playing games in order to understand (a) the methods that children use to apply the rules of a game, and (b) how the children internalized its rules at various ages (Piaget, 1965). Feigning ignorance, he questioned boys \((n = 20, \text{ age range} = 4 \text{ to } 13)\) about the rules of an ambiguous game (marbles). From this study, Piaget identified the following four stages of moral development in children (see Table 2.1).

The first stage of moral development, known as the *Premoral Judgment Stage*, takes place during the first four years of life (Piaget, 1965). During this stage of moral development, the child cognitively does not understand the concepts of *rules* or *morality* but is rather investigating their own motor skills through solo play. Thus, there is a lack of moral judgment on their part, and children receive the rules passively (Piaget, 1965).

Table 2.1

<table>
<thead>
<tr>
<th>Stage</th>
<th>Age</th>
<th>Content of Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premoral Judgment Stage</td>
<td>Ages 0 to 4</td>
<td>• Child does not understand <em>rules</em> or <em>morality</em>.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Child receives rules passively.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Rules are black-and-white. Acceptability of behavior is judged by</td>
</tr>
<tr>
<td></td>
<td></td>
<td>response of caregiver (praise or punishment).</td>
</tr>
<tr>
<td>Egotism Stage</td>
<td>Ages 4 to 7</td>
<td>• Rules become more concrete and important.</td>
</tr>
<tr>
<td>Cooperative Stage</td>
<td>Ages 7 to 11</td>
<td>• Rules are agreed upon for the common good.</td>
</tr>
<tr>
<td>Codification of Rules Stage</td>
<td>Ages 11+</td>
<td>• Rules can now be altered to fit the contextual needs of others.</td>
</tr>
</tbody>
</table>

Piaget’s (1965) second stage of moral development is the *Egotism Stage* and begins at the approximate age of four. During this stage, children cognitively are able to
understand rules set by caregivers and other authority figures, however they view these rules in a concrete manner as sacred, absolute, and unchanging. Feelings of shame or guilt that arise when rules are broken are determined by the reactions of the caregivers rather than through self-reflection. In their game playing, children cognitively are unable to understand how the rules affect others and they often egocentrically make up the rules as the game progresses (Piaget, 1965). Piaget’s (1965) third stage of moral development, the *Cooperation Stage*, begins at the approximate age of seven. During this stage, the rules become more concrete and important to the child. Piaget wrote that this is the time when the child “gradually makes [the rules] his [or her] own” (p. 28). In games, children try to win by adhering to the rules, and a mutual understanding of the rules is important (Piaget, 1965).

Piaget’s (1965) fourth and final stage of moral development begins at age 11, and is called the *Codification of Rules Stage*. During this stage, rules are agreed upon mutually for the common good and are subsequently altered and elaborated upon as the need arises. There now exists an intrinsic understanding that rule breaking is wrong, even without consequences, and children no longer see the rules as being absolute. Rather, through use of their emerging abstract thinking processes, children in this stage can recognize how intentions, motivations, and context are salient factors in terms of stretching, breaking and/or changing the rules. This sense of reciprocity continues to develop throughout this stage, and leads to moral maturity (Piaget, 1965).

Once these stages were developed, Piaget (1965) conducted a similar study with a sample of female children playing a game of hopscotch (sample characteristics were not identified). From this study, he hypothesized that females were less sophisticated in their
development and enforcement of the rules, and thus were only able to mature to the third (cooperative) stage of his model (Piaget, 1965).

**Kohlberg’s six moral stages.** Building on Piaget’s work, Lawrence Kohlberg (1984) was interested in understanding how moral reasoning changes throughout the developmental continuum. In 1958, he theorized six stages of moral reasoning grouped in three distinct levels, through which every child negotiates in a linear fashion (see Table 2.2). Like Piaget, he conceptualized the development of morality as occurring along with cognitive development; thus, one could not move from one stage to the next without appropriate cognitive growth.

Table 2.2

<table>
<thead>
<tr>
<th>Kohlberg’s Six Moral Stages (Kohlberg, 1984)</th>
<th>Stage</th>
<th>Age</th>
<th>Content of Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level One: Pre-Conventional Moral</td>
<td>Ages 0 to 9</td>
<td>• Stage One: Obedience and punishment.</td>
<td></td>
</tr>
<tr>
<td>Level Two: Conventional Moral</td>
<td>Age 9+</td>
<td>• Stage Two: Understanding of self interest.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stage Three: Desire to form positive relationships with others. Females only develop this far.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stage Four: Recognition of the needs of society. Only males achieve this stage.</td>
<td></td>
</tr>
<tr>
<td>Level Three: Post-Conventional Moral</td>
<td>Adults (not everyone reaches this level)</td>
<td>• Stage Five: Recognition of the subjective nature of personal values. Only a few males achieve this stage.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stage Six: Understanding of and commitment to universal principles of ethics. Individual will choose ethics over laws. Only a few males achieve this stage.</td>
<td></td>
</tr>
</tbody>
</table>

The first level is termed the *Pre-Conventional Moral Level*, which begins at birth and continues until the approximate age of nine. Like Piaget’s early stages, there is no moral reasoning involved in this level, rather, the child views behavior in terms of possible consequences. Within this level are stages one and two of the model. *Stage One*
focuses on obedience and punishment. During this stage the child holds a black-and-white understanding of behavior and sees specific behaviors as being either good or bad depending on the response of the caregivers. If the behavior is punished then it is viewed as being bad (Kohlberg, 1984). Stage Two shifts the focus to an understanding of self-interest. During this stage the child recognizes that various caregivers do not necessarily share the same universal understanding of which behaviors are good and which are bad. Here instead, the child begins to learn about behavioral flexibility and the need to adjust one’s behavior according to the needs and desires of important others (Kohlberg, 1984).

The second level of Kohlberg’s moral stages model is the Conventional Moral Level, which begins in late childhood and continues on through late adolescence. During this level, the individual begins to internalize the moral values of the various caretakers and mentors in their lives (e.g., parents, teachers). Still, as these values are accepted without being questioned, Kohlberg describes this as a level of moral imitation and not of moral reasoning (Kohlberg, 1984). The third and fourth stages of the model sit in this level. Stage Three focuses on the child’s desire to form good interpersonal relationships with others. During this stage the child’s need for approval from others becomes primary, while their own individual needs become secondary. Thus, the child will engage in behaviors that they hope will meet the expectations of others and bring about good feelings for the group. Kohlberg believed that females were inherently unable to progress past this stage. Stage Four focuses on the needs of the greater society. During this stage, the individual male begins to understand what behaviors society as a whole believes are good and just. He then seeks to obey this larger moral code in order to keep peace and avoid feelings of shame and guilt. There is an objective understanding that behavior
should not be engaged in for personal or even group pleasure, but as a sense of social
duty (Kohlberg, 1984).

Level three is a stage that, according to Kohlberg (1984), only some males ever
are able to reach. This is the Post-Conventional Level, and it involves the ability to judge
one’s own behaviors according to one’s own moral values. This is the only level in which
moral reasoning is used, as the individual is himself the true judge of what is good. The
fifth and sixth stages of the model sit in this level. *Stage Five* concerns the recognition of
the subjective nature of personal values along with the understanding that others may
disagree. There also is a recognition that moral points of view and legal points of view
may be in conflict, which results in an internal dissidence due to an inability to integrate
both perspectives. At *Stage Six* the individual becomes capable of understanding what
Kohlberg (1984) called the universal principles of ethics and morality, such as equality,
justice, and respect for the dignity of others; and further of whole-heartedly embracing
these values. Kohlberg defines this stage as the one in which the individual is make a
personal commitment to these principles and to choose these principles over any laws
which act to violate them (Kohlberg, 1984).

**Gilligan’s development of women’s moral judgment.** In the 1970s, Carol
Gilligan began to question the work of developmental theorists (e.g., Piaget and
Kohlberg) for attempting to filter the female experience through the theories derived from
male-centered research (Gilligan, 1982). She claimed that in “implicitly adopting the
male life as the norm [past theorists] have tried to fashion females out of a masculine
cloth” (p. 6). She believed that studies from male psychologists showed a tendency to
regard “female behavior as some kind of deviation from the norm” (p. 14). Building on
the work of other female researchers (e.g., Chodorow, 1978; Lever, 1976), she developed her own theory of moral development, which she believed to be more sensitive to the female perspective (Gilligan, 1982).

In developing her theory, Gilligan borrowed the premise from Nancy Chodrow that since infants and toddlers were more likely to be raised by female caretakers (e.g., mother, aunt, grandmother), girls were more likely to see themselves reflected in their caretaker while boys were more likely to see themselves as different. The result of this was that girls were more likely to emerge from early childhood with a greater ability to empathize with others, and boys were more likely to emerge with the ability to differentiate (Chodorow, 1978; Gilligan, 1982). Gilligan also cited the research of Lever (1976), stating that the games that girls play, which tend to be turn-taking and less competitive than boys games, foster the development of empathy and relationship-focused sensitivity. Gilligan stated that for girls, the development of identity was fused with intimacy such that females learn about themselves through their relationships with others. Further, she stated that females were more likely to make moral decisions based on their relationships and the needs of others (Gilligan, 1982).

Through her research, Gilligan (1982) identified two forms of morality that could be used to understand moral development. The first was Morality of Care, which she defined as the tendency to look at morals in a relational way, and to take into consideration the needs and feelings of other people. Those who engaged in this form of morality wanted to protect others from harm. The second form of morality that Gilligan identified was in line with what previous theorists (e.g., Piaget, Kohlberg) had described in their work. This was the Morality of Justice, or a cognitive understanding of what
societal rules are, and how moral behavior should be determined based by abstract cognitive thought and depersonalized reasoning (Gilligan, 1982).

Gilligan (1977) described her stages as the Development of Women’s Moral Judgment. She derived her model through qualitative interviews with 29 females who had presented to pregnancy counseling services to decide whether or not to terminate their pregnancies. She described the demographics of her participants as, “diverse in age, race, and social class” (p. 491) including “adolescents … [and] … older women” (p. 491). Note, unlike Piaget (1965) and Kohlberg (1984) Gilligan (1982) did not equate age or cognitive ability with moral development. Instead, she identified the necessary transition events that needed to occur within the individual in order for that person to move up to the next level. Levels and transition events are described below (see Table 2.3).

In the first level of Gilligan’s model, Orientation to Individual Survival, the individual is focused solely on the needs of the self. The individual does not consider the needs of others, but will consider how others may respond to the behavior (e.g., praise or punishment). One participant stated, “Stealing might be wrong, but if you have to steal to survive yourself or even kill, that is what you should do” (Gilligan, 1977, P. 493). Thus demonstrating that the idea of doing something she recognizes as wrong would not cause a moral dilemma within her if her own survival is at stake. Rather, moral dilemmas only arise if the individual has conflicting personal or survival needs.

In order to move to the second level of Gilligan’s model, the first transition, From Selfishness to Responsibility, must occur. In this first transitory stage, the individual begins to experience an inner conflict between what she needs for herself and what others
may need from her. This transition begins with the understanding of what it means to be selfish and what it means to “do the right thing” (Gilligan, 1977, p. 495).

Table 2.3

| Gilligan’s Development of Women’s Moral Judgment (Gilligan, 1982) |
|-------------------|------------------------------------------------------------------|
| Stage             | Content of Stage                                                  |
| Level I:          | • Focus of decision-making is on the self and the need for one’s  |
| Orientation to    | • Others are not important except in terms of how they may inflict|
| Individual        | own survival.                                                     |
| Survival          | • Morality seen as set of sanctions imposed upon the individual.   |
| First Transition: | • Difference: Individual shifts from making decisions based on    |
| From Selfishness  | • Others are not important except in terms of how they may inflict|
| to Responsibility| personal wants and desires to basing decisions on responsibilities |
| Level II:         | • Focus of decision-making is based (a) on the need for approval  |
| Goodness as       | • Others are not important except in terms of how they may inflict|
| Self-Sacrifice    | from others and (b) on the desire to care for others.             |
|                   | • Harming others brings about an inner conflict.                  |
|                   | • Morality is internalized through the adoption of societal values |
|                   | • Principle of nonviolence becomes salient in decision-making.    |
|                   | • Takes needs of self and others into account                     |
|                   | • Able to take responsibility for own choices                     |

In the second level of Gilligan’s model, Goodness as Self-Sacrifice, the individual recognizes that interpersonal relationships are necessary for survival (Gilligan, 1977). Not only does she desire acceptance from others in order to feel a sense of belongingness to the group, she also begins to derive her feelings of sense of self-worth from her perceived ability to take care of others. Moral conflicts arise over the issue of harming another person. Gilligan equates this level with Kohlberg’s (1984) Stage Three, which
Gilligan wrote, “joins the need for approval [from others] with the wish to care for and help others” (Gilligan, 1977, p. 498).

In order to move to the third level of Gilligan’s model, the second transition, *From Goodness to Truth*, must occur. During this transition period, the female begins to reconsider the responsibility she has toward her own needs without ignoring the needs of others around her (Gilligan, 1977). During this transitory period, the female begins to recognize her true motivations for wanting to make a specific choice, along with the impact that her choice may have on others.

In the third level of Gilligan’s model, *The Morality of Nonviolence*, the female finds the balance between the needs of the self and the needs of others when making a moral judgment. The universal principle of nonviolence becomes salient in her moral decision-making. There is also a new recognition of self-efficacy, personal power and self-worth. Thus, the female is able to make confident moral choices and to take responsibility for the consequences of these decision (Gilligan, 1977).

**Moral Injury**

“I knew that the greatest pain I felt was not linked to those moments when violence was being directed at me but when I was involved in inflicting it on others.” – Tyler Boudreau, Infantry Captain, U.S. Marines OIF Veteran *(Boudreau, 2011, p. 747)*

Much research on the veteran population has focused on the relationship between exposure to traumatic events in theater and subsequent symptoms of Posttraumatic Stress Disorder. In 1980, the American Psychiatric Association added the PTSD diagnosis to its Diagnostic and Statistical Manual of Mental Disorders, 3rd edition (DSM-III) based in part on research conducted with veteran samples. Although some of its criteria changed since the DSM-III (American Psychiatric Association, 1980), PTSD remains a fear-based
syndrome associated with the experience of a life-threatening traumatic event, and/or the experience of cumulative chronic trauma. The development of the moral injury construct offered a different perspective about the relationship between wartime experiences and psychopathology in the veteran population. First, the moral injury construct recognizes that engagement in killing and/or torture activities also may be correlated with the symptoms of emotional numbing, avoidance, and intrusive thoughts associated with PTSD (Beckham et al., 1998; Fontana et al., 1992; Laufer et al., 1984). Further, that the events which occurred in theater may cause distress, not due to an internal fear response, but rather because of how the events transgressed the internalized moral code of the veteran (Litz et al., 2009).

**Atrocities of War**

On March 16, 1968, members of the U.S. Charlie Company marched into the tiny Vietnamese hamlet of My Lai 4 (Hersh, 1970). The company had been in Vietnam for approximately three months and had already lost almost 25% of their soldiers to Vietcong insurgents. The U.S. soldiers were angry, frustrated, and felt powerless against the seemingly invisible guerrillas who often attacked by night and then blended in with the civilian Vietnamese during the day (Hersh, 1970). On top of this, the commanders of the company had been rewarding the soldiers who showed a propensity toward indiscriminant violence against civilians in the region, sending the message that it was safest to assume was that every civilian was secretly Vietcong (Hersh, 1970). The U.S. Charlie Company arrived in My Lai 4 that day at 7:22 A.M., and found approximately 550 unarmed civilians, mostly women, children, and elderly men, residing in the hamlet. What followed was a gruesome attack that lasted for several hours. The Vietnamese
civilians were tortured, raped, and systematically executed, all without a single shot fired back against the U.S. platoon (Hersh, 1970). When it was over, almost every civilian lay dead, children and babies included. Later, years after being discharged from the U.S. army, many of the veterans of Charlie Company struggled with nightmares, difficult interpersonal relationships, substance abuse, and suicidal ideation (Hersh, 1970, 2015).

While the events that happened in the hamlet of My Lai 4 may have been one of the first U.S. military wartime atrocities photographically documented in the mainstream U.S. media, it would not be the last. As recently as May of 2004, U.S. news outlets published photographic evidence of physical and sexual torture taking place in the U.S. military controlled Iraqi prisons in Abu Ghraib (“Chronology Abu Ghraib,” 2006; Hersh, 2004; Zimbardo, 2007). Published photographs showed smiling U.S. military personnel, many of them female, posing beside prisoners who were hooded, naked, and covered with fresh open wounds (Gee, 2013). The person in charge of these U.S. military prisons at the time of the atrocities was a female service member, General Janis Karpinski (Hersh, 2004). Further, like the veterans of Charlie Company, there is emerging evidence to suggest that veterans who had served in the Abu Ghraib prisons have experienced subsequent nightmares, intrusive thoughts, and emotional distress in relation to these atrocities (Gariti, Sadeghi, & Holmes, 2009; James, 2008)

**Pre-Construct Literature on the Affects of Wartime Atrocities**

Researchers have long recognized that certain combat-related events appeared to be correlated with emotional distress in the veteran population. In 1949, Stouffer et al. published a social psychology study that explored the attitudes of combat soldiers. They surveyed over 500,000 WWII male soldiers from four separate military divisions first
before and then after the June 6, 1944 U.S. invasion of Normandy, commonly known as D-Day. Among the myriad of findings of this study, one theme emerged in connection with the stressors of war that is relevant to the present study: the requirement to kill and harm others may conflict with personal moral values. On this, Stouffer et al. wrote:

Combat required a sharp break with many moral prescriptions of peacetime society. As easy as it seems to be for men to kill when their immediate group sanctions it, and as ambivalent as normal people often are about killing, it is true that to kill other human beings requires most men from our culture an effort to overcome a initial moral repugnance. (Stouffer et al., 1949, p. 86)

Stouffer et al. (1949) was important in two ways. For one, it was possibly the first study to ask U.S. soldiers to subjectively evaluate their experiences of wartime stressors. Two, it was possibly the first study to identify the possibility that the morally transgressive act of killing may be negatively affecting the emotional wellbeing of U.S. soldiers, and by extension, veterans. However, this study did not ask about U.S. soldiers’ participation in or witnessing of wartime atrocities, nor did it attempt to make connections between unpleasant experiences in theater, morally injurious or otherwise, with specific any post-discharge distress or symptoms of psychopathology.

It was not until 1973 that morally transgressive wartime behaviors were revisited in the literature. After a series of observations of informal Vietnam veterans discussion groups, Shatan (1973a) introduced the term psychic trauma to explain the severe difficulty that veterans were having during their attempts to reintegrate back into U.S. civilian society, perhaps resulting in but not limited to public suicide, seemingly random violence against civilians, homelessness, and substance abuse. Shatan hypothesized that psychic trauma in the veteran population stemmed from (a) the veterans feeling betrayal
by authority figures in the U.S. military, along with (b) the atrocious acts of violence they had perpetrated against others during the war (Shatan, 1973a).

The veterans in these informal discussion groups that Shatan (1973a) observed expressed a shared sense of mistrust toward the military and by extension the VA. These veterans reported that they felt that the public was blaming them for mistakes made by the U.S. military organization. Moreover, the veterans asserted that they had become numbed to and/or alienated from their own emotional experiences save for a deep and unyielding sense of guilt. They attributed the guilt to the violence they had perpetrated against others, and to their having survived the war at all. Further, these veterans expressed doubt that they would ever be able to trust or to love another person ever again (Shatan, 1973a). This article provided a deeper perspective into the subjective experiences of the psychologically suffering Vietnam combat veteran. However, this was an observational account and generalizations could not be made to veterans outside of those participating in these informal discussion groups.

A decade later, quantitative researchers began to study the link between morally transgressive behaviors in theater and post-discharge psychopathology. Laufer et al. (1984) hypothesized that engagement in abusive violence, defined as torturing prisoners, assaulting civilians, using chemical warfare on civilian villages, and mutilating bodies, might be its own category of traumatic event. Using a sample of 350 male Vietnam veterans, they created a three-element model of war trauma including (a) combat experience, (b) witnessing abusive violence, and (c) participation in abusive violence. Each of these variables independently correlated with various symptoms of psychological
distress (a) demoralization, (b) guilt, (c) anger (d) active hostility and (e) perceiving hostility in others (Laufer et al., 1984).

Laufer et al. (1984) also collected qualitative data from their sample, and reported empathic responses toward the victims of the abusive violence. Their veteran participants described how they needed to look away from the systematic executions, and how images of abusive violence continued to plague them through flashbacks and/or nightmares. The participants who denied feeling any sense of guilt over their violent actions during the war were also the ones who endorsed emotional numbing. This article provided empirical support for the hypothesis that the perpetrating and witnessing of wartime atrocities may be contributing to psychological distress in the veteran population.

Other researchers continued investigating the relationship between wartime stressors and post-discharge psychopathology. Breslau and Davis (1987) sampled male Vietnam veterans ($n = 69$), and identified independent significant relationships between (a) having participated in wartime atrocities, and (b) having witnessed wartime atrocities with a later diagnosis of Posttraumatic Stress Disorder (Breslau & Davis, 1987). Next, Green, Lindy, Grace, and Gleser (1989) ($n = 200$ male Vietnam veterans) also found that “witnessing and participating in abusive violence is predictive of persistent symptoms of PTSD” (Green et al., 1989, p. 333). Both of these studies provided strong evidence that PTSD may not be limited to the experience of life-threatening trauma alone. However, it became important to separate the experience of having been traumatized by others during the war and having been the perpetrator of wartime trauma onto others.

In 1992, Fontana et al. studied the relationship between war zone stressors and long-term symptomatology in a male Vietnam veteran combat sample ($n = 1709$). They
separate the roles in which veterans had engaged: (a) **target of killing**, described as the fear associated with being killed or wounded; (b) **observer of killing**, described as the horror at having witnessed death, dismemberment, and human remains; (c) **agent of killing**, described as guilt over killing others and participation in atrocities; and (d) **failure at preventing killing**, described as the guilt over loss of fellow service members (Fontana et al., 1992). This study found independent correlations between each of these four roles with a Posttraumatic Stress Disorder diagnosis 20 years post-discharge. Fontana et al. (1992) concluded that while the experience in the role of target of killing was correlated with PTSD symptoms, the roles of agent of killing and failure at preventing killing showed more significant relationships with suicidal ideation and general distress as well as with PTSD symptoms in their veteran sample. Fontana et al. (1992) also reported that the difficulties associated with both perpetrating trauma onto others and failing to prevent the trauma experienced by another person may be more multidimensional than being the victim of trauma. This was an important finding as it suggests that the act of killing and/or witnessing or participating in wartime atrocities may require a different treatment response from those used with veterans who were victims of trauma.

While all of these studies were salient in introducing ways that morally transgressive wartime behaviors may have been contributing to psychological distress in the Vietnam veteran population, they each focused solely on the male veteran experience, ignoring those of female veterans. Before the 1990s, surprisingly few articles described the experience of female Vietnam veterans. Among the first of these, Paul (1985) used a mixed-methods design to identify specific stressors that were correlated with Posttraumatic Stress Disorder symptomatology (e.g., nightmares, flashbacks, emotional
distress) within a female veteran sample (n = 137 female Vietnam nurse veterans). The findings identified eight stressors, only two of which were similar to stressors that had been endorsed by male combat veterans in previous studies (Paul, 1985). The two similar stressors were survivor guilt and threat to life. The other six unique stressors identified: (a) sexual harassment and rape, (reported by 63% of participants); (b) inadequate training before deployment; (c) the great number of wounded and dying soldiers; (d) the youth of the wounded and dying soldiers; (e) gender-based discrimination in the workplace; and (f) the stress of chronic lack of supplies (Paul, 1985). Participants of Paul’s (1985) study also endorsed a wide range of post-discharge difficulties including depression, anxiety, anger, guilt, interpersonal impairments, substance abuse, flashbacks, hyperalertness, sleep disturbances and use of avoidance techniques (Paul, 1985). This study was crucial in revealing that while female veterans were not being exposed to many of the combat-related activities as were male combat veterans, they were still experiencing a high-level of stress and a great deal of post-discharge symptomatology.

To further examine psychological symptoms within the female veteran population, Stretch et al. (1985) conducted a similar study (n = 361 female Vietnam nurse veterans). This study found that while participants endorsed only a small amount of exposure to actual combat, their experiences of perceived danger and exposure to violence within the warzone was correlated with symptoms of PTSD Stretch et al. (1985) further explained that because female veterans had not served in traditional combat roles, mental health professionals were neglecting to ask about their wartime experiences. Thus, many female veterans who were presenting with PTSD symptoms may have been given “related diagnoses such as psychosis or character disorder” (Stretch et al., 1985, p. 708).
These two studies, Paul (1985) and Stretch et al. (1985) were among the first to stress the importance of conducting research with female veterans in order to understand the unique stressors and experiences endorsed by this population. Their findings served as some initial caution to mental health professions that a lack of understanding of the experiences of the female veteran population may result in iatrogenic consequences, including inaccurate diagnoses and ineffective treatment interventions.

Later on, King et al. (1995) questioned the validity of the DSM-III’s (American Psychiatric Association, 1980) gatekeeping criterion that exposure to a traumatic event was necessary for the Posttraumatic Stress Disorder diagnosis. They designed and tested an alternative model of wartime stressors on Vietnam veterans that included (a) malevolent environment, which included physical deprivation and loss of meaning/control; (b) traditional combat; (c) atrocities/abusive violence; and (d) perceived threat as being significantly correlated with subsequent PTSD. A secondary purpose of their study (King et al., 1995) was to investigate the effects of these wartime stressors on female veterans. They analyzed male and female veteran data separately and made gender-based comparisons on their findings. Data for this study was extracted from the National Vietnam Veterans Readjustment Study (NVVRS) originally published by Kulka et al. (1990). Participants of the NVVRS ($n = 1,200$ males and 432 females) had served in Vietnam between August of 1964 and May of 1975 (Kulka et al., 1990).

King et al. (1995) randomly selected a subsample containing 300 male veterans and 108 female veterans from the NVVRS data to be part of their study. They found that male veterans scored higher on all variable indices when compared to the female veterans, which they claimed was not surprising given male veterans had reported a
higher level of exposure to combat events. However, despite the differences in means, the patterns of the relationship between the indices and PTSD were similar across genders (King et al., 1995). Another important finding within the King et al. (1995) study was that low-level stressors, described as the day-to-day discomforts of being in a war zone (e.g., lack of desirable food, unpredictable work schedules, annoying climate) were actually a stronger contributor to PTSD when compared with combat exposure for both the male and female veteran participants (King et al., 1995). This was an important study as it provided further evidence that wartime stressors were related to PTSD in a female veteran sample. More recently, Maguen et al. (2010) investigated the effects of killing in combat on mental health symptoms in an Operation Iraqi Freedom (OIF) veteran sample ($n = 2,667$ male veterans and 187 female veterans). They found that killing in combat and the subsequent guilt and shame associated with killing together were associated with increased risk of self-harm and suicidal ideation in their sample. This study points to the importance of continued research on the effects of killing in the Operation Enduring Freedom (OEF) and OIF veteran population (Maguen et al., 2010).

These discussed studies on the effects of wartime atrocities on the mental health of veterans built upon each other to break away from the narrow perspective that post-discharge Posttraumatic Stress Disorder was the sole result of having been the victim of trauma. While these studies did not contradict other research that focused on the trauma-PTSD relationship, they did serve to identify alternative stressors that also appeared to be affecting the psychosocial health of U.S. veterans. The researchers who conducted these studies (a) were able to identify and name salient wartime behaviors that were related to severe mental health symptoms like PTSD, suicidal ideation, and general distress; and (b)
began to recognize the importance of studying the experiences of female veterans in order to understand the needs of this unique population.

However, these studies primarily focused on the male veteran experience, virtually ignoring the experiences of female veterans. Based on the existing literature provided, it is clear that now is the time to further the empirical knowledge surrounding the experiences of the female veteran population in order to better understand their needs and unique sources of stress in theater. The reasons for this need are three-fold. First, active duty female personnel have been experienced more combat exposure during the OEF/OIF conflicts than ever before in U.S. military history (McGraw et al., 2016). Second, new service roles have recently opened up to female personnel, permitting them to serve in combat roles for the first time in U.S. military history (Afari et al., 2015; Carney et al., 2003). And finally, the current trend of increased female recruitment numbers predict that the number of female veterans will continue to increase over the next decades (Brook, 2015; Seck, 2016). As these female veterans present to mental health treatment with increased exposure to the act of killing and participation in wartime atrocities, mental health clinicians will need to have a thorough understanding of how these experiences may be impacting them. Past research (Paul, 1985; Stretch et al., 1985) has provided evidence that underestimating the experiences of female veterans could lead to iatrogenic problems including misdiagnosis and inappropriate treatment strategies. Further, that identifying the potential source of distress for a veteran who is presenting for treatment could potentially increase the efficacy of treatment. Thus, it would be inappropriate and even harmful for mental health clinicians to treat the growing female
veteran population without a greater understanding of their unique needs and sources of stress.

Guilt and Shame in Veteran Population

The combat veteran feels massive guilt over maiming and killing other human beings. As a result ... he invites self-punishment by picking fights, driving recklessly, and drinking heavily. His surly, aloof, and provocative behavior is an invitation to rejection. (Walker & Nash, 1981, p. 382).

“I was a gunner on a helicopter. All I want now is to forget the look of their faces as we shot them down... to forget what death spasms look like... but I’ll never forget my pleasure in killing.” - Vietnam Combat Veteran being treated for nightmares (Shatan, 1973b, p. 56)

It is important to understand that guilt and shame are important in the current moral injury model (Litz et al., 2009). Thus, it makes sense to address past research on combat-related guilt and shame in the veteran population. It is noteworthy that the DSM-III (American Psychiatric Association, 1980) originally included survival guilt as part of the core symptomatology of Posttraumatic Stress Disorder; while it was removed from later editions of the DSM, it may still be a relevant symptom of PTSD within the veteran population (Litz et al., 2009; Shay, 2014). For the purposes of this study, guilt and shame will be operationally defined in ways that have been accepted by many researchers in Western cultures (e.g., Gramzow & Tangney, 1992; Lindsay-Hartz, 1984; Tangney, 1990). Guilt is defined as a strong feeling of remorse associated with a specific event that might include a loss, or a specific behavior either perpetrated by, or passively witnessed by, the individual that the self considers inexcusable. The individual may feel a profound sense of responsibility and self-condemnation in relation to the event along with a strong need to repent in some meaningful way (Opp & Samson, 1989; Tangney, 1990). Shame, on the other hand, is a feeling of global humiliation and worthlessness in response to a
negatively-evaluated self. The feeling of shame arises when a negatively-appraised event validates the individual’s deeply-held belief that they are deficient in some crucial way (Gramzow & Tangney, 1992; Lindsay-Hartz, 1984).

One of the earliest investigations of guilt associated with wartime atrocities in the veteran population was published in 1974. Haley (1974) conducted a qualitative study with male Vietnam combat veterans \((n = 40)\) who had undergone psychotherapy at a VA outpatient unit. Each participant reported that they had been responsible for atrocious acts during the war, and as a result felt an overpowering sense of guilt. Many of these patients held the belief that they should be punished for their actions to the point of being ostracized from society and/or executed. Haley wrote:

> Psychotherapy with veterans who have committed atrocious acts does not follow the traditional treatment model of the “traumatic war neurosis.” ... The therapist must “be with” and tolerate the existential reality of the patient’s overt or covert view of himself as a murderer. (Haley, 1974, p. 191)

This study was beneficial in that it identified unique obstacles that deployment-related guilt could to psychotherapy treatment. However, as it was conducted using a convenient sample of veteran psychotherapy patients who had presented for treatment with Haley (1974), results not be generalized to veterans outside of this group of patients.

 Later, Strayer and Ellenhorn (1975) conducted a mixed methods study on the adjustment process of Vietnam veterans returning to civilian life post-discharge. They interviewed a random sample of recently discharged Vietnam combat veterans \((n = 40)\), some of whom were experiencing difficulties reintegrating into civilian life. They discovered there to be a significant relationship between perpetration of wartime atrocities and subsequent feelings of guilt and hostility; further still, severity of guilt and hostility appeared to have significant relationships with both depressive symptoms and
severity of adjustment problems, including lack of employment and substance abuse (Strayer & Ellenhorn, 1975). These studies were each important in identifying ways that combat guilt was affecting some U.S. veterans post-discharge. However, they did not operationally define combat guilt, nor did they investigate whether guilt was a unified variable or if it contained facets or sources of guilt. The question that remained: Are all experiences of combat guilt equally impactful on the mental and emotional wellbeing of veterans?

In 1986, Parson introduced a model that he described as the “guilt continuum – a range of mild to severe guilt, depending upon the specific sources of the veterans guilt feelings” (p. 16). This guilt continuum was arranged in the following order: (a) Survivor Guilt, over having survived while others were killed; (b) Guilt over Killing, in regard to killing enemy combatants; (c) Guilt over Killing Innocent Civilians; (d) Responsibilizing Guilt, associated with blaming oneself for another person’s death; and (e) Guilt over Atrocities, which is associated with having perpetrated atrocities onto others. Thus, Parson conceptualized participation in wartime atrocities as being associated with the most severe experiences of combat-related guilt.

In their theoretical paper, Opp and Samson (1989) similarly attempted to operationally define guilt specifically for the combat veteran population. This was done due to their belief that guilt acts as a barrier within psychotherapy treatment, and that by identifying and understanding the source of the guilt, clinicians would be better able to help patients break through this barrier. Opp and Samson (1989) identified five categories of guilt, in no specific order of severity. They identified and defined their categories: (a)
survivor guilt, (b) demonic guilt, (c) moral/spiritual guilt, (d) betrayal/abandonment guilt, and (e) Superman/Superwoman guilt (Opp & Samson, 1989).

Opp and Samson (1989) defined survivor guilt as occurring when the veteran holds that belief that they should have died instead of the person who did die. Demonic guilt was associated with individuals who observed or participated in an atrocity of war. Moral/spiritual guilt was reported by individuals who felt they had violated their deeply-held religious moral code. In betrayal/abandonment guilt, the veteran reported that they had had an easier time during the war when compared to others, and their guilt stems from the belief that they could have done more to provide aid to these others. Finally, in Superman/Superwomen guilt, the veteran develops a magical belief that they should have been able to prevent atrocities through use of some super-human powers (e.g., ability to slow time, ability to see in the dark). Opp and Samson (1989) also reported that these different types of guilt varied from each other in terms of the impact that they had on the mental and emotional wellbeing of veterans, and thus required different treatment methods during clinical interventions. Thus, Opp and Samson (1989), and Parson (1986) were the first to identify various sources of guilt associated with combat-exposure. However, both of these models were purely theoretical as neither stemmed from empirical study.

Glover (1988) theorized that combat guilt could be categorized into two distinct pieces: (a) survival guilt over death of a close friend, and (b) guilt in response to having participated in atrocious acts. Then in 1990, Glover, Pelesky, Bruno, and Sette conducted a factor analysis including four clusters of PTSD symptoms (fear/anxiety, mistrust, survival guilt, and guilt stemming from aggression) in a sample of 339 male Vietnam
combat veterans who had met criteria for PTSD as per the DSM-III (American Psychiatric Association, 1980). In this study, they concluded that both survival guilt and guilt preceding the perpetration of violence were highly correlated (i.e., loaded onto the same factor). Thus, veterans who endorsed survivor’s guilt were also likely to have endorsed guilt over having perpetrated atrocities. They hypothesized that the experience of losing a close friend in theater may have prompted a rage-fueled desire for vengeance, which in turn may have resulted in the participation in atrocious acts against the enemy. Further, they found that feelings of mistrust endorsed by the veterans were associated with having been betrayed by authority figures in the military, which was commensurate with Shay’s 1994 model of moral injury (Glover et al., 1990; Shay, 1994). This study may have been the first empirically produced model of combat guilt, and yet it did not investigate the effects of combat guilt on psychological and emotional distress among the veteran population.

In the 1990s, researchers began to investigate the deleterious effects of combat guilt on the U.S. Vietnam combat veteran population. In 1991, Hendin and Haas found that (a) guilt over killing and (b) survivors guilt were each significant predictors of suicide attempts and preoccupation with suicide in their Vietnam combat veteran sample ($n = 100$). Next, Wong and Cook (1992) studied 47 inpatient male Vietnam combat veterans using the Internalized Shame Scale (Cook, 1988), the Beck Depression Inventory (Beck, Steer, & Brown, 1987), and the Rosenberg Self-Esteem Scale (Rosenberg, 1965). They discovered that the patients hospitalized with a Posttraumatic Stress Disorder diagnosis scored higher on these measures than did patients who had a substance abuse diagnosis. They concluded that shame appeared to be a strong factor in
symptoms associated with PTSD (Wong & Cook, 1992). These studies were helpful in identifying ways that combat guilt appeared to be correlated with PTSD among combat veterans.

Beckham et al. (1998) sampled 151 Vietnam veterans at a VA Posttraumatic Stress Disorder clinic (\(M \text{ age} = 50 \text{ years}, SD = 3.9\)) who had screened for a moderate-high amount of combat exposure and a high number of PTSD symptoms. This study found that both atrocities of war and combat exposure were significantly related to increased PTSD symptoms and global feelings of guilt. About this relationship, they wrote, “This study suggests that an evaluation of atrocities exposure may be especially useful in understanding specific aspects of a PTSD patient’s feelings of guilt [about] violation of one’s personal standards or wrongdoing” (Beckham et al., 1998, p. 784). Further, Henning and Frueh (1997) conducted a study using a sample of male Vietnam veteran Posttraumatic Stress Disorder outpatients at a VA clinic in the U.S. (\(n = 40\)). Using a multiple regression analysis, they found a significant relationship between both avoidance and re-experiencing symptoms of PTSD and severity of combat guilt (Henning & Frueh, 1997). These studies further confirmed the correlation between exposure to wartime atrocities and specific symptoms of PTSD among combat veterans.

Investigation of the effects of guilt on the U.S. veteran population continued into the early 2000s. Fontana and Rosenheck (2004) investigated how killing and failing to prevent death in combat may affect the strength of religious faith in a sample of male veterans receiving inpatient (\(n = 831\)) and outpatient (\(n = 554\)) treatment for Posttraumatic Stress Disorder symptoms. This veteran sample mostly consisted of Vietnam veterans (95%) but also included some veterans from WWII and the Korean
War (5% total). Using structural equation modeling, they found that (a) killing in combat, and (b) failing to prevent death in combat are two experiences that contribute to combat guilt, and in turn, weaken the religious faith of combat veterans. This loss of faith appears to be related to an inability to create meaning for the trauma of killing and failing to prevent deaths in theater. They hypothesized that the loss of religious faith may be correlated to increased symptoms of PTSD and depression (Fontana & Rosenheck, 2004). In 2010, Marx et al. also discovered that combat guilt mediated the relationship between exposure to combat-related abusive violence and Major Depressive Disorder (MDD) in their male Vietnam combat veteran sample (n = 1,323). Their study suggested the need for mental health clinicians to assess for the presence of combat guilt in veterans diagnosed with MDD to plan more effective treatment (Marx et al., 2010). Both of these studies provided support that combat guilt might be an underlying cause of depression among combat veterans.

All of these studies were crucial in identifying the deleterious effects of combat guilt within the U.S. veteran population. Together, they recognized that participation in or exposure to wartime atrocities, such as killing and desecrating bodies, are significantly related to the experience of combat guilt, which is further related to symptoms of PTSD, MDD, suicidal ideation, and even loss of religious faith. However, as each of these studies focused on the experiences of combat veterans from the Vietnam War, female veterans were omitted due to their not having served in combat roles at that time. Given the understanding that exposure to killing and failing to prevent killing in combat have each been associated with combat guilt and further in psychopathological symptoms among veterans, it is crucial that researchers explore how combat guilt may be
manifesting in the female veteran population. Further, to better understand how the manifestation of such guilt may be affecting the levels of emotional distress among female veterans, including symptoms of depression, suicidal ideation, and PTSD.

**Shay’s Theory of Moral Injury**

Moral injury as a construct first was described by Dr. Jonathan Shay (1994), a clinical psychologist who worked with Vietnam veterans diagnosed with Posttraumatic Stress Disorder. Shay believed that their symptoms were the result of authority figures who broke the ethical codes of the military as a social order. Using Homer’s narrative *The Iliad* (Homer, trans., 2004) as inspiration, Shay viewed the underlying causes of PTSD in the veteran population as stemming from “a destruction of the capacity for social trust” (Shay & Munroe, 1999, p. 392). He has recently offered a concise definition of his original theory of moral injury: “(a) a betrayal of what’s right, (b) by someone who holds legitimate authority, (c) in a high stakes situation” (Shay, 2014, p. 183).

In his first book, Shay (1994) wrote that a military organization is a “social construction, defined by shared experiences and values” (p. 6), and that the military holds internalized moral values that allow active duty personnel to understand the boundaries of good and just behaviors. When these moral values are broken by military leaders, military personnel become “filled with rage” (p. 12). Shay learned through clinical interviews with his veteran patients that part of their feelings of betrayal stemmed from the fact that many military leaders during the Vietnam War never stepped foot on the actual battlefield. Unlike the leaders in earlier wars, they remained thousands of miles away from theater, and appeared more concerned with their career advancement than on the physical work done in battle. Shay’s veterans who had lived in Vietnam combat zones
expressed their sense of injustice and blatant unfairness around being led by a person who
could never be harmed by a bad decision (Shay, 1994). A further problem was that the
veterans described their rage about having had to rely upon an absent leader for
ammunition, arms, rations (food and water), and other survival needs. Under these
conditions, Shay wrote, the veteran felt more vulnerable. He quoted a number of veterans
who spoke about instances when their weapons failed to work during crucial moments,
and times wherein veterans perceived the lack of food, potable water, and appropriate
clothing as further proof that they were being neglected and destroying their senses of
safety and social trust (Shay, 1994). It is important to note that Shay did not complete any
formal research to define his construct, but rather he used the personal experiences of
veterans with whom he had worked to piece together his theory of moral injury.

**Current Model of Moral Injury**

Through the 1980s and 1990s, researchers began to study the connections
between the atrocities of war and ensuing symptoms of psychopathology in the combat
veteran population (e.g., Fontana & Rosenheck, 1999; Hiley-Young, et al., 1995; Laufer
et al., 1984). In 2009, Litz et al. hypothesized a conceptual framework of moral injury
that added a new dimension to Shay’s original work. Their model recognized ways that
personal transgression from internalized moral values could lead to pathological
behaviors. While Shay had focused on the experience of betrayal from authority figures
within his Vietnam veteran patients, Litz et al. (2009) hypothesized that there might also
exist a sense of betrayal within the self. This betrayal could stem from either the
participation in behaviors that went against one’s personal moral code, or from
witnessing events that one finds personally immoral. These acts of witnessing could
include anything from watching a fellow service member commit an atrocity against another human being to seeing the aftermath of battle including human remains (Litz et al., 2009).

Litz et al. (2009) theorized that when such a transgression occurs, an active duty service member might experience a sense of inner conflict between what they have done or seen and what they believe is morally appropriate. If the individual attributed the act of transgression to a stable, global, and internal flaw within the self, it may lead to feelings of shame, guilt, and anxiety (Litz et al., 2009). This experience of guilt and shame had been linked previously with avoidance and withdrawal behaviors, along with the perception that the self was bad (Tangney et al., 2007). Thus, Litz et al. (2009) theorized, the act of moral transgression first could lead to an inability to forgive the self, and then ultimately to symptoms of emotional numbing, social withdrawal, and avoidance. Risk factors within this model were identified as neuroticism and a proneness to experiencing shame, while protective factors were identified as the ability to forgive the self, belief in a just world, and having access to a forgiving social support system.

Litz et al. believed that understanding moral injury was crucial when treating the veteran population because there is a difference between symptoms emerging due to a fear-response as opposed to from the experience of guilt and shame. If clinicians miss the cause of the Posttraumatic Stress Disorder symptoms during treatment, Litz et al. argued, they risk accidentally reinforcing the feelings of shame by not acknowledging the acts of transgression experienced by the veteran (Litz et al., 2009).
Current Research on Moral Injury

As previously stated, moral injury is a relatively new construct, and thus there currently remains a dearth of published literature that specifically investigates moral injury. A recent article in the journal *Military Psychology* (Frankfurt & Frazier, 2016) recognized this need for further research on moral injury, and specifically noted the importance of qualitative methodology in these initial investigations in order to capture detailed descriptions on exactly what constitutes a morally transgressive act. This chapter has identified past research that investigated pieces of the current moral injury model, such as participation in or exposure to wartime atrocities, with veterans, research on the entire moral injury construct is in its infancy stage.

Among the earliest studies conducted on moral injury, Drescher et al. (2011) conducted 24 interviews with healthcare and religious professionals who were employed with the VA and the Department of Defense (DoD) to treat both veterans and active duty military personnel. They noted a universal agreement among these professionals that the construct of moral injury would be useful “for describing the complex range of consequences of combat” (Drescher et al., 2011, p. 10). In 2013, Vargas, Hanson, Kraus, Drescher, and Foy wanted to determine if veterans from the Vietnam War era had reported events that were consistent with the new moral injury construct. Using archival qualitative interview data from the NVVRS study (Kulka et al., 1990), they analyzed the traumatic experiences of both male Vietnam War veterans \( n = 200 \) and male Vietnam Era veterans, defined as veterans who were serving outside of Vietnam during the same timeframe \( n = 200 \) (Vargas et al., 2013). They discovered themes associated with the moral injury construct in the Vietnam War veteran group, including (a) sense of betrayal.
from military leaders, (b) participation in and exposure to wartime atrocities, and (c) within-ranks violence, including friendly fire (accidental harming or killing of fellow service member). In the Vietnam Era veteran group, they also found themes associated with moral injury, including (a) witnessing the pain and suffering of civilians, and (b) sense of betrayal from military leaders (Vargas et al., 2013).

Vargas et al. (2013) did not limit their participants to combat veterans, thus offering evidence that moral injury can develop within different veteran groups for different reasons, and that it may not be limited to combat veterans alone. This understanding is crucial because almost all of the available literature on wartime atrocities thus far has focused solely on the experiences of combat veterans. Given the high amount of combat exposure that has been reported by non-combat veterans of the OEF/OIF conflicts, including female veterans, it seems crucial that researchers of moral injury and wartime atrocities begin to expand their focus to include non-combat veterans. This is to ensure that all veterans who present for mental health treatment are able to be better understood by the clinicians who treat them. As previous research has suggested, the lack of awareness about any veteran groups (e.g., female Vietnam nurse veterans) could lead to misdiagnosis, mistreatment, and iatrogenic consequences. However, as the Vargas et al. (2013) study was conducted using archival data, it could only point to evidence that moral injury appeared to be present in their veteran samples. They did not offer any further information about moral injury within the sample such as the severity of moral injury nor possible connections between moral injury and post-discharge psychopathology.
To investigate the possible relationship between feelings of moral injury and suicidality, Bryan et al. (2014) recruited a clinical sample of OEF/OIF Air Force and Army personnel (n = 96 male personnel and 55 female personnel) who were receiving outpatient mental health care at two military clinics. Forty-three of their participants reported a history of suicidal ideation, and 11 reported a past suicide attempt. They found that the presence of moral injury, including participation in transgressions against others, witnessing of transgressions against others, and experiencing a sense of betrayal from military leaders, was associated with a significantly higher suicide risk (Bryan et al., 2014). Specifically, that participants who endorsed a previous suicide attempt reported more instances of (a) having witnessed immoral acts done by others, and/or (b) greater feelings of emotional distress over their own immoral behaviors during deployment when compared to participants without a history of a suicide attempt (Bryan et al., 2014). This investigation was important because it revealed the need for mental health clinicians who treat depressed and/or suicidal veterans to inquire about the presence of moral injury as a potential precursor to their suicidal ideation. Further, that veterans who present to mental health treatment with reports of morally injurious events should be assessed for suicidal ideation. Failure to do so could lead to disastrous consequences, including potential suicide attempts and completions among the help-seeking veteran populations.

Later, in 2015, Currier, Holland, Drescher, and Foy investigated the relationship between exposure to morally injurious events and subsequent meaning-making abilities within an OEF/OIF veteran sample (n =116 males and 15 females). They found that exposure to morally injurious events appeared to interfere with the ability to make meaning of these traumatic events. This inability to make meaning of their trauma was
further correlated with subsequent symptoms of both Posttraumatic Stress Disorder and depression. Thus, they concluded that moral injury appeared to have a mediating effect on post-discharge psychopathology (Currier, Holland, Drescher, & Foy, 2015). This study did not note any gender disparities; however, the authors acknowledged that the small number of female participants hindered their ability to generalize to the female veteran population. They called for further research on the experiences of female veterans in order to gain a better understanding of how moral injury might be impacting female veterans.

Yan (2016) recruited a sample of male \((n = 79)\) and female \((n = 21)\) OEF/OIF veterans to investigate whether moral injury has an impact on the physical well being on veterans. She found independent negative relationships between the severity of moral injury and (a) mental well-being and (b) physical well-being, along with a positive relationship between severity of moral injury and symptoms of depression in her sample. Further, she determined that the presence of moral injury predicted PTSD symptom severity scores (Yan, 2016). Yan reported no gender differences in her sample, which provided further evidence that female veterans are experiencing morally injurious events in theater (Yan, 2016). However, she did not report specifically on how female veterans had experienced morally injurious events, nor how said experience may have been different from those of male veterans.

Dennis et al. (2017) conducted a study of male Vietnam combat veterans \((n = 603)\) who had sought mental health services at a VA outpatient Posttraumatic Stress Disorder clinic between 1995 and 2000. They found that involvement in morally transgressive behaviors, specifically participation in wartime atrocities predicted
increased guilt, aggression, and suicidal ideation when overall controlling for overall combat exposure. Their sample did not include female veterans at all, thus it was unable to provide an increase in the understanding of how such participation might impact female veterans. Increasing this understanding could help mental health professionals provide better service to female veterans who present for treatment. In fact, as most of the studies identified within this literature review focused primarily on the experience of male veterans, it appears that the variables contained within the moral injury construct emerged from mostly male veteran-centered research. This could be problematic for counseling psychologists and other mental health professionals hoping to gain a more in-depth understanding of moral injury in order to better treat female veterans.

**Importance of Research with Minority Group Members**

To provide evidence for the importance of understanding the unique needs of a minority group, such as the female veteran population, it makes sense to briefly explore the potentially deleterious effects of applying knowledge of majority groups onto minority group members in mental health treatment. In 2015, Buki (ed.) published an issue of *The Counseling Psychologist* dedicated to potentially harmful therapy practices. In this issue, researchers Wendt et al. (2015) reasoned that research focusing on a dominant social group could potentially lead to minimizing and/or missing the needs of minority group members, which in turn could lead to unintentional racism, cultural oppression, and thus accidental harm during therapy (Wendt et al., 2015). Sue (2015) agreed with this argument, adding that by developing treatment norms based on the experiences of the dominant social group, mental health professionals were serving “as handmaidens of the status quo and… potential instruments of oppression rather than
liberation” (p. 366). Thus, applying these ideas to this literature review suggests that the focus on the male veteran population may be serving to normalize the male veteran experience and ignore potentially unique experiences of female veterans. During treatment, this may cause counseling psychologists to miss the core needs of female veteran clients, and to unknowingly prescribe treatment methods that may cause iatrogenic harm. As the literature explored in this chapter has provided evidence that untreated moral injury within the veteran population is linked to guilt and shame, which is further related to Posttraumatic Stress Disorder, interpersonal distress, substance abuse, and suicidal ideation, it seems apparent that to ignore the possibility that moral injury may develop differently in the female veteran population could be potentially harmful.

Female veterans who have served their country deserve the best possible post-discharge treatment available. To provide this level of treatment, counseling psychologists who treat this population must have access to the most accurate and relevant research possible. This type of research must first be conducted in order to help mental health clinicians serve this unique population. This study hopes to begin to give voice to female veterans in an attempt to identify ways that their experiences with moral injury may be similar to, and different from, that of the male veteran population. In identifying these similarities and differences, it is hoped that mental health professionals can gain the comprehensive understanding of moral injury that would be needed to better serve the female veteran population in a more culturally sensitive manner.

**Experiences of Female Veterans**

As the present study was focused on the female veteran population, it makes sense to review prior studies that have used a qualitative approach to understanding their lived
experience. In 2012, Mattocks et al. conducted semi-structured interviews with 19 female veterans of the OEF/OIF conflicts to understand ways that female veterans cope with stressors related to their time on deployment. Overall, their participants reported that they exposed to “horrific battle conditions” (p. 540) during their deployments, which resulted in subsequent symptoms of Posttraumatic Stress Disorder and Major Depressive Disorder.

One participant who served as a convoy driver while in the military stated that she “had the unfortunate experience of killing a child” (p. 540) who had posed a threat to the members of her unit. Other participants shared their experiences working in the hospital units where they “saw the worst that could be done to a human being by another human being” (p. 540). Many of their participants reported instances of Military Sexual Trauma, adding that the military leaders to whom they went for help “did absolutely nothing” (p. 540). Some of their participants reported that they had experienced feelings of guilt related to being a mother to an infant or small child and being deployed away from home for up to 18 months at a time (Mattocks et al., 2012). In a similar study (Demers, 2013), female veterans who were interviewed about their deployment-related challenges (n = 17) reported gender-based discrimination during their military deployments. Stressors identified in their study related to having been “female in a man’s world” (p. 499). They reported additional pressure that had been placed upon them to both blend in with, and win the respect of their male colleagues. Demers’s participants shared that in order to be seen as an equal to the male members of the unit, female members had to “do it better... and to be better is so hard, because it’s nonstop” (p. 499). Demers’s participants also shared experiences of MST and related the struggle with MST with “having to fight two
wars” (p. 500), one against the enemy and one against the male service members in their military unit. Finally, participants reported feeling a loss of identity upon returning home to resume life as a female civilian. Not only were they struggling with the combatant-to-civilian identity common to many newly discharged veterans, but also they struggled with a loss of identity related to their female gender. “While they were in the military, they had to suppress their femaleness and act as ‘guy-like as possible,’ in order to fit in” (p. 501). Back in civilian life, it became difficult to reconnect with this femaleness (Demers, 2013).

Participants in the Mattocks et al. (2012) study also shared various difficulties associated with reintegrating back into the civilian world. Some participants shared that friends, family, and even healthcare professionals who did not seem to understand the roles that active duty females perform while on deployment had minimized their military experiences. The civilian population, it appeared, believed that war was the work of male personnel, and that since female service members had been forbidden by law to serve in combat-related roles they were not exposed to danger or traumatic conditions. As a result, some participants reported that they, too, began to minimize their own contributions to the conflicts (Mattocks et al., 2012). This self-minimization could be problematic, when considering the findings of a separate study (Washington, Kleimann, Michelini, Kleimann, & Canning, 2007) conducted with female veteran focus groups (n = 51). Their findings suggest that a commonly reported barrier to both primary care and mental health treatment within the female veteran population was their own beliefs that they did not deserve VA benefits (Washington et al., 2007). The authors reported that they did not understand the reason that their participants felt this sense of unworthiness, and
speculated that female veterans who minimize their own contributions to the war efforts might not see themselves as being worthy of receiving the benefits to which they are entitled. This may interfere with some female veterans pursuing and receiving needed mental health services.

Other barriers reported in the Washington et al. (2007) study included the perceptions of participants that the VA is centered on the issues of male veterans and has (a) a general lack of understanding of female veterans’ needs, (b) a lack of respect towards female veterans, and (c) logistical problems that interfere with access to services (e.g., having to see different doctors each time, having to wait too long for an appointment) (Washington et al., 2007). Each of the studies described here suggest that female veterans have unique experiences both during and after deployments compared to male veterans. Further, each study provides some evidence that some female veterans have been exposed to experiences that fall under the moral injury construct. However, none of these studies looked at the affect that these experiences may have had on the emotional well-being of female veterans.

Gutierrez et al. (2013) conducted interviews with 19 female veterans in order to explore potential suicide risk factors in a female veteran sample according to Joiner’s (2005) Interpersonal-Psychological Theory. Joiner determined that individuals at high risk for a suicide attempt experience three factors: (a) perceived burdensomeness, (b) a sense of failed belongingness, and (c) acquired capacity, or habituation to pain and violence (Joiner, 2005). Risk factors that emerged in the Gutierrez et al. (2013) study included participants reporting experiences associated with “loss of identity and self-worth, and grief” (p. 932). Experiences of perceived burdensomeness in their sample
included participants feeling as though they had been unable to “pull (their) weight” (p. 929) when compared to their male colleagues during deployment. Some participants shared that they had been publicly and negatively compared to male service personnel on several occasions, and that they felt they had failed to live up to high expectations placed upon them both by military leaders and by themselves. Their participants also discussed feelings related to failed belongingness due being a member of a minority group (female active duty personnel) within the male-dominated U. S. military. Participants also reported that upon reintegration to civilian life, they had found it difficult to relate to the female civilians who did not serve, which served to increase their sense of failed belongingness. Acquired ability was also present in their sample, as participants described how their, “war experiences [led] to overall increased emotional sensitivity, which in turn frequently triggered maladaptive coping mechanisms” (Gutierrez et al., 2013, p. 931).

Gutierrez et al. (2013) provides evidence that female veterans are experiencing their deployments in a way that is different from male veterans. Specifically, their female veteran participants reported experiences linked to alienation and shame stemming from the ways military leaders treated them during deployment. These experiences may fit under the ‘sense of betrayal’ definition of moral injury, as defined by Shay (1994). Gutierrez et al. (2013) also was important given the most recent statistics about the rate of suicide completion within the female veteran population (Zarembo, 2015). The VA released data describing completed adult suicides in the United States between 2000 and 2010. The data included males and females, civilians and veterans ($n = 173,969$ total completed suicides). The data revealed that veterans are between four and eight times
more likely to complete suicide than civilians, and further, that female veterans complete suicide at nearly 12 times the rate of female civilians (Zarembo, 2015). This is an alarming statistic, yet it does not speak to possible that female veterans are completing suicide at such a high rate. Given that prior research has connected (a) female veterans with experiences of moral injury, and (b) experiences of moral injury with higher rates of suicidal ideation, it becomes clear that research such as that proposed by the current study is necessary in order to help mental health clinicians identify potential risk factors that may affect suicidality among female veterans.

**Military Sexual Trauma**

*Women serving over there don’t have to be worried about enemy fire. They have to be worried about the guy that’s next to them, you know, that’s supposed to be protecting and taking care of them and a lot of times he becomes like public enemy number one for them. – “Glenda” an OEF/OIF veteran (Mattocks et al., 2012, p. 540)*

As we have seen from the prior research, Military Sexual Trauma is a large problem among female veterans. MST is defined as: “Sexual harassment that is threatening in character or physical assault of a sexual nature while the victim was in the military” (Suris & Lind, 2008, p. 251). The present study did not focus on the experience of MST within our female veteran sample; however, given the prevalence of MST among the female veteran population (e.g., Klingensmith et al., 2014) it is likely that our sample may include participants who have been victims of, or exposed to, instances of MST. To date, there has not been any literature that has linked, or that has attempted to link, MST with moral injury in a veteran sample; however, there is cause to hypothesize that the experience of MST might be linked to moral injury in the female veteran population.
Military Sexual Trauma is a problem that continues to be very salient within the military. In 2012, Maguen et al. performed a retrospective data analysis using VA administrative data from 213,803 OEF/OIF veterans. They determined that among veterans who had been diagnosed with Posttraumatic Stress Disorder, 31% of female veterans reported MST compared with 1% of male veterans. In 2014, the DoD requested an independent investigation of sexual assault and harassment by the National Defense Research Institute (Morral & Gore, 2014). The findings estimated that 20,000 active duty personnel had experienced some type of unwanted sexual contact (Morral & Gore, 2014). In that year, the National Health and Resilience in Veterans Study reported that 34% of female veterans had screened positive for MST (Klingensmith et al., 2014). Further, according to the DoD’s own records on sexual assault in the military, there were 6,131 reports of MST in 2014 and 6,083 reports of MST in 2015, representing just over 4% of active duty female service personnel for each year. The DoD went on to hypothesize that their numbers only represented an estimated 20 to 25% of service members believed to have been victimized during these years (DoD, 2015, 2016).

Reasons for the underreporting of Military Sexual Trauma have been attributed to the ways in which the military responds to such reports. In the military, all crimes are reported to the Commanding Officer (CO), even in cases where the CO was the perpetrator. The CO then decides which crimes to investigate and which to ignore. Ignored reports can be treated as false, and thus the victim can be punished (Harrison, 2006). When an incident is treated as a potential crime to be investigated, there remains the likelihood that the victim could be charged with subsequent crimes such as adultery, fraternization, and/or underage drinking. Punishments for these violations range from the
reduction in military rank to a dishonorary discharge from service (Kimerling et al., 2010). Thus, victims of MST potentially face significant consequences should they decide to report the crimes. On top of these consequences, the conviction rate on an MST charge is at an estimated 10% (DoD, 2013b; DoD, 2014b). Thus, when MST is reported, it appears more likely that it would be the victim rather than the perpetrator who would face some kind of punishment.

In 2014, Burns, Grindlay, Holt, Mansky, and Grossman interviewed both female active duty personnel and female veterans (combined \( n = 22 \)) about their experiences with, and overall perceptions of, Military Sexual Trauma. The participants attributed the low rate of MST reporting to potentially negative consequences directed at the victims of MST from peers, supervisors, and military leaders (Burns et al., 2014). Further, in 2014 Smith and Freyd published an article of institutional betrayal that examined the ways in which the U.S. military has treated female personnel who have reported MST, “including outright refusals to take reports, doubts and questions about the veterans’ stories, and exposure to victim blaming” (Smith & Freyd, 2014, p. 582).

Bringing Shay’s (1994) definition of moral injury into this discussion, for Shay’s ideas remain a part of the Litz et al. 2009 model being utilized in this study, female veterans may view these negative consequences to the reporting of Military Sexual Trauma coupled with the low rate of MST convictions in the military as betrayal by military leaders. The military serves as a closed system as it enforces its own laws, investigates the law violations that occur by its members, and doles out justice for victims of these law violations. Female personnel who are sexually assaulted by fellow service members and military commanders should be able to expect protection under the military
law, and further, should experience a sense of justice for their suffering. When these females instead are re-victimized by military leaders through counter-charges (e.g., adultery) and unjust punishments (e.g., reduction in rank), these unfair actions by leaders who are supposed to protect them could potentially be viewed as a betrayal. For this reason alone, one could hypothesize that female veterans might view MST as a morally injurious event.

**Summary**

Morality appears to be a vital standard for living within a civilized society; so vital, in fact that Darwin viewed it as a product of evolution (Barrett et al., 1987). Countless fairy tales and myths have been created to help instill a strong moral code into the growing child in order to ensure long-term compliance within a given culture (Guroian, 1996; Maccoby, 1992). That which the U.S. military culture deems as moral behavior can contrast heavily with morality in the civilian sector (Litz et al., 2015).

While the U.S. military was created around the act of war and values, for example, engagement in the act of killing the enemy, morality within various civilian cultures often views killing and/or harming another human as immoral and/or as a sin against God. This gap in values can serve to cause psychological distress in the returning veteran who is unable to make sense of their actions during deployment through their internalized moral code (Litz et al., 2015). Researchers have found that engagement in behaviors that transgress an individual’s internalized moral code can lead to feelings of guilt, shame, and various other symptoms of psychopathology including emotional numbing, social withdrawal, and intrusive memories (Litz et al., 2009).
This review of the literature suggests that very little empirical research currently exists that has explored the experiences of female veterans in terms of (a) combat exposure, (b) exposure to atrocities of war, (c) perpetration of atrocities of war, (d) experiences of guilt and shame, and (e) the relationship between each of these experiences and subsequent symptoms of psychopathology. This current dearth of research seems to be highly problematic given what is already known about the deleterious effects that these named experiences appear to have among male combat veterans – effects which may include increased severity in symptoms of depression, PTSD, and suicidal ideation. Further, it is highly probable that female active duty personnel may have different experiences during their deployments than their male colleagues, and thus there may exist unique sources of moral transgression for them that have not yet been identified by empirical research. These experiences may include, but may not be limited to, the experience of Military Sexual Trauma and the subsequent negative experience of reporting MST to military authorities.

In order for counseling psychologists who treat female veterans to be culturally sensitive to the unique needs of this group, it is imperative that this population be understood as accurately as possible. This means that future research, such as what is proposed by the current study, must focus on the (a) unique aspects of the female deployment experience, and (b) the possible effects that these experiences are having on the female veteran population.

Early research (e.g., Paul, 1985; Stretch et al., 1985) has concluded that when mental health clinicians accidentally minimize the deployment experiences of female veterans, iatrogenic consequences could occur. These consequences can include
misdiagnosis and ineffective treatment planning. Further, current research on the importance of multicultural sensitivity has indicated that mental health clinicians must understand the needs of the minority group members they serve in order to avoid accidental harm (e.g., normalizing the experiences of the majority group members, basing treatment decisions on research conducted only with majority group members). It is hoped that this study addresses some of the gap in the literature by exploring female veterans’ experiences with morally injurious events. It is further hoped that this study may help counseling psychologists and other mental health professionals to better understand and meet the needs of female veterans in a way that is increasingly sensitive and accepting of the very behaviors that may be causing guilt and shame for these veterans.
CHAPTER III
METHODOLOGY

“There are absolutely no moral phenomena, only a moral interpretation of the phenomena.” - Nietzsche (trans., 2002, p. 108)

Present Study

This qualitative study investigated the construct of moral injury among a female veteran sample. Using a transcendental phenomenological perspective, the overarching research questions were:

Q1 What themes of moral injury may be present in the stories that female veterans tell of their deployment experiences?

Q2 How might moral injury present itself among female veterans?

Q3 What may be the impacts of moral injury among female veterans?

Q4 What might counseling psychologists need to understand about the effects of moral injury on female veterans in order to better serve this population?

Constructivist Epistemology

The epistemology of a study is the underlying philosophy upon which is based the theoretical perspective (Crotty, 2015). The present study used constructivist epistemology as the foundation for phenomenological theory. Constructivist epistemology has its bases in a philosophy that can be traced back to the ancient teachings of Lao Tzu (604 to 531 BCE) and The Buddha (563 to 480 BCE) in the East, and Heraclitus (540 to 475 BCE) in the West (Mahoney, 2003). Lao Tzu spoke about the reflective nature of humans, while The Buddha taught that cognition plays an important role in the individual’s subjective
creation of reality (Mahoney, 2003; Smith, 1991). Heraclitus believed that an individual is an active agent who is constantly changing and learning through the process of their lived experiences (Mahoney, 2003). William James later brought these ideas into the school of psychology by teaching that individuals are active agents who can only know what they can experience. James further stated that while there may or may not be an objective truth, scientists could only know and understand the subjective truth based on the lived experiences of individuals (King et al., 2013).

Constructivist epistemology emphasizes that humans (a) are active participants in the world in that they have some degree of free will, and (b) that they actively create meaning from their lived experiences in order to feel a sense of order in their lives (Crotty, 2015; Mahoney, 2003). Additionally, (c) that the meaning individuals make about their experiences tend to be self-referential, thus adding to their sense of a unique personal identity and of having a self that is separate from the world. Next, (d) individuals organize and make sense of their experiences through language and social symbols, such as by sharing their stories with others (Mahoney, 2003). Finally, (e) human beings are constantly engaged in a developmental growth process; life is not static and it is through reflection and relationships with others that the individual experiences gradual change. Such growth occurs as the individual begins to create new meaning for their experiences, which in turn creates changes in the person’s subjective reality (Mahoney, 2003).

**Transcendental Phenomenological Theory**

The present study was conducted using transcendental phenomenological theory. This theory was created by Edmund Husserl (1859 to 1938) due to his concerns that the
Western scientists of his time were ignoring the lived experiences of the conscious individuals they were hoping to serve (Husserl, trans., 1970; Moustakas, 1994). Like William James, Husserl believed that all the individual can know to be true is that which appears before them in consciousness awareness. “What appears in consciousness is the phenomenon... perception of the reality of an object is dependent on a subject” (Moustakas, 1994, pp. 26-27). Husserl believed that conscious awareness is an active process in that individuals actively reflect upon their experiences to derive meaning. Transcendental phenomenology makes use of this reflective stance in order to understand the essential pieces of a phenomenon and to gain scientific understanding of that phenomenon (Moustakas, 1994).

In order to provide a window into this experience of conscious awareness, Husserl (trans., 1970) developed a philosophical system embedded in the subjective understanding of the world. Using phenomenology, a word that means, “to bring to light” (Moustakas, 1994, p. 26), researchers would be able to gain a scientific understanding of the underlying order and coherence of our experiences through personal reflection (Husserl, trans., 1970). The act of exploring conscious awareness is akin to investigating a darkened space using only a thin flashlight. In order to gain adequate information about the space, the investigator must look repeatedly and from various perspectives until all knowable information about the space can be revealed. The goal of transcendental phenomenological research, therefore, is to gather various perspectives from several participants who have firsthand experience with the phenomenon of interest in order to reveal all that can be known about the phenomenon. This process is described as reaching saturation (Moustakas, 1994). Moustakas (1994) noted that the challenge of this method
is to keep looking at the phenomenon repeatedly from different angles, as no single perspective of the phenomenon will ever be in itself conclusive. Rather, it is through various frames of reference that a deeper understanding of the phenomenon will emerge (Moustakas, 1994).

Further, phenomenology requires the researcher to engage in *epoché*. Moustakas (1994) describes *epoché* as the process through which the researcher attempts to eliminate all prejudgments and personal biases that they hold about the phenomenon in order to become open to the experiences of participants. In this way, the researcher becomes able to see the phenomenon through fresh eyes, and to uncover the essence of the phenomenon through the process of analysis, insight, reflection, and saturation (Moustakas, 1994). Thus, the researcher must acknowledge what they already believe to be true about the phenomenon and to *bracket*, or put aside, this knowledge in order to allow the true essence of the phenomenon to emerge from the data. The collected data describes the texture of the phenomenon (what is it) and the structure of the phenomenon (how it came to be). Once enough information is learned about the phenomenon of interest, the researcher synthesizes the data in order to reveal the essence of the phenomenon. Finding the essence of a phenomenon means to find all of the pieces of the phenomenon that are both necessary and consistent in its definition (Moustakas, 1994).

**Research Design**

Phenomenological research designs utilize either an unstructured or semi-structured method of data collection (Creswell, 2007). This often involves engagement in detailed interviews with a small number of participants with the goal being to gain scientific knowledge through the rich, detailed descriptions of those who have firsthand
experience with the phenomenon of interest. This research design uses inductive logic to allow contextual descriptions to emerge from the data, and thus generates new hypotheses as opposed to attempting to make predictions about the larger population (Creswell, 2007; Merriam, 2009). Finally, phenomenological research takes an emic, or insider, perspective in that it is concerned with the unique experiences of the individual as opposed to a more general set of variables then researchers that could attribute to an entire population (Merriam, 2009).

Researcher Disclosure

Researcher Stance

The researcher stance is part of the epoche process. By reflecting on my own experiences with the moral injury phenomenon, I was better able to identify and bridle any biases that I brought into the present study that might otherwise have prejudiced the data analysis process. Further, by clearly identifying these possible biases, I am allowing the consumer of this study to question whether or not I was successful in bracketing these preconceived notions, and thus whether this study has achieved an appropriate level of trustworthiness.

Through this self-reflection process, I was able to identify aspects of my personal narrative that might affect my perspective during this study. First, my father was both a veteran of the Vietnam era and a police officer who worked in a very dangerous neighborhood in New York City. While growing up, I always felt a tremendous sense of pride in my father’s service to country and community, and we shared a very close bond. He held a core belief, no doubt shaped by the violent and horrific events that he witnessed during his careers in both the military and the police department, which I have
inherited from him: given the right circumstances, all human beings are capable of committing vicious acts. Further, due to the close relationship that I experienced with my father, I hold feelings of tenderness toward those who choose to serve and protect others in their country and/or community. When I see males and females dressed in military or first-responder uniform, I desire to reach out to them with benevolence and goodwill. This is part of the reason why I want to become a psychologist: I aim to work with members of the veteran and first responder populations to help them through the pain and trauma that often times goes hand-in-hand with these occupations.

Next, I recall myself as an elementary school child learning about the horrible and evil events that occurred in Nazi Germany. I recall seeing, for the first time, photographs of rail-thin human beings crowded together in the concentration camps, and of the piles of naked bodies stacked high in mass graves. I remember wondering, how the well-fed, often proud looking German soldiers were able to live with their memories of having committed such abysmal acts? I wondered this again about Vietnam soldiers when I learned about the massacre at My Lai 4, and then again about the OIF/OEF soldiers when I learned of the horrific physical and sexual torture at the Abu Ghraib prisons. As a child, I was able to think of the proud German soldiers as real life monsters; as an adult I know that this is not the truth. For I have personally known good friends, veterans who have shared with me both their tales of atrocities, and their enduring moral anguish. These veteran friends were not real life monsters, although they often defined themselves as such, instead they were kind-hearted individuals who had, during their deployments, behaved in ways that severely transgressed their deeply-held moral values. I now regret that at the time, I did not know anything about moral injury, nor did I know how to listen
to or comprehend their pain. The regret that I still feel over my inability to understand their lived experiences has driven me to learn as much as I can about the moral injury phenomenon so that I can better serve future clients who present with the trauma of moral injury.

Finally, I possess deeply-held moral values around social justice and equality. While researching moral injury, I became distressed at uncovering the fact that approximately 90% of the samples employed in the prior research as described in the preceding literature review were composed of male veterans. Further, that the scant 10% of female veterans included in these samples were used in comparison groups with male veteran samples rather than used within a unique study such as that which I proposed in the present study. I hold the belief that to reduce members of a minority group to that of a comparison group with members of the dominant social group is to normalize the experiences of that dominant social group. In turn, this might accidentally minimize and even pathologize the experiences that minority group members may have in the same circumstances. Further, as I have seen evidence of in prior research, this minimizing of alternative experiences might lead to iatrogenic consequences such as misdiagnosis and inappropriate treatment plans.

Female veterans, in my opinion, are deserving of a level of understanding that goes far deeper than the question: do they share the same experiences as male veterans. When I consider the high rate of completed suicide among female veterans, I see a crisis within the female veteran population. It is my personal hope, in conducting this study, to begin the conversation around the needs of female veterans in order that mental health clinicians might be less likely to minimize their deployment-related experiences. Further,
that I might use the present study as a launching point to my career as a counseling psychologist to both serve female veterans as an informed mental health clinician, and to continue researching their unique deployment and reintegration (back to civilian life) experiences.

**Researcher Role**

My role in this study was that of a researcher. In qualitative designs, the researcher is the primary instrument in collecting, viewing, and analyzing the data. As the primary researcher, I influenced decisions made during this study, including questions that were asked during interviews, themes that were observed during data analysis, and so forth. To this end, it was important that my biases were bracketed to help me see the phenomenon through fresh eyes. Additionally, it was important to listen and to trust my dissertation committee to ensure that this study was conducted as objectively as possible. Further, it was my duty to ensure that participants were not harmed, that confidentiality was protected, that sound research practices were used, and that findings were accurate in terms of properly representing the experiences of my participants. I achieved this through adherence to the American Psychological Association’s *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2017) as well as by using techniques to ensure trustworthiness such as triangulation, peer review, and member checks.

**Methods**

**Institutional Review Board Approval**

Once my dissertation committee approved my proposal, I submitted an Institutional Review Board (IRB) application (Appendix A). This study did not recruit
participants from vulnerable populations (e.g., minors, pregnant females), and thus was eligible for expedited status. Once IRB approval was granted (Appendix H), the study was conducted as is described in the next section.

**Audit Trail**

An audit trail is a detailed and transparent set of records that are kept throughout the course of a research project (Merriam, 2009). These records include the step-by-step process of recruitment, data collection, and data analysis and synthesis, along with the thoughts and assumptions of the researcher that influenced the findings of the study. The audit trail serves two purposes: first, it allows other researchers to replicate the study, and second, it allows consumers of the study to determine its trustworthiness (Merriam, 2009). Lincoln and Guba (1985) outlined the specifics of what an audit trail should contain: (a) raw data, including any observation notes written by the researcher; (b) data reduction and analysis notes; (c) data synthesis products, including structure of categories, findings and conclusions; and (d) all process notes related to methods and trustworthiness (Lincoln & Guba, 1985). For this study, a detailed account of the research process was kept in an electronic research journal, and included the coding and analysis log that is available within the NVivo qualitative data analysis software (QSR International Pty Ltd, 2016) that was used to organize and code the interview data. This audit trail began once the IRB application was approved, and continued through until the final stages of the dissertation editing process.

**Participants**

Potential participants were recruited through snowball sampling, and were contacted both through email and online postings on social media (e.g., Facebook,
Participants were recruited from across the United States (U.S.) to ensure a diverse participant pool. Seeking an international sample may have led to logistical challenges (e.g., negotiating vastly different time zones, local internet speed and availability), and so participants were required to currently be residing within the U.S. The inclusion criteria in this study was that potential participants (a) must have served on deployment in the OEF/OIF conflicts, (b) must have identified and presented as female during their military deployment, (c) must currently be over the age of 18, and (d) must currently reside in the U.S. Active duty female personnel were excluded from the sample for various reasons. First, (a) transcendental phenomenology requires the passage of time between an event of interest (experiencing moral injury in the military) and the interview process. This period of time is meant to increase the participants’ ability to make meaning of the event (Moustakas, 1994). Second, active duty female personnel may require the use of what Freud (1992) referred to as defense mechanisms, such as denial and compartmentalization, in order to live and work within the culture of the U.S. military. The questions that participants were asked during these individual interviews might have shattered these defense mechanisms, leaving active duty female personnel feeling emotionally and psychologically vulnerable. Finally, despite efforts to ensure confidentiality to all of my participants, it is impossible to guarantee that their identity would never be surmised. It could be potentially dangerous to risk having an active duty member participating in this type of study where there remains any risk of her being identified by her leadership.

There was no one single method for determining the correct number of participants for a phenomenological study. Creswell (2007) offered a recommendation of
between five to 25 participants. Using previous literature as a guide, I found three phenomenological studies on the veteran population. The first is a 2009 study on the impact of Posttraumatic Stress Disorder symptoms on interpersonal relationships that recruited 10 participants (Ray & Vanstone, 2009). The second is a 2016 study on reintegration experiences of female OEF/OIF veterans that recruited eight participants (Maiocco & Smith, 2016). The third is a 2015 study on the expression of anger in active-duty Army personnel that recruited 20 participants (Lindebaum, Jordan, & Morris, 2016). Using all of this as a guide, this study attempted to recruit between five and 20 participants. Saturation was believed to have been reached at 11 participants, as this was the point when the same themes were recurring, and no new insights were given by additional sources of data.

**Data Collection**

**Call for Participants**

The recruitment process began with the call for research participants (Appendix B). This call for participants was sent out via social media sites (e.g., military clinician Facebook group; public female veteran groups) and via email. Specifically, I sent an email to numerous veterans groups that were somehow linked to the female veteran population (e.g., support groups for female veterans, groups providing resources for female veterans, beauty pageants for female veterans, online shops and boutiques that catered to female veterans). In each of these cases, the groups that I contacted were listed publically in some manner (e.g., they had a public webpage, they had a public Facebook group page), and a contact method was made available to the public (e.g., an email address, a Facebook IM address).
When calls for participants were made on public social media platforms (e.g., Facebook, Twitter), a hashtag was added to increase visibility (e.g., #femaleveterans, #femalewarriors, #womenwarriors). A hashtag is a tool used on social networks that allows users to make their posts easily found by other users who are interested in a specific theme. By using a hashtag, I was allowing my call for participants to be seen by any user on social media platforms who was intentionally searching for that hashtag. This is a private process wherein any user could anonymously view my posting without alerting me that my post was viewed. The call for participants integrated inclusion criteria for the present study along with a hyperlink for interested female veterans to click upon. The hyperlink led them to a Qualtrics survey page, the contents of which will be described in the next section (Appendices C, D, and E). These hashtags also allowed me to identify female veteran groups and organizations that utilized hashtags to make themselves easily found by female veterans and people who support the female veteran population.

**Qualtrics Survey Process**

The landing page of the Qualtrics survey contained the informed consent document (Appendix C) to participate in the study. The purpose for this informed consent was to provide information about the study, to identify any risks and benefits that may be experienced as a result of participating in this study, and to explain the ways that their identifying information was to be protected. Participants provided their informed consent by clicking a button at the bottom of the webpage that stated: *Yes, I agree to participate.* Once participants provided their informed consent, they were directed online to the Moral Injury Questionnaire-Military Version (Currier, Holland, Drescher, & Foy, 2015).
Participants then were taken to the third screen of the Qualtrics survey, which inquired about demographic information (Appendix E). At the end of this screen participants were informed that I would be contacting them shortly via their telephone contact information to schedule an interview.

At the end of the survey, all potential participants, including those who chose to end their participation for any reason, were taken to an exit page that provided a list of national veterans’ resources (Appendix G). In the end, 22 participants completed the survey process, chose aliases, and provided their contact information. I then contacted these 22 potential participants on the telephone in order to schedule their individual interviews. However, of these 22 initial participants, only 11 completed the interview process. Of the 11 who did not complete the interview process, eight participants did not return either of the two telephone messages that were left on their voicemail systems; two participants responded to the initial telephone call and said that they would call back when they were ready to schedule the interview, but neither called back and nor responded to a follow-up phone call; and one participant scheduled her interview, but then did not respond to the interview phone call nor did she respond to the follow up request to reschedule. When the data collection was completed, all 22 participants who had completed the survey process were sent an email thanking them for their time and informing them that data collection was complete. This was intended to provide a sense of closure for the 11 participants who did not participate in the second part of data collection.
Measures

**Moral injury questionnaire – military version.** As the present study was interested in exploring the experiences of moral injury in a female veteran sample, it made sense to use an instrument designed to identify moral injury among the veteran community. In 2015, Currier, Holland, and Malott developed the Moral Injury Questionnaire – Military Version (MIQ-M) (Appendix D). The MIQ-M is a 20-item, self-report questionnaire developed using factor analysis with two samples: (a) a community sample of OEF/OIF veterans \((n = 131)\), and (b) a clinical sample of OEF/OIF veterans \((n = 82)\). In both samples, a single higher order factor emerged with six effect indicators (community sample CFI = .83, clinical sample CFI = .98). The six effect factors represent six domains of the moral injury construct: (a) acts of betrayal (three items), (b) acts of excessive violence against others (five items), (c) acts that resulted in the death or harm to civilians (four items), (d) violence that occurred within military ranks (two items), (e) inability to prevent suffering or death of others (two items), and (f) moral conflicts (four items). The MIQ-M was developed to be used as a screening tool to assess the level to which a veteran had been exposed to morally injurious events (MIEs).

On the MIQ-M, participants are asked to describe their exposure to MIEs using a four-item Likert scale ranging from 1 (never) to 4 (often). Sample items include, “I did things in the war that betrayed my personal values”, and “I feel guilt over failing to save the life of someone in the war” (Appendix D). Participants receive a total score that ranges from 20 to 80, with higher scores indicating a higher amount of exposure to MIEs. While the MIQ-M provides MIEs from six different domains of the moral injury construct, this measure does not use subscales.
The MIQ-M is a relatively new scale that has only preliminary evidence collected to account for its quantitative validity. These preliminary data demonstrated good psychometric properties. Convergent validity analysis supported the MIQ-M as a useful scale in predicting the risk for several mental health issues. Specifically, higher scores on the MIQ-M were correlated with impairments with in work/social functioning ($r = .92$), Posttraumatic Stress Disorder ($r = .95$), depression ($r = .89$), and suicide risk ($r = .76$) (Currier, Holland, & Malott, 2015). The measure can be used as a tool by mental health professions and/or researchers to learn about experiences of moral injury that a client/patient might have endured. Subsequently, this measure can help to focus the clinical and/or research interview.

In the present study, the MIQ-M was used to gather qualitative data to determine specific MIEs/domains of moral injury to which participants had been exposed. The MIQ-M also served as a guide for me when I was preparing interview questions for each participant. For example, if a participant endorsed that she had experienced more MIEs in one specific domain (e.g., acts of betrayal), it made sense to place a greater focus on interview questions that pertained to that domain. Permission to use this measure was granted by Dr. Joseph M. Currier (see Appendix H).

**Demographics questionnaire.** The demographics questionnaire (Appendix E) was created by this researcher for the purposes of gathering information about each participant. Participants answered items based on their current age and occupation, their age during deployment(s), their racial identity, religious/spiritual identification, sexual identity, number of times deployed, dates and locations of military service, and date when they were discharged from the military. This page also provided participants with the
opportunity to (a) choose an alias; (b) to provide me with a phone number and email address; (c) to identify convenient dates and times during which I could reach them by phone to schedule their interview; and (d) to provide consent for video and/or audio recording of the interview. All participants provided consent to be video and/or audio recorded.

Setting

As per the requests of all eleven participants, interviews were conducted over the telephone and audio recorded. There is a large body of literature on the subject of telephone interviewing (e.g., Fenig, I Levav, & Yelin, 1993; Greenfield, Midanik, & Rogers, 2000; Sturges & Hanrahan, 2004) that has noted the efficacy and reliability of telephone interviewing, along with the motivation that some participants might have for opting for a telephone interview over a face-to-face interview. Fenig et al. (1993) noted that individuals showed a tendency to prefer a telephone interview when discussing topics of a delicate nature. Greenfield et al. (2000) found that telephone interviewing increases the participants’ perception of anonymity, and might make it easier for them to disclose sensitive information. Further, Sturges and Hanrahan, (2004) conducted a study in which half of their semi-structure interviews were conducted in person and the other half were conducted over the telephone. They wrote, “Virtually the same amount and quality of data were gathered regardless of whether the interviews were conducted over the telephone or face-to-face” (Sturges & Hanrahan, 2004, p. 112). Other researchers have also compared telephone and face-to-face interview transcripts and found no significant difference in responses (e.g., Tausig & Freeman, 1988; Weissman, Steer, & Lipton, 1986).
Other studies that have looked at both telephone and virtual interviewing (Mann & Stewart, 2000; Seymour, 2001), noted that these alternatives to in-person interviews held both positive and negative aspects. On the positive side, alternative interview modes offered opportunities for a more diverse sample than what might have been readily available in northern Colorado. Second, alternative interview modes allowed the participant an opportunity to end the interview whenever she might wish to drop out by simply hanging up her telephone. None of the participants did so. Third, telephone interviewing allowed for an ease of audio recording. Finally, the participants were able to partake in the interview from the privacy of their own home, thus minimizing the possibility of being overheard and having their confidentiality broken.

On the negative side, participants might have become distressed and expressed the desire to end the interview without having the opportunity to debrief or gain access to local referrals. Again, this did not occur during the actual interviews. Secondly, telephone interviews prohibited the researcher from gathering observational data that could be useful data in and of itself (Merriam, 2009). Additionally, telephone interviews might not feel as personable as interviews conducted in-person, and thus it took time for the researcher to develop rapport and trust with the participant. This rapport building was done in steps. First, I contacted the participant via the phone number provided to set up the interview time. During this initial phone call, I took time to answer questions, offer information about the study, provided information from the informed consent, and assured the participant that she was in charge of the interview. By this, I explained that nothing would be discussed that the participant did not wish to discuss, and should an uncomfortable or distressing question be asked the participant could change the subject
and/or state, “I don’t wish to discuss that” without consequence. These initial phone calls lasted between five and ten minutes, and helped to build a foundation of trust between myself and the participant.

**Interview Process**

Twenty minutes prior to each interview, I sent a confirmation text message to each participant reminding her of the upcoming interview. At the pre-arranged time, I initiated a voice call. The participant again was informed that the interview would be audio recorded and was asked if this was permissible. Upon verbal agreement, the recording feature was activated and the participant again was asked if she agreed to be audio recorded. She then provided verbal authorization for the interview to continue, which ensured that American Psychological Association ethical guidelines around the notification of recording devices was met (American Psychological Association, 2017). Both the participant and I were able to hear each other throughout the course of the interview. The interviews then followed the semi-structured format, which Merriam described as “a mix of more and less structured questions” (Merriam, 2009, p. 89).

Specifically, each participant was asked a maximum of five structured questions (Appendix F). Structured questions are questions that are pre-determined before the interview, and which are worded carefully in order to ensure that all participants are asked essentially the same question. Structured questions exist to ensure that specific information is gathered from each participant. In the present study, structured questions inquired about overall experiences of moral injury; for example, “what words or images come to mind when you think about these [morally injurious] experiences?” Unstructured follow-up questions were included as needed to explore their personal experiences of
each participant. Unstructured questions are questions that have not been pre-determined before the interview, and are asked to follow-up on information provided during the interview. The interviews ranged from 35 to 90 minutes apiece as per the narrative of the participant.

Upon the completion of each interview, I stopped the recording and spent time debriefing with the participant. This process consisted of my again explaining the purposes of the study, granting opportunity for the participant to ask questions about this study, and to discuss the interview experience. It also allowed me to provide participants with a referral list of national veterans’ resources, which was sent via email (Appendix G). These references were provided in the event that any participant wished to continue exploring her experiences above and beyond the scope of this study, or in the unlikely event that she had experienced any distress as a result of the interview.

Once the debriefing was over, I requested permission to contact the participant again in order to check the accuracy of the themes that emerge from her interview. This procedure is called a member check, and is used to enhance credibility of the research findings (Creswell, 2007; Merriam, 2009). The member check process will be described later in this chapter. When the entire process was finished, I disconnected the call. Participants who participated in these interviews were reimbursed for their time with a $20 gift card. Gift cards were emailed to the primary email account of each participant at the close of this study.

After the interview, I downloaded each digital recording onto a password-protected folder on my personal laptop computer. Only I maintained a copy of the recording. The downloaded recordings were destroyed once all data were collected,
transcribed, analyzed, and member-checked for the purposes of trustworthiness. Each participant had their own password-protected folder identified with their chosen alias that contained transcriptions from their interviews. De-identified analyzed data were kept (a) in a separate folder within this file, and (b) within the NVivo software (QSR International Pty Ltd, 2016). NVivo is a computerized software program that assists qualitative researchers in organizing and analyzing qualitative data. More information on NVivo will be provided later in this chapter. Once the present study was concluded, these data were moved to a password-protected USB flash drive. There, they will be securely stored in a locked file drawer for three years and then will be destroyed as per University of Northern Colorado IRB protocol. I transcribed all of the interviews.

**Data Analysis**

For this study, a descriptive transcendental phenomenological approach was utilized to analyze the qualitative data. Moustakas (1994) outlined a three-phase approach to data analysis that consisted of (a) phase one: phenomenological reduction, (b) phase two: imaginative variation, and (c) phase three: synthesis of meanings and essences. These phases each will be explored in turn.

The phenomenological reduction phase involved four steps: (a) bracketing, (b) horizontalization, (c) clustering meaningful statements into themes, and (d) organizing meaningful statements and themes into a textural description (Moustakas, 1994). Thus, I began the data analysis stage by again bracketing my preconceived notions about the phenomenon of interest. This helped me to approach the data with an open mind. Next, I engaged in the horizontalization process in which every statement within the interview transcription was at first given equal value, and then pruned of irrelevant and repetitive
information. What remained in the data were the horizons, or the statements that were most meaningful in describing the phenomenon. (Moustakas, 1994).

After this, I clustered the horizons into relevant themes. I did this by first printing the horizons onto plain paper and cutting each horizon into separate strips of paper. I used a sorting technique to arrange the strips into clustered groups. These groups became the clustered subthemes. These subthemes were then sorted into a second pile, which represented the overall clustered themes. These clustered subthemes and themes were recorded and set aside for approximately three weeks. After this period, the entire process was done a second time through fresh eyes. Once these subthemes and themes re-emerged, I considered them trustworthy and passed everything to my peer reviewer. The peer review process will be described later in this chapter.

These clustered themes then were synthesized into a coherent textural description of the phenomenon. Textural descriptions answer the “what” questions around the phenomenon through the textural qualities of the experience. On this, Moustakas wrote:

- rough and smooth; small and large; quiet and noisy; colorful and bland; hot and cold; stationary and moving; high and low; squeezed in and expansive; fearful and courageous; angry and calm – descriptions that present varying intensities; ranges of shapes, sizes, and spatial qualities; time references; and colors all within an experiential context. (1994, p. 90)

Next came the imaginative variation phase of data analysis. In this phase, I identified the conditions that must exist in order for the phenomenon to occur. Moustakas (1994) wrote that in order to accomplish this phase, the researcher must (a) imagine all the possible hows of the phenomenon, (b) recognize the underlying framework that might account for the occurrence of the phenomenon, (c) consider the context around which the phenomenon occurred, and (d) use examples among the data to develop structural
descriptions (Moustakas, 1994). The structural description describes how or under which conditions the phenomenon emerged (Moustakas, 1994). Finally, during the synthesis of meanings and essences phase of data analysis, I integrated the textural and structural descriptions into a coherent description of the essence of the phenomenon.

**NVivo qualitative data analysis software.** NVivo (QSR International Pty Ltd, 2016) is a qualitative analysis software system used to help researchers store, organize, and analyze qualitative data. First, I uploaded the audio recordings of the semi-structured interviews into the NVivo transcription tool in order to create accurate verbatim transcriptions of each interview. I used the timestamp feature in order to allow myself to revisit each specific statement at any time during the data analysis phase in case I wanted to review the prosody of the interviewee. Next, during the data analysis phase, I reviewed these transcriptions and used the software to create nodes to help organize and describe the data. A node is a special tool used in the NVivo software to highlight, collect, and describe data that discusses similar experiences. For example, when a participant reported having had the experience of gender-based discrimination, a node was created to capture this experience (e.g., experiencing gender-based discrimination) and then all statements that reference the experience of gender-based discrimination were similarly captured and clustered under this node. I was then able to access and review all the thematically related data together collected under each node (QSR International Pty Ltd, 2016). This helped to organize the data so that the researcher could easily access quotations to support each theme and keep track of the thematic experiences of each participant. These nodes were then sorted into subthemes, which were them sorted into clustered themes. These clustered themes were checked against the clustered themes that had emerged during the
previously described paper strip sorting process. These NVivo themes acted as a confirmatory analysis procedure, which increased trustworthiness.

**Peer review.** The peer review process is another phase in the qualitative validity process. During this step, a second researcher reviewed the transcriptions to ensure that the findings were consistent with the data. For this study, the peer reviewer was a Ph.D. student of advanced standing who has had experience working with members of the veteran population, and thus an understanding of the culture of the U.S. military. She also had experienced with qualitative research methods and phenomenological data analysis. When she completed her data analysis process, she and I met to confirm our findings. The peer reviewer’s independently constructed codes were extremely similar to the codes constructed by myself, and overall there was no intersubjective disagreement. Once this process was completed for each participant, a member check was conducted for further confirmation.

**Member check.** A member check is a procedure in qualitative research during which participants are invited to review the themes that emerged during their unstructured interviews to validate whether or not the themes are an accurate representation of their lived experience (Crotty, 2015). In the present study, participants were asked to participate in member checks during which each participant was given the opportunity to validate and/or disagree with any of the themes related to her interview. One participant requested, during her interview telephone call, to be excluded from the member check altogether as the interview had been emotionally taxing on her. Once I completed data analysis for a given participant, I sent an email to that participant with (a) a password-protected document containing all of the themes that emerged from that
participant’s interview, (b) a message informing the participants that they would be receiving a separate text message containing the password in order to increase confidentiality, and (c) a request to schedule a follow-up telephone meeting. I also sent a text message containing the password to the document. Two participants agreed to the peer check telephone meeting, and each of these meetings ranged from five to 10 minutes in length. Five participants declined the telephone meeting and instead either emailed and/or sent a text message to me stating that the themes presented in the member check document were true and valid representations of their experiences. Three participants ignored both the initial email/text message and so I sent one follow up text message to inquire if they had received the document. None of them responded to this second text message. Of the eleven participants, seven ultimately participated in the member check process.

**Ethical Considerations**

The first ethical consideration was to ensure that each participant fully understood the informed consent document. As the entire research process occurred both online and over the telephone, each participant initially consented to participate in the study via the Qualtrics survey (Appendix C). Since the Qualtrics survey was completed out of my presence, I took time during the initial telephone conversation to provide information given within the informed consent before scheduling each interview. This was done in order to ensure that each participant fully understood the contents of the informed consent before participating in the interview. Specifically, I reminded participants what the interview and member check process would look like, informed them that they could end participation at any time and without consequence, and reminded them about the
steps that I was taking to increase confidentiality. It was at this point that participants elected to be interviewed over the telephone instead of over the Internet, and that I reminded them that they would be audio recorded. Again, each participant agreed to the audio recording.

Additional ethical considerations were taken into consideration during the present study that have been historically inherent in qualitative research. The role of the researcher, for example, is different in a qualitative study then compared to a quantitative study. As a qualitative researcher, I spent time with my participants in order to build a safe and trusting environment and to help them feel more comfortable in sharing their personal experiences. I was careful with the trust that was granted to me within this relationship, and remained mindful of the power differential that my participants were likely experiencing. I tried to maintain a collaborative environment during data collection in order to reduce the likelihood that participants would have felt interrogated or might have said more during their interviews then they wanted to share. Additionally, I avoided dual relationships with participants both during and after the study.

As a counseling psychology student, I was careful to maintain the researcher role and not delve into a counseling role during the interviews. Specifically, I avoided probing too deeply into emotional topics during data collection as I might have done during a therapy session. It was ethical to use therapy skills to decrease a participant’s emotional escalation or to calm physiological reactions during the interview; however, it would not have been ethical to elicit said distress in order to get more information from a participant.
Trustworthiness

The term trustworthiness describes the validation methods that qualitative research uses to ensure that the study can be taken seriously (Merriam, 2009). There are four main concepts connected with trustworthiness as described by Lincoln and Guba (1985): credibility, transferability, dependability, and confirmability. These concepts have been embraced by qualitative researchers and are considered best practices.

Credibility refers to the accuracy of the study, or how credible are the findings. It is a way to measure whether the study accurately captured reality, or simply confirmed the biases of the researcher. Given that researcher biases can lower the credibility of the study, a number of techniques are available to bring other perspectives into the analysis. This study used some of these techniques to ensure that credibility is reached. First, I used prolonged engagement, which included my having spent 60 to 90 minutes with each participant in order to better understand their experiences and their values, and to create a safe and supportive relationship within which they hopefully could better engage in our discussions. Secondly, I used triangulation, which means that I attempted to gather data from multiple sources. In this study, these data sources were (a) the demographic questionnaire, (b) MIQ-M (Currier, Holland, & Malott, 2015), (c) the semi-structured interviews, and (d) observation notes. Once these data were collected, I engaged in three phases of data analysis that involved two separate sorting tasks through which clustered themes emerged and then re-emerge from the horizons, followed by a single analysis phase while utilizing the NVivo software to allow these clustered themes to re-emerge for a third time to further confirm the findings. Additionally, a peer check was conducted to
ensure that emerging themes are a true representation of the actual data. As previously described, this peer was an advanced counseling psychology doctoral student who has significant experience in qualitative methodology. Finally, member checks with participants were completed to ensure that their subjective experiences are captured during data collection, and analysis.

Transferability refers to the ability to generalize findings to a larger population (Creswell, 2007). This is also very important to the present study as I was hoping to be able to use these findings both to understand the experiences of female veterans as a group and to fuel future studies on moral injury with the female veteran population. While important, it is difficult to generalize a qualitative study to a larger population because it is concerned with the subjective experiences of its participants (Creswell, 2007). Yet, by understanding the common experiences of our various participants, it remains possible to unearth variables that then can be studied quantitatively in a much larger sample. To increase transferability, this study aimed to collect a relatively large and diverse sample of participants. It was the researcher’s intention to gather data from all different branches of the military (Army, Navy, Air Force, and Marines) if possible, and from females who identify across sexual orientation, ethnicity, ages, SES groups, and so forth. The researcher also hoped to find a large range of experience in the military, from those who served a single tour, to those who made decades-long careers out of their service. Finally, the researcher hoped to interview females who were deployed once, and females who were deployed multiple times. In Chapter V, the researcher will explore the transferability of the finished project; however, it will be the reader who will ultimately decide the extent to which these findings are transferable (Creswell, 2007).
Dependability refers to whether or not this study can be replicated by a different researcher with different participants who meet present criteria (Creswell, 2007). To meet the criteria for dependability, the researcher used an audit trail to document the steps that they took from recruitment to discussion. Due to the subjective nature of qualitative research, it is unlikely that a second study would recruit different participants and emerge with the exact same themes. However, the audit trail helps to describe the exact steps that the researcher took to reach this study’s conclusions.

Finally, confirmability refers to the objectivity of the study. It answers the question: Would other researchers take my exact data and find the same themes as the present researcher? To ensure that confirmability is satisfied in this study, I used peer review wherein de-identified transcripts were given to one different researcher for analysis. Where findings differed, a discussion was had to recognize how each researcher came to their respective conclusion. Themes were only regarded as confirmed when a consensus was reached. This was done because despite this researcher’s best efforts to bridle their biases, there will always remain the possibility that these biases may influence their data analysis. With peer review, hidden biases can be spotted and pushed aside in favor of the actual experiences of participants.

**Summary**

In this chapter, the intentions of this qualitative study were identified; the investigation of the moral injury construct among a female veteran sample. Constructivist theory was presented as the epistemological foundation of this phenomenological study. Constructivist theory posits that individuals are active agents who can only know what they experience. Further, that these individuals actively create meaning from their lived
experiences in order to create a sense of order in their lives (Crotty, 2015; Mahoney, 2003). Transcendental phenomenological was identified as the research methods theory of the present study. Transcendental phenomenology places importance on understanding the nature of a phenomenon through the conscious lived experiences of individuals who experienced the phenomenon firsthand (Husserl, trans., 1970; Moustakas, 1994).

Next, this chapter described the proposed methods of recruiting OEF/OIF female veterans through snowball sampling, and stated that potential participants were contacted through email and online postings on social media. Further, participants were recruited from across the U.S. to best ensure a diverse participant sample. Through consideration of the literature, a rationale was provided for the final sample size of 11 participants. Potential participants first provided their informed consent to participate in this study and then answered the MIQ-M (Currier, Holland, & Malott, 2015) to provide supplementary data, along with the demographics questionnaire. Twenty-two prospective participants completed the online survey; however, only 11 participants completed the semi-structured telephone interview. I analyzed these data, and then a peer check was conducted to confirm the findings. Two additional female veterans contacted me with the desire to participate in this study; however, saturation already had reached after 11 participants, and thus I declined to interview them. While these two veterans still were interested in sharing their stories with me, I was aware of the significant emotional toll that these interviews already had taken on the previous 11 participants. Thus, I chose to follow the American Psychological Association’s Ethical principles of psychologists and code of conduct (American Psychological Association, 2017), primarily with respect to
the foundational principle of nonmaleficence, and refrain from potentially subjecting them to any emotional distress without cause.

Finally, seven of the 11 participants participated in a member check procedure, which was conducted to provide participants with the opportunity to confirm that the themes that emerged during their interviews were valid representation of their experiences. During this process, participants were emailed a password-protected document containing the themes that emerged during their interviews. Given the emotional intensity that participants experienced during the individual interviews, some of them chose not to be involved in the member check process. As per the American Psychological Association (2017), researchers must take care to engage in nonmaleficence toward those with whom they work. In part, this means to ensure that harm is not done to research participants. Thus, those who chose not to participate in the member check process were free to say no and/or to ignore any communication about the process without consequences. Two participants then engaged in a five to 10 minute telephone meeting with me and validated the findings, and five participants responded to my email with written confirmation that the findings were true representations of their experiences. All 11 participants were reimbursed for their time with a $20 gift card and debriefed with a referral list of national veterans’ resources.

This chapter also described the method of data analysis, which began with interview transcriptions and continued through the use of Moustakas’s (1994) method of data analysis. The data twice were first hand-sorted into subthemes and then into clustered themes to ensure that these themes were true representations of the interviews. Next, NVivo software (QSR International Pty Ltd, 2016) was utilized as a tool to re-
organize and re-analyze these data as a way to confirm the findings. Finally, this chapter examined salient ethical considerations, along with the methods of trustworthiness used in this study to help ensure its validity (Merriam, 2009).
CHAPTER IV
RESULTS

Introduction

This study intended to investigate the construct of moral injury among a female veteran sample. A total of 11 OEF/OIF female veteran participants ultimately were recruited and interviewed for this qualitative phenomenological study. Demographic information on these 11 participants will be discussed later in this chapter.

The present study was guided by the following research questions:

Q1 What themes of moral injury may be present in the stories that female veterans tell of their deployment experiences?

Q2 How might moral injury present itself among female veterans?

Q3 What may be the impacts of moral injury among female veterans?

Q4 What might counseling psychologists need to understand about the effects of moral injury on female veterans in order to better serve this population?

This chapter contains the results of the current study. First, a demographic description of all eleven participants will be provided in order to assess the diversity of the participant sample. Second, each of the eleven participants will be introduced and a summary of their individual interviews will be provided. Finally, the clustered themes that emerged via the data analysis process will be presented as a means to describe and explore the shared lived experiences of our participants with the phenomenon of interest, moral injury.
Participant Sample

All participants (a) identified as female, (b) resided in the U.S., (c) were veterans of the U.S. military, and (d) had deployed into either Operation Enduring Freedom (OEF) and/or the Operation Iraqi Freedom (OIF) for at least one tour of duty. Participant ages ranged from 32 to 55 years, with a mean of 40.27 years of age (SD = 6.41 years). The length of time that they had served in the U.S. military ranged from five to over 25 years, with a mean of 11.9 years (SD = 7.3 years). The number of deployments reported ranged from one to five, with a mean of 2.9 deployments and a modal of 2 deployments (SD = 1.22 deployments). Further, four participants had served solely in OEF, four had served solely in OIF, and three had deployed into both conflicts. Table 4.1 provides further demographic information for all participants, including religious affiliation, role served during deployment, sexual orientation, and rank during deployment. This table presents the participants anonymously and in a random order to further increase confidentiality for participants.

Individual Participants

In this section, each of the 11 participants will be introduced in alphabetical order according to their chosen pseudonyms. Pseudonyms were either chosen by the participant prior to data collection, or selected by myself prior to data analysis. There were two situations in which I chose the pseudonym, the first was if the participants requested to researcher to choose, and the second was in the event that the participant chose a pseudonym that was too close to their actual name (i.e., Jennifer chose ‘Jenny’ and a pseudonym). Further, a summary of each participant’s interview is included to provide
additional information about the experiences that each participant reported during the data collection process.

Table 4.1

**Participants’ Demographics (n = 11)**

<table>
<thead>
<tr>
<th>Race</th>
<th>Age</th>
<th>Rank</th>
<th>Role Served</th>
<th>Religion</th>
<th>Branch of Military</th>
<th>Total Years Served</th>
<th>Total # of Deployments</th>
<th>Conflicts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>37</td>
<td>Captain</td>
<td>Military Police</td>
<td>Christian</td>
<td>Army</td>
<td>7</td>
<td>2</td>
<td>OIF</td>
</tr>
<tr>
<td>Caucasian</td>
<td>37</td>
<td>Petty Officer</td>
<td>Firecontrolman</td>
<td>Christian</td>
<td>Navy</td>
<td>6</td>
<td>2</td>
<td>OEF</td>
</tr>
<tr>
<td>Caucasian</td>
<td>39</td>
<td>Lieutenant</td>
<td>Pilot</td>
<td>Christian</td>
<td>Navy</td>
<td>7</td>
<td>2</td>
<td>OEF &amp; OIF</td>
</tr>
<tr>
<td>Caucasian</td>
<td>38</td>
<td>Private</td>
<td>Chaplain’s Assistant</td>
<td>Christian</td>
<td>Army</td>
<td>12</td>
<td>1</td>
<td>OIF</td>
</tr>
<tr>
<td>Caucasian</td>
<td>32</td>
<td>Sergeant</td>
<td>Human Resources</td>
<td>Christian</td>
<td>Army</td>
<td>5</td>
<td>1</td>
<td>OIF</td>
</tr>
<tr>
<td>Caucasian</td>
<td>46</td>
<td>Sergeant</td>
<td>Finance</td>
<td>Other</td>
<td>National Guard</td>
<td>6</td>
<td>1</td>
<td>OEF</td>
</tr>
<tr>
<td>African American</td>
<td>46</td>
<td>Sergeant First Class</td>
<td>Petroleum &amp; Logistics Specialist</td>
<td>Christian</td>
<td>Army</td>
<td>25+</td>
<td>2</td>
<td>OEF</td>
</tr>
<tr>
<td>Caucasian</td>
<td>39</td>
<td>Staff Sergeant</td>
<td>Motor Transportation Operator</td>
<td>Spiritual</td>
<td>Army</td>
<td>14</td>
<td>3</td>
<td>OIF</td>
</tr>
<tr>
<td>Multi-racial</td>
<td>55</td>
<td>Staff Sergeant</td>
<td>Combat Correspondent</td>
<td>Christian &amp; Buddhist</td>
<td>National Guard</td>
<td>22</td>
<td>3</td>
<td>OEF &amp; OIF</td>
</tr>
<tr>
<td>African American</td>
<td>39</td>
<td>Staff Sergeant</td>
<td>Human Resources</td>
<td>Christian</td>
<td>Army</td>
<td>20</td>
<td>1</td>
<td>OEF</td>
</tr>
<tr>
<td>Native American</td>
<td>35</td>
<td>Staff Sergeant</td>
<td>Combat Medic</td>
<td>Christian</td>
<td>Army</td>
<td>7</td>
<td>2</td>
<td>OEF &amp; OIF</td>
</tr>
</tbody>
</table>

**Agatha**

Agatha (pseudonym) requested that her interview be audio recorded conducted over the telephone rather than video recorded over the Internet to increase confidentiality. She later participated in the member check process and verified the accuracy of the themes that emerged during the data analysis. The complete list of her meaningful horizons is presented in Appendix I. Agatha endorsed that she had multiple experiences of moral injury on the MIQ-M, specifically having witnessed atrocities; having herself
perpetrated acts that went against her personal moral code; feeling deeply betrayed by superiors, peers, and trusted civilians; and having been a victim of Military Sexual Trauma. Military Sexual Trauma for Agatha included sexual harassment, unwanted sexual contact, and sexual assault including two rapes.

Agatha was animated and extremely talkative throughout her interview. She had an emotional edge to her voice and her speech sounded pressured at times, as though she were trying to say everything at once. Her narrative lacked a coherent flow and as a result her stories were circuitous. As an example, she began to answer a question about having felt undertrained for her deployment duties, and then jumped tangentially to a previously reported experience of Military Sexual Trauma. She acknowledged that it was hard for her to focus on her experiences, and twice had to interrupt her own monologue to ask for the question to be repeated. Agatha passionately declared that she had been motivated to participate in the present study because she felt that political and military leaders have done “nothing” to prevent MST from occurring. She stated angrily, “I feel betrayed by the U.S. Government. That we're no better than terrorists if they don't fix this, or maybe they're worse because they cover it up.”

Agatha reported conversationally that she had experienced feelings of betrayal from both her leadership and her military peers. First, as a chaplain’s assistant, her pre-deployment training did not involve soldiering activities, such as using weapons and learning self-protective tactics. Due to this lack of formal military training, Agatha specified that she felt physically vulnerable during her OIF deployment, particularly when she had to go “outside the wire” (she left the military base) without ammunition. Further, she spoke incredulously about the ways that she had been required to perform
duties that were well above her rank. “I was only a private and I was doing things that probably a Sergeant First Class level should have been doing.” These extra duties included performing memorial services for soldiers who were killed in action, which she had not been trained to do prior to her deployment.

Agatha spent most of her interview discussing the multiple experiences of MST that she had endured throughout her military career. She was one of four females deployed with her unit to Iraq, and one of two among them to have been raped during her deployment. Her superior officers both sexually harassed and assaulted her. When she reported MST to her leadership, her experiences were minimized and ignored. She stated furiously:

When we were doing combatives (hand-to-hand combat training), a Specialist rubbed his face on my breasts. ...When I was trying to learn how to drive a Humvee, the Sergeant kept asking me to go to the club with him ... and told me that he dreamed of me sucking his dick, and then told me he was horny all the time. I mean I was pretty terrified by that point. ...I felt like they were treating me like a hooker, and I didn't want to sleep with any of them. Like, I didn't. I just wanted to go out for drinks with the guys and be a member of the team. ...The second time I was assaulted, the Sergeant said he was going to take me out with people from my unit, and I had only been in the Army for like 3 weeks, and I remember this clearly that the female Sergeant said, “Oh, you're going to break her in?” And then we went to the bar, and he refused to let me go back on base with other Sergeants, and then that night he tried to assault me. I had to push him off me, I didn't want him kissing me and stuff, and so I told the Commander but the Commander didn't do anything. ...In February, I was date-raped by my Platoon Sergeant and later learned there was a bet for $50 that he could successfully score with me. When I reported this, my First Sergeant said I was pretty and these things would happen.

Agatha also reported resentfully that her male military peers both ostracized her and spread false rumors that she willingly had engaged in sexual improprieties for career advancement.
Additionally, Agatha stated that she was threatened by a Commanding Officer who had sexually assaulted her. She said, “My Platoon Sergeant threatened me and said he was going to get me and that I would not ruin his 20-year career.” She also stated, “Things got so bad in my unit that we [females] had to pull guard duty to make sure that the males wouldn't come upstairs to the female floor, and there were only four females, so we didn't always get enough sleep.” She was clear that she and her female peers felt unprotected by their leadership, and so they had to take it upon themselves to act in this self-protective manner.

Ultimately, the impact of Agatha’s military experiences on her post-discharge life has been grave. She has been diagnosed with Posttraumatic Stress Disorder, depression, anxiety, and insomnia. She has been unable to work, and spends much of her time socially isolated from others. She does not believe that mental health professionals could help her, or other female veterans who have experienced a lot of MST. She stated, “Once you're that tortured, it's pretty hard to recover. I don't know how I’ll ever recover other than studying the Bible and believing in myself.”

**Anne**

Anne requested that her interview be conducted over the telephone with an audio recording as opposed to over the Internet with a video recording in order to better protect her confidentiality. She did not participate in the member check process and thus the themes that emerged from her interview were verified through peer review. The complete list of her meaningful horizons is listed in Appendix J. On the MIQ-M, she endorsed a history of feeling deeply betrayed by her superiors. During her interview, she also
reported that she had experienced Military Sexual Trauma prior to her deployment. Her MST experience included having been sexually assaulted by a superior officer.

Anne was generally polite and formal throughout her interview, with a calm and pleasant affect and a straightforward style of question answering. She offered detailed descriptions of her military experiences with minimal prompting, and appeared to be self-reflective in her responses; which was evident by her stating things like, “I never thought about it like this before,” or “I just realized that...” When she explored experiences that she identified as having been emotionally difficult, her voice revealed traces of congruent affect; however, it seemed as though she was attempting to suppress these emotions. This became more apparent as she began to speak about the importance of military bearing in her life, which she defined as her ability to “keep a respectful tone, calm, collected,” regardless of what was going on around her.

Anne’s interview focused on four types of events that she experienced during her military career. First, she described the experience of having been protected by her military leaders because she was a female. She stated that she had been given orders to deploy a few years prior to her actual deployment, but at that time her Commanding Officer had “called in a couple of favors” to get another specialist assigned to her unit. She said she had never asked to avoid her deployment orders, and in fact she acknowledged having felt slighted because she did not understand why she was being held back from deploying with her unit. By the time that Anne received her second orders to deploy, she was married to a soldier who held a high rank in the Army. She stated that this was relevant because once she deployed, her husband arranged for his own deployment so that he could protect her. Ironically, her husband became injured during
his own deployment, and Anne subsequently has had to take on the role of being his caretaker. Anne reported that her Commanding Officer and her husband were friends, and so her husband was able to protect her by deciding what jobs she would and would not be required to perform. Anne described how she had volunteered for various missions off the military base, but her Commanding Officer always denied her requests.

Second, Anne reported that a military superior had sexually assaulted her at the beginning of her military career, a few years before her actual deployment. She stated, “We were at a party and then from the best of what I can figure from the symptoms that I dealt with, he must have put something in my drink, or someone put something in my drink.” When she confronted her assailant, she stated that he minimized the rape and even blamed her for the rape having occurred. Finally, she described how he used guilt as a means to prevent her from reporting it. Specifically she said:

[He told me], “You shouldn't have been drinking, and now I'm going to get in trouble.” And at that point being a start soldier was everything to me. And then he said, “Well, you know, I have two sons at home. If you do this to me, this is just going to hurt them. I have to support them, and they're gonna take my money away and I'm not gonna feed them,” and at 18 years old I felt really guilty.

Anne also stated that she felt humiliated by her MST experience, and she also felt a sense of personal responsibility for the MST because she had consumed alcohol at the party. She stated her participation in the rape went against her moral values.

Third, Anne reported that her leadership on deployment had failed to provide her with guidance as to what they had expected from her as a new Sergeant. She stated,

In the regular Army, when you become an NCO (Noncommissioned Officer), they sit you down with a written document and say, “Here are the expectations of you and your job. Here are, like, what you are expected to perform and so forth. Here are the soldiers that report to you,” you know? I was kind of waiting for some indication like that.
Further, she described how, when she did take the initiative to command a group of female soldiers, her leadership had failed to support her authority. She stated, “The females complained that I was waking them up from their naps eight minutes before the bus was supposed to show up to take us to this live fire exercise. Somehow I was in the wrong, and my authority as a Sergeant was taken.”

Finally, Anne specified that she had experienced rejection from her military peers throughout her deployment. Further, that her military peers had spread false rumors of sexual impropriety about her, which began after she was promoted to Sergeant. She said:

Myself and three other males were promoted to Sergeant on the same day, but within just a couple of weeks, it was widely believed that I had slept with my commander to get my promotion. Nothing about the other males, but because I was a female clearly I must have slept with him to get my promotion.

Being ostracized by her peers had a very strong impact on Anne’s emotional health; she felt depressed and alone through much of her deployment, and her inability to control and repress these painful emotions made her feel like a failure. She stated:

I think the hardest struggle, was feeling not in control of how I reacted. I'm a big fan of controlling your reaction to whatever outside circumstances affect you. But for some reason I felt like a failure that I couldn't control that, that I couldn't let it go, that I couldn't just blank it out.

She also stated that she became suicidal and angry. She said, “Honestly, there were a few times that I thought, well if I went into the middle of this field and just did it then (pauses and takes a deep breath), you know, it would end it. I wouldn't feel tortured all the time.”

Anne said that when she returned home from Iraq, she had to confront her feelings of anger toward her husband for having held her back from performing her duties as a soldier. She also reported that she went to psychotherapy on two separate occasions to process her Military Sexual Trauma; however, she noted that her mental health
clinicians kept telling her that she had to feel angry, so she stopped going. She stated, “I
didn't want people telling me to be angry. That's not the person I am and I don't want to
be angry.” She said she tried to connect with the veterans’ community, but she that she
felt minimized by male veterans because she was a “FOBBIT” (a person who never left
the forward operating base). Further, she claimed that U.S. civilians have disrespected her
by assuming that she is not a veteran because she is female and a caregiver for her
husband (who had been injured during his deployment). Ultimately, she found a group of
female veterans online with whom she has connected, which has been an incredibly
positive experience for her.

Chris

Chris requested that her interview be audio recorded conducted over the telephone
rather than video recorded over the Internet to increase confidentiality. She did not
participate in the member check process and thus the themes that emerged during the data
analysis were verified through peer review. The complete list of her meaningful horizons
is listed in Appendix K. Chris endorsed that she had multiple experiences of moral injury
on the MIQ-M, specifically having witnessed a number of atrocities; having perpetrated
morally transgressive acts; feeling deeply betrayed by superiors, peers, and trusted
civilians; having feelings of guilt; and having been a victim of Military Sexual Trauma.
Military Sexual T for Chris included experiences of unwanted sexual contact and sexual
harassment from numerous superior officers.

Chris was polite and friendly during her interview, and had a tendency to say
“Yes, ma’am” and “No, ma’am” when responding to questions. She spoke in a matter-of-
fact tone of voice through most of her interview, but also became tearful and/or angry at
times when discussing experiences that sounded particularly heinous. Twice, while
describing extremely difficult situations (e.g., having been without food and water rations
for months on end), she suddenly began to laugh and stated, “I have to laugh because it’s
just crazy.” During the post-interview debriefing, she expressed gratitude about the
present study, and explained, “Female vets are always ignored, so it feels good to have
someone want to listen.”

Chris reported that she had experienced a great deal of betrayal from her military
leadership during each of her three deployments. She described conversationally how she
and the members of her unit had not been provided with basic necessities during the first
seven months of her first deployment.

For the first tour, we had no showers. We were begging for water. We were
having to scrounge for food. We were living in our trucks. We didn't get anything
other than MREs until Thanksgiving, so we were on MREs and hot water from
April till November. And then once we got a building to sleep in, we had to clean
out one of the buildings in [City] in order for us to have a place to sleep. Yeah,
and so until we got laundry and stuff, we had to take it [dirty clothes] down to the
lake to wash our clothes and take a bath. It was pretty interesting in the beginning.
...The battalion that we were helping didn’t have us in their numbers for their food
and water, so that became the challenge, figuring out how to work out these
logistics with the people were attached to, and the same thing with the
maintenance for our vehicles. ...We didn’t have armor, we didn’t have enough
plates for our flack vests... and we didn’t have armor on our vehicles, none of that
in the beginning.

As the Noncommissioned Officer in her unit, she explained that she was the one who had
to negotiate with the Battalion Commander for MREs and water rations, and that she and
the members of her unit had to sleep in their convoy trucks every night.

Further, the Battalion Commander attempted to sexually assault her on a daily
basis for almost two months. She stated indignantly, “The Command Sergeant Major for
the battalion, he would come on my truck and be like, Oh yeah, I just want to sit and talk,
and then try to get all touchy-feely.” She claimed to feel angry and powerless because she could not report him without risking the welfare of her unit members. She stated, “I had four soldiers with me that I had to make sure that they had food and water and stayed healthy. So do you risk their lives [by reporting MST]?” She also added that reporting MST had its own risks, “If you report it [MST], you’re ostracized by everybody. Oh, she's going to go crying, and, stay away from her, and then you have no respect from your soldiers or the people you're supporting.”

Chris stated that she felt outraged at the relative comfort in which her leadership lived during deployment compared to the relative discomfort in which she and the members of her unit were made to live. She said that her leadership kept her unit operating off base for days and even weeks at a time, while these same leaders remained on base with full access to hot meals, comfortable beds, and the Internet. Second, she said that she was furious over the way that the leadership did nothing to prevent active duty males from constantly trying to seduce female active duty personnel. She described these acts of seduction as being more annoying than harassing. Next, she related an event in which her unit members had been sent out on a dangerous mission because her Commanding Officer was doing a favor for his friend. Further, she reported that when her convoy was subsequently attacked with an improvised explosive devise (IED), her leadership failed to acknowledge the loss of life and limb. She stated, “They were just like, Okay y'all go rest and in three days you're going back out on mission. Not one word to the people who just fought off the enemy and watched our friends die and have missing body parts and get severely injured.”
Chris also reported having had first-hand experiences of moral injury through both bearing witness to, and perpetrating, acts that transgressed her deeply-held moral values. She described with a voice thick with sadness the ways in which enemy insurgents had used children to attack the U.S. convoys, adding that at times she had been forced to order their death. She stated, “When you're in command of a truck, and you've got a kid shooting at you, it's really challenging to give that order to kill that child because he's a threat to you and your people.” Other times, she said she had passively allowed children to die by refusing to order her convoy trucks to halt. She explained heatedly, “The women [in the villages] would take their young kids and throw them under our trucks for us to run over them to try to get us to stop so they could steal our food because their families were starving, and you had no choice. You could not stop, you had to keep going.” Being in the presence of dying children was especially difficult for Chris because she was a mother. She stated that having two children who were roughly the same age as the children she had been forced to kill made her feelings of guilt worse.

After her deployment, Chris said that she had a difficult time returning to her children. She said that she carried so much anger and survivor’s guilt from her deployment that she was unable to effectively resume her role as mother. As a result, she stated that her parents continued to raise her two daughters for the next few years. She described feeling an added sense of guilt due to her having been a single mother on deployment because her daughters both believe that she chose her military career over them. She stated, “They don't understand that I was a single mom and I stayed in the
Army and risked my life so I can put food on the table and support them and so that's what makes it tough.”

**Dixie**

Dixie requested that her interview be audio recorded conducted over the telephone rather than video recorded over the Internet to increase confidentiality. She later participated in the member check process and verified the accuracy of the themes that emerged from data analysis. The complete list of her meaningful horizons is listed in Appendix L. Dixie endorsed that she had experienced multiple experiences of morally injurious experiences on the MIQ-M, specifically having witnessed a number of atrocities; having herself perpetrated acts that went against her personal moral code; feeling deeply betrayed by superiors, peers, and trusted civilians; having feelings of guilt; and having been a victim of MST. Military Sexual Trauma for Dixie included having been sexually assaulted by a military peer.

Dixie was extremely polite and pleasant throughout the interview, and spoke in a low tone of voice that was often thick with emotion. She had a soft southern accent, and used the word “ma’am” over and again while answering questions. Dixie spoke of her experiences with the fluidity of a natural storyteller, and included the sights, sounds, and emotions of each event. When she described her various combat-related experiences (e.g., having wielded a digital camera and an automatic weapon simultaneously in battle), she became modest and allowed my words of admiration to pass over her without ownership. Dixie allowed herself to become vulnerable at several points during the interview, and she cried gently while describing experiences that were hard for her to revisit. At other times, when she reported having intense feelings of anger, her voice
became hard and defiant. Overall, she appeared to have great deal of self-awareness and insight about her experiences on deployment. She reported during the post-interview debriefing discussion that she was disgusted at the ways that female veterans often do not have their voices heard.

Dixie said that she served as a Combat Correspondent with the National Guard for all three of her deployments, during which she photographed and recorded the daily life of an infantry brigade. So, even though she did not serve in a traditional combat role, she served with a combat unit and thus experienced everything that they experienced, including killing the enemy, interrogations, taking enemy fire, and so forth. She stated, “I've been blown up, mortared, shot, been in a few firefights. ...Our CAB unit was placed in what we called the triangle of death.”

The first story that Dixie told reflected her experiences in battle with the enemy. She sounded wretched as she detailed one event in which her unit had been attacked by the enemy, and described how the smoke from the automatic weapons filled the air, and how the blasts of the bullets caused her ears to ring. She reported that even though she had sustained an injury during this attack, she remained stoic. “I walked around with a chipped bone in my knee the rest of deployment, and when I get back and went to the VA, that chipped bone had severed a ligament in my leg, so they have to totally break it put a rod and three screws in there and reshape my knee.” She sounded defensive as she described how her stoicism was in response to the overtly macho military culture. “I just didn't complain because when you're around a bunch of hard heads, a bunch of swinging dicks, you can't do that, you really can't. I'm sorry, it's not a go.”
Dixie’s second story provided details of the “macho” environment in which she served. She described how one male soldier, who was barely injured in an enemy attack, had complained to the Commanding Officer of the battalion in which he deserved a medal for his injuries. The Commanding Officer decided to shame this soldier by emasculating him in front of the entire battalion. The Commanding Officer responded by calling a formation and presented the male soldier with “a purple tampon,” thus implying that the male soldier was acting like a woman. The Commanding Officer then dismissed the male soldier by remarking that, “Even Dixie,” had been limping without complaint, so he should try to remain stoic as well. Dixie stated resignedly, “I should have been insulted, but unfortunately, again, it's a bunch of guys, and infantry is still kind of draggin’ their knuckles as it relates to women in combat arms.”

Dixie’s next story involved MST. She said that she and her unit had stopped at a military refueling station for the night, which was a place that had tents and hot food available for service members. She explained how the male members of her unit had been incredibly protective of her “like a baby sister” from the first day of their first deployment, and how they always shared a single tent at these rest stations. She said that she felt safe when she was with them even when there was the possibility of danger, and that this false sense of security had resulted in her lowering her guard the evening of her MST experience. She described how all of the male members of her unit had left their shared tent to get dinner and drinks, and she stayed behind so as to transcribe an interview that she had done earlier in the week. While they were gone, she was “attacked by an active-duty dude.” Her Sergeant, who was bringing her a hot meal, interrupted the assault and proceeded to “beat the shit out of this guy.” Her Sergeant beat him so badly
that Dixie could not report the sexual assault without her Sergeant getting into legal
trouble for physical assault.

Dixie’s next story involved a time when she and her General had gone to a
Mobile Army Surgical Hospital (MASH) unit to document the presenting of purple hearts
to soldiers who had been injured in action. She had already gotten into trouble by
insisting that all the soldiers have the opportunity to accept or decline the invitation to be
on camera by signing or declining the legal release forms. Some of the soldiers were
“hopped up on drugs and medications and were so loopy that they couldn't sign,” and so
her General was becoming impatient with her. In one part of the hospital, a soldier was
fighting for his life with a bullet wound in the head. In a trembling voice, she stated,
“They told us they had to remove his frontal lobe to control the bleeding.” Eventually, the
surgeon revealed the soldier’s name, and Dixie realized it was her best friend in the
military. She sighed, “and I don't remember anything between that moment and being in
a chair with some nice lady Sergeant holding my hand asking me if I'm all right.” As a
consequence, Dixie was later written up by her Commanding Officer because she did not
“show proper propriety to a Commanding General” when she became emotional.

Dixie described with anger in her voice how she has experienced emotional and
physical distress in her post-deployment life due to her deployment experiences. She has
been diagnosed for mental health problems and medicated by her VA psychiatrist (she
did not specify her diagnoses), and she has been troubled by nightmares. She has
struggled to be around civilians who “complain about little things.” She has also
experienced emotional distress at the ways that male active duty peers continue to
sexualize and minimize female personnel in the military. She stated wearily, “We have a
much deeper layer. We have to have this emotional exoskeleton, because we're expected
to sit there and listen to the off-color jokes and all that. Cause if you say something about
it, then you're sensitive and you're someone to be vilified.”

**Jade**

Jade requested that her interview be audio recorded conducted over the telephone
rather than video recorded over the Internet to increase confidentiality. She did not
participate in the member check process and thus data analysis was verified through peer
review. The complete list of her meaningful horizons is listed in Appendix M. Jade
endorsed multiple experiences of moral injury on the MIQ-M, specifically having
witnessed acts that betrayed her moral beliefs; feeling betrayed by superiors, peers, and
trusted civilians; and harboring feelings of guilt. She did not endorse Military Sexual
Trauma on the MIQ-M; however, during her interview she reported that she had
experienced “constant sexual harassment” throughout both of her deployments.

Jade was affable and refined throughout most of the interview. She spoke well
and described her experiences with an air of an educated professional. She provided
details of her experiences with minimal prompts, and showed a tendency to focus
carefully on each experience, taking out the memory and revisiting it in its entirety before
putting it away and reaching for a different memory. There were times in which she
laughed amiably during her interview, particularly while describing the ways that she and
her unit members had used dark humor as a coping tool during her deployment. At these
times, she seemed to worry that I was judging her for this laughter, and I took time to
normalize the use of humor as a coping mechanism. This seemed to reassure her. Overall,
despite speaking of various memories that she noted as having been emotionally difficult,
she managed to maintain a matter-of-fact tone in her voice until the end of her interview. However, when she began to speak of her experiences of having been disrespected by staff within the VA healthcare system, she broke down in loud, sobbing tears. She ended her interview by saying, “When I saw your thing [call for participants]... I just know it's very important, and this is really hard for me to talk about, but if I could help somebody else (sob) then I've done something after this... (sob) horrible experience (sob)”

Jade reported that during her first deployment, she spent the majority of her time off the military base at the Iraqi checkpoints and prisons where she trained police officers and secured military detainees. In her second tour, she stated that she mostly managed missions and investigated the deaths of U.S. soldiers. She spoke about how these were both difficult deployments for her in part because she spent most of her time in the presence of Middle Easterners who held values and beliefs that significantly conflicted with her own. She described having had two main disputes with Iraqi males with whom she worked; the first was with the way they treated prisoners, and the second was with the way they treated females in their culture.

In the first dispute, Jade stated that inmates were being treated inhumanely in the Iraqi prisons. She described, “If you got detained, and you were put in an Iraqi detention facility, it was the responsibility of your family to feed you, not the government. So, if your family couldn't come, you didn't eat.” Further, she described the living conditions in the prisons, which included poorly-ventilated cells and a lack of sanitation (e.g., no running water, no soap). She and her unit members procured hotel soap and shampoo, and they gave the prisoners makeshift showers using a water hose. She stated, “My Iraqi
police hated it - absolutely hated it - because these are prisoners. They're the dregs of society and they should not be treated with any respect.”

Another moral conflict for Jade was that the Iraqi culture permitted acts of vengeance against lawbreakers. She stated, “What we consider harsh treatment is just retribution which is allowed in their country... We would show up to our IP station and there would be a guy who had been beaten so severely by either the populace or by the Iraqi police... and that's just heinous.”

Next, Jade said resentfully that she had witnessed Middle Eastern males treating females as second-class citizens. She stated, “A woman's value is not the same in their culture as it is in our culture, and they treat women very poorly.” She spoke with anger in her voice about having witnessed what U.S. citizens would label as “domestic violence” without being able to do anything to stop it. She described an incident wherein a woman and her son arrived at the police station after having been severely beaten by the husband/father. Jade emphasized, “And they threw her out of the IP (Iraqi police) station because that was her husband’s right. And I can't do anything about it because I am a foreigner in her country, and I have the right to fight back but she does not, and so, to me, that's just a horrible thing to have to witness.” Jade was also impacted by the way the Middle Eastern males disrespected her personally as well through acts of sexual harassment and unwanted sexual contact. She stated, “I had contracted civilians who would say very inappropriate things to me. I had one grab me and kiss me. It was almost like their brains were left back wherever they came from, and women were free for all.”

During Jade’s two deployments, she said that she had been exposed to others’ deaths on an almost constant basis. She said gravely,
The hardest thing was always the children. When you get a child who is killed, whether maliciously or just as a result of collateral damage... (pauses). I can remember going to an area where a gentleman was placing an IED. He had his two kids with him and he didn't place it properly, and so he blew himself up and his two children, and so there's two dead kids. And putting two little bodies into a body bag is just something that will stay with you forever.

She then spoke in a rueful voice as she described the ways that she and her unit members began to use dark humor as a way to cope with death. She spoke of her birthday, which she spent in Iraq, and described how her unit came upon a dead body stored in a wooden handcart. She laughed jovially as she described how her unit members joked that this was her birthday present. Her laughter continued for a few moments, but then added apologetically, “There was just so much death that I saw, that it almost became... you had to shut yourself off from it at times.”

Later on, Jade became emotionally distressed as she began to speak of her experiences seeking treatment the VA after her deployments. She spoke about feeling minimized and devalued as a veteran because she was a female. She described how she went to her local VA hospital for mental health treatment, and found that the VA staff did not understand that female veterans could acquire Posttraumatic Stress Disorder from combat experiences. She stated furiously, “I saw a therapist and I sat in his office and told him I don't know how to live anymore, and he told me I would be fine if I just went out and got a job.” Later, she went to a VA clinic and was asked if she were a caretaker to a veteran. She stated bitterly, “It was all, ‘Hey honey, who you here to pick up?’ which is like, it's already so difficult to have to go through, and then when someone says, ‘Who are you here to pick up?’ it's like a slap in the face.”
Kelsey

Kelsey requested that her interview be audio recorded conducted over the telephone rather than video recorded over the Internet to increase confidentiality. She later participated in the member check process and verified the accuracy of the themes that emerged during the data analysis. Her meaningful horizons are listed in Appendix N. On the MIQ-M, Kelsey endorsed feeling deeply betrayed by her superiors during her deployment, and MST. Military Sexual Trauma for Kelsey included unwanted sexual contact by a superior officer.

Kelsey took a frank, straightforward approach to her interview in that she told her stories without polite restraint. She described the various ways that she had felt betrayed by her military leadership and by the leadership that runs the VA healthcare system without pause and without apology. When asked to reflect upon the emotional impact that these experiences have had on her life, she stated, “Anger. I don't even have to think, it's anger.” After the interview, during the debriefing period, Kelsey expressed her gratitude about the current study, and said that she was “tired of female veterans being ignored.”

Kelsey stated that she spent her deployment working on the Forward operating base in her role in the Financial Department where she completed payroll-related tasks. Although she had been deployed with the National Guard, she spent a lot of time under the watchful eye of the “active Army” leadership as well. Her voice was filled with anger as she described having experienced animosity from the Army leadership because she was slightly overweight and was unable to participate in many of the physical education drills due to ankle and shoulder tendinitis. The Army leaders continuously approached her National Guard leaders asking if she “could make weight” and “could pass tape.” She
reportedly felt a lot of frustration because her National Guard leaders would not stand up against the Army leaders who continually pushed her to prove that she could meet the military’s physical requirements. She reportedly also felt a lot of anger because leadership required the battalion to participate in physical education drills that were “not allowed in a combat zone, yet they still did it.” This angered her because the drills required the battalion members to be outdoors on the base in a manner that made her feel physically vulnerable to the possibility of incoming enemy fire. She said emphatically, “We are at risk for losing our lives! We were out in the open working out. I mean, we were mortared multiple times a day almost every day. We were in a high location for mortar.” She added pointedly, “So there were things that [leadership] were doing that shouldn't have been happening while we were in country.”

Kelsey said that she had an experience of unwanted sexual contact from her superior officer, which progressed into sexual harassment throughout the remainder of her deployment and into her post-deployment job with the National Guard. She said that she regretted that she did not report it; however, she recognized that it would have been her word against his and she that did not trust her leadership to stand up for her. She stated, “The higher-ups weren't even defending me in terms of my making my weight, so how could I trust them to defend me in this?” Kelsey reportedly also felt uncomfortable in her unit because she held two minority identities in that she was both female and Caucasian (the majority of her unit and leadership were African American males).

Despite having remained on the military base for her entire deployment, Kelsey said that she was diagnosed with Posttraumatic Stress Disorder after her military discharge. She said that she attributes her diagnosis to the fact that her base was often
under mortar attack. She said that her PTSD symptoms have left her unable to work and have caused her to need to seek psychotherapy at her local VA Hospital. She reported that she has been made to see several psychology interns over a two-year period, which she described as having been “frustrating.” Her sense of frustration stemmed from the fact that psychology interns who train within the VA healthcare systems complete three-to six-month long training rotations that cycle them in and out of the various mental health units. Subsequently, Kelsey had to tell her story over and over again to various interns. She also said crossly that the VA staff “does not seem to care about their veterans,” and further that they assume all veterans are males.

Kelsey reported that she had been a single mother of a seven-year-old daughter when she deployed. She did not have a relationship with her daughter’s father, and so she said that her daughter went to live with three different families over the course of her deployment. When Kelsey returned, she said that she did not recognize that she had Posttraumatic Stress Disorder, and so her daughter bore the brunt of her anger and her emotional distress. She said regretfully, “I was snapping at her for no reason and being angry and didn't know why I was angry so being a parent ... I wish I had gotten her counseling while I was getting counseling.” Kelsey stated that she holds a great deal of guilt over how she treated her daughter, and how she failed to get her daughter into counseling when her daughter was younger. She added, “Now as a young adult, she's slowly getting it (understanding why I had been so angry), and I can reach out to her when I need to, we have a really good relationship now.”
Latea

Latea requested that her interview be audio recorded conducted over the telephone rather than video recorded over the Internet to increase confidentiality. She participated in the member check process and verified the accuracy of the themes that emerged during the data analysis. Her meaningful horizons are listed in Appendix O. Latea endorsed multiple experiences of moral injury on the MIQ-M, specifically feeling deeply betrayed by superiors; having feelings of guilt; and MST. Military Sexual Trauma for Latea included sexual harassment and living under constant threat of sexual assault.

Latea seemed polite yet guarded at the start of her interview. She offered broad descriptions of her experiences and had to be prompted at various times to provide more specific details. Even then, she seemed to offer only the barest amount of information needed to answer the question. She spoke in a conversational tone of voice that rose and fell with her feelings of anger and/or sadness during her narrative. Toward the end of her interview she became tearful when she spoke about the soldiers who were killed in action, even when she did not know them first-hand.

During Latea’s interview, she reported feelings of anger and frustration towards her military leadership because she felt that they had lied to her and failed to support her when she was standing up for the moral good. She stated that she had served in a protective role on her deployment in that it was her job to make sure that the protective gear issued by the military was working sufficiently for active duty personnel. As a result, she said that she had often interacted with Unit Leaders who had refused to distribute protective garments to their soldiers. These were leaders who, in her perspective, were failing to protect their soldiers’ lives, which caused her to feel
outraged. She stated that she would then go to her leadership looking for administrative support, but instead she found that her leaders were more interested in protecting the Unit Leaders, who were their “military buddies.” She stated, “My First Sergeant didn't want me telling on his battle buddy, even though it meant jeopardizing soldiers’ lives.”

Latea said that she had been exposed to protective equipment that had failed to work in battle. She stated, “We had to see these equipment, these wrecked equipment come back to the FOB, you know? And that's when I would feel so sad, and I still think about it all the time.” She said this would just make her think about the soldiers who died in these battles, and then she would feel guilty that her role on deployment was safer than most. She stated that she was safer than the soldiers who “had to go out on foot” because “some of them got blown up, and they never made it back to their family.” Latea stated that her role in ensuring safety meant that she was often thinking about the possibility and the actuality of soldiers’ deaths, which led to her current feelings of survivor’s guilt.

Latea said that she had also experienced a great deal of sexually charged behaviors on her deployments that ranged from annoying flirtation to outright sexual harassment. She stated, “You had people coming at you from all angles. I mean... basically you were a piece of meat in a lion's den. It was a daily fight to keep them away from you.” She stated that this was extremely stressful for her, especially as she was hearing about other female personnel being sexually assaulted on her base. She described how these experiences made her become hypervigilant on her forward operating base, “When I was going to work in the morning time, even though it was broad daylight, I was always careful about who’s around the next corner, who's around that vehicle, who's around that building. So I was always very careful.”
When Latea spoke of the impact that her military experiences now have on her life, she focused on three things; (a) family struggles, (b) emotional distress, and (c) social isolation. Her family struggles began with feelings of guilt that she felt at having been a mother on deployment, as she felt it was less appropriate for mothers to be away from their children than for fathers to be away. She stated, “It's kind of okay if dad's not there that often. They're supposed to be out earning money. But moms are supposed to be home being nurturing.” She also described how she and her now ex-husband were deployed at the same time but in different countries, and how the stress of that dual deployment impacted their marriage and may have lead to their divorce.

Latea reported that her family struggles continued after deployment, as she began to take her deployment-related anger out on her son. She spent a lot of time talking about her feelings of anger and her survivor’s guilt, and how her emotional distress has led to her social isolation. She stated, “That's why I'm not in a relationship with anybody right now. I don't want to let people get close to me.” Latea recognized that her social isolation has impacted her ability to parent her son. She sounded sad when she stated, “I want to give him exposure to things. If I'm feeling this way, then he doesn't get the exposure. I mean, I try sometimes ... We go to the movies ... it's got to be the early movie and then we're back at home. So, I'm trying... it's just so hard, so very hard.”

Raven

Raven requested that her interview be audio recorded conducted over the telephone rather than video recorded over the Internet to increase confidentiality. She declined participation in the member check process, stating that the interview process had been “too emotional” and she did not wish to revisit her story yet again. Themes that
emerged during her interview were validated through peer review. Her meaningful horizons are listed in Appendix P.

Raven was the only participant who had contacted me directly before completing the survey. She sent an email to me via Facebook explaining that she had heard about the current study and was interested in participating; however, she “needed time to think about” whether or not she could “trust” me. A couple of days later, she completed the survey and emailed me again to try to set up an interview time “as soon as possible.” She also wanted to know exactly what she could expect during the interview, including what questions she would be asked. During her actual interview, Raven spoke rapidly as if driven by a motor and thus it was difficult for me to interrupt her narrative to ask additional questions. Her various experiences were told within a long and coherent flow connected by an overarching storyline that began on her first day of deployment, dipped into a brief backstory of her pre-deployment military career, and then finished with her post-deployment life both in and out of the military. There was little emotion betrayed in her voice throughout the interview, and at the very end she told me that she had been “working” as a way to keep herself distracted from her own story. “I’m good at not crying.”

The predominant topic of her tale involved the various ways in which her military leadership had betrayed her during her deployment; and further about her suspicions that this betrayal was influenced by her Battalion Commander, who had previously sexually assaulted her through unwanted sexual contact. She spoke in a pragmatic tone of voice that seemed detached from the distressing emotional experiences she was reporting. At times, her voice took an incredulous tone, as if she were asking for my validation that her
experiences were objectively atrocious. During the post-interview debriefing, Raven
confided that she had felt compelled to participate in the present study because she was
hoping to “make things better for females in the military.” She also wanted to raise
awareness within the U.S. civilian population that “females are veterans too, so stop
disrespecting us!”

Raven stated that she had experienced a great deal of betrayal from her military
leadership, mostly because they told her that they did not like her personally.

“Throughout the deployment, Battalion Commander called me a bitch, and tells all the
leadership that I’m a bitch.” Raven said in an unemotional voice she suffered as a result
of being disliked. She reportedly had to fight for security clearance, was told that she
would never be promoted, was often undermined as a leader, and was unfairly punished
on at least two occasions after false claims of harassment towards her subordinates were
filed against her. Further, she emphasized that she had to endure “constant” unwanted
sexual attention, which ranged from annoying flirtations to outright sexual harassment by
her military peers to unwanted sexual contact by a superior officer. When she finally
reported Military Sexual Trauma against her superior, she said that she was unable to get
written documents from witnesses to prove her claims, and so the report was reduced to a
minor infraction and then dismissed without a full investigation. This infuriated her, and
she said incredulously, “The Battalion Leader's got friends at headquarters. He's got
friends at NGB (the National Guard Bureau). So of course they protected him!”

Raven also described having experienced a difficult transition back to the U.S.
after her deployment. She was still enlisted in the National Guard and was working with a
new unit. Her new Commanding Officer did not appear to trust her because of her filing
the MST report against her previous Battalion Commander. She stated, “He's a nice person, but he has been poisoned against me because now the story is that I'm a troublemaker, I'm whistleblower, and I'm not stable, and so he won't let me do my job, so I spend a year not doing anything.” During her last year in the military post-deployment, Raven suffered from depressive episodes and passive suicidal ideation. One day, when she arrived late to base, she told her superiors that she was feeling tired and depressed and had “thought about crashing her car” while driving so she wouldn’t “have to feel this way any longer.” She sounded surprised when she said, “I didn’t know I was reporting suicidal ideation!” She described irritably how she was hospitalized against her will for five days after making this report. She also reported that her marriage also suffered in part due to the false rumors of sexual impropriety that had circulated among her unit while she was deployed, and in part due to the emotional distress that emerged when she came home from Afghanistan.

On top of these issues, Raven also described with a resigned sigh that she has felt disrespected by both VA workers and U.S. civilians since she returned from her deployment. She spoke about how, as a female veteran, she feels that the VA does not consider her to be an important patient. She stated that she has been unable to get all of her gynecological issues attended to at the VA hospital, and that VA workers have often assumed that she is a caretaker and not a veteran. U.S. civilians have also assumed that she is not a veteran, “just because I don’t have a beard,” and that this reportedly has added to her sense of frustration. Further, she complained that she has experienced additional disrespect when civilians have learned that she was a mother during her deployment. She stated indignantly, “The super moms are like, ‘Who took care of your
children?’ and they treat me like you did something wrong for serving when you have children.”

When asked how these experiences have impacted her, Raven sighed and stated that she has been diagnosed with Posttraumatic Stress Disorder, depression, anxiety, and Borderline Personality Disorder. She has had trouble adjusting to the work environment, and has changed jobs multiple times since she was discharged from the military. She has tried psychotherapy, but has become distrustful of mental health professions in part because of her previous forced hospitalization. She has also felt that mental health professionals do not care about her, or other female veterans, and feel that they have blamed her for needing help. When asked what she wanted to tell mental health professionals about treating female veterans, she said in an agitated voice, “I need mental health professionals to not be jaded when I show up your office. Don't be sour because I'm asking you to do your job. Don't act like I'm burning up your time, like I'm sick, lame, or lazy.”

Sage

Sage requested that her interview be audio recorded conducted over the telephone rather than video recorded over the Internet to increase confidentiality. She later participated in the member check process and verified the accuracy of the themes that emerged during the data analysis. Her meaningful horizons are listed in Appendix Q. Sage endorsed multiple experiences of moral injury on the MIQ-M, specifically having witnessed acts that betrayed her moral code; feeling deeply betrayed by superiors, peers, and trusted civilians; having feelings of guilt; and having experienced Military Sexual
Trauma. Sage’s experiences of MST included a sexual assault by a military peer, and sexual harassment by two senior officers.

Sage was polite and friendly throughout her interview. She told stories about her traumatic experiences with a detached tone of voice, although she was able to speak to the distressing emotions that she had felt “at the time.” She later shared that, “while it’s never fun to talk about this stuff,” she was not re-experiencing these distressing emotions during her interview because she has previously done “a lot of work” in psychotherapy. However, as she explored the instances of betrayal that she experienced from her military leaders, her voice became thick with anger.

Sage spent most of her interview describing the feelings of betrayal that she felt due to the misogynistic environment she experienced on her ship and the way that her leadership handled her reporting of MST. She stated that she was one of only two females in her entire division, and her commanding chief held a misogynistic perspective against all females that he often shared with his subordinates. She stated, “He would sit around with the first classes and the E6s (Petty Officers) and just talk about women, you know? Like his wife, he would call her stupid... and then talk about women's body parts that he would see down on Bourbon Street, or whatever his current girlfriend looked like.” She added incredulously, “And they didn't care if I was in there or not. Like, if I came in it didn't stop it.” Sage reasoned that his sexist perspective had pervaded the ship and tainted the way that the male sailors under his command acted towards female sailors. She stated, “I think because of how misogynistic he was, I think it made it easier for the guys that were going to perp on me to do that.”
Sage reported several experiences with Military Sexual Trauma, including unwanted sexual contact, sexual harassment, and sexual assault. She matter-of-factly said that she had been raped one month after she had completed boot camp. She had gone to a hotel party with a trusted friend, and someone had put some kind of drug into her drink. She stated, “A friend of a friend was the one who ended up raping me.” After the assault, Sage was taken to the highest commanding officer on the ship who coerced her, lied to her, and shamed her into agreeing to not report the offense. She described how she was then forced to undergo a rape kit, during which the doctor told her that he saw a lot of female sailors lie about having been raped. She stated, “[he told me] all these girls are trying to ruin people's careers, and they have sex with someone and regret it and pretend it was a rape - as he's jabbing me with a Q-tip to do the test. And I didn't want to be there, you know? It was just humiliation all the way around.” Sage reported that she also had been harassed and physically groped by at least two of her military leaders. She explained that this constant sexual harassment caused her to feel shame about her body, and she began to take the responsibility for her MST events as if she had willingly participated just by being female. She stated, “To regain that control, you have to say, ‘My fault, I could prevent it,’ but that's the worst kind of lie because then when it happens again it's like it's even worse.”

Sage conveyed that most of the experiences she had endorsed on the MIQ-M were related to her Military Sexual Trauma experiences. She further emphasized that the safest she felt during all of her deployments was when she had deployed to OIF with the Army because she “got to carry a weapon at all times.” Her voice took a defensive tone as she explained that carrying weapons on base allowed her to feel safe from military peers and
leaders. “I knew if anybody tried anything ... I think it would be hard for them to protect themselves if somebody attacked me and I shot them.” Sage also spoke briefly about a friend of hers who was killed in action while she was home on leave. She described in a sad voice her experiences of survivor’s guilt:

A guy on the ship was a friend of mine. He got deployed right as I was coming back [from Iraq], and [I had been stationed on a base that] was pretty safe. I mean it was, you know, it was Iraq, so there was gun shots and IEDs; but he went to a FOB (forward operating base) that was a lot smaller. And he ended up getting kidnapped off the base and getting killed. Right about the time I got back to the ship ... it's just hard, you know? He had little kids and at the time I was single.

Sage reported that her morally injurious experiences have impacted her life post-deployment in a negative way. She spoke forlornly about her current struggles with social withdrawal, and about how feels unsafe in her small town and generally distrusts men. She reportedly also feels guilty about her Posttraumatic Stress Disorder diagnosis and stressed, “I almost feel like it's not valid because I'm not missing a limb and I never had to kill anybody.” Sage also reported that she has found help through the VA; she sees a therapist who has helped her to process some of her traumatic memories. She emphasized that psychotherapy has been so beneficial, that she has returned to school to become a licensed counselor herself.

Tia

Tia requested that her interview be audio recorded conducted over the telephone rather than video recorded over the Internet to increase confidentiality. She later participated in the member check process and verified the accuracy of the themes that emerged during the data analysis. Her meaningful horizons are listed in Appendix R. Tia endorsed multiple experiences of moral injury on the MIQ-M, specifically having witnessed acts that betrayed her moral code; perpetrating acts that transgressed her
personal values; feeling deeply betrayed by superiors, peers, and trusted civilians; having feelings of guilt; and Military Sexual Trauma. Tia did not speak about her MST experiences during her interview, mostly directing the conversation toward her combat-related experiences.

Tia was friendly throughout the interview, and shared a great many details about her military experiences with minimal prompting. While she sounded very matter-of-fact throughout the beginning of her interview, she acknowledged having current feelings of anger and guilt as a result these experiences. As the interview progressed, her anger bled into her voice and she began to speak in a sharper tone. She became aurally distressed towards the end, and spoke in a thick, wavering voice about the myriad of ways that female veterans are currently suffering in the U.S. everyday. She also offered statistics about the completed suicide rates of both male and female veterans. She stated, “No matter if it was six months ago or 10 years ago, it's still stays with you. Time doesn't make a difference.”

Tia described how she spent her deployments working as a combat medic attached to the local Iraqi and Afghani police units. She stated that she spent most of her deployments “off the military base” patrolling in dangerous environments and providing medical care to detainees. She spoke of the ways in which she felt betrayed by her leadership, beginning with her perception that her military leaders often led from afar and thus did not actually know what it meant to be on the “front lines.” She stated angrily, “None of them had any clue about what was going on on the front lines, nor did they care. For them it was political, and for us it was we had to do what we had to do to get along.” She explained that she still experiences feelings of anger when she thinks about
the irrational choices made by her remote leadership, such as requiring physical education drills in the middle of a war zone. She reasoned that these drill were the result of “political caring... more about how things look on paper versus actually caring about what was going on and if it was logical.”

Tia also expressed feelings of anger and frustration associated with the way military leaders had provided military detainees with too many benefits. She described one event in which an Iraqi “terrorist” had severely injured himself while trying to blow up her convoy. She stated furiously, “We detained him, and provided life saving medical care to him. When he was medically stable, he was transferred to the prison where I provided daily medication and wound cleaning, and physical therapy to him.” She emphasized, “It was just difficult having to do physical therapy with someone who intentionally bombed the convoy.” She further explained that her feelings of anger stemmed from the fact that she believed that, “as a whole, we [U.S. forces] cater to them [detainees] too much and provided a lot for them even though they were prisoners for us.” She inferred that it went against her moral code to medically treat individuals who tried to kill and/or injure herself and the other members of her unit.

Tia also reported that her own cultural beliefs heavily conflicted with the actions demonstrated by Middle Easterners. She had several experiences during which she was in her required military gear and Middle Eastern males expressed outrage that her head wasn’t covered. During one such episode, she stated that this event escalated into a firefight between the Middle Eastern males and the members of her convoy, who were trying to support her. She stated, “I was furious because it escalated and I was putting my
life at risk along with everybody else's over this issue, but at the same time I wasn't going to conform to what they thought I should do.”

Tia also struggled with the ways in which the abuse and overall mistreatment of Middle Eastern females was permitted in the Middle Eastern culture. She spoke angrily about having witnessed Middle Eastern females being controlled by the males “in terms of how to act, where to look, not to talk,” and how to dress “covered head to toe.” In her perspective, Middle Eastern females “were controlled by fear of physical punishment.” These culturally sanctioned behaviors against females went against her moral values and her beliefs in equality, and so it was difficult for her to bear witness to these behaviors without having the power to intervene on behalf of the Middle Eastern female civilians.

As a medical professional, Tia stated that she also struggled with the limitations placed upon her in terms of who she was and was not allowed to provide medical assistance. While she recognized that she was stationed in Iraq and Afghanistan in order to fulfill specific military missions, she acknowledged that there was a part of her that felt morally obligated to help civilians in the regions who were in obvious need of medical care. She shared stories of having had to bear witness to severely burned children without having the clearance to tend to their wounds. In one story, Tia described in a dispassionate tone of voice how she had been in a helicopter with members of her unit providing emergency care to a civilian male who had been injured when the helicopter received orders to take off. Tia stated simply and reasonably, “I had to literally drop him and go. There was no explaining to anyone about what was going on, or what was not going on, or what we'd given him, or anything. There's always the language barrier. And there's literally, just, get this guy out of our hands.” Since then, Tia has experienced
severe guilt due to thinking about all of the people that she had not been able to help during her deployment. She stated, “So, I don't feel like I intentionally let anybody die, but I don't feel like I always did everything maybe I could have.”

Post-deployment, Tia reportedly had a difficult time getting medical and psychological help through the VA. In her experience, she felt that VA workers did not really understand that female veterans had actually served in dangerous combat roles. She stated irritably, “I think they [mental health providers] really minimize what the females go through, and then I don't think that they even look at the females as a whole.” Tia noted that U.S. civilians have also minimized and disrespected her as a female veteran through their ignorance of the ways that females have participated in the recent military conflicts. She emphasized, “I think the biggest misconception is that people don't think females are on the front lines, or have been on the front lines.” She continued, “Even though the policy is changing recently, that doesn't mean that females weren't already on the front lines doing all this stuff even before.”

Tia reasoned that this lack of acknowledgment on the part of both VA staff and U.S. civilians has resulted in her feeling a deep sense of betrayal. She doesn’t believe that people recognize how hard it was for female active duty personnel on deployment, and just how much trauma they bring back with them into their post discharge lives. She stated, “These are [veterans] who have fought, and their lives are destroyed over this, and they try to do the best they can and try to fit into society but they don't... and then eventually it's just too much.” She spoke about the statistics on completed suicides by veterans as a means to describe the pain and anguish that veterans experience on a daily basis. Further, she said impassively, “One of my female roommates she hung herself
when we got back because it was just too much.” She acknowledged that she felt sad that her friend was dead but quickly added, “At the same time, at least she's not suffering anymore, and it's like, I'm sorry, but I know they're not in pain anymore, so it's almost a relief, if that's possible.” In this, she appeared to be alluding to her recognition that her friend’s suicide ended the pain that her friend had been feeling. Tia denied having herself experienced suicidal ideation.

Yoko

Yoko requested that her interview be audio recorded conducted over the telephone rather than video recorded over the Internet to increase confidentiality. She later participated in the member check process and verified the accuracy of the themes that emerged during the data analysis. Her meaningful horizons are listed in Appendix S. Yoko endorsed few morally injurious experiences on the MIQ-M, specifically feeling deeply betrayed by superiors; having had to make morally ambiguous decisions; and witnessing harsh treatment of detainees.

Yoko was incredibly affable and cheerful throughout her interview and spent much of the time speaking about the positive experiences that she had while she was on deployment. She spoke happily about having derived a great deal of pride from having been both a pilot and a high-ranking leader in the Navy. She also seemed protective of the Navy at times in that when she was asked whether she had experienced any type of sexual harassment she replied, “I never had any issues, and my opinion on that is as valid as anyone else's.” After stating this, she proceeded to describe the “one or two” times that she had been sexually harassed. This cycle of total denial followed by admission was consistent throughout her interview, specifically when she spoke about her experiences
with gender harassment, and having witnessed harsh treatment against military detainees on her ship. At various points during the interview, her voice became rich with anger, but this was often followed by laughter and a declaration that “it’s all about perspective.”

During the debriefing, Yoko said that she had volunteered to participate in the current study because she wanted to help me complete my dissertation.

Despite all of her positive experiences, Yoko endorsed having felt betrayed by her leadership in terms of the double standards that they had put into place in order to attract more female recruits into the military. Yoko recognized that males were held to one set of standards while females were held to a lower set of standards; and in her mind, this lower standard was formed from the erroneous belief that females could not perform physical tasks as well as males. Part of Yoko’s pride stemmed from the fact that she had outperformed the top males in her pilot school in tasks related to academics, piloting, and physical education, all the while meeting and surpassing the higher male military standards. She was further proud of her ability to rise to a high-ranking position because very few females currently serve as military leaders. Further, she believed that such higher standards were created in order to ensure that every individual in the military service would be able to perform the necessary physical requirements of the job. She stated emphatically, “If my helicopter crashes, I’ve got to pull a guy out of the cockpit. His life depends on the fact that...my upper arm strength is strong enough that I can pull him out of the cockpit. In that moment, he doesn’t care that I met a lower standard.”

Yoko also spoke about some of the more difficult experiences that she had on her ships during her two deployments. These experiences included being disrespected by her fellow male lieutenants, enduring sexual and gender harassment, and having to work
within the military’s “macho” culture. Her method for dealing with these difficulties was to fight back by yelling at disrespectful male personnel, by continuing to dress and act in a feminine manner, and by making the pilots under her command talk about their feelings. There were other difficulties for her though that she could not fight her way out of, including having been disrespected by Middle Eastern males on a constant basis, having had to endure the humiliating and painful SERE (Survival, Evasion, Resistance, and Escape) training, and having to deal with animosity between the various units on her ship.

Further, Yoko spoke about one situation in particular wherein ten or so Iraqi war prisoners were detained on her ship, and she witnessed them sitting in their makeshift prison cells with their hands tied and sacks placed on their heads. At first, she spoke good-humoredly about this incident, emphasizing that that none of the prisoners were hurt or interrogated on board her ship; she eventually expressed feelings of anger and even rage towards the “realities of war.” She exclaimed, “War sucks! ...It sucks to have people tied up! It sucks that you have people hate you because you’re American and they don’t even actually know what American means. ...It’s hard to see someone tied up with a sack on their head. Harder than you think.”

Yoko also expressed feelings of anger associated with the poor intelligence reports that she was given sometimes as a pilot. She described situations in which these incorrect intelligence reports told her that an area of Iraq was all industrial and deserted, and when she flew over that same area, her eyes told her something different. She sounded exasperated when she said, “They were saying stuff like, ‘This is an industrial building,’ and I'm like, ‘No it's not, this has got to be some kind of hospital. There's a
person that every room, they’re laying down.” Yoko feared that these poor intelligence reports could have potentially placed her into a difficult and dangerous situation. She explained that pilots were responsible for their aircraft, and that even if a leader demands that the pilot fires their weapons, it is the pilot that is ultimately responsible for the consequences of firing their weapons. Thus, she had spent a lot of time during her deployment worried that she would be given an order to fire on what appeared to be a hospital, and that she would have to make that morally ambiguous decision in a moment’s notice.

Yoko explained that her concerns about having to make split-second decisions under morally ambiguous conditions was one reason that she required her pilots to talk about and process their thoughts and feelings as a group. She believed it was easier for her pilots to make these morally ambiguous decisions “on the ground” while these decisions were still theoretical. She reasoned:

So when someone is telling you, “No, you need to fire on this building,” you might be like, “Okay.” But on the ground you can be more like, “Wait a second!” So I found it a lot easier to talk about it with the others and go through it on the ground so that way I would be more prepared in the air.

Yoko reported that her military service had positive impacts for her in her post-deployment life. For example, she felt a great deal of pride for having served her country, and pride that she served in a male-dominated role in the Navy, and that she was considered one of their best pilots. For her, this was a way to clear the path for future females who might dream of becoming pilots themselves. She stated, “There are so many people who talk, ‘I want to change the world for women. I want to make things better for women.’ Great, do you do something that mostly men have done, and did you do it better and prove that women can do it too?” She also expressed a great deal of gratitude to be a
female living in America. She stated, “I could not get the smile off my face the first night I drove home. I drove back home in my car to my two-bedroom apartment, and I thought I’ve never been more thankful to be an American woman. It’s a gift.”

**Composite Data**

The following section outlines the composite data that emerged during the data analysis of the meaningful horizons of all 11 participants. These composite data were the result of an inductive data analysis in which “researchers build their patterns, categories, and themes from the ‘bottom-up,’ by organizing the data into increasingly more abstract units of information” (Creswell, 2007, p. 38).

**Composite Themes**

The composite themes analysis section includes themes, subthemes, and categories that arose from the data that related to the morally injurious experiences that participants reported. Participants’ meaningful horizons were included with their correlated themes to provide rich descriptive content. In all, five composite themes are presented in Table 4.2.

**Composite Theme One: Feeling Betrayed by Organizational Leaders: “Senior leadership wasn't taking care of us.”**

On the MIQ-M, participants endorsed that they had felt betrayed by military and political leaders, and that they had to make decisions during the war during times when they did not know the right thing to do. This theme emerged from the stories that these participants told in relation to these endorsements. All eleven participants told stories related to their having felt betrayed by organizational leaders. Nine subthemes emerged under this theme: (a) our leadership treated us all unfairly, (b) our leadership did not
support us, (c) our leadership acted unethically, (d) our leadership unnecessarily put lives at risk, (e) our leadership failed to provide us with necessary tools and materials, (f) our leadership believed that females needed to be protected from the war, (g) our leadership failed to keep military bases safe from MST, (h) there were consequences to reporting MST, and (i) the VA is grossly ill-prepared to treat female veterans. These subthemes will be explored in turn.

Table 4.2

Composite Themes and Subthemes

<table>
<thead>
<tr>
<th>Composite Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme One: Feeling Betrayed by Organizational Leaders: “Senior leadership wasn’t taking care of us.” (n = 11)</td>
<td>1.1 Our leadership treated us all unfairly (n = 8)</td>
</tr>
<tr>
<td></td>
<td>1.2 Our leadership did not support us (n = 5)</td>
</tr>
<tr>
<td></td>
<td>1.3 Our leadership acted unethically (n = 5)</td>
</tr>
<tr>
<td></td>
<td>1.4 Our leadership unnecessarily put lives at risk (n = 3)</td>
</tr>
<tr>
<td></td>
<td>1.5 Our leadership failed to provide us with necessary tools and materials (n = 5)</td>
</tr>
<tr>
<td></td>
<td>1.6 Our leadership believed that females needed to be protected from the war (n = 2)</td>
</tr>
<tr>
<td></td>
<td>1.7 Our leadership failed to keep military bases safe from MST (n = 6)</td>
</tr>
<tr>
<td></td>
<td>1.8 There were consequences for reporting MST (n = 7)</td>
</tr>
<tr>
<td></td>
<td>1.9 The VA is grossly ill-prepared to treat female veterans (n = 4)</td>
</tr>
<tr>
<td>Theme Two: Feeling Minimized and Disrespected Through Cultural Norms: “We have to have this emotional exoskeleton.” (n = 11)</td>
<td>2.1 “The military is macho!” (n = 11)</td>
</tr>
<tr>
<td></td>
<td>2.2 The Middle Eastern culture disrespects females (n = 3)</td>
</tr>
<tr>
<td></td>
<td>2.3 The U.S. culture devalues female veterans (n = 3)</td>
</tr>
<tr>
<td>Theme Three: Various Experiences of Violence: “I don’t always feel good about how we treated them.” (n = 9)</td>
<td>3.1 Being in danger of violence (n = 7)</td>
</tr>
<tr>
<td></td>
<td>3.2 Witnessing violence (n = 3)</td>
</tr>
<tr>
<td></td>
<td>3.3 Perpetrating violence (n = 4)</td>
</tr>
<tr>
<td></td>
<td>3.4 Seeing the aftermath of violence (n = 4)</td>
</tr>
<tr>
<td></td>
<td>3.5 Hearing stories of violence (n = 2)</td>
</tr>
<tr>
<td>Theme Four: Struggling with Relationships: “It’s still the greatest betrayal of my life.” (n = 11)</td>
<td>4.1 Relationships with military peers and male veterans (n = 11)</td>
</tr>
<tr>
<td></td>
<td>4.2 Unwanted sexual relations with superior officers (n = 5)</td>
</tr>
<tr>
<td></td>
<td>4.3 It was hard to reconnect U.S. civilians (n = 8)</td>
</tr>
<tr>
<td></td>
<td>4.4 It was hard to reconnect with family members (n = 6)</td>
</tr>
<tr>
<td></td>
<td>4.5 Mental health providers do not seem to understand us (n = 10)</td>
</tr>
<tr>
<td>Theme Five: The Emotional and Psychological Impact of Moral Injury: “Once you’re that tortured it’s pretty hard to recover.” (n = 11)</td>
<td>5.1 Ongoing emotional and psychological distress (n = 11)</td>
</tr>
<tr>
<td></td>
<td>5.2 Using various coping skills (n = 6)</td>
</tr>
<tr>
<td></td>
<td>5.3 Engaging in social withdrawal (n = 4)</td>
</tr>
</tbody>
</table>

Subtheme one: Our leadership treated us all unfairly. In this subcategory, eight participants relayed stories about the ways that their military leaders had treated them unfairly during their military careers. Behaviors that were deemed unfair by participants included: being reprimanded for showing their distressing emotions in the presence of a superior officer; believing that their unit was sent out on too many mission
assignments while other units were allowed to remain on base; and the perception that military leaders had a more comfortable lifestyle on the military bases. For example, Chris expressed outraged at the relative comfort in which her leadership lived during deployment compared to the constant discomfort in which she and the members of her unit were made to live. She stated:

If it didn't benefit them there were just like, whatever. I mean we're out living in our trucks for weeks on end because they schedule as back-to-back missions, and they've got internet in their rooms, and they're sleeping in their bed every night, eating in the chow hall everyday, and over half of our company was on our road every single day eating MREs and living in... I mean I literally slept in my truck for two-thirds of my entire rotation. And so yeah, no respect for that group of leaders.

As an example of ways that participants were reprimanded for showing their emotions, Dixie related a story in which she had accompanied her General to a mobile army surgical hospital (MASH) unit to record the presentation of Purple Heart medals. During this mission, Dixie came upon her best military friend who had been shot in the head during battle. She learned that the MASH surgeons had to remove part of his frontal lobe to control the bleeding. She gravely stated, “And I don't remember anything between that moment [of recognition] and being in a chair with some nice lady Sergeant holding my hand, asking me if I'm all right, if I needed some water, telling me I needed to breathe.” When Dixie returned to her base after this emotionally distressing event, her leadership reprimanded her for having had an emotional response at the MASH unit. She stated:

[The Sergeant Major] said I didn't show proper propriety, and he took me into the chapel with the Staff Sergeant at the time and said he was writing me up because I didn't show proper propriety to a commanding General when I lost my shit. And I just looked at him, and I'm thinking are you serious right now? Am I really having this conversation? And this is all in the back of my mind, cause I'm standing there at attention.
Dixie went on to speak about the feelings of shock and anger that she had while she was being reprimanded for what she believed to be an appropriate response to unexpected tragic news. To her, it was completely unfair to expect a human being to respond without emotion in the face of tragedy. Similarly, Anne reported that it was important to be able to hide and control one’s emotions at all times while in the military. She said this was a part of “military bearing” which she defined as being able to “keep a respectful tone, calm, collected,” no matter what was going on around you. Sage also reported, “We’re taught from the very beginning to have walls and barriers and to not show emotion.”

**Subtheme two: Our leadership did no support us.** Not only did the participants feel mistreated by their leadership, but five participants also reported that their leadership had failed to provide them with the support that they needed to perform their duties. The unsupportive actions taken by their leadership included either failing to reinforce the authority that these participants had held over their subordinates, outright undermining of their authority in front of the subordinates, and failing to back them when they were on the just side of various moral and/or ethical dilemmas.

Raven spoke about her experiences of having had her authority undermined by her fellow leaders. She stated, “It was just crazy cause I’m on of the senior female NCOs (Noncommissioned Officers), so it’s my job to correct the females if they’re out of uniform or something like that, and every time I did, the male NCOs would pretty much tell them not to listen to me.” Raven’s sense of frustration was linked to the ways that leadership was constantly undermining her as she tried to perform even the most basic of military duties. These undermining behaviors had a negative impact on the way that
subordinates viewed Raven, and other participants who had similar experiences. For example, Anne described an incident during which she was leading her unit to prepared for a mandatory exercise:

The females complained [to the Commanding Officer] that I was waking them up from their naps eight minutes before the bus was supposed to show up to take us to this live fire exercise. (Her voice rises with anger) Somehow, I was in the wrong, and my authority as a Sergeant was taken.

These first-hand accounts provide examples of how subordinates were trained to disregard the authority of their female leaders. In Anne’s example, she did what she needed to do to get her unit prepared to participate for this mandatory live fire exercise, and her subordinates responded by complaining to the Commanding Officer that she “woke them from their naps.” Further, instead of supporting the validity of Anne’s authority over her subordinates, her Commanding Officer responded to these complaints by taking Anne’s authority away from her.

Latea also spoke about what it was like for her to work under leadership that failed to support her. She stated angrily, “I had a supervisor, and I had no confidence in him because he never stood up for me in anything I did. Like, he let me down several times. So, I lost all confidence in him, and I would hate to go to work, and I was angry.” Latea’s statement provided a concrete example of the negative emotional impact that unsupportive leadership had on her. Her leadership did not provide her with the support she needed, and so she lost confidence in their ability to lead her. Further, her emotional reaction was anger, and the enthusiasm that she had previously felt toward her job decreased to the point where she “hated” having to go to work and interact with her leadership.
Subtheme three: Our leadership acted unethically. Not only did their leaders fail to show support to these participants, but five participants also described ways that their leaders also behaved in ways that felt unethical to them. These unethical behaviors included failing to acknowledge loss of life and limb, mistreating subordinates who were requesting help with mental or physical health problems, harassing participants without an apparent cause, and allowing their personal dislikes for these participants to interfere with their professionalism.

For example, Chris experienced an IED attack with her convoy, during which one person was killed and several others were wounded. Her voice sounded incredulous as she stated:

> When our people got back into base where it was safe, the chain of command said not one word to our whole platoon who had been out on the road. They were just like, ‘Okay, y’all go rest, and in three days you’re going back out on mission.’ Not one word to the people who just fought off the enemy and watched our friends die and have missing body parts and get severely injured. And to me, I lost all respect of my chain of command at that point.

Chris was furious at the lack of empathy and compassion demonstrated by her leadership in the face of such a devastating loss. This event, one that she spoke of numerous times during her interview, had been incredibly traumatic for her and to have had her leadership completely ignore the bloodshed and killing experienced by her convoy was unacceptable to her.

Raven reported a different type of unethical behavior from her leadership:

> My First Sergeant told me that they were going to tell the other Brigade Commanders [that I was a bitch] so that when it was time for me to get a promotion, the other Brigade Commanders would pull their E7 (Sergeant First Class) openings so it would look like there is no promotion openings for me to take. And when I complained about it, they said, ‘If you complain, then when it’s time to give you your evaluation your complaining is going to reflect on there and that will hold you back.’
Raven’s leadership did not like her and openly referred to her as “a bitch.” This was difficult enough for her to tolerate, but then leadership went a step further to allow this personal dislike of her to stand in the way of their professional behavior. They basically told her that they would encourage the other leaders to dislike her as well, and would further work with these other leaders to halt the progression of her career during her deployment. Understanding the ramifications of this message, Raven felt completely powerless and that she had had no recourse of action.

These were two vastly different, and yet equally painful examples of the ways that participants found their military leaders to be engaging in unethical behaviors. Kelsey summed up her emotional reaction to such unethical behaviors by stating, “And that’s where a lot of the frustration is, because part of the Army core values is integrity, and I didn’t feel that they [leadership] had integrity.” Thus, for Kelsey, unethical behaviors resulted in her feeling frustrated and in her viewing her leadership as lacking in integrity, which she later identified as a personal value that she has always held.

Subtheme four: Our leadership unnecessarily put lives at risk. Three participants told stories about the ways that they perceived their leadership sometimes making “illogical” and even “life-threatening” choices during their deployment. These choices included sending convoys out on dangerous roads to complete favors for friends of the Commanding Officer, withholding protective garments from unit members, refusing to made safety-related concessions, and even lowering the physical standards to make the military more diverse and inclusive. Yoko was passionately against the military’s decision to set lower physical standards for female recruits, and she expressed this by exploring the ramifications of these lowered standards:
The truth of the matter is, if my helicopter crashes and I've got to pull a guy out of the cockpit, his... his life depends on the fact that I'm able to do as many pushups, and my upper arm strength is strong enough that I can pull him out of the cockpit. In that moment he doesn't care that I met lower standards. I expect him to pull me out if my legs are broken and I better be able to pull him out if his legs are broken. We need to be able to do this because this is our job, and it's such a hard thing because, yeah, if somebody wants to serve their country, they should be able to, absolutely. Everybody has a right to try, but it's also a privilege and you should be able to meet that standard. Because when it comes down to life and death, you have to be able to do it. At that point, PC (politically correct) doesn't matter anymore. If you can't lift a 200-pound guy, what are you going to tell his wife and his kid? “Sorry I couldn't save him because I can't lift him.”

In Yoko’s opinion, allowing military personnel to get away with not having to achieve the requisite amount of physical strength might result in the death of a future service member who may need to be lifted and/or carried away from a deadly situation. Further, she felt that lowering the standards for female service personnel was the military’s way of saying that female personnel were inferior and could not meet their usual standards.

Latea had a different example of her military leadership putting lives at risk unnecessarily. Her job on deployment was to ensure that protective materials were effective at shielding service personnel. She spent most of her time traveling to the various military bases, and speaking with soldiers about the protective materials they had been issued. Every so often, she would encounter a Battalion or Unit Leader who refused, for whatever reason, to issue these protective materials to their soldiers. She explained:

We went out for a survey, and I spoke to a certain First Sergeant on the phone who had to give the surveys to his soldiers. They were supposed to be wearing this particular protective garment, and the First Sergeant didn’t want me to come over there and see that they were not wearing that garment, because my job was to send the reports back, and his soldiers were not wearing that particular garment, and the First Sergeant didn’t want me talking to any of his people.

It was infuriating for Latea to interact with leaders who were withholding protective gear from their soldiers and then trying to hide the fact that they were doing so. For her, these
protective garments could be the difference between life and death for soldiers, and she felt it was immoral for the garments to be withheld.

**Subtheme five: Our leadership failed to provide us with necessary tools and materials.** Five participants told stories that identified ways that their military leaders had failed to provide them with necessary tools and materials. These necessary materials including food and water rations, appropriate lodgings, and hygiene-related provisions, while missing tools included ammunition, accurate intelligence reports, and appropriate training. When Chris arrived at her first deployment, she learned that her leadership had failed to include the members of her unit in terms of rations and lodging with the battalion. This was more than an inconvenience for Chris. As the Unit Leader, she had to take time away from her other duties in order to “scrounge for” food and “beg for” potable water for her unit members. This put her in a vulnerable position with the Battalion Commander, who was sexually harassing her on a daily basis. On this, she stated, “I had four soldiers with me that I had to make sure they had food and water and stayed healthy. So, do you risk their lives [by reporting MST]?” Chris had to be polite and respectful to one leader who was sexually harassing her in order to make certain that her unit members would have the food and water they needed to survive.

Yoko also complained about the lack of necessary materials, specifically the lack of accurate intelligence reports. She spoke about one frustrating instance during which she was instructed to fly over an area that was listed as an empty industrial region on her intelligence reports report, only to discover that it was, in fact, a hospital. She stated:

> When you’re getting certain intel reports, and that intel reports is not matching up, I was concerned. And it’s like, right now it’s not a big deal, right? But if you’re telling me we need air cover for this place and don’t worry because it’s an
These inaccurate intelligence reports put Yoko in a morally ambiguous position in which she might have been ordered to fire her weapons on a target that would have been filled with civilians. She further remarked that had she been ordered to fire, she would have been the person held accountable for the civilian casualties, and additionally, the person who would have had to live with the guilt.

Jade also reported that she had felt that he military training had left her feeling ill prepared to make morally ambiguous decisions. She stated:

> You train before you go [on deployment] for every situation, but everything you train for is hypothetical, like, how might this happen? Or how might you react? And we trained and we deployed and we went, and you didn't know if your decision was the right decision. You had to hope what you're doing was the right decision for everybody. ...You just don't know until you there.

Jade reported that she has current feelings of worry and guilt when she thinks back on some of the decisions that she made during her deployment that felt morally ambiguous. She admitted that she continues to worry that she might have made wrong choices in those moments that might have caused unknown harm to others. The hypothetical training model did not prepare her for the real-life situations that she had encountered on her deployments, and that lack of appropriate training left her feeling uncertain of her decision making abilities.

**Subtheme six: Our leadership believed that females needed to be protected from the war.** Two participants reported that they had been held back from performing their duties specifically because they were females. In both cases, these participants had to fight to receive their deployment orders because their leadership did not want to send them into the conflicts. Anne described how her Commanding Officer had actually
“called in a few favors” to get her taken off the deployment list a few years prior to her actual deployment. She complained:

[My Commanding Officer did] not even tell me why. I mean, and he did not ask, did not get my opinion on how I felt about it. Didn't even give me a signal that this was something he was trying to do. And so those are the reasons I felt really betrayed, because I felt I was treated less as a soldier and more like either the girl next door, because I never got any indication that they felt I was incapable. I never received any negative counseling or discussions that I was unable to do my job as a soldier itself, none of that. I always qualified with my weapon and did fairly well, you know? ...I don't know why, but I was always somehow blocked from doing what a soldier is supposed to do. And I feel like it's perhaps either I gave off the girl next-door vibe, or because somehow they felt like I needed to be protected.

Anne was furious that her Commanding Officer had taken it upon himself to decide that she needed to be protected from her role as a Soldier in the Army. Further, when she finally was deployed, her Commanding Officer on the forward operating base was close friends with her husband, and her husband “made it clear that he didn't want me to go outside of the wire.” She further stated:

So every time that I would volunteer [for a mission], a couple of hours before it was time to leave the FOB [forward operating base], I would get a message that my name was taken off the manifest... [My leaders] were very open that the reason that I did not go out of the wire was because, unofficially of course... my husband made his wishes known [for me not to leave the base].”

Anne described this unwanted protection as having been cheated of the opportunity to serve her unit and her country to her fullest abilities. Now, as a veteran, she feels ashamed that she had not been able to do more in her role as Sergeant when she was in Iraq. Anne has been surprised to discover that other female veterans in her online support groups have also had the experience of being protected from the war because of their gender. Anne described this, “I have met a couple of others [female veterans] who have
experienced the same thing... A friend of mine actually said that her supervisor actually said, 'We can't afford to lose a woman.'”

**Subtheme seven: Our leadership failed to keep military bases safe from military sexual trauma.** This theme emerged from seven participants who described occurrences of rape, sexual assault, and relentless sexual harassment on their military bases while their leadership did little to nothing to ensure their safety. Agatha, who reported constant sexual harassment and unwanted sexual contact to her leadership before finally being raped twice, stated candidly, “I was taught that rape would happen, and I needed to be careful.” This quote is an example of the ways that MST was perceived by participants as all but inevitable.

Sage further elaborated on this point when she stated, “There was no moment when it felt OK to be a woman and to be me. It was always, like, lurking in the background, like, that’s going to happen again, you know? You’re not safe.” She also explained how the constant sexual harassment and the three sexual assaults that she experienced during her deployments left her feeling ashamed of her body. Chris also emphasized the lack of safety on her forward operating base by stating emphatically, “We would not let any females go anywhere alone because, you know, we were there with other units, and the Army has a lot of rapists, and that’s just being straight about it.” These quotes illustrate that the constant threat of MST was so high and so severe for these female active duty personnel that they had to be chaperoned around the base in order to try to keep themselves and each other safe from such encounters.

Raven also explored the emotional and behavioral impact that she experienced over the lack of Military Sexual Trauma prevention of her forward operating base, “I was
scared because they had a high rate of rape and sexual assault [on my forward operating base]. ...That’s why I was basically by myself.” Raven’s quote here highlights one method that some participants used to try to prevent MST, which was to isolate themselves from the male personnel on their bases. Raven also explained that she became hypervigilant while walking alone around her base. Sage spoke about how the only time that she ever felt safe during her time in the Navy was when she was stationed with the Army in Iraq because she, “got to carry a weapon that was loaded at all times.” Having a weapon gave her a sense of safety because she would be able to use it to protect herself against potential MST perpetrators.

Another point that these participants raised about this issue was that, not only did leadership fail in attempting to prevent Military Sexual Trauma, but that leadership appeared to place the responsibility of MST prevention squarely on the shoulders of female active duty personnel. Sage stated, “They had posters up: ‘Don’t go to hotel parties.’ ‘Don’t go anywhere by yourself if you’re a woman.’ All these things that... you know? I’m like, but I’m 25! I wanted to go have a drink.” Yoko opined, “When a woman joins the military, she’s got to be ready for that, too. People aren’t going to come and save you. People aren’t going to be like, ‘Oh I don’t like the way that man is talking to her, I’m going to have to go over and say something.’” Finally, Agatha described the lengths that her fellow female unit members had to go through to protect themselves after two of their female personnel were raped. She stated, “Things got so bad in my unit that we had to pull guard duty to make sure that the males couldn’t come upstairs to the female floor, and there were only four females so we didn’t always get enough sleep.”
The stress and strain that this sense of responsibility that was placed on participants felt heavy, and one result of said placement was that when it did happen, the female victims often expressed feeling responsible for having been attacked. This further lowered the number of participants who came forward to report rape and sexual assault to their military leadership.

**Subtheme eight: There were consequences to reporting military sexual trauma.** Once these female participants had experienced Military Sexual Trauma, they agreed to feeling that that had been placed into the difficult position of deciding whether or not to report the instance. On one hand, they might have felt a moral obligation to report it so that it would not happen to anyone else; however, on the other hand, they feared the repercussions of reporting MST. Chris spoke about one potential consequence of reporting. “If you report it you’re ostracized by everybody. ‘Oh, she’s going to go crying,’ and, ‘Stay away from her,’ and then you have no respect from your soldiers or the people you’re supporting.” Kelsey also reported a similar concern that she had when she was deciding whether or not to report her MST experience. “If you’re an enlisted female filing a complaint against a senior enlisted male it would have been my word against his.” Raven added her own personal reason for not having reported MST, “If there’s one thing you do in the military, it’s you don’t rat on anybody.” Each of these participants spoke about how they felt hesitant in reporting their MST experiences.

Other participants stated that they had felt coerced and/or guilted into not reporting the Military Sexual Trauma event. Anne spoke about her experience of having confronted the male service member who had drugged her beverage at a party and then raped her. She stated:
That's what I got [from my assailant], ‘you shouldn't have been drinking, and now I'm going to get in trouble.’ And at that point being a start soldier was everything to me. And then he said, ‘well you know I have two sons at home, if you do this to me this is just going to hurt them. I have to support them, and they're gonna take my money away and I'm not gonna feed them,’ and at 18 years old I felt really guilty.

In Anne’s case, she felt that she was made to feel responsible for her being raped and thus felt accountable for whatever punishment that might befall her assailant had she reported him. Agatha described experiencing a more aggressive form of coercion from her rapist. She stated, “My platoon Sergeant threatened me and said he was going to get me, and that I would not ruin his 20-year career.” Further, after Sage had been raped by a fellow sailor at a party, it was her Commanding Officer who coerced her into not reporting her MST experience. She stated:

I got called up to meet one of the highest officers of the base. It was just me and him, and he told me I could either do undisclosed or disclosed, and he told me that if I did the kind of investigation where they actually pursue the matter with the other sailors, the one where they pursue action, that it would be a page 13 (the administrative remarks page) in my file, and that would be one of the first things that people look at when they see my file when I'm going to a new ship, when I have orders and I'm going to a school, that would be the first thing they see. And of course I said, “Hell no.”

In all of these cases, participants felt like they did not have a choice in whether or not they should report their rapes. For the two participants who had reported, each of them disclosed that their reports had been either ignored or reduced to a minor infraction. Further, both participants were ultimately forced out of the military by their leadership either through forced retirement or actual discharge. Agatha was one such participant who was forced out of the military after reporting her second rape. She stated, “They were saying that I’m not good enough to be a soldier, but meanwhile I was good enough to be a soldier until I told somebody that I was raped. So why am I not good enough
now?” Agatha was heartbroken to have been forced out of the military because being part of the Army Chaplain core was a large part of her identity. She summed her feeling up in this statement, “I feel betrayed by the U.S. government. I feel that (the U.S. government is) no better than terrorists if they don’t fix this, or maybe they’re worse because they cover it up.”

Subtheme nine: The Veterans Affairs is grossly ill prepared to treat female veterans. Once participants returned from their deployments and were subsequently discharged from the military, they found that they had to navigate the bureaucracy of the Department of Veterans Affairs (VA) healthcare system. Eight participants reported having had negative experiences within the VA system because in their view the VA has not appropriately recognized female veterans. The complaints that participants voiced here included (a) wait times for appointments due to the shortage of physicians working in the areas of female health; (b) having appointments made with temporary staff members, such as medical residents and psychology trainees, rather than being assigned to permanent healthcare clinicians; and (c) being treated like caregivers instead of veterans simply because they were females. The following quote from Jade typifies the experiences of numerous other participants:

I went to the VA about a year after I got out and I got nothing out of it. It does not help a woman who has PTSD from the war. I feel like they have things in place for women who have sexual trauma, PTSD from sexual trauma, but they don't know how to handle women who have PTSD from combat. I went and got evaluated for the services that I would be entitled to and I saw a therapist and I sat in his office and told him I don't know how to live anymore, and he told me I would be fine if I just went out and got a job. ...I went to a clinic because it was closer to my home, and every time I go in there I was treated like a caregiver. It was all, “Hey honey, who you here to pick up?” which is like... it's already so difficult to have to go through, and then when someone says, “Who are you here to pick up,” it's like a slap in the face! ...I try to get medication and it took three
months just to get an appointment, and then once I got the appointment, they
cancelled it and I have to wait another three months.

Jade broke down sobbing as she described her experiences at the VA. She stated that she
felt minimized, unappreciated, and even invisible. She claimed that the biggest problem
for her was that it had been so difficult to find the courage to even ask for help at the VA
in the first place. For participants, the VA appeared to be just an extension of the
masculine military culture that had failed to appreciate them during their military careers.

Composite Theme Two: Feeling Minimized
and Disrespected Through Cultural
Norms: “We have to have this
emotional exoskeleton.”

On the MIQ-M, participants endorsed that they had felt betrayed by military
leaders, and trusted civilians. This theme emerged from the stories that these participants
told in relation to these endorsements. All eleven participants told stories related to
having had felt minimized and/or disrespected through the norms of the dominant culture.
Three subthemes emerged under this theme: (a) “The military is macho”, (b) The Middle
Eastern culture disrespects females and, (c) The U.S. culture devalues female veterans.
These subthemes will be explored in turn.

Subtheme one: “The military is macho!” All eleven participants told stories
that described ways that the culture of the military felt misogynistic and hypermasculine
to them. The disrespect that participants felt here was linked to the ways that their leaders
had treated female active duty members differently from how they treated the male active
duty members, and how they had disrespected and/or belittled personality characteristics
that are traditionally thought to be more feminine qualities in the U.S. (e.g., talking about
emotions, asking for help). The military population traditionally has been skewed; during
the recent conflicts, less than 16% of active duty personnel have been females 

(Department of Defense [DoD], 2013a). All 11 participants in this present study endorsed that they were either the only female in their unit, or that they were, at most, one of seven in the entire 300-800 person battalion. Yoko was the only participant who spent some of her deployment time on a ship that had a larger than 7 female active duty population.

Dixie spoke about ways that female active duty have different experiences than do their male colleagues:

Our experiences are, to say the least, very different because we have to go in with an added layer of protection, not just from the potential of being... of being attacked by the enemy, but sidestepping the perceptions of the men ... that we're there to support them and that we're not serving beside them. But after the Marine debacle, where they were passing around photos of naked service women, I just don't see it changing anytime soon. We have to have a much deeper layer; we have to have this emotional exoskeleton, because we're expected to sit there and listen to the off-color jokes and all that, cause if you say something about it, then you're sensitive and you're someone to be vilified. So you just got to put in your mental headphones; break out the book and read it.

Dixie here expressed her feelings of frustration over the way that her male colleagues did not understand that she was serving alongside them, as an equal, rather than serving them in a supportive role. Further, that what she referred to as the “macho” culture of the military had created an environment in which sexually explicit jokes were acceptable, and in order to be accepted by this culture, she had to pretend to be comfortable with such talk.

Raven also felt that she had to behave like the male soldiers in order to earn respect from others. She explained, “There were a few times, because I seen the males have tantrums and they weren’t listening to me when I was talking to them, I started acting like the guys. I started cussing and swearing and getting in their face.” Yoko had a similar experience; however for her, it felt more congruent for her to demonstrate
characteristics that are deemed more masculine by U.S. cultural standards. She stated emphatically:

You know, it’s the military. It’s not like a civilian job where I have to be all demure or something. In the military, I can turn around and say, “Get the fuck away from me,” and I appreciate that about the military. That’s why it was in the civilian section that I struggled, because you can’t say shit like that to people.

Both Yoko’s and Raven’s quotes were able to showcase differences between the ways that the military holds traditionally masculine traits like aggression and toughness in high regard, whereas the U.S. culture might not be as able to accept females behaving in such course ways. Raven recognized that she was “acting like the guys” when she behaved in this way, while Yoko finally felt free to be herself by allowing these more stereotypical masculine traits to emerge.

Dixie also described one salient experience in which it was obvious to her that the military held their male personnel in higher regard than their female personnel. She told a story in which her unit has been attacked, and both she and a male colleague had been injured. She did not report her injury after this attack, “Because I was the only female out there, so of course, if you complain, you either broke a nail or you're on your period. You can't never be hurt. God forbid you're actually injured. ...So I never complained.” Her male colleague, however, did report his injury to the Commanding Officer of the unit. Dixie stated:

[The Commanding Officer] turns and he says, :I will make sure we get that written up.” So the next day, he calls a formation ... and everybody's in formation, and they start reading the citation and [male colleague] is standing there as proud as a bloody peacock. And major bosso pulls out a purple tampon (laughs). Now honestly I was like, for a nanosecond, kind of insulted ... and then at the end of it, [the Commanding Officer] said, “Damn, [Dixie] has been limping for three days, and I haven't seen her complaining.” ... And again, you know, it was like, I should have been insulted but unfortunately, again, it's a bunch of guys and infantry is
still kind of draggin’ their knuckles as it relates to women in combat arms, so it is what it is, you can't do anything about it.

Dixie’s story described how male personnel are considered superior to the female personnel. To begin, the male colleague who reached out to his Commanding Officer to report his wound was viewed as a complainer, which was not a stereotypical masculine trait. The punishment was that he would be humiliated with the insinuation that he, as a complainer, had a vagina and must be on his period. At the end, the final insult was to compare him negatively to Dixie by holding her up as an example: even the woman in the unit is refraining from complaining, and he should should be better than she was.

Sage told another story that illustrated how the misogynistic culture of the military might have encouraged the sexualization of female service personnel. She stated ardently:

My Chief E7, that was head of our division, he was a total dirtbag and a misogynist - it just set the tone. ...I think, because of how misogynistic he was, I think it made it easier for the guys that were going to perp on me to do that. He would sit around with the First Classes and the E6s (Petty Officers) and just talk about women, you know? Like his wife, he would call her stupid all the time and that kind of stuff, and then he'd give examples, and then talk about women's body parts that he would see down on Bourbon Street or whatever. Or whatever his current girlfriend looked like. And it was that whole buddy-buddy thing, they'd sit around and talk about chicks and they didn't care if I was in there or not. Like, if I came in, it didn't stop it. ...There was like porn up in our main office, and these are all things that are big no-nos. I was what they called a booter, I was fresh out of boot camp and this was my first station, and I didn't know... Who do you talk to when it's your chief doing that?

Sage felt that her commander’s misogynistic behaviors tainted her unit, making sexual harassment and sexual assault more socially acceptable. She felt uncomfortable being around the sexist talk and the visible pornography, and what was worse for her, she felt helpless to stop it because her chief was the one who was modeling said behavior. She had no idea who to turn to for help, and thus she felt was forced to live with the
consequences of this behavior by experiencing a rape and several years of intense sexual
harassment and sexual assault by both her leaders and her fellow sailors on the ship.

According to participants, another way that misogynistic military culture may be
exacerbating the rate of MST is how the male personnel tended to defend each other at
the expense of their female colleagues. Raven spoke about how, when she finally
reported Military Sexual Trauma against her Battalion Commander, his friends at
headquarters protected him from the charge, which was ultimately reduced to a minor
infraction and later dismissed. Further, her male colleagues who had witnessed the attack
had refused to provide testimony that the attack had even occurred.

**Subtheme two: The Middle Eastern culture disrespects females.** Three
participants told stories that highlighted the ways in which they had experienced Middle
Eastern civilians engaging in behaviors that were perhaps socially acceptable within
Middle Eastern culture, but that had transgressed their own moral values. These
behaviors were sometimes directly experienced by the participants themselves (e.g.,
sexual harassment and unwanted sexual contact), while at other times they were
witnesses to such actions (e.g., Middle Eastern police officers abusing their prisoners,
Middle Eastern women being treated poorly by them). Jade provided one example that
typified the experiences of some other participants:

So what people seem to have a really hard time wrapping your head around is that
our culture is very different from their culture. We set an age of what we consider
is an adult; it's not what they consider an adult. What we consider harsh treatment
is just retribution, which is allowed in their country, and so working with the Iraqi
police, we would get people... would bring in people that did heinous crimes, or
people who were terrorists that the locals knew, and they would bring them in,
and we would show up to our IP (Iraqi police) station and there would be a guy
who had been beaten so severely by either the populace or by the Iraqi police, and
then we get there and then we would have to take them to a Detention Facility for
being a possible terrorist and we're bringing in this guy that looks like his body is
black and blue from his neck down to his feet, and that's just heinous, and you just... you had to kind of learn to accept, like, I didn't commit that crime. Someone did it. I don't know who it was because I wasn't there when it happened, and so I can't stop it. But we also had, again our culture so different where we say, if you were a man and you're married to a woman and you hit her it's called domestic abuse, and there it's 100% acceptable. A woman's value is not the same in their culture as it is in our culture and they treat women very poorly. I remember being in an IP (Iraqi police) station and a woman came in with her adolescent son, somewhere between the ages of 10 and 12, and he had been beaten and she had been beaten, and they threw her out of the IP station because that was her husband’s right, and I can't do anything about it because I am a foreigner in her country, and I have the right to fight back but she does not. And so to me that's just a horrible thing to have to witness. I can't do anything about that.

Jade also described that is was emotionally distressing for her to witness the aftermath of violence that would be considered both immoral and illegal in the U.S., but yet it was both socially and legally acceptable there in Iraq. Tia also noticed the way that female Middle Easterners were treated within their culture, “Controlled by men in their society [in terms of] how to act, where to look, not to talk, covered head to toe. They were controlled by fear of physical punishment.” This aggressive control over the female Middle Eastern population was against Tia’s moral values of equality.

Tia also spoke about her experiences of having been a female soldier stationed in the Middle East, and how some of the male Middle Eastern civilians had expected her to live according to their cultural values. She stated irritedly:

The locals would try to force their beliefs on even the U.S. forces, because I saw how they wanted me to cover my head, wanted me to be submissive, and those aren’t – I’m not there to be a part of their culture. I’m there as a U.S. soldier, and I’m not going to change for what you want. But that put us in a risky position. There was one time where, just because I was out on the scene that we were at, some of the males in the community were yelling because I didn’t have my head covered to their standards. I had the typical military gear on, and so it started a firefight... I was furious because it escalated and I was putting my life at risk along with everybody else’s over this issue. But at the same time, I wasn’t going to conform to what they thought I should do.
Tia’s quote here illustrates the power of cultural norms. On one hand, the Middle Eastern males felt righteous in their cultural beliefs, and were offended by Tia’s refusal to conform to the point that they were willing to put their lives at risk in order to force her compliance. On the other hand, Tia and her unit members were equally adamant about the ways that females were treated in the Middle East was oppressive, and they too were willing to risk their own lives to defend Tia’s right to not have to participate in these Middle Eastern cultural practices (e.g., covering her head).

Finally, Yoko discussed how such Middle Eastern views toward females put her in an awkward position as a military Lieutenant:

I've never been more thankful to be an American woman! It's a gift, because when I was in the Middle East and I would talk to guys and tell them to do something, Iraqi men would be like, ‘She's talking to me?’ They wouldn't even look me in the eye. I could not give them an order. When we had to interrogate ships, I couldn't, as a woman, put my voice out over [the radio]. I mean I could have, but they wouldn't have responded... and the way that people talk about freedom here in America. Human rights, and how it's a human right! I want to tell them, go to Iran and tell them about human rights! I would love to see what happens!

Yoko’s experiences as a female leader in the Middle East caused her to feel gratitude for the way women are treated in the U.S. culture. She laughed throughout her description of the disrespect that she received by Middle Eastern males because she was back in America where such things do not happen to her. Her experiences have enhanced her perspective about how lucky she is to be a female living in Western culture in the present time, and she expressed annoyance at U.S. civilians who complain that their basic human rights are being violated by the U.S. government. Interestingly, participants had also reported that they felt the U.S. culture was also minimizing them as veterans.

**Subtheme three: The United States culture devalues female veterans.** This subtheme emerged from the experiences that four participants had while identifying
themselves as veterans to U.S. civilians. According to them, the U.S. culture appears to endorse the myth that only males can hold veteran status. Anne told a story about a time when she and her husband were at the airport speaking with a male U.S. civilian about military deployment life. She stated, “I mentioned the concurrent deployment between my husband and myself, and I said, ‘Our deployment,’ he patted my knee and said, ‘That’s right, sweetie, families served too.’” Anne was outraged by the assumption made by this person that she could not have been on deployment too simply because she was a female.

Raven also expressed an outrage that typified the experiences of other participants who have had their veteran status questioned since returning stateside. She stated passionately:

I have one more thing for civilians, just civilians on the street. I need them to understand, and this is going to take a long, long time, that women are veterans too. I was just talking about this in my women’s group the other day. We were talking about all the negativity we get from people when we tell them we’re veterans. You get ugly stares, and people are like, “Are you sure you’re a veteran?” ... We get it from the moms, and we get it from disgruntled men who chose not to serve, and now I’ve got to deal with your bad attitude. Yeah, because the super moms are like, “Who took care of your children?” and they treat me like you did something wrong for serving when you have children.

Both Anne’s and Raven’s stories highlight the juxtapositions between some of the perceptions of U.S. civilians and the reality of how female veterans have served their countries. Further, Raven’s quote also highlights stereotypical expectations within the U.S. culture that mothers are automatically viewed as being the primary caregivers. Raven’s husband had been the primary caretaker for their children while she was on deployment, and yet she felt as though the U.S. civilians around her were judging her for having somehow neglected her children by going on deployment. Latea also shared her
feelings of guilt and shame for having betrayed these cultural stereotypes by going on her deployment. She stated:

As mothers, we’re more of the nurturing type. So, you know, we're expected to be there for our kids, and here I was in a no man's land [on deployment], you know? ... The fathers are more like, how can I say this, they're more of the overseer. The financier of the family. So, it's kind of okay if dad's not there that often. They're supposed to be out earning money, but moms are supposed to be at home being nurturing.

Latea’s quote here highlights some of the personal emotional ramifications that these U.S. cultural expectations can have on female active duty personnel and veterans.

Composite Theme Three: Various Experiences of Violence: “I don’t always feel good about how we treated them.”

This theme emerged due to the participants’ endorsement on the MIQ-M that were related to perpetrating, failing to prevent, and/or bearing witness to acts that had transgressed their deeply-held moral values. Five subthemes emerged under this theme: (a) being in danger of violence, (b) witnessing violence, (c) perpetrating violence, (d) seeing the aftermath of violence, and (e) hearing stories of violence. These subthemes will be explored in turn.

Subtheme one: Being in danger of violence. This subtheme emerged from the participants’ stories that described the myriad of ways in which they lived in danger every single day while on deployment. Jade stated, “I actually had a senior enlisted person tell me that I should get my documents in order because the chance of... I was a platoon leader... and the chances of one of us not going home was one in four.” There was no safe space for participants while on deployment. For example, those who spent all of their time on the military bases experienced incoming mortar attacks. Kelsey stated
heatedly, “I mean, we were mortared multiple times a day, almost every day. We were in a high location for mortar... because we had an airport, they [the enemy] wanted to target us.” Tia corroborated by stating, “And they’re gonna bomb us every night. Might as well just lay here and sleep, and if it’s my time, it’s my time. And if not, we’re gonna play this game again tomorrow.” Tia got so used to having her military base bombed by the enemy on a nightly basis, that she went to bed and hoped to wake up in the morning.

Participants who served in units that spent most of their time outside the base were at a higher risk of experiencing violent attacks. Jade typified the experiences of participants who had spent much of their deployment time working off-base:

On a daily basis, we would travel some of the worst roads in Iraq, and it could take anywhere up to an hour...we varied our patrol time so that the enemy would not know when we were traveling since we had to be out quite often. But we were pretty much out in sector, off the military base from anywhere from 12 to 20 hours a day and sometimes we even lived there.

For participants who were “out in sector” and “outside the wire” on an almost constant basis, they had to be mindful of enemy locations, the possibility of IEDs being on the roads, and so forth. Raven spoke tensely about a time when her convoy fell under surprise attack:

The vehicle I’m in gets attacked by mortars. The way mortars happen is that they shoot wild and then they lock it in so that every mortar gets closer and closer to the target, And, so at first they overshot, but it keeps getting closer and closer, and I’m on the radio yelling (in an excited voice) “You guys have to do something!” And I'm telling them where the direction is, but I can't see the distance because the distortion of the glass [in the truck] and we have our helmets on. You can't... you can only see so far.

This was a frightening event for Raven, and as she told the story, her speech became pressured and thick with distress. Her experience was similar to four other participants who told also stories in which they were under attack from the enemy under conditions in
which they were fortunate to escape with their lives. In many of these stories, one or more of their fellow service personnel was killed right in front of them.

**Subtheme two: Witnessing violence.** This subtheme emerged in relation to the participants’ descriptions of having witnessed first hand acts that were violent in nature. Violent acts included: (a) witnessing death and/or injuries of their military peers, (b) witnessing the death and/or injury of Middle Eastern civilians’ death, (c) witnessing the mistreatment of Middle Eastern females, and (d) witnessing the harsh treatment of Middle Eastern military detainees. Four participants endorsed that they had witnessed acts that transgressed their moral values.

For example, Chris and Dixie each reported that they had spent most of their deployments away from the military bases and had engaged in several firefights with the enemy. As a result, they both saw several of their military peers killed or become gravely injured. Dixie reported sadly that 26 people in her unit were killed in action. Further, she described with a tear-filled voice how she witnessed one close friend die. Chris also reported sadly that she witnessed friends and fellow service personnel fall victim to IEDs and other types of enemy fire.

Tia and Chris each reported that they had witnessed the deaths of civilian children in various combat-related situations. Tia spoke about how Iraqi children that she had encountered had been given guns and suicide vests, and were behaving in a threatening manner against the U.S. convoys. She stated defensively, “So I don't always feel good about how we treated them, but at the same time if I wanted to go home, it was them against me regardless of their age.” Chris reported stoically, “ the women [in the Iraqi villages] would take their young kids and throw them under our trucks for us to run over
them to try to get us to stop so they can steal our food because their families were
starving.” She further stated, “Seeing these babies getting run over and killed that was
really hard for me.” It was extremely difficult for participants to witness individuals die,
especially when the victims were children.

**Subtheme three: Perpetuating violence.** On occasion, the participants expressed
that they themselves were the cause of violence. While five participants reported that they
had engaged in acts of violence against others, Chris told a story that typified these
experiences. She stated stoically:

The enemy learned that the Americans had a hard time engaging with children, and they would put... they would send... (speech quickens) would send children with AK-47s to shoot at us... you know... have them [children] spot for them [enemy] to tell them [enemy] the convoys were coming so they [enemy] could try to blow us up. (speech quickens again) And then they would put suicide vests on women and try to send them up to us, and you know, when you're in command of a truck and you've got a kid shooting at you, it's really challenging to give that order to kill that child because he's a threat to you and your people. ...I mean, we even... I was thrown out of the gate one day and there was like, a 6-year-old boy came walking up crying, and the guards realized he had a suicide vest strapped to him, that someone had forced him to walk towards the camp with a suicide vest on. Either you kill them or the person with the remote to the bomb is going to kill them, there's nothing you can do. So, it becomes about protecting your people versus this child. So, that was the biggest thing. I mean that was, just... it was a challenge.

As Chris shared the above story, her voice betrayed a great deal of emotional distress
over having been a part of this child’s death. She further expressed a great of guilt
around having had to make the decision to engage her forces against these women and
children. It became especially difficult when Chris learned that these women and children
themselves often were victims of the enemy. She stated that enemy combatives often had
forced these victims to engage against U.S. troops by threatening to kill the victim’s
entire family. Chris stated that she is able to live with the guilt of her actions by
recognizing that she did not have a choice in the moment, and that the victim was going to be killed either way. In the moment, the only choice she had was to protect the lives of her fellow soldiers.

**Subtheme four: Seeing the aftermath of violence.** This subtheme emerged in relation to the participants’ descriptions having first hand exposure to individuals who had experienced physical trauma, along with military materials that had been destroyed during battle, and locations that had been the site of violence. Six categories emerged under this theme: (a) exposure to injured military personnel, (b) exposure to human remains, (c) exposure to the aftermath of violence against Middle Eastern civilians, (d) exposure to the aftermath abuse of military detainees, (e) exposure to the aftermath of battle scenes, and (f) exposure to wrecked equipment.

Dixie reported that she spent time at the MASH units where she photographed and video recorded the presenting of Purple Heart medals to injured soldiers. She stated in a low, emotion-filled voice, “And that really hit hard because my other responsibility was to document the memorial services and prepare the video and photo packages for the Commander to send home to the family.” By creating these memorial packages, Dixie was put in a position to posthumously learn about the soldiers who were killed in battle. These soldiers who she was memorializing became real for her, as if she had known them while they were alive, and so she felt sadness at the loss of their lives. Additionally, she prepared these same memorial compilations for soldiers who she had called her friends even before her first deployment. She described this responsibility with a somber voice:

> You have to understand when you're in the guard... we all know each other [from before enlisting in the military]. A lot of the guys for instance in the CAB unit, a lot of them worked in law enforcement. They knew each other [back home]. Or they worked at Charlie's Auto Repair something, or they were cousins and
brothers. I mean, yeah, we had three brothers that were deployed. We had father and sons that were there. We had husband and wives that were there. We were like one big inbred family.

Dixie specifically spoke about three members of her unit who had died in a horrible accident when their vehicle fell into a river upside down. She described what it had been like for her to see their physical remains at the MASH morgue: “These poor boys were just frozen in place; their fingernails were gone because they were trying to claw their way out of their vehicle. It was the most disturbing thing, and I see that every now and again. I see it, and I wake up.”

Similarly, Jade’s role within the Military Police required her to investigate the deaths of military personnel and Middle Eastern civilians in order to make certain that the rules of engagement were being followed, and that nothing “illegal” had happened to cause the deaths. She spoke of an incident in which she was on scene after an individual had attempted to place an IED. She stated matter-of-factly, “He didn’t place it properly and he blew himself up and his two children, and so there's two dead kids. And putting two little bodies into a body bag is just something that will stay with you forever.”

Finally, Tia spoke in a similarly frank manner about how hard it was for her, as a medical practitioner, to come across civilians who were injured from battle and to not be able to provide medical assistance. She stated:

I think there were things that we came across that we couldn't do anything about, and for me, from a medical standpoint, it's really hard because it's like I want to do something, but at the same time it's not what my mission is. So, it's not our community or culture, and that's not why I'm there, but I still felt bad, you know? It's not great seeing a kid suffering from burns and not being able to do anything about it because that's not what your mission is at that time. Like... I can't just change the plans.
It was emotionally distressing for Tia to drive by these civilian children who were in obvious need of medical assistance, yet not be able to stop the convoy to render aid. She conceded to lingering feelings of guilt that she continues to carry because she was not able to help everyone, and because it was against her own personal moral values to ignore children who are suffering.

**Subtheme five: Hearing stories of violence.** This subtheme emerged in relation to the participants’ descriptions of having heard others’ stories about acts of violence and torture. These types of stories included the torture of civilians by enemy forces, the deaths of active duty service members who were killed in battle, and stories of veterans who had completed suicide.

For example, Chris expressed deep moral outrage after she learned of the ways civilians had been mistreated by Iraqi leadership. “Right before the war started, Saddam (Hussein) had cut off the villages right at the Iraq-Kuwaiti border. No food, no water, no supplies. And the people were literally starving to death.” Similarly, Dixie expressed feelings of sadness as she spoke about ways that Iraqi leaders had tortured their own civilians. She spoke about a beautiful lake that had been dubbed the *Lake of Tears* because “Uday (Hussein) would go into the village and have his people choose a young woman, and they would defile her and kill her in the lake (voice choking up) and I said, ‘Yeah, I think that's a pretty accurate damn name for it.’” Such stories did not end post-deployment. Latea also spoke with a wavering voice about a fellow veteran who had completed suicide the night before her interview. She said, “It broke me down last night (gently sighs) because he left two kids behind and his wife. Suicide is never the answer. Never the answer.” For each participant, these stories of violence and torture have
continued to haunt them in their post-deployment lives through intrusive thoughts and nightmares.

**Composite Theme Four: Struggling with Relationships: “It’s still the greatest betrayal of my life.”**

This theme emerged from participants who endorsed on the MIQ-M that they had felt betrayed by military leaders, military peers, and trusted civilians either during and/or after their deployment. Six subthemes emerged under this theme: (a) relationships with military peers and male veterans, (b) unwanted sexual relations with superior officers, (c) it was hard to reconnect with U.S. civilians, (d) it was hard to reconnect with family members, (e) mental health professionals do not seem to understand us, and (f) we need to have relationships with other female veterans. These subthemes will be explored in turn.

**Subtheme one: Relationships with military peers and male veterans.** This subtheme emerged from participant reports about having had problematic relationships both with their male and female military peers during their deployments and with male veterans post-discharge. This subtheme also includes the protective and supportive relationships that some participants had with their military peers. Categories that emerged under this subtheme included: (a) being rejected by military peers, (b) military peers were hostile towards participants, (c) having had unmet expectations of military peers (e.g., hopes that the unit would feel like a family), (d) having had experiences of Military Sexual Trauma and/or rumors involving sexual impropriety from military peers, (e) feeling a sense of camaraderie with and/or feeling protected by military peers, and (f) feeling minimized/marginalized by male veterans.
Eight participants described the ways that sexual harassment had been rampant on the military bases during their deployments. Chris stated:

It was just constant. And it was the same thing rotation after rotation, you know? I did have the incident with the Sergeant major, but the constant, you know, “Hey, hey, you want to go sneak off?” or “Hey, do you want to come watch porn with me?” and I’m like, whatever. It’s constant.

Latea also reported in an annoyed tone of voice that she had experienced relentless sexual harassment on her base, “You had people coming at you from all angles. I mean, basically they were, like, you’re a piece of meat in a lion’s den. It was a daily fight to keep them away from you.” Both Chris and Latea spoke with anger in their voices when they described how horrible it felt to be on the receiving end of persistent sexually aggressive behaviors on an almost daily basis. Their reported feelings of frustration exemplified the experience of all the participants.

Sage also spoke of her experiences with MST by her military peers, including having been raped by a fellow sailor at a party. She stated:

I think the worst part is that I was always [pause] I looked forward to joining the Navy. I didn't join until I was 25. My dad was in the Navy, both my brothers were in the Navy, and it was a huge pride thing, and I wanted to be a sailor. I wanted to be one of the guys, you know? And I had been only out of boot camp for like a month when I got raped by a fellow sailor.

Sage’s quote epitomized the way that the participants’ MST experiences were especially painful for them because it went against the idealized expectations that they had upon entering the military. Sage added, “This was the greatest betrayal of my life, and I’m not trying to be dramatic or anything, but it [the Navy] was something I had idolized.” Sage entered the military with the fantasy of forming close and family-like relationships with her fellow sailors, only to experience sexual harassment, sexual assault, rape, and social rejection. Like her, other participants had hoped to be accepted
by their military peers and to feel like “one of the guys.” Instead, participants reported that they had felt alone, isolated, and depressed during their deployments.

Anne described that her military peers had sexualized her through false rumors of her sexual impropriety. She stated:

Myself and three other males were promoted to Sergeant on the same day, but within a couple of weeks it was widely believed that I had slept with my Commander to get my promotion. Nothing about the other males, but because I was a female, clearly I must have slept with him to get my promotion.

Anne went on to describe how she had felt betrayed by her peers for starting such rumors about her. On top of this, as these rumors continued to spread across her military base, Anne’s military peers and leadership who heard and believed the rumors began to reject and ostracize her. She spoke of a female peer with whom she had been close friends with who had refused to speak with Anne after Anne was promoted. “I don't know if the rumor that I had slept with my commander played into that at all... If she felt that... I got away with something... but that was really hard. That was the beginning of when... of when things started to feel like they were going downhill.” Anne reported that even the people she worked with on a day-to-day basis had found ways to avoid speaking directly to her during their work shifts. She stated stoically, “If they needed to tell me something they would email me from the desk, but they would not speak to me.” The emotional distress that she felt as a result of both this and similar rumors and the rejection she felt caused her to have thoughts of suicide. She stated:

There were a lot of times that... there was period of time that I did go back and forth to my housing unit by myself, and honestly there were a few times that I thought, well if I went into the middle of this field and just did it then no one... what would be the point? You know? It would end it. I wouldn't feel tortured all the time, and honestly, knowing that, you know, it was my husband, the thought of being done with Iraq and being home with my husband was the only thing that kept me going.
Anne’s quote here illustrates the emotional toll that these difficult relationships with their military peers could have on female active duty personnel. For Anne, things were so painful that she considered suicide as a way to end the constant emotional distress.

Perhaps contrary to this, three participants reported that at least one military peer had become protective of them during their deployment. Chris described the close relationship that she had with her battle buddy, a male soldier who took it upon himself to protect her from potential sexual predators. She explained how her battle buddy helped to protect her from becoming a victim of the command Sergeant Major, “He would always, like, sleep right there in the back of the 5-ton. So if the Sergeant Major were to go up there, he would wake up and be like, ‘Oh hey, what are you doing?’ So I was never alone with Sergeant Major.” Raven also spoke positively about a male Sergeant who she called, “The male who kept watch over me.” She said he became a good friend to her and that he made it his job to protect her from the constant threat of Military Sexual Trauma. “He helped me out,” she said. “He often walked me to the barracks.” Similarly, Dixie reported that all of the male soldiers in her infantry “took care of me like I was their baby sister.”

Further, two other participants reported that they enjoyed close relationships with their military peers. Yoko reported that her fellow pilots accepted her into their group, and that she remains close friends with them to this day. She also spoke about having felt close to the other female leaders with whom she shared a deployment, and how they called themselves “the Magnificent Seven.” Jade also reported that she had become close friends with two female peers in her unit. She stated, “The three of us were very close and are still close to this day.”
Many participants also reported that they have had difficult relationships with male veterans since being discharged from the military. Jade spoke about how she does not wish to join male veteran support groups because:

\[
\text{I'm not comfortable being around men just because of the sexual harassment from being deployed, and the fact that anytime I have to be around men my service comes into question because I'm a woman and so I have to prove myself every time I'm around a man, which is wrong. It's absolutely exhausting.}
\]

Jade’s quote typifies some of the experiences that other participants shared having with male veterans. She stated that her discomfort stems from having been sexualized and harassed by other male active duty members during her deployment, but also per her report, male veterans since have often minimized and discounted to role that female veterans played during deployment. Jade, like other participants, spent most of her deployment away from the military bases in combat-related situations. However, she believes that the fact that she is a female has caused male veterans to assume that she had served in a supportive role. As she stated, having to defend herself from these erroneous assumptions has been “exhausting” for her, so she tries to avoid interacting with male veterans altogether.

Sage also spoke sadly about the ways in which the male veterans that she has come across have not wanted to know about her MST experiences. She stated:

\[
\text{And even now, we can’t even talk about it because our experiences were so vastly different. They don’t want to hear what other sailors did, you know, because I’m sure part of them feels what other people felt... that it was a little bit my fault, and I just can’t have that conversation with them.}
\]

Sage’s quote illustrates how female veterans might feel that they have to hide their Military Sexual Trauma experiences or even to defend themselves against allegations that the MST instead was their fault. This could also be exhausting, and even shaming, for
female veterans who have to live with the various impacts of their MST experiences. While these experiences often occurred at the hands of their military peers, superior officers were also responsible for participants’ MST, as will be discussed in the next subtheme.

**Subtheme two: Unwanted sexual relationships with superior officers.** This subtheme emerged from the experiences that the participants had with military leaders who had abused the power of their authority by victimizing their female subordinates. Six participants endorsed having been sexually victimized by at least one member of their military leadership through sexual harassment, unwanted sexual contact, and sexual assault.

Chris’s experience of sexual harassment and sexual assault from her battalion leader typified many of the experiences of other participants. She stated angrily:

> Well, I mean the hardest part is some of the guys [assaulting you] were in your chain of command. They were the leaders. They were higher-ranking. And so, you know, I can't report them because they control my life. They control what I do. They control if I go out, or if I'm stuck in a guard tower, you know? They control every aspect of your life; when you eat, if you get to take a shower, and so you're in a really helpless situation because, you know, if it's a member of your chain of command, like the Sergeant Major when I first got there, if we wouldn't have played nice, my people could have starved because we didn't have food or water.

Chris explained that this Battalion Commander harassed and assaulted her on an almost daily basis for months until he finally was arrested by Military Police for raping another female soldier on base. Chris reported that she felt an enduring sense of anger and powerlessness in relation to these experiences. Her quote above highlights the truth of how, in the military, when a superior pushed himself on an active duty female, there is not a lot that one could do to protect herself.
Anne and Agatha each reported that superior officers had raped them. Anne described stoically that she had been at a party when someone “put something into” her drink. She said that she was aware of her surroundings but was unable to move as a superior officer raped her. Later, when she confronted him, he admitted what he had done and even, “gave a small demonstration as if it were nothing.” Meaning that he performed a pantomime of the rape for her. Anne concluded, “and I just sat there. I didn't know what to do or say, and I didn't speak about it for another ten years.” Agatha reported that her platoon Sergeant ordered her to go out for drinks with the rest of the unit, and then, when the rest of the unit went back to base, her platoon Sergeant proceeded to rape her. She later learned, “There was a bet for $50 that he could successfully score with me.”

Agatha’s story here demonstrates the ways that some superior officers may hold cavalier attitudes towards coercing their female subordinates into participating in sexual encounters. In Agatha’s case, her superior announced to his peers that he would “score” with her, and when she refused his advances he coerced her into sex. Participants who experienced Military Sexual Trauma at the hands of their military leaders described these traumatic events have led them to feel distrustful of others post-discharge. Further, these feelings of distrust may have, in turn, decreased their ability to engage in social relationships in their post-military lives, which will be discussed in the next subtheme.

**Subtheme three: It was hard to reconnect with United States civilians.** This subtheme emerged in relation to the participants’ reports of their interpersonal experiences, or perhaps a lack thereof, following their discharge from military service. Four categories emerged under this theme: (a) hearing civilians complain about non-
issues, (b) feeling disconnected from civilians, (c) finding it hard to feel close to others, and (d) isolating themselves from others to feel safe.

Eight participants endorsed that their military experiences have had a negative impact on their ability to engage in interpersonal relationships with U.S. civilians. Agatha said in a distressed tone of voice, “I feel like I can’t relate to women because I feel like I know more than anybody does about how abused we were.” Tia expressed, “I don't relate to people very well. I don't think I have a lot in common with most people; they just see things a lot differently and maybe I'm jaded.” Sage expressed feelings of sadness around the fact that it’s become difficult for her to feel close to others, including her friends and family members. She sighed, “I don’t know if I’m ever really going to be close to people like I was before I went into service. It’s all just different now.” In each of these cases the participants expressed feeling apart from the other people who live in their towns and neighborhoods because they had such intense and often traumatic experiences during their deployments that civilians cannot seem to understand.

Tia, Sage, and Dixie each also reported that it’s frustrating for them to listen to U.S. civilians complain about issues that seem unimportant. Tia identified “the gap” that she feels when she is with civilians when they complain about the “little things.” Sage stated, “I find myself, at times I can be really compassionate, and at times I have to fight being callous, because, well, who cares, you know? I was in Iraq for eight months, this is no big deal.” Dixie stated, “People complain about little things and it takes everything in my power not to just grab them by the neck and put my foot on their throat and tell them, ‘Do you know what the fuck people go through? And you're complaining about this shit?’” In each of these cases, participants expressed feelings of anger towards civilians
who have been sheltered from the realities of war and who then have the audacity to
complain about insignificant issues in their lives.

**Subtheme four: It was hard to reconnect with family members.** This subtheme emerged in relation to the participants’ reports of the ways that their morally injurious experiences have impacted their family systems. Three categories emerged under this theme: (a) troubled relationships with spouses, (b) families don’t understand what we went through, and (c) troubled relationships with children. These categories include ways that the participants have experienced and interacted with their family members post-deployment, and the ways in which the participants have been told about how they have impacted the members of their family.

Five participants identified ways that their post-deployment marital problems were a direct result of their deployment experiences. Agatha reported that she felt emotionally and physically distant from her husband after her experiences of Military Sexual Trauma post-deployment. She stated, “I was so traumatized that I couldn't have sex with my husband, and I actually looked at him as the enemy because he was also a soldier.” Latea explained that she and her husband had each deployed during the same time period, she to Afghanistan while he was stationed in Iraq. She spoke angrily about how strained her marriage had been during this time. She stated, “[Deployment] affected me and my spouse as well because, you get used to getting let down by your peers and your superiors, but sometimes I felt that I got left all by myself because when I needed him to help out, he put the military first.”

Tia reported that she has never shared her deployment experiences with her civilian family. She stated:
[My] family doesn’t understand what occurred over there, it’s a conversation we never had and won’t have. I have no idea what [my] family thinks my time over there included. They don’t ask; we don’t talk about it – which most likely is form of minimizing [my] contributions during services and struggles. They don’t have any idea that I struggle with PTSD, anxiety, or depression. They are not aware I take medication for such or have get treatment. They are not aware of certain awards and recognitions I received in my service, specifically my Combat Action Badge [which was awarded because I was] engaged in direct contact fire from the enemy.

Tia felt that her family would not understand the experiences that she had during her deployment, and so she decided not to share these experiences with them. She expressed that it was difficult for her to withhold information about such a significant period of time in her life from her loved ones, but she feared that they would unintentionally minimize her role during the conflicts.

Participants who reported that they had been mothers at the time of their deployment also spoke about how emotionally difficult it had been for them to be apart from their children. Morally injurious encounters with Middle Eastern children profoundly increased this emotional distress all the more. Chris also spoke stoically about how hard it was for her to witness the deaths of children in the Middle East when she had a young child of her own back in the U.S. She stated:

On top of that, a five-year-old kid shooting at me or a 3-year-old little girl thrown under the truck, and I have children the same age at home that I basically abandoned to continue my career. So, when you run over a two-year-old child with your truck, that's traumatic... combat-related... but then they need to remember that for parents, that... you know, that could have been my child.

For Chris, the trauma of witnessing the deaths of civilian children while on deployment was amplified by the fact that she had a child at home who she felt that she had abandoned in order to serve. The thought of, “that could have been my child” was
connected, for Chris, to her feelings of guilt for not being home to protect and parent her child.

Three participants also spoke regretfully about the ways they each had struggled to resume their parenting roles when they returned home from deployment. Chris stated that when she came back from deployment, her emotional distress was too high for her to resume her parenting role, so her mother continued to care for her daughters. She said matter-of-factly, “I literally did not raise my kids until they were in the sixth grade.” Latea spoke sadly about how hard it was for her to resume her parenting role post-deployment because of her emotional distress. She described the moment that she recognized that she needed help to cope with her intense feelings of anger:

From when I came back [from deployment] until just recently, I've just been so very angry... always angry... arguing over the least little thing... very irritable. I would just snap at my kids. Until one day my kid ... had this pamphlet on stress management, and [he] put it in front of me and I was like, “I don't need this!” ... And then I was, like wait a minute maybe he's trying to tell me something. And so I reached out to my doctor and said, “I need help. I'm alienating my kids.”

Each of these participants spoke of displacing their anger onto their children, and the feelings of guilt and regret that they later experienced as a result.

Other participants also spoke about the ways that their children have expressed feelings of betrayal towards them for having chosen their military careers over their roles as mothers. Raven described how hard it had been on her daughter:

Yeah, her dad was also a Sergeant Major, and so mommy goes away and daddy goes away, and daddy wasn't even here when I was pregnant so she feels like, “You guys are leaving me! I hate the army! It takes everyone away from us,” and then if anyone asked her like, “What's it like to be child of veterans?” she gets really upset.

Chris spoke about how difficult it has been for her to explain to her children why she stayed in the military for so long. She stated with a hint of anger in her voice, “When
your kids tell you that, ‘You chose a career over me,’ they don't understand that I was a single mom, and I stayed in the Army and risked my life so I could put food on the table and support them, and so that's what makes it tough.” For these participants, the guilt that they have felt about their choice to be in the military has been thrust upon them by children who do not understand that being on deployment was less of a desirable choice and more of a sacrifice for the welfare of their family.

Subtheme five: Mental health providers do not seem to understand us. This subtheme emerged as participants described past experiences that they had with mental health treatment. Five categories emerged here: (a) bad psychotherapy, (b) putting up barriers to treatment, (c) being treated like a male veteran, (d) feeling misunderstood by mental health providers, and (e) positive experiences with psychotherapy. Ten participants spoke about their experiences with mental health clinicians.

Raven reported angrily that she often felt that mental health professionals simply did not care about her. Some advice that she had to offer mental health professionals was “to not be jaded when I show up at your office. Don’t be sour because I’m asking you to do your job. Don’t act like I’m burning up your time, like I’m sick, lame, or lazy.” Tia also expressed that some mental health clinicians have minimized her symptoms in the past, which has been a frustrating experience for her. She stated irately, “If I'm coming to you with an issue, it's an issue. It's not just me complaining or whining. It's significant and don't minimize it because it's taking me a lot to come to you, and blowing me off or minimizing it just makes it a million times worse.”

Sage wanted mental health professionals to know that they should be patient when establishing a relationship with a female veteran. She stated frankly, “I think first it takes
awhile for us to warm up, you know? We were taught from the very beginning to have walls and barriers, and to not show emotion, and to not show things.” Similarly, Anne described ruefully what it was like when she finally decided to reach out to mental health professionals for help:

I reached out for help for the first time ever, and all I got was "You need to be angry," and I didn't want to be angry. And so I stopped going. Ummm... because that's what the VA told me, "You need to be angry." I didn't want to be angry. I just didn't want it to control my life. And I sought help one more time maybe a year or two later, and I heard, "You need to get angry at this." Like, I didn't want people telling me to be angry. That's not the person I am and I don't want to be angry. I want to work past it.

Anne recognized that she has difficulties feeling negative emotions because of military bearing, which she defined as the ability to maintain calm and emotional control in even the most stressful situations. When her therapist tried to force her to feel her negative emotions before she was ready, it felt traumatizing to Anne. She never went back to mental health treatment.

Other participants also reported that they have felt misunderstood by mental health professionals. Tia described the feelings of frustration that she has felt while trying to connect with them:

I think one of my big... I have a lot to say on this, but I don't think mental health providers really understand or respect what the females did, like... they don't have any real comprehension of it. So, like, it's a struggle for them to understand, like, what we've seen and what we've done without us having to repeat it a million times, and even then I don't think they really grasp what that was or what that meant. So, I think they really minimize what the females go through. I don't think that they even look at the females as a whole. Like, we have different hormones and feelings, and we're just made up differently, you know? So in addition to what we experienced, you know, the things that you go through, females are also going through monthly cycles, or just different life cycles, and none of that is taken into fact or account. I just don't feel like the mental health providers get females at all.
On the other hand, Chris, Dixie, and Jade each reported that mental health treatment has been extremely beneficial in terms of helping them to process the various traumatic experiences that each of them lived through during their deployments. Jade also reported that she had positive experiences with mental health psychotherapy, however, she had to go into the civilian sector to find appropriate help. She said matter-of-factly, “[A friend] gave me the name of a therapist who is a civilian therapist, and she said, ‘If you don't call, I'm taking you there myself. There's something wrong with you.’ And she literally saved my life because I was ready to end it all.”

**Subtheme six: We need to have relationships with other female veterans.** Five participants reported that they either felt the need to form relationships with other female veterans, or that they felt a sense of relief after having formed such relationships. Anne described the sense of relief that she felt when she was able to connect with a group of female veterans online. She described this sense of community, “So being a part of a female veteran community, I think, that has gone a long way to help me claim my identity as a veteran.” Kelsey reported happily that she volunteers her time with a female veterans' connection group as an outreach representative. She stated, “It’s strictly for female vets to help them find out information about what's going on in our state, especially with homelessness and women.” Raven spoke indignantly about how female veterans are often ignored, and said that they had to fight for their status. She said that the VA has “a lot of groups that are just for men, and they don’t have enough groups that are just for women, and then they wonder why women don’t show up. It’s because you never made us a priority.”
Composite Theme Five: The Emotional and Psychological Impact of Moral Injury: “Once you're that tortured it's pretty hard to recover.”

This theme emerged from the participant reports about the various ways in which their deployment experiences since have impacted their emotional and psychological well-being. Five subthemes emerged under this theme: (a) experiencing ongoing emotional distress, (b) having received mental health diagnoses, (c) using maladaptive coping skills, (d) continuing to feel responsible for Military Sexual Trauma, and (e) engaging in social withdrawal. These subthemes will be explored in turn.

**Subtheme one: Ongoing emotional and psychological distress.** Raven, Anne, Jade, and Sage each reported that they had experienced various types of emotional distress during their deployment as a result of their morally injurious experiences. Raven reported that she suffered with combat stress due in part to her deleterious relationship with her leadership, and added that as a result she had to go to Germany for mental health treatment. Anne also reported that she felt depressed and suicidal during her deployment as a result of having been rejected by her military peers. Jade also reported that she experienced growing feelings of anger and hopelessness while she was in Iraq due because she felt that she was not accomplishing anything meaningful. Further, the constant sexual harassment that she was forced to endure at the hand of her military peers added to her sense of anger and frustration.

Seven participants each reported that their deployment experiences have had a deeply negative impact on their post-deployment emotional well-being. Raven stated that she felt depressed and suicidal when she returned from Afghanistan due to the ways that her leadership had minimized and disrespected her and due to the way her Military
Sexual Trauma report was dismissed. She said angrily that she had her suicidal thoughts had resulted in her being hospitalized in the mental health unit on two separate occasions post-deployment but while she was still in active duty.

Many other participants spoke about having deep feelings of guilt as a result of either having lost friends during the conflicts or simply being aware of all of the death that has occurred during all of the recent conflicts. Sage spoke sadly about her good friend who had died during his own deployment while she was on leave. She explained, “He ended up getting kidnapped off the [military] base and getting killed right about the time I got back to [my] ship [from leave].” Chris also described these deep feelings of guilt along with a sense of responsibility for the deaths and injuries of other soldiers and Middle Eastern civilians even though she knows she is not to blame. Dixie spoke wretchedly about the guilt she feels over having survived while so many others were killed within her unit. Jade also described feeling of survivor’s guilt associated with the death of a close friend who had been killed in front of her during combat. Latea also reported survivor’s guilt due to her feeling that her job while on deployment had been relatively safe while so many others had left the military base never to return. She also reported feelings of overwhelming anger whenever she thinks about how many U.S. troops died during all of these recent conflicts.

Further, Anne and Sage each reported feeling guilty over what they perceived as their having allowed MST to happen to them. When each was asked how they felt they had engaged in activities that went against their own deeply-held moral values, each of them responded that they felt responsible for their rapes, and that having been a part of the rape was morally transgressive to them. Anne stated that while she does not take full
responsibility for having been raped, she does feel that if she had not consumed alcohol, the rape would not have occurred. Sage further blames herself for not standing up to her superiors when she was sexually harassed and then when she experienced unwanted sexual contact.

Eight of these participants also reported that they had received mental health-diagnoses post-deployment. Agatha, Chris, Kelsey, Raven, and Tia each reported that they had been diagnosed with anxiety, depression, and PTSD. Raven also reported receiving a diagnosis of Borderline Personality Disorder. Jade reported that she had been diagnosed with anxiety and depression, and she also spoke of suicidal ideation post-deployment. Sage reported a diagnosis of PTSD, which felt shameful to her because she believed that her diagnosis revealed to others that she had been raped given she had not served within a combat-related role. Dixie did not disclose the mental health diagnoses that she had been given, but she did report that she took psychotropic medication.

Yoko was the only participant who reported any positive emotional experiences subsequent to her deployment. She stated that she feels pride for having served as a female in a male-dominated role, and for having been better at her role than the males with whom she had served. She also spoke enthusiastically about feeling grateful to be a female in the U.S. after seeing the way that Middle Eastern females were treated on a daily basis.

**Subtheme two: Using various coping skills.** Participants spoke about the various coping strategies that they have employed throughout deployment and into their post-discharge lives in order to deal with their previously discussed distressing emotions. Some of these coping strategies can be viewed as maladaptive. For example, Sage
reported that she engaged in substance use during her deployment as a means of cope with her feelings of guilt and shame over her MST experiences. The guilt, she stated, came from the fact that she held herself responsible for these events. The shame came from her belief that “everyone on the ship knew” that she had been sexually assaulted.

Other coping strategies reportedly were helpful for the participants in the short-term. For example, Jade laughed as she reported that she and the members of her unit had used dark humor during deployment as a means of coping with all of the death to which they were exposed on a regular basis. She provided an example of when this tactic was used:

There was just so much death that I saw that it almost became (pause) you had to shut yourself off from it at times. I don't want to say we joked about it, but there was one incident and it happened to be my birthday... my commander actually wanted us to go back to one of the FOBs [forward operating bases] and get hot chow, which was kind of a big deal, and my soldiers gave me... (snickers) they went into the dining facility and came out with brownies and put matches on it and they sang Happy Birthday to me. ...And then we went out [left the base] and we get a call of a suspected IED. And it's probably two in the morning, and there's this wooden hand cart with a deep freezer on it, and it ended up being that there was a dead body inside of this deep freezer, and we just kind of, like (snickers) it's my birthday and the joke was this was my birthday present. ...It's like, you laugh because it's so surreal and I just... you can't make this stuff up.

For Jade, this was her way of “shutting [her]self off” from all of the death that she saw during her deployment. She expressed feelings of guilt and concerns that she would be judged for appearing to laugh at the deaths of others, but she recognized that this was how she acted in order to deal with the trauma of finding a frozen body in a deep freezer.

Other participants reported that they have used avoidance as a means of detaching from their distressing emotions and/or ignoring intrusive trauma-related thoughts. Kelsey reported that she found ways to take care of other people, such as volunteering her time with female veteran groups, while Raven stated frankly, “I just throw myself into my job
and get entrenched in what I’m doing. Like, I’m working right now as we’re talking.” For Raven, focusing on work helped her to avoid the difficult emotional feelings that often emerge when she thinks about and talks about her deployment experiences. She added, “Like right now, I want to cry. I get emotional, like I'm holding back cause I've practiced not crying and I'm pretty good at not crying.” Similarly, Anne also spoke about avoiding her distressing emotional feelings. She described how she had mentally filed her traumatic Military Sexual Trauma experience away in the back of her mind. She explained, “In my head, I have a filing cabinet. And in it was the folder and the tab on it was black. I knew there was something in it, and I knew what it was, but I never opened that file.” Anne recognized that suppressing her trauma, and the distressing emotions that accompany the memory, was not a long-term solution. She described the emotional turmoil that she experienced when her previously suppressed sexual trauma resurfaced in her mind:

> And then for about three weeks I couldn't stop thinking about it. My brain wanted to remember his name, and I remember his name now, but I wish I didn't because I don't want him to be a part of my life. Umm (takes a deep breath) but my brain just was working overdrive and I was shaking all the time and I couldn't think, and I was on the verge of tears and I couldn't sleep. And for three weeks straight, and I prayed harder than I prayed for a very long time because I just couldn't function that way.

Some coping strategies only provide short-term relief from the distressing emotions. Anne recognized that in order for her to be free from the intense emotions that arise when she thinks about her rape, she has to be willing to share her experiences with others. She reported that she has told her family about her rape and has also shared her experiences with a female veteran support group. She said worriedly that she hopes to never again feel as horrible and “out of control” as she felt during those three weeks.
Subtheme four: Engaging in social withdrawal. Now having returned home, five participants reported that they have developed the tendency to isolate from society as a means of feeling safe. Agatha spoke agitatedly about doing her grocery shopping at night when the stores were less crowded, and about spending the majority of her time at home. Chris spoke about how, since her military discharge, she has isolated herself from other people in order to feel safe. She stated, “For a long time I did my grocery shopping at two in the morning. I don't like crowds, and, you know, I would rather be at home alone and not deal with people then to take the chance of having to deal.” Jade reported that she does not enjoy being around other people. She stated frankly, “I have isolated myself. I don't really go places anymore. I don't like to be around people, especially if they're a bunch of crowds. If I do things out it can take me a day or two before I can do anything after that I feel so overwhelmed by it.”

Latea also spoke sadly about how she isolates herself in order to feel safe. She stated, “I'm always hypervigilant about what's going on when I'm driving. I don't like to be out. I'm just... that's why I'm not in a relationship with anybody right now. I don't want to let people get close to me.” Sage sighed, “On bad days, I can’t even leave my house.” She also described feeling scared all the time even though she realizes she has nothing to fear. She stated, “In my town it’s a relatively peaceful, and I have a feeling of dread when I leave my house.” When asked what she was afraid of, she replied, “That I’m going to get attacked again, you know? You lose part of yourself when that kind of thing happens.”
Summary

A total of 11 OEF/OIF female veteran participants consented to be interviewed for this qualitative phenomenological study that was intended to investigate the construct of moral injury among a female veteran sample. The present study was guided by the following research questions:

Q1 What themes of moral injury may be present in the stories that female veterans tell of their deployment experiences?

Q2 How might moral injury present itself among female veterans?

Q3 What may be the impacts of moral injury among female veterans?

Q4 What might counseling psychologists need to understand about the effects of moral injury on female veterans in order to better serve this population?

Trustworthiness was enhanced through use of multiple data sources including a demographic questionnaire, the Moral Injury Questionnaire – Military Version (MIQ-M) (Currier, Holland, & Malott, 2015), and a transcription of each individual interview. Peer review and member check processes were also utilized to ensure that they agreed that the emerging themes truly captured the lived experiences of participants. Using Moustakas’s method of data analysis (Moustakas, 1994), the following five themes emerged:

• Feeling Betrayed by Organizational Leaders

• Culture Clash

• Relational Difficulties

• Violence

• Emotional and Psychological Impact

These themes were presented and discussed in the composite data section. From these themes, the fundamental textural, structural, and composite textural-structural
descriptions emerged. The composite textural-structural description will be described in
the next chapter to provide a deeper understanding of the essence of the lived experiences
that female veterans have had with moral injury. This, in turn, will provide us with an
understanding of how female veterans experience moral injury, the impacts that these
morally injurious experiences have had on their post-deployment lives, and the
subsequent implications for counseling psychologists and other mental health
professionals who wish to serve female veterans.
CHAPTER V
DISCUSSION

In Chapter IV, the individual participants were introduced and composite themes were presented as recommended by Moustakas’s data analysis process (1994). In the current chapter, the composite textural description is presented in order to answer the research questions and to identify ways in which that the current findings may be reflected in the literature. In addition, research and the clinical implications are identified to add to the greater discussion about the ways in which counseling psychologists might continue to learn about and work with this growing female veteran population. Finally, the limitations of the study are recognized, and directions for future research are suggested.

The present study was guided by the following research questions:

Q1 What themes of moral injury may be present in the stories that female veterans tell of their deployment experiences?
Q2 How might moral injury present itself among female veterans?
Q3 What may be the impacts of moral injury among female veterans?
Q4 What might counseling psychologists need to understand about the effects of moral injury on female veterans in order to better serve this population?

Composite Description and Relationship with Current Literature

The composite themes that were described in the previous chapter were ultimately synthesized into a composite textural-structural description, which was created to offer a
“description of the experience representing the group as a whole” (Moustakas, 1994, p. 122). This composite textural-structural description emerged during the final phase of the data analysis, and “represents the essences at a particular time and place from the vantage point of an individual researcher following an exhaustive imaginative and reflective study of the phenomenon” (Moustakas, 1994, p. 100). The composite description is meant to help create a picture in the readers’ minds that describes the essence of the lived experience. Wertz, Nosek, McNiesh, and Marlow (2011) wrote:

The composite is not a simple re-telling. It is interpretation by the researcher in several important ways: through [his or] her knowledge of the literature regarding the phenomenon under inquiry, through listening and hearing the stories told by the informants, and through [his or] her own reflexivity during the process. (Wertz et al., 2011, para. 8).

The composite textural-structural description has been created to answer the research questions that have guided data analysis in the present study.

**Research Question One**

**What themes of moral injury may be present in the stories that female veterans tell of their deployment experiences?** In this study, five composite themes were obtained through the data analysis process:

- *Feeling Betrayed by Organizational Leaders:* “Senior leadership wasn’t taking care of us.”
- *Feeling Minimized and Disrespected Through Cultural Norms:* “We have to have this emotional exoskeleton.”
- *Various Experiences of Violence:* “I don’t always feel good about how we treated them.”
- *Struggling with Relationships:* “It’s still the greatest betrayal of my life.”
The Emotional and Psychological Impact of Moral Injury: “Once you're that tortured it's pretty hard to recover.”

Of these, the first three themes emerged solely from the stories that the participants told of their lived experiences of moral injury, the fifth theme emerged solely from the participants’ descriptions of the impacts that these lived experiences have had on their lives post-deployment, and the fourth theme emerged from descriptions of both their lived experiences and the impact of the lived experiences. Thus in all, there were four composite themes that emerged which can describe the lived experiences of moral injury that the participants identified:

The Feeling Betrayed by Organizational Leaders: “Senior leadership wasn't taking care of us” theme emerged from the various ways in which participants reportedly felt betrayed by their organizational leaders, including military leaders and political leaders and leaders within the Department of Veterans Affairs (VA) healthcare system. These betrayals were related to gender biases, power differentials, and a lack of appropriate logistical planning and/or training opportunities. Specifically, these participants identified that (a) their military leadership did not seem to care about their subordinates, including both themselves and their peers; (b) their military leadership failed to make appropriate logistical plans which had negative impacts on both themselves and their fellow active duty personnel; (c) their military leadership made certain decisions that they perceived as being immoral and unethical; (d) their military leadership failed to provide them with clear expectations about the tasks that they were expected to perform; (e) their leadership engaged in behaviors toward both them and/or their fellow active duty personnel that they considered to be professional injustices.
Other experiences within this theme were linked to the participants being victims of gender discrimination. Many of the female participants reported morally injurious experiences of gender discrimination, including the following: occasions when subordinate personnel were instructed by male military leaders to disregard commands given by participants; occasions when participants had their authority taken away by male leadership without apparent just cause; and occasions when male military leaders showed loyalty to other male personnel despite the fact that the participants may have held the higher moral argument (e.g., participants who tried to force male unit leaders to provide protective gear to soldiers). On top of this, their military leadership showed the tendency at times to protect participants against their will by denying them to fully engage in their work as active duty personnel and forcing them to remain on the military bases at all times. This protection was purely based on gender, and it angered participants who felt they were being treated as females instead of as the highly trained soldiers that they were.

Further, the participants spoke both with anger and sadness of additional feelings of betrayal over their leadership having failed to prevent the occurrence of Military Sexual Trauma on the military base. Instead of their military leadership instructing their male subordinates to not rape or sexually harass their female peers, the participants reported that only they were taught to keep themselves safe by staying away from situations that posed potential danger to them (e.g., parties), and by moving about the military bases in large groups. Such lessons felt evident of a victim-blaming mentality to participants, and typically resulted in deep feelings of guilt and shame for them once they inevitably experienced MST. For example, Sage and Anne each reported that they felt responsible for having been raped because they allowed themselves to attend parties
where their rapists drugged their drinks. It is noteworthy that erroneous beliefs such as (a) *it is the victim who entices the assailant to rape* and (b) *females can control whether or not they are raped* have both been identified within the literature as well-known *rape myths* (Allen, Emmers, Gebhardt, & Giery, 1995). The participants also spoke about the seemingly unethical ways in which their military leadership had responded to them when tried to report their experiences of MST. This included military leaders either ignoring and/or minimizing them when they did attempt to make an official MST report, or else coercing them through fear tactics into deciding not to report MST.

These female veterans also reported feelings of betrayal towards the leaders, medical providers, and staff members who work within the VA. Many complained that it was almost impossible for them to get medical appointments at the VA due to a shortage of trained obstetricians and gynecologists, and further that it was difficult to see the same provider on multiple visits leading them to “start over” with new providers on a regular basis. Raven complained that she often had to be referred out to a civilian physician in order to receive proper care for her medical issues. These findings describing both lack of personal care for these female veterans and a lack of consistency of medical and psychiatric care within the VA mirror a study done by Hamilton, Frayne, Cordasco, and Washington (2013) on female veterans who discontinue use of the VA healthcare system. They discovered that VA attrition rates were higher for females who (a) were unable to see the same providers, (b) felt that providers were not skilled in treating females, and (c) felt that providers were insensitive towards females (Hamilton et al., 2013). Together, these findings highlight that female veterans may require a personal approach from the VA healthcare system. This personal approach should include a system that allows them
to schedule a healthcare appointment within a reasonable period of time along with the ability to select become established with a permanent healthcare provider. Further, that as the female veteran population continues to grow, it will be imperative that the VA begin to hire enough skilled gynecologists and obstetricians to meet the needs of this population.

The Feeling Minimized and Disrespected Through Cultural Norms: “We have to have this emotional exoskeleton” theme emerged from the various ways in which the participants reportedly felt antagonized and alienated by the dominant cultural norms both within the military and Middle Eastern society during their deployments, and then within the U.S. culture once they returned home from deployment. The participants felt that each of these cultures held strong gender biases and unbalanced expectations about the ways in which females should be treated and valued, and about what it means for females to serve within the military.

To begin with, participants reported that there had been very few female active duty personnel in their units and battalions during their respective deployments. Of the 11 participants, only Yoko reported that she had served on one Naval Aircraft Carrier that had held approximately 300 to 400 female personnel. She stated with pride, “I met with the Deputy under the Secretary of the Navy (and) I gave her the tour of the ship. We were the ship in the Navy that had the most females on board.” For perspective, a Naval Aircraft Carrier could hold approximately 5,500 active duty personnel. While there is little research in the military psychology literature on the ways in which female active duty members are impacted by being a member of such a small minority group, there may be parallels in other areas of research. For instance, Kanter (1997) was among the
first to identify the concept of skewed groups in the literature, which she defined as, “those in which there is a large preponderance of one type over another, up to a ratio of 85:15” (p. 966). Kanter further identified minority group members as “tokens” (p. 966); she argued that token group members perform under a different set of pressures than do dominant group members in terms of having increased visibility due to their discrepant characteristics (e.g., physical appearance), bearing the burden of symbolic consequences (the actions of the token members would impact any future prospects for other members of their minority group members), experienced difficulty having their achievements noticed, and expressed fear of retributions if they outperformed dominant group members (Kanter, 1997).

The female veteran participants in this study also identified ways in which they felt minimized and disrespected within the cultural norms of the military environment, the Middle Eastern environment, and then again when they returned home to the U.S. post-deployment. For them, these painful experiences were related to them having been females living and working within a male-dominated military culture (Demers, 2013; Dunivin, 1988). Further, these participants also acknowledged having to deal with the impact of being female while stationed within traditionally misogynistic Middle Eastern countries (Gonzalez-Ramirez, 2017; Holter, 2015). They spoke of the various ways in which they had been ignored, disrespected, and sexually harassed by Middle Eastern males who either were working with, or were located within close proximity to, U.S. forces. Finally, when these female veteran participants returned home to the U.S. culture which has historically viewed the work of soldiering as a prototypically masculine career (e.g., Dunivin, 1988), they found that U.S. civilians were largely unable to accept their
veteran status. They reported that since discharge they have received negative responses from numerous U.S. civilians once they revealed their veteran identities in some public forum (e.g., standing up to be recognized at a sporting event). Further, they expressed that U.S. civilians made regular assumptions either that they could not hold veteran status because they were female, or given that they were females, they must have served in some safe and supportive role (e.g., administration), far away from the front lines. This was extremely painful to these female veterans because they felt as though their veteran identity was devalued and ignored.

The Various Experiences of Violence: “I don’t always feel good about how we treated them” theme emerged from the various ways in which the participants reportedly had perpetrated, had witnessed, or otherwise had been exposed to events and situations that transgressed their deeply-held moral values. Many of them spoke about having been in danger of violence, including having been stationed on military bases that were frequent targets for incoming mortar shells. Over half of the participants spoke about having witnessed violence against enemy insurgents and Middle Eastern women and children. For them, it was the violence against civilians that appeared to have had the hardest emotional impact. Three participants spoke about having perpetrated violence against others, again including both enemy insurgents and Middle Eastern civilian women and children. In the cases where the victims of violence had been Middle Eastern civilians, the participants also had reported that these civilians apparently had been forced to attack the U.S. convoys by Iraqi or Afghani forces. These civilians wore suicide vests and/or heavy automatic weapons and often had approached the U.S. convoys with tears streaming down their faces. Stories like these were heart wrenching for them to speak
about and betrayed their enduring feelings of guilt and shame. Stories like these are at the heart of the moral injury construct. In the literature, many previous studies of moral injury (e.g., Breslau & Davis, 1987; King, et al., 1995; Laufer et al., 1984) were based on the impact that killing and bearing witness to killing has had on U.S. veterans. Even when the killing was justified, as it apparently had been in the reports of the present participants, the casualties of war weigh heavy on the hearts of U.S. veterans.

It is noteworthy to add that over half of the participants reported that they had served in roles that required them to serve away from the military bases and risk direct engagement with the enemy. Further, one participant actually served with an infantry unit despite being, at the time, legally banned from serving in a combat role. This juxtaposition between the general public perception of how female veterans might have served on deployment and the reality of how female veterans actually did serve while on deployment was a clear source of anger and betrayal for these participants. Anne captured this sense of frustration when she described, with anger in her voice, the way one male U.S. civilian had patted her knee patronizingly and assured her “That’s right, sweetie, families served too.”

The Struggling with Relationships: “It’s still the greatest betrayal of my life” theme held two parts; the first part was related to the morally injurious experiences that the participants reported, while the second was related to the ways in which these experiences had the impacted their relationships post-deployment. The second part will be explored later in this chapter. In terms of how their relational struggles had resulted in moral injury, this theme emerged from the various ways in which the participants reportedly were ostracized, rejected, and/or sexualized during deployment. Sadly, their
Military Sexual Trauma assailants were often those military leaders and peers that they had trusted with their personal safety during their deployments. They spoke with anger and shame about the ways in which their military leaders and peers had engaged in unwanted sexual contact with them, and/or had sexually assaulted them while on deployment. Other times, they spoke with frustration and rage about the ways that their military leaders and peers had sexualized them by spreading false rumors that they were engaging in acts of sexual impropriety, including adultery and offering sexual favors in exchange for professional advancement. Finally, this theme also emerged from the ways in which the participants reportedly felt betrayed by their military peers who had failed to live up to their pre-enlistment expectations, specifically that military peers always experienced a strong and unbreakable bond of friendship and comradeship.

The final of the five themes, *The Emotional and Psychological Impact of Moral Injury: “Once you're that tortured it's pretty hard to recover”* theme, will be discussed later in this chapter to identify both the ways in which these morally injurious experiences have impacted these female veterans post-deployment, and how counseling psychologists might best work with them and other female veterans in the clinical setting.

**Research Question Two**

**How might moral injury present itself among female veterans?** When their military leadership engaged in behaviors that felt like betrayal, moral injury presented itself to participants because their military leadership controlled every aspect of their lives. For example, their military leadership were the ones to decide which active duty members would be allowed to remain in relative safety on the military base and which others would have to leave base to complete often highly dangerous missions. In short,
these female veterans were dependent upon their military leadership for their very survival. Yet when they perceived their military leadership as having failed to provide them with necessary provisions, or when they had engaged in behaviors that were deemed as unethical by the participants, these female veterans felt angry, betrayed, and a loss of respect for these leaders.

These results appear to mirror Shay’s (1994) words when he wrote, “The mortal dependence of the modern soldier on the military organization for everything he needs to survive is as great as that of a small child on his or her parents” (p. 5). Much like the Vietnam veterans that Shay worked with, these female veteran participants were completely dependent upon their leadership to protect and provide for them in every possible way. Further, Shay opined that military and political leadership enter into a fiduciary contract with their active duty personnel that itself is a moral contract. He wrote that this contract included, “[providing] a modern soldier with his orders, arms, ammunition, food, water, information, training, and fire support.” Yet when leadership fails to do so, it is an act of moral betrayal (Shay, 1994, p. 15).

These findings also mirror that of Currier, Holland, and Malott (2015), who completed a qualitative study on moral injury among OEF/OIF male veterans, who wrote, “Participants recollected feeling quite insecure and unsupported by leadership and also believed they were viewed as being expendable in life-threatening situations” (Currier, Holland, & Malott, 2015, p. 114). The participants in the present study implied that they shared similar feelings when they complained that their military leadership had sent them out on missions too often, or had failed to appropriately acknowledge the people in their convoys who had died completing these missions. These findings suggest an emotional
disconnect between military leaders and subordinates who follow orders. This disconnect could stem from the fact that present day leaders appear to send others out to do the life-threatening work while they remain safely on base or even safely in the U.S. far away from the front lines. When subordinates are asked to do that things that the military leaders themselves refuse to do, it could leave subordinates feeling expendable and unvalued, which in turn could lead to feelings of betrayal. Moral injury presents itself in that betrayal.

Secondly, moral injury presented itself among these participants who reported that they had either perpetuated acts that betrayed their own moral code, or that they had born witness to such acts. In each of these situations, these acts felt morally transgressive to them despite perhaps having been necessary within the violent wartime environment. Other participants were secondarily exposed to these transgressive acts through exposure to the aftermath of battle (e.g., exposure to human remains and destroyed military gear), or by hearing the stories of those who suffered and/or were killed in action. These experiences of perpetrating and bearing witness to morally transgressive acts occurred on a regular basis because of the violent nature of the warzone, and the need for them to kill if necessary to ensure their survival and the survival of other active duty personnel with whom they were serving. In other words, as one participant succinctly exclaimed, “War sucks!”

These findings were congruent with previous studies that have examined the rates with which female active duty personnel have been exposed to violence during the OEF/OIF conflicts. For example, the Mental Health Advisory Team Four (2006) identified that approximately 12% of female veterans had experienced a moderate level
of combat exposure (Mental Health Advisory Team Four, 2006). Further, Rona, Fear, Hull, and Wessely (2007) discovered that 40% of female military personnel had reportedly had come under mortar attack, and 37% reported that they had witnessed grave injuries (Rona et al., 2007). Dutra et al. (2010) identified that 74% of deployed females reported combat-related experiences, such as engagement in enemy fire (Dutra et al., 2010). Finally, a 2012 study by Maguen et al. described that 31% of their female military participants \((n = 554)\) reported exposure to death, 9% witnessed combat-related killing, 7% were wounded in the line of duty, and 4% reported that they themselves had killed enemy combatants (Maguen et al., 2012). Similar to the findings in these studies, over half of the participants in the current study reported having witnessed combat-related violence, 27% of the participants reported having engaged in combat-related violence including firing weapons at the enemy and killing, and 9% reported having been injured in a firefight with the enemy.

Moral injury also presented itself to participants who reported having experienced gender discrimination, which typically felt disrespectful to the participants and left them with feelings of anger and confusion. At times, gender discrimination acts included dismissing the thoughts and ideas of participants, undermining the authority over that they held over their subordinates, and/or even punishing them for attempting to exercise this authority. They expressed feelings of anger and confusing, firmly believing that they had been following protocol and had been acting appropriately as a person of their rank when these discriminatory acts occurred. Further, these acts left these participants feeling disrespected, minimized, and frustrated as the behaviors of their male peers appeared to them to be illogical, unethical, and in some cases immoral.
At other times, acts of gender discrimination included instances wherein their military leaders actively protected them from wartime activities. This unwanted protection demonstrated to the participants that they may have been viewed by their leadership to be weak and incapable of performing their duties within the warzone instead of as the well-trained military personnel that they were. Morally injury presented itself at these times because participants wanted to feel empowered as capable soldiers and they wanted to be given the opportunity to “do what soldiers do.” As Anne noted when she stated, “I didn't sign up as a woman, I signed up to be a soldier. I just happen to be a woman.” As a result, moral injury stemmed from the participants’ having felt betrayed by their military leaders, and their close military and civilian peers, and also through the cultural norms that devalued, objectified, and disrespected them both during their active duty careers and then again after they transitioned to veteran status.

Regrettably, these female veterans reported that moral injury also had presented itself when their military leadership did little to nothing to prevent the constant sexual harassment, unwanted sexual contact, and sexual assaults that they all dealt with regularly on base. Agatha experienced two rapes and constant ongoing sexual harassment and learned that it was her responsibility to vehemently protect herself in order to make sure that she was not raped again; Chris learned to make sure that her female subordinates did not walk around the military base alone at any time of the day or night because “(there were) too many rapists” among the ranks; Sage never felt safe being a woman while deployed with the Navy and learned to feel ashamed of her “curvy body.” Raven eventually became extremely hypervigilant and socially withdrawn in order to stay safe from sexual predators while on base. In fact, the ways in which these participants
responded to the threat of MST on their respective military bases were indicative of the sadly common perception that female military personnel often are held responsible for the prevention of their own Military Sexual Trauma.

These reports are incorrigible given how much active duty personnel rely upon their military leadership to protect them from unnecessary violence. These female veterans had signed up to join the military in the middle of ongoing Middle Eastern conflicts, and in doing so they were prepared to deploy into these conflicts and to risk their lives against enemy insurgents. They arrived to find that they would be vulnerable to rape at the hands of their fellow military personnel, and further that their military leaders would do nothing to protect them from this harm. To these participants, this was a profound and agonizing moral betrayal by their military leaders.

Furthermore, moral injury presented itself when participants were sexually assaulted and raped by their military leaders. These behaviors at the hands of their military leaders appear to have fueled these participants’ feelings of anger and rage, as they had felt especially helpless to protect themselves against their leadership due to the unique chain of command protocols within the military system. Agatha acknowledged that she was raped by one of her military leaders after he had ordered her to drink alcohol and then prohibited her from safely returning to base with other members of her unit. Chris reported that her battalion leader had engaged in unwanted sexual contact with her on a daily basis by approaching her when she appeared to be alone and then becoming “touchy-feely” with her body. She further stated that she had felt especially powerless to prevent it because he was the one providing the members of her unit with food and water rations. She had feared that if she had reported him or even had rejected him in an
overtly disrespectful manner that it would have put the lives of her subordinates in danger of his retaliation. She said, “It's not only you that you're worried about keeping safe, it's [your subordinates] that you have to take precautions to make sure that they stay safe as well. It sucks.” Again, these acts of sexual violence at the hands of their military leaders felt like a heinous kind of moral betrayal. Military leaders hold a degree of authority that is not often seen in the U.S. culture, and further they controlled every aspect of the participants’ deployment lives. When a leader abuses this power by engaging in sexual harassment and/or rape, it could feel like the ultimate betrayal for the victims of MST and thus the resulting feelings of moral injury could be devastating.

Furthermore, moral injury presented itself when these same military leaders seemed invincible to subsequent punishment. This apparent invincibility stemmed from the fact that these leaders were often friendly with those who would have either received or investigated their respective MST report. Raven reported that her Battalion Commander, who had sexually assaulted her, had several friends in leadership positions that easily were able to clear him of her MST allegations. While she only speculates that this is what happened, her MST report against him somehow was reduced to a minor infraction and ultimately dismissed. Agatha complained that her Platoon Sergeant, who had raped her, found out that she was attempting to report him for Military Sexual Trauma, at which point he threatened to “get her” for trying to ruin his career. The implication was that male military leaders are sexually assaulting and raping their female subordinates without fear of reprimand or punishment because they hold all the power within the military, and female victims are unable to do anything to retaliate against or even protect themselves from these military leaders. Moral injury presents itself in these
types of situation because of the feelings of injustice, powerlessness, and deep-seated anger that these participants continue to hold both towards the military leaders who attacked them and the overall military system that allows these attacks to continue. As Agatha angrily stated, “I feel betrayed by the U.S. Government. That we're no better than terrorists if they don't fix this, or maybe they're worse because they cover it up.” A review of the current military psychology literature revealed that currently no studies that have parsed out the mental health and/or emotional impacts of MST experiences at the hands of military leaders versus at the hands of military peers on subsequent mental health diagnoses.

Another way that moral injury presented itself to these female veterans was through the hypermasculine culture of the military. The military historically has been an institution that has idealized masculinity (Acker, 1990), and it traditionally has trained its recruits to become warriors (Tick, 2005). Generally, female military personnel have had difficulty in assimilating into this culture and have had to find ways in which either to develop or accentuate their more masculine traits in order to better fit in with their male peers (Dunivin, 1988), or to maximize their more feminine traits in order to reduce any perception that they are a threat to their male colleagues (Herbert, 1998). These participants reported that both male and female active duty personnel were denigrated if they demonstrated traits that have been traditionally viewed as feminine (e.g., asking for any sort of help and/or displaying any kind of distressing emotional affect). When these participants had demonstrated such characteristics, they were written up, yelled at, and minimized for their gender (e.g., She must be on her period). Further, when their male peers demonstrated such characteristics, these peers were humiliated by being compared
to females (e.g., He must be on *his* period). It was so degrading and humiliating for Dixie to hear these messages from her military leadership that she chose to live for months in agony with a chipped bone that had severed a ligament in her leg rather than admit to her military leaders that she had been injured during a firefight with the enemy. She said in a low, throaty voice, “I was the only female out there, so of course if you complain either you broke a nail or you're on your period. ... I just didn't complain because when you're around a bunch of hard heads, a bunch of swinging dicks, I'm sorry, it's not a go.”

Moral injury also presented itself to participants who believed that when their military commanders demonstrated such misogynistic attitudes, characteristics, and behaviors, it then became permissible for their male subordinates to follow suit. Sage spoke about the ways that her own misogynistic Commander had impacted the members of her unit; “I think it made it easier for the guys that were going to perp on me to do that.” She also spoke about the visible pornographic materials that hung on the office walls within her Naval division, and spoke about how the male Naval personnel gossiped amongst themselves about females in a sexually-objectified or otherwise derogatory manners. For Sage, the presence of pornographic materials acted as a visible reminder to her that she was viewed in a sexualized way by her military leaders and peers, and it made her feel objectified and ashamed of her body on a regular basis.

There certainly is a gap in the military psychology literature about the potential impacts of visible pornography and misogynistic bonding among male military personnel on the occurrence of Military Sexual Trauma. However, other literature may have some parallels here. For instance, a meta-analysis by Allen et al. (1995) demonstrated there to be a positive relationship between the viewing of pornography and the acceptance of rape
myths (e.g., if a victim of does not fight back, that means she must have wanted to have sex). Further, Koo, Stephens, Lindgren, and George (2012) found a positive relationship between misogynistic beliefs and rape-supportive attitudes among Asian-American college-aged males. Rape supportive attitudes include victim blaming, viewing only certain types of refusal as credible, and only allowing certain situations to be defined as rape (Koo et al., 2012). This does provide some evidence that visible pornography on military bases and vessels may have an impact on sexual harassment and aggression towards female personnel.

Interestingly, Yoko reported that her position as a Lieutenant presented her with the opportunity to exhibit traditionally feminine traits, for example her “making” her male subordinates talk about their own fears and distressing emotional experiences in theater. This implies that when females hold high positions of leadership, they may be in a prime position to soften the hypermasculine culture within their military unit. Unfortunately, there are very few high ranking female military leaders. The 2017 Defense Advisory Committee on Women in the Services (DACOWITS) Annual Report indicated that female active duty currently hold a disproportionally low number of leadership positions across the military branches. This was attributed solely to higher attrition rates among female personnel than among male personnel, as female officers were shown to be more likely to attrite between two and 10 years of service as opposed to male officers, who remained in the military almost twice as long. This report also stated that the actual reasons for these attrition rates were unknown at the time (DACOWITS, 2017). Clearly, if female officers are not remaining in the military, then they will not be promoted to these higher leadership positions. Herein appears to be a no-win situation for active
duty female military personnel. Female veteran participants in the present study have described the ways in which their male military leaders and peers had made them feel alienated, sexualized, and inferior during deployment because of their gender. The hypermasculine and sometimes misogynistic culture of the military that appears to be influencing said behaviors might someday be ameliorated with the presence of female personnel in positions of leadership. Sadly, until the culture of the military allows female active duty personnel to feel more comfortable among their military leaders and peers, the relatively high attrition rate for females might interfere with female service members reaching these high leadership positions.

Moral injury also presented itself to these female veterans who either had born witness to the acts of gender discrimination that are culturally appropriate within the Middle Eastern countries, or were themselves treated with disrespect and/or disdain by Middle Eastern males who appeared to regard all females as being inferior. Tia reported that her refusal to wear a head covering on the streets of Iraq had resulted in a firefight occurring between the members of her unit and a group of Middle Eastern males, while Yoko reported that she was unable to perform her standard ship-to-ship interrogation duties because the Middle Eastern males aboard various other ships simply refused to respond to her obviously female voice over the radio. Jade experienced frequent unwanted sexual contact from Middle Eastern male civilians who were working with her unit on and off base, and she reported that she had felt helpless in preventing these occurrences. These experiences caused her to feel angry towards these Middle Eastern males and also to feel a sense of frustration due to the knowledge that she could not stop these instances from happening. She sighed as she described this feeling of helplessness,
“You just got to a point where you just walked away from people like that because they
don't get it and they never will.”

These experiences are consistent with journalists’ reports on the ways in which
Middle Eastern females are treated in countries such as Iraq and Afghanistan. For
example, Iraqi women have stated that they are forced to cover up every part of their
bodies and faces, they are forbidden to obtain a passport, and it’s problematic for them to
leave the house without a male escort (Holter, 2015). Further in the literature, a study that
examined the attitudes of Middle Eastern males towards females found that 90% of
Middle Eastern males agreed that men should be in complete charge of the household,
with over half also agreeing that women deserved to be physically beaten at times
(Lyons, 2017). Both the journalists’ reports and the study on Middle Eastern attitudes
demonstrate the differences between the cultural norms within some Middle Eastern
countries and the cultural norms within the U.S. For participants in the present study,
these Middle Eastern cultural norms had transgressed their own deeply-held moral values
about the ways in which females should be treated within any given society. For them,
bearing witness to these culturally sanctioned acts of gender discrimination both was
morally injurious and led them to struggle with feelings of frustration and anger.

Another way that moral injury presented itself for participants was when they felt
as if they had to alter their behaviors in order to fit in with their military leaders and
peers. For example, Dixie spoke about “putting on the mental headphones” when her
peers behaved in ways that were crass or sexist so that she “would not be seen as overly
sensitive” and be “vilified.” Raven also reported that she watched many of the ways in
which her male colleagues were behaving, and then she adopted said mannerisms in order
to better gain the respect of her subordinates. She stated angrily, "I started acting like the
guys. I started cussing and swearing and getting in their face. Because if I'm trying to
talk to you and you're not listening ...no, I'm not going to take that.” However, even when
they tried to assimilate more so into the culture by acting like “one of the guys,” the often
then experienced hostile backlashes from both their male peers and leaders in the form of
sexual and/or gender harassment. Rumors of sexual impropriety were spread by their
military peers to explain why these participants had been promoted; male leaders were
instructing subordinates to ignore the commands of female leaders; and military leaders
sometimes threatened to stall their career advancement.

These experiences were similar to findings in the current literature. For example,
Demers’ (2013) qualitative study of 17 female OEF/OIF veterans, which offered that
male soldiers might be resorting more to sexual and gendered harassment because their
masculinity had been threatened by strong female colleagues (Demers, 2013). Further,
Demers wrote, “male soldiers neither viewed female soldiers as equals nor fully exhibited
loyalty and comradeship towards them” (Demers, 2013, p. 505). This is comparable to
the reports of the current participants who reported feeling rejected by their male military
peers or who reported having had their male military peers tell subordinates to disregard
their orders. This experience of harassment and rejection can feel especially distressful
given the hopes that many participants held upon entering the military in terms of peer
cohesion and loyalty.

There is a sentimentalized notion that emerged from TV shows and movies (e.g.,
Band of Brothers – Ambrose & Frankel, 2001), as well as the stories told by U.S.
veterans in books (e.g., The Things They Carried – O’Brien, 1990) that the peers within a
military unit share an unbreakable bond that is deeper and more meaningful than any other relationship that one might imagine. At least two of the participants in this study spoke about this notion, expressing that they too had once dreamed about being a part of this cohesive and supportive military family system. Street, Vogt, and Dutra (2009) noted, “During combat operations, military units are expected to function as a cohesive group with a shared mission” (p. 689). The reality was that most of the participants here reportedly had a difficult time fitting in with their male active duty colleagues during their deployments, and often found themselves rejected, ostracized, and/or sexualized by their colleagues instead. Again, these findings mirror the findings in the present study wherein the participants reported feeling rejected and ostracized by their male military peers, and also sexualized when their male military peers started to spread false rumors that they had engaged in sexual impropriety. Further, some of these participants responded to such treatment by engaging in substance use and/or experiencing emotional distress such as anger, depression, and suicidality.

Similarly, moral injury further presented itself when male colleagues continuously engaged in sexual harassment and unwanted sexual attention toward participants either verbally (e.g., asking them to come and watch pornography) or physically (e.g., following them around the military base and/or engaging in unwanted sexual contact with them). This caused a great deal of discomfort for these participants, who instead were trying hard to gain their colleagues’ acceptance. Street et al. wrote, “Victimization at the hands of ‘soldiers in arms’ may feel like an even greater betrayal for sexual trauma victims” (p. 689). Indeed, this was the case for participants such as Sage, who reported having her military peers and leaders sexualize her on a daily basis was “the greatest betrayal of
(her) life,” because she had spent so much of her early life waiting to become a sailor just as were her father and her brothers. “I just wanted to be one of the guys.” Instead of experiencing the kind of camaraderie and family-like closeness they had expected, these participants experienced loneliness and battled depression due to having been rejected and ostracized by these peers.

These findings are similar to the findings of other studies in the military psychology literature. For example, Street et al. (2009) also identified that female Gulf War veterans reportedly had experienced “lower perceptions of social support from their peers and leaders then their male counterparts” during their deployments (p. 690). This lack of social support can be problematic for any individual serving in the military, as the literature has identified socially supportive interpersonal relationships among active duty personnel as an important factor in promoting their resilience in the face of combat-related trauma (Bliese, 2006). Further, Gutierrez et al. (2013) identified how social rejection from one’s military peers could lead to feelings of failed belongingness; which, in turn could add to feelings of suicidal ideation. Indeed, Anne reported that she struggled with invasive suicidal ideation during her deployment as a result of being “fairly rejected” by her peers. These feelings of rejection continued for the participants now as veterans. They reported that male veterans have diminished the roles that they played during their deployment, whereas they felt that they had to justify the importance of the roles in which they had served to these male veterans. This has limited access that participants have to group therapy at the VA, which are often dominated by male veterans in terms of numbers. Further, it is not known how these feelings of social rejection both by their active duty and veteran peers might be impacting the rising rate of
completed suicide among female veterans. Again, in the present study three participants reported that they had experienced suicidal ideation at various times either during their deployment, during their post-decoration military career, or after their discharge from the military. While the present study cannot determine the specific cause of these ideations, each of the participants who reported suicidal ideation had also spoke about having been sexualized and socially rejected during their deployments. Further research is encouraged.

Moral injury presents itself when participants acknowledge the unspoken consequences of reporting their MST. Chris described her perception that female personnel who reported MST then become ostracized by everyone on base, which then made their jobs extremely difficult because no one would respect them or follow their orders. Kelsey described how it was always the victim's word against the assailant, who was often a commanding officer. Anne described the ways in which her rapist made her feel guilty for wanting to report him by telling her that he would lose his pay and his children would suffer as a result. Agatha painfully recalled being physically threatened by her rapist when she attempted to report him. Sage was lied to and coerced into not reporting a rape against a fellow sailor by her commanding officer. Sage was also forced to go through a medical rape kit, and then was shamed by her physician who told her, “Women lie about rape.”

When two of the participants succeeded in actually reporting Military Sexual Trauma, they both suffered certain consequences as a result. Raven stated that her MST report was minimized to a minor infraction, and that she then was sent to a new unit where she was ostracized until she finally resigned her post. Agatha described the ways
in which she was humiliated during her MST investigation and ultimately she was pushed out of the military against her wishes. These reports are similar to the findings of Campbell and Raja (2005), who surveyed 258 female veterans who had experienced and reported MST. They learned that 70% of their sample had been discouraged from reporting Military Sexual Trauma by military leaders, and 65 to 70% of their sample had leaders who had either refused to take the report or had minimized the event. Further, 73% of their sample who sought medical treatment after having been victimized felt guilty and inevitably blamed themselves for the MST event (Campbell & Raja, 2005). This finding is similar to the experience that Sage reported wherein she had been forced to undergo a medical examination after her rape and the military physician had “humiliated” her during this exam by speaking about the ways in which “all these girls trying to ruin people's careers and they have sex with someone and regret it and pretend it was a rape.” She further reported that statements like these from her military leaders and this one military physician reinforced her feelings of self-blame and shame for her rape.

Moral injury also presented itself when these female veteran participants returned home and felt disrespected and minimized by the U.S. civilians who expressed surprised and/or disbelief that they were actual veterans. They spoke angrily about feeling judged by these U.S. civilians, and feeling as though they were not being permitted to refer to themselves as veterans because the they were being viewed as having been less important to the war efforts than were their male veteran peers. In some cases, such as Anne, they felt as though they could not even claim or connect with their own veteran identity, and they questioned whether or not their service had been meaningful. This left them feeling angry, sad, and even isolated from the overall veteran community.
Similarly, moral injury presented itself when staff members working within the VA healthcare system did not always appear to recognize in general that females could actually hold veteran status. They described various instances in which they had been mistaken for caretakers when they presented at the VA for their own services. Jade reported that she had been asked which veteran she was there to pick up, Raven’s insurance company continually asked for her husband’s social security number although he had never served, and Kelsey had been called “mister” by waiting room staff on a number of occasions. While these may seem like innocuous errors on behalf of a well-meaning staff, female veterans are highly insulted when events like these occur. For them, it is not always easy to go to the VA to ask for help, especially when the help is mental health related. A part of this has to do with their belief that, as Anne stated, “(they) should be able to solve (their) own problems.” To arrive at a VA facility already feeling vulnerable and shamed, only to have the welcoming staff routinely make assumptions that deny their veteran status, often may feel like, as Jade put it, “a slap in the face.” These findings suggest that the staff at the VA should take care not minimize assumptions made about who may and may not hold veteran status within the VA facilities, particularly when such assumptions are driven by the gender of the person who is presenting at the VA. If assumptions must be made, perhaps it would be prudent to assume that every person who walks into the VA is a veteran until proven otherwise.

**Research Question Three**

**What may be the impact of moral injury among female veterans?** Participants spoke about the impact that their experiences of moral injury have had on their lives post-deployment. They expressed with sadness and grief that they often felt angry, as well as
emotionally disconnected from friends and loved ones when they returned home. Part of the disconnection that they felt stemmed from the legitimate impression that friends and family members could not comprehend nor relate to the kinds of experiences that they had during their deployments.

Those participants who were mothers while deployed also returned feeling emotionally disconnected from their children and mentally incapable of adequately returning to their maternal roles right away. At times, their children then had to bear the brunt of these veterans’ displaced anger. At other times, it instead were their children who expressed anger at these veterans for seemingly choosing the military over their families. Each of these experiences of emotional disconnection created various feelings of anger, sadness, and even loneliness for these participants.

There is a dearth of information in the current literature about the homecoming experiences of female veterans, or about the ways in which female veterans might navigate returning to their maternal roles post-deployment. Mattocks et al. (2012) completed a qualitative study on female veterans that identified post-deployment reintegration problems as being connected to Posttraumatic Stress Disorder symptoms (e.g., increased hypervigilance while driving down the highway), and ways in which they struggled to reintegrate back into the family system due to events that had occurred during their deployment-induced separation (e.g., their partner had squandered money, their children had matured). The findings of the present study suggest that further research needs to be done on the difficulties that female veterans may experience while reintegrating back into civilian society, including the ways in which PTSD, depression, and anxiety may be impacting the children and families of female veterans.
Upon their return home, many participants have also reported having lingering feelings of survivor’s guilt, anxiety, depression, sleep disturbances, and Posttraumatic Stress Disorder. Those who were diagnosed with PTSD due to Military Sexual Trauma reported feelings of shame associated with this diagnosis. For them, this shame stemmed from the fact that they had not been shot at nor did they have to kill anyone during their deployments, and so they felt as though they had not “earned” such diagnoses. Sage also shared her concern that when other people have found out that she had been diagnosed with PTSD, they automatically assumed she had been raped on deployment. She said, “When I was still active duty, women were not allowed to be on the front lines, so I feel like they [others] know it was [MST that caused my PTSD].” These findings are similar to the findings of Wieland, Haley, and Bounder’s (2011) literature review on active duty females who have experienced Military Sexual Trauma that surmised “women veterans who have Posttraumatic Stress Disorder from MST and combat exposure are prone to depression, suicide and substance use/abuse. ... MST and PTSD may result in internalized anger, shame, self-blame, helplessness, hopelessness and powerlessness” (p. 19). These findings highlight how important it is for mental health professionals, such as counseling psychologists, to gain a better understanding of this unique veteran population in order to better serve their mental health needs.

**Research Question Four**

*What might counseling psychologists need to understand about the effects of moral injury on female veterans in order to best serve this population?* Participants had a lot to say about both their personal experiences working with mental health professionals and their desires for mental health professionals as a whole to gain a better
understanding of their needs and the needs of other female veterans who suffer from moral injury. According to these participants, mental health professionals who wish to work with morally injured female veterans first must work to develop an accurate understanding of the roles in which female military personnel have actually served in the recent conflicts (e.g., OEF/OIF).

Those participants who presented to the VA for psychotherapy reported that they often felt minimized and/or dismissed by their mental health clinicians, or that they were made to feel as if they personally were to blame for their emotional distress. Some participants found that the VA was better prepared to help those female veterans who had experienced MST than to help those females whose Posttraumatic Stress Disorder was actually combat-related. This could be highly problematic given the previously-described rates with which female veterans have been exposed to combat-related violence (e.g. Maguen et al., 2012; Vogt et al., 2011). For example, Jade reported that she felt that mental health clinicians within the VA healthcare system had failed her because they did not seem to understand her and they seemed to minimize her distress, and thus she later chose to see a civilian therapist. She further reported that this civilian therapist had then “saved (her) life” because she had been preparing to attempt suicide in response to her overwhelming symptoms of depression. As another example, Dixie reported that she had been overmedicated by her psychiatrist and had been unable to function in the world. She stated in an annoyed voice, “You can't prescribe me the same shit that you prescribe a dude. ...I couldn't go to work. I couldn't do anything! They were just like generally prescribing things that really and truly wasn't for me. ...It shouldn't be making me zombie-like.”
Further, these participants expressed wanting mental health professionals to understand that female veterans might be afraid of reaching out to them for help as they (a) may see help-seeking as a sign of weakness, (b) may be increasingly disengaged from their emotions, (c) may be too afraid to revisit their trauma, and (d) may minimize their own symptoms and thus not recognize that they even need help. Jade, Tia, and Raven expressed concerns that some female veterans also may fear that mental health clinicians either will hold them responsible for Military Sexual Trauma, or that they will not validate their experiences. Other female veterans, such as Agatha and Anne, might worry that mental health professionals will not be able to help them at all given the actual intensity of their emotional distress.

It also is important to recognize that while female veterans may have had moral injury experiences that were similar to those of male veterans, many do not wish to be treated as are male veterans. Instead, they may want to be able to talk about their emotions, and they may need the VA culture to be more accepting of them than the VA demonstrates at present. Further, they want female-only groups where they can share their experiences openly without feeling judged, minimized, sexualized, or even protected by the male veterans. In all, female veterans want mental health clinicians to listen to them without judgment or pre-conceived notions about their deployment experiences.

**Implications**

**Research Implications**

Moral injury is a bona fide and significantly detrimental construct among female veterans. Historically speaking, most of the research done on the veteran population has
focused on the experiences of male veterans, with little emphasis on the experiences of female veterans. These studies that have involved female veterans have often used them as a comparison group so as to assess how their experiences have compared to the known experiences of male veterans as opposed to looking for unique factors. The present study primarily focused on the moral injury experiences of these female veteran participants and secondly offered comparisons about said experiences to those of male veterans as per the literature as one method of discovering similarities and differences between the two groups. The first implication of the present study is that a new and perhaps more concise definition of moral injury might be needed in order to ensure that researchers and mental health clinicians are all in agreement with regard to its most salient aspects. Given this need, I propose moral injury to be *the bio-psycho-social-behavioral impact of having one’s deeply held moral and ethical values betrayed by the self or important others.* This betrayal would include both the betrayal of what is ethically right by military leaders, military peers, and civilian peers, along with having perpetrated and/or witnessed morally transgressive acts.

Given the high attrition rates of females in the military (DACOWITS, 2017), the high suicide rates of female veterans (Zarembo, 2015), and the high rates of psychopathology among female veterans (e.g., Street et al., 2009), it is deeply imperative that mental health professionals begin to learn more about the unique experiences that female veterans have had within the military system. We cannot continue to perceive female veterans as being similar to male veterans but instead we must consider them as their own unique minority group in order to better understand their needs. If we fail (a) to show them understanding and positive regard, (b) to validate the experiences they had
during deployment, and (c) to provide them with mental health treatment that is based on valid research conducted with female veterans, we risk alienating them by misunderstanding and/or mistreating them during psychotherapy and potentially turning them away from seeking further mental health services.

The present study has identified experiences of moral injury that are unique to the female veteran population. Thus, this study adds to the growing evidence that focusing research on female veterans as a separate group can help to uncover aspects about the military deployment experience that is currently unknown. Further, that using a majority female veteran sample to validate future assessment tools (e.g., MIQ-M) could provide better mechanisms for mental health clinicians to utilize in accurately assessing symptomatology in the female veteran population. Case in point, the creators of the MIQ-M originally had one item about Military Sexual Trauma on the instrument. However, the authors wrote, “Possibly due to low rates of reporting, an item assessing sexual trauma did not yield favourable (sic) psychometric properties and was excluded from analyses” (Currier, Holland, Drescher & Foy, 2015, p. 54). It is notable that the present study included the omitted Military Sexual Trauma question on the MIQ-M screening tool during the first phase of data collection, and that eight of the 11 participants in the current study responded affirmatively to the question. Perhaps a future study either on the MIQ-M or a similar moral injury instrument that includes either an equal number of female veterans in the sample or a sample that is completely made up of female veterans might find more favorable psychometrics in this regard.

Further, the literature on moral injury in particular has focused primarily on the experiences of male veterans while virtually ignoring the experiences of female veterans.
As such, the experiences of gender and sexual harassment and MST are missing from the current definition of moral injury that Litz et al. (2009) provided, being “The lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations” (p. 697). While further research needs to be done to assess how morally injurious the experiences of gender and sexual harassment and MST are among females, the present findings support the assertion that these experiences are wholly salient to its development among female veterans. At the very least, the current study has added further evidence to the literature (e.g., Currier, McCormick & Drescher, 2015; Shatan, 1973a; Shay, 1994) that the act of being betrayed by military and political leaders, military peers, and important civilian peers has extremely negative impacts on veterans regardless of gender, and further, that these experiences are morally injurious to them. Thus, it can be argued that the concept of betrayal should be added into the formal definition of moral injury as opposed to being considered as an after thought.

**Clinical Implications**

The findings of this present study suggest that overall, these female veterans have felt deeply misunderstood by the mental health profession. These participants regularly described ways in which they had been minimized, blamed, ignored, and otherwise devalued by mental health clinicians particularly within the VA healthcare system. Counseling psychologists and other mental health professionals who aim to work with this population need to work to better understand the stories that their female veteran clients are telling them about their military experiences. One primary step here would be to strive to provide a safe and nonjudgmental space for our female veterans to tell and
explore their stories in the context of the therapeutic relationship. This is a crucial step given that the participants of this study have overwhelmingly reported that they have felt unheard by many important people in their lives, including their mental health professionals.

Further, aside from the 11 female veterans who participated in the current study, two other female veterans had requested to participate but were denied inclusion due to the fact that saturation already had been reached. On top of this, three other female veterans who did not meet the inclusion criteria also contacted me to share their anger at having been excluded from participation. Each of these five individuals expressed to me that they felt unheard and invisible as an outcome of the study recruitment process, and as a result, they felt betrayed and angry. This overall feedback suggests that we all could do a better job of listening and validating their experiences as researchers.

As another possibility in this direction, perhaps the VA could take further steps to support their female veteran patients, such as adding an additional hotline that is specific to female veterans for them to voice their concerns about gender discrimination, Military Sexual Trauma, and other concerning military-related experiences that appear to be more prevalent to this population. Neimeyer and Levitt (2001) have identified that a major factor in post-traumatic growth is the role of supportive others. This means that when mental health professionals provide the space for female veterans to explore their stories, and further when they listen to these stories without preconceived notions about the roles in which female veterans serve when on deployment, then these veterans have the opportunity to feel hear and supported, which in turn can help foster recovery.
For example, mental health professionals can bear in mind the fact that female
veterans have often served in roles that have placed them within close proximity to
combat scenarios. For example, the participants in the present study have served
alongside infantry units, with military police, as combat medics away from military
bases, as helicopter pilots, and as transportation leads attached to convoys. Each of these
participants had described ways in which they had been exposed to, and in some cases
taken part in, combat behaviors (e.g., firing weapons, being the target of the enemy). For
female veterans who have never experienced MST, these combat-related traumas very
well may be the antecedents to their Posttraumatic Stress Disorder symptoms. For others
who have experienced MST, this does not mean that their PTSD symptoms are not also
related to combat-related trauma. Those who have experienced both will likely have a
more complex form of PTSD, and both traumas must be addressed during mental health
treatment.

Similarly, counseling psychologists could aim to better understand that female
veterans who endorse PTSD symptoms subsequent to Military Sexual Trauma may or
may not have experienced fear during the actual MST event itself. It is always possible
that the symptoms that they are reporting may be connected to moral injury instead. For
example, their symptoms may be due to their having felt betrayed either (a) by the
perpetrator of the MST (e.g., “He was supposed to be my brother in arms.”), or (b) by
their military leaders when and/or if they tried to report said MST episodes (e.g., “My
commander said I was lying.”). Further, they may feel that they had betrayed their own
moral values, particularly if they feel somehow responsible for the MST having occurred.
For example, victims of MST might feel somewhat responsible for a sexual assault and/or
rape because of their behavioral choices (e.g., alcohol consumption). Further, some victims may view themselves as having participated in the MST event itself, and thus may view themselves as promiscuous or adulterous (e.g., if the victim was married at the time of the MST).

To add, mental health professionals need to remain cognizant of the hypermasculine and often misogynistic culture of the military. The impact of living within this culture on moral injury among the participants in this study has been explored and provided in depth. Suffice it to say, it is possible that female veterans have felt ostracized and rejected by important others while enlisted in the military, or else they may have felt the need to socially withdraw in order to feel protected against becoming a victim of such a misogynistic environment. In doing so, they may be working to avoid morally injurious experiences such as becoming a victim of Military Sexual Trauma, becoming a victim of ridicule for demonstrating more stereotypically feminine characteristics (e.g., showing emotions), and/or becoming the victim of gender discrimination.

When female veterans present to psychotherapy and report having experienced gender discrimination and/or ridicule, it is important that these experiences are not accidentally minimized by well-meaning clinicians who find it hard to recognize these as potential sources of trauma. Further, for those who had been deployed to a country whose culture may be viewed as misogynistic by our female veterans, it is also important to explore the consequences of having been made to bear witness to culturally sanctioned acts which have transgressed their deeply held moral values. Greater recognition of these cultural traits, particularly given the ways in which any and all of these cultures may have
continually devalued and objectified these female veterans, may assist clinicians to better grasp the chronic degree of stress that female veterans might have endured during their military careers, let alone afterward.

Mental health providers who work with female veterans could also advocate for the use of an evidenced-based practice approach to mental health treatment, which is a step beyond the evidence-based treatment approach. When an evidence based practice approach is taken, it means that the best available research/treatment modalities are considered in terms of the clinician’s professional judgment as well as unique the needs of the individual client. This is an approach that (a) emphasizes the importance of the therapeutic relationship, (b) makes space for emotional and cultural explorations, and (c) makes use of multicultural sensitivity throughout the course of treatment (American Psychological Association, 2005). Additionally, it may be possible that some female veterans are diagnosed with a personality disorder when they instead present with trauma-induced symptoms. This possibility was first identified in the literature (Stretch et al., 1985) among female veterans from the Vietnam War, and it is possible that this type of misdiagnosing may still be occurring today.

Further, it is important that counseling psychologists ask female veterans about their current sources of social support. Prior research (e.g., Currier, Holland, & Malott, 2015; Litz et al., 2009) has identified social withdrawal as a consequence of moral injury, and the participants in the present study regularly acknowledged engaging in social withdrawal as well. For example, many reported that they do not feel close to others, that they have been unable to reconnect with their family members, and that they have felt distrustful of men and/or Muslims as a result of their morally injurious experiences. They
also shared that they have often isolated themselves by refusing to go out during the day as well as by avoiding social activities and situations (e.g., not going shopping or to the movies). It could be helpful for mental health clinicians to have resources available for their female veteran clients about (a) support groups, (b) volunteer experiences, (c) spiritual and/or religious communities, and (d) school and/or career options. In this way, mental health clinicians can use a strength-based approach with these veterans to empower them to take charge of their lives.

In regard to the VA healthcare system more specifically, these participants also identified certain mechanisms that perhaps could be improved in order to benefit the growing female veteran population. One way in which the VA might enhance culturally competent treatment could be to better acknowledge how gender itself appears to alter the deployment experience. I do not know what this would look like, but perhaps future research with female veterans could generate some ideas. Next, the VA might want to work to increase outreach to its female veteran patients to let them know that they are welcome. The VA might also offer more female-only support groups that do not solely focus on MST. Many participants in this study reported that they had experienced emotional relief along with an increased sense of connection with their own veteran identities when they had opportunities to interact with other female veterans. While mental health treatment groups that focus on increasing life skills (e.g., Dialectical Behavior Therapy [DBT] groups) and reducing the symptoms of psychopathology (e.g., Cognitive Processing Therapy [CPT] groups) can be beneficial to many veterans, interpersonal process (IP) groups could also be invaluable in helping female veterans to better reintegrate into civilian society. Further, parenting support groups and/or couples
and family therapy could also be helpful to veterans who are trying to step back into their family systems post-discharge. On top of this, the VA system might hire more gynecologists and obstetricians to reduce the need for these female veterans to find medical care in the public sphere. Finally, mental health clinicians could also advocate for the VA to provide a primary healthcare provider for veterans to see on a regular basis, which could increase both clinician-patient relationships and continuity of care.

Finally, the VA needs to become a more gender-neutral environment. VA personnel should not be making assumptions of veteran status based on the presenting gender of the person standing at the check-in desk; rather, they might simply ask the person why they have entered the VA and then proceed based on the information provided. Likewise, the VA environment should aim to avoid designating certain areas (e.g., PTSD treatment spaces) masculine and other areas (e.g., MST treatment spaces) feminine, for male and female veterans have often had similar experiences (e.g., females have combat-related PTSD symptomatology while male veterans have experienced MST). Perhaps VA staff member could benefit from increased gender-neutral training experiences. At the same time, many of these participants agreed that they did not wish to be treated exactly like the male veterans either, and that they needed space for more emotional exploration. Further, these participants expressed interest in taking day trips away from the rigid VA environment instead and go to a more relaxed environment (e.g., a natural setting) where they might be able to connect with each other on a more personal level.
Limitations of the Present Study

There are some limitations that are inherent to qualitative research. First, qualitative research studies are not always generalizable due to their small sample sizes as well as the subjective nature of the research (Creswell, 2007). Further, because of the subjective interpretation that is characteristic of qualitative data analysis, research quality is heavily influenced by the skills of the researcher, and thus is more likely to be impacted by their personal biases (Creswell, 2007). Due to these limitations, every effort was made in this study in advance to ensure that the findings were true representations of the experiences of these participants. These efforts included previously-discussed reliability methods such as the peer review and member check processes. Peer review included having a second qualitative researcher to validate my findings. Member checks included having the participants verify that the findings represented their lived experiences. A further limitation of qualitative research is that, due to the small sample size, there is no attempt to assign frequency to the data. Thus, a relatively rare phenomenon receives the same amount of attention as a phenomenon that may be more frequently seen in the larger population. This can be a positive feature of this research method, as even a rare phenomenon deserves to be captured and analyzed; however, it does make it much more difficult to generalize its findings to the greater population.

Another limitation for this study is that these participants were volunteers who chose, for personal reasons, to become a part of this study. Individuals who self-selected to become participants and to tell their stories might be qualitatively different from other female veterans who decided not to participate. It might be that these participants had strong motivations to share their experiences, or that they had different experiences
altogether than those who did not wish to participate. One participant shared that she
decided to participate because she had a friend who was also completing their
dissertation, and that friend had complained about how hard it was for them to secure
participants. Three other participants stated that they were participating because, as
female veterans, they felt invisible to researchers and to the mental health community.
Two others voiced that they were motivated by the hope that their participation in this
study would somehow help future female veterans as a result. In each of these situations,
the participants had been motivated by a desire to help others somehow. This desire
might have impacted the stories that they chose to share, and/or the way in which they
interpreted the interview questions.

Additionally, as this study used snowball sampling to reach potential participants
through both email and social media, there likely may have been an unintended invitation
bias. Specifically, female veterans were more likely to have learned about the study (a) if
they had access to the Internet, and (b) if they were somehow associated with a female
veteran group support group either online or in their community that chose to advertise
the study. This method might have potentially excluded female veterans who have not yet
reached out for social support, or who felt as if they did not need such forms of social
support. Had the sample been recruited through other means (e.g., mail survey, directly
through the VA), the findings and their relevant implications might have been different.

Next, despite efforts to recruit a broadly diverse sample, the sample in this study
was largely composed of Caucasian, heterosexual, Christian female veterans. As such, it
does not speak to the lived experiences of female veterans who identify within minority
ethnic and religious groups or within the LGBTQ community. Such factors might greatly
affect the morally injurious experiences that female veterans had during their military careers, as there is evidence within the literature that double-minority status could result in further discrimination and segregation, along with increased emotional distress (Denton & Massey, 1989; Gonzales, Blanton, & Williams, 2002; Hayes, Chun-Kennedy, Edens, & Locke, 2011).

Further, this female veteran sample did not reflect all of the different branches of the U.S. military as the majority of the sample (eight participants) had been deployed with the Army, while the others had been deployed with the Navy (two participants) or with the National Guard (one participant). However, the sample had held a variety of service roles from administrative, to Combat Medic, to Military Police, to infantry. This wide range of roles experienced within the military helped to gain additional perspective on how exactly female veterans are serving while overseas, and how these various service roles may be impacting the types of morally injurious experiences reported by these participants.

**Future Directions for Research**

The moral injury experiences that these female veterans had during their military careers and the challenges that they have faced while reintegrating back into civilian life post-deployment previously have been overshadowed by the moral injury experiences of male veterans who were facing similar challenges. On top of this, the moral injury experiences that these female veterans reported are qualitatively different from the moral injury experiences that have been acknowledged by male veterans in previous studies (e.g., Currier, Holland, & Malott, 2015). While it is true that male veterans vastly outnumber their female counterparts, resulting in a greater number of male veterans
suffering with mental health and reintegration issues, the number of female veterans is
growing and will likely continue to grow in future years. Additionally, with recent
changes in legislation (Afari et al., 2015) that have permitted female active duty
personnel to serve in combat roles, the percentage of female veterans who will have been
exposed to combat-related trauma will also continue to grow in the near future. While
there are a growing number of studies exploring many of the unique factors that make up
the experiences of female veterans (e.g., Demers, 2013; Goldstein, Dinh, Donalson,
Hebenstreit, & Maguen, 2017; Mattocks et al., 2012; Street et al., 2009; Washington et
al., 2007) there still exists a dearth in the extant veteran literature that should be
addressed in order for the mental health community to better serve the needs of female
veterans.

In general, this study has identified several areas in which female veteran research
could be beneficial in increasing our understanding of the female veteran community.
First, research could be done to understand the impact of minority group membership
among female veterans; specifically, how variables identified in the social psychology
literature such as minority stress, and/or stereotype threat might be impacting the
experiences and the performance of female active duty personnel and thus female
veterans.

Minority stress theory has been defined as a stress process that is linked with
experiences of prejudice and social rejection from majority group members. In short,
Minority Stress Theory encompasses the way that “stigma, prejudice, and discrimination
create a hostile and stressful social environment that causes mental health problems”
(Meyer, 2003). Stereotype threat has been defined as “being at risk of confirming, as self-
characteristic, a negative stereotype about one’s group” (Steele & Aronson, 1995, p. 797). The social psychology literature has shown that when a person is aware of the stereotypes about their identified groups (e.g., gender group, ethnic group) in a given culture, they might accidentally confirm these stereotypes when asked to perform under stressful conditions (e.g., an examination). When the stereotype is negative (e.g., females cannot do math), the individual’s performance will suffer (e.g., she will score lower on a math test) while if the stereotype is positive (males can do math), the individual’s performance will benefit (e.g., he will score higher on a math test) (Spencer, Steele, & Quinn, 1999). Such research could be beneficial given that female active duty personnel are part of a small minority group in the military, and these phenomena have been shown to negatively impact performance as well as mental and emotional well-being among minority group members.

Next, researchers are strongly encouraged to explore the impact of Military Sexual Trauma perpetrated by military leaders versus MST perpetrated by military peers on the mental wellbeing of female veterans. Such research should incorporate not only experiences of sexual harassment, but also unwanted sexual contact and sexual assault. This line of research could be beneficial in better understanding the degree to which female veterans might suffer from moral injury after having been exposed to MST during their military careers. Similarly, studies could be conducted on the various impacts that military leaders who hold misogynistic beliefs might have on their subordinates in terms of occurrence of MST, support for MST victims, and feelings of personal responsibility then held by victims. Such research could be beneficial in helping the military to combat Military Sexual Trauma if these variables are found to have either a positive relationship
with the prevalence of MST or to have a causative effect on MST. Further still, studies could examine for various protective factors against MST, including for example the impacts of military rank, having a male spouse also currently serving in the military, and sexual/gender minority status among others. This might also help the military to prevent occurrences of MST by identifying which groups might be more at risk.

Military psychology studies could also attempt to identify the reasons for why female active duty personnel may demonstrate higher rates of attrition from the military when compared to their male counterparts. It also could be helpful to determine the percentage of female active duty personnel who had enlisted with the hopes of serving a 20-year (or longer) career in the military, along with the eventual attrition rates of these female personnel. This could help to identify what specifically may be interfering with the long-term military career plans of new female recruits.

Researchers could also assess the impact of perceived social rejection by military peers on the mental well being of female veterans. Given that the majority of female veteran participants in the current study reported that they had experienced some level of social rejection from their military peers during deployment, it could be beneficial for mental health professionals to better understand the impact that this type of rejection may have on female veterans. Additionally, if such social rejection were relevant to post-discharge moral injury or other mental health diagnoses (e.g., anxiety, depression), it would behoove mental health clinicians to better understand these impacts.

Finally, researchers could explore the homecoming experiences of female veterans, including the perceived social support that they may or may not receive from U.S. civilians who are responding to their veteran status, along with the impact of
Posttraumatic Stress Disorder, depression, and anxiety on their family members, particularly the children. Findings from this type of research could go a long way in helping both mental health clinicians and VA staff members in better understanding how to help them make the often difficult transition from active duty to veteran status, along with how to help them to better reintegrate back into their family systems and communities. Moreover, given that many VA mental health programs offer both couples and family psychotherapy, this research might also help to guide such treatment when the veteran in the family system is female. Finally, such research could provide U.S. civilians with a better understanding of how they might both respond and offer support to a female veteran living within their community.

**Conclusion**

Female service members who have been deployed during the more recent OEF/OIF/OND conflicts often have had morally injurious experiences that they need to talk about with mental health professionals. Some of these moral injury experiences have mirrored those of male veterans; however, some are substantially more unique to the female veteran population. While they were stationed overseas in various Middle Eastern countries during deployment, female service members regularly endured constant episodes of gender and sexual harassment, Military Sexual Trauma, professional disrespect, and social rejection from their military leaders, military peers, and Middle Eastern civilians. When they returned home and transitioned to veteran status, they found that their family members and friends showed a tendency to minimize their experiences due to their misconceptions of the ways in which they served in the military. Further, these female veterans experienced a great deal of disrespect not only from U.S. civilians,
but also from VA staff members who expressed the erroneous belief that only males truly can hold veteran status.

All of these experiences felt morally injurious to these female veterans, because said experiences felt to them as betrayals of what they believed to be right and proper. Female veterans need to experience the same level of recognition and respect that is often automatically granted to our male veterans. They also deserve strong, compassionate, and insightful mental health professionals who are willing to listen to their deployment stories without preconceived notions and judgements about the roles in which they served and what is probably causing their emotional distress. Generally speaking, it is crucial that we remember that female veterans were deployed and have served alongside their male veteran peers. They too risked their lives for their country. They too made sacrifices to their health, their emotional wellbeing, and their families in order to serve. The debt that we owe them is as large and as valid as that which is owed to their male veteran peers. As mental health professionals and military psychology researchers, we have the opportunity to help these female veterans by providing them with the best possible care and/or using our research tools to inform such care. After everything that these brave female veterans have done for us, this is the very least that we can do to repay them.
REFERENCES


http://www.pewresearch.org/fact-tank/2016/11/14/if-the-u-s-had-100-people-charting-americans-religious-affiliations/


Seymour, W. S. (2001). In the flesh or online? Exploring qualitative research methodologies. *Qualitative Research, 1*(2), 147-168.


APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL
DATE: July 14, 2017  
TO: Tricia Steeves, MA  
FROM: University of Northern Colorado (UNCO) IRB  
PROJECT TITLE: [1085931-2] A PHENOMENOLOGICAL EXPLORATION OF MORAL INJURY AMONG FEMALE OEF/OIF VETERANS  
SUBMISSION TYPE: Amendment/Modification  
ACTION: APPROVED  
APPROVAL DATE: July 14, 2017  
EXPIRATION DATE: July 14, 2018  
REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB has APPROVED your submission. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of July 14, 2018.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.
APPENDIX B

CALL FOR RESEARCH
Dear Veteran,

I hope that this email finds you well. I’m emailing you today to invite you to participate in a dissertation study. I am a third-year Ph.D. student in the Department of Applied Psychology and Counselor Education at the University of Northern Colorado, and my primary research focus involves the experiences of female veterans who have served in the OEF/OIF conflicts.

The focus of this study is on morally ambiguous events that female veterans may have experienced during deployment. These events could include (a) morally ambiguous actions that you may have taken, (b) morally ambiguous actions that you may have observed others take, and/or (c) occasions during which you may have felt betrayed by other service personnel including military commanders.

As the number of female veterans continues to rise over the years, I believe that a better understanding of the unique experiences that these females have within and beyond their military careers would enable helping professionals to provide more effective and appropriate mental health treatment for your fellow female veterans.

If you accept this invitation, you first will be asked to take part in a short survey that will ask about your deployment experiences, and will also request demographic information. This process should take approximately seven to 10 minutes to complete.

Next, you will be asked to participate in a one-to-one interview that will take place in a virtual meeting room (e.g., Skype, Google Hangouts). The questions asked during this interview will relate to morally ambiguous events that you may have experienced during deployment. Your personal information, along with the personal information of anyone associated with your experiences, will be changed and a pseudonym selected to ensure confidentiality. Participation should take 60-90 minutes of your time, depending on the narrative nature of the interview. Interviews will be video and/or audio recorded to ensure accurate transcription, and will be destroyed at the close of this study.

Lastly, you will be asked to participate in a short confirmation procedure to ensure that collected data is an accurate representation of your experiences. This procedure should take between 15 to 20 minutes.

All collected data will be protected during the length of the study. The recording will be destroyed at the close of this study, and all other collected data will be destroyed after approximately three years.
Participation in this study is voluntary. If you agree to participate, you will retain the right to withdraw from participation at any time, and for any reason without the need for explanation.

If you’re at least 18-years-old, an OEF/OIF Veteran, and willing to participate, please click on the hyperlink below. That’ll take you directly to a webpage wherein you can type your demographic and contact information, along with the best time and method for future contact. I will be in touch very shortly to provide more information, answer any questions you may have, and schedule the interview.

https://unco.co1.qualtrics.com/jfe/form/SV_3kheKnMAwMiO5ox

The proposal for this study has been reviewed and approved by the UNC Institutional Review Board, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find out more about the IRB, contact the Office of Research, 0025 Kepner Hall, University of Northern Colorado, 970-351-1907.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled.

If at any time you have questions or concerns about the purposes of this study, you may contact either the primary researcher, Tricia Steeves at 917-616-0339 or at stee1272@bears.unco.edu, or the research supervisor, Dr. Jeffrey Rings at 970-351-1639 or jeffrey.rings@unco.edu.

If you have any concerns about your selection or treatment as a research participant, please contact Office of Research, 0025 Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1907.

Having read the above and having had an opportunity to ask any questions, please click the link below if you would like to participate in this research. By completing the questionnaire, you give your permission to be included in this study as a participant. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Research, Kepner Hall, University of Northern Colorado, Greeley, CO, 80639; 970-351-1910.

I appreciate your considering participating in our study. No doubt, your input will be invaluable and will make a difference in the lives of other Female Veterans.

Thank you for your time today, and for your service to our country.

Sincerely yours,
Tricia M. Steeves, MA
Ph.D. Candidate in Counseling Psychology
University of Northern Colorado
stee1272@bears.unco.edu
970 616-0339

Jeffrey A. Rings, Ph.D., LP
Associate Professor, Department of Applied Psychology and Counselor Education
University of Northern Colorado
201A McKee Hall, Box 131
Greeley, CO 80639
O: 970-351-1639
F:970-351-2625
jeffrey.rings@unco.edu
APPENDIX C

INFORMED CONSENT DOCUMENT
Organization: University of Northern Colorado  
Principal Investigator – Tricia M. Steeves  
Research Supervisor – Jeffrey A. Rings, Ph.D., LP  
Name of Project: “Female Veteran Qualitative Study”

You are invited to participate in a research study that will explore the experiences of female veterans who have been confronted with morally ambiguous situations during their deployment. Participation will require a short screening phase, an interview phase, and a short confirmation phase.

The screening phase of the study requires a short survey. Your name will not be used at all on this survey, and it will take approximately seven to ten minutes to complete. On the survey, you will be asked brief questions about your deployment experiences. You will also be asked to provide demographic information including your age, racial identity, details and dates of military service, number of times you were deployed, branch of military that you served with, and locations and dates of overseas deployments. Finally, you will be given the opportunity to choose a pseudonym (a fake name), which will be the only identifying information attached to your transcripts and any other collected materials. The researcher will contact you to schedule the next phase of the study.

Participation in the study also requires a one-on-one interview that will take place in a virtual meeting room (e.g., Skype, Google Hangouts), during which you will be asked questions about your experiences during deployment. The duration of this interview will be approximately 60 to 90 minutes. This interview will take place at a time that is mutually convenient. With your permission, the interview will be video and/or audio recorded and transcribed, the purpose being to capture and maintain an accurate record of the discussion. You can opt for participating in an audio-only recording if you wish by turning off your web camera. If you choose this option, your side of the video screen will remain blank and only your voice will be recorded. The recording will be destroyed at the close of this study.

During the confirmation phase, you will be emailed a document containing the themes that emerged during your interview. You will be asked to review these themes to confirm that they accurately represent your experiences. After reviewing these themes, you will be asked to engage in a short phone meeting with the researcher to go over these themes, a process that will take approximately 15 to 20 minutes.

While we will treat all communications with due care, the security of information transmitted via email cannot be guaranteed. For this reason, we will keep email communications to a minimum.

**Risks and Benefits:**
This research will hopefully contribute to the current understanding of the female veteran experience. Participation in this study carries with it the same amount of risk that one would encounter any time deployment stories are discussed. The interview questions might evoke memories and thoughts that are sensitive to you, and speaking about events
that occurred during your deployment may cause some discomfort or distress. **At any point during the interview, you may opt to change the subject for any reason without consequence.** Further, because of these risks, I will provide you with referrals to veterans’ resources during both the survey and interview phase of this study should you wish to further explore your military experiences or feel any distress caused by the interview. The potential benefits to you include gaining insight on your deployment experience, speaking about your deployment experiences to an interested listener, and the possibility of helping other female veterans. Participants will be reimbursed for their time with a $20, which will be emailed to the participant at the close of the study.

**Data Storage to Protect Confidentiality:**
**Under no circumstances** will you be identified by name in the course of this study, or in any publication thereof. Every effort will be made to ensure that all collected information including interview transcriptions and other written materials will be treated as strictly confidential. All data will be coded and securely stored for three years as per University of Northern Colorado research rules and regulations, at which time all data will be destroyed.

**How Results will be Used:**
This research study is to be submitted in partial fulfillment of the requirements for the degree of Doctor of Counseling Psychology at the University of Northern Colorado, Greeley, CO. The results of this study will be published as a dissertation. In addition, results of this study may be published in an academic journal.

**Participants Rights:**
Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled.

If at any time you have questions or concerns about the purposes of this study, you may contact either the primary researcher, Tricia Steeves at 917-616-0339 or at stee1272@bears.unco.edu, or the research supervisor, Dr. Jeffrey Rings at 970-351-1639 or jeffrey.rings@unco.edu.

If you have any concerns about your selection or treatment as a research participant, please contact Office of Research, 0025 Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1907.

Having read the above and having had an opportunity to ask any questions, please click the link below if you would like to participate in this research. By completing the questionnaire, you give your permission to be included in this study as a participant. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Research, Kepner Hall, University of Northern Colorado, Greeley, CO, 80639; 970-351-1910.
By clicking *YES, I agree* you are agreeing to participate in this study.
APPENDIX D

MORAL INJURY QUESTIONNAIRE – MILITARY (MIQ-M)
Moral Injury Questionnaire – Military (MIQ-M)

Instructions: Serving in the military can entail exposure to many stressful life events. Considering your possible war-zone deployment(s) and military service in general, please indicate how often you experienced the following types of events. Please read each statement carefully and note that for these statements, a response of 1 indicates that you ‘‘never’’ experienced the item and a response of 4 indicates that the item occurred ‘‘often’’ for you.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(1) Never</th>
<th>(2) Seldom</th>
<th>(3) Sometimes</th>
<th>(4) Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Things I saw/experienced in the war left me feeling betrayed or let-down by military/political leaders.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I did things in the war that betrayed my personal values.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. There were times in the war that I saw/engaged in revenge/retributions for things that happened.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I had encounter(s) with the enemy that made him/her seem more “human” and made my job more difficult.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I saw/was involved in violations of rules of engagement.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I saw/was involved in the death(s) of an innocent in the war.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I feel guilt over failing to save the life of someone in the war.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I had to make decisions in the war at times when I didn’t know the right thing to do.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I feel guilt for surviving when others didn’t.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I saw/was involved in violence that was out of proportion to the event.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I saw/was involved in the death(s) of children.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I experienced tragic warzone events that were chaotic and beyond my control.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I sometimes treated civilians more harshly that was necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I felt betrayed or let-down by trusted civilians during the war.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I was sexually assaulted during the war.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I saw/was involved in a “friendly fire” incident.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. I destroyed civilian property unnecessarily during the war.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Seeing so much death has changed me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. I made mistakes in the warzone that led to injury or death.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. I came to realize during the war that I enjoyed violence.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX E

DEMOGRAPHIC QUESTIONNAIRE
Demographic Questionnaire

1. What is your age? (Drop down choices)

2. What is your racial identity? (check all that apply)
   - African American
   - Alaskan/Native American
   - Asian
   - Caucasian
   - Hispanic
   - Native Hawaiian/Pacific Islander
   - Not listed here

3. Do you consider yourself to be:
   - Bisexual
   - Lesbian
   - Heterosexual
   - Pansexual
   - My identity is not listed here [TEXTBOX]

4. What is your religious/spiritual identity?
   - Buddhist
   - Christian
   - Hindi
   - Jewish
   - Muslim
   - Spiritual but not religious
   - Atheist
   - My identity is not listed here

5. Is religion/spirituality an important part of your life?
   0. Not religious/spiritual – not at all important
   1. Am religious/spiritual, but it’s not very important
   2. Religion/Spirituality is somewhat important in my life
   3. Religion/Spirituality is moderately important in my life
   4. Religion/Spirituality is incredibly important in my life

6. Year that you entered the military (drop down choice)

7. With with branch of the armed services did you serve:
   - A) Air Force
   - B) Army
   - C) Marines
   - D) Navy
   - E) Reserves
F) National Guard

8. Rank and occupation in the military: [Textbox]

9. How many years did you serve (drop down choices)

10. Number of deployments (drop down choices)

11. Did you serve in theater?
   Yes
   No

12. Veteran of which conflict(s) (e.g., OEF/OIF/OND): [Textbox]

13. Year of military discharge (drop down choices)
APPENDIX F

SEMI-STRUCTURED INTERVIEW QUESTIONS
Semi-Structured Interview Questions

1. Please tell me a bit about your deployment including where you were and what day-to-day life was like for you during that time.

2. On the survey that you completed online, you indicated that you had experienced (Domain/Item description that participant endorsed on MIQ-M). What words or images come to mind when you think about these experiences?

3. What thoughts and emotional experiences can you remember having during these (domain/item description) situations?

4. Have these experiences had any lasting impact on you?

5. Do you feel like these experiences have defined you as a person, and if so, how?

6. Looking back from your current perspective, what do these experiences mean to you? / How would you define these experiences?
APPENDIX G

NATIONAL VETERANS’ REFERRAL SHEET
A Qualitative Exploration of Moral Injury in a Female OEF/OIF Veteran Sample

As a participant in this study, in the event you feel distress and/or discomfort by any questions raised in this course of this study, you may wish to know about national services for veterans.

**National resources for veterans:**

*Locations of VA Centers around the nation:*
https://www.va.gov/directory/guide/vetcenter.asp
The above link will provide locations for VA Centers in every state.

*Veterans Crisis / Suicide Hotline*
Phone: 800-273-8255 – press 1
Text: 838255
Confidential online Chat link: https://www.veteranscrisisline.net
Resources Locator Link:

*Lifelines for Vets*
Website: https://nvf.org
Vet to Vet Assistance Phone: 888.777.4443

*Resources for social support*
The Mission Continues: https://www.missioncontinues.org
Team Red, White and Blue: https://www.teamrwb.org
Iraq and Afghanistan Veterans of America: https://iava.org
Student Veterans of America: http://studentveterans.org

*A list of resources for female veterans can be found at:*
http://www.operationwearehere.com/FemaleVeterans.html
APPENDIX I

AGATHA’S MEANINGFUL HORIZONS
Agatha’s Meaningful Horizons

1. Guys were harassing me.

2. Female Personnel who've experienced [MST] will never be the same.

3. I couldn't hold down a job. I was already job-hopping anyway because of the PTSD.

4. I didn't know what I thought. I mean, I knew it would be tough but I didn't think it would be so sexually charged.

5. I don't think any mental health provider can fix this. I think only I can rely on God, you know?

6. I feel betrayed by the U.S. government. That [they're] no better than terrorists if they don't fix this. Or, maybe they're worse because they cover it up.

7. I feel like I can't relate to women because I feel like I know more than anybody does about how abused we were.

8. I feel like it's not Christian.

9. I felt like they were treating me like a hooker, and I didn't want to sleep with any of them.

10. I had to do memorials by myself because my unit didn't assist me, but I was only a private and I was doing things that probably a sergeant first class level should have been doing.

11. I had to push him off me. I didn't want him kissing me and stuff.

12. I told the commander but the commander didn't do anything.

13. I just wasn't really given the tools to be successful, but God took care of me.

14. I mean, I'm sure I'm wired differently than other women and I don't know why.

15. I'm tired of the personality disorder diagnosis. Just give us PTSD like the male soldiers get.

16. I mean, no matter what I've accomplished or done I feel helpless. I'll never be the same as other women.

17. I remember every night, because the PTSD was so bad, I would neurotically clean the floor for like an hour.
18. I remember the day everything changed. Being sexually harassed for the first time and trying to report it.

19. I was hoping they would teach me the skills I needed to survive, not just yell at me all the time.

20. I was so traumatized that I couldn't have sex with my husband, and I actually looked at him as the enemy because he was also a soldier.

21. I was taught that rape and assault would happen, and I needed to be careful.

22. I wasn't broken before I entered the Army.

23. I'm severely wounded by it.

24. If you were a private and you weren't an officer, and you were a pretty white girl, or even a pretty black girl, you were just bait for them. It wasn't professional.

25. In AIT, a sergeant told me that he dreamed of me sucking his dick, and then told me he was horny all the time.

26. I was date raped by my platoon sergeant, and later learned that there was a bet for $50 that he could successfully score with me. ... When I reported this, my first sergeant said I was pretty and these things would happen.

27. In Iraq, I was not promoted.

28. Mental health is asking me to live in the past, and I've already told my story a million freaking times.

29. My platoon Sergeant threatened me and said he was going to get me, and that I would not ruin his 20-year career.

30. My PTS award was taken from me when I returned from Iraq.

31. My unit had two females report rape. Things got so bad in my unit that we had to pull guard duty to make sure that the males wouldn't come upstairs to the female floor, and there were only four females so we didn't always get enough sleep.

32. No one really taught me a lot about being a soldier I guess you would say in that unit.

33. Not respecting me, they all [military peers] stopped talking to me.

34. Once you're that tortured it's pretty hard to recover. I don't know how I'll ever recover other than by studying the Bible and believing in myself.
35. I don't think they [mental health professionals] have anybody who even understands.

36. The first time I reported sexual harassment, in [year] when the sergeant told me about his dream, nothing happened.

37. The first time I went out of the wire, I wasn't even given ammunition. The second time I went outside with only 30 rounds and I could have died. ... Every Soldier should have at least 180, 200 rounds.

38. The second time I was assaulted, the sergeant said he was going to take me out with people from my unit, and I had only been in the Army for like 3 weeks. The female sergeant said, 'oh, you're going to break her in.' We went to the bar and he refused to let me go back on base with other sergeants, and then that night he tried to assault me.

39. Then if something good happened to me, everybody thought it was because I was sleeping with the officer who wrote a recommendation for me.

40. They said I went crazy during the CID investigations for assault and rape.

41. The doctor diagnosed me with bipolar after only three therapy sessions, but meanwhile I was only diagnosed with anxiety and depression by a civilian doctor.

42. They were saying that I'm not good enough to be a soldier, but meanwhile I was good enough to be a soldier until I told somebody that I was raped. So why am I not good enough now that I reported?

43. When I reported the harassment I was told it was my fault because I join the Army.

44. When I was trying to learn how to drive a Humvee the sergeant kept asking me to go to the club with him and tell me how pretty I was.

45. When we were doing combatives, a specialist rubbed his face on my breasts.

46. Yeah, it's just too much. It's too much drama. You’re already putting your life on the line and then you have to try to make yourself not pretty.
APPENDIX J

ANNE’S MEANINGFUL HORIZONS
Anne’s Meaningful Horizons

1. [My rapist said], "you shouldn't have been drinking, and now I'm going to get in trouble."

2. [The CO] said, 'you no longer have authority over any of the females. You woke them up twice, blah, blah, blah, you can still come to [leadership] meetings for information purposes, but you no longer have authority,'

3. A friend of mine said that her supervisor actually said, 'we can't afford to lose a woman.'

4. Along with that feeling of sadness is the feeling of failure.

5. And at that point, being a star soldier was everything to me.

6. And he knew my command. I guess you could say they were friends. And my husband made it clear that he didn't want me to go outside of the wire.

7. And I reached out for help for the first time ever, and all I got was ‘you need to be angry’ and I didn't want to be angry. And so I stopped going [to therapy]. And then I sought help one more time maybe a year or two later, and I heard, ‘You need to get angry at this.’ Like, I didn't want people telling me to be angry. That's not the person I am and I don't want to be angry.

8. And I start waking everybody up cause they're sleeping, which is not what we're supposed to be doing. And they get so angry, apparently, they went to talk with their platoon sergeant, who had never had females in their unit before.

9. And I was shaking all the time and I couldn't think, and I was on the verge of tears and I couldn't sleep. And for three weeks straight, and I prayed harder than I prayed for a very long time because I just couldn't function that way.

10. And so instead of being a soldier that performed to the max or performed in every way I could, I was considered to be a FOBBIT, which is slightly better than someone who hasn't deployed at all.

11. And then for about three weeks, I couldn't stop thinking about it. My brain wanted to remember his name, and I remember his name now but I wish I didn't because I don't want him to be a part of my life.

12. And then he said, ‘Well, you know, I have two sons at home. If you do this to me, this is just going to hurt them. I have to support them, and they're gonna take my money away and I'm not gonna feed them,’ and at 18 years old I felt really guilty.
13. And then that combined with twice in the military having been, having been blocked from fulfilling the mission, from doing what was expected, that's where I kind of felt that betrayal.

14. As soon as I became a caregiver [to], and even a dependent [of my male veteran husband], it's like all of my military years went away and I lost all those years of identity.

15. Culturally, I was much different from my unit, there were a lot of issues there unfortunately.

16. He gave her an article 15 for disrespect of a senior NCO. But when it came time for her do her extra duty ... [cleaning ditches] ... she said that her back was hurt.

17. Actually, I think the worst part was I asked him [my rapist] about something that I was unable to see, but I felt, and I asked him if it was what I thought it was, and to watch him reenact it in front of my face was, I think, the worst thing I experienced in my life. Because he explained it and he gave a small demonstration as if it were nothing. And I was - he got up and he walked away and I just sat there. I didn't know what to do or say and I didn't speak about it for another ten years.

18. I actually volunteered to be a substitute truck commander because I was a sergeant and you have to be a sergeant to be a truck commander.

19. I always tried really hard to excel but when it came time to do it, I don't know why but, I was always somehow blocked from doing what a soldier is supposed to do.

20. I dealt with a lot of rumors, a lot of – basically, I was fairly rejected, which is sad to say.

21. I did experience a sexual assault early in my active duty military days, and that was something that I filed it away, and as silly, as weird as it sounds, in my head I had a filing cabinet ... and in it was the folder and the tab on it was black. I knew there was something in it, I knew what it was but I never opened that file.

22. I did not interact with the majority of my unit, as far as training together and so on and so forth. I saw them all the time but I didn't have an opportunity really to interact on a one-on-one level during that time.

23. I didn't sign up as a woman. I signed up to be a soldier. I just happen to be a woman.

24. I felt like why couldn’t I deal with this on my own? ... Why would I go out to some other source of help? I should be able to deal with all, deal with this on my own.
25. I felt really betrayed because I felt I was treated less as a soldier and more like the girl next door. Because I never got any indication that they felt I was incapable.

26. I got the orders to [deploy to Iraq], and like a week before I would go ... I get a call from my commander ... he calls me and he says, 'hey, ummm so you're not going to be going to Iraq, I got sergeant so-and-so to go instead of you’, and I was like, ‘but it's a spot for a specialist’ because I was a specialist, and he said 'yeah, I called in a couple of favors.’ He never actually asked me how I felt about it. And that was really hard to work, to become mentally prepared, and them someone makes assumptions or decides what's good for you.

27. I know he did it because he loves me and he sees me as his wife, which I understand, but I was kept from doing my full duty because of the person I was married to.

28. I see why my husband wanted to protects me and so it took some time to forgive him for that.

29. I still believe in personal responsibility. Had I made better choices, perhaps I wouldn't have been in that situation.

30. I volunteered several times to do that not only because I felt the desire to be fully engaged in our mission, but also I wanted to just be there for my company as they needed me.

31. I want to say that I was proud of my service, but because I was not able to serve in my full capacity either as a sergeant or as a soldier on a convoy, I feel as though I was cheated.

32. I was a little bitter about this for a while, and they were not, because I was a soldier not, I deployed as a soldier and not as my husband's wife.

33. I was the only female on the day shift.

34. It was someone that I knew from work who did outrank me, but I did work with him closely, like he was literally across the office.

35. It's a strange feeling to feel so alone and then somehow feel guilt for feeling that.

36. Like why am I not strong enough to deal with these feelings?

37. My husband actually deployed with a different unit but at the same time because he didn't want me to go alone.

38. My placement within the social structure as a veteran is much lower than if I had been placed on a convoy to work as a truck commander.
39. Myself and three other males were promoted to sergeant on the same day, but within just a couple of weeks it was widely believed that I had slept with my commander to get my promotion. Nothing about the other males, but because I was a female clearly I must have slept with him to get my promotion.

40. One time, when we were speaking with a gentleman in an airport, and we were talking about whatever, and I mentioned the concurrent deployment between my husband and myself, and I said ‘our deployment,’ he pated my knee and said, ‘that's right, sweetie, families served too.’

41. So again I was let down because that was another - that was just another time that, as a sergeant, I was not supported by my command.

42. So being a part of a female veteran community, and especially because we are close now, we've talked in person and really connected, I think that has gone a long way to help me claim my identity as a veteran.

43. So every time that I would volunteer, probably I volunteered about four times, a couple of hours before it was time to leave the FOB I would get a message that my name was taken off the manifest and that I would not be leaving.

44. So that was, I think, the hardest struggle, was feeling not in control of how I reacted.

45. So then it gets back to the commander and the first sergeant and everyone else that I woke these females up from a nap to give them live ammunition. And so I get slapped on the hand for that, which I can't figure out why - like why is it my responsibility to hold onto 2000 rounds of ammunition until it's convenient for another soldier?

46. Somehow they felt like I needed to be protected.

47. The difficulties that I endured emotionally is not what put me in that dark place. It was the fact that I couldn't control them that made me feel like a failure.

48. The females complained that I was waking them up from their naps eight minutes before the bus was supposed to show up to take us to this live fire exercise. Somehow I was in the wrong, and my authority as a sergeant was taken.

49. The thought of being done with Iraq and being home with my husband is the only thing that kept me going.

50. There was a lot of anger because I did get to see my husband a couple of times in the beginning [of deployment] and then later on I actually got to live with my husband in [Iraqi city].
51. There was a time when we probably should have gone to counseling, and I was the one who refused because it made me feel like a failure.

52. There was period of time that I did go back and forth to my housing unit by myself, and honestly there were a few times that I thought well if I went into the middle of this field and just did it then no one - what would be the point? You know? It would end it. I wouldn't feel tortured all the time.

53. Therefore, I've been cheated as a veteran. That the things I desired were taken from me without be asked and I was not able to do the things that my brothers and sisters were doing.

54. They were very open that the reason that I did not go out of the wire was because, unofficially of course, but verbally, my husband made it known and my command said, OK, we're not gonna let her go.

55. We were at a party and then from the best of what I can figure from the symptoms that I dealt with he must have put something in my drink, or someone put something in my drink. ... The memories that I have I was able to blink occasionally but I was unable to move, but I was aware.

56. When I made sergeant, there was one female that I was really good friends with. ... We literally exchanged ranks that day, and we never spoke again. ... I don't know if the rumor that I had slept with my commander played into that at all.

57. When people look at us [female veterans] they don't think of us as veterans and they don't consider us.

58. When you become an NCO, they sit you down with a written document and say, 'Here are the expectations of you and your job. Here are, like, where you are expected to perform and so forth, here are the soldiers that report to you.' ... I was kind of waiting for some indication like that.

59. Within the military there is an unexplained rank structure aside from the patch that you wear on your uniform - the combat patch you wear on your shoulder, if you have one says a lot, your experiences down range says a lot, that's the best way I can explain it.

60. Yes they're [military peers are] supposed to be your family

61. You know male veterans often speak about once they become retired or step away from the military they have a sense of losing that identity of who they are. As females, being such a small population in the military in the first place, not only do we lose that but it's also taken away because people automatically assume that you didn't serve.
APPENDIX K

CHRIS’ MEANINGFUL HORIZONS
Chris’ Meaningful Horizons

1. And my child is the same age as a child I just had to kill. And so, that's a different aspect when you combine the guilt of leaving your children and feeling like you abandoned them. [Then you add] the survivor's guilt and it’s all combined into a perfect storm of horror.

2. And over half of our company was out on the road every single day eating MREs and living in, I mean I literally slept in my truck for two-thirds of my entire rotation. And, so yeah, no respect for that group of leaders.

3. And that's how I looked at it, you know? I can tolerate this. I can take precautions so it doesn't go any further without endangering the health and safety of my guys.

4. And the women [in the Iraqi villages] would take their young kids and throw them under our trucks for us to run over them to try to get us to stop so they can steal our food because their families were starving and you had no choice, you could not stop, you had to keep going.

5. And then that happened almost everyday for a month with him getting touchy-feely, and you're stuck there, you can’t tell him ‘no.’

6. And then they would put suicide vests on women and try to send them up to us.

7. And then, once we got a building to sleep in, we had to clean out one of the buildings in [Iraqi city] in order for us to have a place to sleep.

8. As a female, we dealt with [MST] quite regularly because the guys would be like, ‘Oh, let me see what I can get away with,’

9. And so, of course, he outranks me and so there was not much I can do but argue with him, and then finally he put his foot down and said, ‘No, you're doing this.’ So I take my spot, and less than five minutes later he was dead.

10. Because I was the NCO, I had to find ways to get food and water to support my squad that I had there because the battalion that we were helping didn't have us on their numbers for food and water.

11. Because of that there was an IED attack and one of our people got killed and others were severely wounded.

12. But luckily my [battle buddy] ... he would always like sleep right there in the back of the five-ton. So if the sergeant major where to go up there, [my battle buddy] would wake up and be like, ‘oh hey what are you doing?’ So I was never alone with [command sergeant major].
13. Even some mental health providers that I've been to have been like, ‘Quit crying you signed up for being in the army.’

14. For a long time I did my grocery shopping at two in the morning. I don't like crowds and you know I would rather be at home alone and not deal with people.

15. I actually crossed the border with a field artillery unit as the only female with the entire battalion [500 male personnel].

16. I don't trust a group of men.

17. I don't trust Muslims.

18. I had four soldiers with me that I had to make sure that they had food and water and stayed healthy. So do you risk their lives [by reporting MST]?

19. I have children the same age at home that I basically abandoned to continue my career.

20. I have severe chronic PTSD, depression, anxiety, [and] insomnia.

21. I have two daughters 18 and 19. I have never taken them to an amusement park. I have only been to the mall with them once.

22. I literally did not raise my kids until they were in the sixth grade.

23. I mean... and I think even with male veterans... I'm sure that when they have kids... I can't imagine having my child out here with an AK-47 shooting at people.

24. I mean we're out living in our trucks for weeks on end [in 100 degree temperatures] because they schedule us on back-to-back missions, and they've got Internet in their rooms, and they're sleeping in their bed every night, eating in the chow hall everyday.

25. I think that... as a mother there are things that aren't taken into account.

26. I was attached to EOD (explosive ordnance disposal), doing truck support for them, helping them take stuff out of tanks so that the enemy wasn't using it to create bombs.

27. It still sucked because, you know, we didn't have armor, we didn't have enough plates for our flak vests. ... And we didn't have armor on our vehicles, or none of that stuff at the beginning.

28. I was the family member that lived far away, so when I came into town it was party time. And so, for the first couple of months it was like that and then after that they really didn't want anything to do with me. If they were sick they went to my grandma, if they wanted love and they went to papa, and I was just there.
29. I was thrown out of the gate one day, and there was like a 6 year old boy came walking up, crying, and the guards realized he had a suicide vest strapped to him that someone had forced him to walk towards the camp with a suicide vest on. ... So it becomes protecting your people versus this child. So, that was the biggest thing. I mean, that was just, it was a challenge.

30. I would talk to the people [civilians] when they would, you know, come around to work, and a lot of the people like the women, the families were told ‘Either you do this or we're killing your entire family.’ So, some of them were doing it because they wanted to, but some were doing it because they were trying to protect their family from the terrorists.

31. If it didn't benefit [my leadership] there were just like, ‘Whatever.’

32. If you report it [MST] you're ostracized by everybody. ‘Oh, she's going to go crying,’ and, ‘stay away from her,’ and then you have no respect from your soldiers or the people you're supporting.

33. It used to make me really, really, super upset that I was forced to be in a situation like that. I was angry at the Army. I was angry at the world. I was angry at myself.

34. It was different because you have going to the bathroom and stuff like that. It wasn't like the guys who could just go wherever so it was just a little bit of a challenge to stay clean.

35. It was just constant. ...and it was the same thing rotation after rotation, you know? I did have the incident with the sergeant major (unwanted sexual contact), but the constant, you know, ‘Hey, hey you want to go sneak off?’ or, ‘Hey do you want to come watch porn with me?’ and I'm like, ‘Whatever.’ It's constant.

36. It’s hard to find a counselor that understands the challenges of combat-related PTSD combined with the challenges of not seeing your kids four to five years except for 30 days at a time. And how that makes dealing with the PTSD even harder.

37. Me and my 18 year old are not close at all. She's in [one state] I'm in [different state].

38. My challenge was with the command sergeant major for the battalion. He would come on my truck, and be like, ‘oh, yeah I just want to sit and talk,’ and then try to get all touchy-feely.

39. My daughters said that I chose the Army over them, and they have secondary PTSD, and so as soon as they both turned 18 they moved away.

40. My daughters were, let's see, four and five for my first deployment, and they didn't live with me again until [seven years later] because my mom took care of them, and I
just wasn't in a place to take care of them.

41. My other daughter lives in [nearby city] with her boyfriend because neither one of them want to live with me because I was gone for so long.

42. Right before the war started, Saddam had cut off the villages right at the Iraq Kuwaiti border. No food, no water, no supplies. And the people were literally starving to death.

43. Seeing these women throwing these kids under the trucks, seeing these babies getting run over and killed that was really hard for me.

44. So, you know, I feel guilty that I didn't fight more, that I didn't stand up. Was there something else that I could have done? ...And so yeah, I've got guilt.

45. The chain of command had everybody scared to come near me [to prevent MST].

46. The chain of command knew there was an increased risk for vehicle-born IEDs on the road, but because this mission was a favor, which we found out later, they made us go anyway.

47. The first tour we had no showers, we were begging for water, we were having to scrounge for food, we were living in our trucks. We didn't get anything other than MREs until Thanksgiving.

48. They would send children with AK-47s to shoot at us, you know, have [children] spot for them, to tell them the convoys were coming so they could try to blow us up.

49. Two months later, when I was attached to EOD, I seen him [the Battalion Commander] being escorted through the command clearing in handcuffs where he had sexually assaulted a female engineer who had been doing improvements to their base.

50. We would not let females go anywhere alone because, you know, we were there with other units, and the Army has a lot of rapists, and that's just being straight about it.

51. Well because I have the struggles of being shot at and blown up and people trying to kill me and killing kids, you know? I have all of that, and then on top of that a five-year-old kid shooting at me or a 3 year old little girl thrown under the truck.

52. Well, I mean the hardest part is some of the guys [trying to sexually assault you] were in your chain of command. They were the leaders. They were higher ranking. And so, you know, I can't report them because they control my life. They control what I do. They control if I go out, or if I'm stuck in a guard tower, you know? They control every aspect of your life, when you eat, if you get to take a shower, and so you're in a really helpless situation because, you know, if it's a member of your chain of
command, like the sergeant major when I first got there. If we wouldn't have played nice, my people could have starved because we didn't have food or water.

53. When we got our people back into base where it was safe, the chain of command said not one word to our whole platoon who had been out on the road. They were just like, ‘Okay, y'all go rest, and in three days you're going back out on mission.’ Not one word to the people who just fought off the enemy and watched our friends die and have missing body parts and get severely injured. And to me, I lost all respect of my chain of command at that point.

54. When you run over a two-year-old child with your truck that's traumatic combat-related; but then they need to remember that for parents that, you know, that could have been my child.

55. When you're in command of a truck and you've got a kid shooting at you it's really challenging to give that order to kill that child because he's a threat to you and your people.

56. When your kids tell you that, ‘you chose a career over me,’ they don't understand that I was a single mom, and I stayed in the Army and risked my life so I could put food on the table and support them, and so that's what makes it tough.

57. Yeah, and so, until we got laundry and stuff we had to take it down to the lake to wash our clothes and take a bath.
APPENDIX L

DIXIE’S MEANINGFUL HORIZONS
Dixie’s Meaningful Horizons

1. And I asked them why do you call it the *Lake of Tears*, and they said that it was because Uday [Hussein], he’d go into the village and have his people choose a young woman, and they would defile her and kill her in the lake. And I said, ‘Yeah, I think that's a pretty accurate damn name for it.’

2. And I got in trouble for that cuz I was doing what I was supposed to be doing. I was doing my job. And I got in trouble for that, and felt like shit.

3. And one of my sergeants came back as he was bringing me food and beat the shit out of this guy [who was sexually assaulting me]. So I didn't report it cuz he beat this guy so bad that, I didn't want to report that because these were my brothers.

4. And that really hit hard because my other responsibility was to document the memorial services and prepare the video and photo packages for the commander to send to the family and back to the tag.

5. And that was the first time I was [sexually] attacked.

6. And the whole time I'm limping, and they're asking me if I'm alright and I'm going, ‘I’m fine,’ because I was the only female out there, so of course if you complain either broke a nail or you're on your period. You can't never be hurt. God forbid you're actually injured.

7. But after the Marine debacle where they were passing around photos of naked service women, I just don't see it changing anytime soon.

8. But again I just didn't complain because when you're around a bunch of hard heads, a bunch of swinging dicks you can't do that you really can't I'm sorry it's not a go.

9. But as guys started getting picked off, like the first guy we lost he was posthumously promoted to staff sergeant, and he was also the NCO of the year for our State National Guard, and he was the first one that was killed it was, it was awful.

10. He got shot in the head and so he's pretty much a vegetable now. ...He's confined to a wheelchair he doesn't have use his limbs he has a beautiful daughter who is a baby when he was shot.

11. I didn't even have my knife. I always have my knife.

12. I had a guy that hid underneath the Humvee while we were doing all this, and I'm trying to cover my ass and his, and so then he complains to our Major bosso
about how he got hurt and he wants his Purple Heart. So, the Major ... he turns and says, ‘I will make sure we get that written up.’ So the next day he calls a formation ...they start reading the citation and he's standing there as proud as a bloody peacock, and Major bosso pulls out a purple tampon. ...At the end of it, he said, ‘Damn, [Dixie] has been limping for 3 days I haven't seeing her complaining.

13. I had to use the bathroom this was before they issued me a penis. Well they honestly issue a female urinary device. Before they knew to issue me a penis I just had to drop trou or cut the top off of water bottle.

14. I just can't tolerate too much bullshit.

15. I knew the guys [in my unit who were killed] in some capacity from train up up until boots on the ground. I knew them, and when I first returned back it was hard because I swear to you them jokers would come and talk to me in my dreams.

16. I went to take care of a bill when I first got back [from deployment], and the lady behind the desk, she was just awful, sitting behind this little screen. And I told her, ‘I'm just trying to get your help here so I can sort this out. This isn't my bill.’ And she goes into her little tirade, and I said, ‘Let me explain something to you. I'm on a variety of psychotropic drugs, and I think I forgot to take them today. My advice to you is to get your attitude in check before I have an episode or a flashback, because I seen some shit.’ And her eyes just got wide, because I was talking really... well I'm really slow, and very, very clipped. So she says, ‘I'm going to get my supervisor’ and I whispered, ‘that might be a good idea.’

17. I'm alright, yeah. I talked to The Pusher and The Wizard about these experiences so I'm good. The Pusher is the psychiatrist in the Wizard is the psychologist.

18. I'm not a patient person. I'm not as patient as I was.

19. I've been blown up more than once.

20. Of course, I never got a purple anything because I didn't say anything. I walked around with a chipped bone in my knee the rest of deployment, and when I get back and went to the VA that chipped bone had severed a ligament in my leg so they have to totally break it put a rod and three screws in there and reshape my knee. That's how bad it was.

21. One minute I could be editing videos, and the next minute told I have to get on a plane or on a helicopter.

22. Our experiences are, to say the least, very different because we have to go in with an added layer of protection, not just from the potential of being attacked by the
enemy, but sidestepping the perceptions of the men that ... females are] there to support them, and that we're not serving beside them.

23. People complain about little things and it takes everything in my power not to just grab them by the neck and put my foot on their throat and tell them, ‘Do you know what the fuck people go through? And you're complaining about this shit?’

24. That was some other crap I had to do, go out to recovery missions picking up fingers and miscellaneous body parts and shit.

25. That was where I lost one of my best military friends.

26. That you can't prescribe me the same shit that you prescribe a dude. When I got back from my first deployment, they put me on some crap that I swear I couldn't function. I felt like I was in fog. I couldn't go to work, I couldn't do anything, they were just like generally prescribing things that really and truly wasn't for me. It just like, ‘Hey give me some warning! I know it supposed to make me drowsy but it shouldn't be making me zombie-like.’

27. That's why they called it the Triangle of Death, cause they were always, we were always engaged in those areas, and we lost in our first deployment we lost almost 30 people I think the total was 26.

28. The Sergeant Major ...he said I didn't show proper propriety, and he took me into the chapel with the Staff Sergeant at the time and said he was writing me up because I didn't show proper propriety to a Commanding General when I lost my shit. And I just looked at him and I'm thinking, are you serious right now? Am I really having this conversation? And this is all in the back of my mind cause I'm standing there at attention.

29. Then the smoke started to clear and then I could see again, and I just grabbed my weapon and my camera and just started shooting. I pick up the camera for a bit then I pick up the weapon for a bit.

30. These poor guys we brought them back to our unit, and I guess they stage them in the back so the bodies could thaw out, And I hadn't seen them, and then the sheet that they had over them just sort of blew off, and these poor boys were just frozen in place. Their fingernails were gone because they were trying to claw their way out of their vehicle. It was the most disturbing thing, and I see that every now and again. I see it, I wake up and I say why am I looking at this it's been over a decade. It's done and dusted.

31. We did vehicle escorts, and we mostly do these at night.
32. We get hit and we are engaging the enemy while we're trying to see who's hurt, and that's where I lost my hearing.

33. We had three young men that they were going along the canals that were very narrow, and their Humvee turned over with all the dust cuz we hadn't had any rain. That one vehicle didn't check in, and it was like it just disappeared off the face of the Earth, and we didn't realize it had submerged into the canal.

34. We have to have this emotional exoskeleton, because we're expected to sit there and listen to the off-color jokes and all that, cause if you say something about it then you're sensitive and you're someone to be vilified. So you just got to put in your mental headphones, break out the book and ignore it.

35. We would all sleep in the same tent. They took care of me like I was their baby sister.

36. We're standing in this room and this poor guy's face is just all covered up we got them all in bandage and the doctor that's there told us they had to remove his frontal lobe to control the bleeding and I'm looking at this guy, he was shaking uncontrollably, I guess, trying to fight and I'm just looking. [They said], ‘Sergeant [name] is a fighter. And I snap my head around and I looked at the E7 she was the liaison for our unit and I said [name]? She said, ‘Yeah.’ I said ‘[Full name]?’ and she said, ‘Yeah,’ and I don't remember anything between that moment and being in a chair with some nice lady Sergeant holding my hand asking me if I'm alright if I needed some water telling me I needed to breathe.

37. What's funny is that we had an office full of public affairs people at [city], and ... I was working my ass off... I mean we just dominated their stuff and I was doing it all by myself to the point where there was nothing else coming out of [city]. And that Sergeant Major, I swear, every three weeks he was getting me and my unit to come back and promote him because he loved getting his photo taken.
APPENDIX M

JADE’S MEANINGFUL HORIZONS
Jade’s Meaningful Horizons

1. After probably two to three months everything changed. Everything went to anger, frustration, and hopelessness. It started to feel like repetition.

2. All the Iraqi police had [their own] Detention Facility, so we had to really push to make sure detainees that were not ours were treated humanely.

3. And my male NCO was like, ‘Ma'am, he should not touch you. Ever.’ and I was like, you just got to a point where you just walked away from people like that because they don't get it and they never will.

4. We would show up to our IP station, and there would be a guy who had been beaten so severely by either the populace or by the Iraqi police, and ... we would have to take them to a Detention Facility for being a possible terrorist, and we're bringing in this guy that looks like his body is black and blue from his neck down to his feet.

5. That's just heinous, and you just, you had to kind of learn to accept, like, I didn't commit that crime, someone else did it. I don't know who it was because I wasn't there when it happened and so I can't stop it.

6. Anytime I have to be around men my service comes into question because I'm a woman. And so I have to prove myself every time I'm around a man, which is wrong. It's absolutely exhausting.

7. Because we weren’t Combat Arms, because the mission wasn’t as important as other things going on, nobody really cared what we did.

8. Every time we had to bring a detainee into the military detention facilities, I had ... to deal with a male captain who, I think, was just angry that he didn't get to do the job I did. And he would... I had my body armor on and I had a lot of ammo, and he would touch me and say, ‘What is that for? Do you actually need that? Have you ever actually fired your weapon?’ and just stuff like that.

9. I actually had a senior enlisted person tell me, that I should get my documents in order because the chances of, I was a platoon leader, and the chances of one of us not going home was one in four.

10. I actually had at one point an [Iraqi] interpreter with [a military patrol] unit say something highly inappropriate to me, and one of my soldiers caught it, and I just, at that point, just walked away, just shook my head and walked away, and that interpreter was with that unit’s platoon leader, and my soldier said ‘Sir, that's inappropriate’ and ‘You should not allow that to happen’ and the platoon leader said, ‘Women are not a luxury that we have in the Infantry.’ Like we're camp followers or something.
11. I became really good friends with a woman ... and at one point she looked at me and she gave me the name of a therapist who is a civilian therapist, and she said, ‘If you don't call, I'm taking you there myself. There's something wrong with you.’ And she literally saved my life because I was ready to end it all.

12. I can remember going to an area where a gentleman was placing an IED. He had his two kids with him, and he didn’t place it properly, and he blew himself up and his two children, and so there's two dead kids. And putting two little bodies into a body bag is just something that will stay with you forever.

13. I did get treated differently and it did weigh on me.

14. I did unfortunately have to investigate several deaths and problems that happened as a result of the mission, so I had to go out and do stuff like that.

15. I didn't always know if I was making the best decisions, but no decision at all would have been worse.

16. I had contracted civilians who would say very inappropriate things to me. I had one grab me and kiss me. I had... it was almost like their brains were left back wherever they came from and women were free for all.

17. I had someone send a bunch of Hotel soap and shampoo and I would bring them [to the detainees] and I would let them come out and take baths, well not a bath. You can use the hose to clean up. And my Iraqi police hated it, absolutely hated it because these are prisoners they're the dregs of society and they should not be treated with any respect.

18. I had to be very forceful with the press, and I didn't know if it can be kind of a touchy thing when you deal with them. So I didn't know if I was doing the right thing by being kind of forceful, but you know, you can't have people breaking through your security that you're providing.

19. I have incredible anxiety. I'm very depressed the whole time. I have wanted to kill myself on 3 different occasions, and the only thing that saves me is my kids. So it's been a difficult road for me since [deployment].

20. I have isolated myself. I don't really go places anymore. I don't like to be around people, especially if they're a bunch of crowds. If I do go out, it can take me a day or two before I can do anything after that, I feel so overwhelmed by it.

21. I saw a therapist and I sat in his office and told him I don't know how to live anymore and he told me I would be fine if I just went out and got a job.
22. I tried to get medication and it took 3 months just to get an appointment, and then once I got the appointment they cancelled it and I had to wait another 3 months.

23. I went in hoping that I could help people, almost that feeling of, you know, I'm going to be there to go do something good.

24. I went to the VA about a year after I got out and I got nothing out of it. It does not help a woman who has PTSD from the war.

25. If you would have just look at my record and not look at my gender or my name or my race or anything and I called you and said I need help and you looked at my record there would be no question. But because I'm a woman and I asked for help I don't get it.

26. In my platoon I had three other females the rest of them were males.

27. Iraqi police that I work with they tended to call me sir because they masculinized me because they had to take directions from me.

28. It was a lot of checkpoints and quarter searches and supporting the landowners mission in any way that we could.

29. It's not the responsibility of the police to feed them. If you got detained, and you were put in an Iraqi Detention Facility, it was the responsibility of your family to feed you, not the government.

30. My day-to-day life was spent going out and supporting the Iraqi Police Mission, which was to train and assist the Iraqi police in Baghdad Iraq.

31. On a daily basis we would travel some of the worst roads in Iraq, and it could take anywhere up to an hour ... we were pretty much out in sector outside the wire from anywhere from 12 to 20 hours a day and sometimes we even lived there.

32. On my birthday, my commander actually wanted us to go back to one of the FOBS and get hot chow, which was kind of a big deal, and my soldiers went into the dining facility and came out with brownies and put matches on it and they sang ‘Happy Birthday’ to me. ...And then we went out and we get a call of a suspected IED, and it's probably two in the morning, and there's this wooden handcart with a deep freezer on it. And it ended up being that there was a dead body inside of a deep freezer, and we just kind of like, it's my birthday and the joke was this was my birthday present. And it's crazy, and it became like this surreal - it's like you laugh because it's so surreal and I just - you can't make this stuff up.

33. Our culture is very different from their culture.
34. So I got very angry and just not a very pleasant person to be around towards men. I didn't know, just cuz of the way I was treated. I would use harsh language if someone said something that offended me. Like, you go into the dining facility to eat a meal and you get stared at, and I would just have bitch face the whole time so they would know not even to talk to me.

35. So I had to hope that I was doing the right thing at that time, and I think that those people may hate me now but I don't really care.

36. So one of my very good friends was pretty much killed in front of me, you know, so there's that survivor's guilt.

37. The first year they [Iraqi police] needed a lot of weapons, but nobody actually tracked them. So, the first year it got sold on the black market and then we were trying to track down weapons.

38. The hardest thing is always children. When you get a child who is killed, whether maliciously or just as a result of collateral damage.

39. The type of unit I was in was fantastic and were used to working with women, and while other men treated us differently, my male soldiers... my male enlisted soldiers would say, 'Ma'am, that's unacceptable,' and so they really stood up for us if it needed to happen.

40. There was just so much death that I saw that it almost became... you had to shut yourself off from it at times.

41. There's always that guilt when there's people that are service members, I didn't personally know them but they died and you lived so there's that that feeling of why me and why not them?

42. They wanted me to go to group therapy with men and I'm not comfortable being around men just because of the sexual harassment from being deployed.

43. This is really hard for me to talk about this, but if I could help somebody else then I've done something after this horrible experience.

44. We also had... again our culture was so different where we say, if you were a man and you're married to a woman and you hit her it's called domestic abuse, and [in Iraq] it's 100% acceptable. A woman's value is not the same in their culture as it is in our culture, and they treat women very poorly, and I remember being in an IP station and a woman came in with her adolescent son [who was] somewhere between the ages of 10 and 12, and he had been beaten and she had been beaten, and they threw her out of the IP station because that was her husband’s right. And I can't do anything about it because I am a foreigner in her country, and I have the
right to fight back but she does not, and so to me that's just a horrible thing to have to witness. I can't do anything about that.

45. We could report things [like abuse of prisoners] till your face turned blue and nobody really cared.

46. We had to ensure that we gave them [Iraqi detainees] MREs, to make sure they had access to clean water. A lot of them were ill, they had tuberculosis and there were in detention cells without proper ventilation, and you'd have to make sure they [Iraqi police] cleaned it out.

47. We set an age of what we consider is an adult, and it's not what they consider an adult.

48. We would have locals work in our FOB and they would cat call me and say stuff, and I never went anywhere without some sort of weaponry.

49. Well I was first starting out there was another female platoon leader with me and we shared living space and then after my friend was killed they brought in another Lieutenant to replace him and it ended up being another female so the three of us were very close, and are still close to this day.

50. What we consider harsh treatment is just retribution, which is allowed in their country.

51. When I would go out to sector and sometime interact with the local populace I would get catcalls. I have blonde hair and blue eyes, so I'm very different from what they're used to seeing, and I didn't cover my head. I didn't feel like that was necessary. I'm an American and I am not Muslim, so I didn't feel like I had to follow those rules, and so I did get catcalls.

52. Yeah I did have sexual harassment when I was down there. Just people saying inappropriate things to you.

53. You train before you go for every situation, but everything you train for is hypothetical. Like how might this happen, or how might you react.
APPENDIX N

KELSEY’S MEANINGFUL HORIZONS
Kelsey’s Meaningful Horizons

1. A lot of frustration and a lot of anger because my senior leadership wasn't taking care of us.

2. Active duty unit was very hard on us. They wanted to prove to others that there was no difference between active Army and National Guard. And their First Sergeant was just always up our ass.

3. And because it's still a man's army, or military if you want to say, which is understandable. I've had some issues with some of the physicians where they just don't seem like they care about my issues. They just don't care because they're earning a paycheck. Or they're not telling me all the information and then I find out by getting a second opinion that there's something there.

4. And that's where a lot of the frustration is because part of the army core values is integrity and I didn't feel that they had integrity.

5. And they didn't have a good answer. They would just deflect as best as possible. Or kind of skirt around it, which is usually what senior leadership does on base, they never give you the honest answer. They will dance around it.

6. And they don't have a location to do mammograms. They don't have a doctor to be there full-time for gynecological issues, they're all referred out.

7. Anger. I don't even have to think, it's anger.

8. Because I have a mental illness now, it makes me know that what I can and can't do anymore.

9. Being honest. Telling us the truth. And not making us feel worthless, or less than a person because of our now mental health issues.

10. But I don't like to be startled. I don't, because we never knew when those attacks would happen, and being woken up at two am with incoming from a dead sleep... those things kind of startle you.

11. Frustrating, annoying irritated, wondering why they can't read my notes because they're electronic so they can read them.

12. He also made us learn the soldier's creed if you were in E4 and below and if you were in E5 and above you had to know the NCO creed and they’re not short.

13. I am able to find these veterans and say do you need help? How do I help you get on the right track, you know? Or just be an ear to listen to.
14. I did over 18 thousand transactions with a 93% accuracy rate, and that showed them that I could do my job.

15. I don't work because stress aggravates my anxiety and PTSD to where it affects my daily life with remembering, even appointments, and going to multiple places. It was affecting my sleep even more.

16. I go through bouts of depression. My sense of awareness is not heightened as much as it used to be. I mean it's still there and I'm still extremely cautious.

17. I had ankle issues and I had gotten tendinitis in my shoulder because we were at the gym three-four times a week.

18. I had regrets because I wish I had gotten her [my daughter] counseling while I was getting counseling. There have been some rocky roads.

19. I have been called ‘Mister’ on multiple occasions in the VA system and it's just ridiculous.

20. I just felt like why are so concerned about me? Why don't you worry about your soldiers and not our soldiers? You know? So I just felt that they were picking on me in a sense and I had to defend myself. In a professional job aspect and in my physical aspect.

21. I mean we were mortared multiple times a day almost every day. We were in a high location for mortar. I'm not saying they were accurate but we were still in a location that because we had an airport they wanted to target us.

22. I think another reason I didn't report was when I was in the coast guard, one of the girls was 18 and she was a number 2, and one of the E5 cornered her and kissed her on the ship. And then when she filed a complaint, his lawyer was grilling her and making it seem like it was her fault, like she asked for it. So that's another reason why I didn't say anything. ... I didn't want to have to defend myself again. The higher ups weren't even defending me in terms of my making my weight so how could I trust them to defend me in this?

23. I was also a single mother when I deployed so my daughter one to three different homes while I was deployed, to three different schools.

24. I was always worrying about her, I missed her a lot, obviously, but you know while you're overseas you really can't worry about that stuff.

25. I'm a volunteer peer group leader for the New Warrior Project, and I’m also part of [location] women's veterans’ connection as an outreach representative so, and that's strictly for female vets.
26. I'm more honest with myself and I'm brutally honest with others, and others don't like that, sometimes, that honesty. Because I've also learned that I don't have filter as much as others, but I also don't sugarcoat anything either.

27. I've had some issues with some of the physicians where they just don't seem like my issues matter. They just don't care because they're earning a paycheck.

28. I've gone through therapy residents, psychiatrist residents because I didn't know I could ask for one permanent one who was working full time.

29. I've had someone say, ‘Mister’ and I flew off the handle. Because they had a, they were holding my paper. My check-in paper.

30. If at any point I feel I have to defend myself, my job, it brings up that frustration, it brings up that anger.

31. If soldiers had pay issues I would fix them.

32. In the unit there was about 16, and 5 or 6 of us are females, and I'm the only white female. I kind of felt singled out.

33. It affects my everyday life. I don't work because of it, I... fireworks, if I go to military funerals or watch a movie with gunfire and I can't physically see it happening, I get jumpy and startled.

34. It also gives me the opportunity to help, not only myself, but also allows me to help my other veterans.

35. It helps heal me at the same time. It helps me understand the different symptoms of PTSD and anxiety and depression and how these women and men are at at different stages of recovery, we're all at different stages.

36. It took me almost a year to realize I had something wrong, and [my daughter] sort of took the brunt of it. I was snapping at her for no reason, and being angry, and didn't know why I was angry.

37. Most women, especially who have children, are prone to not take care of ourselves. We would rather take care of others first and put ourselves last. And they [mental health professionals] need to put reality in their face to accept that we have to learn to take care of ourselves first, especially after being deployed.

38. My daughter went to three different homes while I was deployed, to three different schools. She was in second grade, I think. She stayed with friends and the last home she was with my brother and sister in law until I got home, and that was only a couple of months.
39. My goal was to take care of soldiers while we were in country, to make sure the soldiers don't have to worry about their pay while they're overseas risking their lives.

40. Sargent Major was always wondering why wasn't I doing PT tests.

41. So I didn't tell anybody for at least several years. And then November of last year I told one of my friends, who was in the same headquarters unit, what happened and she told me I wasn't the only one.

42. So I'd have to tell my story each and every time because they didn't read the notes, or unless someone didn't put the right notes down whatever.

43. So our Command Sergeant major was living in our headquarters unit. I was in his living quarters, which were open because that was policy, ...trying to get a movie, because we watched a lot of movies overseas, and he kissed me, which was totally unwanted. He was a man of about 50-something and I was in my early 30s, and I was caught off guard, and I just took the movie and left.

44. So that was a lot of frustration.

45. So they were always 'why isn't [Kelsey] doing this, why isn't [Kelsey] doing that, is she making weight, is she”... ya know?

46. So, I have a lot of regret for not saying something, but again the stereotype is if you're an enlisted female filing a complaint against a senior enlisted male it would have been my word against his.

47. That we have the same issues as the males, we just process it differently.

48. The male doctors that I have don't think I have issues because I wasn't raped and I wasn't on the front lines, even though there were females who were truck drivers and were on those roads being exposed, or flying whatever. Just because I was finance doesn't mean I wasn't exposed to issues.

49. The Sergeant Major in active duty was black, I'm white. I'm the only white female in my unit because I was living in North Carolina, so it was a predominantly black unit except for my lieutenants and my commanders.

50. The VA, my therapist [diagnosed me with PTSD]. She's also the one who actually said that I had a military sexual trauma, I wouldn't even have thought it that way. I didn't consider it because I wasn't physically hurt, like if I was raped, so that's kind of how I defined MST was a female being raped, or a male for that matter.

51. They didn’t take care of it. They allowed it happen.
52. They felt that because we were national guard, we couldn't do the same job that they did, but in fact we were better.

53. They just came to me briefly and said, ‘We need to tape you to see if you can make weight’ and I would have to let them know, ‘Why are they so concerned about me?’

54. They weren't verbalizing it to me, they were verbalizing it to my leadership, to my readiness NCO, and it would kinda not really trickle down.

55. This isn't the first VA I've used, the first one was in [State] and they still have a hard time accepting that female veterans, there's more female veterans and that female veterans have issues.

56. This VA isn't too bad except for they just don't have enough physicians and nurses especially for a women's clinic.

57. Try having to defend your character every day all day, and all you're doing in doing your job. That takes a toll on you.

58. We had battalion group PT on Fridays and that's not allowed in a combat zone yet they still did it. So there were things that they were doing that shouldn't have been happening while we were in country because we are at risk for losing our lives, we were out in the open working out.

59. When we came home and stuff, I have a job with the national guard at our headquarters and he did too. He was head of security. But I used to dye my hair and he'd be like "Do the drapes match the carpet?" and that wasn't just once that was multiple times.
APPENDIX O

LATEA’S MEANINGFUL HORIZONS
Latea’s Meaningful Horizons

1. And I don't want to feel that way because I don't want my son to. I want to give him exposure to things. If I'm feeling this way then he doesn't get the exposure. I mean, I try sometimes but if we go out it has to be early in the morning. We go to the movies, it's got to be the early movie and then we're back at home. So, I'm trying it's just so hard, so very hard.

2. And so I reached out to my doctor and said I need help. I'm alienating my kids they didn't want to talk to me. I didn't have the kind of relationship that I wanted. I wanted them to be able to come to me and be able to talk to me, I didn't want them to have to go out to anyone else, I wanted them to be able to come to me and talk to me about anything, and I didn't have that relationship. So that's when I decided to reach out for help.

3. And then I see on TV soldiers that are getting sent over there and I feel so angry, you know?

4. And then you put some captain in charge of me always trying to tell me where I need to be. I'm like, I've got a whole lot more time in the military than this guy; he doesn't get to micromanage me.

5. For me it's pretty easy, I get to go there and do a dump. It's my way of letting it all out because I would just find myself in the shower crying, that was like my space, I would go into the shower to cry to get it all out, and that became a daily thing, crying and anger. So when I go to my therapist, I get to go there as my dumping ground. I get to go there and dump it and leave it there.

6. From when I came back until just recently, I've just been so very angry, always angry, arguing over the least little thing. Very irritable. I would just snap at my kids. Until one day, my kid, I don't know where he got the pamphlet from, maybe he went to the doctor for something, but he had this pamphlet on stress management. And he put it in front of me, and I was like, ‘I don't need this,’ and I got really angry at him at the time. And then I was, like wait a minute maybe he's trying to tell me something.

7. Had people coming at you from all angles. I mean basically they were like you will like a piece of meat in a lion's den. It was a daily fight to keep them away from you.

8. I had a soldier of mine whose husband was killed over there, and I just get so angry every time I see a soldier getting killed.

9. I just kind of kept to myself I did my work but I just kept myself I didn't want to talk to anybody.

10. I just saw my, not peers but, superiors, some that I knew were married because they talked about their husbands and such, they, you know, they talked to the opposite sex.
11. I knew I had a strong support system in my parents and my family. I mean I worried about my kids cuz I couldn't see them, but I knew they were well taken care of. I could always depend on my family to take my kids when needed.

12. I mean they were bombing on the FOB but I never felt like I was in danger I always thought about the other people and about how much danger they were in.

13. I think they were different because as mothers we’re more of the nurturing type. So you know, we're expected to be there for our kids, and here I was a no man's land, you know? Especially during those holiday times away from my kids. The fathers are more like, how can I say this, they're more of the overseer. The financier of the family. So, it's kind of okay if Dad's not there that often, they're supposed to be out earning money, but moms are supposed to be home being nurturing.

14. I wanted him to stay out of my way because I was just ready to snap on him.

15. I was the logistics NCO. I was the eye and ears ... to go out and see how the uniform and equipment that the soldiers were using were working for them and to bring feedback from the field.

16. I'm on this veteran group on Facebook and I was just reading last night that one guy committed suicide and it broke me down last night because he left two kids behind and his wife. Suicide is never the answer, never the answer.

17. I've got a friend who has PTSD as well and I keep trying to get her to get treatment and she's always lashing out at her kids. I said, ‘Don't do that because those kids didn't ask to be here. You need to get help.’ And she says, ‘I don't need it, I don't need it,’ and I'm like, ‘The first thing is accepting that you need help and it's just hard, it's hard, it's hard everyday.’

18. It affected me and my spouse as well because you get used to getting let down by your peers and your superiors but sometimes I felt that I got left all by myself because when I needed him to help out he put the military first. I had really no support from him and so I did everything by myself.

19. It makes you very apprehensive about who to trust and who not to trust, and in my head I was like: trust no one. That's how I took it: trust no one. I was always looking around, being really aware of my surroundings and the company I kept. When I was going to work in the morning time, even though it was broad daylight, I was always careful. Who's around the next corner? Who's around that vehicle? Who's around that building? So I was always very careful.

20. It was sad because I want to trust people, but there's something in me telling me I can't, and I don't like that feeling. Mostly sadness on my part cuz I don't like feeling this way because I feel like I'm trapped. Because I mostly keep to myself. I spend most of my time at home, I don't like being out in public, I don't like crowds, I'm
always hyper vigilant. I mean that's my life. I try to deal with it but I keep coming back to that same feeling, you know?

21. It's always in my head: What if this happened? What would I do? What if that happened? What would I do? I was playing these scenarios over in my head. I was always thinking two three steps ahead so I would always, my mind was always going, always going. I was never at peace, the wheels were always turning.

22. It's been helping me I'm so glad I went in for my son. I probably, probably would have hurt somebody or ran my kids away, and this is why I want to tell any veteran female or male to get some help.

23. Now I see doctors to help me deal with my PTSD and my anger and other issues that I'm dealing with.

24. So I don't get into a relationship with anyone. I don't let anybody get close. I just try to keep to myself. Like my social circle is very, very small. Just people that I really trust.

25. So then I went back to my commander and my First Sergeant didn't want to back me, didn't want to back up my needing to do my job, but instead wanted to back up that unit’s First Sergeant Commander because I was bringing what he wasn't doing to the forefront, and my First Sergeant didn't want me telling on his battle buddy even though it meant jeopardizing soldiers’ lives.

26. That we're delicate and emotional, and we're different from the males. And I think it should be different programs geared towards us. Maybe it should be like a weekend or a whole day getaway where we can just sit and talk to each other, instead of just these small working groups. We need to get out of that VA setting, get out of the VA setting, get out of that military-minded setting, and do something fun, different. Getting away from that male dominated setting. Because treatment is not one size fits all, and it feels like that. Females are different from males don't treat us like males. We want to talk about our emotions more.

27. That's at the root of my guilt - my anger.

28. That's why I'm not in a relationship with anybody right now I don't want to let people get close to me, because I'm just, I've been harassed when I first got into the military so bad.

29. There was meanness in my family at the time. My husband was deployed in Iraq while I was in Afghanistan.

30. They would tell you they would back you under certain situations when you were right, and then you get in front of superiors and they'd leave you out in the cold. They never backed you when you were right because they just left you out there.
31. This is why I'm always glued to the news I'm always watching the news to see what's going on over there, and I get so angry.

32. We had a few incidents of sexual assault; we had an incident with fraternization. A little of everything. We had deaths. It was a tumultuous time on that deployment for me. We had bombings.

33. We had to see these equipment, these wrecked equipment come back to the FOB, you know? And that's when I would feel so sad, and I still think about it all the time.

34. We knew that, as a dual military couple, that it was possible that we would both be deployed and that's what happened. We both had a job to do as soldiers in the military, so that's what we did.

35. We went out for a survey and I spoke to a certain First Sergeant on the phone who had to give the surveys to the soldiers, they were supposed to be wearing this particular uniform in theater, but this particular unit were not wearing that protective garment, and the First Sergeant didn't want me to come over there and see that they were not wearing that garment because my job was to send the reports back and the soldiers were not wearing that particular garment, and the First Sergeant didn't want me talking to any of his people.

36. When I got here to Fort ---, my last job, I had a supervisor and I had no confidence in him because he never stood up for me in anything I did, like he let me down several times, so I lost all confidence in him, and I would hate to go to work and I was angry. When I'm getting ready to retire, he tried to withhold my commission PUI from me. Just different things he did to try to spite me. And I had to go to regulations and tell on him it was just different things.

37. You had people hitting on other people. I had people approach me but I never gave in to that, I just went over there to do a job so forth and so on.

38. You know I came over there to do a job and it was really easy and you've got soldiers going out of the wire and some of them never came back (starts to cry) and, like I said my job was really easy, and these guys had to go out on foot and some of them got blown up. And they never made it back to their family.
APPENDIX P

RAVEN’S MEANINGFUL HORIZONS
Raven’s Meaningful Horizons

1. A lot of mental health professionals in the military are civilians, and then the ones who are actual military, it feels like they always have something against you when you walk in the door. Like, ‘You're not using the resiliency skills that we taught you,’ and we're treated like it's our fault that were crazy.

2. Also ... do they even want me to go to the VA? ... I mean our health system is terrible. A lot of women have GYN issues, and a good number of us get hysterectomies and all kinds of GYN problems.

3. And I had three jobs. So, I'm human resources / admin for two companies because the other company didn't bring one ... I am the platoon leader because they didn't have an E7 in the other E6 was like, ‘look I don't want the job,’ so I was like, ‘I'll take it,’ cuz I'm thinking if I work hard I'll get my E7 everyone will see, ... and then I drove trucks. I was a fill-in. We did logistic missions all the time and I knew how to drive the truck, so I would fill in when they needed somebody.

4. And I started hanging out by myself.

5. And I was like, ‘yeah, I really want to go,’ and I don't know why I can't go because I haven't deployed yet and I'm almost of the tail end of my career.

6. And I was scared because they had a high incidence of rape and sexual assault, and my battle buddy was off doing whatever she was doing. That's why I was basically by myself.

7. And my first sergeant had to fight for me by saying, ‘no I need her and nobody else. I need her to come with me because we work well together and she reads my mind.’... And I was like, ‘Yeah I really want to go,’ and ‘I don't know why I can't go because I haven't deployed yet and I'm almost of the tail end of my career.’ So I'm not sure what's going on.

8. And soldiers who knew the truth [about my sexual assault] refused to write statements on my behalf, so everyone is just trying to protect themselves. So I file the [MST] case and they asked if I want to stay in my battalion, and I said, ‘Hell no!’ ... so they move me to a place two hours away from where I live, everyday I had a four-hour round trip, and already they had talked about me. So first day I show up and everyone starts treating me like the problem-child.

9. At first I didn't think much of it I would just say, ‘Hi sir,’ and go about my way, but quickly it just became obvious that he was following me.

10. Because if I'm trying to talk to you and you're not listening and you're telling me I have to do these things and you're writing me up for stupid stuff and treating me unfairly, like you're telling my soldiers to undermine me in front of me, I'm like, ‘No,
I'm not going to take that.’

11. But the battalion leader's got friends at headquarters; he's got friends in the NGB, so of course they protected him at the end of the day.

12. But they made a point of writing me up.

13. Every time I went to chow there was a captain and he would follow me, like he starts turning up in places that didn't make sense.

14. Her dad was also a Sergeant Major and so mommy goes away and daddy goes away and daddy wasn't even here when I was pregnant, so she feels like, ‘You guys are leaving me. I hate the army, it takes everyone away from us.’ And then if anyone asked her like what's it like to be child of veterans she gets really upset. My husband gets upset on Veterans Day.

15. I actually told one of my peers, and she told one of the guys, and they walked me everywhere.

16. I always just throw myself into my job and just get entrenched in what I'm doing - like I'm working right now as were talking cause I'm just a workaholic it's what I do and I feel stressed.

17. I had no idea that was suicidal ideation and I was admitting to suicidal ideation, so she comes to me later and says come to the First Sergeant’s office. And so we go and he asks if I'm OK, and he asked if I meant what I said about crashing. I said, ‘Yeah.’ And he said I'm calling the chaplain and then we're taking you to the hospital. I said I don't want to go, and he said it's command-directed.

18. I had to beg to get deployed in the first place, which I know sounds crazy but you're brainwashed and you're all that kind must serve my country.

19. I had to take responsibility for my own actions and it was my fault for trusting that commander.

20. I have one more thing for civilians, just civilians on the street. I need them to understand, and this is going to take a long, long time, that women are veterans too. I was just talking about this in my women's group the other day, we were talking about all the negativity we get from people when we tell them we're veterans. You get ugly stares people are like, ‘Are you sure you're a veteran?’ People that are like, ‘How can you be a veteran cuz you're really pretty?’ It's like, ‘Hey, just because I don't have a beard doesn't mean I'm not a veteran.’

21. I knew people were doing wrong things and crazy things. Just like marital infidelity and lying, drinking and taking drugs and I never said anything and I try to mind my business. I try not to be a snitch.
22. I need mental health professionals to not be jaded when I show up your office. Don't be sour because I'm asking you to do your job. Don't act like I'm burning up your time, like, I'm sick, lame, or lazy.

23. I was also the medical retention NCO, I had so many jobs it was ridiculous.

24. I was dealing with combat stress already and didn’t know it. The medic was like, ‘I'm gonna sent you to combat stress because you don't take care of yourself,’ and I didn't know what he was talking about. But yet, I kept getting fevers, like, out of nowhere. I would get a fever and then my fever would go away, or I wouldn't be able to sleep for days and then I'd be fine, and so I just thought I was just tired and my blood pressure was sky-high. They were like, ‘Look, if you don't do something you're going to have a heart attack,’ and I was like, ‘Man, I'm OK, I just need to stop putting salt in my food.’

25. I was too afraid to tell my command because I had earned a reputation of being a bitch and they didn't care for me. They made it clear they didn't care for me. They weren't going to take care of me.

26. I wasn't sleeping or eating, I had all the classic signs of PTSD and I was suicidal, like passively suicidal like when I was driving I thought 'If I just drive off this bridge, I won't even feel a thing I can stop fighting.

27. I'm one of the senior female NCOs, so it's my job to correct the females if they're out of uniform or something like that. And every time I did, the male NCOs would pretty much tell them to not listen to me. ‘Don't listen to her, don't worry about it,’ and I would go to them and say, ‘No you have to put your hair up, you have to shut the lights off at night because you guys are leaving them on all night and I can't sleep,’ and so just ridiculous stuff like that.

28. If there's one thing you do in the military, it's you don't rat on anybody.

29. It just feels like they don't care.

30. It was an Engineer Battalion and so basically we were the female leadership, and so I only had one person in my company to hang out with and she was always getting into trouble.

31. It was just crazy cuz I'm one of the senior female NCOs, so it's my job to correct the females if they're out of uniform or something like that, and every time I did the male NCOs would pretty much tell them to not listen to me.

32. It's common for women in the military to get hit on. I mean it happens so often that you don't even think about it. It's just like, whatever, you brush it off, you mouth off so that the guys recognize, like, okay, she's not feeling it and they move on to the next
33. Like right now I want to cry. I get emotional. Like, I'm holding back cause I've practiced not crying, and I'm pretty good at not crying but it shakes me up so much.

34. My first sergeant told me that they [my leadership] were going to tell the other Brigade Commanders [that I was a bitch] so that when it was time for me to get a promotion, the other Brigade commanders would pull their E7 openings, so it would look like there is no promotion openings for me to take. And when I complained about it, they said, ‘If you complain, then when it's time to give you your evaluation, your complaining is going to reflect on there and that will hold you back.’

35. Not everybody who goes to mental health is suicidal and even if we have suicidal thoughts it doesn't mean that were in actual crisis, it just means we need to talk to somebody about what our thoughts are.

36. On the way from Fort --- to Afghanistan, I was in the advance party and like we didn't sleep for almost a week because we had to hop planes.

37. People just assume that because you're a female veteran, you must be divorced or you've never been married. Like, you're just a single parent and nobody wants you. We have enough issues already we don't need to have to always explain to people.

38. So eventually a rumor started going around that we were up to no good, and since I don't feed into rumors, I just didn't care, which was foolish of me.

39. So fast forward, my new battalion leader told me I'm a troublemaker and I'm full of drama.

40. So finally I put in a SARC complaint, which is a sexual assault complaint because I know where this is coming from, because the sergeant major had assaulted me and he did it in public, and he told other NCOs that he wanted to have sex with me, and I put in the report and all of this led to me getting reduced.

41. So, I go through anger, I go through sadness and depression, I may be depressed for a couple days like weepy a little bit and real sensitive.

42. So, I got into country and I met the IG [inspector general] at the chow hall, and he's like making chitchat and stuff like that trying to figure out who I was and if I was with anybody, and I was like yeah I'm married. So he's hitting on me, but I pretty much brush him off, and he got it, he got the hint.

43. So, I just need them [VA workers] to understand women are veterans too. Stop questioning us. Like, even when I call my insurance company, they say, ‘Oh, we need to talk to the primary person,’ and I'm like, ‘I am the primary person. Stop asking me
for my husband's social security number, he didn't serve I did.’

44. So, meanwhile, since the Battalion Leader thought I was a bitch, he said, ‘Why would we dispute this claim from the private? Just let [Raven] have her Article 15 and be done with it.

45. So, there were soldiers who needed their medical stuff taken care of, I would help them and say, ‘No you don't need to put that stuff in there, it's none of their business, that may come back and bite you.’ ... so I always give them information and I was always really open and my commanders were like, ‘You tell them too much, and don't tell them that.’

46. So, ultimately I was diagnosed with PTSD and Borderline Personality Disorder and depression and anxiety. And all these issues have made it difficult for me to stay employed.

47. Sometimes I go to an event where people want to acknowledge and celebrate veterans, and then I stand up, and they look at me funny, and it's like, ‘Hey remember females are veterans too. Stop being so surprised when more women stand up than men.’

48. The Battalion Leader had a motive for keeping these shenanigans going on, because several years earlier he had sexually assaulted me. I didn't tell anybody because that's not what you do, you just keep you going and you just keep doing your job.

49. The male who kept watch over me, who was my good friend especially when I got into country, he wanted to watch over me because all these males from other companies are eyeballing me, and I was like, ‘Dog!’

50. The new NCO he thinks I'm a POS. He's a nice person but he has been poisoned against me because now the story is that I'm a troublemaker I'm whistleblower and I'm not stable and so he won't let me do my job so I spend a year not doing anything.

51. The SARC was someone who was a new captain ... and she told me the case couldn't be handled as a SARC case because it wasn't skin to skin, and I was like, that's crazy. ... So they changed it to an EO case, which is a race issue, but meanwhile the Sergeant Major already had a reputation for sexually harassing women of all races, so now it can't be a race issue, and it can't be a woman issue, so we're gonna make it a 15-6 (an informal investigation). So, they kick it from one of the highest investigations to something that's nothing, that's really mild.

52. The second day I'm back, my commander is yelling at me because I'm trying to get my mental health issues into my record, cause now I have confirmation that I have PTSD and I want it in my record, and so I do this and I send it to the medical NCO and she won't process my paperwork, and my commander is yelling at me and saying what's wrong with you? Do you want to get sent out of the military?? I'm like, ‘No, I
just want this on record.’

53. The vehicle I'm in it gets attacked by mortars, and the way mortars happen is they shoot wild and then they lock it in so that every mortar gets closer and closer to the target. And so it first they overshot, but it keeps getting closer and closer, and I'm on the radio yelling, ‘You guys have to do something!

54. Then she told me a story about some time someone accidentally brushed up against her boob, and she was offended, but she didn't say anything because it wasn't assault. I said, I'm telling you this man sexually assaulted me.

55. There were a few times, because I seen the males have tantrums and they weren't listening to me when I was talking to them, I started acting like the guys. I started cussing and swearing and getting in their face.

56. They have a lot of groups that are just for men and they don't have enough groups that are just for women, and then they wonder why women don’t show up, and it's cuz you never made us a priority.

57. They were going to settle on giving me a letter of reprimand, which is a letter than goes into your folder and stays there for a while then goes away, like four years down the road. But the Battalion Leader demanded my reduction. I said, ‘With all due respect, I was never in trouble before, all I do is defend soldiers in this battalion, I'm a platoon leader, you're gonna take my rank over a misjudgment?’ And, of course, the reduction happened, and I basically have no job now.

58. They were submitting the application for us to get [an award], but because my command couldn't stand me, they denied me at first. ‘Nope, she doesn't deserve it.’ And the commander who happened to be the A driver [during the attack] was like, ‘What are you kidding me? You can't give it to me and not give it to her ... because she was my B driver.’ My First Sergeant and he [driver A commander] had to go up and fight and I was like, ‘I don't want it. I don't want anything if they don't want to give it to me.’

59. This is just for the female veterans cuz the male veterans don't get ignored but the female veterans, I would tell them be expected to have to fight for your status. Be expected to have to reiterate that you have a problem, that you earned it, not that you earned it, but that your problem is just as bad as a male's.

60. Throughout the deployment Battalion Commander called me a bitch, and tells all the leadership that I'm a bitch, they won't let me do the applications to get my security clearance because my security clearance expires while I'm in country and they won't let me do they won't send an application and I'm asking for it for months.

61. We get it from the moms and we get it from disgruntled men who chose not to serve, and now I've got to deal with your bad attitude. Yeah because the super moms are
like, ‘Who took care of your children?’ and they treat me like you did something wrong for serving when you have children. And it's like I used to go to PTA meetings in my uniform and I could a lot of bad looks and I was like no I'm not going to be ashamed of my service.

62. We had to do combatives and they split up males and females and he made his way all the way to the female side to me, and he said let me help you, we were all wearing tee-shirts, and he starts rubbing me all the wrong way. If we hadn't had clothes on it would have been a porn. He did it in front of everyone and nobody says anything. So from then on, whenever we had training I would separate myself, and he would still come over and flirt at me and I made it clear that nothing would ever happen.

63. Well basically when I first got to the battalion I was asked to do some unethical things and I said no. And I felt like I was being pushed into a corner to do things that wore an appropriate and weren't right. I don't care if I like a soldier or not, I'm just not going to screw them over.

64. When we were overseas we had a soldier who had mental health issues and they just trashed him, and I didn't say anything. Like, I knew it was wrong but I just didn't stand up for the soldier.

65. When you get diagnosed with a mental health issue in the military you lose your rights I don't care what anybody tries to tell you you just lose your rights and nobody wants to help you.

66. While I'm in Germany I'm getting phone calls that the battalion leader brought the whole battalion together to tell them my buddy and I were having an affair and I was sent to Germany to escape.
APPENDIX Q

SAGE'S MEANINGFUL HORIZONS
Sage’s Meaningful Horizons

1. [I’m afraid] that I'm going to get attacked again, you know? You lose a part of yourself when that kind of thing happens.

2. [The gunfire] could be fighting, it could be people trying to come on base, or it could be a party. You never knew, it happened all times of the day and night.

3. A guy on the ship was a friend of mine. He got deployed right as I was coming back, and I went to a place it was pretty safe. I mean it was, you know, it was Iraq, so, there was gunshots and IEDs; but he went to a FOB that was a lot smaller, and he ended up getting kidnapped off the base and getting killed. Right about the time I got back to the ship. .. and it's just hard, you know? He had little kids and at the time I was single.

4. And even now, we still can't really talk about it because our experiences were so vastly different. They don't want to hear what other sailors did, you know, because I'm sure part of them feels what other people felt, that it was a little bit my fault, and I just can't have that conversation with them.

5. And I think a part of me will always feel that that was my fault, you know?

6. And like anyone else, I would choose in a heartbeat not be like this anymore. If I could wake up tomorrow and be better, yes, of course I'd want that.

7. And then [I’m callous towards] my husband and my friends, and, of course, I don't know if I'm ever really going to be close to people like I was before I went into service it's just all different now.

8. And then when I was on shore, I just drank a lot.

9. At the time, the thought that even making a statement and having people think that I lied about it because I regretted it or whatever, you know?

10. Because from the very beginning it was always my fault. It was always either you choose to say something and you lose your career, or you lose, I can't even imagine.

11. Guilt and shame probably shame more than guilt. Dirty, you know?

12. I always wore lotion from Bath & Body Works, and that's it. I didn't wear perfume or makeup. Anyway, I want to the office to do something, and a guy from across the room was like, ‘Wow, you smell so good.’ I was like, ‘Okay, thanks.’ And he was like, ‘That just makes me want to come over there and give you a hug, or smell you deep, or something,’ and I was like, ‘Okay, that's creepy.’

13. I did look at them like brothers, you know? ... When I think about the people in my division, I did want it to be friends for life and brothers and people I could rely on.
14. I didn't have anybody in there on my side. I didn't have a liaison, I didn't have a SAPR [Sexual abuse prevention and response officer], I didn't have anything.

15. I got called up to me the highest officers of the base. It was just me and him, and he told me I could either do undisclosed or disclosed, and he told me that if I did the kind of investigation where they actually pursue the matter with the other sailors, the one where they pursue action, that it would be a page 13 in my file, and that would be one of the first things that people look at when they see my file when I'm going to a new ship, when I have orders and I'm going to a school, that would be the first thing they see. Yeah. And of course I said, ‘Hell no, I don't want to do that.’

16. I had gone to a hotel with a trusted friend of mine and I think something got put in my drink but... I went with a trusted friend and a friend of a friend was the one who ended up raping me.

17. I had my officers in my division came to my work center one day and he pinned me against the wall and started trying to masturbate against me.

18. I have a certain level of callousness that I have to fight now, and I'm a counselor now, and I'm about to graduate with my counseling degree. I find myself, at times I can be really compassionate and at times I have to fight being callous, because well, who cares, you know? I was in Iraq for 8 months, that's no big deal.

19. I know now that wasn't true with the First Officer, that if I had reported it it wouldn't be on my record.

20. I mean there was always a way that it was my fault always a way that I should have prevented it.

21. I see my psychiatrist for meds at the VA and I see my counselor at the vet clinic.

22. I think because of how misogynistic [the chief] was, I think it made it easier for the guys that were going to perp on me to do that. He would sit around with the first classes and the E6s and just talk about women, you know? Like his wife, he would call her stupid all the time and that kind of stuff, and then he'd give examples, and then talk about women's body parts that he would see down on Bourbon Street or whatever, or whatever his current girlfriend looked like, and it was that whole buddy-buddy thing. They'd sit around and talk about chicks, and they didn't care if I was in there or not. Like, if I came in, it didn't stop it.

23. I was the only girl in my work center, and one of two females in the whole division. Yeah, there weren’t a lot of us. There's never a lot of girls, even in the electronics field, but there's usually more than one or two.

24. I'd been there a month and I got raped.
25. I've done stuff with Wounded Warrior ... and I would recommend them to anybody. The program they're doing right now is amazing. Yes, specifically for veterans who have been in a warzone, which is unfortunate, because like I said my case is a little bit unusual in that my trauma didn't happen in the war zone.

26. In Iraq, it's hard to explain because, like I said, it was the safest I felt in the military, and sometimes I still feel like I would feel safer if I was over there because, you know, I had body armor and I had weapons.

27. In my daily life now, there isn't a giant wall with people trying to kill us inside, you know? It's my town. It's relatively peaceful, you know? And I have a feeling of dread when I leave my house. At least in Iraq it was, well you should feel dread because you could die today.

28. In particular by Chief E7, that was head of our division, he was a total dirtbag and a misogynist. It just set the tone until the time that I left, and I was on that ship the whole time I was on the navy, I was stationed there. So even people who came after him who possibly would have been better, you know, he'd already kind of tainted it. So, we had a couple of bad chiefs, and some bad officers, and when you combine that with all the extra stress - I mean morale was terrible for everybody.

29. It takes awhile for us to warm up, you know? We're taught from the very beginning to have walls and barriers and to not show emotion and to not show things, so if it seems if we are avoiding or holding back or anything, it's really just that's what they teach you in boot camp. You're not supposed to feel, you're supposed to react.

30. It was a kind of bad work environment so one girl that was stationed there originally with me she ended up getting pregnant to get off, that's what she told me, it was a really difficult ship.

31. It was always juvenile stuff, like he always wanted to shake my hand, and I hate touching people anyway, especially, well, I think it's because of the assault, but he always wanted to shake my hand because it's an usual - because people don't really touch each other on the ship. But then he would do that thing where you rub your middle finger along the palm of the other person, and he'd lean in and whisper, 'This means I want to have sex,' and he whispered that in my ear, and, you know, there's people everywhere. There's probably twenty people in combat and in a 200 square foot room, you know? It's humiliating.

32. It's my fault for having a curvy shape. It's my fault that our uniforms don't really hide much, cuz I wore coveralls in the Navy, and they're comfortable but they're kind of form fitting, and I was shaped like a coke bottle.

33. It's never fun to talk about, but I've been doing a lot of work on this. I've been going to an outpatient treatment, and I've gone through EMDR. I have a counselor I see all
the time. I'm on medication. So I'm doing pretty good.

34. It's still the greatest betrayal of my life, and I'm not trying to be dramatic or anything, but the Navy was something I had idolized. My dad got out of the Navy like the year I was born, and it's something I always heard about when I was a kid, and then my brothers went off and joined the Navy at like 17, and I stayed in school. And I was always the one that had to stay in school, but I always wanted to go. And to hear the stories about Brotherhood.

35. My dad was in the Navy, both my brothers were in the Navy, and it was a huge pride thing, and I wanted to be a sailor. I wanted to be one of the guys, you know? And I had been only out of boot camp for like a month when I got raped by a fellow sailor.

36. My first class asked if he could feel my breasts. He had brought up a conversation about breasts, and I didn't know what to say so I just let him.

37. My ship was 680 feet long. I mean, there's not that many places to go, and you're on it for 3 to 6 months. You can't help but run into them [MST perpetrators]. And that officer that did that, every time he saw me, he worked in combat, which is like the central computer of the ship, he worked in combat and I had to stand watches up there, and every time we ran across each other, and I swear he knew my schedule, he knew when I was going to be on watch, he would always do something inappropriate in front of everybody. Like, you know, that's humiliating like why? And what can I do? He was an officer.

38. On the ship, it was really hard. I kept to myself as much as possible. I had multiple jobs, I would pick up any kind of collateral I could to stay busy and to stay around other people, and I worked out a lot, because I knew that the two I felt where the biggest threat, they didn't like to work out. Plus that was a public space too, so I got to stay away from them.

39. Part of being active duty and being a woman is you have to accept the fact that these people want to try to do something to you.

40. Part of my guilt that I have is because if I share with another veteran that I have PTSD, I almost feel like it's not valid because I'm not missing a limb and I never had to kill anybody. And you do have that kind of look back and forth, because when I was still active duty women were not allowed to be on the front lines, so I feel like they know it was what it was, you know? But, but not every woman who's in the military had to go through that any of that, you know?

41. That's why I wasn't going to report it, because I knew I – they had posters up that said, ‘Don't go to hotel parties. Don't go anywhere by yourself if you're a woman,’ all these things that, you know? I'm like, but I'm 25 I wanted to go have a drink.
42. The people on the ship who were supposed to be the liaisons to protect people from sexual assault, I approached them [because I was] feeling unsafe in my division, and instead of helping me get out of the division, and I didn't say anything specific because like I said I thought I had a lot to do with what happened, but they wouldn't help me get out of there, and so there was no getting out, there was no getting off the ship, there was no new orders, there was nothing.

43. The rape kit is a big giant Q-tip, you know? And in my memory, it looks like 12 inches long. It may not be that long, but while the doctor was examining me he was telling me how all these women ... [were] trying to ruin people's careers, and they have sex with someone and regret it and pretend it was a rape. [He’s saying this] as he's jabbing me with a Q-tip to do the test. And I didn't want to be there, you know? It was just humiliation all the way around.

44. There was like porn up in our main office, and these are all things that are big no-nos. I was what they called a Booter, I was fresh out of boot camp, and this was my first station, and I didn't know. Who do you talk to when it's your chief doing that?

45. There was no moment when it felt okay to be a woman and to be me. It was always, like, lurking in the background, like, that's going to happen again, you know? You're not safe.

46. They made me go and get tested, like the rape kit done, and that wasn't even up to me I had to go, and then never once did they refer me to counseling or nothing.

47. Well, before the service I was a music major, so I was really sensitive and open and quiet, but very open with friends, and now on a good day I'm able to still hang out with people make jokes and kind of ignore that cold center, but on bad days I can't even leave my house, you know? So it's, it's like being a different person and looking back and saying, ‘It doesn't feel like that was me, necessarily,’ if that makes sense.

48. With the Army it was like we had 12 hour shifts, and I think honestly when I was stationed in Iraq, that that was the safest that I ever felt in my military career because I got to carry a weapon that was loaded at all times.

49. You get used to it. You get used to the sound of bullets.

50. You have to rationalize things and it feels very out of control, and so to regain that control you have to say, ‘My fault, I could prevent it.’ But that's the worst kind of lie, because then when it happens again it's like, it's even worse.
APPENDIX R

TIA’S MEANINGFUL HORIZONS
A gap between my peers and other people, they just want to talk about struggling with a college course, but yet but yet they don't understand ... during deployment, our priority was to take care of locals and prisoners and there's that.

And then, because I recently had a baby, they weren't willing to see me during that time period. But the medication that you have me prescribed and taking affects my pregnancy, but they weren't willing to talk with me or do any of that do anything about the meds.

And they're going to bomb us every night, I might as well just lay here and sleep and if it's my time it's my time, and if it's not, we'll play this game again tomorrow.

Cause people just don't understand about the suffering that they're really going through, or their struggles, or just trying to fit back into the U.S. society doesn't it just doesn't work.

Controlled by men in their societies, [in terms of] how to act, where to look, not to talk, covered head to toe. [The females were] controlled by fear of physical punishment.

I don't relate to people very well I don't think I have a lot in common with most people they just see things a lot differently and maybe I'm jaded.

I don't think people understand how much we bring back with us, and how many people, you know? The statistic is 22 veterans a day commit suicide. So people don't really understand, we have human beings, veterans who are suffering like, not because they went and something little happened. I mean, these are people who have fought and their lives are destroyed over this, and they try to do the best they can and try to fit into society but they don't, and then eventually it's just too much.

I enjoyed the medicine part of it. I think that they had too many, as a whole, we cater to them too much and provided a lot for them even though they were prisoners for us, and sometimes it was just difficult because having to do physical therapy with someone who intentionally bombed the convoy.

I had to literally drop him and go. There was no explaining to anyone about what was going on, or what was not going on, or what we'd given him, or anything. There's always the language barrier. And there's literally just, get this guy out of our hands. There's literally nothing I can do. I have to follow my base leaders, there was nothing else I can do except go. There was no way to communicate anything else. ... I mean you have to worry for your safety, you just got to get out of there, you know?
I mean, when we slept in our rooms, like, we still had bombings going on, and the barracks are still getting hit, so it wasn't like you get to go home and you're okay.

I think my biggest thing is that, if I'm coming to you with an issue, it's an issue. It's not just me complaining or whining. It's significant and don't minimize it because it's taking me a lot to come to you, and blowing me off or minimizing it just makes it a million times worse.

I think ... I have a lot to say on this but, I don't think mental health providers really understand or respect what the females did. Like, they don't have any real comprehension of it. So, like, it's a struggle for them to understand like what we've seen and what we've done without us having to repeat it a million times.

I think one of my pet peeves is that, when people hear about female in the military or they think of females in the military with PTSD, they think it's all from military sexual trauma, and that's maybe why female shouldn't be on the front lines or whatever. And I think that that's a huge misconception. I'm not saying it doesn't happen, but I think it becomes generalized that any female who has PTSD automatically must have had military sexual trauma and I think that's absurd.

I think the biggest misconception is that people don't think females are on the front lines, or have been on the front lines, because even though the policy is changing recently, that doesn't mean that females weren't already on the front lines doing all this stuff even before.

I think there were things that we came across that we couldn't do anything about, and for me, from a medical standpoint, it's really hard because it's like I want to do something, but at the same time it's not what the mission is. So, it's not our community or culture, and that's not why I'm there, but I still felt bad, you know?

I think they really minimize what the females go through, and then I don't think that they even look at the females as a whole. Like, we have different hormones and feelings and we're just made up differently, you know? So, in addition to what we experienced, you know, the things that you go through, females are also are going through monthly cycles or just different life cycles, and none of that is taken into fact or account. I just don't feel like the mental health providers get females at all.

I was never stationed on the base. I was always out on the front lines every single day.

I wasn't allowed to earn a combat medic badge because I wasn't under an infantry unit because I'm a female, but I was allowed to earn the combat action badge. And the difference was because of the unit I was assigned to.

I'm really grateful for the benefits that I got through the service, but it's not something that I ever want my children to experience. I don't want my children to see what war
is or have to experience that. I don't want them to see war and conflict. It's not worth losing any life over. We're not going to change that society, and it shouldn't be our place to, and that it's not worth losing all the people that we lost, you know?

In Afghanistan, they were prisoners that the U.S. had arrested for their connection in 911 or other terrorist acts against United States including, you know, firing upon convoys, missiles, things along those lines. So it was enemy prisoners, and my role was to provide medical aid to them. And that included everything from emergency medical, routine medical care, or care for shrapnel injury or gunshot wounds, working with them in surgery, providing them medications for their headaches, because we had to provide care, so there were five of us that provided care to about two hundred prisoners.

In both my deployments, I was always with just male soldiers, and I trusted them with my life both times. I mean literally. ... They had my back no matter what.

It was really a struggle everyday. Like, I was sitting there [at the VA] yesterday for hours telling them they need to somehow fit me in and that I had to see someone because I waited 90-days so far.

It's not great seeing a kid suffering from burns and not being able to do anything about it because that's not what your mission is of that time. Like I can't just change the plans.

It’s a continual struggle and a constant battle. Sometimes my moods are stable, and other times my moods are very uncontrolled and unstable – not a result of any known trigger.

Like before those experiences [the deployments], I didn't have a sense of an overall bigger purpose or, or mission ... So my experiences showed me that there's a lot more out there then just me, or the here-and-now. These are people that have been affected for generations, and it just gave me that different view of the world.

Like I said, there’s a gap between my [military] peers and other people who just want to talk about struggling with a college course, but yet, but yet they don't understand that during deployment, our priority was to take care of locals and prisoners and there's that. Like, there's no comprehension of what's really going on over there.

My family doesn’t understand what occurred over there. It’s a conversation we never had, and won’t ever have. I have no idea what family thinks my time over there included. They don’t ask we don’t talk about it, which most likely is form of minimizing contributions during services and struggles. They don’t have any idea that I struggle with PTSD, anxiety or depression. They are not aware I take medication for such or have to get treatment. They are not aware of certain awards and recognitions I received in my service.
No matter if it was 6 months ago or 10 years ago it's still stays with you. Time doesn't make a difference.

None of them [the political leaders] had any clue about what was going on on the front lines, nor did they care. For them it was political, and for us it was we had to do what we had to do to get along.

One detainee was arrested because he was launching a RPG at a military convoy and he was injured by his actions. We detained him, and provided life saving medical care to him. When he was medically stable, he was transferred to the prison where I provided daily medication and wound cleaning, and physical therapy to him.

One of my female roommates she hung herself when we got back because it was just too much. ... at least she's not suffering anymore, and it's like, I'm sorry but I know they're not in pain anymore, so it's almost a relief, if that's possible.

People don't really understand what went on or what goes on, especially for females. They don't think that they know and there's no point to even talk about any of these things because nobody even would accept it, you know? Like, it creates of gap.

People just don't understand about the suffering that they're really going through, or their struggles, or just trying to fit back into the U.S. society doesn't. It just doesn't work.

So, I think just the misconception is that females have no role in any of this. And there's not even a pointing to try to explain it differently.

The intent for us was to go from point A to point B and train the local acting Iraqis, and so patrol would sometimes be a short 5 minutes down the road, or hours. And some days it would be nice and calm and then other days really stressful, and you never knew which to expect. So, you always had to be on guard. My role was to provide assistance if needed, and just wait until that time.

So, there were five of us that provided care to about two hundred prisoners.

So, it was difficult to try and see children the same as the terrorist, which in that country they were, and that's what I found out in both deployments. So, I don't always feel good about how we treated them, but at the same time if I wanted to go home it was them against me regardless of their age.

So, like in Afghanistan, cuz that was so early on, we had to, it may sound stupid but, we had to do a Army PT in test in the middle of a combat zone, and we had to have our weapons while we were doing this, and it's just - what does that serve? Like, we're here for combat missions. Why do you care if I can do enough sit-ups or run with a weapon? And so, that was just political caring more about how things look on
paper versus actually caring about what was going on and if it was logical.

39 Sometimes it was just difficult having to do physical therapy with someone who intentionally bombed the convoy.

40 The locals would try to force their beliefs on even the U.S. forces, because I saw how they wanted me to cover my head, wanted me to be submissive, and those aren't - I'm not there to be part of their culture. I'm there as a US Soldier, and I'm not going to change me for what you want. But that put us in a risky position.

41 The VA in general is very biased against the female, and it's really uncomfortable just being there, or going in there. I mean, the providers don't get it. They don't even get it. So, it's awkward.

42 There were just certain situations that could have just been handled differently to have provided a better level of care, especially to the locals, but our supplies were limited, our time was limited, or different things that impacted the quality of care we could provide. So, I don't feel like I intentionally let anybody die but I don't feel like I always did everything maybe I could have.

43 There was one time where, just because I was out on the scene that we were at, some of the males in the community were yelling because I didn't have my head cover to their standards. I had the typical military gear on, and so it started a firefight because I wouldn't cover my head to what they wanted. ... I was furious because it escalated and I was putting my life at risk along with everybody else's over this issue, but at the same time I wasn't going to conform to what they thought I should do.

44 We would get people from convoys or the flights. Medix would bring them in, and we would do whatever emergency procedure to get them stable enough to fly out to the next place. So, there was a lot of just bandage him up and get him stable enough and do our best to get him okay enough to go to the next place that had a higher level of care. We did surgery, but you know we had to make do with what we had.

45 When I got my combat action badge, it was because we were pinned down at our Iraqi station for 24-hours, and we couldn't go anywhere or do anything. We were pinned down under fire, sitting ducks, and there was nothing we can do about it. We didn't have the manpower. We didn't have any support.

46 Yeah, I think the biggest issue was there were kids, maybe 10, 11 years old that would do things against the US forces. And yes, they were a kid, but at the same time if you've got a gun at me you're going to, you know, sorry but not sorry.
APPENDIX S

YOKO’S MEANINGFUL HORIZONS
Yoko’s Meaningful Horizons

1. [One lieutenant] used to say things to me like, ‘Why did you join the military, what do you have daddy issues?’ And I was all, ‘Like a girl can’t join the military unless she’s got daddy issues? Cuz I’ve got a great relationship with my father!’

2. A lot of the Intel we were getting was not very complete, so we would be told to, ‘Fly to Iraq, go map out some points for us. We are pretty sure it's going to be safe out there. Nothing's going to be a hassle. This is an industrial building. This is a clothes factory,’ and I get out there and I can see infrared, it's quite clear. I can see heat signatures. I can make out people. I can look and see how many people are on the ground.

3. And bear in mind, I was single. I was single the whole time of the Navy. I don't know how people did it. I don't even know - I didn't get married till after I got out. I didn't have kids until after I get out. I saw moms kissing their kids goodbye, and I didn't know how they did that.

4. And I got concerned. I mean I was never told to fire my weapon, but are you using me for something else? Why am I being put in this position?

5. And I think that's where some animosity comes in. I think this is why guys act like jerks to women because they know you didn't do what I had to do. There are smaller women in military, maybe they're on a ship but if the ship gets attacked they may be expected to pull a man out of a chamber. So the question is: Is it making us more unsafe because the military is trying to be PC? And instead of bringing that up to superiors people treat women like shit in the military.

6. And I'm not saying it's the woman's fault, the woman’s saying, ‘Hey, I did what I had to do,’ and she's right. It's not her fault, she met the standards.

7. And so then sexual harassment; I'll be honest I never had issue with it. I mean I'm not saying no one's tried. I've had guys try to say shit to me, and I'm like, ‘What did you say?’ I had some guy suggestively lick the cream out of an Oreo in front of me, and I turned him and said, ‘That is fucking disgusting.’

8. And the way that people talk about freedom here in America, human rights and how it's a human right. I want to tell them, ‘Go to Iran, and tell them about human rights.’ I would love to see what happens!

9. And they prepared me for it. I was ready, and in the back of my mind, you know at school they're not going to kill you, but you can kind of start to prepare yourself in case you're ever in the real situation and what might happen. I felt like I was ready and it was terrible, so terrible to go through. It was horrible.
10. But my biggest fear if I got captured was being starved to death. They would think I didn't know anything because I'm a woman, and that they would just throw me to room and leave me there to die.

11. From my perspective, I talk to my guys. I would be like, ‘We experienced things we didn't expect today. What do you guys think about that?’ or ‘One of our guys got killed back home. Let's talk about him.’ I think that maybe because I'm a woman and I'm in a position of leadership, I want to talk and I can make people talk.

12. I also love to surprise people by telling them that I was a pilot in the Navy. There are stereotypes, like when people find out that I met my husband in the Navy they like, ‘Oh, what did he do?’ and I said, ‘He did admin.’ And then they say, ‘What did you do? Admin?’ and I say, ‘No, I was pilot.’ I like to change that stereotype.

13. I can see how that stuff just by your heat signature, because we fly with no lights, we're all flying under the night vision goggles, so there's no light, and the Intel was not matching up.

14. I could not get the smile off my face, the first night I drove home. I drove back home in my car, to my two-bedroom apartment, and I thought I've never been more thankful to be an American woman.

15. I did have one guy who would email me and say, ‘You look really nice today Miss Yoko,’ but again I would just say, ‘This is inappropriate,’ and it was done.

16. I don't feel bad - I feel full of pride because there are so many people who talk, ‘I want to change the world for women. I want to make things better for women.’ Great, do you do something that mostly men have done and did you do it better and prove that women can do it too?

17. I don't know, but I felt like talking about things made us better. I remember the first time I flew in Iraq, my crewman said to me, ‘I'm nervous.’ So, after the flight I pulled him aside and said, ‘Why were you nervous?’

18. I don't think the military does women a service when it comes to things like that. Sometimes they do lower standards for women and when you start to do that it feeds animosity because the only way that you can be seen as equal as to be treated equal. You don't really know what it's like. You don't really know how hard it is cuz you didn't have to do it. You're not really as tough as us cuz you didn't really have to carry all the stuff. You didn't really have to run all the miles we had to run.

19. I don’t know but I felt like talking about things made us better. ... I wanted to know where they’re at mentally, because it makes us all better to know what else is going on, because our decision-making needs to be quick and we’re all in this
together. I think for mental health, there’s maybe a macho sense where guys feel like maybe it’s weakness to talk about it, where I never felt that way. And maybe because I don’t have to be macho, I’m not trying to be macho.

20. I feel like I have a duty to be better and to do better and to make the word better for my kids.

21. I feel like I want to slap idiots around who want to talk about fighting when they have no idea what that's really about.

22. I feel like when a woman joins the military, she's got to be ready for that too. People aren't going to come and save you. People aren't going to be, ‘Oh I don't like the way that man is talking to her, I'm going to have to go over and say something.’ I mean, you might have a guy do that, you might have another woman do that, but at the end of the day you better do that. ... I mean if somebody said that to me as a leader, I would say, ‘Okay, I'll take care of it’ but in the military, you kind of have to be obligated to take care of yourself in the moment.

23. I feel perception is a gift, and the way you perceive the world and the way you can take your surroundings in, and how you can appreciate things, not appreciate things, or complain about things, or rise above things. I feel like it's been a gift for me.

24. I feel pride because I did my job better than anything else - I didn't act like the guys, I didn't look like the guys, I very much looked like a woman, I didn't pretend to be a guy. I'm calling myself Yoko because I broke up the band. I don't care if people don't like women in the military, I just refused to be an example of why people don't like women in the military.

25. I feel pride that I served my country.

26. I flew pretty much everyday. Once I got into the Arabian Gulf, we did mostly surveillance, and spec war to port, and two ships on the water, and we interrogated ships in the Arabian Gulf, asked them what they were doing, what cargo they were carrying.

27. I had a colleague of mine, and we laugh about this because we became really good friends, but remember I was the first female to join this group of guys. ... And I put up pictures of my girlfriends and I in college, I had just graduated from college I was 22, 23, and he rips the pictures off the wall and said, ‘Your sorority shit doesn't belong in the military.’ Okay, he did it in front of everybody in the ready room, and if I would have just sat there all quiet and demure - no no no!! I got right up in his face and yelled, ‘Don't you dare tell me where to put my stuff!’ And, oh my gosh, if every guy did not jump up from their chairs and leave the ready room and shut the door.
28. I had a job to do and I was going to do my job. I wanted to be an example. I wanted to be hope for the women there, and I wanted to show the men over there that women have value.

29. I had so many friends that [accidents] happened to on their [ships], and you hear the story, and then you can see it happening. So, then you have to say, ‘Sir, I know you're in charge, but I feel like this is an unlawful order and we have to do what is right for our people, and if we don't turn the ship and something happens I want you to recognize that you're disobeying what is written in the manuals as proper flight windows.’

30. I mean they're trying to prepare you the best I can to survive a prisoner situation so they teach you a bunch of different things, I tell people it was the best and worst training I never got in the military. It was the worst because it sucks.

31. I remember in the cockpit ... you’re flying for 8 hours right? There’s no place to pee. So what do men do? Men pee in a Gatorade bottle. They asked me to take the controls and I turn my head to give them some privacy. What do I do? Honestly, I dehydrate myself. Probably not the safest thing, to do but for 8 hours I wouldn’t drink very much and so I never had to pee. If it came to my period, I would have to wear a tampon for 8 hours. I had a girlfriend who came after me; she bought an adapter for her Gatorade bottle so she could pee.

32. I think that I'm thankful for the experiences that I had because it makes me a better person.

33. I think they detained 20 Iraqis and we brought them into [the ship]. ... I remember them coming on with sacks on their heads and their hands tied, and I don’t know exactly what they did or what the protocol was. They were being fed, they had access to a restroom, but I don’t think any interrogation went on on the ship or anything like that.

34. I was first in my class at a flight school, so I could fly that aircraft and no one could say otherwise, and so I never had an issue. And if I ever had anyone try to say something, I grew up with brothers so I would get right in their face and everyone would back down.

35. I went through [SERE training] with 3 other women, thank the lord, because they beat the crap out of women.

36. I would get pushback at night from my superiors who were on the deck who were surface warfare officers refusing to turn the ship, and you have to turn this ship because it's unsafe for helicopter to try to land, and they don't want to turn the ship because we need to be in a certain box, because they give you a box to stay in at night in the Gulf. And I'm like, ‘Okay, but you need to turn the ship for one minute.’ And there would always be this back and forth, and I wonder if they
have our best interest in mind, or is this about that animosity or what's going on?

37. I’m blonde and I’m green-eyed, I can’t hide being a woman, so I would have the occasional Brooke Shields comments, because that’s all they [Middle Eastern Males] know, but they wouldn’t look at me. I couldn’t tell them to do anything. If I wanted to buy something, I would have to have [a male peer purchase it for me].

38. If my helicopter crashes, I’ve got to pull a guy out of the cockpit. His, his life depends on the fact that I’m able to do as many pushups and my upper arm strength is strong enough that I can pull him out of the cockpit. In that moment, he doesn’t care that I met lower standard. I expect him to pull me out if my legs are broken and I better be able to pull him out if his legs are broken. We need to be able to do this because this is our job.

39. If somebody wants to serve their country, they should be able to, absolutely, everybody has a right to try, but it’s also a privilege. And you should be able to meet that standard because when it comes down to life and death you have to be able to do it at that point. PC doesn’t matter anymore if you can’t lift a 200-pound guy. What are you going to tell his wife and his kid? Sorry I couldn’t save him because I couldn’t lift him.

40. It was you know... war sucks! And there are people who were like, ...“We’re gonna fight, we’re gonna fight!” And I’m like, ‘Don’t go looking for war.’ I told my guys this all the time. We had like 18, 19 year olds yelling, ‘I can’t wait to get out there and kick some butt,’ and I’m like, ‘Don’t go looking for war, because when you find it it sucks.’ It sucks to have people tied up, it sucks that you have people hate you because you’re American and they don’t even actually know what American means, it’s just because they were taught that and it sucks. And it’s a harsh reality. ... It’s weird, it’s weird to see people tied up, people guarding them with guns, it’s like the real deal. ... It’s hard to see someone tied up with a sack on their head. Harder than you think.

41. It’s funny how men have this notion about women. This guy said to me, ‘My girlfriend thinks the carpet is so dirty. She came into the cockpit and looked around was like, ‘you guys are pigs,’ and I was like, ‘Yeah it is pretty dirty what you going to do?’ Like it makes me less feminine, or something.

42. Military is macho! It's macho. I think the military needs more women to come up in the ranks and put them into leadership positions and make it more acceptable to talk about things. In the moment when they happen.

43. On the first deployment we were the Magnificent Seven, There were only seven of us [females] among all the officers, all of us officers. I think I was senior ranking female on that ship. And then on the second deployment, I was definitely senior ranking female on that ship, and there are probably about 300 or 400 females on that ship. When I met with the deputy under the secretary of the Navy
I gave her the tour of the ship we were the ship in the Navy that had the most females on board.

44. On the second ship, because there were so many women, this was the time of don't-ask-don't-tell and so we had a lot of lesbians on board, and there were some issues with women sleeping together, and I think the XO had called us into his office and wanted to kind of talk about what he should do. And I remember saying, ‘Listen, sir. I'm going to be very direct with you. You need to treat people like the members of the military. I don't care if it's a male or a female, you cannot differentiate because that's when animosity starts to creep in. If you weren't allowing two guys to sleep together, you shouldn't allow women to sleep together. Cut-and-dry.

45. So I was also the morale officer for the ship, which was fun, and public affairs. I did public affairs on this ship, and that deployment was seven months.

46. So your biggest hope is a Middle Eastern woman, because they look at western women as hope. So my biggest chance of rescue would have been to see a woman.

47. The first time I was clocked and my ears were ringing, and the guy is screaming at me but my ears are ringing, so I see his lips moving but my ears are ringing, and I thought, ‘It is like in the movies.’

48. The men over there see western women as the devil.

49. There are people, when very traumatic things happen, they have to check it off and go back in the next day. It's OK to talk about it.

50. There is animosity on ships between surface warfare and aviators. So what that means is there are people who are in charge of ships, they are Navy ship officers, and then there's the pilots. And there's always kind of like, you know, the Navy ship guys hate the pilots and the pilots hate the Navy ship guys, and it's because the pilots get to sleep 8 hours and the Navy ship guys are working 18 to 20 hour days, so they're mad at you.

51. There was so much respect on our team, it was great. I miss hanging around my pilot's, they were so funny. It's like you're hanging out with a bunch of your brothers all the time. It's hard not to laugh even though it's kind of hurtful it's also funny, like I can't not laugh even though you're making fun of me at the same time.

52. There's so much more responsible for. You're responsible for the aircraft as you're trying to make this decision, and you have people whose lives are in your hand too, it's not just you.
53. They were saying stuff like, ‘This is an industrial building,’ and I'm like, ‘No it's not, this has got to be some kind of hospital. There's a person that every room, they’re laying down.’

54. Things are a lot easier to process on the ground then they are in the air, so when someone is telling you, ‘No, you need to fire on this building, they're holding people that want to hurt our people, this is your job,’ you might be like, ‘Okay,’ but on the ground you can be more like, ‘Wait a second.’ So I found lot easier to talk about it with the others and go through it on the ground so that way I would be more prepared in the air.

55. We captured a ship of detainees, Iraqi detainees, and we had to put them on our ship with us. This is a small frigate, a frigate has about 250 people total, and you have two hangar bays for two helicopters, and you can pull one helicopter out and leave it on the back of the ship and the other one would stay in the other hangar bay, but you can't have them both out at one time. So we made the second hangar bay into holding cell.

56. We had a running joke going on where the guys put a sign on their door that said American women across the hall, and the chaplain actually spoke to us and said, ‘Well you need to understand that we separate them [the Iraqi prisoners] at night because they're not really interested in women. They think of women for breeding, but they think of man for pleasure.’ So then we put a sign on our door that said American men across the hall (laughs).

57. What's going on ultimately as an aircraft commander is you're responsible for your aircraft; no one else it’s just you. And even if you're told to fire your weapon, it's not the commanding officer who told you to fire your weapon [who is held responsible], you are, so you always have to be making your decisions. You know your rules of engagement, you know what things should look like, but when you're getting certain Intel, and the Intel is not matching up, I was concerned.

58. When I was in the Middle East, and I would talk to guys and tell them to do something, Iraqi men would be like, ‘She's talking to me?’ They wouldn't even look me in the eye. I could not give them an order. When we had to interrogate ships, I couldn't, as a woman, put my voice out over. I mean I could have, but they wouldn't have responded.

59. When it comes to flight school, it’s standardized. So that means that it mattered that I graduated first in my class, because I met the standards. But when it comes to the physical requirements, they are lower for women. The time to run the mile and a half is lower, the amount of push-ups you have to do is less. For me, personally, I always met the male standards and that was so no one could say to me, ‘You didn't do, you didn't work as hard as I did.’ I did exactly what you did.
60. When we first got captured [during SERE training], they separate us from the men and they put us in a room and they asked us if we need any pads or tampons or anything like that, and obviously they wouldn’t do that for guys. Everybody is supposed to get naked. So when they capture you, they make everyone take off their clothes, so they separated us for that too. So the three of us were naked, and for me personally, it was one of the most degrading moments ... they take each of us girls and they make us get naked and stand one at a time and turn slowly in front of the Comadade, like the fake commander of the bad guys, and say, ‘He’s picking his woman for the night,’ and I never felt more degraded.

61. Yes I never had any issues, and my opinion on that is as valid as anyone else's. I fought for my guys on the second ship to get recognition or my women to get recognition. So no, I can't remember any time when I felt because I was a woman that I wasn't being heard.

62. You know, it's the military it's not like a civilian job where I have to be all demur or something. If the military, I can turn around and say, ‘Get the fuck away from me,’ and I appreciate that about the military. That's why it was in the civilian section that I struggled, because you can't say shit like that to people.

63. You should see the way the women looked at me when I was over there, and I made sure people knew I was a woman I wore my hair down and in a ponytail. I'm a woman and I look like one I'm not going to hide it.