Women Veterans tend to have a higher mental health morbidity than both civilian women and Veteran men, with a lifetime depression rate of 29% for Veteran women, compared to 16% of Veteran men, and a post-traumatic stress disorder (PTSD) rate of 21%, compared to 5% of civilian women. (1) Women who serve in the military are also increasingly exposed to both the physical and psychological trauma of combat and its aftermath, particularly as women serve in broader military roles. Furthermore, women Veterans endorse more trauma outside of the military, compared to their civilian women and Veteran male counterparts. The literature suggests almost all female Veterans experience a traumatic event at some point in their lives, with estimates as high as 93%. (2)

Women were encouraged throughout the interview to provide descriptions of their first entry into mental health services, and participants selected a place and time for the formal written consent and attended at least one mental health outpatient visit in VA services or community-based services within the 12 months of recruitment. Women responded to the study flyer invitation by contacting the PI. If eligible, community-based services were provided to reconstruct and reclaim their identity and sense of self when confronting multiple forms of trauma throughout the lifespan, including combat trauma, intimate partner violence (IPV), and military sexual trauma (MST).

Clearing Away Past Wreckage: A Constructivist Grounded Theory of Women Veterans' Mental Health Service Use

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Study Aim
The purpose of this study is to assess and understand the experiences and identities of women Veterans (WVs) before, during, and after military service that ultimately led to the use of mental health outpatient services.

Methods
This study used Grounded Theory qualitative research methods to characterize and describe how women veterans use mental health outpatient services to reconstruct and reclaim their identity and sense of self when confronting multiple forms of trauma throughout the lifespan, including combat trauma, intimate partner violence (IPV), and military sexual trauma (MST).

Community dwelling women Veterans were recruitment from online and in-person recruitment from August 2015 to March 2016. Participants eligible for this study were women ages 21-65 who served in the regular armed forces, and attended at least one mental health outpatient visit in VA services or community-based services within the 12 months of recruitment.

Women responded to the study flyer invitation by contacting the PI. If eligible, participants selected a place and time for the formal written consent and interview. Lasting 45-90 minutes, each interview started with demographic questions including rank at entry and discharge, and then proceeded through the interview guide.

The interview guide consisted of questions about their upbringing during: childhood and adolescence, military service history, their first entry into mental health services, and their experiences with their mental health provider.

Women were encouraged throughout the interview to provide descriptions of specific experiences before, during, and after their military service.

Background
Twelve women Veterans revealed meaningful stories on their experiences of trauma and their use of mental health services. From the in-depth interviews, the process of reconstructing, reclaiming identity and sense of self was revealed. This includes identifying and recognizing trauma, defining transitions as changes in the structure of the environment, understanding changes in the roles and notions of gender based, and military based identities, and actively seeking out the stability inherent within structures such as the military. A broader Grounded Theory Process model emerged, linking the categories of Trauma, Transitions, Identity and Structure.

Results: Identity Development Process

Figure 1 (below) describes four major categories that represented women Veterans’ experiences surrounding mental health service use: (1) Identity (2) Structure, (3) Transitions, and (4) Trauma. Together, these categories form a broad description of their experiences from childhood to becoming a Veteran.

- Shifting Identity: Changes in identity from civilian to servicemember to wife/mother/nurturer
- Pursuing Structure: Participants sought the stability inherent within the military
- Managing Transitions: Shifts in roles, physical spaces; may often be a wrought process
- Surviving Trauma: Each participant reported some sort of trauma: combat (n=3), childhood abuse (n=9), domestic abuse (n=5), military sexual trauma (n=7), rape and sexual harassment (n=7)

Results: Grounded Theory Process Model

Figure 1. Williams Model of Women Veterans Reconstructing Self After Trauma

Trauma
Childhood abuse
Substance abuse
Military Sexual Trauma (MST)
Combat trauma
Intimate Partner Violence (IPV)
Substance Abuse
Gender-based violence & Harassment

Being a Woman Veteran Reconstructing Civilian Self

Conclusion
The findings of this study, combined with the pertinent literature indicate the pervasive presence of traumatizing events throughout the life of women Veterans, the mental health burden these women experience, and the importance and centrality of their military experience in molding their identity and sense of self.

Despite the male-centered military and Veteran culture, women Veterans are joining and transitioning out of the military more than any other time in history. Their presence demands recognition of their experiences, and treatment that respects their backgrounds, service history, gender, and mental health needs.

The development of the major concepts of “Trauma”, “Transitions”, “Identity”, and “Structure” offer another aspect of understanding the social worlds and significant interactions that shape the lives of women Veterans.

References

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