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Philadelphia College of Osteopathic Medicine
School of Professional and Applied Psychology
Department of Clinical Psychology

PREDICTORS OF POSTDEPLOYMENT DISTRESS IN FEMALE VETERANS

By Shalonda C. Griffin

Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Psychology

May 2021

DISSERTATION APPROVAL

This is to certify that the thesis presented to us by Shalonda Griffin
on the 13th day of October, 2020, in partial fulfillment of the
requirements for the degree of Doctor of Psychology, has been examined and is
acceptable in both scholarship and literary quality.

COMMITTEE MEMBERS' SIGNATURES



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ABSTRACT

The female veteran population is expected to increase over the next few decades, representing approximately 16.3% of the living population by the year 2042. Although research exists in regard to the entire veteran population, research relating to female veterans is lacking. The purpose of this study was (a) to identify factors associated and predictive of postdeployment distress and (b) to identify and explore stressors specific to female veterans' experiences once they separate from the military. Findings from the study revealed significant relationships between the predictive factors (i.e., Life Events, Support, and Family Experiences) and criterion variables (i.e., Perceived Stress and Reintegration). Results demonstrated that female veterans who identified as having been exposed to negative life events reported high levels of stress and difficulty with reintegration. Furthermore, the results indicated that female veterans with higher levels of social support demonstrated lower levels of stress. The results, implications, and limitations and the future directions of the study are further explained. The discussion highlights the importance and need for identifying stress factors and reintegration difficulty among the female veteran population.

Keywords: Female veterans, reintegration, stressors, postdeployment, predictors, military, and stress levels

CHAPTER 1: INTRODUCTION

Statement of the Problem

The number of women serving in the military is substantial, as more than 350,000 women currently serve in the military (National Center for Veterans Analysis and Statistics [NCVAS], 2017). Women account for approximately 9% of the veteran population in the United States and Puerto Rico (NCVAS, 2017). According to NCVAS (2017), the female veteran population will account for approximately 16.3% of the living population by the year 2042. For purposes of this study, a veteran is a female service member who has served in any branch of the military and has been deployed at least once. The number of female veterans and service members will continue to increase over the next few decades. Although the overall number of veterans will decrease, the female veteran population is predicted to increase (NCVAS, 2017). Like their male counterparts, female veterans have often been exposed to one or more of a variety of trauma-related experiences both in and out of the combat theater. As women are discharged from the military, they are frequently challenged with the tasks of reintegrating into society and adjusting to life.

Several factors influence the success of female veterans reintegrating into society. The ability to adjust to civilian life, the experience of being mistakenly viewed by others as the military wife or military mother, and having been out of touch with daily life activities and responsibilities are some of the stressors and challenges female veterans face post deployment (Demers, 2013; Maiocco & Smith, 2016; Yan et al., 2013).

Society often thinks of reintegration as a joyous time when families reconnect with military personnel who have been away for months (Marek et al., 2012). Although

the initial moment of return may be blissful, reintegration challenges of life after deployment are sometimes minimized or ignored for female veterans (Leslie & Koblinsky, 2017). Reintegration is a time of readjustment and can elicit various thoughts and feelings, for both veterans and family members, as the respective parties learn to readapt and cope.

Reintegration is usually thought of as the process veterans encounter as they return to civilian life after combat or once they leave the military (Elnitsky et al., 2017). Reintegration does not, however, have a unified definition and often refers to social, health, psychological, and community-related functioning with closest friends, family or associates (Elnitsky et al., 2017). For purposes of this study, reintegration is defined as the ability to readapt to civilian life upon separation from the military and includes social and interpersonal relationships and educational, vocational, and other life roles (Yan et al., 2013).

The ability to successfully reintegrate into civilian life is of paramount importance for many reasons. The transition can last for months or years, depending on the veteran and life factors, and can affect relationships, occupational performance, health, and overall quality of life (Elnitsky et al., 2017). With the anticipated rise in the female veteran population over the next 20 years and the increase of female individuals serving in combat-related roles, researchers suggest a need to increase the understanding of stressors female veterans may uniquely experience (Goldstein et al., 2017; NCVAS, 2017). Of the specific challenges female veterans face, successful reintegration is an important factor to consider.

The need to improve quality of life for families is paramount; however, studies have identified stressors female veterans face that may affect a successful reintegration. Although some women successfully readjust, many continue to struggle with combat-related challenges (Leslie & Koblinsky, 2017). Authors suggest some of the following factors as reintegration stressors: combat, mental health, military sexual trauma (MST), and substance abuse (Grossbard et al., 2013; Leslie & Koblinsky, 2017; Suris et al., 2007). Additional stressors female veterans encounter, before and after war, include interpersonal relationship issues, everyday necessities (i.e., finances), deployment and military-related concerns, health issues, death of loved ones, and employment and educational distress (Yan et al., 2013).

Female veterans have reported difficulties, such as the ability to balance being open in sharing their military experiences, displaced aggression toward family members, and a shift in family roles, in their living environment (Leslie & Koblinsky, 2017; Vogt et al., 2011). Female veterans are also three times more likely, compared to nonveterans, to be homeless and have a greater vulnerability for homelessness when serving as the head of household with young children (Fargo et al., 2012). As reintegration relates to family, some women display a constant state of alertness and readiness mindset, suggesting an inability to relax (Leslie & Koblinsky, 2017).

Women were also found to be twice as likely as men to acquire posttraumatic stress disorder (PTSD; *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed.; *DSM-5*, American Psychiatric Association, 2013), even though men experienced more trauma. Although researchers have not identified specific causes for the higher prevalence of PTSD in women, some researchers have suggested the following causes:

(a) women's unique traumatic experiences pose a higher risk for PTSD, (b) longer periods of symptoms, and (c) women have stronger reactions than men to stressors (Resnick et al., 2012). Although a considerable amount of research focuses on PTSD, female veterans also experience other psychological problems, such as depression, eating disorders, and suicidal ideations (Rivera & Johnson, 2014).

Research has also found that anxiety compromises quality of life. For example, Vietnam veterans diagnosed with PTSD had more reports of marital, parental, and familial concerns compared to veterans not diagnosed with PTSD (Suris et al., 2007). Furthermore, women were more likely than men to report lifetime depression and anxiety (Grossbard et al., 2013). Likewise, women who experienced a sexual assault were two to three times more likely to screen positive for depression and alcohol abuse than those who did not report a military-related sexual assault (Hankin et al., 1999). In addition to psychological stressors, Suris et al. (2007) found that 25% of women who received Veterans Administration (VA) health services reported sexual trauma.

In a study comparing female veterans to female nonveterans, researchers found similarities in alcohol consumption, but reported former or moderate female veteran drinkers were less likely than female nonveteran drinkers to be lifelong abstainers and had higher mortality rates (Simpson et al., 2016). Research also implied higher rates of smoking among female veterans compared to male and female civilians (Grossbard et al., 2013).

The U.S. Department of Veterans Affairs' (VA; 2017) annual comprehensive assessment revealed a 2.9% increase in suicide rates of women who received health services from the VA. Likewise, during a 13-year period, the suicide rate for the total

female veteran population increased to 62.4% suicide rate compared to the male veteran population of 29.7% suicide rate (VA, 2017). The VA report (2017) also found the risk for suicide was 2.5% higher in female veterans compared to female civilians regardless of age. Furthermore, 40.5% of female veterans used firearms compared to 31.1% of civilian female individuals (VA, 2017).

In summary, female veterans are faced with numerous reintegration challenges postdeployment. Military service and deployments can be stressful; in addition, reintegration as a civilian can pose significant challenges. Although the role of women in the military continues to be a topic of controversy, female veterans also experience stressors as they return home from deployment. The military has several programs (i.e., Yellow Ribbon) geared to reintegrate veterans into civilian life but lacks programs and measures specifically for female veterans (VA, 2017). To maximize the likelihood of helping this population, the military must begin to recognize the direct postdeployment stressors and concerns of their female veterans.

Purpose of the Study

Several reintegration programs offered by the military focus exclusively on the male and female veteran population as a whole or on the family unit. However, reintegration programs that focus specifically on the unique needs, concerns, and challenges female veterans face are lacking. The present study had a twofold purpose: (a) to identify factors associated with and predictive of postdeployment distress and (b) to identify and explore stressors specific to female veterans' experiences once they separate from the military. The results of this study may offer a foundation and inform the military about developing a female-specific program that can aid with the transition into

civilian life and promote positive coping strategies. An in-depth and enhanced understanding of such stressors may also help researchers and the military develop a measure to assess for postdeployment stressors related to female veterans and inform mental health services.

Research Questions and Hypotheses

Independent Variables

The independent variables for this study are subtest scores on the following scales of the Deployment Risk and Resilience Inventory-2 (DRRI-2):

1. Postdeployment Stressors (Section N):

Exposure to stressful life events after the deployment, including both generally stressful events that are unrelated to the deployment, such as physical or sexual assaults, being robbed, and death or serious illness of someone close, and events that may be related to challenges associated with reintegration, such as job interruption, financial difficulties, and divorce (Vogt et al., 2012, p. 5).

2. Postdeployment Social Support (Section O):

The extent to which family, friends, and individuals within the community provide emotional sustenance and instrumental assistance. Emotional sustenance refers to the extent to which others provide the individual with understanding, companionship, a sense of belonging, and positive self-regard (e.g., making the individual feel proud of his or her service, offering advice when needed). Instrumental assistance refers to the extent to which the individual receives tangible aid such as help to accomplish

tasks and material assistance or resources (e.g., helping the individual with daily chores, lending the individual money; Vogt et al., 2012, p. 5).

3. Postdeployment Family Functioning (Section P): “Quality of postdeployment family relationships in terms of communication (e.g., getting along well with family members), and closeness (e.g., being affectionate with family members)” (Vogt et al., 2012, p. 5).

Criterion Variables

The criterion variables are perceived stress and reintegration as measured by the Perceived Stress Scale (PSS) and the Military to Civilian Questionnaire (M2C-Q), respectively.

1. Perceived Stress – “Stressor effects are assumed to occur only when both (a) the situation is appraised as threatening or otherwise demanding and (b) insufficient resources are available to cope with the situation” (Cohen et al., 1983, p. 386).
Likewise, the “PSS can be used to determine whether “appraised” stress is an etiological (or risk) factor in behavioral disorders or disease” (Cohen et al., 1983, p. 393).
2. Reintegration – Reintegration does not have a uniform definition; however, “difficulty in areas hypothesized as providing the basis for postdeployment community reintegration [are]: (a) interpersonal relationships with family, friends, and peers; (b) productivity at work, in school, or at home; (c) community participation; (d) self-care; (e) leisure; and (f) perceived meaning in life” (Sayer et al., 2011, p. 5). Furthermore, “the military construes reintegration as

encompassing many domains related to full participation in community life”
(Sayer et al., 2011, p. 2).

Hypotheses

The linear combination of selected subtest scores (and predicted direction of relationship to criterion) on the DRRI-2, including Postdeployment Life Events (positive relationship), Postdeployment Support (negative relationship), and Postdeployment Family Experiences (positive relationship), will predict scores on the PSS and the M2C-Q.

Hypothesis 1

In a multiple regression model, scores on the Postdeployment Support and Postdeployment Family Experiences will demonstrate a negative predictive relationship to scores on the Perceived Stress Scale; subtest scores on the Postdeployment Life Events will demonstrate a positive predictive relationship to scores on the Perceived Stress Scale.

Hypothesis 2

In a multiple regression model, scores on the Postdeployment Support and Postdeployment Family Experiences will demonstrate a negative predictive relationship to scores on the Military to Civilian Questionnaire; subtest scores on the Postdeployment Life Events will demonstrate a positive predictive relationship to scores on the Military to Civilian Questionnaire.

CHAPTER 2: REVIEW OF THE LITERATURE

History of Women in the Military

Although women have a long history of involvement with the military, their roles have always been controversial. Women's military service dates back to the 1700s, when women needed to prove their ability to be effective and helpful in such positions as laundresses, nurses, and cooks. During the 18th century, women often disguised themselves as men to serve in the military. Although women were allowed to serve in the military, during the final 2 years of World War I, they maintained such positions as nurses and support staff ("Highlights in the History," n.d.).

"Highlights in the History" (n.d.) outlines women's roles throughout military history. The number of women working in the military as civilian nurses grew over time. Eventually, the military considered allowing women to work under contracts for the U.S. Army. Although women were not commissioned in the military, Congress passed legislation and established the Army Nurse Corps and Navy Nurse Corps in 1901 and 1908, respectively. Following the establishment of the Corps, women were officially allowed to serve in the military, and more than 330,000 women served in World War I as nurses and support staff. Specifically, more than 21,000 served in the Army as nurses, more than 12,000 served in the Navy as shore billets and nurses, approximately 300 served in the Marines Corps as clerks and phone operators, and two served in the Coast Guard ("Highlights in the History," n.d.)

As summarized in "Highlights in the History" (n.d.), the number of women serving in the military continued to increase with each war. During World War II, from 1941 to 1945, women maintained their roles and their numbers increased in size, with

more than 60,000 women serving as Army nurses and more than 14,000 serving as Navy nurses. Moreover, the Women's Army Auxiliary Corps, the Navy Women's Reserve Women Accepted for Volunteer Emergency Service, and the Coast Guard Women's Reserve were all established in 1942, and the Marine Corps established its Women's Reserve in 1943. The Women's Corps allowed women to serve, both in the continental United States and outside the continental United States, in various roles, such as nurses, clerks, pharmacist's mates, cooks, and drivers ("Highlights in the History," n.d.) As women's roles in combat and noncombat zones grew, their susceptibility to war-related conditions also increased.

Murdoch et al. (2006) also highlight that in 1948, Congress passed The Women's Armed Services Integration Act, which allowed women to become permanent service members of the Armed Forces; however, women with small children or those who were pregnant were automatically discharged. In 1968, women's roles increased, and by 1978, women were no longer discharged from the military for being pregnant, being married, or having children. Throughout history and in current times, women have maintained important roles in the military while being stigmatized and experiencing stressors related to deployment (Murdoch et al., 2006).

Statistics

Current Trends

The National Center for Veterans Analysis ([NCVAS], 2017) highlight that the number of women in the military has grown substantially from 1,500 during the Spanish American War to approximately 700,000 post 9/11. The Women's Armed Services Integration Act of 1948 restricted women's participation in the military to 2% for enlisted

ranks and 10% for officer ranks. However, the position for women in the military began to shift in 1967, with the repeal of the Women's Armed Services Integration Act of 1948 and the end of conscription in 1972. In 2014, 356,872 women were serving in the military on active duty and in the Reserve and National Guard. Furthermore, female veterans accounted for approximately 9% of the total veteran population in 2015.

The National Center for Veterans Analysis ([NCVAS], 2017) reported, in 2015, women represented 15% of active duty and 19% of Reserve and National Guard service in the armed forces. Furthermore, the female veteran population had the highest growth rate within the general veteran population. Likewise, the number of female veterans will continue to increase 1% each year as the overall number of veterans will decrease by 1.5% each year. Of the 2 million female veterans in the United States and Puerto Rico, 25% served during peace times and 56% served during the Gulf War era. The post-9/11 period, from September 2001 to the present, contains the largest number of living female veterans (NCVAS, 2017).

Future Trends

Future projections reveal that the number of female veterans will continue to increase over the next few decades. Female veterans are predicted to be approximately 16.3% of the veteran population in 2043 (NCVAS, 2017). The average rate of increase is projected to be approximately 18,000 women per year over the next decade (NCVAS, 2017). Women will continue to serve in the military, the female veteran cohort will continue to increase, and female veterans will continue to encounter deployment-related stressors. Some concerns female veterans may face during deployment or post deployment include, but are not limited to, support, harassment, and family functioning.

To address the concerns of reintegrating female veterans, an increased understanding of deployment and post-deployment stressors is necessary.

Stressors

In view of the previously stated statistics, this paper highlights some of the stressors common among female veterans to better comprehend variables associated with and predictive of post-deployment distress. Literature suggests female veterans are faced with both external and internal conflicts and challenges as they return home from war (Demers, 2013). Internal stressors that can impact reintegration include attitudes toward self and others, cognitions, emotions, anticipation, and memory. External stressors include relationships, employment, housing, or any environmental experience or event. Before such challenges can be treated, they must first be recognized and evaluated. Many service members are faced with adjustment to their families' new ways of living, preparation for entering or reentering employment, civilian culture and norms, and new responsibilities.

Support

Clever and Segal (2013) found that compared to male service members, active duty female service members are three times likely to be single parents and National Guard and Reserve female service members are twice as likely to be single parents. Additionally, of households headed by a single parent, 7.4% were headed by a single woman. Although female veterans are more likely to be married compared to nonveteran women, female veterans had higher rates of divorce (NCVAS, 2017).

Many female veterans are members of blended families, which can consist of a partner, child(ren), and parent. Family dynamics that set the tone for family interactions,

influence behavior, and inform communication concerns can affect reintegration.

However, family support can help improve reintegration and decrease deployment-related stressors. Furthermore, the way a female veteran reintegrates back into society can also affect family dynamics and interpersonal relationships.

Interpersonal relationships are an integral part of life and can impact an individual's success. Female veterans have been documented to experience interpersonal stressors at higher rates than any other stressor from predeployment through 1 year post deployment (Yan et al., 2013). Such stressors as economic strains, prolonged debt, and income deficits increased interpersonal violence and were common to challenges of reintegration (Demers, 2011). As a result, social support has been identified as important to lifelong coping and reintegration into civilian life (Demers, 2011).

Family support and relationships can play significant roles in the prevention or elimination of many stressors. Furthermore, the lack of interpersonal relationships increases stress and disrupts reintegration. However, the family can be a support system and imperative for reintegration (Maiocco & Smith, 2016). The stronger the support system, the higher the probability female veterans will be able to cope with stressors and experience lower levels of perceived stress. Support can be acquired from family, friends, and fellow military members. Strong support and an ability to freely communicate are imperative and can lead to successful reintegration. In order to increase the success rate of post-deployment reintegration, female veterans need to be able to communicate and to feel supported.

Harassment

Although the military has tried to combat harassment, harassment has long been underrepresented and underreported in the armed forces (Halvorson, 2010). General harassment is referred to as exposure to nonsexual harassment that can occur for such reasons as biological sex and social status (Vogt et al., 2012). Sexual harassment is defined as any unsolicited sexual verbal conduct or sexual contact that fosters a hostile work environment (Vogt et al., 2012). Moreover, military sexual trauma (MST) has been defined by the Department of Veterans Affairs (VA) as “physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty or active duty for training” (Barth et al., 2016, p. 77).

Harassment has negative consequences for all involved parties (i.e., individuals and the perspective organization; Harris et al., 2018). Individual consequences are sometimes exhibited through career interruptions, lessened job satisfaction, loss of motivation, and low self-confidence, whereas organizational consequences are exhibited through turnover, transfers, and health costs (Harris et al., 2018).

Harassment produces adverse effects and can lead to isolation, lack of trust, substance use, and physical and mental health concerns. Furthermore, sexual harassment has been linked to such stressors as mental health (e.g., posttraumatic stress disorder [PTSD] and depression) and physical health concerns and several other maladaptive activities, such as substance use (Davis & Wood, 1999; Haskell et al., 2010; Murdoch et al., 2007; Smith et al., 2011). Both men and women have experienced harassment while in the military; however, studies have shown that women exposed to harassment exhibited higher levels of stressors (Magley et al., 1999). Female veterans who have

experienced MST are also more likely than men with PTSD and MST to have a comorbid diagnosis of depression, anxiety, and eating disorders (Maguen et al., 2012).

MST has also been identified as a possible stressor for female veterans. Female veterans who have experienced MST are at a higher risk to experience depression and PTSD compared to those who did not experience MST (Goldstein et al., 2017). Furthermore, women who have experienced MST are three times more likely to screen positive for depression and alcohol abuse than female veterans who have not experienced MST (Suris et al., 2007).

The military has typically been viewed and considered as a male-dominant culture. Owing to the masculine culture, many women are not inclined to report sexual stressors, increasing the belief among commanding officers that prevention measures are not needed because sexual stressors are not prevalent (LeardMann et al., 2013). Researchers also mention that women exposed to combat while deployed are usually in a male-dominant environment and placed within more threatening conditions (LeardMann et al., 2013). As women's roles within the military continue to change, with more women serving in combat roles while deployed, the presence of harassment and MST can continue to interrupt life, causing a strain on reintegration.

Common Themes

Although each female veteran's experience during deployment and postdeployment is different, certain themes and stressors tend to be common. Postdeployment gender differences exist between male and female veterans, as do differences between female veterans and nonveteran female individuals. Common themes include isolation and detachment from family and friends, civilian employment,

day-to-day essentials, education, health, and deployment (Yan et al., 2013). The difference between the stressors female veterans face compared to those faced by their counterparts speaks directly to their reintegration process and perceived level of stress.

Female Veterans and Male Veterans

Although men have more traumatic experiences, female veterans are twice as likely to acquire and receive a PTSD diagnosis, experience more issues readjusting to home life, and be less healthy than male veterans (Resnick et al., 2012; Street et al., 2009; Vogt et al., 2006). Substance use is linked to suicidal behaviors, and women are twice as likely to engage in unsafe drinking habits and drug use compared to their male counterparts (Chapman & Wu, 2014). Female veterans also face higher rates of comorbidities with mental health and medical problems than male veterans (Koblinsky et al., 2017).

Female veterans exhibit higher rates of depression and anxiety, as well as higher rates of smoking, compared to civilians (Grossbard et al., 2013). This group is also more likely than men not to seek medical treatment because of the cost, and they reported poorer general health, mental distress, and lifetime depression and anxiety compared to men (Grossbard et al., 2013). Moreover, and unlike their male counterparts, female veterans are more likely to be unmarried or divorced, a single parent, and unemployed upon deployment (Disabled American Veterans [DAV], 2014).

Female Veterans and Nonveteran Female Individuals

Although the reason is not clear, the risk for homelessness is higher among female veterans compared to nonveteran female individuals (Gamache et al., 2003). Some reasons may include a short duration of residency in town, unstable family and housing,

and loss of family support if discharged from the military (Gamache et al., 2003). Of the 29 homeless female veterans in a focus group, none was married or employed, approximately 67% were disabled, and more than half held an associate degree or higher (Hamilton et al., 2011). These women reported premilitary adversity; military trauma and/or substance abuse; postmilitary interpersonal violence, abuse, and termination of intimate relationships; postmilitary mental and physical health issues and substance abuse; and unemployment as precipitating factors toward their homelessness (Hamilton et al., 2011). Compared to female nonveterans, female veterans are more likely to be homeless and to have greater vulnerability of homelessness when considered head of household with young children; additionally, female veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) were more likely to be homeless compared to older female veterans (Fargo et al., 2012).

Female veterans' suicide rates are approximately three times higher than those of nonveterans; additionally, younger female veterans exhibit higher suicide mortality compared to nonveteran and older female veterans (Chapman & Wu, 2014). The suicide increase in female veterans is associated with such factors as cooccurring mental health disorders and substance abuse and with previous suicidal ideations and past suicide attempts. Specific stressors included family and relationship discord, lack of social support, and perceptions of female veterans (Chapman & Wu, 2014).

Differences have also been noted among female veterans during different deployment eras. Women deployed to Vietnam reported considerably more readjustment issues compared to their nondeployed female counterparts (Mankowski et al., 2015). Some issues included feelings of isolation, inability to access support, and the idea that

no one would understand their experiences (Mankowski, Haskell, et al., 2015). OIF/OEF female veterans, on the other hand, were more likely to be of color, to be younger, to have been exposed to combat, to have had higher rates of MST, and to have experienced more mental health issues than female veterans of previous wars (Mankowski, Haskell et al., 2015). Based on the presented research, female veterans have always been exposed to stressors.

Deployment Phases

Deployments are typically described as lengthy separations that can lead to stress on family functioning, structure, and cohesion (Marek et al., 2012). Typically speaking, the four phases of deployment are predeployment, deployment, postdeployment, and reintegration. This study focuses on the latter two phases. Deployment is the time from initial departure (i.e., from home to the assigned station for military operations) to redeployment (i.e., from the station of military operation to home). Postdeployment is when service members return to their homes and begin the process of reintegration. Finally, reintegration is when service members reacclimate to their lives post deployment. The reintegration phase can continue for an extended period of time (i.e., from months to years), depending on the service member's family, stressors, and complete circumstance of life (Marek et al., 2012). Reintegration can be a time of joy, but it also can be perceived as a turbulent time when service members transform and adjust to an established system (Marek et al., 2012).

Reintegration

Reintegration and integration are often used interchangeably and do have one unified definition. Although several meanings for reintegration exist, reintegration can

be defined as the process of returning home from war or separation from the military (Elnitsky et al., 2017). Ten life domains of reintegration include psychological health; social and physical health; employment; housing; finances; education; and legal, spiritual, and nonspecific issues (Elnitsky et al., 2017). Issues directly related to these life domains can impact a veteran's reintegration process. Moreover, increased stressors associated with each life domain can decrease the probability of successful reintegration. The success rate of reintegration can vary depending on the stressors related to predeployment, deployment, and postdeployment. The goal of reintegration is to help veterans readjust and acclimate to civilian life.

Application to Female Veterans

Female veterans often experience a culture shock, similar to that experienced when they joined the military, and feel unprepared to live as veterans in society (Burkhart & Hogan, 2014). Service members may have difficulty with reintegration because their immediate families have adopted new routines and behavioral patterns. In addition, family alliances and support from fellow service members no longer exist (Beder et al., 2011). Although the initial return to family and friends is typically enjoyable and welcoming, many veterans may experience adverse feelings (Beder et al., 2011; Leslie & Koblinsky, 2017). One author suggested that just as service members are stripped of their civilian identity when entering the military, veterans are stripped of their military identity as they reintegrate into society, causing some veterans to feel misunderstood, unappreciated, and disconnected while having to recreate a civilian identity (Demers, 2011).

Female veterans are often exposed to a variety of trauma-related experiences once they return home from deployment. Trauma-related experiences include but are not limited to family violence, car accidents, and health issues. Likewise, reintegration for female veterans can be challenging. Research implies that female veterans may experience negative reintegration (Beder et al., 2011; Lietz et al., 2013). Furthermore, many of the same reintegration challenges that are experienced by female veterans are often overshadowed by their male counterparts' experiences (Mattocks et al., 2012). Additionally, female veterans' abilities to transition into civilian life post deployment are determined by their biopsychosocial factors (Strong et al., 2018). Understanding the unique needs of female veterans as they reintegrate into society can help inform treatment and future development of gender-specific programs for female veterans. For the past 30 years, women's roles in the military have shifted; additionally, the number of women serving in the OEF/OIF wars increased (Mankowski, Tower et al., 2015). As the role of women in the military continues to evolve, stressors will continue to increase and affect the reintegration process (Lietz et al., 2013).

Women wear many hats and are often the pillars of their family units. Women often have to take control of situations as part of their responsibilities as wives, mothers, grandparents, employees, entrepreneurs, heads of household, and many other titles. Readjustment experiences can be linked to the readjustment of roles and responsibilities as civilians (Mankowski, Tower et al., 2015). Women's responsibilities coupled with deployment-related stressors can increase the probability of experiencing a difficult reintegration. As mentioned by Chapman and Wu (2014), failure to reintegrate can lead to alienation and a failed sense of belonging. A sense of belonging and the feeling of

connection to people can increase a person's ability to cope with stress and to find meaning in life.

Each deployment and reintegration process can increase stressors. If a gender-specific program existed to target some of the stressors female veterans encounter, female veterans might experience higher success rates of reintegration. The DAV (2014) reported that women's reintegration is unique compared to the reintegration of men because women feel less supported socially, services and leaders do not support women after deployment, and women typically place emphasis on interpersonal relationship concerns.

Women operate in many roles in and out of the military and are often challenged with fulfilling their duties while maintaining their identities as women. The battle of external stressors and internal stressors during reintegration can have an unfavorable effect, especially for women who have suppressed their feminine identities. Upon reintegration, female veterans may suppress their military identities because of uncertainty regarding their treatment by society. Demers (2013) reported that women struggle with fitting in society and having to deal with the uncertainty of being treated and recognized as a woman or man by society. Despite the conflict of female veterans' self-perceptions, female veterans are acknowledging the need to progress forward with reestablishing their identities and reintegrating (Demers, 2013).

Stressors often interfere with and contribute to the difficult transition from deployment to reintegration. For example, female veterans may experience challenges with adjustment from a structured and hierarchal schedule to an unpredictable civilian life (Mankowski, Haskell et al., 2015). The unpredictability of civilian life coupled with

stressors can directly impact reintegration, causing some women to feel isolated. Subsequently, with the increase of women serving in combat-related roles, the understanding of stressors female veterans face must increase (Goldstein et al., 2017). Furthermore, Maiocco and Smith (2016) highlighted six themes that surround the experience and concerns of female veterans as they return home from war. The themes are returning home with mixed feelings (i.e., happy to return home, but fear of uncertainty), altered self-perception and view of family and other, overwhelming feeling of irritation from conversations (i.e., the lack of gratitude displayed by others), perplexing and broken relationships, negative memories of war, and pursuing new opportunities (Maiocco & Smith, 2016). Addressing the concerns many female veterans face and providing adequate services can increase their abilities to cope and can improve reintegration. Although deployment experiences can increase a woman's strength and resilience, some women are met with a difficult transition (DAV, 2014).

Perceived Stress

Perceived stress is defined as “the feelings or thoughts that an individual has about how much stress they are under at a given point in time or over a given time period” (Phillips, 2013, p. 94); furthermore, perceived stress surrounds life events that are unpredictable and uncontrollable (Cohen et al., 1983). Perceived stress is also the appraisal of individuals' views of their levels of stress in relation to their abilities to cope with the stressors (Phillips, 2013). Although many individuals may experience comparable stressors, the way in which each individual assesses the effects of those stressors on life varies (Phillips, 2013).

Application to Female Veterans

Female veterans' prior and current stressors in their civilian lives and military careers can be predictors of their levels of perceived stress. Although the research surrounding female veteran reintegration post deployment is limited and a considerable amount of the research focuses on male veterans, research highlighting female veterans' postdeployment experiences is increasing (Mattocks et al., 2012). Increased levels of perceived stress in female veterans may be attributed to such stressors as postdeployment social support and family functioning and deployment harassment and support, as well as predeployment interpersonal relationships and support and past and current life experiences. Adequate support and strong interpersonal relationships can help women cope with stress, resulting in lower perceived stress and improved reintegration.

As seen throughout the years, the role of women has shifted in society and in the military. Women's educational levels have increased, more women are working outside of the house, and women now hold male-dominant positions. Mattocks et al. (2012) suggested that women's domestic and child-rearing responsibilities remain more common, even though household duties have narrowed over the years. Moreover, women are no longer required to serve in domestic-related positions in the military and now serve in combat-related roles. With the change in women's responsibilities, female veterans may be at a higher risk for perceived stress.

Perceived stress speaks to women's thoughts and feelings concerning the amount of stress women believe they are experiencing and also incorporates female veterans' abilities to cope with their stress. Healthy coping techniques can decrease the high levels of perceived stress, ultimately improving reintegration. Burkhart and Hogan (2014)

highlighted seven phases in which female veterans identified stressors and ways they tried to cope with the transition from a civilian to a service member and during reintegration post war.

Burkhart and Hogan (2014) pointed out the process by which female veterans coped with their transitions included choosing the military, adapting to the military, being in the military, being a woman in the military, departing the military, experiencing the stressor of being a civilian, and making meaning of being a veteran-civilian. In regard to the first phase of coping, choosing the military, female veterans reflected that their choice to join the military rested on the ability to have academic and career opportunities for their future, to have an ability to experience life outside of their comfort zone, and, lastly, to have safety from poverty. The second phase, adapting to the military, highlighted women's processes of experiencing and coping with culture shock and then becoming a military service member, recognizing their newfound skills and strengths. The third phase, being in the military, emphasized that while many of the military policies may have provided structure, some female veterans viewed policy implementation as a stressor. Furthermore, exposure to violence in the military regardless of assignment was also viewed as a stressor. Although women enjoyed the adventures of living in the moment, some viewed the freedom as a stressor because of the consequences of rash decisions. Nevertheless, some women found fulfillment in acquiring a strong work ethic. However, being a woman in the military allowed for experiences of equality and inequality, depending on the environment in which one worked. Several women believed they were treated as inferior and were subjected to harassment, verbal abuse, sexual innuendoes, and sexual assault; subsequently, some women developed a protective factor

and became hardened. The fifth phase of the process, departing the military, underscored that personal needs and wants were more important than remaining in the military. Moreover, experiencing stressors of being a civilian included feeling unprepared for civilian life, living a double life, and coping with symptoms of PTSD. Women were now faced with the culture shock of reintegration into civilian life and the need to feel satisfaction with and navigate their civilian lives. Additionally, some women felt they were living a different life and possessed values and morals different from those of their female civilian counterparts. To cope with the disconnect, women concealed some of their military experiences and maintained a separation as a veteran living in a civilian world. In the final phase of the process, making meaning of being a veteran-civilian, women reflected on military service and regained their sense of connection from belonging to a veteran-civilian community. Women also felt pride, respect, and inner strength from their military service (Burkhart & Hogan, 2014).

These identified stressors and process of coping speak to the various levels of perceived stress female veterans have in relation to their military experiences. Many female veterans use limited coping strategies, such as camaraderie, to deal with their stressors (Burkhart & Hogan, 2014). Women either avoid the use of coping techniques or never address the stressor (Burkhart & Hogan, 2014). The women in this particular study may have perceived their stress to be high, leading to the lack of their abilities to properly cope with such stressors. Also, as seen in this study, stressors have different meanings and different values for female veterans. Female veterans' ability to recognize and understand their perspective stressors is based not only on predeployment and military experiences, but also on postdeployment and military influences.

Female veterans' perceived levels of stress in regard to their deployment and postdeployment experiences and stressors can be determining factors in their abilities to successfully reintegrate into civilian life post deployment. Mattocks et al. (2012) found that female veterans identified demanding military experiences and postdeployment reintegration concerns as stressors. Understanding some of the stressors female veterans face post deployment may help to better inform the military and mental health service providers. Similar to perceived stress, belief in one's ability to manage a specific situation can influence efforts toward managing such tasks as postdeployment stressors and the reintegration process.

Self-Efficacy Theory

In daily life, people are challenged with making decisions, coping with stressors, and developing strategies to overcome difficulties and complete tasks. One's belief in self often dictates the course of action to handle problems and time needed to continue with current activities (Bandura, 1982). To accomplish goals, overcome challenges, and handle responsibilities, personal beliefs of efficacy should be considered.

Perceived self-efficacy implies "beliefs in one's capabilities to organize and execute the courses of action required to manage prospective situations" (Bandura, 1995, p. 2). Self-efficacy is reliant not on one's coping skill, but on the ability to employ and implement various resources to manage challenges and stress (Bandura, 1977). Efficacy influences cognitions, behaviors, emotions, and motivation, subsequently influencing all dimensions of life (Bandura, 1995).

Bandura (1982) noted that ability is only as good as its execution; thus, female veterans' perceived self-efficacy can help determine their capability to cope with

postdeployment stressors and execution of reintegration. Perceived self-efficacy also impacts one's efforts; the higher the perceived efficacy, the more active and higher the performance and efforts (Bandura, 1977). Based on the understanding of the self-efficacy theory, female veterans with higher self-efficacy may have lower perceived stress and improved reintegration, whereas female veterans with lower self-efficacy may have higher perceived stress and difficulty with reintegration.

Self-efficacy is formed based on the interpretation of each source of efficacy belief highlighted by Bandura: mastery experience, vicarious experience, social persuasion, and physiological and emotional states (Bandura, 1995). Mastery experience is often the primary method of developing a strong sense of efficacy and provides evidence that one has the ability to succeed (Bandura, 1995). Female veterans' resiliency to prior experiences can increase their abilities to overcome postdeployment stressors and have an improved reintegration. According to Bandura (1995), success builds a robust sense of self-efficacy, whereas failure challenges self-efficacy if efficacy is not first obtained. Female veterans' abilities to recognize victories over past difficulties and setbacks increase the probability to develop a resilient sense of self-efficacy, leading to a decrease in perceived stress.

The second influence of self-efficacy, vicarious experiences, is developed through observations and social models (Bandura, 1995). Observations of the successes of role models or comparable individuals increase one's belief in one's own ability to master similar circumstances (Bandura, 1995). The greater the assumed similarities among female veterans, the greater the chances of more successful reintegration and lower perceived stress.

Social persuasion denotes verbal praises from others that highlight mastery of activities, thereby helping to persuade individuals' beliefs that they also have the ability to succeed (Bandura, 1995). Positive verbal praise and support focus on improvements instead of achievements (Bandura, 1995). Social support, encouragement, verbal praise, and identification of strengths can help female veterans increase their efforts to cope with postdeployment stressors and reintegrate upon returning home from deployment. The final source to strengthen self-efficacy is physiological and emotional states.

Physiological and emotional states are evaluations of confidence to judge situations based on physical reactions and emotional temper (Bandura, 1995). Female veterans' abilities to evaluate their feelings and physical sensations can improve personal efficacy beliefs and mood when faced with postdeployment stressors and reintegration concerns.

High self-efficacy is more likely to be associated with high levels of self-confidence. Therefore, based on the self-efficacy theory, female veterans who possess high self-efficacy may have low perceived stress and few readjustment difficulties.

In summary, more women are serving in the military today than ever before, and these numbers are expected to increase over the ensuing years. Female service members are also serving in more combat-related roles. Even though, however, on the whole, female service members are exposed to less combat than that faced by their male counterparts, their rates for developing trauma-related disorders are higher than those of their male counterparts. Female veterans may exhibit several unique stressors and difficulties related to reintegration. Understanding factors related to deployment and post deployment that may be associated with postdeployment adjustment difficulties and

stress is important. Such information may prove useful in designing female-friendly reintegration programs that meet the needs of this population.

CHAPTER 3: METHODOLOGY

The purpose of this study was to identify factors associated with and predictive of postdeployment distress and to identify and explore stressors specific to female veterans' experiences once they separated from the military. Participants were asked to complete measures on postdeployment life events, postdeployment support, postdeployment family experiences, perceived stress, and reintegration. A correlational regression design, more specifically, descriptive research, was used to explore, determine, and develop a better understanding of postdeployment stressors. In total, the participants were asked to complete a demographic questionnaire along with five measures.

Participants

Screening and Recruitment

The participants for this study were female veterans of the U.S. Armed Forces who had deployed to combat or noncombat war zones at least one time. These female veterans varied in age, race, and socioeconomic status. The participants were recruited through listservs, local veterans' organizations, and various social media platforms, including Facebook, Instagram, and Craigslist, by receiving a brief description and invitation to participate in the study. Compensation was not provided, but subjects were offered a chance to win one of six \$50.00 gift cards for their participation in the study.

Inclusion and Exclusion Criteria

The inclusion criteria included female participants who were at least 18 years of age. These veterans included women from all military branches: Army, Marines, Air Force, Navy, and Coast Guard. Female veterans should have deployed at least one time and have been separated from the military for a minimum of 3 months. Each participant

had the ability to read and comprehend the English language and had Internet access for a minimum of 30 minutes.

The exclusion criteria were female service members who had not obtained veteran status, as well as all male veterans. Furthermore, any female service member who was younger than the age of 18 years was not included in this study. Those who did not have access to the Internet and did not have the ability to understand the English language were excluded from this study.

Measures

Demographic Questionnaire

Along with the five measures, a demographic questionnaire was administered to gather general demographic information on the female veterans. The demographic questionnaire collected data on gender, age, race, ethnicity, relationship status, number of children, number of people in household, and if head of household. Military-specific questions included military branch, total years of service, number of deployments, combat zone(s)/operation(s) during deployment, type of military discharge, reason for separation, deployment era/years, time since last served in the military, number of years since last deployment, and highest rank. Finally, data were also collected on education level, employment status, student status, and overall ability to readjust into civilian life (see Appendix A).

Deployment Risk and Resilience Inventory – 2

The Deployment Risk and Resilience Inventory-2 (DRRI-2), which is a self-report measure, was developed by Department of Veterans Affairs National Center for Posttraumatic Stress Disorder staff (Vogt et al., 2013). The DRRI-2 is composed of 17

measures that assess risk and resilience factors of predeployment, deployment, and postdeployment. The measures can be used independently and do not require one score to determine overall deployment experiences (Vogt et al., 2013). For purposes of this study, postdeployment measures were administered.

The Postdeployment Life Events Scale, Section N, is a dichotomous scale (0 = *no*; 1 = *yes*) used to determine veterans' exposures to stressful events separate from deployment. The items are summed and scores range from 0 – 14, with a higher score indicating exposure to supplemental life stressors after deployment. Section O, Postdeployment Support, is a 5-point Likert scale (1 = *strongly disagree*; 5 = *strongly agree*). The Postdeployment Support scale assesses veterans' current levels of support and levels of support following their most recent deployment. The items are summed, and scores range from 0 – 50, with a higher score indicating more perceived postdeployment social support. The Postdeployment Family Experiences, Section P, is a 5-point Likert scale (1 = *strongly disagree*; 5 = *strongly agree*) used to evaluate postdeployment family experiences. The items are summed, and scores range from 12 – 60, with a higher score indicating greater positive family functioning.

The revised DRRI-2 scales were compared to the original DRRI items and determined to have strong criterion validity and internal consistency reliability (Vogt et al., 2013). The DRRI-2 scales averaged Cronbach's α is .92; more specifically, the Cronbach's α for stressors, social support, and family functioning scales are .70, .90, and .96, respectively (Vogt et al., 2013). The DRRI-2 exhibited a moderate to strong correlation with posttraumatic stress disorder (PTSD) symptoms and has an absolute value of correlations ranging from $|r| = .15$ to .56. All correlations were significant at the

$p < .050$ level (Vogt et al., 2013). The DRRI-2 is the second version of the DRRI and was used in this study.

The Perceived Stress Scale

The Perceived Stress Scale (PSS), which is a 5-point Likert (0 = *never*; 4 = *very often*) self-report measure, was created to assess perceived stress and appraisal of life's situations as stressful. The items are summed, and scores range from 0 – 56, with higher scores indicating a higher level of stress. The PSS demonstrated internal reliability, with Cronbach's α scores ranging from .84 - .86 (Cohen et al., 1983). Although the PSS exhibited satisfactory test-retest reliability at a 2-day interval ($r = .85$), the test-retest reliability at 6 weeks was unsatisfactory ($r = .55$; Cohen et al., 1983). Scores of male and female individuals were converted to z scores (Cohen et al., 1983). Overall, the PSS is free of content-specific information and can be used across populations (Cohen et al., 1983). The PSS is available as a 4-, 10-, or 14- item self-report; for purposes of this study, the 14-item measure was administered.

The Military to Civilian Questionnaire

The Military to Civilian Questionnaire (M2C-Q) is a 16-item self-report measure, rated on a 5-point Likert scale (0 = *no difficulty*; 4 = *extreme difficulty*), that assesses postdeployment reintegration difficulty. Scores range from 0 – 4, with higher scores suggesting greater challenges with reintegration. To arrive at a final score, the sum of the items is divided by the number of items completed with responses other than “does not apply.” “Does not apply” is an option and can be selected for four items that measure spouse/partner and children relationships and work and school functioning (Sayer et al., 2011). Although the initial study was limited to Operation Enduring Freedom and

Operation Iraqi Freedom (OEF/OIF) veterans, the M2C-Q demonstrated a high internal consistency with a Cronbach's α of .92 (Sayer et al., 2011).

Procedures

Researchers obtained approval for the study through the Institutional Review Board at the Philadelphia College of Osteopathic Medicine. This study's measures were combined into one document and made accessible through one link via the Internet. The study, along with its description, was posted on social media platforms (i.e., Facebook, Instagram, and Craigslist) and other additional listservs and sites for solicitation. Participants had direct access to the study via the posted link. If a female veteran chose to be a part of the study, she was made aware that participation was voluntary and completely anonymous and was then redirected to the study's home page (see Appendix B).

The Demographic Questionnaire was followed by the DRRI – 2, the PSS, and the M2C-Q. The order of questionnaires was randomized. Specific directions were provided for each measure, and participants were notified of the survey's time frame, approximately 20 to 30 minutes. Participants were not allowed to move to the next question without answering the current question. Furthermore, the survey automatically proceeded to the next question once the current question was answered.

At the end of the survey, female veterans were thanked and had the option to enter a raffle for their participation. Additionally, participants were provided with a list of military-related resources if they wished to explore (see Appendix C). The drawing was prearranged through an online engine (i.e., REDCap), allowing the female veterans to

enter the drawing while remaining anonymous. Upon completion of data collection, all data were analyzed by the researchers.

CHAPTER 4: RESULTS

This chapter provides details on the data obtained from this study. The results of the study are presented throughout this chapter. First, the demographic characteristics of the sample are described followed by the correlational and regression analyses.

Statistical Analysis Plan

Descriptive statistics were conducted to examine the demographic characteristics of the sample. The factors included gender, age, race, relationship status, military service background, education level, employment status, student status, and household information. A multiple linear regression was used to determine if the subtest variable (i.e., Life Events, Support, and Family Experiences) scores predicted stress and reintegration difficulty as measured by scores on the criterion variables of Perceived Stress Scale (PSS) and Military to Civilian Questionnaire (M2C-Q), respectively.

Owing to the number of analyses performed, a Bonferroni correction alpha level of 0.01 was used for the regression analyses to determine a more stringent alpha level criterion. For a medium effect size at the .05 level of significance at 80% power with three predictors, a power of analysis required a minimum of 107 subjects to complete the survey to determine if stressors predict difficulty with reintegration post deployment. To obtain 107 subjects, researchers determined 321 participants were necessary to recruit. The IBM Statistical Package for Social Sciences and REDCap were used to calculate and analyze the data.

Demographic Analysis

The sample consisted of 69 participants, who all identified as female veterans 18 years of age and older who could read and understand the English language. All of the

participants had been deployed to either a combat and/or a noncombat zone and had been out of the military for at least 3 months. The participants' age range was 20 to older than 60 years of age. Participants identified as 60.9% Caucasian, 15.9% African American, 17.4% Hispanic, 2.9% Asian/Pacific Islander, and 2.9% Other (e.g., 1.4% Native American and 1.4% Native American/African American). Of the participants, 15.9% identified as single, 8.7% living together in committed relationship (not married), 43.5% married, 2.9% separated, 26.1% divorced (not remarried), and 2.9% widowed (not remarried). With regard to total number of children, 24.6% reported having no children, 20.3% one child, 33.3% two children, 10.1% three children, 7.2% four children, 2.9% five children, and 1.4% seven children. The number of people within the household, including the participant, was as follows: 2.9% zero, 15.9% one, 31.8% two, 21.7% three, 14.5% four, 8.7% five, and 4.3% six. Lastly, more than half of the participants reported being head of household (62.3%). Participants' education level, employment status, and student status are presented in Tables 1, 2, and 3.

Table 1*Education Level*

Education level	<i>N</i>	Freq (%)
High school diploma or equivalent	9	13.0
Associate degree	16	23.2
Bachelor's degree	18	26.1
Master's degree	21	30.4
Doctoral degree	3	4.3
Other: (1) 1 year of college; (2) 2 years of college	2	2.9

Table 2*Current Employment Status*

Employment status	<i>N</i>	Freq (%)
Employed	29	42.0
Unemployed	25	36.2
Retired	15	21.7

Table 3*Current Student Status*

Student status	<i>N</i>	Freq (%)
Student	17	24.6
Not a student	52	75.4

Participants served in the Army (50.7%), Marine Corps (7.2%), Air Force (11.6%), Navy (29.0%), or Coast Guard (1.4%). Participants' military service ranged from 2 to greater than 20 years, with a variety of highest held military ranks ranging from private to colonel. With regard to the number of deployments, 8.7% reported zero deployments, 43.5% one deployment, 24.6% two deployments, 11.6% three deployments, 7.2% four deployments, 1.4% five deployments, and 1.4% 12 deployments. One person mistakenly reported 45 deployments. Participants reported serving in a variety of settings while deployed. Combat and noncombat zone(s) included, but were not limited to, Afghanistan, Africa, Iraq, Arabian Sea, and Greece. Military operation(s) included, but were not limited to, Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), Destroyer Designated Guided, Operation New Dawn, Operation Spartan Shield, and Operation Inherent Resolve.

The years in which participants were deployed ranged from 1983 to 2017. Likewise, the time since participants last served in the military varied, with the longest timespan being 42 years ago. The type of discharge received from the military and the reason for separation from the military are described in Tables 4 and 5.

Table 4*Type of Military Discharge*

Discharge type	<i>N</i>	Freq (%)
Not applicable	1	1.4
Honorable	65	94.2
General	3	4.3

Table 5*Reason for Separation from the Military*

Reason for separation	<i>N</i>	Freq (%)
Not applicable	4	5.8
Medical separation	13	18.8
Administrative action	2	2.9
End of obligation	29	42.0
Retirement	12	17.4
Other	9	13.0

Correlation and Regression Analyses

For the present study, multiple linear regression analysis was used to analyze the hypotheses and examine predictors of postdeployment distress. Correlations tested for the relationship between each predictor of postdeployment stressors and the outcome of reintegration and perceived stress. A multiple linear regression helped to determine if the predictive variables explained a statistically significant amount of perceived stress and a difficult reintegration. Multicollinearity was quantified by examination of the bivariate correlations and scatterplots of each independent variable using the variance inflation factor (VIF). Sample size, the assumption in regard to the level of measurement, normality, homoscedasticity, linearity, normality of residual, multicollinearity, and multivariate outliers were tested for the multiple linear regressions. Likewise, visual images, such as histograms and scatterplots, were used to identify bivariate outliers. Examination of the scatterplots evaluated the assumption of homoscedasticity. Finally, a Pearson product-moment correlation coefficient was computed to assess the linear relationship of life events, support, family experiences, and perceived stress, as well as life events, support, family experiences, and reintegration.

A number of correlational analyses were performed to explore relationships between variables and, given the number of analyses, may be subject to chance findings. Therefore, these findings should be interpreted with caution. The Pearson product-moment correlation coefficient revealed a moderate and significant positive relationship between perceived stress and life events, $r(69) = .512, p < .000$. The coefficient of determination ($r^2 = .262$) revealed that 26.2% of the total variance in stress is explained by differences in life events. This finding indicates female veterans may experience

higher levels of stress when exposed to a greater number of stressful life events. A Pearson product-moment correlation coefficient revealed a moderate and significant negative relationship between perceived stress and support, $r(69) = -.568, p < .000$. The coefficient of determination ($r^2 = .323$) demonstrated that approximately 32.3% of the variability of stress can be attributed to differences in support. This finding suggests that the more support female veterans receive, the less stress they may experience. Another Pearson product-moment correlation coefficient revealed a moderate and negative relationship between perceived stress and family experiences, $r(69) = -.433, p < .000$. The coefficient of determination ($r^2 = .187$) implies that almost 18.7% of the variance observed in stress can be associated with differences in quality of family experiences. This finding implies the higher the quality of family experiences, the lower the stress levels of female veterans. Table 6 summarizes the results of the correlation between life events, support, family experiences, and perceived stress.

A Pearson product-moment correlation coefficient revealed a strong and significant positive relationship between difficulty with reintegration and life events, $r(69) = .613, p < .000$. The coefficient of determination ($r^2 = .376$) reveals that 37.6% of the total variance in difficulty with reintegration is explained by differences in life events. This finding indicates female veterans may experience higher levels of difficulty with reintegration when exposed to a greater number of stressful life events. A Pearson product-moment correlation coefficient revealed a moderate and negative relationship between difficulty with reintegration and support, $r(69) = -.503, p < .000$. The coefficient of determination ($r^2 = .253$) demonstrates that approximately 25.3% of the variability in difficulty with reintegration can be attributed to differences in support. This finding

implies the more support female veterans receive, the less difficulty with reintegration they may experience. A final Pearson product-moment correlation coefficient revealed a moderate and negative relationship between difficulty with reintegration and family experiences, $r(69) = -.475, p < .000$. The coefficient of determination ($r^2 = .226$) indicates that almost 22.6% of the variance observed in difficulty with reintegration can be associated with differences in quality of family experiences. This finding implies improved quality of family experiences is associated with decreased difficulty with reintegration for female veterans. Table 7 summarizes the results of the correlation between life events, support, family experiences, and reintegration.

Overall, female veterans' exposure to negative life events was found to positively correlate with stress and difficulty with reintegration. The results also suggested a negative correlation between support and stress, between support and difficulty with reintegration, between positive family experiences and stress, and between positive family experiences and difficulty with reintegration. Increases in exposure to stressful life events were correlated with increases in stress and difficulty with reintegration, whereas increases in emotional and influential support and quality of family relationships were correlated with decreases in stress and difficulty with reintegration.

Table 6

Correlations for Perceived Stress Scale, Life Events Subscale, Support Subscale, and Family Experiences Subscale

		Perceived Stress Scale	Life Events Subscale	Support Subscale	Family Experiences Subscale
Perceived Stress Scale	Pearson correlation	1	.512**	-.568**	-.433**
	Sig. (1-tailed)		.000	.000	.000
	<i>n</i>	69	69	69	69
Life Events Subscale	Pearson correlation	.512**	1	-.506**	-.379**
	Sig. (1-tailed)	.000		.000	.001
	<i>n</i>	69	69	69	69
Support Subscale	Pearson correlation	-.568**	-.506**	1	.777**
	Sig. (1-tailed)	.000	.000		.000
	<i>n</i>	69	69	69	69
Family Experiences Subscale	Pearson correlation	-.433**	-.379**	.777**	1
	Sig. (1-tailed)	.000	.000	.000	
	<i>n</i>	69	69	69	69

Note. **Correlation is significant at the 0.01 level (1-tailed).

Table 7*Correlations for Military to Civilian Questionnaire, Life Events Subscale, Support**Subscale, and Family Experiences Subscale*

		Military to Civilian Questionnaire	Life Events Subscale	Support Subscale	Family Experiences Subscale
Military to Civilian Questionnaire	Pearson correlation	1	.613**	-.503**	-.475**
	Sig. (1-tailed)		.000	.000	.000
	<i>n</i>	69	69	69	69
Life Events Subscale	Pearson correlation		1	-.506**	-.379**
	Sig. (1-tailed)			.000	.001
	<i>n</i>	69	69	69	69
Support Subscale	Pearson correlation		-.506**	1	.777**
	Sig. (1-tailed)		.000		.000
	<i>n</i>	69	69	69	69
Family Experiences Subscale	Pearson correlation		-.379**	.777*	1
	Sig. (1-tailed)		.001	.000	
	<i>n</i>	69	69	69	69

Note. **Correlation is significant at the 0.01 level (1-tailed).

Hypothesis 1

A multiple regression was conducted to determine if life events, support, and family experiences predicted stress. The predictive variables of Life Events, Support, and Family Experiences (as measured by the Deployment Risk and Resilience Inventory – 2 [DRRI-2]) and criterion variable (as measured by the PSS) were used to conduct a multiple linear regression analysis. Tests of assumption and multiple linear regression were conducted to include the Durbin-Watson statistic. The Durbin-Watson statistic is used to detect “serial correlations between errors in regression models” (Field, 2009, p. 785). The Durbin-Watson test is conducted to examine the assumption of independent errors (Field, 2009). The Durbin-Watson statistic ranges in value from 0 to 4 (Field, 2009). A value of 2 implies that the residuals are uncorrelated (Field, 2009). The Durbin-Watson value was equal to 1.794, indicating the residuals were uncorrelated.

Multicollinearity was examined using tolerance statistics, VIF, and collinearity diagnostics. The collinearity diagnostics revealed no evidence of multicollinearity. Tolerance statistics for this hypothesis were .734, .344, and .396. Likewise, the VIFs were 1.345, 2.908, and 2.527. Tolerance statistics implied multicollinearity was not present, and the VIFs suggested no area for concern.

As outlined in Tables 8, 9, 10, and 11, the multiple linear regression analysis revealed a multiple correlation of $r = .625$, with a coefficient of determination of $.390$ ($r^2 = .390$), suggesting that approximately 39% of the variance observed in stress can be attributed to the combination of life events, support, and family experiences. These findings indicate that female veterans may encounter higher levels of stress with exposure to challenging life events; however, stress is decreased with the presence of support and

quality family experiences. The adjusted coefficient of determination ($AdjR^2 = .362$) indicates shrinkage would be present from sample to population if the entire population was evaluated. The F change was significant at the .000 level. The combination of predictive variables resulted in a prediction that life events, support, and family experiences contributed to stress. However, tests of the individual predictors revealed that specifically life events and support predicted stress in female veterans.

Table 8

Model 1 Summary of Life Events Subscale, Support Subscale, and Family Experiences Subscale to Perceived Stress Scale

Model	R	R^2	Adjusted R^2	Std. error of est.	R^2 change	F change	$df1$
1	.625 ^a	.390	.362	7.17611	.390	13.862	3

Note. ^a. Predictors: (Constant), Family Experiences, Life Events, Support

Table 9

Model 1 Summary of Life Events Subscale, Support Subscale, and Family Experiences Subscale to Perceived Stress Scale Change Statistics

Model	$df2$	Sig. F change	Durbin-Watson
1	65	.000	1.794

Table 10

Overall Regression Analysis of Life Events Subscale, Support Subscale, and Family

Experiences Subscale to Perceived Stress Scale

Model		Sum of Squares	df	Mean square	F	Sig
1	Regression	2141.590	3	713.863	13.862	.000 ^b
	Residual	3347.280	65	51.497		
	Total	5488.870	68			

Note^b. Predictors: (Constant), Family Experiences, Life Events Total, Support

Table 11

Coefficients of Life Events Subscale, Support Subscale, and Family Experiences

Subscale to Perceived Stress Scale

Model		Unstandardized coefficients	Standardized coefficients		t	Sig.	Collinearity statistics	
		B	Std. error	Beta			Tolerance	VIF
1	(Constant)	37.398	4.540		8.237	.000		
	Life Events	.733	.273	.302	2.687	.009	.743	1.345
	Support	-.376	.147	-.423	-2.559	.013	.344	2.908
	Family Experiences	.007	.106	.010	.065	.948	.396	2.527

Note. VIF = variance inflation factor

Hypothesis 2

A multiple regression model was conducted to determine if life events, support, and family experiences predicted issues with reintegration. The predictive variables of Life Events, Support, and Family Experiences (as measured by the DRRI-2) and criterion variable (as measured by the M2C-Q) were used to conduct a multiple linear regression analysis. Test assumptions and multiple linear regression were conducted to include the Durbin-Watson statistic. The Durbin-Watson value was equal to 1.908, implying that the residuals were uncorrelated.

Multicollinearity was tested using tolerance statistics, VIF, and collinearity diagnostics. The collinearity diagnostics revealed no evidence of multicollinearity. Tolerance statistics for this hypothesis were .743, .344, and .396. Moreover, the VIFs were 1.345, 2.908, and 2.527. Tolerance statistics implied multicollinearity was not present, and the VIFs suggested no area for concern.

As displayed in Tables 12, 13, 14, and 15, the multiple linear regression analysis revealed a multiple correlation of $r = .668$, with a coefficient of determination of .466. The coefficient of determination ($r^2 = .446$) reveals that 44.6% of the total variance of difficulty with reintegration is explained by life events, support, and family experiences. The results imply that lack of support and quality family experiences may lead to an increase in difficulty with reintegration, whereas higher levels of support and quality family experiences can decrease challenges with reintegration. The adjusted coefficient of determination ($AdjR^2 = .421$) indicates shrinkage would be present from sample to population if the entire population was evaluated. The F change was significant at the .000 level. The combination of predictive variables resulted in a prediction that life

events, support, and family experiences contributed to issues with reintegration.

However, based on individual tests of the predictors, only life events predicted difficulty with reintegration in female veterans.

Table 12

Model 1 Summary of Life Events Subscale, Support Subscale, and Family Experiences Subscale to Military to Civilian Questionnaire

Model	<i>R</i>	<i>R</i> ²	Adjusted <i>R</i> ²	Std. error of est.	<i>R</i> ² change	<i>F</i> change	<i>df</i> 1
1	.668 ^a	.446	.421	.76042	.446	17.463	3

Note. ^a. Predictors: (Constant), Family Experiences, Life Events Total, Support

Table 13

Model 1 Summary of Life Events Subscale, Support Subscale, and Family Experiences Subscale to Military to Civilian Questionnaire Change Statistics

Model	<i>df</i> 2	Sig. <i>F</i> change	Durbin-Watson
1	65	.000	1.908

Table 14*Overall Regression Analysis of Life Events Subscale, Support Subscale, and Family**Experiences Subscale to Military to Civilian Questionnaire*

Model		Sum of squares	<i>df</i>	Mean square	<i>F</i>	Sig
1	Regression	30.293	3	10.098	17.463	.000 ^b
	Residual	37.585	65	.578		
	Total	67.878	68			

Note. ^b. Predictors: (Constant), Family Experiences, Life Events Total, Support**Table 15***Coefficients of Life Events Subscale, Support Subscale, and Family Experiences Subscale**to Military to Civilian Questionnaire*

Model		Unstandardized coefficients	Standardized coefficients		<i>t</i>	Sig.	Collinearity statistics	
		<i>B</i>	Std. error	Beta			Tolerance	VIF
1	(Constant)	2.105	.481		4.375	.000		
	Life Events	.131	.029	.486	4.542	.000	.743	1.345
	Support	-.008	.016	-.077	-.491	.625	.344	2.908
	Family Experiences	-.018	.011	.230	-1.570	.121	.396	2.527

Note. VIF = variance inflation factor.

CHAPTER 5: DISCUSSION

Interpretation and Implication

The female veteran population within the military is projected to grow over the next few years, accounting for approximately 16.3% of the living population by the year 2042 (National Center for Veterans Analysis and Statistics [NCVAS], 2017). Similar to their male counterparts, female veterans are exposed to trauma-related experiences in and out of combat zones. For such reasons, this study aimed to identify possible predictive factors of postdeployment stressors, as well as to identify and explore stressors directly related to postdeployment reintegration. These specific domains were examined with the hope of increasing knowledge and improving understanding of postdeployment predictive factors and reintegration stressors within the female veteran population. Hopefully, this research can help to inform military practices and mental health treatment, as well as to aid in the development of gender-specific programs that can assist female veterans with their transitions to civilian life post deployment.

Predictors for Stress

Stress left untreated can interfere with other domains of life and increase risks of developing into physical issues and mental health problems. Hypothesis 1 sought to examine whether a positive correlation would exist between life events and stress and a negative relationship between support and stress and family experiences and stress.

Life Events

This research study found a significantly positive correlation between life events and stress. The findings indicate that female veterans who experience life events are more likely to experience perceived stress, a finding that aligns with previous research

that suggests female veterans experience external and internal challenges upon returning home from war (Demers, 2013). This current study supports the notation that factors, unrelated and related to deployment, can increase stress among female veterans post deployment. Factors include, but are not limited to, robbery, unwanted sexual activity, financial concerns, and health issues. Being knowledgeable of such predictive factors can improve quality of life, reduce risks, allow for proactive services and treatment, and help to meet female veterans' postdeployment expectations. These research data support the impression of gender-specific programs and interventions aimed to address stressors in the female veteran population.

Support

This study found a significantly negative correlation between support and perceived stress. Support, for purposes of this study, included the degree to which veterans receive emotional sustenance and instrumental assistance from their communities and close relationships (Vogt et al., 2013). Similar to the findings of family experiences, social support was found to predict lower levels of stress among female veterans. Being able to receive emotional support and substantial assistance can help to decrease stress. Such support can improve the sense of belonging and increase a female veteran's willingness to seek advice when needed. Open communication and support are important, as each can help to clear the mind and allow adoption of an alternative perspective. Likewise, having tangible support to complete chores, manage financial obligations, and handle other stressors has also been found to lower stress levels. As previously noted, stress is a normal aspect of life and can be a benefit in certain situations. However, as demonstrated in this study, certain life events have found to be

predictive of increased stress among female veterans. Nevertheless, with adequate social support, stress has been found to decrease in female veterans.

Family Experiences

Family experiences were also found to have a negative relationship with stress. The findings suggest that in the presence of quality family relationships, female veterans were less likely to experience stress. Similar to support, healthy family relationships and positive interactions upon returning home from war decreased stress among female veterans. Healthy family connections and feeling like an active member of the family build stronger relationships, foster familial growth, and improve emotional bonds. Positive family experiences provide an avenue by which to receive emotional and physical sustenance, as well as to exhibit and provide affection. Such factors can improve family cohesion and, as demonstrated in this study, decrease stress levels in female veterans post deployment.

Predictors for Reintegration

Hypothesis 2 assessed whether a negative relationship would exist between support and reintegration and family experiences and reintegration and a positive relationship between life events and reintegration.

Support

Support was found to have a negative relationship with reintegration difficulties. As stated earlier, support refers to emotional encouragement and palpable assistance from family, friends, and the community. Similar to the results of support and stress, receiving community support was demonstrated to benefit the reintegration process. Support is a powerful instrument that helps with the decrease of difficulty with reintegration post

deployment. Social support not only can improve the reintegration process, but also can assist with balance. Previous research suggests that family can be a support system and essential to reintegration (Maiocco & Smith, 2016). Although support may vary for each female veteran, based on this study, support can be predictive of lower reintegration difficulty. Therefore, family, friends, and individuals within the community should be included in the reintegration process to help increase the benefits of support and decrease challenges related to reintegration.

Family Experiences

This research study also found a negative relationship between family experiences and difficulty with reintegration. The quality of family relationships post deployment proved to have a positive impact on the reintegration process. The combination of closeness, affection, and communication can make way for an improved reintegration. Such factors can aid with problem solving, provide insight to and help family members understand female veterans' experiences and foster feelings of familiarity and belongingness. Likewise, quality family relationships can encourage and guide the female veteran toward obtaining reintegration services as needed.

Life Events

The results of this study found a significantly positive relationship between exposure to stressful life events and difficulty with reintegration. Although data do not suggest the specific time frame of the event, life events related and unrelated to deployment led to challenges with reintegration. The findings are consistent with prior literature describing negative events and situations commonly associated with

reintegration difficulty. Although exposure to life events can occur at any stage of deployment, the goal of this study was to identify stressors specific to reintegration.

Although the predictors of life events, support, and family experiences were related to the criteria of stress and reintegration, the regression revealed that only life events and support predicted stress, and only life events predicted difficulty with reintegration. In the end, negative life events showed to be a risk factor for stress while positive support was a protective factor. Only negative life events were associated with reintegration difficulty. Above all, the present results indicate that female veterans' abilities to handle stress and reintegrate after deployment, as measured by the degree of positive support received and exposure to negative life events, may be factors in their personal experiences. Preventive measures should be considered to target such risk and protective factors to increase the probability of obtaining positive support and decrease the impact negative life events may have on female veterans. If properly targeted, the protective factor of positive support may be used as a safeguard against the impact of negative life events. Positive support as a protective factor can improve the lives of female veterans and the overall safety of the female veteran population.

Implications for this research include education, prevention, and treatment. The results of this study can also help identify predictive factors of postdeployment stressors, as well as postdeployment stressors commonly seen among female veterans. To maximize the likelihood of helping this population, the military must begin to recognize the direct postdeployment stressors and concerns of female veterans. Knowledge of such factors can help the military assist female veterans to prepare for deployment, their return home from deployment, and separation from the military. Furthermore, the results of this

study may offer a means of identifying early-warning, at-risk signs for postdeployment distress and begin to provide a foundation for informing the military about developing a gender-specific program that can aid with the transition into civilian life and promote positive coping strategies. Identification of postdeployment stressors commonly seen among female veterans, as well as the ability to describe factors that can increase the risk of postdeployment stressors and challenges, is critical for successful reintegration.

Additionally, this research may inform the military, mental health providers, veterans, and family members of the predictive factors of postdeployment distress and stressors related to experiences upon separation from the military. If the military, mental health personnel, family, friends, and allies of female veterans are aware and have an improved understanding of stressors and reintegration difficulties female veterans face during reintegration, each unit can assist as appropriate. Knowledge of stressors and difficulty with reintegration may push the military toward developing a female-specific program that can aid with the transition into civilian life and promote positive coping strategies. Such programs can seek to address issues and concerns directly related to female veterans that will guide them toward success and quality of life. Equally important are improved mental health services that can help to increase the efficacy of treatment. Mental health providers will have the opportunity to implement improved treatment plans that can directly target the challenges female veterans endure. Finally, educating family, friends, and the community can strengthen relationships and connections and also help destigmatize and break negative perceptions of female veterans. Educating can also support family, friends, and the community in helping them

to understand challenges with reintegration and teach them how to help their female veteran appropriately.

In summary, an in-depth and enhanced understanding of such stressors may help researchers and the military develop a measure to assess for postdeployment stressors related to female veterans and inform mental health services.

Limitations

Although this study may highlight stressors common among female veterans who have deployed, this study had limitations. First, the researchers did not examine the training and deployment differences across the different military branches. Differences among the training modalities and deployments may account for some differences within the various military branches that are specific to their respective female veteran population. For instance, each military branch trains differently and has different deployment schedules. Furthermore, the various types of military separations were not explored. Such separations can include general discharge, honorable discharge, dishonorable discharge, and other than honorable discharge. Separations that are not considered honorable could be considered a stressor, increase established stress, or cause reintegration difficulty. Separations not considered honorable may cause concerns for service members as a result of negative stigma or loss of benefits. Such problems could potentially impact the veteran's health or ability to secure employment.

A second limitation that should be considered is the use of self-report questionnaires. Although the self-reports remained anonymous, answers may have been exaggerated, and some participants may have been too embarrassed to reveal private details. Furthermore, participants may have provided answers that were socially

desirable, whereas some participants may simply have not remembered details of their deployments. Although this current study may increase the generalization of data, preset responses may have limited participants' abilities to unrestrictedly articulate their experiences to reflect their experiences. Furthermore, self-reports and surveys did not grant analysis of the various branches by direct interviews, possibly resulting in altered interpretations of stressors and the reintegration process.

A notable limitation of the survey was the number of participants. For a power of analysis, this study required a minimum of 107 participants; however, only 69 were recruited. The smaller number of female veterans who participated in the study may be contributed to the length of the survey. The survey consisted of more than 100 questions, thus possibly producing fatigue among participants. Furthermore, some female veterans may have opted not to take the survey because of the sacristy of veterans and their military service. Although female veterans are not deemed a protected population, many women who have served in the military are proud of their service and often want to protect their legacies. Subsequently, some female veterans may not want to tarnish their legacies by publicly conveying negative experiences.

Lastly, predeployment preparation was not examined. Assessment of predeployment preparation can provide additional details regarding factors that possibly influence postdeployment stressors, as well as determine how well the participants felt they were prepared for deployment. Likewise, this study did not explore events significant to predeployment or during deployment that could also influence postdeployment and reintegration. Such events are exposure to suicide, accidents, and sexual trauma.

Future Directions

The results of this study should be expanded. Although the correlations were found to be significant, future research should seek to include a larger sample size of the female veteran population, ensuring all military branches have adequate representation. A larger pool of participants can improve the accuracy of the mean and increase reliability. Likewise, outliers can be easily identified, leading to a smaller chance of reporting misleading data. Therefore, recruitment of participants should be carefully considered and expanded beyond social media platforms.

Additionally, future studies should consider examining self-care practices and personality differences that may contribute to the reintegration process and the ability to cope with postdeployment stressors. Such factors as self-care and personality differences can speak to the level of care female veterans provide for themselves. Future research can seek to explore the self-care practices female veterans engage in to determine their effects on stress and reintegration. Likewise, personality differences can be examined to determine whether certain behaviors and practices associated with specific personalities are more prone to stress and reintegration difficulty.

Future research should also consider focusing on one military branch to examine branch-specific stressors and reintegration. Although the military is one entity, each military branch operates uniquely and is governed by its own regulations. Additionally, each branch functions differently during deployments. Therefore, stressors and reintegration may present differently for each female veteran based on the branch in which she served.

Resilience is another factor that should be considered for future research. Future research should seek to examine resilience training female veterans receive while serving in the military. Knowledge of the effects of resilience training within the realm of military service can provide insight on perceived stress and difficulty with reintegration among resilient female veterans and those who struggle with the ability to adapt to civilian life. Likewise, research can highlight the differences in resilience training among the various military branches. Similarly to other areas of future research, understanding the framework of resilience related to female veterans can offer data on the quality of life, as well as assess problem solving, motivation to adapt and maintain flexibility, core beliefs, and ability to embrace change.

Lastly and most importantly, future research should include a focus on coping strategies with female veterans. Knowledge of stressors and barriers female veterans encounter during reintegration is important; however, a more important area may be to study coping strategies. Focus on coping techniques can help to facilitate an improved perception of stressors and reintegration, thereby improving quality of life.

With the future increase in the female veteran population, an understanding of factors that affect the reintegration process is becoming increasingly important. Reintegration is often considered a joyous time when families reconnect with service members who have been away for months (Marek et al., 2012). However, female veterans' experiences are often overshadowed by male veterans' experiences (Mattocks et al., 2012). This study was birthed from the need to shed light upon female veterans' experiences in hopes of forward movement for this population. Additionally, this

research was conducted to add to the dearth of current literature on the female veteran population.

This study identified and examined factors associated with and predictive of postdeployment distress and stressors affecting reintegration of female veterans. Overall, the results demonstrated that negative life events increased perceived stress and reintegration difficulty for female veterans. Likewise, female veterans who received support and were exposed to positive family events experienced lower levels of stress and decreased reintegration difficulty. The findings suggest that female veterans may be more prone to higher levels of stress and increased difficulty with reintegration if exposed to related or unrelated postdeployment life events. To improve the quality of the reintegration process, gender-specific programs should be developed to aid in the process. Moreover, the military, mental health providers, family, friends, and the community should be educated on issues and concerns included in reintegration to ensure an adequate process. Female veterans have unapologetically served their country. Now is the time to give back to each of them.

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APPENDICES*Appendix A***Demographic Questionnaire**

1. Gender

Male
Female

2. Age

18-19
20-29
30-39
40-49
50-59
60 and over

3. Race

Caucasian/White
African American
Hispanic
Asian/Pacific Islander
Other (please specify): _____

4. Ethnicity

Hispanic or Latino
Yes or No

5. Relationship Status

Single
Living together in committed relationship (not married)
Married
Separated
Divorced (not remarried)
Widowed (not remarried)

6. Total Number of Children

7. Number of people in household

8. Head of Household

Yes or No

9. Military Branch

Army
Marine Corps
Air Force
Navy
Coast Guard

10. Total Years of Service

2 – 5 years
5 – 8 years
8 – 11 years
11 – 14 years
14 – 17 years
17 – 20 years
Over 20 years

11. Number of Deployments

12. Combat Zones/operation(s) during deployment

13. Years of deployment(s)

14. Veteran

Yes or No

15. Type of Discharge

Honorable
General
Dishonorable
Other Than Honorable
Bad Conduct

16. Reason for Separation

Medical Separation
Administrative Action
End of Obligation
Retirement
Other _____

17. Time since last served in the military
18. Number of years since last deployment
19. Highest military rank
20. Education Level

Less than a high school diploma
High school diploma or equivalent
Bachelor's degree (e.g., BA, BS, etc.)
Master's degree (e.g., MA, MS, etc.)
Doctorate (e.g., PhD, PsyD, etc.)
Other (please specify): _____

21. Employment Status

Employed
Unemployed
Retired

22. Student Status

Student
Not a student

23. My overall ability to readjust into civilian life has

Not been difficult
Been a little difficult
Been somewhat difficult
Been a lot of difficult
Been extremely difficult

*Appendix B***Solicitation Email****January 8, 2020:**

We are currently in the process of seeking participants for a study to understand the military experiences and stress of female veterans both during and following deployment. If you choose to be a part of this study, you will be asked to complete questionnaires. Your participation will be completely voluntary and completely anonymous, meaning that the researchers will not be able to identify you. In addition, you may discontinue your participation at any time without consequence. Answering some questions may be associated with mild discomfort related to your military experience during or after deployment. If you are deemed eligible to participate and complete the survey in its entirety, you may choose to enter a secured raffle to possibly win one of four \$25 gift cards. This study is approved by the Institutional Review Board of Philadelphia College of Osteopathic Medicine (IRB# H19-060X). The responsible investigator is Shalonda Griffin who is under the direction of Robert A. DiTomaso, Ph.D., ABPP, Principal Investigator.

If you understand the nature and terms of participation in this project and agree to participate, please click the following link: https://is.gd/postdeployment_stress

April 25, 2020:

My name is Shalonda Griffin and I am a 4th year student at the Philadelphia College of Osteopathic Medicine. We are currently in the process of seeking female veterans for a study to understand the military experiences and stress during and following deployment. If you choose to be a part of this study, you will be asked to complete questionnaires. Your participation will be completely voluntary and completely anonymous, meaning that the researchers will not be able to identify you. In addition, you may discontinue your participation at any time without consequence. Answering some questions may be associated with mild discomfort related to your military experience during or after deployment. If you are deemed eligible to participate and complete the survey in its entirety, you may choose to enter a secured raffle to possibly win one of six \$50 gift cards. This study is approved by the Institutional Review Board of Philadelphia College of Osteopathic Medicine (IRB# H19-060X). The responsible investigator is Shalonda Griffin who is under the direction of Robert A. DiTomaso, Ph.D., ABPP, Principal Investigator.

If you understand the nature and terms of participation in this project and agree to participate, please click the following link:
<https://redcap.pcom.edu/surveys/?s=4WJE3FC7X8>

*Appendix C***Resources List****Mental Health**

National Suicide Prevention Lifeline

1-800-273-8255

<https://suicidepreventionlifeline.org/help-yourself/veterans/>

Veterans Crisis Line

Call: 1-800-273-8255 and Press 1

Text: 838255

<https://www.veteranscrisisline.net>

Woman Veteran

Call or Text: 1-855-829-6636

https://www.womenshealth.va.gov/WOMENSHEALTH/womenshealthservices/healthcare_about.asp<https://www.womenshealth.va.gov/WOMENSHEALTH/ProgramOverview/wvcc.asp>

SAMHSA's Service Members, Veterans, and their Families Technical Assistance Center

www.samhsa.gov/MilitaryFamilies

Defense Suicide Prevention Office

www.suicideoutreach.org**Female Specific**

Academy Women

www.academywomen.org

F7 Group - Empowering Female Veterans and Military Women

www.f7group.com

Fatigues to Fabulous

<https://www.facebook.com/Fatigues2Fabulous/>

Grace after Fire

www.graceafterfire.org

Ms. Veteran America Pageant

www.msveteranamerica.com

Women's Trauma Recovery Program

<https://www.paloalto.va.gov/services/wtrp.asp>

Women Veterans Interactive

<http://www.womenveteransinteractive.org/>

Women Veterans Rock

www.womenvetsrock.org

American Women Veterans Foundation

www.americanwomenveterans.org

Department of Veterans Affairs - Center for Women Veterans

<http://www.va.gov/WOMENVET/>

Employment

FedsHireVets

<https://www.fedshirevets.gov/>

Career One Stop

<https://www.careeronestop.org/Veterans/default.aspx>

REBOOT Workshop

<https://www.nvt.si.org>

Transition Assistance Program

<https://www.dol.gov/agencies/vets/programs/tap>

Boots to Business

<https://ivmf.syracuse.edu/veteran-and-family-resources/starting-growing-a-business/boots-to-business/>

Hire Heroes USA

<https://www.hireheroesusa.org/training/>

DoD SkillBridge

<https://dodskillbridge.usalearning.gov/program-overview.htm>

Healthcare

Vet Center

<https://www.vetcenter.va.gov/>

Give an Hour

<https://giveanhour.org/resource-center/>

Psychological Health Center of Excellence (PHCoE)

<https://www.pdhealth.mil>

Real Warriors

<https://www.realwarriors.net/psych-health-programs>

Warrior Care

<https://warriorcare.dodlive.mil/about/>

Housing

Department of Veterans Affairs

<https://www.va.gov/homeless/housing.asp>

National Coalition for Homeless Veterans

<http://nchv.org/index.php/service/service/grants/>

Transition

Military One Source:

<https://www.militaryonesource.mil/military-life-cycle/separation-transition/separation-transition-resources>

<https://www.militaryonesource.mil/military-life-cycle/veterans/veterans-resources>

National Veterans Foundation

<https://nvf.org/veteran-resources/>