

Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments

A thesis submitted to the University of Manchester for the degree of Doctor of Counselling Psychology (DCounsPsych) in the Faculty of Humanities.

2018

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WORD COUNT : 54,028

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Abstract

Background: The inclusion of women in the armed Forces is becoming increasingly commonplace, with figures currently standing at 10.2% of the regular Forces in the United Kingdom (UK). This is set to rise with the introduction of the new Ground Close Combat (GCC) ruling which came in earlier this year (2017), allowing women to serve on the frontline with their male colleagues. However, alongside these changes, women already face stressors and exposure to combat in the Forces that potentially contribute to difficult transitions back into everyday life when leaving the military environment. The aim of this study was therefore to engage with and explore the experiences of female veterans' psychological health and wellbeing as they transition from the Forces into civilian life, understanding the different processes they encounter as they transition.

Methodology: Six female veterans who fit the inclusion criteria were recruited for the study. In this qualitative study, semi-structured, one-to-one, in-depth interviews were conducted and analysed in accordance with Charmaz's (2006) Constructivist Grounded Theory (CGT) guidelines. This iterative and inductive analytical process was utilised to construct an understanding of the participants' experiences and understandings of their transition.

Findings: Concurrent with the CGT approach, nine theoretical categories developed from the analysis of the interviews, including role reversal, sexism and loss. These contributed to the development of a transition model, representing an interaction between 'the military environment', 'no man's land' and 'the civilian environment'. Findings indicate that experiences of transitioning faced by female veterans are complex, and involve gender-related issues. The findings also suggest that problems with mental health such as Post-Traumatic Stress Disorder are common, and are heightened by additional stressors specific to women's experience in the military and civilian environments.

Discussion and Conclusion: These findings suggest that female veterans' health and psychological wellbeing experiences in the military are parallel to those they experience in civilian life. Consistent with previous literature, the female veterans interviewed appear to have experienced their transitions differently to male counterparts, with additional stressors present throughout their transitions. These stressors contribute to the uncertainty of identity, stigma and a loss of military ways when transitioning back into a civilian society. Consequently, more services that are tailored to female military veterans, are proposed, in order to support the increasing number of female veterans that will present in the future. This has implications for therapeutic practice in counselling psychology, whereby a deeper understanding of the difficulties and challenges experienced by female veterans during transition into civilian life can inform therapeutic interventions and signposting to specific services tailored their needs.

Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

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Acknowledgements

Firstly, I would like to express my sincere gratitude to the participants who took part in this study. Without their openness and honesty, the research would not be what it is today. I would also like to thank Dr Terry Hanley, who not only shared his expertise and guidance – but his optimism throughout the final days of this thesis. Also, Dr Tony Parnell who has been influential throughout my career and encouraged me to take countless opportunities. Thankyou you to Dr Laura Winter, it has been a pleasure to be taught by someone who exhibits both passion and enthusiasm for Counselling Psychology.

Thank you to my fellow trainees on the course that have provided me with the continuity to keep going. Through the ‘Snappies’, daily updates and general laughter at a time when I needed it – thank you. Thanks to Doireann Mangan, who helped in the final hurdles leading up to submission. A special shout out goes to Esther Ingham who tirelessly proof read the work, and provided me with humour, wit and scones to keep going.

An abundance of gratitude for my parents, without their love, support and encouragement, this would not have been possible. Mark, your patience to wait for me as I continue with my dream has been invaluable. Let this now be the time where I can be fully dedicated to our future, making memories that last a life time. Thank you to my brother and his wife, Robert and Michelle, whose ‘Fish Tea Thursdays’ have been a much welcomed break, long may they carry on. Lastly, the recent welcoming of my first Nephew into the world has been, what can only be described as - the epitome of a proud Aunt. Needless to say, *“this one’s for you George”*.

Acronyms

ACT	Acceptance and Commitment Therapy
ATO	Ammunition Technical Officer
BAME	Black, Asian, and Minority Ethnic (used to refer to members of non-white communities in the UK)
CCG	Clinical Commissioning Group
CGT	Constructivist Grounded Theory
CMD	Common Mental Disorders
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, 4th Edition
DSM-V	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
EMDR	Eye Movement Desensitisation and Reprocessing
ESL	Early Service Leaver
GCC	Ground Close Combat
IT	Information Technology
IHR	Interim Health Report
IAPT	Improving Access to Psychological Therapies
Med Dis.	Medically Discharged
MH	Mental Health
MoD	Ministry of Defence
MSki	Musculoskeletal Injury(s)
MST	Military Sexual Trauma
NHS	National Health Service
OEF	Operation Enduring Freedom in Afghanistan
OIF	Operation Iraqi Freedom in Iraq
PTSD	Post-Traumatic Stress Disorder
RAF	Royal Air Force
TBI	Traumatic Brain Injury
TF-CBT	Trauma Focused Cognitive Behavioural Therapy
UK	United Kingdom
US	United States
V1P	Veterans F1rst Point

CHAPTER 1: INTRODUCTION

1.1 Study Background¹

Women constitute an increasing proportion of the UK armed Forces. At present, 10.2% of the regular Forces (Army, Navy, Royal Air Force) are female, a percentage set to rise annually (Dempsey, 2017). Recently, the Ground Close Combat ruling, “*where the primary role is to close with and kill the enemy*” (Ministry of Defence, 2014 p. 2) has been lifted from what has historically excluded women equal role opportunities with men in ground fighting force. The lift on the exclusion illustrates the Ministry of Defences’ (MoD) publicised commitment to diversity and equality; “*A diverse force is a more effective force*” (MoD, 2017c). However, debates around the ruling have raised queries about combat effectiveness, and the impact upon both short and long term women’s health and wellbeing. The impact of deployment away on operations from a home base, and the additional particular stressors that women may face is not yet clearly understood. This thesis does not attempt to discuss whether women should be serving in combat situations or not, rather, it focuses on their mental health and wellbeing once they have left the Forces, along with their transition experiences.

Individuals in the Forces are exposed to an array of potential stressors. Although some of these may be experienced by the general population, service personnel are likely to be exposed to several stressors simultaneously (Woodhead, 2012). These include; deployments away from family/friends, frequent relocation, trauma and loss, and reintegration to civilian life (Desrosiers, 2014). Furthermore, women service members potentially manage additional stressors such as living and working in a masculinised environment, and being primary caregivers whilst in the Forces.

¹Please note that research reflecting the sentiments of this opening segment are presented within Chapter 2 of the Literature Review

UK literature concerning women veterans is scant; the majority of current research derives from the US, where females are already in combat roles. There is also a large emphasis on mental health issues such as Post Traumatic Stress Disorder

(PTSD) and Common Mental Disorders (CMD), suggesting women experience different psychological challenges to men, post-Forces (Goodwin et al., 2015; Jones, Rona, Hooper, & Wesseley, 2006; Mulligan et al., 2010). Globally, focus on other areas, such as additional stressors that female veterans may encounter when adjusting to life post-Forces is limited: research concerning military personnel generally excludes women, due to their constituting small samples, or a lack of evidence to make comparisons against males. It is necessary to acknowledge and understand the psychological health and wellbeing of female veterans. With the likelihood of an increasing number of women entering the Forces, more will also be leaving in the future, and possibly needing access to professional services in order to manage potential mental health conditions. Therefore, an understanding of the specific stressors that females encounter could help improve policies and regulations, and therefore more effectively assist those with transition difficulties.

1.2 Definitions

It is necessary to clarify definitions of terms used throughout the study. In the following section, key terms will be defined, along with other relevant terms. Acronyms can be found prior to this chapter for reference. Lesser used terms can be found in Appendix 1 which will give a brief definition for clarity.

1.2.1 Psychological health and wellbeing

“Psychological well-being is about lives going well” (Huppert, 2009 p. 137). This study focuses on how well female veterans function and adapt to civilian society, and whether they are able to resume a healthy lifestyle, both mentally and physically. Dodge, Daly, Huyton and Sanders (2012) suggested it might be defined as *“the balance point between an individual’s resource pool and the challenges faced”* (p. 30). If the psychological health, social and physical challenges that are experienced are greater than the female veteran has the resources for, then the balance will be unequal and she may potentially struggle to cope and adjust/transition to civilian life (Dodge et al., 2012). It is felt that the above

definition rests on a number of factors, including the ability to adapt to different situations, culture, and more importantly, gender.

1.2.2 The Forces

The Forces (The British Armed Forces, or Her Majesty's Armed Forces) consists of three divisions including The Royal Army, The Royal Navy, and The Royal Air Force (RAF). This study makes use of terms such as 'in service', or 'the military'. The expression 'military environment' is also applied where relevant. The majority of roles are open to women in the Forces, apart from the GCC mentioned below.

1.2.3 Ground Close Combat (GCC)

The primary purpose of the GCC role requires individuals on the ground to close with and kill the enemy. They will frequently be on foot, travelling over difficult terrain and carrying substantial weight in order to engage in close quarter fighting. Furthermore, it comprises of *"intense, visceral and unavoidably physical activity, where [v]iolent death, injury, all-pervading concussive noise, horror, fear, blood and high levels of emotion are common themes"* (Fitriani, Cooper, & Matthews, 2016 p. 16). Cohesion of a GCC team is considered vital in its combat effectiveness. Only recently have GCC roles opened up to women in the RAF. The Army and Navy GCC ruling still remains in place. The lifting of the ban on women in GCC was a decision made in order to maximise talent and promote equality. It was felt that pressure from other nations also contributed towards the decision (MoD, 2014).

1.2.4 Female Veteran

For the purpose of this study, and in the interests of inclusiveness and diversity, a female is any individual who identifies as such. A veteran is anyone who has *"served for at least a day in Her Majesty's Armed Forces, whether as a Regular or a Reservist"* (MoD, 2013 p. 4). Terms used interchangeably in this study denoting veterans are ex-Service personnel; ex-military; ex-Forces. It is pertinent to point out that, singular to the UK, veterans do not have to have served on deployment to a conflict zone in

order to be called a veteran. This is not universal protocol (Dandeker, Wessely, Iversen, & Ross, 2006).

1.2.5 Deployment

This study defines deployment as a period of duty away from home base (usually six months) to an operational (not training) assignment, such as in Afghanistan or Iraq. The work ranges from peacekeeping and providing humanitarian aid, to enforcing anti-terrorism measures and helping combat the international drugs trade (The British Army, 2017).

1.2.6 Post-Deployment

Whilst deployment is a term used in the Forces, post-deployment refers to females who are no longer in the Forces. The study uses this term to denote that women are now veterans, and are no longer in active service but are living in civilian society.

1.2.7 Transition

The word transition is used to describe reintegration into civilian life from the Armed Forces. For the purposes of this study, transition starts when ID badges are relinquished and the individual is no longer recognised as Forces personnel. Transitions in this study have no expiration, allowing female veterans to indicate when their transition ends, if at all.

1.3 Rationale and Research Question

This thesis focuses on the transitions of UK female veterans from military to civilian environments, with the intention of understanding their psychological health and wellbeing experiences throughout their transition. A recent systematic review undertaken by Jones and Hanley, (2017) indicated that there has not been enough rigorous research of UK female veterans, and *“although organisations may be familiar with the psychological aspects of post-deployment well-being, the more specific details including sociocultural facets of female veteran transitions may be less*

known” (p. 7). There is clearly a need for greater, more rigorous research into the needs of this group of people; also indicated in the ‘UK Government to Health Education England’ mandate, which emphasises the need to improve veterans’ healthcare (Department of Health, 2014). Furthermore, women veterans have been identified as amongst a subpopulation who are most at risk of experiencing mental illness (Murphy, 2016). By identifying the socio-cultural aspects of their transition along with the additional stressors that women face, this study potentially offers novel insights into the experiences of female veterans’ transitions. Given that most research focuses on male veterans and the impact of combat exposure on PTSD, women’s expanding roles in combat operations presents an opportunity to look at their transitions whilst simultaneously capturing their experiences in an ever changing socio-economic environment.

Of the little relevant literature that currently exists on the topic in question, more focuses on quantitative than qualitative data. To the researcher’s knowledge, there is only one other study that specifically explores (US) female veterans using the same method of analysis as adopted in this study (see Burkhart & Hogan, 2015). Additionally, the reflexive element of this methodology is an important component of qualitative research, and is not widely used within military studies. Although not directly comparable, due to differing economies and support services available, US research supports the contention that female veterans have poorer transition outcomes than their male counterparts (Pike, 2016). This study uses a Constructivist Grounded Theory (CGT) approach as defined by Charmaz (2006, 2014) to explore further the process of transition that may be unique to female veterans. Therefore, the central question for this thesis was supported by three study aims, which are defined below.

1.3.1 Research Question

What are female veterans’ experiences when transitioning from military to civilian environments?

1.3.2 Research Aims

- To qualitatively explore the stressors females experience which contribute to difficulties post-Forces
- To understand female veterans' transition processes when leaving the military upon entering civilian life
- To investigate what female veterans need/want for a better transition

1.4 Reflexive Statement

As detailed in Chapter 3, the methodology used in this study is one of co-construction. As the researcher/author, the emphasis lies within the subjective interrelationship between researcher and participant, and the co-construction of meaning (Mills, Bonner, & Francis, 2006b), rather than the researcher being exclusively independent from the subject. Whilst some researchers use 'bracketing' to mitigate the effects of preconceptions that may taint the research process (Tufford & Newman, 2010), this study acknowledges 'preconceived ideas' and brings them to the forefront, making conscious efforts to uncover any presuppositions and grapple with how they may affect the research. It is therefore vital to take part in reflexivity to uncover any starting assumptions. Fostering the researcher's own interpretations, as well as the participants', is essential for the co-construction of meaning (Charmaz, 2006). The following will be narrated in the first person perspective to facilitate the understandings and presuppositions of the researcher.

The decision to carry out this work was not an impromptu one. In 2013 I completed an MA (Clinical Counselling) dissertation exploring therapists' experiences of supporting veterans facing a difficult transition from military to civilian life. This study first brought to my attention some of the challenges that veterans experience; e.g. identity issues and loss were fundamental challenges presented in therapy. Additionally, therapists identified their own struggles when working with veterans, such as retaining them in therapy, enforcing boundaries, and being able to contain

the psychological complexities for their own wellbeing. Interestingly, none of the therapists who took part in the study had worked with female veterans, which is where my interest in this academic research started.

The Doctorate in Counselling Psychology enabled me to develop this line of research, not just through my thesis, but also through exploration of related topics with which to inform my final thesis. I learnt how Eye Movement Desensitisation and Reprocessing (EMDR) and Trauma Focused Cognitive Behavioural Therapy (TF-CBT) are used to manage mental health conditions such as PTSD. Delayed onset of PTSD (now known as 'delayed expression' (American Psychiatric Association, 2013) affects the psychological health of veterans years after exposure to traumatic events. Reflecting on my own therapeutic work with complex PTSD, I saw this as an opportunity to research Vicarious Traumatization, and how concepts such as therapist compassion fatigue and burnout can have a significant impact on one's own mental health if left untreated. Perhaps the most significant contribution to my understanding of female veterans, was a recent qualitative systematic review, conducted by myself and written with Dr Terry Hanley (see Jones & Hanley, 2017) on the psychological health and wellbeing experiences of female military veterans. It is unsurprising that the systematic review not only informed a considerable part of the present literature, but also shaped my understanding and ideas about female veterans' transitions post-Forces. The review led me to question several aspects of published research; how much exposure to combat do women actually face in the Forces? If PTSD is more prevalent in women who are not involved in combat, what are the reasons for this? Why does the US have a specialised service dedicated to Military Sexual Trauma (MST) but the UK does not? The more questions arose, the more I felt the need to find answers. The review was influential in highlighting what areas I would focus on in this study; specifically transitional experiences, and gender-specific stressors. Furthermore, the majority of research I was reading focused on the poor outcomes and undesirable effects of being in the Forces. Only several studies demonstrated post-traumatic growth as a way of making meaning from their

experiences. This ultimately reflected on my decision to recruit females with both positive and negative mental health outcomes. That said, I found myself repeatedly reading about diagnostic terms, and as such, wondered if signature terms such as PTSD and CMD were being over pathologized towards veterans, by researchers and health professionals. Again, this influenced my decision to explore 'stressors' in female veterans.

My curiosity was further developed whilst on placement as a trainee counselling psychologist in a psychological complex trauma service. Often, I would discuss with other medical professionals why we treat male veterans, but not female veterans. Concepts such as resilience, psychological barriers to seeking help, or not knowing that a complex trauma service is available to them were common themes. As I engaged with the wider public, I became increasingly aware that women veterans were generally underrepresented in society. One aspect that I had not explicitly defined at this point, was social justice. It was important for me to establish how I identified with social justice in counselling psychology. I had been using it in therapeutic practice for over 5 years to facilitate empowerment, yet I had reservations around how the study would align itself with a social justice orientation. Through reflexivity, I began to acknowledge my own biases and prejudices about women veterans in a wider context, and specifically focused in on the connections between environmental factors and mental health. Additionally, journal writing became an essential tool towards the development of awareness.

Not being a member of the Forces or a veteran myself posed potential issues such as language, terminology and trust which I initially saw as a hurdle. From the outset of the research, there was constant searching for terms associated with the Forces that I had never encountered. It created anxieties, and I often questioned whether my identity as a non-veteran would be a barrier to obtaining in-depth data. I was very mindful of my practical inexperience, but also of the depth of knowledge I had from researching the topic. This is quintessentially what CGT is all about; the co-construction of meaning. With participants' experience and my theoretical

knowledge, I endeavoured to ebb and flow through our interactions, informing each other as meanings unfolded.

1.5 Overview of Thesis

The thesis is comprised of six Chapters. The next (second) Chapter consists of a literature review of the core research associated with female veterans and their psychological health and wellbeing, along with an overview of available services. The third Chapter provides the methodology, with the researcher's philosophical foundations, which underpin the study. Chapter four displays the findings, including a process of transition that captures female veterans' transitions. A discussion of the findings is presented and interpreted in Chapter 5, while Chapter six concludes with implications from the study findings alongside recommendations for further research and policies. Limitations are discussed before the concluding section.

1.6 Summary

Within this Chapter, the area of research within the context of female veterans' transitions is set out, and several definitions are described as fundamental foundations within the field of study. The rationale is presented in the context of both theory and practice, the implications of which give rise to the research question and aims. The reflexive statement highlights the researcher's preconceived ideas, and acknowledges prior knowledge, which, within the context of the adopted methodology, is used to construct the study, rather side-lining it. Finally, an overview is provided, outlining the structure of the thesis.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Recent role developments for women in the Forces have heightened the need for further research into the psychological health and wellbeing of female veterans. The aim of this literature review is to establish a framework that has been drawn from literature concerning female veterans' experiences as they transition from military to civilian environments.

As part of this study, two literature reviews were undertaken at different time points. In practical terms, it is a requirement for the thesis to produce a proposal about the topic and to identify relevant gaps in the literature. The researcher intentionally chose to carry out a systematic review on the topic which would form the preliminary review. Aligning itself with the CGT approach, Hussein and Kennedy, (2017) highlight the potential advantages of doing a preliminary literature review, assisting researchers to '*engage effectively, ethically and intentionally*' (p 1200). Charmaz (2006) additionally notes that a preliminary review provides the researcher with a context, stimulating knowledge and understanding about the topic of choice. The second literature review was carried out after the completion of the theoretical categories had been developed. It was important for the researcher to carry out a secondary review due the development of new research coming out, particularly since the GCC ruling was lifted in some areas of the forces as the interviews were being undertaken. Secondly, the researcher was aware that any new literature read in-depth at the point of developing the themes could potentially impinge upon them instead of facilitating them. It was therefore decided to take more of an in-depth review of new and remaining literature after the themes had developed.

This review of existing literature aims to identify research into the psychological health and wellbeing of women in the military post-Forces. Gaps in the literature will be highlighted to evidence the rationale for the study. The structure of the review

will align with the sequence of transition for female veterans; commencing with literature concerning women in the military context, considering the new GCC ruling, and the psychological impact this could potentially have. It then turns its focus to the prevalence of mental health issues both during and post-Forces. Next, the literature covers adjustment, specifically highlighting women's stressors on leaving the Forces, which differ to those of their male counterparts. Finally, drawing on literature regarding females who face medical discharge or early leave of service, the present study turns its attention to evaluation of services available to UK female veterans, before highlighting some of the difficulties female veterans face upon accessing them. The study uses relevant international literature, particularly from the US, where UK literature is unavailable. However, it is acknowledged this brings limitations, which will be discussed at the close of the literature review.

The literature reviewed was identified through a variety of sources including databases such as: PsycINFO, EBSCOPlus, ScienceDirect, PubMed, Assia, Wiley Online Library. Key search words used were 'Female Veterans', 'Post-deployment', 'Psychological', 'Wellbeing', and 'Women in the Forces'. References from papers were also searched to facilitate identification of relevant literature. The 'suggestion' tool from Mendeley was also set up, permitting current recommendations to be fed into the reference manager. This literature review endeavours to review key research and is intended to emphasise female veterans' experiences relevant to this study.

2.2 Female Veterans in Context

This year marks a century since women were first legally permitted to serve in the British military. Since then, women's roles in the Forces have changed significantly, with vocations allowing women to serve in up to 80% of roles across the Forces (MoD, 2016a). As of today, women make up 10.2% of the UK Regular Forces, a percentage which is forecast to increase annually (Dempsey, 2017) until 2020 when it is

estimated that at least 15% of intake into the UK Regular Forces will be female (HM Government, 2015). One possible reason for this increase may be the expansion of roles accessible to women, including the new GCC ruling for women on the front line. Almost every role of the armed Forces is open to women, except those that have their primary role as close combat roles, including the Infantry, the Royal Armoured Corps, the Household Cavalry, and the Royal Marines (Brooke-Holland, 2016). However, during the writing of this literature review, the Royal Air Force's ground-fighting force has opened to women for the first time, making it the first branch of the British military to open every role to female service personnel (Boyle, 2017).

2.3 Ground Close Combat Ruling

The GCC ruling has caused much controversy. For many, the ruling is an opportunity to gain equality and justice for women within the Forces. However, others feel that women on the front line would be counterproductive, with the basis for the exclusion of women in GCC roles based upon military judgement. The Sex Discrimination Act 1975 and the Equality Act 2010 support the military judgement that women are excluded on the basis of combat effectiveness. Additionally, under European Law, the Council of the European Communities 1976 directive further supports the ruling, but is required to review the justification of the exclusion periodically. Such justifications include the employment of women in combat roles undermining and degrading combat effectiveness (MoD, 2010); that women would be physically incapable of carrying heavy materials over long periods of time (MoD, 2014); and, concerns over unit cohesion and having mixed gender units (MoD, 2010). However, the reviews that produced this reasoning lacked significant international evidence and, as such, produced inconclusive results for women engaging in GCC. That is until now.

By 2014, the MoD felt the Forces needed to make changes to maximise their talent. Therefore, the review was brought forward by the MoD to reassess the exclusion

policy. The results of the 2014 review identified two overarching themes as premises to halt the lifting of the exclusion – unit cohesion, and physiological concerns. Perhaps more pertinent for this study, the review also examined existing literature on (but not limited to) psychological health implications such as PTSD, however this was not deemed a factor in undermining combat effectiveness. It concluded that more physiological research needed to be conducted before women were to be allowed in GCC in all roles.

An Interim Health Report (IHR) which was published by the MoD in April 2016 as part of a five year research programme begun in 2015, found that servicewomen have a higher rate of medical discharge than servicemen. Concerns were raised over increased physical conditions such as musculoskeletal injury (MSKI) and impaired reproductive health. Interestingly, mental ill-health was reported as the second most common cause of medical discharge, presenting more in females than males (Crum-Cianflone & Jacobson, 2014). However, until the remainder of research programmes such as the IHR are complete (MoD, 2016b), UK literature is currently too superficial and sparse for the risks and mitigations for women in GCC roles to be fully understood. Nevertheless, it was deemed by the Secretary of State for Defence that the IHR produced sufficient evidence to support the recommendation to lift the exclusion of women from GCC roles (MoD, 2016b) in the RAF due to the Regiment being closer to the Royal Armoured Corps, which is already admitting women into their training ranks, in terms of risks (MoD, 2017c). On the 8th July 2016, Prime Minister David Cameron announced that the exemption on women serving in ground close combat roles would be lifted (MoD, 2016c), and that by late 2018, all close combat roles will be open to women (Dempsey, 2017).

Despite the debates raised over the GCC ruling, it has long been known that women are engaged in frontline duties such as medics and bomb disposal experts, even if this is not in their job role. This reflects the fact that in modern day warfare, frontlines

are ill-defined and fluid (Fitriani et al., 2016), and that women are exposed to an unprecedented amount of exposure to trauma in what is identified as a male dominated arena. With roles opening up to women, and the implementation of the GCC ruling, it is likely that more women will become involved in military operations where the likelihood of seeing “*violent death, injury, all-pervading concussive noise, horror, fear, blood and high levels of emotion*” (MoD, 2014) will be unavoidable. Little is known about the consequences of such exposure. In its immanency, reviews from the MoD have shed some light on factors contributing to ill-health, but UK evidence remains scarce – resulting in potential difficulties in predicting the psychological health and wellbeing implications such a ruling may have on UK females. We therefore turn to international literature for supporting evidence.

2.4 Prevalence of Mental Health Problems Amongst Female Veterans

Although there is a growing body of international literature concerning female veterans (e.g. Dekel & Goldberg, 2017; Goldstein, Dinh, Donalson, Hebenstreit, & Maguen, 2017; Koblinsky, Schroeder, & Leslie, 2017; Resnick, Mallampalli, & Carter, 2012b), there is an absence of research originating from the UK – hence the interest for this study. As times move into new interludes with women’s roles in the Forces, there will no doubt be many new insights gained from women’s experiences. For now, however, evidence is structured around international literature associated with female veterans. Henceforth, where UK literature is unavailable to be reviewed, international studies will substitute relevant literature regarding the psychological health and wellbeing of female veterans.

The majority of UK research focuses on PTSD, with statistics showing that women veterans are at higher risk than male veterans to experience the disorder in comparison with the general population (Hunt, Wessely, Jones, Rona, & Greenberg, 2014; McManus, Bebbington, Jenkins, & Brugha, 2016; McManus, Meltzer, Brugha, Bebbington, & Jenkins, 2009). Amongst women in the Forces, CMD such as anxiety

and depression have been found to be twice as prevalent than in the general population. Of women in the armed Forces, 25%, compared to 12% in the general population, present with CMD (Goodwin et al., 2015; M. Jones et al., 2006; Mulligan et al., 2010). Interestingly, the higher prevalence of CMD occurred less with women exposed to combat experiences, even though combat is associated with PTSD (Fear et al., 2010; Rona et al., 2009) - presenting a PTSD paradox – if men have more GCC experiences, why do women have more PTSD post-deployment? (Resnick, Mallampalli, & Carter, 2012b). Literature suggests a contributing outcome to these statistics is the prolonged periods away from close family and friends who are usually there to help deal with stressors when at home (Mulligan, Jones, et al., 2012; Vogt, Pless, King, & King, 2005) or that males adjust better because of their unit cohesion when in combat situations, thus allowing a particular supportive environment which females would not have due to the GCC ruling (Rona et al., 2009). Military Sexual Trauma (MST) refers to experiences of sexual assault or repeated, threatening sexual harassment that a veteran experiences during their military service (US Department of Veterans Affairs, 2015). It has been suggested that MST could also be a contributing factor to higher rates of PTSD where individuals are not exposed to combat (see Black & Merrick, 2013). Briscione et al. (2017) identified that varying oestrogen levels are largely associated with fear regulation - heightening the risk for PTSD and prolonging the duration of symptoms and severity. Perhaps one of the more robust studies on UK female service personnel pertinent to this research, is that of Woodhead et al. (2012); using a representative sample from UK armed Forces personnel, gender differences were examined amongst those who were deployed to Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). Findings suggested that although gender differences in mental health exist, the impact of deployment on mental health is similar amongst men and women. The study did not set out to specifically focus upon one area, instead it takes a holistic approach to the study of women in the military and builds upon limited UK literature, providing a snapshot of life in the military for women whom are now playing an active role in military operations (Woodhead, 2012).

Excessive alcohol consumption was also found to be particularly high amongst female veterans compared to the general female population in the UK (Fear et al., 2007, 2010; Iversen et al., 2008), corresponding with US literature (e.g. Jacobson, 2008; Kessler et al., 1995). The research into the prevalence of mental health problems amongst female veterans highlights the need to identify and treat CMD such as anxiety and depression in addition to PTSD. Much of the US literature also indicates a high level of MST, which includes sexual harassment or sexual assault (Barth et al., 2016). Sexual harassment refers to *“unwanted conduct of a sexual nature directed at an individual with the purpose or effect of violating his or her dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”* (MoD, 2015 p. 6). Sexual assault, like sexual harassment acknowledges and addresses the additional act of intentionally touching but without consent (Citizens Advice, n.d.). Consistent with this high prevalence, Black and Merrick (2013) found sexual assault to be higher among active duty deployed women compared with non-deployed women. Research throughout the UK suggests women are often faced with sexual harassment within the Forces, however, much of this goes unreported, unlike in the US (Rutherford, Schneider, & Walmsley, 2006; Woodhead et al., 2012). This does raise concerns where reports in the media about rape and sexual violence in the UK Forces are prevalent (Kotecha, 2015) although the reporting of these occurrences along with statistics and research is low. In 2009, Bebbington et al. reviewed results from data collected by the ‘2000 British National Survey of Psychiatric Morbidity’ and found that sexual abuse was strongly associated with a history of suicide attempts as well as of suicidal intent, and was more common in women. This draws an emphasis on the correlations between MST and suicide that may possibly become more evident in the future as more women join the Forces. Despite this correlation, it should be reiterated that evidence for MST in the UK is inconclusive.

Going on an operational deployment in the Forces is considered to be generally more stressful compared to careers in the general population (Goodwin et al., 2015). Freeman and Freeman (2013) carried out twelve large-scale, national epidemiological surveys consisting of evidence from the UK, US, Europe, Australia, New Zealand, South Africa and Chile. They found that women in the general population experience higher overall rates of psychological disorders, including higher rates of depression, panic disorder, phobias, insomnia, PTSD, and eating disorders. This is similar to other UK general population studies (such as McManus et al., 2009; Meltzer, Gill & Petticrew, 1994), as well as findings from the World Health Organisation (Seedat et al., 2009) and the fact women may be more susceptible to psychological distress in general is a factor worth considering in the current study. However, although women have been deployed to combat zones such as OEF or OIF, mental disorders among female military members are still not well understood in either the UK or the US (Booth-Kewley et al., 2013). Fear et al. (2010) suggested deployment in a combat role is detrimental to service personnel's mental health, however, Jones and colleagues (2013) argue that operationally attributable Post Traumatic Stress Disorder (not in combat roles) is less prevalent amongst UK Forces deploying to recent wars such as OIF and OEF, and that the risk of PTSD is no greater than for those who have not deployed. They suggested that other factors, e.g. childhood adversity, having left service, or suffered a serious accident were attributed to the development of PTSD instead. Their study, identifying "*What explains PTSD in UK service personnel: deployment or something else?*" is not explicitly about gender differences, however their statistics identify females as twice as likely to get PTSD when deployed to peace-enforcement operations (e.g. Kosovo, Bosnia, Ivory Coast), and more likely than men to develop PTSD when deployed to OEF or OIF. This indicates that women, although not in GCC roles, are exposed to traumatic stressors – which have a detrimental effect on their wellbeing (Fear et al., 2010; Greenberg, Iversen, Hull, Bland, & Wessely, 2008); a notion consistent with US literature indicating that exposure to war zones is a substantial threat to women's mental health (Bartone, 2006; Bierman & Kelty, 2014). Contributing factors were not

explored, given the aim of the study, but it certainly highlights the differences in gender experiences and deployment outcomes on mental health. Furthermore, a 2017 study (Jones, Fear, Wessely, Thandi, & Greenberg, 2017) suggests that deployment functions as a protective factor, reflecting military hardiness and robustness from their time on deployment, yet rates of PTSD and CMD in UK females are still elevated. Comparisons with general population studies are infrequent, nevertheless those that have been carried out suggest women in the general population are more likely to be predisposed to mental health issues such as PTSD and CMD. Given the stressors of deployment in the Forces, these are likely to be heightened with mental health illnesses escalating post-Forces.

2.5 Adjustment Post-Forces

Earlier this year, Jones and Hanley (2017) published a systematic review on the psychological wellbeing of female veterans post-Forces. Amongst their findings were significant patterns of re-adjustment issues when moving from military to civilian environments. Some of these patterns were displayed in the form of female veterans' coping strategies, which were developed in response to the challenges of readjustment into civilian life. Substance abuse, thoughts about engaging in violence (Worthen & Ahern, 2014), suicide ideation (Gutierrez et al., 2013; Woodhead et al., 2011), avoidance and isolation (Suter, Lamb, Marko, & Tye-Williams, 2006) were just some of the ways female veterans coped with their transition. Women found themselves becoming frustrated and angry at the trivialities of civilian ways (Elliott, 2015), however they also experienced the expression of their anger as being demeaned within society as it was perceived as a masculine trait, rather than a feminine one (Worthen & Ahern, 2014). Compassion fatigue, which is identified by a lack of empathy from medical professionals (such as army medics) towards their patients, was found to be a common theme (e.g. Conard & Scott-Tilley, 2015; Scannell-Desch & Doherty, 2012), which left many female veterans feeling guilty as they were unable to provide the compassion which they once had when first enlisting

in the Forces. Inevitably, this had adverse implications on their professional career (Elliott, 2015), where many found it difficult to continue in the same line of work they occupied in the Forces. The systematic review initially set out to look at UK literature, but the majority of studies were unsuitable for inclusion due to the stringent quality appraisal of the review. Therefore, the review again relies on US literature, whereas experiences could be different for UK female veterans.

A recent UK report published in 2017 by the MoD estimated that only 69% of females are employed post-Forces, compared to 81% of males - although it should be noted that a large percentage of female are economically inactive rather than unemployed. This is unsurprising when juxtaposed with statistics reporting that 36% of female personnel who have left the service were caring for family, compared to only 6% of males (MoD, 2017b). For those in medical professions, not returning to employment could also relate to compassion fatigue as mentioned above. This further serves to highlight the impact of the caregiver role, and the adjustments females may experience compared to males post-deployment. Previous research has established that female veterans are concerned about their future employment post-Forces (see Brunger, Serrato, & Ogden, 2013; Conard & Scott-Tilley, 2015), and although the disparity between male and female veterans is recognised by researchers, it is felt that little attention is given to improve these statistics (Greer, 2017). It has been suggested that transferable skills need to be recognised, particularly for women veterans who may be less confident in their resources (Johnson & Murariu, 2015). Kintzle et al. (2015) suggested the introduction of networking events, using career advisors to go through interview skills and resumes to refine their transferable skills when applying for future employment.

It is purposeful to point out that in the UK, the MoD offer a three-phase resettlement support service (depending on the length of service), whereby female service leavers will eventually be offered workshops, seminars, career consultancy, resettlement

training advice, and job support (MoD, 2017d). Admittedly, there are only ten locations offering this service, which could be difficult to attend given the challenges listed above (e.g. being a primary caregiver). Moreover, it could be argued that the increased numbers of inactive employment amongst female veterans are inconsistent with the MoD's attempts to alleviate employment problems. Perhaps this is due to the perception of employment by female veterans, with many reporting their experiences of civilian employment as a mundane way of life with no job gratification or reward, compared to the structure, routine and stimulation they enjoyed during their military career (Elliott, 2015). However, for career professionals such as medics and nurses who were affected from exposure to traumatic experiences, they were found to resist employment in the same field due to the job being triggering (Gutierrez et al., 2013), a symptom of PTSD and, as such, highlights just some of the potential adjustment tensions experienced by female veterans.

2.6 Stressors Affecting Female Personnel

As new roles open up to women in the Forces, new research becomes available. Since the start of this study in 2014, a surge of academic interest has contributed to the ever-developing literature on female veterans. Already having identified that female veterans are at a higher risk of PTSD and CMD than their male counterparts, it is pertinent to consider further stressors that women veterans encounter, setting them apart from males.

As defined already, literature in the UK about MST is uncommon, with only a few studies highlighting gender based sexual harassment (e.g. Godier & Fossey, 2017; Rutherford et al., 2006). Gender harassment, a form of sexual harassment, refers to *"a broad range of verbal and nonverbal behaviors not aimed at sexual cooperation but that convey insulting, hostile, and degrading attitudes about women"* (Fitzgerald, Gelfand, & Drasgow, 1995 p. 430). It is suggested that gender harassment, occurs more often than other forms of sexual harassment (Lipari, Rachel, Cook, Paul, Rock,

Lindsay, & Matos, 2008). However, gender harassment routinely gets neglected by the law (Leskinen, Cortina, & Kabat, 2011).

In addition, there is inconsistency between studies measuring sexual harassment, sexual assault, gender-based harassment (such as sexism) or a combination of these concepts that also makes comparisons difficult (Woodhead, 2012). Common to all UK findings is the underreporting of sexualised behaviours (particularly unwelcome sexual behaviours), although in one UK study, 99% of respondents reported being exposed to sexualised behaviours (Rutherford et al., 2006), but did not report it to their seniors. Most recently, the MoD published a report on sexual harassment in the UK armed Forces, where they define the key characteristic as the behaviour being unwanted. Findings showed that inappropriate sexualised behaviour is still common, with 90% of service men and women experiencing sexual harassment (MoD, 2015), although gender based harassment was not measured in their studies and was encompassed under the term sexual harassment. General Sir Nick Carter, Chief of the General Staff, expressed that the military environment has been said to allude to an overly sexualised culture whereby inappropriate behaviour is deemed acceptable (Godier, Fossey, & Caddick, 2017), and part of the military identity. Similarly, US literature suggests women felt they would be viewed as 'whistle-blowers', or reluctant to label themselves as victims of harassment which would only highlight their failure to integrate into a masculine environment (Magley & Shupe, 2005). Taking a complaint seriously by others was also factored into not reporting the seriousness of their experiences, along with the repercussions of such a complaint, or being brushed off as a joke (Woodhead, 2012). UK findings showed 65% of personnel ignored the behaviour, and 1% took action (reporting to the Royal Military Police). This was, however, ineffective at preventing the behaviour from continuing (MoD, 2015). This is of concern, as literature reports the lack of trust in official complaints as it is, due to a fear of potential repercussions and negative effects (Godier et al., 2017). Furthermore, UK studies on sexual harassment had lower

response rates in comparison to US studies, which could be due to fears over anonymity and confidentiality, although these were not explicitly reported.

Definitions throughout international studies of sexual harassment as observed amongst females are ambiguous. For example, comments are brushed off or taken in jest, whilst others don't define their experiences as harassment, or indeed sexualised (Woodhead, 2012). This would suggest that conceptualisations of sexual harassment are somewhat unclear. Sexism, which falls under gender based harassment refers to "*Prejudice, stereotyping, or discrimination, typically against women, on the basis of sex*" (Oxford Dictionary, 2017b). This adds a layer of prejudice to gender based harassment with the inclusion of generalised sexist comments or behaviours that insult, degrade or embarrass women. Sexist attitudes are typically based on stereotypical views of 'gender appropriate' behaviour (De Judicibus & McCabe, 2001). Within the scope of this study there are few references to sexism (not sexual harassment as defined above) in UK literature, but it is termed more frequently as sexual harassment with the addition of unwanted sexual advances, which further denotes the complexity of issues women experience in being able to conceptualise and define what sexual harassment is. Sexism is experienced as a chronic stressor amongst female military personnel (Leskinen et al., 2011) (further definitions can be found in Appendix 1). Due to its ambiguity in reporting sexual harassment or sexism, findings from studies are inconclusive regarding the impact this phenomenon has on female veterans post-Forces, although the literature suggests that these experiences are more prevalent amongst US female veterans (Vogt et al., 2005). As a consequence an MST service has been developed for support. With women in the Forces being a minority, not having peers available to seek support about sexual harassment and sexism can contribute to the burden of deployment stress (Street, Gradus, Giasson, Vogt, & Resick, 2013). Street and colleagues (2013) found factors such as harassment and the lack of support available for women in coping with war-zone stressors by military peers to have important

implications for post-deployment adjustment, further exacerbating the association between deployment stressors and PTSD. Furthermore, female veterans who have experienced gender harassment are more likely to have negative mental health outcomes when returning home (Demers, 2013).

While generalisations from US literature to the UK context are uncertain (e.g. MST only appearing in the US literature), the concerns raised above may have implications for women now able to enlist in GCC roles. Godier and Fossey (2017), in their discussion on the paucity of UK-based research pertaining to the prevalence and impact of sexual harassment in UK Forces, suggest a *'nuanced cultural exploration of the boundaries'* (pg. 2) allowing female service personnel to consider what is and is not acceptable behaviour – in order to uphold and maintain relevant policies.

In their first annual nationwide survey of service women and veterans released in 2017, the US organisation 'Service Women's Action Network' (SWAN) revealed female veterans felt forgotten and undervalued, with their military service not being recognised or valued by the general public. It was found that women felt the media coverage of service women and veterans was not portrayed accurately, and failed to include women in reports. Such findings contribute to not feeling welcome in veterans organisations (Service Women's Action Network, 2017). Furthermore, Sasson-Levy, Levy, and Lomsky-Feder (2011) suggest that women in the Forces are often perceived as outsiders in a masculine military environment. However, learning to cope and adapt to such stressors in the military can often follow female veterans to their civilian employment – *'attracting a career that is not typically gendered as female, presenting some boundaries to gaining civilian employment'* (Greer, 2017 p. 59). Feelings of isolation and the lack of/inability to access support available to female veterans, fused with the belief that society does not understand them, can contribute to feelings of invalidation and lack of appreciation, causing additional stress for the female veteran post-Forces (Demers, 2013; Mankowski, Haskell, Brandt, & Mattocks, 2015).

Negative and positive coping strategies have been identified among female veterans, which can affect the transition from service to civilian environments. Themes which emerge from existing literature that cause additional stressors for females include; consequences from deployment, such as behavioural avoidance strategies (Beidel, Frueh, Uhde, Wong, & Mentrikoski, 2011; Mattocks et al., 2012), replacing unhelpful moments with maladaptive behaviours like over-indulging in food (Ozier et al., 2008), gambling, drug abuse, alcohol and over-exercise (Killgore et al., 2008). Cognitive avoidance coping (Mattocks et al., 2012), where females would engage in avoidance through isolation which impacts upon their psychological wellbeing, has been commonly identified in the US literature (Goodman, Smyth, Borges, & Singer, 2009). However, social support has also been identified as a recognised positive coping strategy used by veterans (Mota, Medved, Whitney, Hiebert-Murphy, & Sareen, 2013). An additional theme that emerged was positive behavioural approaches. Examples include moderate exercise, routines to combat negative emotions (Mattocks et al., 2012), and the use of veteran centres where women could congregate and share experiences which was used as a therapeutic tool gaining positive results. Interventions such as these are becoming more frequent in the US (Bartone, Bartone, Violanti, & Gileno, 2017), however, as discussed later in the Chapter, services like these are uncommon in the UK.

Female veterans experience higher rates of divorce, and are often single (Adler-Baeder, Pittman, & Taylor, 2006). In a US review of the healthcare issues of women veterans, it was specified that those who are mothers are three times more likely to be a single parent and experience significant disruption in family and social life relative to military service (Muirhead et al., 2017). Stressors caused by male military spouses being deployed is an additional concern for many female veterans, as a significant amount marry military personnel still in the Forces (Street, Vogt, & Dutra, 2009). This means that many contend with the uncertainty of moving areas, finding

suitable schools for children, and managing their spouse's health and wellbeing as well as their own. Being a main caregiver and having a mental illness such as PTSD can affect parenting (Berz, Taft, Watkins, & Monson, 2008). For example, PTSD symptoms such as numbing and hyperarousal can have adverse effects on children. As such, children may develop behavioural problems due to their mother not being present (emotional numbing), or the parent being overly argumentative and quick to 'snap back' (hypervigilant) (Lorber & O'Leary, 2005; Ammerman, Putnam, Chard, Stevens, & Van Ginkel, 2012), which can lead to increased parental dissatisfaction (Creech & Misca, 2017). Stressors such as these can lead to heightened depressive symptoms as the female veteran juggles being a main caregiver with managing her own transition (Kelley, Herzog-Simmer, & Harris, 1994; Street et al., 2009). Sexual dysfunction can also cause higher rates of stress in female veterans, with evidence of a decrease in sexual satisfaction (Sadler, Mengeling, Fraley, Torner, & Booth, 2012), and sexual difficulties (Rosebrock & Carroll, 2017; Turchik et al., 2012), both of which have strong associations with PTSD and other mental health problems (Cohen et al., 2012). It should be pointed out that these findings are from US literature as no UK literature was found. In the US, there are high rates of MST that may possibly have implications for these findings. Collectively however, the stressors identified above imply that female veterans may face specific challenges in balancing career and family commitments.

2.7 Medical Discharge and Early Service Leavers

2.7.1 Medical Discharge

Since 2012, the proportion of medical discharges for mental and behavioural disorders has increased year upon year amongst UK personnel (MoD, 2017a). This is in contrast with Busuttil, who in 2011 stated that very few medical discharges are from mental health problems. One determining factor for the upsurge could be an increased awareness of mental health issues amongst the armed Forces, and a positive attitude towards help seeking – potentially leading to an overall higher

detection rate of mental health issues (MoD, 2017a). Although at present there are no proven mitigations for mental ill-health within the armed Forces, there is an expanding service of 140 mental health trainers who aim to increase knowledge of mental ill-health in order to earlier identify and seek appropriate treatment (MoD, 2016b) – this too could be a plausible reason for the earlier detection rates within the UK Forces. However, medical discharge may come as a shock, with not only the individual coming to terms with the outcome, but their families too. The loss of job, friends, colleagues, home, base and almost everything with which they are familiar, can have a devastating impact (O’Neill, 2017).

UK statistics show that females are significantly more likely to medically discharge than males (Iversen et al., 2005; MoD, 2017a), with US literature corroborating these findings and attributing them to a number of reasons. These include help-seeking amongst female veterans where they are more likely to approach a trusting family physician (equivalent to UK General Practitioners) to seek both mental and physical help which leads to a higher rate of reporting (Thompson et al., 2016). Pregnancy is another reason– not on its own, however it can precipitate or exacerbate mental health conditions, leading to medical discharge (Mattocks et al., 2010). For a minority, traumatic brain injuries (TBI) and amputations (Resnick et al., 2012a) are a reason for medical discharge. Coinciding with UK statistics, the Interim Report on the Health Risks to Women in Ground Close Combat Roles reported that MSKIs were the most common cause of medical discharge in women (MoD, 2016b), although these findings denote current Infantry training, and are not generalised across all women in the Forces.

The majority of medical discharges in UK female veterans are the result of neurotic, stress, somatoform disorders and mood disorders. Literature reports that this finding is likely to be due to the demands of the UK armed Forces, and an awareness that

service personnel have access to weapons, which understandably results in concern, as those with mental ill health would have access to firearms (MoD, 2017a). Mental health disorders, such as PTSD are not widely attributed to being medically discharged within the UK, even though it is reported that females are at higher risk of developing the condition. This is most probably due to the delayed on-set of PTSD symptoms, which are only recognised some time after leaving the Forces where other stressors such as loss of support structures and adjustment to civilian life increase vulnerability and the likelihood of developing PTSD (Andrews, Brewin, Stewart, Philpott, & Hejdenberg, 2009).

2.7.2 Early Service Leavers

UK ESL are personnel who either leave on a voluntary basis before completing their minimum term (between 3 and 4.5 years depending on Service branch), have been discharged compulsorily (when performance falls below the standard required), or who did not complete the basic training (Johnson & Murariu, 2015). They are considered to be one of the most vulnerable groups amongst service leavers (Hynes & Thomas, 2016), with females being more likely to leave earlier than men, and with increased risk of developing CMD; probable PTSD, fatigue, multiple physical symptoms and alcohol misuse (Buckman et al., 2013). Bergman, Mackay, Morrison and Pell (2016), who used data from the Scottish Veterans Health Study to examine long-term mental health outcomes in a large cohort of veterans with a focus on the impact of length of service, came to similar findings. They found that women who left before initial training, (Phase 1 is the general introduction to military life, while phase 2 covers the more technical and professional skills required of members of the Armed Forces [Ofstead, 2017]) were at a higher risk of mental health disorders than those who completed their initial training. Unsurprisingly, operational deployment was not linked to ESL (Buckman et al., 2013). Reasons for women leaving earlier could be pregnancy (exclusively), family-related reasons (Bergman, Mackay, Smith, & Pell, 2016; Buckman et al., 2013), or, as Finnegan et al., (2014) suggest, 'military

depression'. This develops as a result of wanting to leave the Forces but being unable to leave due to terms and conditions, consequently the illness is exacerbated, leading to an early medical discharge. Leaving the service early may mean that female veterans receive only the most basic support for transition, and are the most likely to experience difficulties upon their transition into civilian society. Likewise, being medically discharged could hamper their psychological readiness for the transition.

2.8 The Transition to civilian life

Poor transition is estimated to have cost the UK £105 million in 2017 alone, with mental health management of symptomology resulting from poor transitions being the second highest expense, and alcohol abuse being the first (Kantar Futures, 2017). The majority of service personnel transition successfully into civilian environments, however, some of the most vulnerable people in society are amongst those who do not (Albertson et al., 2017). Commonalities across the literature regard identity as the pinnacle to a successful transition (e.g. Burkhart & Hogan, 2015; Flint, 2013; Suter et al., 2006). A veterans' identity can be defined as '*a person's self-concept that is a derivative of his/her military experience*' (Di Leone, Wang, Kressin, & Vogt, 2016). For female veterans, making sense of their identities can be a difficult process, with literature suggesting a mourning of their civilian life when transitioning into the military lifestyle, repeating this transition when leaving the Forces, and once again mourning their military life as they re-enter into a civilian life (Jones & Hanley, 2017). Women in combat roles are more likely to feel a shift in identity due to the transition from the intensity of the role in the Forces to a less intense role in civilian society as they become accustomed to spending time with family and friends (Gewirtz, McMorris, Hanson, & Davis, 2014). Females potentially contend with a dual identity, as they struggle to maintain their femininity in a masculinised environment whilst additionally identifying as members of the armed Forces. The literature on military masculinities also asserts that women's wellbeing may be affected by trying to negotiate an identity both as a woman and as a soldier, and that such negotiation

may cause conflict (Herbert, 1998). In Woodhead's (2012) study on the mental health and well-being of women in the UK Armed Forces, it was found that females felt the need to switch identities in order to fit in and be accepted by other comrades, even if this was incongruent with their own identities. This had a counterproductive effect on their identity, which resulted in a difficult transition into civilian society.

Many theories have attempted to capture the process of transition from military to civilian environments, with a focus on *“experiences that introduce change into people’s lives and impact people’s societal roles, relationships, routines, and assumptions”* (Greer, 2017 p. 56). Applied frequently to research exploring female transitions, is Schlossberg's (1981) transition theory, explaining *“as people move through life they continually experience change and transition, and that these changes often result in new networks of relationships, new behaviors, and new self-perceptions”* (p. 2). The theory offers a framework from which to work from, and includes structuring research around four areas – situation, self, support, and strategies, all of which are dependent upon the effectiveness of coping with transitions. In 1995, Chickering and Schlossberg enhanced Schlossberg's original structure, and developed a conceptual framework of the transitional model which included, *“Moving In, Moving Through, Moving Out”*. Other models applied to the research of female veterans transitions include that developed by Meleis (2010), who suggested transitions are a *“passage from one fairly stable state to another fairly stable state, and it is a process triggered by a change”* (p. 11), although definitions of stability in this case are ambiguous. An alternative to stability would be a developmental transition, as suggested by Levinson (1986), whereby a transitional period signifies the end of one stage and the beginning of another (Meleis, 2010). The Kubler-Ross (1969) five stages cycle of grief which explores transitions by representing five stages of feelings people experience when dealing with change in their own lives. The model postulates that individuals move between the five stages (denial, anger, bargaining, depression, acceptance) and not in a linear manner.

Additionally, the stages can last for varying amounts of time or even become 'stuck' in certain phases, finding it difficult or impossible to move on. Like all transitions, there is the potential to move, and loss and bereavement transitions are no different. Other transitional models such as that developed by Stroebe and Schut (1999) define their dual process model of coping through an individual's inner world and their own internal model of being able to undertake revisions of their assumptions about the world. The dual aspect of the model deals with the oscillation between confronting change and/or avoiding it. Whilst there are different theories of transitions that can be applied to female veterans' experiences, it is beyond the scope of this work to review all transition models pertinent to female veterans' transitions. It is enough to identify an apparent commonality to increase the focus on planning and practical applications in order to meet female veterans' needs in a constantly changing context; thus providing new ways of working with female veterans with the integration of different interventions and services.

2.9 Mental Health Services Available For UK Female Veterans

UK service providers are now obliged by law to meet the specific requirements of veterans and their families under the Armed Forces Covenant whereby "*those who have served in the past...should face no disadvantage compared to other citizens in the provision of public and commercial services*" (MoD, 2013). Rona et al. (2017) recently undertook a review on post-deployment screening for mental health disorders, wherein they found that there are no effective UK post-deployment screening tools aimed at reducing prevalence of mental health disorders, or increasing likelihood of help-seeking. This supports earlier research asserting screening post-deployment would carry disadvantages such as false positives, low prevalence of PTSD, and continuing stigma/barriers to care (Garfield, 2012). With no effective screening in place, it is difficult to assess the needs of veterans. However, those who do access services are supported by the NHS and UK-wide charities. Nonetheless, as research suggests, many veterans are reluctant to seek help from

non-military professionals, due to a perception of decreased understanding about veterans' experiences (Iversen & Greenberg, 2009).

Sheffield University piloted a Community Veterans Mental Health service, which was located in six sites around the UK. Veterans found benefits of the service to be: staff with pre-existing training/experience of working with veterans; availability of group work with other veterans; routinely accessing Forces' service records for new referrals; and open-ended psycho-educational groups, fostering a sense of shared experience and comradeship. However, less successful features included: services requiring veterans to travel long distances; assessment-only services leading to treatment in generic NHS settings; and pathways involving onward referral with a further waiting list at each stage. The research laid down the foundations for many more veterans' care pathways to come, e.g. 'Pennine Care's Military Veteran Service' who offer early interventions - highlighting the need for additional resources for support, training and ongoing monitoring (Dent-Brown et al., 2010). The same steering group which was used to review the needs of ex-service personnel across the North East of England also reviewed the report on the 'Health and Social Outcomes and Health Service Experiences of UK Military Veterans' (Fear, Wood, & Wessely, 2009), stating the most common challenges for veterans were alcohol problems, depression, and anxiety - coinciding with the 'Transition mapping study' commissioned by the Forces in Mind Trust (Kantar Futures, 2017), identified previously above. The group were then assigned to look at the needs of veterans in the North West, and evaluate some of the barriers veterans face when seeking help. Their first focus of attention was the NHS Improving Access to Psychological Therapies (IAPT) in England where, at the time of the report, only ten Clinical Commissioning Groups (CCG) were available. There are now currently 207 CCG's across England which offer psychological interventions recommended by the National Institute for Health and Clinical Excellence (Community & Mental Health team, 2017). However, the study identified barriers to accessing healthcare for

veterans - in particular, the stigma of disclosing a need for help and not knowing how to access it. The steering group identified key issues regarding engagement with IAPT services which were developed into a new 'Military Veterans' service (formally known as Military Veterans' IAPT) (Barrett, Maguire, & Lambert, 2017). Further scrutiny of this year's IAPT figures of the general population shows that recovery rates in females who finished treatment were lower than males (Community & Mental Health team, 2017). If we were to generalise this to female veterans who have further mental health problems such as PTSD and CMD, are we setting them up to fail by not providing specialist services?

Wales does not offer IAPT services, but have their own service called 'Veterans' NHS Wales' and can be found in all seven of the Local Health Boards available to any Welsh veteran. A significant emphasis is placed upon training the Veteran Therapists to a high standard and in a variety of interventions, with the addition of prolonged exposure therapy (a popular US trend currently), and STAIR (Skills Training Affect Interpersonal Relationships) for traumatic stress symptoms. An encouraging sign for the Welsh service is the statistical figures, indicating an increase in female service users by 3.5% (Chick, 2014). The 2015-2016 findings show similar results, with more than 20 female veterans referring out of a total of 607 to the service (Chick, 2015). The service has developed strong links with other charitable organisations in Wales, creating a secure pathway for referrals. The service reports that veterans will attend general NHS services, but prefer a veteran-specific service due to viewing their needs as more unique to the civilian population (Kitchiner, 2017).

The last NHS service to review here is the more recently developed 'Veterans First Point (V1P): The Lothian Service' in Scotland which was developed in 2009 arising from the self-identified needs of Scottish veterans. The service works on a three-core model of credibility, accessibility and co-ordination. A focus group in 2015 recognised the need for smoother access to help and assistance; continued support, if the MoD

resettlement package was not for them; a service that understood the needs of the veteran community; and stigma associated with seeking help. Uniquely, the service is able to offer long-term flexible psychological approaches, which they hope will improve outcomes for veterans. In March 2016, they launched a new service - the 'V1P Network' in the hope of improving co-ordination, training staff and better understanding their client group (Abraham & Allanson-Oddy, 2017).

There are many voluntary mental health services available for veterans. Perhaps one of the more well-known service is 'Combat Stress' who work in tandem with the Department of Health, Ministry of Defence, The Royal British Legion and Help for Heroes. Offering fifteen outpatient and three inpatient services across the UK, Combat Stress has seen over 5,954 veterans in 2015 alone. At present, they are evaluating a female-only cohort for their PTSD Treatment Programme due to lower than expected numbers attending the service (Combat Stress, 2016a). Combat stress has seen an increase of 71% of veterans over the past five years (Combat Stress, 2016b), although the number of women referrals is unknown. Currently, Combat Stress are studying treatment effects of all aspects of treatment pathways, and collaborating with international researchers to produce a coherent clinical pathway between statutory, voluntary and other providers in the support of veterans' mental health (Busuttil, 2017).

Most significant to this study, Forward Assist is the first charity in the UK to create a female only veteran support that is needs-specific. The service, although only in its infancy, has developed a focus group to assess how best to support female veterans post-Forces (Forward Assist, 2017). In July this year, the charity campaigners were invited to speak about the service on the '*Victoria Derbyshire*' television broadcast, in order to increase awareness and publicity (BBC Two, 2017). During the interview, several female veterans described some of their transition experiences, including identity issues, lack of support from MoD, exposure to trauma, depreciation when

leaving, gender differences in accessing services, and social isolation. Their comments support the already discussed literature from both UK and US studies. The structure of the organisation was described, whereby women can access consultation sessions, one-to-ones, group therapy with other women, and female-only activities. Therefore, providing a one-stop-shop for female veterans tailored to their specific needs; much like American military spouse Koeman (n.d.), whom has established a networking/signposting website where female veterans can access all services available to them such as group meetings and books directly addressing some of their experiences. Such a service allows female veterans to share experiences with other ex-military women, which may be difficult in a male dominated service, and permits easy access due to it being online.

Psychotherapeutic treatment interventions vary from service to service. The UK, to date, has only one clinical trial regarding veterans' mental health and treatment outcomes. Funded by the NHS, Combat Stress co-ordinated the trial of a six-week intensive treatment programme for veterans with PTSD. Outcomes show a maintained reduction in PTSD following treatment of combined individual trauma-focussed CBT and group sessions (Murphy et al., 2015). Other approaches used across services are evidence based approaches including Cognitive Processing Therapy (Monson et al., 2006), Prolonged Exposure (Foa, Hembree, & Rothbaum, 2007) and EMDR (Shapiro, 1989). Walser and colleagues (2013) found that Acceptance and Commitment Therapy (ACT) also reduced CMD in veterans. It has also been ascertained that services specifically tailored to relationship and family functioning amongst women who have been exposed to combat would be beneficial post-Forces (Creech, Swift, Zlotnick, Taft, & Street, 2016). Furthermore, veterans found peer-support groups to be a highly helpful complement to existing PTSD treatments; benefits include social support, purpose/meaning, normalisation of symptoms, hope, and therapeutic benefits (Hundt, Robinson, Arney, Stanley, & Cully, 2015). A concern about other third sector providers is that not enough report their

service evaluations, nor are organisational checks done on the service providers delivering treatments for competencies (Samele, 2013). Services such as 'Healing Wounds' and 'Wounded Warrior' use techniques like Neurolinguistic Programming and Emotional Freedom Technique with a tag line of 'curing' veterans with PTSD. It is therefore up to referrers to pass on correct information about the treatments and their effectiveness, in order for veterans to make an informed decision (Kitchiner, 2017). This raises the question of efficacy of treatments in the UK and how they are assessed – an issue reflected in international literature wherein evidence of the most efficient treatment models is lacking (Macmanus & Wessely, 2013). Before treatment can commence, veterans, like all members of the general population, must make their own decision to seek help, although literature would suggest that here lie some of the challenges that they further face.

2.10 Barriers to Seeking Care Post-Forces

It is estimated that there are 332,400 female veterans living in the UK alone (Woodhead et al., 2009). Although there are no collaborative statistics to show how many female veterans access services, there are new findings to suggest that many veterans from recent conflicts are seeking help earlier, as opposed to the twelve years post-service from other conflicts (Combat Stress, 2016a). Having already established UK Forces will be accruing more females in military roles, and the (lack of) provision available post-Forces to women, it is necessary to consider some of the barriers that may prevent veterans from seeking help. Again, due to limited research on UK female veterans, this review will seek a general overview of international veterans seeking help, where required.

The majority of veterans who experience mental health difficulties find it challenging to engage in help-seeking behaviour (Murphy, 2016). However, compared to males, it has been observed that women veterans are more likely to seek treatment (Felker,

Hawkins, Dobie, Gutierrez, & McFall, 2008). Reasons for this will be discussed in due course. Several international and UK studies have found both internal and external stigma to be one of the principal barriers for veterans when seeking help post-Forces (e.g. Iversen et al., 2011; Mittal et al., 2013; Murphy & Busuttil, 2015). Internal stigma, “*which can be classified as negative beliefs about the self that an individual may hold*” (Murphy & Busuttil, 2015 p. 322) as a result of experiencing mental health difficulties was found to be higher in those who had been diagnosed with PTSD, of which there are likely to be more females, statistically. Findings also show that internal stigma was reported more in those who were distressed (Hoge et al., 2004; Langston et al., 2010; Sharp et al., 2015). Perceived negative beliefs about mental illness from society, or external stigma (Greene-Shortridge & Castro, 2007), include public stereotypes that veterans perceive to be most common, such as a diagnosis of PTSD meaning they are “*dangerous, violent or crazy*” (Mittal et al., 2013 p. 88). Similar to American studies (such as Hoge et al., 2004; Kim, Britt, Klocko, Riviere, & Adler, 2011; Stecker, Fortney, Hamilton, & Ajzen, 2007), UK research (Woodhead, 2012) reported a perceived external stigma about being labelled by close ones, with further consequences of having such a label affecting future careers, being treated differently, and being viewed as weak by others. Internal and external stigma, according to Greene-Shortridge and Castro (2007), interact with each other whereby external stigma is internalised to form negative beliefs which are activated by mental health symptoms such as PTSD and CMD. Negative influences on self-esteem are then experienced, resulting in a lack of motivation to seek help. However, recent research suggests external stigma beliefs are these days uncommon, with more positive attitudes towards mental health and help seeking. Findings such as these could reflect the attitude changes in society, or military policies being more inclusive of mental health (Murphy & Busuttil, 2015). Furthermore, Corrigan and Watson (2002) suggest some individuals feel empowered after their experiences of stigma, advocating for change and improvements in quality of service. Several US studies have encouraged female-only peer support (e.g. Hundt et al., 2015; Koblinsky et al., 2017) with the potential to reduce stigma, yet this type of support is hard to access

(Ahern et al., 2015). Relevant to the UK, it has been established that female only support services are, at the moment, unavailable in most regions. Again, this reiterates the unique needs of female veterans who may feel that engaging in a male group and talking about harassment or MST could be overwhelming – theories like this intensify barriers to seeking help and support.

Serving in a male dominated environment will perhaps undoubtedly have implications for many females' experiences. As such, Feldman and Hanlon (2012) found females to be apprehensive when using coping strategies such as verbal expression, self-positive talk, and rumination, to seek emotional support (Tamres, Janicki, & Helgeson, 2002), perceiving that it might indicate incompetence or weakness. Furthermore, the need to prove their robustness in the Forces meant that many women did not seek help due to a perceived weakness. This supports Wright and colleagues' (2009) findings of stigma being particularly high in the Forces due to perceived weakness of individuals who need to consistently be able to perform to high standards dependent on safety and performance. Therefore, it is perceived that those who appear to be weak, or indeed express their emotions as a way of coping (Herbert, 1998), will have a detrimental effect on group cohesion and safety.

In addition to stigma, other barriers for female veterans seeking care post-Forces include logistical difficulties such as waiting times, and lack of knowledge regarding eligibility (Vogt et al., 2006). In a recent study, Hoge et al. (2014) reported a number of factors regarding low utilisation of services, including a lack of accessibility, confidentiality concerns, discomfort with how professionals interacted, and a false sense of self-reliance. Given the high rates of mental health disorders amongst women veterans in the UK, and low numbers of services specifically tailored for female veterans, we can identify a gap that needs more timely attention due to the GCC ruling coming into effect.

2.11 General Limitations

There are limitations to all research, and this literature review is no exception. Primarily, the majority of studies included in this review are from international sources, predominantly the US. Women in the US military are now undertaking combat roles (Carter, 2015), and although only in its infancy, UK GCC research will more than likely follow American trends. However, the generalisability of US studies is inconclusive – for instance due to higher rates of MST in the US than in the UK, where MST is rarely reported. Regarding MST, overall rates of PTSD (which is linked to higher rates of MST) are found to be higher in the US compared to the UK, although rates are still higher than in males (Macmanus et al., 2014). Arguably, it is possible that resilience in UK female personnel could account for this, as Murphy and Busuttil (2015) suggested, but could also pose reason for concern in the future.

Additionally, demographics of US female veterans differ in that they are more likely to be from a black ethnic minority group compared to the UK, and may have faced additional stressors beforehand, (e.g. discrimination, and pre-enlistment adversity (Woodhead, 2012)). This would lead to inconsistencies in the documentation of the causal effect of mental health problems such as PTSD and CMD. Comparisons between studies are difficult to interpret; Richardson, Frueh, and Acierno's (2010) findings showed 4-7% of US Iraq war veterans were affected with combat-related PTSD, compared to only 3-6% of returning UK Iraq war veterans, demonstrating a lower threshold for combat related PTSD in the UK. The study suggested this is likely due to the variability in sampling strategies; measurement strategies; inclusion and measurement of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), clinically significant impairment criterion; timing and latency of assessment and potential for recall bias; combat experiences, and prevalence rates (p. 12). Arguably, combat related stress is prevalent in the Forces, and is a costly illness to veteran's mental health, families and the government.

It was beyond the scope of this research to identify pre-enlistment adversities, although there is a growing body of evidence (see Iversen et al., 2007, 2008; Zheng et al., 2016) to suggest pre-enlistment vulnerability is associated with a variety of negative health outcomes. Combat exposure-related illnesses such as PTSD have an abundance of research and, as such, are used as a measure against other psychological stressors such as CMD. These outcomes however, may manifest differently in female veterans wherein findings suggest stress has a higher prevalence in women than men in the general population (Balhara, Verma, & Gupta, 2012). Contrary to these findings, greater acute Hypothalamic-Pituitary-Adrenal and autonomic responses have been found in men compared to women (Lundberg, 2005), activating responses in the sympathetic nervous system such as fight or flight - which are contributors to PTSD if experiences are not processed properly. Therefore, using PTSD as a comparative measure may not be suitable for measuring female veterans' psychological stressors.

2.12 Summary

Although women report lower levels of combat exposure than men in the UK, they consistently report considerable amounts of exposure to combat-related stressors, despite the GCC ruling only just coming in. The prevalence of mental health problems in female veterans can be seen in the literature to be debilitating with regards to their psychological wellbeing post-Forces as they deal with additional stressors such as their identity transitions. Leaving the military unexpectedly can have a devastating impact on the individual which is apparently more prevalent in women than in men. Statistically speaking, outcomes of females leaving the military on mental health grounds are inconclusive, even though rates of PTSD are higher in female veterans. However, screening for mental health problems in the Forces are impractical. Transitions for female veterans are ever-changing, with the majority successfully transitioning into a civilian environment from the military. However, those who cannot, face a future of uncertainty, causing additional stressors not only for themselves, but also for their family and society. The care provided for veterans is

available, yet research shows very few females access care due to barriers to seeking help such as stigma. The UK is in its infancy regarding developing female veteran-only services to address their specific needs. It is hoped that this research will be able to fill a gap of how we can better understand female veterans' experiences as they transition from military to civilian environments. With the addition of the new combat roles open to women in the military, it is hoped that this research is even more timely.

CHAPTER 3: RESEARCH DESIGN - A CONSTRUCTIVIST GROUNDED THEORY

STUDY

3.1. Introduction

This study focuses on the psychological wellbeing of UK female veterans who have been deployed whilst in the Forces and are currently living in the UK as civilians. The following section begins with a reminder of the research question posed in the study. The Chapter will then provide theoretical foundations that underpin the research, along with a description of the researcher's own positioning in relation to this. Methods of data analysis are explained, with the inclusion of how quality and rigour are assessed. The Chapter ends with ethical considerations and how this study addresses these.

The research question originates from wanting to explore the experiences of UK female veterans, gaining a greater insight into their transitions, and attempting to answer the following: *'What are female veterans' experiences when transitioning from military to civilian environments?'* The rationale of the research question (See Chapter 1) allowed for the formation of the study, with the researcher's philosophical position constructing the methodological direction of the study.

3.2 Theoretical perspective

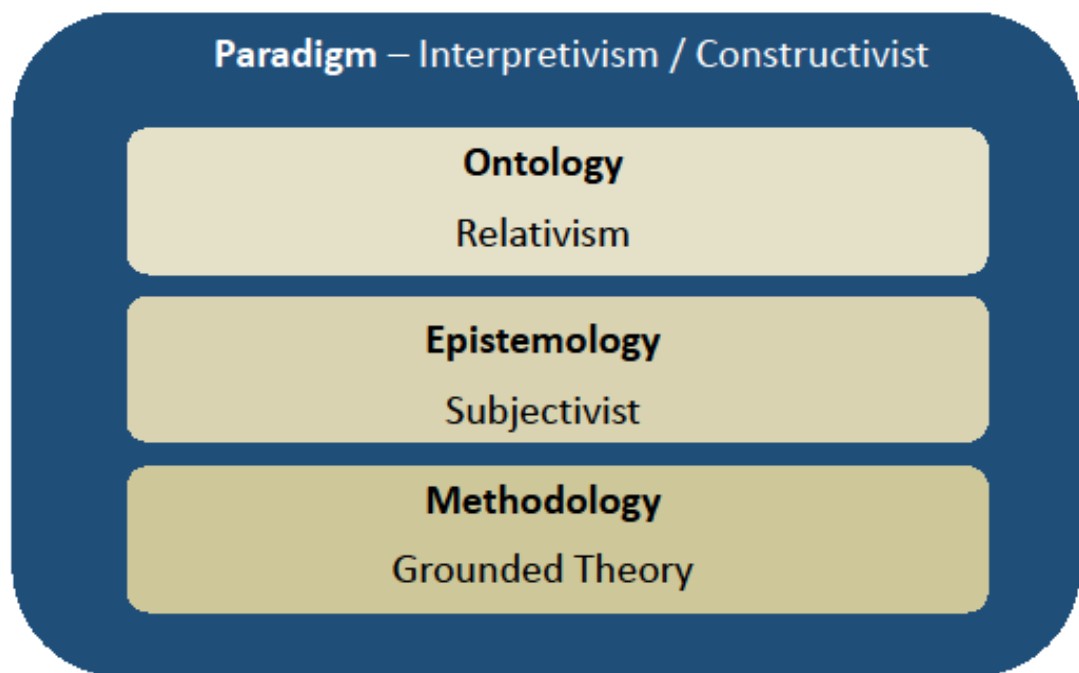
It is necessary for this study to understand and recognise the fundamental elements that position philosophical interpretations, in order to inform the choice of methodology. In doing this, it is hoped that a comprehensive understanding of female veterans' psychological wellbeing can be created as a useful addition to the research literature. Additionally, integrity and validity of research design can be compromised if the researcher does not understand the principles and assumptions embedded within disciplines, such as counselling psychology, potentially leading to limitations in the researcher's interpretation (Sievanen, Campbell, & Leslie, 2012).

Philosophical literature available to the novice researcher can be regarded as confusing, with the '*research process becomes a quagmire often too difficult for many researchers*' (Knox, 2004 p. 119). The uncertainties of researchers regarding their philosophical stance has undoubtedly challenged perceptions and interpretations of how research will/can be carried forward. However, Charmaz (2003), with her innovative work on Constructivist Grounded Theory (CGT), argues that the framework of CGT does not necessarily have to hold constructivist assumptions. She suggests that grounded theorists should propose a more flexible strategy, which can be applicable to wider research views – adopting a stance which is potentially more appropriate and useful for carrying out a grounded theory methodology. Bearing this in mind, it was decided that it would be beneficial to explore the researcher's philosophical stance in relation to choices around using a CGT approach. Presenting a plausible framework from which to work from, and, as a trainee counselling psychologist too, it recognises its relevance to the paradigms that characterise the field (Morrow, 2007). The next section explains the research paradigm and how knowledge is viewed from the researcher's ontological and epistemological assumptions, whereby "*the philosophical stance informs the methodology*" (Crotty, 1998 p. 3); describing understandings, and illustrating how the researcher made sense of the process which influences the research design.

Constructivist Paradigm

To ensure a procedural precision of a research design, Lincoln and Guba (1985) assert that any paradigm includes a researcher's philosophical and basic beliefs about the reality around them, purpose of the research, and ways to discover this reality. In essence, a paradigm consists of ontology, epistemology and methodology. Figure 1 illustrates the researcher's philosophical perspectives, which will be explored further below.

Figure 1: Researcher's Philosophical Perspectives



Constructivism is a research paradigm which “*assumes that social reality is multiple, processual, and constructed*” (Charmaz, 2014 p. 13); embedded in the mind, rather than an external entity (Hansen, 2004) - meaning that participants’ deep reflections are stimulated by the interactive stance of the researcher. Therefore, the researcher plays a vital part in co-constructing, rather than discovering; encouraging researcher reflexivity (Charmaz, 2014), and constructing theory as an outcome of the researcher’s interpretations of the participant’s stories (Mills et al., 2006b). Counselling psychology is also based on an interpretivist-constructivist paradigm (Morrow, 2007), and further to this, the researchers values such as being a therapist herself is embraced within CGT research.

Ontology

Ontologically, a relativist position has been adopted due to the rejected notion that objective realities exist (Lincoln & Guba, 1994). Multiple realities exist, and are understood within different contexts, including perspectives, culture, time and place

(Charmaz, 2006). This study naturally fits within a relativist ontology, and resonates with the explorations of female veterans' experiences through the "discovered" reality that arises from the interactive process between participant and researcher (Charmaz, 2000 p. 524).

Epistemology

Epistemologically, CGT relies upon a subjective interrelationship which redefines the researcher as co-creator, rather than as 'objective observer' (Mills et al., 2006b), thus acknowledging the 'construct' between a shared meaning (Charmaz, 2003, 2006). This study explores the meaning female veterans attach to their psychological wellbeing. It is therefore imperative, within a subjectivist epistemology, to get as close to the participant's unique experiences and interpretations as possible (Lincoln & Guba, 1985), which coincides with the co-construction by the researcher and research participant. Furthermore, such a subjectivist epistemology values human experiencing. As a trainee counselling psychology practitioner with a humanistic value base, reflects the researchers fundamental understanding of clients as agentic human subjectivities who '*cannot be reduced to, or treated as, objects of natural scientific inquiry*' (Cooper, 2009 p. 123). The researcher's own philosophical stance further justifies the choice of a CGT, wherein an ontological and epistemological position proves fitting for such a choice.

3.3 Methodology

"Methodology refers to the process and procedures of the research" (Ponterotto, 2005 p. 132). The choice of methodology was fundamentally influenced by the researcher's theoretical positioning. Ontologically relativist, and epistemologically subjectivist, it was decided at an early stage that an inductive, open-ended, qualitative methodology would be most appropriate. This led the researcher to explore the concept of CGT.

Qualitative Research Method

Counselling psychology privileges respect for the personal, subjective experience of the client, and pursues innovative, phenomenological methods for understanding human experience (Bury & Strauss, 2006). By way of illustration, Saks and Allsop (2007, p. 26) suggest that this is a valuable approach, due to the cost of attempting to generalise and omitting aspects which do not fit presuppositions around a particular phenomenon. Contrary to this, quantitative research methods use a hypothetical, deductive framework which allow concepts to be quantified (Thornberg & Charmaz, 2014), where researchers “*perceive truth as something which describes an objective reality, separate from the observer and waiting to be discovered*” (Sale, Lohfeld, & Brazil, 2002 p. 50). Due to the inquiry process of the research, a quantitative methodology was considered not to be suitable in this case.

3.3.1 A Constructivist Grounded Theory

Since the establishment of Grounded theory by Strauss (1987), and Strauss and Corbin (1990, 1994, 1998), CGT has come a long way. With its relativist underpinnings and practical approach towards the data, the work of Charmaz (2000, 2006) and the constructivist turn emphasises the co-construction between participant and researcher. The necessary retention of participants’ voices heard throughout the analysis has become an integral part of the process, allowing participant presence throughout (Mills et al., 2006 p. 7). With the researcher not having a military background, it is vital that the participant’s voice permeates through the interpretation of the data; communicating how they construct their own world and processes. Only then can this be organised into a “*coherent, reflexively processed conceptualisation*”, enriching knowledge and understanding (Luca, 2016 p. 12). As Charmaz (2006) identifies, giving a voice to participants is a key principal in CGT.

Counselling psychology, as a discipline, respects the personal, subjective experiences of clients and, additionally, pursues new phenomenological ways of understanding the human experience (Bury & Strauss, 2006). CGT, with its explanatory influences, lends itself well to counselling psychology research, which highlights the

(inter)subjective experiences, thus allowing readers to hopefully identify with the study's theoretical nuances and relate it to their own experiences.

Having identified a subjectivist epistemological position, the study also acknowledges that CGT is consistent with a feminist position (Oakley, 1981) that recognises multiple explanations of reality (Wuest, 1995). This research concerns the experiences and understandings of female veterans and, as such, understands women's multiple viewpoints, instead of relying on their male counterparts to verify experiences (Reinharz, 1992). Furthermore, the author hopes to give voice to the understandings of female veterans who were once deployed; validating their experiences and gaining a better understanding of how exposure to trauma has had an impact upon their psychological wellbeing. This is a pertinent and timely factor. However, given the constraints of the study, the researcher understands that a feminist position is just an acknowledgement of a different perspective, rather than branching off into other distinct epistemological positions.

Furthermore, the choice to use CGT over other methods lies within the emphasis of *"the studied phenomenon rather than the methods of studying it"* (Charmaz, 2014 p. 509), recognising its interpretive frame of reference essential in this research. Other approaches were given close consideration, such as Thematic Analysis (TA) and Interpretive Phenomenological Analysis (IPA). Braun and Clarke (2006) ascribe that there are two groups of qualitative methods; those such as CGT and IPA that stem from an epistemological position, and those which do not, such as TA. The researchers constructivist position lends itself to the CGT approach, with an exploration of processes rather a common experience of a phenomenon (Creswell, 2007), in which IPA draws upon. Unlike IPA and its phenomenological epistemology, TA does not have specific epistemological or theoretical positions. TA is widely used, however there is no clear agreement about what thematic analysis is and the procedures for it (Braun & Clarke, 2006), in comparison to CGT which has a clear format to follow and additionally constructs processes from the data. Taking the

aforementioned into account, CGT is a better fit for the researchers personal epistemological and ontological perspectives.

3.4 Procedure

3.4.1 Sampling

Qualitative methodologies generally seek to discover and understand participants' experiences, events or phenomenon in greater complexity in a context-specific setting (Denzin & Lincoln, 2005). It is intended that, through qualitative interviews, information will be rich in data - albeit a smaller study than those using quantitative methods. Nevertheless, data gathering and analysis work in parallel with each other in CGT, so recruitment of participants are regulated until the research objectives are achieved (Charmaz, 2006).

Specifying inclusion/exclusion criteria in order to gather in-depth, textual narratives that capture the experience of female veterans as an alternative to an objective reporting of a reality is of importance, and reflects the researcher's own philosophical view. The following section specifies how the sampling was accomplished within the research.

Within the service roles of the Forces, each female veteran will have had a different Forces experience; e.g. frontline medics (high risk to traumatic exposure), to dental officer (low risk). However, it would be illogical to disregard female veterans who, for example, have not been involved on the frontline and experienced combat, due to this research being about the experiences of women who have been deployed. Consequently, close consideration has been paid to reservists - civilians who train for the Forces alongside their civilian jobs. Research has shown that increased levels of mental health conditions can be found amongst reservists who have been deployed (Samele, 2013). Hence, female veterans who have been in the Reserves (but are no longer employed by the Forces) and been deployed to serve on operations have been included, though that excludes all Reserves who have not been deployed. Likewise, with ESL, only those who have been deployed to serve on operations were included

in the study. This is due to possible limitations of experiences. Additionally, Buckman et al., (2013) found that CMDs were reported higher amongst ESL than other service leavers.

A broad inclusion/exclusion criteria were identified, ensuring that a request for participants reached a much wider audience in an under-represented population. Key definitions for the study are included in Chapter 1 with additional terms and definitions in Appendix 1. Table 1 below illustrates inclusion and exclusion criteria.

Table 1: Inclusion and Exclusion Criteria used for Participant Sampling

Inclusion	Exclusion
Identify as UK Female Veterans - once a member of the UK Regular British Forces in either: Navy/Marines, Army, Royal Air Force	Male veterans
Been on operational deployment at least 1 or more times	Non UK female veterans
Early Service Leavers (ESL)	Not been on operational deployment
Medically Discharged	In Service at present
Reservists	

Keeping this in focus, initial sampling was used to locate participants relevant to the research aims (Charmaz, 2006), and aimed to recruit a homogenous group. The purpose was to describe the phenomenon in depth by selecting participants from a clearly defined group with similar or shared experiences, such as those mentioned in the inclusion criteria. In this study, key criteria included gender, once a member of the UK Forces who have been deployed, and identify as a UK national. Homogenous samples additionally seek variation and diversity within a group with focus on

individual experiences to accurately reflect on the core research study, but to not represent the population as a whole (Willig, 2013).

3.4.2 Theoretical Sampling

Another strategic process of sampling used in CGT is theoretical sampling, which operates by having already identified a concept in the data to be developed and elaborated upon. The purpose of theoretical sampling is to obtain data after preliminary categories have been developed in order to probe more explicitly and to *“check, qualify, and elaborate the boundaries of categories and to specify relations among categories”* (Charmaz, 2014 p. 205). Through further empirical enquiries of these concepts, conceptual directions develop, in terms of where/what to refine and develop next. Charmaz writes that a common error in theoretical sampling is assuming it is the same as data gathering, until the repetition of patterns are derived. Instead, it is actually about aiming *“data gathering towards explicit development of theoretical categories derived from analyses of their studied worlds”* (2014 p.199). Consistent with CGT, theoretical sampling is emergent, with ideas shaping what concepts to continue/conclude, or to define gaps in categories through interviewing participants in a more targeted way. It also relies on the constant comparative methods for discovering these gaps within the data, highlighting ‘trouble spots’ which, as Charmaz contends, can be confusing for a novice. However, proceeding with tolerance despite ambiguity demonstrates growth as a researcher (Charmaz, 2014). Theoretical sampling ceases when no new theoretical categories are derived from the data, which should be sufficiently dense and no longer generating new concepts (Glaser & Strauss, 1967). This is also known as ‘theoretical sufficiency’ (Charmaz, 2014). Appendix 2 illustrates the CGT process and methods, whereby theoretical sampling is presented within the analysis of the data.

Due to the nature of the study using particular requirements such as ‘only females’ and ‘only veterans’, it meant that participants were asked to self-identify through the inclusion criteria in the first place. This posed issues for theoretical sampling, as it limited the data pool to choose from. However, considering the large response from

participants and the possibility in the recruitment process for participants to reach a broad data group, it was considered that their self-identifying did not pose a problem in the study due to the rich data that was obtained from participants. Therefore, theoretical sampling was utilised throughout the recruitment process, until theoretical sufficiency was achieved.

3.4.3 Sample Characteristics

The target population consisted of UK female veterans post-Forces who had a variety of experiences whilst on deployment and post-deployment. Interestingly, they consisted of all three sectors of the British Forces; the Royal Army, Royal Navy, and the RAF. A main requirement was that the participants had been away on deployment, which follows the study's ethos of understanding female veterans' psychological health and wellbeing as they transition from military to civilian environments. A summary of the participants' demographics are illustrated in Table 2. All participants were asked to fill in a participant demographic form which was sent along with their information packs. Participants were asked to answer questions such as their age, employment, time in/out the forces etc. It was important to ask such questions in order to gain an in-depth context of the participants which would enable a more detailed narrative to work from. The information collected can be seen to be utilised in the discussion section. For example, looking at how non-reservists and reservists experience their transition out of the forces. All answers on the form can be seen in Table 2.

Table 2: Demographics of Research Participants

Pseudonym	Florence	Jo	Jenny	Tanya	Paige	Jadze
Age	44	34	50	45	42	51
Occupation at present	Senior lecturer in Nursing	Chartered Surveyor	Unemployed	Office Manager	Unemployed	Unemployed
Branch in Forces	Navy	Army	Army	Navy	RAF	Army
Regular/ Reserve / Both	Regular	Both	Both	Regular	Regular	Regular
Role in Forces	Nursing Officer	Officer	Driver	Communicator	Officer	Officer ATO IT Specialist
Deployed to	Afghanistan	Iraq Afghanistan	Gulf Bosnia	Yugoslavia Norway Europe (<i>Peacekeeping</i>)	Kosovo Europe (various) (<i>Peacekeeping</i>)	UK, Germany, Ireland, Bosnia, Kosovo, Iraq, Afghanistan
Combat Zone / Trauma exposure	Yes / Yes	Yes / Yes	Yes / Yes	Yes / No	Yes / Yes	Yes / Yes
Length of Deployment	6.5 months	3months 7months	4 months	6 months	7 months	Between 3-6 months each
Overall length of time in Forces	23.5 years	6 years Regular 4 years Reserve	10 years	6.5 years	13 years	24 years
Left the Forces	2016 (Age 43)	2015 (Age 32)	1997 (Age 30)	1997 (Age 25)	2012 (Age 37)	2014 (Age 48)
Amount of time as civilian	5 months	2 years	20 years	20 years	5 years	3 years
Med Dis./ESL/voluntary	Med Dis. (MSkl)	Voluntarily	Med Dis. (MH)	Med Dis. (Mskl)	Med Dis. (MH)	Med Dis. (MH)
Diagnosed with mental health issues?	Yes CMD	Undiagnosed CMD	Yes CMD and PTSD	Yes CMD	Yes CMD	Yes CMD and PTSD
How did you hear about the study?	Facebook	Facebook	Facebook	Facebook	Facebook	Facebook

3.4.4 Recruitment

The researcher did not have personal experience of being a member of the Armed Forces, as reflected in Chapter 1. Therefore, particular effort was made to ensure advertisements were distributed extensively. Initially, emails (Appendix 3) were sent out to organisations such as Veterans Services in the UK, advertisements (Appendix 4) were printed, and permission sought to advertise where large numbers of people convene, such as community centre noticeboards, GP surgeries and supermarket noticeboards. Regarding social media, Facebook, Twitter and LinkedIn were all utilised to their fullest, with individuals being able to share the advertisement amongst their own acquaintances. This snowballing effect not only demonstrated the power of social media, but also allowed participants to be included from different geographical areas. A total of 29 respondents made contact, all replying from the social media advertisements. Appendix 5 illustrates a participant flow diagram, concluding with the selected number of participants recruited.

Respondents who were interested in the study were asked to make initial contact with myself via email. Once contact was established, an information pack was emailed out to potential participants which outlined further information about the study and what would be required from them. This included an information sheet (Appendix 6), Government Security Classifications Policy (Appendix 7), participant checklist (Appendix 8) and participant consent form (Appendix 9), which required them to sign it and send it back.

It soon became apparent that there were many respondents with different experiences, and from different branches of the Forces. The decision was taken to include at least one participant from each branch of the Forces (RAF, Army, Navy). This allowed for variance in the homogenous sample, as mentioned earlier.

Participants who expressed interest but did not fit the inclusion criterion or did not respond (n= 23) were sent an email of gratitude for taking the time to respond (Appendix 10). In line with the simultaneous process of recruitment and analysis

within CGT, those who were eligible (n= 24) were sent a further email explaining a time period when contact would be made next. Once all consent forms had been received for each participant (n= 6), a convenient time and date were arranged for initial interview. Due to time constraints and geographical locations, only one participant was interviewed face to face, whilst the rest were interviewed via telephone. It is important to point out that CGT does not just rely on interviews for data collection. A variety of sources can be included, such as written documents, researcher's own reflections (Charmaz, 2006), and additional interactions. The researchers reflexive memos were an additional source of data gathering for this study.

Data management can be found in Appendix 11, which describes how it was managed; conforming to ethical and research guidelines. Two participants chose pseudonyms, whilst four were assigned pseudonyms by the researcher. The names can be found in table 2 in demographics of research participants.

3.4.5 Interview process

When conducting qualitative in-depth interviews, face-to-face interviewing is generally a more popular choice (Sturges & Hanrahan, 2004). As stated before, time constraints, geographical areas, and ease of use meant phone conversations were the most appropriate choice for this study. Within most grounded theory research, the general methodology is not to hypothesise, but to develop a theory through a process of induction, which can then be 'grounded' in the data (Glaser, 2002). Furthermore, when we think about the subjectivity of CGT, through the interview process, knowledge and ideas are co-constructed between researcher and participant in a process we know as "*data generation, rather than data collection*" (Mills, Bonner, & Francis, 2006b p. 9).

Charmaz suggests intensive interviewing for a CGT approach as it explores participants' own perspectives on their personal experiences within the research topic. Through gentle guidance from the researcher using open-ended questions, the

interview offers an interactional space whereby the participant can *“relate to their own substantial experiences”* (2014 p. 57). The interviews took a reflective stance on the participant’s experiences, allowing a co-construction of the interview conversation in ways that an everyday conversation would not permit – such as enquiring into more detail about certain topics to gain a greater understanding. Attention to language is also an important feature of CGT interviews and elicits *“participants definitions of terms, situations and events in order to tap into their implicit meanings, assumptions and tacit rules”* (Charmaz, 2014 p. 95). Building a rapport with the participants initially became a key theme when advancing onto the interviews. The interviews also build upon Crooks’ (2001) suggestion, which maintains that it is an advantage for women to interview women where a process of exploration is reciprocal and whereby both researcher and participant are transformed. Bearing this in mind, an open informal interview was undertaken in order to build rapport with the researcher through ‘light chit chat’ initially. Furthermore, creating a ‘holding environment’ for participants to be able to explore their experiences was fundamental during the interview process, so that opportunities for empowerment alongside the minimisation of power imbalance could be offered. Such an approach might be perceived as resonating with the humanistic value base of counselling psychology (Cooper, 2009).

Kvale's (1996 p. 133 – 135) description of nine different types of interview question was adopted in order to ensure an in-depth discussion, and clarification of participants’ accounts (Appendix 11). Having several years’ experience as a therapist practitioner was advantageous for the researcher, and, in particular, being initially trained in the Person Centred approach, it was felt that using Rogers' (1957) non-directive responses in certain areas of the interview were more appropriate than leading questions. Furthermore, conveying empathic understandings of participants’ worlds (Charmaz, 2006) enabled the researcher to stay with the participant, and remain sensitive to the interactive process. Similar to this, reflective thinking allowed the researcher to refine the interview questions for further theoretical sampling,

iterating that knowledge is constructed, yet is also open to new interpretations (Carroll, 2009). Ponterotto (2005) suggests that grounded theory studies in counselling psychology tend to use an “*evolving semi-structured interview protocol*” (p.134), which fits consistently within the theoretical sampling used in this study whereby certain topics emerged as relevant in one interview and were reflected on and incorporated into the next interview. Appendix 12 demonstrates the flow of interview questions. By seeking pertinent data, emerging categories can be elaborated and refined (Charmaz, 2006) throughout the process, and specific research questions followed up in the next interview. This aligns itself well within the therapeutic relationship in counselling psychology, whereby feedback informs and shapes further enquiry, much like the iterative process of grounded theory.

3.5 Data Analysis

This study uses a constructivist approach, whereby the researcher and participant co-construct meaning is formed by researcher and participant. With its foundations in relativism, CGT takes a subjectivist stance, appreciating multiple truths and realities (Mills, Bonner, & Francis, 2006a) which, in turn, permits interpretations and researcher reflexivity – welcoming the participants’ lived experiences to be represented (Charmaz, 2003). Through the use of systematic checks throughout the data collection and analysis, CGT methods maintain a flexible approach to investigating the empirical world and, as Cooney (2011) suggests, rigour is preserved throughout the research by the “*inductive-deductive cycle*” (p. 17), communicating credibility and transparency (see table 3 on quality and rigour). Using Charmaz’s (2014) ‘*set of principles*’ for CGT, this Chapter will detail the process used which consists of at least two main coding phases, 1) initial – a process of defining what data is about (p. 111), and 2) focused – using the most significant and/or frequent earlier codes to sift through and analyse larger amounts of data (p. 138). The constant comparative process, which is fundamental in any grounded theory study, was employed and allowed theoretical sufficiency to be achieved resulting in the theorizing of a process which is one of the studies aims: to understand female

veterans' transition processes when leaving the military upon entering civilian life. Along the way, theoretical sensitivity and reflexivity was used. The following provides an overview of how data was rigorously subjected to analytical turns in order to construct theoretical categories and ultimately lead to a process of theorizing.

3.5.1 The logic of coding

Charmaz (2014) states that coding is a fundamental link between collecting data and developing an emergent theory (p. 113). The process of coding enables the researcher to sift through data, defining it and then interrogating its meaning. In the initial phase of coding, segments are named and labelled, in order to enable the second phase; focused coding. Through focused coding, data that appears to be more frequent or significant is organised and integrated. As with Charmaz (2014), the aim is to keep the coding simple yet effective, through the use of spontaneity and directedness. Coding is an active phenomenon, which requires the researcher to be alert and open to any direction that the data may take – bearing in mind that this may differ from the original proposal, developed initially before the research took place. It is a learning process that takes place; *“learning about the data guides the meaning we put towards it, which will then shape how we ensue the continuing analysis”* (Charmaz, 2014 p. 114). Coding is a way of understanding and defining each utterance, standpoint and communication, no matter how miniscule it could be. True to CGT, we construct our codes through the language that we use and interpretations that we give the data.

3.5.2 Constructing codes

The researcher's own meanings and values confer how interpretations are made and reflected upon from the narrative between participant and researcher. It has been suggested that because of this, the participant's voice is somewhat lost, and meaning can become distorted by the researcher (Glaser, 2002). However, the researcher is of the opinion that this is not the case. As Charmaz (2014) suggests, CGT is an interactive process, with the data being continuously analysed for interpretations, meanings and actions. Coding is an effective way to study emerging data (Glaser,

1978) whilst collecting data; defining insights which are worthwhile developing into categories. Therefore, CGT is an *'iterative process of simultaneous data collection and analysis'* (Charmaz & Bryant, 2010 p. 406). Charmaz (2014) suggests that it is a learning process for the researcher which can be challenging when it comes one's own preconceived ideas about the topic of interest; questioning both the subjective and the objective as we try to understand the participant's and researcher's own worlds. With this, analytic questions are raised and asked of the data, which is constantly being compared, moving forward towards theorizing.

3.5.3 Constant comparative methods

Analytic distinctions are established through constant comparative methods. Central to grounded theory, constant comparison requires the reviewing of transcripts and notes as soon as an observation or interview has taken place, identifying any trends or themes which the researcher detects in the data (Glaser & Strauss, 1967). This process allows the researcher to proceed with theoretical sampling, whereby identified themes can be pursued, with the purpose of where and how to gather the next set of data. The process continues throughout the analysis, and involves identifying similarities and differences between emerging categories through the comparison of *"data with data, data with code, code with code, code with category, category with category, and category with concept"* (Charmaz, 2014 p 342). Codes that were similar were combined and given an overall code to encapsulate their meaning until categories and concepts were established. The constant comparative method extends throughout the analysis, and is demonstrated in the forthcoming sections that include coding, theoretical sampling, memoing, and theoretical integration.

3.5.4 Initial Coding

The initial coding process involves the researcher giving labels (codes) to each segment, allowing close attention to be paid to the participant's narrative. Charmaz (2014) recommends coding data as actions, which reduces the tendency to code for types of people rather than what is happening in the data. Coding for actions also

keeps the researcher on a stringent path for following the data closely and keeping an open mind towards emerging codes, which acknowledges and addresses the researcher's preconceived ideas and past experiences, which can impede and influence the way the data is developed. Asking questions around the data and acknowledging the researcher's previous knowledge was vital in order to remain open to new significant processes (Charmaz, 2014). Journal writing was used to reflect on preconceived ideas (see Appendix 13 for an example). Initially, line by line coding was adopted for the first participant, however wary of time constraints and the amount of data to sift through, the researcher was curious to see if coding segments would obtain the same definitions and meanings of "*what the data are all about*" (Charmaz, 2006 p. 43). The results were identical – therefore, coding segments and chunking data was adopted. Each participant's initial codes were printed on different coloured paper and cut up in into segments to allow for ease of identification for the next stage of coding. Appendix 14 provides an example of initial coding used in this process.

In vivo codes

In vivo codes can also be used for coding. These are codes that are kept the same as participant verbatim and used as a descriptive code, preserving participants' meaning of their views, and treated just like any other codes. However, Charmaz (2014) warns that in vivo codes are not robust enough to stand alone as a theoretical category, so caution was taken when integrating them into the overall process; checking whether the in vivo code was robust enough to carry it through to the next analytical turn.

3.5.5 Focused Coding

Once initial coding was completed, focused coding was used to direct the analysis in a more selective and conceptual way (Charmaz, 2014). Synthesising the initial codes together meant that the researcher made decisions about the data. It was these

decisions that allow the data to become more condensed; highlighting what the researcher finds important in the emerging analysis (Charmaz, 2014).

Focused coding relies on comparisons the researcher has made with and between initial coding, and how the researcher defines each of their meanings and understands unexpected ideas that emerge. This comparative process in focused coding serves to strengthen any themes. Whilst codes are compared with data, codes that have a greater significance heighten the sense of direction towards developing “*tentative categories*” (Charmaz, 2014 p. 140). The constant comparative method was used throughout coding to make sense of the analytical material until theoretical categories were developed.

Other grounded theory data analyses include additional ways of coding data, such as theoretical coding (see Glaser, 1978) and/or axial coding (see Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1998). However, similar to theoretical and axial coding, during focused coding the data allows the researcher to separate, classify, synthesise, integrate and organise large amounts of data which can then be conceptualised (Santos et al., 2016). The data did not make use of the aforementioned coding to integrate focused codes. Instead, participants’ data was deemed to be sufficient through the use of initial, focused and in vivo codes by studying the empirical world and how it made sense to the researcher. Appendix 15 demonstrates how the focused codes developed initially.

Asking questions throughout coding enabled the researcher to delve deep into the data; inhabiting an interactive space in which to construct and compare codes. However, this has its challenges and, in particular, Glaser suggests grounded theorists should pay particular attention to preconceptions which make the difference between forcing a theory upon the data from existing knowledge, or letting hidden themes emerge (Glaser, 1978).

3.5.6 Theoretical sensitivity

Carrying out CGT whilst holding preconceived ideas about the data can have the potential to undermine the openness and emergence of a grounded theory (Kwok, McCallin, & Dickson, 2012). However, as stated in the initial reflexive statement in Chapter 1, this project was inspired by findings of a previously conducted study into Veteran's transitions whilst in therapy, which was then further explored in a systematic review of the wellbeing of female veterans (see Jones & Hanley, 2017). Awareness of certain perspectives and prior knowledge from previous literature formed a platform for my interest in the topic, and also helped develop memos. Furthermore, as ideas about the data came forth, a journal was kept which allowed the researcher to identify either preconceived ideas and concepts, or those that were grounded in the data.

Participants were particularly interested in the researcher's positioning, and some found it exhilarating to be able to tell their own story in detail, with several commenting on how important it was for the research to be completed amongst UK female veterans. However, this could also be said about the barriers between researcher/participant and not being a fellow comrade. Two participants were surprised that the researcher did not have a military background, although it could be argued that this allowed for a more natural conversation that perhaps wasn't as cautious as it might be with other ex-military females. Nonetheless, from the onset relationships were open and honest; disclosing my own agency appeared to work as a catalyst towards engagement and trust within the space. Bracketing was not an option within this research. Keeping to the researcher's philosophical stance meant that findings were constructed rather than discovered, and through this, researcher reflexivity was acknowledged through actions and decisions (Charmaz, 2014).

Like this study suggests, Glaser and Strauss (1967) state that theoretical sensitivity is *"an ability to have a theoretical insight into one's area of research combined with an ability to make something of one's insights"* (p. 46). It is also *'heightened by reflexivity'* (Vickers, 2016). It was, therefore, important to reflect upon the

researcher's prior knowledge and assumptions through journals and memos. The literature around the topic was known to the researcher, and a recent published paper meant that in-depth insights and ideas were uncovered from the onset, which have been discussed in the opening reflexive statement (See Chapter 1). However, previous research dealt with different geographical locations, which fuelled the researcher's curiosity even more to carry out the research within the UK.

3.5.7 Reflexivity

Charmaz (2008) states that "*Constructivist grounded theory assumes relativity, acknowledges standpoints, and advocates reflexivity*" (p. 409). This study reflects constructivist principles through the use of its theoretical underpinnings in order to analyse the data, acknowledging preconceived ideas and prior knowledge of both researcher and the researched. Credibility (see table 3) is also established in the research through reflexivity by means of addressing the potential impact of personal assumptions and how these can influence actions of a researcher. Memoing also aids reflexive practice by creating records of how the researcher makes sense of the data, including researcher's own thoughts/feelings. This enables more than a mere trail of decisions made in relation to the analytical process (Birks & Mills, 2015). As the researcher's self-concept is interwoven into the analysis, constructivist grounded theory appears even more relevant to its relativist roots, and the multiple perspectives of how meaning is constructed through interaction

3.5.8 Memo-writing

Memoing is an analytical process fundamental to grounded theory analysis. It requires the researcher to record processes, thoughts, feelings, analytical insights, decisions and ideas in relation to the research project (Birks & Mills, 2015 p. 179). Within different versions of grounded theory analysis, memoing can either be seen as a set of stringent stages or, the approach taken in this study, Charmaz's (2006) suggestion of "*do what works for you*" (p. 80). Additionally, Glaser (1978), sees no real advantage in separating memoing stages, and defines them as the "*theorising write up of ideas about codes and their relationships*" (p. 83) during the data analysis.

Given the time constraints, and as a novice to the CGT analysis, it was considered that extra stages in memoing would be disadvantageous and difficult at this phase of the study. Therefore, conceptual ideas and their meanings were recorded through the use of memos, which gave light to theoretical sampling and the constant comparative process alongside the analysis. This is grounded in the data and constitutes a strong audit trail in order for the researcher to compare and contrast early codes and concepts. Perhaps memos were used more in the sorting and integration of theoretical categories, facilitating theorizing the end process. Through this simultaneous process of data generation and analysis, memoing co-constructs a continuing, re-written story that reflects the participant's world, and the researcher's interpretations (Mills et al., 2006b). Congruent with CGT, participants' voices were included in the memos to keep meaning present in theoretical outcomes (Charmaz, 2001) whilst simultaneously attempting to illustrate the conversational style of the researcher's speech and thoughts about the data in the moment. Again, similar to psychological therapy, the 'immediacy' of memoing was significant. The transcripts were simultaneously listened to and recorded onto an iPhone using the 'text-to-speech' feature. This proved extremely efficient and resourceful when recording instant memos at moments when a particular thought/feeling transpired. Appendix 16 illustrates memos written alongside the analysis. Memoing forces the researcher to go back to categories and verify each one; it is a long process, however one which strengthens rigour and allows reflection over what could be premature conclusions about the data.

3.5.9 Saturation, Sample Size, sorting and integrating

Previously, theoretical sampling has been discussed in relation to seeking out relevant data in the study in order to theorize a process. By focusing on categories rather than focused codes, theoretical sampling encompasses a broader range of data to be delineated. Saturation, Charmaz (2014) explains is when "*gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of these core theoretical categories*" (p. 213), and determines the sample size. Saturation is

not the repetition of the same categories or concepts, but the extraction of *“all forms or types of occurrences, valuing variation over quantity”* (Morse, 1995 p. 147). Dey (2007) and Charmaz (2014) argue that the term ‘saturation’ is incongruent with CGT methodology, and forecloses analytic possibilities early on without exploring the data to a sufficient level. Therefore, instead of reaching a point of theoretical saturation, the study aimed for ‘theoretical sufficiency’ to indicate the adequacy of data and fullness of coding. This is further supported by Burmeister and Aitken (2012) and, Fusch and Ness (2015) who suggest that sample sizes are less about numbers, but more about the richness of quality and thickness of quantity. Each interview in this study took between 1.5/2 hours, collecting a richness of experiences from female veterans. Theoretical sufficiency was achieved after no new higher concepts were developed. After focused coding was completed, the categories were subjected to sorting and integrating. Due to the amount of data, this stage of the process was undertaken twice. In order to create a transparent trail, each time the categories were subjected to sorting and integrating of categories, the researcher termed the outcome as concepts and higher concepts in order to not confuse terminology at each stage. The researcher was then left with theoretical categories. To recap, Appendix 2 demonstrates the grounded theory processes and methods used to guide the current study.

Charmaz (2008) states in her earlier work that few grounded studies actually accomplish a finalised theory, however they do provide an *“analytic handle on a specific experience”* (p 401). Furthermore, Glaser and Strauss’ (1967) suggestion of ‘sufficiently dense’ categories highlights the ambiguity whereby researchers must know every possibility about the data and have complete coverage – illustrating that saturation by nature is a subjective and intuitive process (Birks & Mills, 2015). It is therefore considered important to adopt CGT guidelines in an open manner, and *“not (as) a machine that does the work for you”* (Charmaz, 2014 p. 216).

Conducting a CGT analysis firstly includes coding, constant comparison and memo-writing which then elicits the emergence of concepts and theoretical categories. The

reviewing, sorting and integration of concepts is ensured to develop theoretically sufficient categories which are grounded in the data. Lastly, the process of theorising takes place in order to understand the process of female veterans' psychological health and wellbeing. This process is one of expanding and contracting; the researcher saw it much like Hoberman's, (2003) 'Transforming Sphere' which helped as a visual aid when thinking and handling the data. Reference to this can be seen in Appendix 2, which is symbolised as an image of the sphere.

3.5.10 Theorizing in constructivist grounded theory

Theorizing, at its core, provides the *"fundamental contribution of grounded theory methods, residing in guiding interpretive theoretical practice, not in providing a blueprint for theoretical products"* (Charmaz, 2014 p.233). In its simplest format, this study aims not to develop a generalisable theory, but to understand and explicate an interpretive understanding – looking at how female veterans make sense of their world and interactions in it. Furthermore, this research does not want to list participant descriptive narratives, but rather seeks to communicate the meaning and process of the phenomena; inviting the reader to interpret in their own way how they might not have otherwise done so, allowing for new perspectives and meanings. Other theorists, such as Mouton (2002), reiterate that the theory part in grounded theory does not refer to the rigidity of an application of one theoretical concept which is generalisable, but refers to typologies and models which can be explicated from the categories constructed (Burden & Roodt, 2007).

The process developed from theorizing in this study is contextually dependent upon the reader, and necessitates a deeper understanding located in their own world – further emphasising the philosophical notion of multiple realities. Understanding the concept of 'theorizing' rather than 'discovering theory' (Charmaz, 2014; Clarke, Friese, & Washburn, 2018) also reiterates the choice of methodology (CGT) by understanding/utilizing the constructivist position, rather than objectifying participants' stories. In addition, theorising attempts to answer the 'how' and 'why' of female veterans' processes when leaving the Forces, rather than 'what' they do.

Birks and Mills (2015) draw our attention to the potential controversy when using existing models to develop a theory within CGT, suggesting that theorists seek to generate a theory that is grounded in the research data – not trying to fit into a theory that has been already theorized.

3.6 Quality and Rigour

This study uses Charmaz's criterion for grounded theory studies (2014 p. 337) to appraise the quality of the research. It considers issues of credibility, originality, resonance, and usefulness, which form part of the evaluation in the grounded theory methodology (Charmaz, 2006). Table 3 below demonstrates how the criteria are met in relation to the research. It is ultimately up to the reader to evaluate the quality of the study (Charmaz, 2006), however, the researcher proposes that these four criteria establish quality and rigour from which a grounded theory model can be presented. Furthermore, Charmaz (2014) argues that a robust combination of originality and credibility increases a study's resonance, usefulness, and thus it's subsequent value of contribution to clinical and professional healthcare practice (such as counselling psychology). Birks and Mills (2015 p. 147) emphasize that the quality of grounded theory is not just about the applicability to the methodology and theory itself, but also of a more comprehensive evaluation. Therefore, the amalgamation of researcher expertise, methodological congruence and procedural precision has been included in the table of criteria.

Table 3. Quality and Rigour

CRITERIA	HOW THE CRITERIA WERE MET IN THE CURRENT STUDY
Charmaz (2014) criteria for grounded studies (p. 337)	
Credibility	
<ul style="list-style-type: none"> ▪ Has your research achieved intimate familiarity with the topic? 	<p>A previous dissertation had been carried out on veterans, and a systematic review was carried out by the researcher (see Jones & Hanley, 2017) on the same topic. Multiple in-depth interviews took place, constant comparison of data, and a second literature review was undertaken, which all contributed to the familiarisation of the topic.</p>
<ul style="list-style-type: none"> ▪ Are the data sufficient to merit your claims? 	<p>Six in-depth interviews were conducted lasting between 1.5 – 2 hours long. - achieving theoretical sufficiency when no more categories were formed. All had personal experiences of the topic of interest.</p>
<ul style="list-style-type: none"> ▪ Have you made systematic comparisons between the data? 	<p>The constant comparison method was used to compare data with data (as outlined in Chapter 3).</p>
<ul style="list-style-type: none"> ▪ Are there strong links between data, argument and analysis? 	<p>The constant comparative method, along with the incorporation of memos, demonstrates strong links between data. Furthermore, all outcomes and findings that are described in the thesis are adjoined with examples, and can be found in the Appendix. Similarly, participants' data extracts are presented within the findings to locate and situate analysis outcomes.</p>

<ul style="list-style-type: none"> Has the research provided enough evidence for your claims to allow the reader to form an independent assessment - and agree with the claims? 	<p>Throughout the research, a comprehensive audit trail of the thesis has been provided to enable the reader to draw on their own conclusions about the study, it also allows for credibility of the research process for the reader to share same or similar conclusions. Peer debriefs were also used which allowed an independent assessment of the findings.</p>
<p>Originality</p>	
<ul style="list-style-type: none"> Are your categories fresh? Do they offer new insights? 	<p>The theoretical categories offer new insights into female veterans experiences post-Forces, building upon the current literature.</p>
<ul style="list-style-type: none"> Does your analysis provide a new conceptual rendering of the data? 	<p>The thesis has been presented in a way that demonstrates transparency of the analysis and its findings, and also provides examples throughout, including the theorization of a process.</p>
<ul style="list-style-type: none"> What is the social and theoretical significance of this work? 	<p>Implications of the findings are presented within Chapter 6, which includes its significance in relation to research, theory and practical considerations.</p>
<ul style="list-style-type: none"> How does your grounded theory challenge, extend, or refine current ideas, concepts, and practices? 	<p>The transition model, which was developed from the data, provides an alternative process of transitioning. Furthermore, some of the stressors offer new insights that both challenge and support current knowledge.</p>
<p>Resonance</p>	

<ul style="list-style-type: none"> ▪ Do the categories portray the fullness of the studied experience? 	<p>The interviews demonstrate a fullness of the studied experience. Furthermore, theoretical sampling allowed for a deeper exploration of experiences.</p>
<ul style="list-style-type: none"> ▪ Have you received both liminal and unstable taken-for-granted meanings? 	<p>For clarification of meanings and experiences, the researcher comprehensively explored with the participants how they understood their own concepts. For definitions and terms that are more generalised to the Forces, the researcher enlisted the 'chat' application from the Army website, along with the help from a colleague (see acknowledgments) who was able to clarify terms for the researcher.</p>
<ul style="list-style-type: none"> ▪ Have you drawn links between larger collectivities and individual lives, when the data so indicate? 	<p>Attention was given to female veterans' overall transition rather than just a specific event in their transition. Furthermore, its constructivist underpinnings allowed for both individual and collective interpretations from participant and well-informed researcher. This enabled multiple considerations to be reflected upon.</p>
<ul style="list-style-type: none"> ▪ Does your grounded theory make sense to your participants or people who share their circumstances? Does your analysis offer deeper insights about their lives and worlds? 	<p>The model of transition and stressors faced by female veterans was discussed with colleagues and other researchers for clarification. Particular emphasis was placed on the 'safety-seeking' aspect of the model. Furthermore, it has been demonstrated that participants have sought support after realising their needs during the interview – demonstrating deeper insights about their lives and worlds.</p>

	Theoretical sampling was used to member check. Grounded theory methodology requires the researcher to undertake ongoing data analysis to inform data collection. Therefore, findings from previous interviews are discussed with participants as part of the iterative process.
Usefulness	
<ul style="list-style-type: none"> Does your analysis offer interpretations that people can use in their everyday worlds? 	This analysis offers a deeper insight into the transitions that female veterans may potentially experience. Furthermore it offers professionals, such as counselling psychologists a way of working with female veterans.
<ul style="list-style-type: none"> Do your analytic categories suggest any generic processes? 	The transition model offers a process through which female veterans may potentially experience when leaving the Forces and adjusting to civilian life.
<ul style="list-style-type: none"> If so, have you examined these generic processes for tacit implications? 	Tacit implications were explored through reflexivity and theoretical sampling, where implications were brought into awareness and explored.
<ul style="list-style-type: none"> Can the analysis spark further research in other substantive areas? 	Absolutely. This thesis was designed to fill a gap in knowledge about UK female veterans. Currently, there is little research on female veterans in the UK and this piece of research serves to raise many questions worthy of further exploration. One of these could be experiences of sexism.

<ul style="list-style-type: none"> How does your work contribute to knowledge? How does it contribute to making a better world? 	<p>The transition model builds upon a minimal body of knowledge and offers useful and significant insights into female veterans' transitions. The social justice aspect of it highlights that female veterans may potentially be an oppressed sub-group of the population, therefore policies and procedures are recommended to be looked at. It also invites others to interact with the processes, in order to provoke thoughtfulness and growth.</p>
<p>Birks & Mills, (2015) Comprehensive criteria for evaluating grounded theory research (p. 147) (where criteria is not covered in Charmaz)</p>	
<p>Researcher Expertise</p>	
<ul style="list-style-type: none"> Does the researcher demonstrate skills in scholarly writing? 	<p>The researcher conducted prior research which shares the same focus as this topic. Furthermore, the researcher is a qualified therapist, which aided interview techniques and increased theoretical sensitivity. There are specific guidelines for the researcher to follow, including the attendance to ethic committee for the research to be conducted. The research was deemed high risk, therefore stringent protocols were followed such as the 'distress policy' and debriefing. Supervision was utilised from Dr Terry Hanley whom not only is an expert in the field of counselling psychology, but also has a depth of knowledge in Grounded Theory.</p>
<ul style="list-style-type: none"> Is there evidence that the researcher is familiar with grounded theory methods? 	<p>The researcher was a novice grounded theorist, however read relevant literature and made contact with other scholars to enable an informed methodology was used. The researcher attended a seminar</p>

	on 'grounded theory methods' in Nov' 2014, which is where her interest in using the method originated from.
<ul style="list-style-type: none"> Has the researcher accessed and presented citations of relevant methodological resources? 	Relevant methodological resources were used in the thesis. In particular, the researcher purchased Charmaz (2014) 'Constructing Grounded Theory' which was useful for following practicable guidelines.
<ul style="list-style-type: none"> Are the limitations in the study design and research process acknowledged and addressed where possible? 	Limitation of the study design are presented in Chapter 6 (Limitations).
Methodological Congruence	
<ul style="list-style-type: none"> Has the researcher articulated their philosophical position? 	Chapter 3 presents the researcher's philosophical positioning which is relevant to the constructivist grounded theory. A diagram has been included for clarification (see fig 1)
<ul style="list-style-type: none"> Is grounded theory an appropriate research strategy for the stated aims of the study? 	Chapter 3 demonstrates why constructivist grounded theory was used. Some of the reasons include; the lack of literature around UK female veterans transitions, the constructivist turn, which fits with the researcher philosophical views, and an alternative transition model which was developed from the data.
<ul style="list-style-type: none"> Do the outcomes of the research achieve the stated aims? 	<p>The research aims (see below) have been justified within the body of the research.</p> <ul style="list-style-type: none"> To qualitatively explore the stressors females experience which contribute to difficulties post-Forces

	<ul style="list-style-type: none"> ▪ To understand female veterans' transition processes when leaving the military upon entering civilian life ▪ To investigate what female veterans need/want for a better transition
<ul style="list-style-type: none"> ▪ Is the grounded theory presented as the end product of the research? 	<p>The grounded theory in this research is presented in the form of a transition model which suggests females' transitions are uncertain and not linear. Stressors experienced by female veterans can contribute towards the uncertainty of the transition. Therefore, these findings were presented early on in the thesis to enable clarification.</p>
Procedural Precision	
<ul style="list-style-type: none"> ▪ Is there evidence that the researcher has employed memoing in support of the study? 	<p>Memoing was used during the analysis of the data. Reference to this is made in Chapter 3 and Appendix 16 gives an example of this.</p>
<ul style="list-style-type: none"> ▪ Has the researcher indicated the mechanisms by which an audit trail was maintained? 	<p>The following was used in order to create an audit trail:</p> <ul style="list-style-type: none"> ▪ Ethics committee approval from the University of Manchester ▪ Preliminary literature review including reflexive statement in Chapter 1 ▪ Theoretical position identified leading to theoretical framework of study ▪ Interview protocol using Kvale's (1996) guidelines ▪ Participant selection through advertising and purposive sampling

	<ul style="list-style-type: none"> ▪ Data collection and management through audio recordings. Transcribing of raw data kept in storage anonymity given ▪ Transcripts coded, printed, cut up, memos integrated, concepts constructed and model developed ▪ Quality appraisal such as member checking through theoretical sampling, peer debriefs, feedback from research supervisors and a clear audit trail. ▪ Thesis structured and written up. Including clear headings, example, references, and appendices. The inclusion of participant quotes were used for transparency. ▪ Lastly, a visual representation of an audit trail can be found in Appendix 2, figure 2 Where the grounded theory analysis is presented in more depth
<p>Are procedures described for the management of data and resources?</p>	<p>The management of data can be found in Appendix 11. These are in line with specific guidelines which have been followed for data management</p>

3.7 Ethical Considerations

Researchers must adhere to ethical codes and guidelines when developing an ethically sound study. Primarily, the University of Manchester's Research Ethics Committee approved the application through the completion of a structured ethics form (See Appendix 17) and ethics meeting with the researcher and committee members. The study was deemed 'high risk' due to the potential vulnerability of participants. Appendix 11 illustrates how data was kept confidential. Appendix 18 demonstrate further measures set out to minimise the risk to participants including informed consent, right to withdraw, confidentiality and privacy (also comes under Appendix 11) and debriefing (appendix 19). The BPS guidelines on professional practice; code of ethics and conduct; code of human research ethics and the HCPC's standards of conduct, performance and ethics (BPS, 2005, 2009, 2014; HCPC, 2016) can all be found in appendix 18.

3.8 Summary

This Chapter offers the researcher's theoretical assumptions and application towards a qualitative CGT method, which situates ontological and epistemological underpinnings within an interpretivist paradigm. Given the complex nature of the study, the research question was made explicit early on, with the intention of broad openness to allow processes to develop as and when. Procedures for data collection methods included initial and theoretical sampling in order to elicit the rich pertinent data from interviews, which aligns itself with counselling psychology in practice.

This data analysis section provides CGT guidelines and how methods of data analysis were implemented. The study's strategy consists of a systematic, but flexible procedure for data gathering, including initial and focused coding, memoing and theoretical sampling. The constant comparative method was discussed with examples used throughout, providing transparency through a clear protocol. Theoretical sensitivity and reflexivity were identified as being highly relevant throughout the CGT methodology, and facilitated the identification of factors influencing personal and process levels – which were then used as vehicles to drive

forward. This study uses theoretical sufficiency of concepts and categories, as opposed to saturation of the sample, which was attained through sorting and integration. Finally, theorization of the psychological wellbeing of female veterans was used to gain a better understanding of the processes they engage in when transitioning. Ethical principles and guidelines were adhered to, and considered rigorously in relation to the study, paying particular attention to quality and rigour. In Chapter 4, findings are described using these discussed methods, and providing a synthesis of female veterans' psychological wellbeing experiences post-Forces.

CHAPTER 4: FINDINGS

4.1 Introduction

Chapter 4 constitutes the construction of the collected and analysed findings from the data in Chapter 3. The purpose of this study is to explore female veterans' experiences when transitioning from military to civilian environments. This study provides a theorized process model which addresses the particular research aim; to understand the transition processes when leaving the military upon entering civilian life. It also demonstrates the challenges such as the stressors and developments that female veterans have experienced throughout their process. Also discussed are processes pertinent to this research; describing what is needed for a smoother transition, alongside participants' insights into other's experiences. A process model has been developed to demonstrate the participants' transitional processes, which illustrates several of the complex challenges that female veterans encounter.

4.2 Construction of Theoretical Categories

After initial and focused coding, the data was subjected to scrutiny through further coding, and concepts were sorted and developed in accordance with their relevance. The concepts themselves were then compared and sorted to produce higher concepts. This process was repeated in order to develop an overall theoretical category. Theoretical categories and concepts can be found in Appendix 20. For each theoretical category in this Chapter, a table demonstrating 'concepts' and 'higher concepts', which led to the assimilation of the theoretical category will be presented. This will be preceded by a brief explanation of the theoretical category, before moving on to defining higher concepts. The findings will be explained using corresponding anonymous quotes to further strengthen the illustration of the process. The findings in this section will be explained in order to enable the reader to get an understanding of different theoretical categories in different contexts. This will be followed by a process model, itself theorized from the findings.

4.2.1 Environments in Context

The purpose of this study was not to discuss experiences within the Forces. However it was deemed impossible for the development of the findings to not explore military experiences in order to consider the influence of the military environment on female veterans’ psychological wellbeing. Therefore, relevant narratives (in Forces), considered necessary to capture the subjective experiences of female veterans, were included in the analysis. There was a distinct separation between the military and civilian environment, and although theoretical categories continued from one environment to the other, the experiences within these environments differed when contrasted with each other. The two environments can be seen as two separate sectors, and as a backdrop on which to situate the theoretical categories.

4.2.2 Theoretical Category – No Man’s Land

Table 4.

Theoretical Category	Higher Concept	Concept
No man’s land	What have I done	Negative
		Positive
	No man’s land	What now?
		Limbo

The category ‘no man’s land’ was fundamental for all veterans when being discharged from the Forces. It acted as a filter, with females entering into ‘no man’s land’ when leaving the Forces who either went on to transition into civilian life, or returned to a military environment. Or, for some, it was a place of limbo and uncertainty with no clear way out. Furthermore, it resonated with those individuals who had not been medically discharged and felt they could not integrate successfully into civilian life, thus reverting back through no man’s land and eventually returning to the military environment. The two higher concepts are very closely linked, which ultimately led to the main theoretical category being formed. Both will be discussed.

What have I done?

Several of the participants disclosed their concern of whether voluntarily leaving the Forces was the right decision. Jo, who left the Forces of her own accord, but then later joined the Reserves after spending a brief period in 'no man's land', explained how she strategically planned her departure from the Forces before leaving, due to seeing others struggling:

I made sure that I decided before [leaving] that I got a job, and timing was very important... picked a profession where I had to go back to university and then find a job...But the reason I did it that way was because I had noticed that all of my contemporaries had left before me had spent ages faffing around without really knowing which direction to go in. And that worried me, and I thought Right I need to make this decision now...even though I decided on the profession it was still quite hard to work out which direction to take a profession in

Although Jo planned her departure and “stuck by it” – it would appear that she still struggled with a sense of direction, stating that one of the most challenging aspects was “Working out what to do”. She eventually ended up in the Reserves, which made her reflect on her choice to leave in the first instance. She goes on to talk about other female veterans' experiences of leaving the Forces, and how some reached a point of crisis after not knowing what to do after taking the decision to leave – designating them to no man's land:

she was having a bit of a crisis of what to do next

Others, like Jo, found they missed the Forces culture and found the Reserves to be a safe-feeling alternative:

*...initially, I paid my way to get out of the army and did it voluntary.
But then I got pulled back in and was enlisted as a reservist*

Others who left the services voluntarily were also faced with the situation of not knowing what do next. This ultimately led to a feeling of starting all over again, which created hopelessness and anticipation around the transition. Tanya described her experience;

Yes, it's quite nervous because you are setting yourself something that you have been out of the last few years and it's scary because you've gone from being safe to thinking 'oh my God I have nowhere to live' and having to start all over again and it's like 'now what', so yeah it is a little bit scary and a little bit despondent

Several of the veterans considered going back into the Forces where they had the safety of provision, vocation and military colleagues – highlighting that their own decision to leave the Forces was accompanied by a sense of trepidation concerning their future. This compounded their insecurity regarding their initial decision to leave.

The route of being medically discharged possibly caused greater concern for individuals, bringing apprehension about where to go and what to do next. Florence, who was discharged due to physical reasons, illustrated this – focusing on career options and dwelling on missed opportunities that the Forces might have offered her. For those who were medically discharged, it felt like the choice was taken away from them, which added to feelings of worthlessness, reinforced by an uncertain future. For Paige, the shock of being discharged medically meant she was unprepared for her future, leaving her in no man's land and without the option of return:

I got medically retired so it wasn't my choice. It came as a massive massive shock...going out through the medical side of things probably made it a little bit difficult because when they told me they were going to retire me and when I actually physically stop being paid by the military I asked them 'well what do I do now?' and they said 'well you just go home, you're not allowed to work anymore. So I went to the medical board in my uniform to be told that was it I was now out of uniform. It was horrible, I burst into tears and probably didn't stop crying. I just felt, well what do I do now...

The higher concept 'what have I done' has uncovered an abundance of pressure that female veterans face in this situation. This is particularly true for those who are medically discharged as they have a higher chance of finding themselves in no man's land.

No Man's Land

No man's land can also be referred to as a concept neither experienced in the military nor in civilian culture, but instead as an independent arena into which veterans filter in and out. Similar to the previous higher concept of 'what is next?' – no man's land attempts to capture the 'stuck-ness' of that experience.

Jo spoke about her friends being stuck in no man's land, struggling to transition from one environment to another, resulting in their returning back to the military:

*so they have gone back to this as a quick fix which is up to them.
They haven't been able to find their feet to find an alternative*

Being caught in no man's land potentially exposes feelings of "uncertainty" and a feeling of being "left lingering" between the two worlds (Florence). Not having an established direction left Paige wondering if she might ever reach her 'destination':

*I think I have stumbled my way through it....even now I think
because I am at the end of my second Masters and I'm thinking of
doing a PhD and I kind of still feel like I have no direction*

She goes on to pose the same question as she did on point of discharge; "what do I do?" Tanya commented how some can be drawn to staying or going back into the Forces if they feel stuck with the loss of the military environment:

*I didn't really know what I wanted to do when I left. The Forces
would hold onto you, not set you up to leave – but set you up to
stay*

Leaving the military goes beyond vocational advice and, as illustrated, it can be a challenge which might lead to some seeking the very environments they have left. For some however, the possibility to re-enter back into the Forces is an attractive one. Whether the (im)possibility of re-entry is voluntary or through being medically discharged, the latter would suggest further complications with the immediacy of

discharge and loss of the military environment – leaving many veterans “in limbo” (Jadze).

Due to the nature of the findings, and where this theoretical category is situated in line with military and civilian environments – it is worth keeping the concepts of this category in mind as further findings are explored.

4.2.3 Theoretical Category – Psychological Experiences

Table 5.

Theoretical Category	Higher Concepts	Concepts
Psychological Experiences	Psychologically affected	PTSD symptoms and diagnosis
		Psychologically affected from exposure
		Ongoing
	Perception of mental health	Importance of physical over mental
		Lack understanding of mental health

This theoretical category refers to the psychological experiences female veterans have encountered in the Forces and as a result of transitioning from the Forces into civilian life. All participants who identified with the following issues reflected on their understanding of their own experiences and how they made sense of these, including those that might contribute towards persisting psychological challenges, preventing them from a successful transition.

Psychologically Affected

All of the women spoke about how their experiences in the Forces affected them psychologically post-Forces and, for some, developed into enduring mental health challenges. Florence reflected on her experience of ongoing psychological effects, starting in the military and continuing post-Forces:

I just thought well maybe this is just what happens and my body has gone into shutdown mode to protect me....I just considered it as a protection mechanism to protect me and my emotions from everything but oddly when I came home it continued for quite a long time

It became evident that several participants, including Florence, were unaware of what could potentially be the experiencing of PTSD symptoms post-Forces. Likewise for Jenny, who described what she felt was initially a successful transition, but nonetheless experienced psychological difficulties later on:

There wasn't really that much of a challenge for me at first.....my challenges came later on once I had been rehabilitated and I was ready to go back into the workplace

I think if a lot of military people did not have mental health issues when they left the service, they definitely will do now because they are more susceptible...it's [mental health issues] with you for life

This fits with 'delayed expression' of PTSD, whereby the full diagnostic criteria are not met until at least 6 months after the event (American Psychiatric Association, 2013 p. 272). For Jadze, the positive experiences of being in the Forces were overshadowed by difficulties, which resulted in mental health problems:

The problem is those [experiences] have been indisposed with so many difficulties and issues that in the end....it just broke me...I have not integrated back because I can't, I would rather my mental health back than the money

Grief, a psychological emotional experience related to loss, is identified by Paige who describes the process of transitioning as:

leaving the Forces is like the grief process

This demonstrates another layer of complexity experienced by female veterans as they adjust to new beginnings in a civilian lifestyle.

Jo's description of her psychological experiences were cautionary, displaying an awareness that those who deploy in the Forces will likely be psychologically affected when returning:

If it hasn't affected you [psychologically] you're lying

Particular PTSD symptoms were apparent in all participants, however many had not been given a diagnosis due to not meeting criteria or lack of mental health support. Emotional numbing was described by Florence, who experienced difficulty making meaningful interpersonal relationships with loved ones, impacting the quality of her relationship with her husband:

I remember driving to work in floods of tears and thinking – I have nothing, I have nothing for today, I mean nothing... because I used it all yesterday, I'm really empty

I couldn't feel all the emotions that I would normally feel I couldn't feel how much I loved my husband and when lovely things happened I couldn't feel that...and that really upset me. And I kept saying to my husband I can't feel anything

This highlights the impact that mental health and psychological difficulties can have on relationships and support networks. Avoidance, another symptom of PTSD that presents in many forms, was identified by Jo, who spoke freely about strategies she employed to avoid intrusive thoughts:

I'm not very good at doing it to be honest [being with myself], because even if I have a weekend – if I have nothing planned I whizz around doing things like cutting the grass, walking the dog, cleaning the house, So I don't really sit down and do nothing

Others felt that there was not enough preparation for what they might experience psychologically after the Forces. This left many, such as Jadze, without insight and in unfamiliar territory regarding their mental health and psychological experiences:

The other thing is, and I think because personally I think it's true whether or not you've got a medical label or not – you end up being a fish out of water

It was asserted on several occasions that mental health was rarely spoken about in the Forces, exacerbating the lack of awareness of any PTSD symptoms that women may be experiencing:

No absolutely not, it [mental health] was never spoken about

Tanya

...because a lot of us aren't mental health trained in any way shape or form we truly don't understand PTSD...a lot of people understand it's a label that people just don't get

Florence

This potentially creates a sense of stigma around PTSD diagnoses from other female veterans, and a denial/reluctance to acknowledge the seriousness of such issues:

There is like PTSD and a smirk. They are just like 'PTSD' [smiles and nods head] and they are like oh right. And that is the only way to say it! Because it's just a flippant throwaway diagnosis... So it's become so mainstream that it's not considered as anything serious or catastrophic but clearly to the individuals it is

Florence

Others, who had experienced traumatic exposures when deployed on operations, but were not diagnosed with PTSD, were left psychologically affected with PTSD-like symptoms that continued post-Forces:

...fed up of it [vivid images from war] hanging around... Ten years ago [deployment], but yes – it's still in the forefront of my mind and I'm beginning to realise now that those experiences have affected me, I've kind of bottle them up. Because they're not going away

No, it happened in service [mental health] and it kind of continued... the onset of everything was during service time

Jenny

Perception of mental health

Jenny went on to explain how her stress has been exacerbated recently, questioning whether now is a good time to go to the GP as her stress is starting to become more physical:

I wasn't aware that anything was a problem... it was more about my [physical] health history so, it kind of overshadowed things [mental health] a little bit

This is illustrative of the preferential attention given to physical health over mental health in the Services, where there appears to be a lack of understanding regarding the invisible nature of psychological health problems compared to physical ones. Jo reiterates this:

...maybe I'm getting older but I recently been getting more physical signs of stress like a racing heart or tight throat and chest pains, I don't think I've got anything physically wrong, I just think I'm getting quite stressed. And so I was thinking once it becomes physical I should start doing something about it

Whilst some participants weren't aware of any psychological issues, possibly through lack of understanding, others fostered a more hardened approach to mental health, which worked for them psychologically at the time:

if I had a really bad day he [husband] would say, come on dry your eyes princess, come on let's carry on let's get on with it, eat some chocolate!

Florence

The findings demonstrate how psychological experiences such as PTSD and CMD are common amongst participants, yet are not necessarily recognised as mental health issues. The lack of understanding about mental health can contribute to the persistence of symptoms. Furthermore, emphasis is placed on physical health over mental health, creating stigma barriers to seeking help.

4.2.4 Theoretical Category – Seeking Safety

Table 6.

Theoretical Category	Higher Concepts	Concepts
Seeking Safety	Coping	Coping strategies
		Keeping stuff to myself
		Friendships (Service & Civilian)
		Trust
		Staying connected through social media
		Self-care
		Resilience
		Wanting to go back in the Forces
	Seeking Help	Services available to veterans
		Barriers to seeking help

Seeking safety refers to the behaviours, attitudes and perceptions that female veterans employ in order to maintain a sense of safety and support. Experienced both in the Forces and civilian society, this category also recognises barriers to seeking help when faced with the awareness of needing help. Additionally, these findings consider the provision of services available for females upon discharge, discussing accessibility and applicability for female veterans.

Coping

Whilst in the military, women found various ways of coping with their experiences, whether that be through a “sense of humour” with their military friends (Jenny), “keeping busy” (Jo) or “putting a smile on it” (Florence). Post-Forces, some women kept their struggles to themselves as a way of coping, as illustrated by Jo:

I’m beginning to realise now that those experiences have affected me, I’ve kind of bottled them up. Because they’re not going away

Jenny expresses something similar:

...Military people hide their issues very well.

However, post-Forces – women found themselves reliving and searching for the same coping strategies that had served them well in the military. Friendships were important to all participants, and many searched for a similar sense of the camaraderie they experienced in the Forces in their civilian lives. However, all but one failed to find such safety; instead, some, such as Paige, found security by keeping connected to the Forces through friends still in the military:

I miss just being a part of the [friendship] group. I mean a lot of my friends are still in so I am not being completely detached in a social environment side of things. My military friends are my only friends – I don't have Civvy friends

For several women, the ability to easily pick up relationships with service friends was something they could not replicate in the civilian world. The close camaraderie found in the Forces had enabled them to build trust, respect and an understanding for each other, where they could call upon each other for support if necessary. Contrary to service friends, female veterans felt they could not create this sense of camaraderie with civilian friends, due a perceived lack of understanding and trust. Furthermore, Florence added that she withholds military experiences from civilian friends in order to protect them from military stories:

I don't think I've truly opened up...about anything particularly with my civilian friends. That's very common. Because they don't understand... when you have a military friend they understand the key themes that are sitting behind everything, we breed friendships of trust, because we have to work together in the very tight circumstances and we have to learn to trust each other quite strongly. The friends that we build in a military our friends that we trust. I don't share as much about my military stuff with my civilian friends and vice versa with my military friends you know. The pink and fluffy stuff stays tucked away somewhere else!

All female veterans identified how important it was to keep in touch with military friends, recognising an essential need for support whilst transitioning. Due to

geographical separation, the women took comfort in using social media as a means to seek support and reassurance:

The people talking on Facebook, it's like you know you are not the only one who is struggling. It's just about having a connection and also knowing that there is somebody out there who has probably gone through something similar and can give you that advice. Or at least tell you that you're not being stupid!

Paige

Yes it's been absolutely amazing, it brings you together – is the positive side of Facebook. I have got the most amazing friends from when I joined up and they live all over the place, I don't see them on a daily basis but we speak on Facebook and social media and that's how we keep in touch

Tanya

Through the use of social media, veterans are able to easily access support from other female veterans who have shared similar experiences and understanding. As well as utilizing support from each other, half of the women interviewed identified ways of behaving that were helpful in their adjustment into civilian life. An example of a self-care technique was described by Jo:

I decided I was going to type up my diary from the tour in bits, through the year because the tour was from March till October, and I thought that might be a good way of working through it and putting it all behind me

For Florence, becoming more self-compassionate became an important part of life; enabling her to recognise when she was close to burnout, and be proactive about taking time out for herself to recuperate:

...occasionally, I would say 'enough is enough', and I would just take some leave and I remember once going and doing an art summer school instead... I remember getting to the end of day one and

thinking 'I haven't thought about anything today, and this is amazing', and it stilled my mind. It was so powerful that I remember saying to my husband this is amazing and then booking it again for weeks later and then I did it in the next summer as well because I just thought 'actually that is a respite'. That is looking after me today and I found that was what I needed... will try and find a solution and go, ok, I either need to stop something, or do something different so I can just rest it and make it stop

For others such as Paige, the resilience they had built up in the Forces equipped them to be more aware of their mental health needs and enabled them to deal with it sooner rather than later:

I do have a silver stubbornness and mindedness to do things so I think that bit of it yes I have retained that from the military and I think I am probably just a little bit more aware of my mental health shortcomings... I do always have in the back of my mind with having depression ... that it might return again if I put myself under too much pressure. So I think I am probably in some ways better equipped and more wary of pushing myself too hard

Jenny discussed how she felt being in the army had built up her mental health resilience and coping skills through a combination of creating a robust mental attitude and not wanting to burden others with her experiences:

...having the military background meant that I coped with my situation better than a lot of civilian women may have done. I've been very fortunate I have never turned to drink I have never turned to any kind of crutch, to get through those tough times and I think the military side of me is probably what has pulled me through and helped me get on with things and not be a burden to other people – you just get on with it and do it

For some, the desire to re-enter the Forces environment would have been a safer option than civilian life, as they could feel camaraderie and support in an environment where others might well understand them. Those who were medically discharged were denied that choice on medical grounds. This concept resonates

closely with no man's land where veterans seek safety in the return to a military environment:

...they [others] have sort of floated around a bit and the jobs that they didn't really enjoy and now they are both doing FTRS jobs (Full time Reserves service) so basically they have gone back to the army but on a temporary contract. Which in terms of future progression and future Job prospects is pretty rubbish, but they just struggled to find a role in the civilian world and so they have gone back to this as a something to do or a quick fix

Jo

It took me awhile to accept that I had left when I did the whole thing of wanting to go back and seeing if I could join the Reserves but because I have been medically retired I am unable to. And that was a kick in the teeth, it really is. They will push you to the door and that is that

Paige

Seeking Help

This concept refers to the services available to female veterans and provision of care, including accessibility and barriers to seeking help, whether they be perceived or actual. Findings in this study show that the majority of female veteran participants are aware of services available to them, however struggle to access them. Additionally, the majority feel there is an emphasis on services being aimed at males, and therefore not as inclusive of females and any specific gender-related needs.

For Jadze, her experiences of certain services demonstrated how mental health issues were less likely to be acknowledged than physical health issues, tending to work against parity of esteem. Moreover, the perception of physical issues arising from combat highlights the prejudices towards women being in the Forces as women are not in combat roles, as of yet:

[when talking about Help4Heros service]...I don't feel a hero because I am not ...it's all physical. If you look at somebody who's lost a limb you think therefore they are heroes, they've been in combat and they have had something really bad happened to them

*it doesn't recognise any of the other so you turn up looking normal.
How are you a hero, how are you anything. But that's me*

It was also ascertained in the findings that female officers felt they were treated differently when seeking help, and not taken seriously, as illustrated by Jo:

they do a fantastic job [services available] and they are very well supported but they are more aimed at either...well men basically and soldiers more than officers and if I rocked up I think they would think I am making a fuss or being a bit... I'm not sure they would take me seriously

Additionally, geographical locations of veterans affected the accessibility of available services; those who lived near major providers of help were far more likely to access help. This was also affected by the simple knowledge of services available locally. Paige and Jo identified this in their reflections:

I think I have the knowledge of where to go to get help but that's probably because I did a mental health instructor's course. There is a lot of people that have absolutely no idea, and also it is very GP dependent

[When asked about services available to her] there are because I live quite close to Help4Heroes and Combat Stress

Lack of knowledge about how to access services in civilian life was an issue for Jenny, although this was no different to her experience during service. This reinforces the notion of continued mental health challenges faced in both military and civilian environments:

I don't know if they have counselling services in the military, I got so desperate that I went and saw a Padre [Chaplain], and that was desperate times for me, I knew I was struggling then. I don't know what there is out of service either

Barriers to seeking and accessing help were issues also raised. For many, perceived ideas about how others would see them if they acknowledged difficult psychological experiences became an insurmountable barrier. The attitude towards seeking help post-Forces for Jenny was unimaginable:

But I honestly wouldn't know who to go and see, to go and sit in front of a GP and say I am emotionally struggling – it just would not happen

For Jadze and Florence, the perceived lack of understanding from professionals who have had no Forces experiences was also a significant barrier to seeking help:

One of the biggest problems for me is that in terms of mental health once you have left the military you are supposed to join the normal NHS and they do not understand the military issues. The problem about seeing a shrink about something military is really difficult and talking about being on patrol when there is gunfire going off all around you, you don't understand that if you have never been anywhere close to the military environment and so then how do you do treatments for somebody, how do you talk to them how do you empathise with them

I would want to see somebody who understood that, who understood the complexities of what being in the military is all about

Previous experiences of mental health professionals who had left veterans feeling unsafe and unsupported led to a barrier to seeking any further care:

And I did think if I was a young soldier, I would just never go back to the doctors today. If somebody makes you feel that you are just being a pain in the arse again... if I did have to go back, I wouldn't

Paige

[previous experience] ...It may have tainted my opinion of counselling and how it could've helped me because she just kind of sat there quietly expecting me to talk for an hour and I was just like,

that's not how it's going to work I need somebody to get it out of me

Florence

After I left the military, I got transferred to a shrink and he said, I don't think I can help you any more you just need somebody to help you get back into normal life so I am going to refer you to an occupational therapist...

Jadze

Some services provided in civilian life did not live up to the standards of care and understanding individuals previously received in the Forces, as described by Jenny:

you don't get that camaraderie like you would do if you were to seek help in the Forces

The findings also show that group services available to (but not specifically for) female veterans were not well attended due to the expected masculine dominance of the groups, and/or a notion that they were aimed more towards physical issues. The implications of having such perceptions led to Jadze feeling isolated and left out:

I am finding it very isolating because most of the stuff that is out there whether they mean it to be or not it is for people with physical injuries, and it's very much more geared to the male interest and things, and it does make it quite difficult because I would love to do more things but I can't

As previously mentioned, being an officer apparently had an adverse effect when seeking help. There was a clear perceived stereotype, here voiced by Jo, that officers should not have mental health problems and be more robust than other serving members:

It would be easier to explain things to someone who understood the military well, but I don't think I would want to go to any of the

veterans Charities, because I don't think that they are particularly aimed at people like me

This theoretical category of seeking safety demonstrates the coping strategies employed by women when self-managing their psychological wellbeing. It also recognises that there are many actual as well as perceived barriers to seeking help, even though services are available. Whilst some knew of the services available, many felt stuck regarding from where or who to seek help, potentially catapulting them towards a 'no man's land' trajectory instead of towards becoming an integrated civilian.

4.2.5 Theoretical Category – Sexism

Table 7.

Theoretical Category	Higher Concepts	Concepts
Sexism	Sexism	Attitudes that foster stereotypes of social roles based on gender
		Gender discrimination
		Prejudice
		Proving self
	Exposed to trauma	Women on the frontline

This category denotes how female veterans experience ongoing sexism throughout their time both in the Forces and out. Many described challenges such as not fitting in, being an "oddy" (Jadze), proving oneself to others, and being in specific situations as factors which increased feelings of isolation because of their gender.

Sexism

In support of this higher concept, all women found that they had encountered a form of sexism, whether it be within the Forces, or after discharge. Some found

themselves in a predicament in the Forces where their unique needs were not being met, however felt unable to say anything in case it was seen as being an issue of gender. Jadze sums up her experience of not having any other women around to seek perspectives from when being faced with prejudice in the Forces, thus increasing the feeling of gender difference and isolation:

I specifically asked to speak to somebody within my corps so I could ask for something like mentoring and more specifically for females and that sounds as if I'm being sexist, but I'm not. Because there are things that become quite different from the female perspective, I had no support, peer support and I was an independent person but I also had no one to turn to to say 'Is it right that my boss should be calling all the girls by their first name, boys by the rank?', Now I know that that was wrong and I tried to do something about it, but that's the sort of thing that you can't turn round to another male and say 'I didn't like the way that he said something what do you think?', And they will turn round and say 'what's wrong with that?'. Because that's the male bonding type thing which is certainly very different from females

Negative gender stereotyping was an issue recognised by many, illustrated here by Jadze describing how she felt she needed to defend why she chose to deploy on operation in the military rather than stay at home with her family:

And I have been on a couple of operational tours where the guys have turned around and said 'you are a lousy mother and you should feel really bad because you have left your children at home'

Having to prove themselves because of their gender fostered an array of prejudice which was felt by all participants. In particular, being female came with additional challenges that were continually being alluded to, such as proving femininity:

...in the Forces you are one of the guys, you have to prove yourself... and then you have to prove yourself as a person but moreover because you are female

they told me to put my picture on my CV so they can see what I look like and that was really condescending because that's not going to get me a job is it. I didn't get that, was it a sexist thing or was it a smart thing?...It felt like because I wasn't butch and had been in the Navy it was like because you cannot write 'I am not butch' it's like you should put that down on your CV that you are not butch. Oh and I wasn't comfortable with that at all

Tanya

Jadze found herself being the first female on one military course available – however her gender was changed on the forms in order to achieve this:

I got told by a brigadier that the only reason I got selected to do the course that I did was that he was determined that he was going to prove that a female could do it. So all my confidential reports were changed from 'she' to 'he' and my name was not mentioned. There was no way that they would know it was a female. And I got selected as one of the top choices for the course and it was only after he got the results in the selection that he turned round and said 'congratulations you got your first female', otherwise he believes that I wouldn't have been selected

Exposed to Trauma

As a civilian, participants found themselves having to prove to society that they had been employed in the Forces, with a high proportion of participants experiencing a sceptical attitude from society because of their gender. Furthermore, the women felt undermined and frustrated that they had either been in combat or in frontline roles dealing with trauma; a role which is not clear to, or acknowledged by the public – further contributing to perceived societal scepticism:

We were talking and he said 'do you know what it never occurred to me that you have been on operations', and I said 'what do you think I do stay at home and do the knitting or something'

I was with the infantry guard and doing exactly the same job as them, and there were combat engineers and medics going out on

patrols, dog handlers going out on patrols doing effectively exactly the same as the men but people don't know it

...people have got to understand that we have been doing this and a lot more frontline stuff for a long time without it ever being made a deal of

Paige

the automatic assumption that you must have been a clerk or a pen pusher because you couldn't have possibly done anything else. I've had people actually starting to say 'oh okay, I didn't realise that females did that kind of thing'

Jadze

...but there are also people doing communication roles or engineers or some of the artillery officers that go forward [on to the frontline], so there are way more women than the general public would expect who have been in frontline roles. But our routine would be spending 4 to 5 days and going out on patrol with the infantry guys and as engineers we were carrying explosives... we were literally just another person with the legs on the ground

Jo

Florence dealt with trauma for long periods of time, illustrating the potential for exposure to trauma whilst not necessarily in combat situations, and the impact it might have psychologically:

If I be absolutely honest with you, and I've not told a soul this, I would say yes [affected by trauma exposure]...I think it's almost impossible for you not to be mentally affected by your experiences on tour and I was working in camp Bastian Hospital, in amongst the thick of the trauma so whilst I wasn't on the ground and in patrol among the other things I was working with acute polytrauma cases for about 18 hours a day most days.

Having to prove to society that they were in the Forces was one thing, but for two participants, having to prove their past experiences to colleagues in services positioned specifically to decrease stigma and discrimination, was an unsettling issue which further added towards creating barriers when seeking help:

I think it runs slightly harder for females because one of the problems is people don't actually recognise that you may have been military because you're female. I still get the 'oh you've been in the army?', and then 'okay but you wouldn't have done anything because you are a female'. We are a lot better but we still have that gender view whether we like it or not – it's still there, and is still there within the military charity groups as well because I still hear that sort of 'well okay, you were in the military, fine – but you didn't really understand it, you didn't really have to face anything that was an issue'

Jadze

I have had serving people questioning whether I had actually been in the Forces and that I have no way to prove that I have been in the Forces because I don't think a little patch with Veteran on it proves anything because I think people can just buy them

Paige

What wasn't apparent for these female veterans was military sexual trauma, a phenomenon more evident in the USA. When asked, Florence provided an uninformed account and was unaware of the phenomenon:

I don't know. I think it just doesn't exist or they call it something else it's probably got a secret code (laughs)

This concludes the theoretical category of sexism, which was described indirectly by all participants. The findings depict that women face ongoing challenges from military to civilian life but also have different experiences. Nevertheless, sexism felt at different stages of their transition is rife amongst female veterans who all shared similar experiences within this study.

4.2.5 Theoretical Category – Loss

Table 8.

Theoretical Category	Higher Concepts	Concepts
Loss	Mundanity	Mundane life post-Forces
		Lost sense of purpose
	Military Bubble	Feeling isolated
		Feeling worthless after Forces
		Transferable skill/loss of career
		Losing a sense of belongingness
		Loss of military provision
		Loss of healthcare provision
		One camaraderie to another

This theoretical category of loss composes not only the loss of military culture and provision, but also a loss of purpose in life as a civilian, and, for some – indicating a mundane existence compared to the fast-paced, risk-taking life in the Forces.

Mundanity

It was evident that female veterans relished their roles within the military, and appreciated the experiences and opportunities that were offered to them. Moreover, all women reported that they would repeat their time in the Forces if offered. In support of this, all participants found themselves often reminiscing about their time in the Forces, whether it be the camaraderie, military ways, or their vocation which included complexity, challenges and incredible experiences:

...just knowing that when I was out there I was at the peak of my professional profession and knowing that I was doing the maximum I could and that I was that the very top of my game and that maybe I'll not be there ever again maybe – I don't know, but I found the work incredibly challenging and that really stretched me, and I kind of like that

often I'll get a kind of 'oh yeah....I remember this when I was out there or gosh that was an amazing time that was amazing feeling' and things like that

Florence

It was therefore not surprising to find that women found themselves missing the military environment when discharged and, for some, this created a yearning to return to the Forces, similar to the theoretical category 'seeking safety'. Consequently, the differences were stark when it came to adjusting to a mundane life and career in civilian society:

One of the reasons why I joined the army in the first place because I can't see myself in a 9 to 5 job... But that just really put me off [a 9 – 5 job], I just needed something different, I wasn't necessarily motivated to find a job

Paige

Making an effort, putting on a uniform and attending evenings with other colleagues were all experiences that were missed by participants – causing them to reflect on the absence of these experiences and a lost sense of purpose:

I actually bizarrely miss the whole getting changed and dressed up and dinner parties. You periodically have to have 'dinner nights'...just going to dinner in the evening – you make the effort to get dressed up and do something

Paige

Losing a sense of purpose was most prevalent for Paige who commented on her demanding occupation in the Forces in a positive way, stating "You are never at a loss for doing something". She went on to talk about others' experiences, giving a reason for why morale might be low in the Forces:

We were talking about how their morale is low in the Forces at the moment and I said it's probably because there aren't any operations going on at the moment so there is no focus or purpose

For others, the ongoing triviality that was encountered in the military was once again being played out in civilian society. An example of this is illustrated by Jadze talking about the concerns of military wives when genders come together:

So it was like well why are you going to be sleeping out in the field with them, should we be worried. Doing sports and things like water polo, or they were like 'my husband is coming home and talked about you being in a swimming costume and I don't like it', we had to have a decontamination shower (and that's not a secret or anything everyone knows that) and it used to be that they went through naked because if you are ever in that situation you would have to but the wives complained and we all had to wear swimming costumes. They are silly little things, but you can see them all the way through, you are getting these kind of issues

Jenny felt that things became trivial for them once out of the Forces, and what was important for civilians was not important for them; for example, taking things personally, as she highlights:

I have found that civilians take things much more personally than people who have been in the Forces. There is a big difference between military and civilian people, you don't get the pettiness with military people. Civilian people take things personally and there are more expectations from them. My military friends make mistakes and that's life but with civilians they question it and it made me really think about the differences civilians question things whereas my military friends just let things go and put it down to being 'that's just life'. We are a different breed

Military Bubble

An important theme that emerged from the interviews was the loss of what one participant termed “*the military bubble*”. The expression encompasses the loss of what the military comprised of – from career to camaraderie, and was experienced profoundly once out of the Forces, with many of these concepts having a ripple effect throughout the transition.

Perhaps on a more practical note, all but one participant reported a sense of loss in not being able to further their career due to non-transferable skills which were not recognised, thus impeding their chances of finding a vocation in civilian life:

I was a bit disappointed when I came out because I looked at my transferable skills – I would make a great brown owl or a great scout leader but as far as being transferable skills they didn't set you up as well as they could've done

I had 6 ½ years in the Navy and I have the timekeeping and I can tie knots and wave flags and by the way I can do Morse code if you need me to do that but there wasn't anything to say what you could do in relation to civilian life like transferable skills

Tanya

Florence expressed the high quality of the military provision whilst in the Forces and how it's all “*done for you*”, however as a transitioning civilian it can be a daunting experience starting over again:

It was like a complete military bubble, most aspects of your personal and professional life are kind of wrapped up altogether in this one institution that do everything for you and so if you need a doctor that's taken care of or if you need a dentist that's taken care of and if you need something to do with your pay that's taken care of, if you need sick leave that's taken care of, if you need to travel from A-B that's all taken care of and things like that so it's just like all the little things that join up and make life much simpler actually all come together

It was recognised from the interviews that, in the Forces, choices are made for you – taking away the autonomy and responsibility to make decisions:

in the Forces they make life very easy for you because the decisions are made for you

Tanya

I was less responsible because you don't have those responsibilities in the military

Jenny

You're mollycoddled in the military because you know where you're going to be for 2 to 3 years and you know you are going to have to get a job after that so you don't have to think necessarily a lot where your future is going to be to start off with because I think that is kind of laid out for you. And you have the support of messes and things like that so you don't have to worry too much about that and you kind of also have the camaraderie I am the friendship group around you, it's all put in for you when you come to leave that all completely disappeared, and it is then quite daunting because you then have to think about 'well I'm going to have to find different accommodation, find my own job, find potentially a new set of friends'

Jadze

Healthcare provision in the Forces was recognised as being high quality and taken for granted by some. It was therefore understandable for several of the participants to feel concerned about their healthcare provision when leaving the Forces. Unfortunately, participants found themselves being let down by healthcare services post-Forces which will be discussed in more detail in the next theoretical category. For now, the findings highlight that women experienced a loss of healthcare provision when out of the Forces, such as Florence who explains the challenges she is facing trying to find a dentist:

I think my greatest concern and the things that I worried about most about coming back to civilian life was my healthcare provision. I've been medically retired from the military so for me, the health care provision and transitioning from military healthcare to NHS healthcare was a huge concern

There is no automatic referral to the NHS dentist. I recently have had to have some dental treatment I'm trying to find an emergency dentist, because in the NHS dentistry is hard to come by. So just really simple things that in the military we take for granted

For one, the loss of being around military professionals who understand the common health issues became a struggle and a barrier to seeking help:

As far as I'm aware the MOD don't provide any services[post-Forces]. One of the biggest problems for me is that in terms of mental health once you have left the military you are supposed to join the normal NHS and they do not understand the military issues

Jadze

Others described the loss as losing a sense of safety in the military; including military provisions and the safeness of camaraderie, as well as a sense of having to start all over again:

Yes, it's quite nervous because you are setting yourself something that you have been out of the last few years and it's scary because you've gone from being safe to thinking oh my

Tanya

It was felt that the loss of a military environment was "like having to start all over again" (Tanya) with respect to a career, which also concerns transferable skills. Additionally, the loss of not knowing where she fitted in post-Forces made for a challenging adjustment for Jo:

It was quite difficult but that's partly because I chose a profession where I have to start at the bottom again I'm going from a military environment where you are very clear about where you fit in the hierarchy and who you are and relation to everybody else

The sense of loss reported so far impacts overarchingly on the psychological wellbeing of female veterans. One observed theme was the feeling of worthlessness post-Forces. Being medically discharged created particular issues already discussed, however, the worthlessness and failure also felt by some of the participant veterans was significant:

So when I got medically retired it felt very much the same, it felt as if hadn't completed anything - I hadn't reached the mark

Jadze

I lost it all in one fell swoop when I had a stroke, and then just to feel left on the scrapheap so that for me is paramount

Jenny

You get a sense of 'I used to be something once upon a time'

Paige

The responsibility of letting others down carried a heavy burden for those who were medically discharged:

So I still feel a failure because I didn't finish all that I wanted to do, and I still feel... part of my issue is that because I cared so much about the soldiers and I had left a couple of soldiers I still feel guilty about it and I still second-guess whether I did the right thing or not

Jadze

I still feel very guilty about when I went off on sick leave because there were reports that needed writing there was peoples careers that needed managing and it was all the rest of it and I basically run away, I didn't but it felt like I did

Paige

For Jo who took voluntary discharge, there was a sense of keeping this decision to herself through fear of being seen as having let others down, and giving a bad impression:

I kept it quite quiet because I was doing a job where I had been acting OTC (officer in tactical command) of a squadron and I thought I was setting quite a bad example to the guys in the squadron if I had signed off

The loss of being valued as a person impacted those who entered back into a caregiver role. As Jadze recounts, losing her sense of identity and meaning, led to a sense of worthlessness:

And also you have been in a position of being on the frontline and you want me to come home and wipe your nose, and I think also when you leave – the issue is around ‘well am I just a mother now - am I not a person in my own right’ and I am no longer valued all I am is just the wife and the mother?

For Jo, becoming ‘average’ again in civilian society felt far from the identity she once had in the Forces:

I hadn’t really ever thought about it before [loss of identity], and then suddenly I really cared about the fact that I had just become Joe Bloggs walking up the street

Female veterans consistently reported valuing the sense of camaraderie and belonging to the group in the Forces. Knowing that others were in the same situation as them – particularly as a female where, as noted in the findings, there is a strong need to prove oneself. Military friendships and camaraderie overlap, and the consensus of all participants was that it was a phenomenon that could not be replicated outside of the Forces with civilian friends. However, many still sought a civilian community to try and replicate this sense of safety and comradeship:

But I now live in another area where the community is close knit and people make an effort and you notice when people move in, and they make an effort

Researcher : I’m thinking about the army camaraderie and the community close-knit style and if there’s any patterns there?

Yeah, I think there probably is... I miss being a part of that close knit group and being in the unit

Jo

For Jenny and Florence, there was a need to try to fill the void of losing this camaraderie, which they felt able to replace by attending groups:

I ended up finding camaraderie in a different way, I ended up with a child with special needs so I bonded with women who had other

children with special needs so I think that was almost a replacement for me in that respect. Obviously I couldn't talk 'shop' and that like I used to but you still have something in common, you still support each other so it's kind of filled that void for me

Jenny

So I joined the local slimming world group. We were really tight, really tight. And we are friends there and we all stay in touch ...and for me again it's that community it's a caring nature of people and I think I just need to be surrounded by that kind of close-knit caring community because that's what I've grown up with

Florence

Through these new groups, the women found a sense of belonging, but for Tanya, this feeling was no longer there post-Forces:

...and I went there once when I was serving [British Legion] and they made such a fuss of me such as 'come on boys we've a live one here' (laughs) – but there is none of that, you don't feel like you have got an inclusion of anything

Consequently, many of the participants struggled with a sense of isolation and loss once outside the 'military bubble':

...because when you come out you are very isolated it's a bit of a strange one – because you get used to saying goodbye when you go from post to post in the Forces, so it's never goodbye – it's 'I will see you soon', so when you come out you are actually on your own

Tanya

Interestingly, the feeling of being isolated whilst serving within the military caused adjustment issues in civilian society for Jadze, where being amongst society felt abnormal. She found she was having to work hard to fit in again:

There are not many females in certain divisions of the military so you feel isolated and feel pressured to fit in and then when you come out of the military it's not so normal for a female to be isolated within the environments that they go in to, so therefore you then have to readjust to what's normal within that norm if that makes sense

Loss, as experienced upon return to civilian life, can be termed by the loss of the military bubble and the mundanity faced by those post-Forces. This category highlights the loss of camaraderie, structure, and provision as they move through their life – continually experiencing change and transition, where some struggle and get caught up in no man's land, whilst others strive.

4.2.6 Theoretical Category – Disappointment

Table 9.

Theoretical Category	Higher Concepts	Concepts
Disappointment	Feeling Let down	Let down by MoD in Forces
		Medically discharged
		Lack of preparation for Civvy street
		Let down by MoD after Forces
		Demeaned
		Let down by NHS
	Devalued	Unappreciated / no acknowledgement when leaving

Female veterans in this study all voiced their disappointment at feeling let down by either the Forces or NHS health professionals. Furthermore, several reported feeling devalued when leaving the Forces by a perceived unappreciation of their time spent in service.

Feeling let down

There was a general consensus from all the participants that females' unique needs are not catered for in the Forces. For example, Tanya spoke about her reasons to leave the Forces:

I wouldn't advise anybody to stay in and have a family – I've seen girls do that and not one of the relationships has worked because they [the Forces] don't make any allowances for women with families, and I think that's quite sad

Others talked about seeking and not receiving specific support whilst in the Forces. Jadze found that whilst going through the discharge process as a mother and looking for education for her children, the support was not there. This highlights some of the unique support needs of women:

I specifically asked to speak to somebody within my corps so I could ask for something like mentoring and more specifically for females...there are things that become quite different from the female perspective, I had no support...

When you're going through the discharge process, there isn't the support for females. It's things like schooling – the support for the families

Transferable skills, as already discussed, were a significant issue whereby female veterans identified as feeling let down – reiterating their views that the Forces could have prepared them better for a career in civilian life after discharge. Furthermore, being medically discharged meant for some that the benefits they had acquired after serving a substantial amount of years were taken away from them. This left a sense of bitterness for Jenny:

I know others who have experienced this [being let down by Forces]. The only people who were getting that time, care and consideration with those who had served a full 22 years. And then you get the extra training and the scope to have those desirable transferable

skills. But no, those kind of things were not on offer – I couldn't of accessed them even if I wanted to. I have had to pay for training in Civvy Street

Likewise for Paige, who was certain that she would not be retired given her position and rank, the hope she had of returning full time when she received her medical discharge was soon to be shattered:

I attended a return to work unit as a reserve and that was great and I was building myself back up to going full time again but I'd convince myself that they wouldn't retire me because of the stage I was at in my career. Because I was a sort of fairly Senior Major theoretically I could've been kept on permanently downgraded because I wasn't necessarily going to be doing any operational stuff...That was the hope yes. But the reality was something different

It is evident from these findings that those who were medically discharged felt very unprepared for civilian life. However those who chose to leave on a voluntary basis also felt unprepared by the Forces. Preparation for civilian life was given, but, as it transpired, it was apparently more for CV-writing and financial advice rather than for adjustment issues and mental health. All participants felt the impact of unpreparedness for what civilian life would be like:

I went to a career transition workshop which is provided and that is a compulsory two and a half day course but it is more about getting yourself a job, and it's not about the mental transition about moving from being the service person to being a civilian...no there were no kind of workshops on how do you think you're going to cope with being a civilian, what do you think are going to be the key themes or anything like that, considering The military do a lot of other things quite well that seems to be a very slipped area

Florence

Officers felt they had additional unmet challenges, as the resettlement process was aimed at soldiers – although there was still no emphasis on mental health and wellbeing:

The resettlement process is not really aimed at officers, I went off to do a 2/3 day course where you talk about your CV and all that kind of thing and that course is very much aimed at soldiers and because I was on the course with them I ended up helping them rather than helping myself...

Jo

The isolating divide between soldiers and officers, was exacerbated by the additional factor of being female. However, this made Paige want to take opportunities to demonstrate that officers encounter the same experiences as soldiers in the hope of merging the divide:

I was the only female on them [resettlement training]. And I was the only officer to the extent where on one of the courses somebody pulled me up beforehand and asked if I wanted to actually go on the course as they have never had an officer on the course, and I was kind of like, Well yeah, I want to take every opportunity I can, but actually I think there's a bit of me that thinks it's important for the soldiers to see that the officers go through the same process of being medically retired, we go through the same emotions

The transition from military healthcare provision to that provided by the NHS one was one of great difficulty for Paige. Not knowing how the NHS operates caused initial confusion:

...a veteran themselves doesn't know or they don't understand what the system is then they would not have an idea. I don't know the system properly but I do have phone numbers that I can contact to try and find the answer

...only for her to be met with dismissive and patronising attitudes by professionals within the services for not fully understanding the new system when concerned about medical notes:

I was worried that in my transition from being in the military and then being out I was waiting for a GP letter and it might get lost in the cracks. And I had said to the nurse is there anything that the

doctors have mentioned and I got the kind of 'You've got to learn to stand on your own 2 feet, and the civilian world people have to do things themselves' – 'okay I'm trying to learn the new system here'

Several participants stated that their medical notes had not followed them through the transition, which made resettlement extremely difficult:

It's almost like you draw a line and everything from before you left the army gets left behind which you know if somebody was really ill or had a physical issue already struggling with the mental health and this is years after the army, then I think to have no medical notes whatsoever is not very helpful. Even things like my immunisation, I don't know where they've gone

Jo

Apparent lack of understanding from health professionals was a strong theme throughout the findings, whether it was needing to repeat declaring their health ailments due to lost records, or desperately trying to communicate their issues to the health professionals in a comprehensive way. Findings show that the Forces covenant – which is a promise from the nation that those (and their families) who serve, or have served are treated fairly (MoD, 2013) was not upheld by NHS professionals. Jadze put this down to the systems in place, problems with awareness, and lack of understanding amongst healthcare professionals:

I've got two issues on the mental health side of it and I have physical problems. It's pretty difficult to get support, the GP has said 'I know it is difficult for you to come in so if you need to just phone', but when you phone to speak to them of course they are not there, or they are busy...but then you...end up having to speak to the receptionist who says 'well I will book you an appointment'. Most of them don't really think about the covenant or the priority, that hasn't really worked – I think you'll find that from everyone. If you've got something related to your medical service – you should get priority treatment. But that doesn't actually happen

For Paige, healthcare appeared to be very much GP dependant and was apparently an influential factor in the quality of care that she and others received:

Yes. I'm not entirely trusting because you do get told that you're supposed to get priority treatment and I don't trust that it happens I think it's very much GP dependent on how much the GPs know and how much they understand and if they don't have the population of veterans through asking them the questions and there is probably no reason for them to know the answers

Jadze's experience involved other themes such as sexism, and demonstrated challenges which female veterans may face when experiencing mental health issues. She was pleased that she could no longer continue having a psychiatrist who she felt had been demeaning towards her and her experiences:

...he [psychiatrist] said 'so do you like housework?' I said 'no', he said 'well do you do much?', and I said 'well I'm not really feeling up to doing much at the moment' and he turned round and said to the clinical nurse facilitator that was with me 'so was her house an absolute tip?' So that was one mark against him, and then he said 'well as you're a female you will like shopping won't you?'- so when he said he couldn't do my treatment I was quite happy because I didn't particularly like the man

Devalued

Disappointment was commonly manifested through participants feeling unappreciated and devalued when leaving the Forces. Several commented on how disheartening it was to have no acknowledgment after serving many years in the Forces:

It was pretty much like you are out of the force is now off you go. It's like you have left the military now you have handed your ID card in, thanks very much for your time, that's it

I did feel it was like 'well thank you very much for your service but you're on your own now, good luck

Tanya

It literally felt like somebody had slammed the door behind my back, like, yeah thanks off you go

Paige

A lack of recognition when leaving was disappointing for those who had served in the Forces. Similar to the lack of recognition in combat roles in the theme 'exposed to trauma', this experience continued to frame their experience post-Forces:

I thought it was a big event but it turned out not to be...I had already handed all of my stuff in much earlier I had done all of that so I didn't actually see anybody on the base the day that I left the service, there wasn't any phone calls or anybody, there was a couple of people that were aware I was leaving from Facebook but that was about it, it was a bit of an anti-climax...I got a certificate in the post and then I got my veterans badge... In the post

Florence

The HM Armed Force Veterans Badge, which is sent to all veterans in recognition of their service, was found to be a demeaning token gesture for some:

This one little badge and you're entitled to it when you've done two years national service in like the 1950s or whether you did 23 years, and for me that's like 'well what does that show', it doesn't show anything. It doesn't actually show anything at all. So I've got friends who did the bare minimum of service she was saying 'oh I might apply for mine' and I'm like 'oh that's great... thanks, I like to know I'm in the same category as you'

Florence

It is a defining moment...And you get a little badge that says Veterans

Paige

Furthermore, there were hesitations when it came to sharing their veteran status. This theoretical category of disappointment illustrates the feeling of being let down and devalued by the Forces and civilian society. A significant number of experiences derived from feeling let down by the Forces and the NHS resulted in participants' disappointment with others.

4.2.7 Theoretical Category – Role Reversal

Table 10.

Theoretical Category	Higher Concepts	Concepts
Role Reversal	Identity	Proud
		Femininity
		Being a main caregiver
		Guilt – Leaving behind family
		Terminology
		Perception of veteran
		GCC ruling

This category encompasses the role reversal that is portrayed by the participants from being a female/mother/spouse in the Forces, to being a non-military mother in a civilian society. Identity is at the forefront of this theme, and captures the very essence of the challenges that women encounter throughout their journey from the loss of a military identity to a civilian one.

Identity

All participants highlighted the significance of their military identity and how it had shaped a sense of meaning and purpose for them. Proudness was conveyed, both implicitly and explicitly by all the female veterans, ranging from attending parades and wearing medals of honour with pride, to feeling sad that that their military history, along with their identity, would just fall off the end of their CV:

And I think the worst thing is when you go into employment services on you hand your cv over and way way way down the list is your military service, and it's kind of fallen off the page because it's now irrelevant but, it's a big part of me and it's kind of like – I do keep sticking it on there because I am not ready to take it off yet

It is because it's the person that I have been moulded into and I am a different person now to what I was when I left the service but that's all my other life experiences to. We've all moved on now, it's a funny place to be

Jenny

All participants appreciated civilians asking about their time in the Forces as this not only gave them a sense of inclusion through social interaction, but also a sense of pride where they were able to share their experiences and achievements:

Researcher: Do you mind it when people ask you about your history in the services?

Participant: I quite like it, I am proud of it, I am proud of what I did

Paige

Military life had exposed participants to new experiences and destinations and for some, as they described their accomplishments during interviews, it was evident these experiences had impacted positively on their self-concept:

I've had some amazing experiences, like eating food with the ambassador of Norway. That was great. I think it's as much in the person as it is the job itself

Tanya

I also got my Herrick medal which is the Afghanistan medal but I was also awarded a QCVS which is the Queens Commendation for Valuable Service which is a silver oakleaf which goes on my medals for working over and above in doing extra work and stuff like that so it's a bit like military armour and that was amazing. That was absolutely amazing because they are quite rare

Florence

The loss of a military identity was unanticipated, and, mirroring the birth of this identity on enlisting, they found themselves relinquishing their identity along with their ID cards on discharge:

But the one thing I hadn't considered at all what's the loss of identity...I was really surprised how much I cared about that..

Jo

One of the things is when you hand your ID card back in, that was painful just the idea of thinking I am not that person anymore

Paige

Civilian society was a challenge for Jo who found herself unsure as to where she would fit in. She described how she tried to 'work out' her identity in order to fit into a working environment:

... it took me awhile to find my feet in the civilian job partly because of not knowing what level to pitch myself at, I'm trying to work out my identity in the new environment. And that I actually found it quite helpful and reassuring that every Tuesday night I could put on my uniform and go back into an environment where I knew exactly who I was and where I was and everyone else knew exactly who I was where I was

Jo

Jo also found comfort in being able to wear her military uniform where her identity was stable and understood by her and others. Uniform for others meant opportunities to be more feminine:

I actually bizarrely miss the whole getting changed and dressed up and dinner parties

Paige

Paige also spoke about her sense of identity as a female in a particular Corps:

Bizarrely the military try and force some kind of femininity onto you particularly in the officer corps

Tanya, however, felt her feminine identity was taken away – she describes her experience of the force defeminising her:

we were allowed to pick up pencils without bending our knees because we had trousers on, guys boots on, basically they defeminised us. And I've seen it myself where girls joined as one of the guys and I found this quite upsetting that they basically defeminised girls completely to the point that even when they went out they would not wear make-up. If I went out I want to paint my nails I wanted to wear high heels and drink Pimm's with my little finger sticking out, I didn't want to go out and drink pints – I had had enough of being one of the guys. But then back in Civvy life it was taking this bloke thing that they had instilled in you and making it Feminine again – that was quite difficult.

There was a clear challenge inherent post-Forces in becoming comfortable with a different construction of what it is to be feminine again:

I'm out nearly 4 years now and I've gradually found myself becoming more feminine, whereas when I was in the Forces I did that whole thing of 'well it's a man's world and you fit into the man's world' and I would probably get annoyed if females didn't fit in because they were too girly

Paige

I have found that extremely difficult as a civilian. And things like men treating me like a lady, opening doors for me...Being treated as a woman was one of the hardest things, I had to watch my mouth [as a civilian] because they are not used to ladies not being ladies

Tanya

However, for those who maintained their sense of femininity whilst in the Forces, they struggled to fit in – making it more challenging for them whilst in Service:

I remember my dad saying to me once that he was really glad that I had retained being a female whilst I was in the military. But I think to some extent that was part of my downfall

Jadze

The majority of women interviewed had met their partners through the Forces, opting to start a family once they had left. But for women in the Forces who had civilian spouses and children who were not in the Forces – it caused a multitude of interrelationship difficulties. For example, being a mother and a primary caregiver came with challenges which male veterans would not encounter:

lads don't really care about the schooling or not there are still areas where females tend to be the ones that have to do it. It therefore comes on to the females to think about what's going to happen when they come out with the kids schooling and other things like that which it doesn't so much on the males

Jadze

Alongside the guilt of leaving their family to be in the Forces, further challenges were encountered by colleagues in the Forces speculating on the plausibility of adopting the role of mother, and calling Jadze a “lousy mother”.

I love my son dearly, and I feel guilty. You ask them [comrades] if they are parents, and they said 'yes but that is totally different because my children are with their mother obviously and they should be'. So then when you come back it then does make it quite difficult sometimes about the guilt of being away

Jadze found it difficult transitioning from a primarily military identity to that of being a mother:

you still have to be the mother and the wife and when you come out you go back to just being 'just the mother and the wife'

It was also recognised that it can be harder for the person who is at home than the person coming out of the Forces:

being away from people that you love its hard but it is hard of being the one that stays at home and trying to keep normality and keep everything going. So I think that's a lot harder than somebody coming out and trying to do the transition

Tanya

For the spouse that is at home however, the role reversal creates a different dynamic that is not commonly considered by society. For example, Jadze talked about the pressure on her relationship whereby her spouse was a civilian partner. She found herself having to support her spouse at home whilst being in the Forces, which ultimately ended in divorce:

Something that I have been through, in my first marriage I was the one who went into the military and he was at home and he was known as 'the missus' and he got treated that way and that put extreme pressure on our marriage – and it failed, and again it's that role reversal and the military and civilian society isn't used to that particular way

you do have the role reversal which makes it harder and that's where it then becomes harder for the females because they have to juggle those roles and are having to support the husband who is not fitting into the groups local area as we say it's quite difficult for a female in the military – it's also difficult for a man at home because he doesn't want to go to coffee mornings with all the women talking about women stuff to say

The term 'veteran', which was further expanded through theoretical sampling was found to be an expression not widely used by the participants. Central reasons for not adopting the term veteran come from the associations it has with the older, male generation of veterans:

...she said 'well what do you think about being a veteran' and I said 'I'm not a Veteran'. Terminology matters to me. And I didn't realise that until she asked me so it does matter. I don't think of myself as a Veteran. I think of veterans as being old. And so for me when I got my veterans badge I was like 'oh I'm not wearing that'(laughs)

Florence

Well you see lots of old men wearing it [veteran badge]. I guess the word Veteran and all of those occasions in my mind are to do with a much older generation

Jo

Others, such as Tanya, didn't identify as veterans, but simply as just doing a job. She was embarrassed about using the term veteran and felt like she didn't deserve the title or veteran badge:

[How do you see yourself?] Just somebody that spent 6 ½ years in the Forces. I felt like I was just treated as a job, I was just an employee working for a big organisation I didn't feel like it was an honour to serve my country. I've got a medal in a box somewhere which says I fought for NATO but I was just doing my job no more than anyone else I was just there for six months and that warranted a medal

A term preferred by the women was 'ex-military' or 'ex-services' because of the inferences 'veteran' has, which, for Jadze, was more connected with physical illness:

I say I am ex-military. I never say I am a veteran because I think a veteran actually doesn't mean anything to other people. For me the veteran says, 'I am ill', where ex-military just means I am ex-military

This was similar to the attitude held by Florence, who also commented on not being injured and consequently would not want/need to access charitable services. She went on to describe how age can act as a barrier to reaching out:

But I don't think of myself as a veteran. And it's funny because I know that all the military charities offer Veteran support and stuff like that so there is SAFA, Royal British Legion, all those kind of places offer veteran support and I'm just like 'well I'm never going to apply for that at this stage because I'm not old'

Several mentioned the embarrassment of wearing a veteran badge, and a sense of stigma attached to it. In particular, on Armed Forces Day's where parades were taking place, many women would not take part or even attend the day, due to concerns of others and having to once again prove their roles in the Forces:

To be honest I'm quite embarrassed by it, not buy them, by myself. But yeah I feel a bit embarrassed, I don't tell people I was around [in Forces] because there's a lot of stigma attached to it – you don't know how people's reactions are going to be but I don't see myself as a veteran

Jadze

The new ruling of the GCC roles which will be opened to women in a phased approach over the next three years (MoD, 2016) became an avid talking point for participants. It felt an important topic, given the closeness of the ruling coming into force, and allowed female veterans voices to be heard regarding the subject – including the potential impact on psychological wellbeing. Over half of the participants were in support of the ruling, with many disclosing that they participate in GCC anyhow, despite it not being openly recognised:

What's happening now is that you're actually officially opening up the role and therefore the terminology has changed. So a female will be all the time on the front line with the male colleagues and that's what it is – is the military catching up and away with the rest of the world

Jadze

It was also highlighted that reasons given for not including women in GCC operations in the past, such as concerns for the dynamics in the unit, had not been issues for these women. Several participants explained how personal experiences of working and living amongst military males had had no implications, and equality in the Forces should be followed through:

It's right that if a woman wants to do that and is able to pass all the physical requirements then she should definitely be able to have the choice, and I don't think that the negative dynamics that were reasons given for not doing it in the past like upsetting the teamwork amongst the men or men thinking that they have to look after you, I don't think that's the case. And the reason I don't think that is the case because I was an engineer and so on tour I was integrated into infantry units at Camp level and so I spent months living amongst them and going out on patrol with them and it never caused a problem. So I know it can be done and it can be done successfully

Jo

Furthermore, it was found that being female had potentially positive associations, such as a caring nature for their colleagues – further highlighting the role reversal not recognised by society:

Because we are more encompassing, our colleagues – we protect them and when I hear all of this you know females can't go into combat because males will stop to look after a female and I think actually in a lot of ways a female automatically looks after her peer group because that is our actual nature, there is a difference in how females join groups to when males join groups

Jadze

Equality within the Forces was described as already present amongst the women. One participant, Tanya, gave her impression of the fact that when women are on the frontline with males, she felt that she was seen as equal and not stereotyped because

of gender, adding that there should be no repercussions if women are not up to frontline standard:

Yes absolutely go for it – you know what you’re letting yourself in for when you signed the dotted line, with respect to everybody that joins up the lads join up to do that role the girls join up to do that role you can’t have equality and pay if you haven’t got equality in the job

I can see why civvies might think that women could in danger men when they are on the field. When you are in combat you are wearing the uniform, you are not a sexual person you’re not a diddy little girl, you’re not a big strapping lad you do the same for your Oppo [opposition] regardless. I think the Forces should have the autonomy to turn around and say ‘you know you cannot do this job because you are not strong enough’ and without having any repercussions on the employment act, I think there should be an exemption for it, for safety reasons

Paige, who also agreed with the GCC ruling, interestingly drew attention to the scrutiny from society that could potentially come from being the first women passing under the GCC ruling:

I don’t see it as an issue. I think if the person is physically capable of doing the job and is mentally capable – particularly the first ones saying I think they are going to have to be quite mentally robust because they will be scrutinised – so not in the sense of the job so much but more scrutinised because they are the first ones, until you get a reasonable number

However, those who disagreed with the GCC ruling expressed concerns over the wellbeing of women, and potential repercussions for the unit. Equality for this participant was not allowing women to take part in GCC, and in fact was felt to be a regression to past attitudes:

I strongly disagree with that [GCC ruling]. And I do disagree with some of these roles that just because women can it doesn’t mean that women should. I think it’s a terrible idea [GCC ruling], because

the teams work as they are now just because women can go into the situations it doesn't mean they should and actually to what operational benefits is there to changing the teams, I always think about women going on the front line and in submarines and things like that, and as a menstruating woman, sweating, carrying 40 kg per pack and armour and everything else they not only put themselves at risk physiologically by doing all these things but, they also put their teammates at risk because their teammates no matter how much think it won't happen will put them first. And I feel quite strongly about that and I do think that there is no operational military benefits in putting women on the front line, if that was fine I mean years ago, we fought really hard to get women out of mines and now we're fighting to put them back down mines and you think 'this is crazy', just because this is all about equality, So I don't think it's a good idea and I've been in military for 20 odd years

Florence

For those considerably affected by the Forces, it was no surprise that they were concerned for other women's psychological and physical wellbeing. Furthermore, findings showed a concern for the ramifications of entering GCC, including for family where the individual is also a primary caregiver:

I think women are not emotionally equipped for that, physically it would be tough anyway. ...I think those kind of things stay with you. I have had a taste of those kind of traumas, I went to Kuwait on liberation day and my journey into Kuwait was eye-opening and that stuck with me, and to be on the front line you are going to be seeing far more horrible things than that and I think women who are potentially looking at having a family later on in life, it could mess you up. And I think emotionally – don't mess with that. I would hate to say we are delicate, but we take a different slant on human life maybe. I worry for that to be honest because you can't see the future, you don't know how these things will affect you. You think you're really tough when you're in the army and resilient, but those images haven't left me so for them to be exposed to the cause and effect is worrying

Jenny

Jenny also highlighted how the media portrays women in a way which is incongruent with her own experiences; reinforcing society's perception of females without the inclusion of mental health challenges:

You see all these images like GI Jane and the fighter pilots on that Avatar film – and it is not like that, AT ALL. It puts a wrong image, we are not designed that way emotionally. There are very few that would cope with it that well and would strive...I've seen images that I just cannot forget

Likewise, Florence highlights the long-term effects, which have not been researched in depth, and how we can't really know the consequences of putting women in GCC:

...but actually what we don't know is the long-term consequences of a woman's body to go through those and to those parameters because there is no scientific evidence to say if you do that for 20 years as a woman that's going to be okay that's not going to affect your pelvis, your spine your reproduction your sanity, your hormone responses to having to take the pill for three months consecutively to stop your menstruating on the battle line. We don't know that stuff....we actually don't know what the long-term consequences are of any of these actions for decades, you know, we are only just understanding the suicide of mental health risks from the Falklands and that's 30 years on, so Iraq we've still got another couple of decades ago, Afghanistan we've still got three decades ago until we know what the long-term mental health consequences of all of this are

The findings for this theoretical category have highlighted some of the challenges and issues faced not only by being female, but also in enduring the loss and search for different identities whilst transitioning. This theme also encompasses how female veterans perceive themselves within society and where/how they fit in. For many, the expression 'Veteran' carries undesirable connotations, instead preferring the term 'ex-military' or 'ex-services'. The GCC ruling proved too controversial for some, who could offer strong reasons for women not entering into the GCC ruling. However, the majority maintained that the GCC ruling was a favourable outcome, citing concepts such as equality and justice for women on the frontline.

4.2.8 Theoretical Category – Misunderstood

Table 11.

Theoretical Category	Higher Concepts	Concepts
Misunderstood	Society	Black Humour
		Proving Self
		Expectations
	Culture shock	Work Ethic
		Military Ethos

Female veteran participants often talked about feeling misunderstood by society. Being part of a military environment where routines are set, rules are followed and a specific work ethos is adhered to, made it all the more challenging for these participants to transition into civilian society.

Society

This concept takes into consideration the participants' perceptions and interactions with society and how they make meaning from such experiences. Foremost, was the concern of how they appeared to society; holding back and feeling silenced were common notions amongst the participants, particularly when it came to talking about positive past experiences:

We call it a black cat story where somebody will always have a bigger and better story than you and you find yourself thinking 'I've got to stop talking because I am just black catting everything that that person is saying', and you just sit there thinking 'you have no idea honey'

Tanya

So I have travelled an awful lot. My work colleagues before I joined the military used to say 'oh shut up X, we know you've been there', and I wasn't trying to be the big I am or anything ...they didn't

understand that and so when you leave there is a difference between your outlook...it is a difficult transition

Jadze

Black humour, defined as *“Comedy, satire, etc., that presents tragic, distressing, or morbid situations in humorous terms; humour that is ironic, cynical, or dry; gallows humour.”* (Oxford Dictionary, 2017a) was an expression used by all participants who felt that what was once acceptable humour in the military was no longer acceptable in a civilian society. For example, black humour was used as a way of managing difficult situations in the Forces, but can be misinterpreted/understood by society:

With a lot of the words that we use, you do have military words and the military banter. And I think military banter can sometimes be a little bit coarse, I mean it is very black, and it has to be for some of the situations that you have been in because otherwise you couldn't cope so use a lot of black humour to help you cope and I think that can cause problems sometimes when you've got military people and then you have somebody who hasn't served in the military who doesn't understand the banter which can feel I suppose like you are being picked on

Jadze

...because you have a black humour because of things that you may have seen or heard in the Forces I have found that extremely difficult as a civilian... Although it's deemed as wholly inappropriate in many circumstances, you have a smile but it's a smile with respect if that makes sense. And it keeps you going

Tanya

Black humour was seen as being an individual characteristic, however for many participants it was felt that they also had to explain their military background in order to justify their behaviour. Again, this further highlighted adjustment difficulties in society:

It's not always understood I have to be honest. It's often misunderstood actually. And I have found myself over the years explaining that side of myself, without people knowing anything about you, you find yourself telling them that you're ex-military just because it makes excuses for the way that you are. It accounts for behaviour, I mean I think my behaviour is totally acceptable but some people may not, and it may come across as slightly offensive. You can be sarcastic and can be used to that kind of banter which doesn't really leave you sticks around, it's part of you

Jenny

Furthermore, black humour was used for processing emotions, difficult experiences and communication in the Forces. However, the absence of commonplace black humour in society was keenly felt:

...sometimes I think it's worse for females because that kind of black humour is even more missing from civilian life

Jadze

Women felt they had to prove themselves in the army because of their gender. Similarly, participants also felt that they had to prove themselves in society. It was suggested by several women that, because of their gender, civilians questioned their Forces background, which led them to feel they needed to somehow prove their military backgrounds:

Researcher: Do you feel that you ever have to prove to anyone that you were in the Forces?

Participant: I think sometimes I do, yes. And particularly because I am a female. People are more inclined to believe men than they are a woman

Paige

However it was also a conversation starter for some; proving that they were ex-military opened up new avenues of talking:

Looking at me now you wouldn't think I was an ex-military person. I am overweight, I have healthy shoes, I don't walk very well so when you explain that you can see that kind of look in their eyes thinking 'really?', 'yeah I really was'

Jenny

Some participants felt that society expected them to not do well in civilian life, creating a sense of frustration and a subsequent need to act in order not to be misunderstood, as Florence captures:

It's funny because people said 'are you alright about leaving' and lots of people kept saying that 'are you alright', and I think they expected me to just crash and burn and I just said 'yeah the world carried on spinning', and everyone was like 'oh' and I was like 'what did you expect?', and I don't know what I expected but I also don't know what they expected either and I did put it on Facebook- and I went 'you know what? I left the service... And we are all still here'

Culture Shock

Not knowing what to expect when leaving the Forces was a predominant theme throughout. For some, the challenge lay in the difference between their own work ethic and the expectation of society. Honesty, optimism, respect, being self-motivated, being a team player and having moral standards were some of the key characteristics the women tried to replicate in civilian society. However for some, it was a struggle in a civilian environment; perhaps underlying many reported experiences was the sentiment *'You don't realise how institutionalised you get until you come out'* (Tanya):

I found it [civilian job] very frustrating because they just do things different to me and I find that very difficult, so I was used to like if somebody gives me a problem I work out what I need to do what It

is I've got and then I do the task, then I go back and say are you happy with that do you need me to make any changes and it's either it's fine or make that change. I found trying to make people make decisions in that world was really difficult

Paige

you suddenly realise that all these people out there [ex-service personnel] who are actually have gotten through the same transition and have the same bemusement about how civilians operate in the workplace

Jo

A military ethos, adopted in Service, became a way of living in civilian life. What had once worked in the military was found to be a struggle to keep up in civilian society. Nevertheless, some women tried to adapt both military and civilian ways. Florence expressed how her time is very boundaried – this being one rule that she cannot relinquish living by:

It's slightly different rules, or maybe there aren't any rules when you come out. It's very routine very disciplined very ethos driven...but it's also offered me a military ethos and I never used to think of myself as a particularly disciplined person...I go to meetings and meetings never ever start on time it drives me insane, because all my watches are set to 5 minutes before because that's a military thing

Florence

A sense of optimism fostered in the Forces stayed with many when post-deployed, even in difficult times:

I was always optimistic even when things were really really terrible and you think 'what else would I be doing on a Thursday - I will be sat in the office, and now I am sat on the upper deck watching the Sun go down and I'm getting paid for it' so I always try to keep optimistic

Tanya

Recurrent feelings of being misunderstood were prevalent throughout the Forces and civilian life. Emotions contributing to feeling misunderstood included anger and frustration, but, in more depth – female veterans were afraid of how they would be perceived. Some dealt with this by being reserved, whereas others sought opportunity to prove themselves to society, seeking validation in the process in order to be able to gain acceptance into a society in which they felt alien.

4.2.9 Theoretical Category – What is needed?

Table 12.

Theoretical Category	Higher Concepts	Concepts
What is needed?	In Therapy	Therapist understanding
		Services available
	For a smoother transition	Transferable Skills
		Social Groups

This theoretical category answers one of the questions posed by the study. All female veterans commented upon what is needed both in therapy and for a smoother transition, with a consensus that more support needs to be available to female veterans which caters to their unique needs, but also an understanding that more research needs to be implemented:

There is a need for more research into female veterans. And I think that comes from needing elements of support in their life. And there is something to do with support – whether you use that supports every day it does not matter knowing that the support is there and from people that understand is vital. And you are not sure if people understand you outside in Civvy street, so I do find myself wondering

Jenny

In Therapy

Those that had experienced NHS psychotherapy after the Forces, expressed their frustration in the therapeutic process. For example, Florence who had counselling previously felt that it wasn't directive enough:

I don't know how to take this [therapy] forward you have to help me process this, start me off. Pull the trigger and I will probably start and won't stop! Just tug on one nerve and it will go

...whereas others felt mental health support was not present enough for female veterans:

I do think that the mental health assistance should be more prominent and I don't know how they can do it in such a way that it is not just perceived to be aimed at standard blokes

Jo

It was also felt that the services available did not offer complex care, which is what Jadze felt she needed:

They need to do something for the mental health side of things, I know that help for heroes have got a hidden wounds program but the problem with the hidden wounds is it is only for stress and depression it is not really for anyone that has any real mental health, because they don't have the qualifications all the time for it.

Predominantly, it was found that female veterans felt mental health professionals in civilian society would not be able to understand nor empathise with their experiences. For the few who had experience of being in therapy, they described how they had to explain their background before finding a psychologist who was a civilian but understood military ways:

If people don't have the background experience of understanding how the military works and the MoD and whatever else then you've kind of got to explain your background before you can actually even get to them or what you're experiencing

when I got treated before I left I had a psychologist who was civvy but worked within the military and with military people so although she didn't have experiences of being in it she had it the experience of talking to lots of us

Paige

Consequently, there was a strong emphasis amongst the participants that they would like to see more complex mental health services available for women's needs from therapists who had an understanding of the issues and unique set of needs present for female veterans in order to avoid repeating previous experiences of being let down.

For a smoother transition

Several of the women commented on what would have made for a smoother transition when leaving the Forces. The lack of transferable skills was reported on numerous occasions, with Jenny voicing a need to make them transferable in order to enable career progression:

Make sure that your skills are transferable and if not fight for something worthwhile to come out with

Jadze also recognised that women have unique skill sets that need to be highlighted within their transition:

It's about understanding that females have special skill sets aren't always recognised but then aren't supported when they leave either. We need to recognise some of the things females do in the military and help them to recognise that for when they are out in civilian street, because they wouldn't normally necessary think about all the other things that they've been doing

...illustrating that this is an issue about more than just a military person. When thinking about being a primary caregiver, there is regularly more for females to consider when they are in the Forces. Jadze illustrates this by explaining that supporting mothers in the Forces would be a step closer to preventing pressure build up:

There is more to it than just the military person – a lot of females have families and children and it needs to be recognised that we do need to be looking at schools and how we provide it's more than just a military person

It was felt that when women left the Forces, they were cut off completely. In light of the previous higher concept on therapy – Jadze explained that she was left isolated with issues from the military, but not knowing where to go for help:

I would like us not to be cut off quite so quickly and so wholly from the military, it does feel very much that the day that piece of paper is signed you are forgotten you are no longer part of that environment and it is really difficult because if you've got issues to deal with from the military and then suddenly you find yourself completely on your own it makes it so much harder

This further resonates with the words of Florence, who emphasised the need to gradually expose women to society's ways, such as guidance on the provision of healthcare:

there needs to be some kind of buffer zone of healthcare provision for maybe six or 12 months after you exit the service...

The need for a transition group was reported as being a service that could have benefitted the women in their adjustments. Jo imagined it as a group where people understand each other through similar experiences, such as a networking group. This echoed the sentiments of Tanya:

As a new person coming out to the Forces I think the help would've been nice to have, like a transition group where people could meet up and talk about the struggles and integrating back in

Paige suggested that a social group to attend could be put in place to compensate for losing the sense of belongingness and camaraderie in the Forces. All women participants hoped that support for females, both in the military and out, had changed in a positive way, with some commenting on the concern that it shouldn't be up to charities, but the Forces themselves who should prioritise support post-Forces out of a duty of care, particularly for those who have developed issues along the way.

Through exploration of the research findings, it is clear there is a pattern of ongoing difficulties and challenges for many service women when readjusting and relating to the Forces. The next section will demonstrate – through CGT – a process model which has been developed by theorizing the data to further attempt to understand (rather than describe) the psychological phenomena of the wellbeing of female veterans as they transition from one environment to another.

4.3 A Grounded Theory Transition Model

4.3.1 Theorizing

This study attempted to interpret the psychological wellbeing of female veterans post-Forces to gain a better understanding of their transitions. An emphasis on theorizing, rather than a discovery of a theory, was obtained through the use of a CGT analysis. In Chapter three, the study design was explained, drawing upon a CGT method articulated by Charmaz (2006). Subsequently, through using a CGT design, the findings were explained (rather than described) and laid out in this Chapter. This study adopts the theorizing of a process, rather than a perfected theory product. Through this process, the reader is invited to draw upon their own assumptions and interpretations engaging in different perspectives and meanings about the phenomena. This section demonstrates a model of transition, derived from the

theorizing process of CGT, in order to better understand female veterans' psychological wellbeing, and their transitions from military to civilian environments.

4.3.2 The Transition Process

Figure 2 illustrates a model of female veterans' transitions from military to civilian environment. Starting in a military environment, the process indicates that female veterans interchange between a military environment, no man's land and a civilian environment. Participants identified a period of no man's land when they left the Forces. For some, this was a brief stage until they felt safe enough to ease back into a civilian environment. For others, no man's land became an uncertain way of living – unable to transition into a civilian environment, but unable to re-enter back into a military environment due to being medically discharged. However for those who entered no man's land whereby the uncertainty of transitioning into a civilian environment presented a life they felt was unsuitable for them, they chose to either re-enter back into a military environment, or enlist as a reserve to fulfil the loss of military ways.

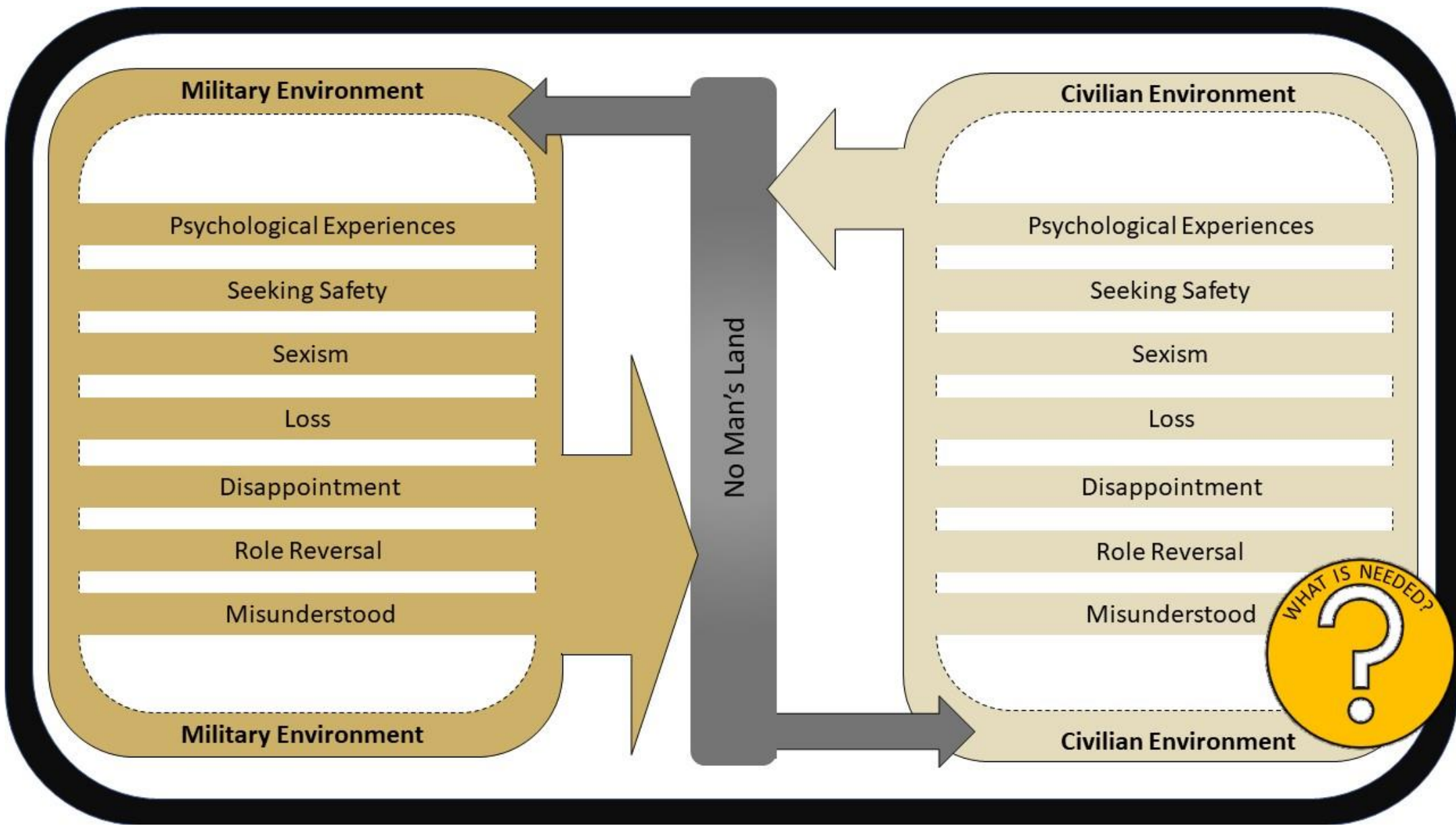


Figure 2. A Female Veterans' Transition Model

Within each environment lies a repetition of theoretical categories listed from earlier in this Chapter. This is to demonstrate that military environmental experiences are recurrent in the context of a civilian environment, however are experienced differently. For example, it was felt that within the military environment, women had to overtly *prove* that they could do the job and were up to the same standards as males (see sexism). This process was then repeated in a civilian environment where women felt they had to *prove* to society that they had been in the Forces or on the front line.

'What is needed?' is a theoretical category which stands alone in the process and allows participants to interpret what would have made a better transition for them and potentially for future service women. This category comes after it was felt improvements for women in and out of the Forces could be developed – finalising the process as a means to expand with further research and implications.

The findings demonstrate experiences of female veterans and some of the challenges they have faced in their transition from military to civilian environments. The Chapter summary will highlight key elements of the findings, and processes extracted which take place in the form of a transitional model of female veterans' experiences.

4.4 Chapter Summary

This Chapter addresses the aims of the study, in particular it qualitatively explores stressors females experience which contribute to difficulties post-Forces. Amongst the female veterans, there was a general consensus that women should be supported more, both in and out of the Forces due to unique situations and needs. It was felt that women experience ongoing psychological issues when returning, which are further exacerbated by the difficulties they face when transitioning into civilian society. They reported that being medically discharged came with a particular set of challenges, such as being unprepared and not knowing what to expect, although those who took voluntary leave also faced idiosyncratic issues, such as questioning whether they did the right thing and the guilt they were left with

regarding their comrades. Barriers to seeking help included perceptions of mental health, whereby physical issues were more validated and normalised than mental challenges - highlighting a lack of understanding around mental health, perhaps as a consequence of a lack of information shared around mental health and transitions from the Forces. However, once out of the Forces, receiving medical help and knowing how to reach certain services had its own implications - from healthcare professionals not understanding females' unique needs, to veterans feeling patronised and let down by the NHS - leading to an overarching feeling of disappointment. It was felt that society was not able to fully comprehend women in the Forces and, unfortunately, women felt the need to prove themselves - also a theme highlighted within the Forces. Ongoing sexism weaves its way throughout a female veteran's journey; having to overcome attitudes that foster stereotypes of social roles based on gender repeated itself in various ways, with many feeling unacknowledged and undermined that society was unaware that they regularly take part in combat roles. The majority were in favour of the GCC ruling, which was seen to be beneficial given that women tend to take part in these roles as it is. Yet the unacknowledgement of this can lead to further stressors. The loss of a 'military bubble' was recognised to be a fundamental element in the transition for women. For those who were able to adapt to a civilian lifestyle, they managed to adjust with minimum issues in most areas. Those who did not, found themselves stuck in 'no man's land', or returning to the military environment. This safety-seeking attitude, which was maintained for many through coping or returning to the Forces, was described by many, and included help-seeking behaviours which were further reinforced by a difficult transition into civilian society. This ultimately address the second aim of understanding veterans' transitions processes. The guilt of leaving a family behind whilst in the Forces remained for some, however the role reversal was not anticipated and potentially ended in divorce/broken relationships. For others, the challenge of being in the military as mothers was hard to adjust to once out of the Forces – further highlighting the feeling of mundanity of every day mother roles, and retaining a sense of purpose. A military identity was hard to incorporate into a civilian

one, and for some, what was accepted in the military was not as a civilian, e.g. black humour and work ethics. The third research aim is addressed in the findings by investigating what participants want for a better transition. Examples include, wanting to be understood more by professionals and society so as not to feel such a void when leaving. There was a suggestion that perhaps setting up peer transition groups for women so they can discuss their experiences amongst those who understand could address this. To conclude this section, it is important to call to attention the sense of pride that peppered each narrative. The Forces offered experiences for these women which have shaped their own present sense of self, as articulated by Paige:

I don't think you ever become a civilian again and that you do remain ex-military. It's another identity, and I think most people are probably proud of the fact they are ex-military.

CHAPTER 5: DISCUSSION

5.1 Introduction

It has previously been reported that women experience their psychological health and wellbeing post-Forces differently to their male colleagues (e.g. Goodwin et al., 2015; Jones & Hanley, 2017; M. Jones, Rona, Hooper, & Wesseley, 2006; Mulligan et al., 2010). Consequently, services need to consider these variances when veterans engage in treatment. However, a comprehensive awareness of female veterans' processes before they engage needs to be understood initially, before developing approaches that better suit their needs.

This Chapter addresses the core research question *'What are female veterans' experiences when transitioning from military to civilian environments?'* It makes use of the findings, and links them to the literature outlined in Chapter 2. Aims of the research are met by the discussion of stressors experienced by female veterans.

This piece of research aims to contribute to how we can further understand female veterans' transitions and the difficulties they face, both in the Forces and out. It therefore important to reiterate the aims of the study:

- To qualitatively explore the stressors females experience which contribute to difficulties post-Forces
- To understand female veterans' transition processes when leaving the military upon entering civilian life
- To investigate what female veterans need/want for a better transition

The structure will follow the transition model that was devised from the findings, which tracks female veterans from their different environments. The chapter starts by understanding the transition process, in relation to the process model (Figure 2: A Process Model of Female Veterans Transitions). The researcher asks the reader to

keep the process model in mind whilst reading the discussion. Deployment and the GCC ruling are discussed in view of the findings, along with the 'stressors' encountered in both the military and civilian environment. These stressors act as a catalyst to a female veteran's next step, leading us onto the section under 'medical discharge and ESLs'. The prevalence of mental health issues are discussed in line with the transition process whereby findings correlating to post Forces adjustment are considered. The last two sections discuss barriers to seeking care, highlighting gender specific issues and the recommendations (What do female veterans want?) for a more successful transition, as presented by the women in the findings, as per the final aim of the study. It may be worthwhile to point out here that, because of the structure of the study and the integration of participant's recommendations, Chapter 6 offers further reflections and discussions regarding the findings. The chapter finishes off with a summary of the discussion. Throughout this chapter, the contributions of the research to the existing field of the psychological health and wellbeing of female veterans is also considered.

The purpose of this study was not to discuss experiences within the Forces. However it was deemed impossible for the development of the findings to not explore military experiences in order to consider the influence of the military environment on female veterans' psychological wellbeing. Therefore, relevant narratives (in Forces), considered necessary to capture the subjective experiences of female veterans, were included in the analysis. There was a distinct separation between the military and civilian environment, and although theoretical categories continued from one environment to the other, the experiences within these environments differed when contrasted with each other. The two environments can be seen as two separate sectors, and as a backdrop on which to situate the theoretical categories.

5.2 The Transition Process

Figure 2 illustrates a model of female veterans' transitions from military to civilian environment. Starting in a military environment, the process indicates that female veterans interchange between a military environment, no man's land and a civilian environment. Participants identified a period of no man's land when they left the Forces. For some, this was a brief stage until they felt safe enough to ease back into a civilian environment. For others, no man's land became an uncertain way of living – unable to transition into a civilian environment, but unable to re-enter back into a military environment due to being medically discharged. However for those who entered no man's land whereby the uncertainty of transitioning into a civilian environment presented a life they felt was unsuitable for them, they chose to either re-enter back into a military environment, or enlist as a reserve to fulfil the loss of military ways.

Within each environment lies a repetition of theoretical categories listed from the findings chapter. This is to demonstrate that military environmental experiences are recurrent in the context of a civilian environment, however are experienced differently. For example, it was felt that within the military environment, women had to overtly *prove* that they could do the job and were up to the same standards as males (see theoretical category - sexism p. 103). This process was then repeated in a civilian environment where women felt they had to *prove* to society that they had been in the Forces or on the front line.

All women in this study related to having transitional difficulties due to issues encountered from military and civilian environments. The findings that emerged from the study were amalgamated and presented as a process model. As the model suggests, although some managed to transition into civilian society more successfully than others, they still encountered stressors which are embodied by the model and presented as theoretical categories in each environment.

Interestingly and, controversially for the topic, the masculine term, 'no man's land' was used as an expression for a phase of uncertainty between a military and civilian environment, acting as a catalyst to drive forward the transition into a civilian society, or as an obstacle whereby military life had more of a favourable outcome, or neither – coaxing women to reside in a 'no man's land' environment where experiences were fraught with ambiguity and insecurity. 'No man's land' suggests that female veterans have transition difficulties that ultimately influence where they settle, if at all. This phrase was termed by participants themselves, making it an ideal phrase to use which was close to their own worlds. For female veterans, the shock of leaving the forces was unanticipated for some, and the disbelief for those being medically discharged came at a great price. This transition model has comparable stages to the cycle of grief such as the Kubler-Ross (1969) five stages model which explores the transition through denial, anger, bargaining, depression and acceptance. However, unlike the Kubler-Ross model, this study's transition model highlights the interchanging transition and the potential to become 'stuck' in no man's land. Additionally, the concept of 'bargaining' would be unavailable to the female veterans in this study – they were either medically discharged or left voluntarily.

Some struggled to move on from 'no man's land' and transitioned back into the Reserves, which, as the transition model suggests, would be back into a diluted Forces lifestyle, but which still provided some sense of safety and belonging. For these women, they transitioned twice, integrating back into society after leaving the Reserves. However, for those who had transition issues, they identify with being in 'no man's land' and, as Albertson et al. (2017) express, are some of the most vulnerable people in society. Concurring with both UK and US literature, those who have struggled with the transition in this study, were not in employment, were medically discharged and all have a mental health condition such as CMD or PTSD (e.g. Iversen et al., 2005; MoD, 2017a). Those who have successfully transitioned maintain that they still struggle with their identity, which is neither civilian nor military. Identity is a significant theme in this study; as Burkhart and Hogan (2015),

Flint (2013) and Suter et al., (2006) all suggest, it is at the heart of successful transition. Female veterans in this study defined their identities in term of gender roles, with some feeling like it was burdensome to live up to the stereotypical feminine role once out of the Forces. The caregiver role, for some, was and still is a role that they felt expected to transition back into with ease, although that was rarely found to be the case. A poignant moment in the interviews was the description of losing a sense of belonging and meaning from their military identity. This speaks volumes in terms of the loss of one identity and attempting to substitute another, and is further reinforced by the mourning of their military identity (Jones & Hanley, 2017). The mundane lifestyle, as mentioned before, was also felt as a shift in their identity as they struggled to go from the intensity and fast pace of the military, to the slower paced movement at home with family, with the additional challenge of being expected to conform back into roles such as caregivers or, as society deems, a stereotypical female role. This dual identity, as Herbert (1998) proposes, conflicts with the different identities. Losing their femininity in the Forces and gaining a more masculinised identity had implications when adjusting to a civilian life, where they again tried to adopt a previous identity that had been developed prior to the Forces. However, this shifting and switching of identities (see Woodhead, 2012) was impossible for some, who had become accustomed to their military identities - leaving them unable to develop a stable sense of self, which prolonged issues such as CMD.

The literature review touches upon several transition theories, including those by Schlossberg (1981), Chickering and Schlossberg (1995), Levinson (1986), and Meleis (2010). A commonality between these theories is that they transcend through life, either experiencing, developing or encountering new development throughout. As such, the theories rely upon a linear approach, such as Chickering and Schlossberg's (1995) *"Moving In, Moving Through, Moving Out"* theory, and the emphasis of stability (Meleis, 2010). Perhaps different from the above transition theories is the transition model of this study, with female veterans interchanging between

environments (military, no man's land, civilian) thus debunking the linear approaches previously proposed, but accepting that change is experienced in all environments. For example, one participant transitioned through to a civilian environment, however felt that civilian society lacked in more than one area (see section on mundanity). After a period of uncertainty and contemplating what to do next (no man's land), she enrolled to be a Reserve, which allowed her to meet up once a month with other comrades. For this participant, there was a sense of safety that had been sought after, correlating with the theoretical category 'Seeking Safety'. It could also be proposed that if safety is not found, as with the general population, mental health conditions are likely to prevail. Similarly, loss and bereavement transitions could be compared to this study's process. Psychological change takes place when individuals undertake revisions of their assumptions about the world, with some failing to change their internal model of the world in the face of emergent events, while others successfully transition. Stroebe and Schut (1999) developed the Dual Process Model of Coping with Bereavement (DPM), outlining a process labelled oscillation. Their model is underpinned by a confront/avoid aspect of loss and restoration. This model holds similarities to this study's transition process, with the oscillating pull/push towards different environments (Stroebe & Schut, 2010). The Stroebe and Schut model also includes a 'time out' phase, where a person is not grieving over the loss of a loved one, yet is trying to rest. This 'time out phase' could be compared to the 'no man's land environment' within this study, whereby females are neither in a military or civilian environment. However, the difference here is that no man's land has the potential to cause more stress and the feeling of being uncertain, as opposed to feeling at rest during the 'time out phase' in the DPM.

Popular in many grounded theories is the option to test existing hypotheses or theories (Glaser, 1992). However, consistent with the researcher's philosophical views and the study's inductive nature, such an approach would be seen to be deductive and act as a blue print (Charmaz, 2014) on which to fit this study's transition model. For example, if we take Levinson's developmental model of

transition, where a transitional period signifies the end of one stage and the beginning of a new one, and try to fit that onto this study's transition model, it simply would not work. This is due to the interchanging transition found in this study, with female veterans moving backwards into safe environments (such as the military) where they are familiar with their surroundings, or back to no man's land due to uncertainty and instability. This bears similarities to Stroebe and Schut's (1999) DPM model where coping is used to predict good versus poor adaptation to bereavement to better understand individual differences in the ways that people come to terms with bereavement (Stroebe & Schut, 2010 p 274). On the other hand it is also dissimilar, in that stressors during the Forces and post Forces act as an additional layer, and, as a catalyst for poor transitional outcomes for female veterans. This highlights the interchanging concept of this study's model, and the uncertainty faced by female veterans as they transition, which is further driven by stressors.

In a time of transition between the Forces and civilian environments, female veterans start to re-think or restructure their lives. In 1988, Parkes developed the Psychosocial Transition Theory, focusing on the ways in which people change or *'fail to change their internal model of the world in the face of emerging events'* (p. 53). Loss is one aspect of the psychosocial transition which closely parallels this study's transition model, in the way that female veterans face multiple losses, from entering the Forces and leaving behind family/friends, to leaving the Forces and leaving behind the 'military bubble' and a place of safety. In line with the study's aims, it considers the nuances of the transition, and proposes it is not a linear process but more an interchanging transition, which is ultimately affected by how female veterans experience stressors such as those outlined in the theoretical categories.

5.3 Deployment and the Ground Close Combat ruling

A requirement for this study was for women veterans to have been deployed whilst serving in the Forces. This was to enable the researcher to gain deeper insight into

deployment issues, as we could potentially be seeing more issues related to females' deployment due to the recent GCC ruling. Although this study was not intended as a comparison of the prevalence of mental health issues between those in informal combat roles and those not, it does suggest routine exposure to combat trauma experienced by women in this study - such as the detonation of an improvised explosive device or the death colleagues by firearms. This is consistent with findings from Fitriani et al. (2016), and in future a greater number of female combat-support roles will undoubtedly mean women will find themselves in more combat zones.

Jones et al (2013) argue that women deployed to peacekeeping roles are at no greater risk of mental health problems than those who have not been deployed at all. This study, however, contradicts these findings, as participants who had been deployed to peace-keeping missions expressed how their experiences of trauma exposure has affected them. This could highlight the perceived lack of recognition around the role of women in peace-keeping and peace-making missions which potentially affect the long-term health and well-being of female veterans. It also reflects the blurred roles women find themselves in, where many are expected to engage in frontline combat, as a way of self-protection, which is different to their more traditional/supportive roles. However, this study has been unable to suggest differences between those deployed to combat zones and those to peacekeeping, as there was not a big enough sample size to make such claims. It does suggest that that their deployments have been detrimental to their wellbeing and to the success of their transition. This further supports UK studies such as Fear et al. (2010), and Greenberg, Iversen, Hull, Bland, and Wessely (2008), as well as US literature such as by Bartone (2006) and Bierman and Kelty (2014), who state that war zones are a substantial threat to women's mental health.

Participants were also asked about the GCC ruling coming into effect, and how they felt about women potentially being in combat on the frontline. This topic was initially raised by the first participant, without prompting from the researcher. Through theoretical sampling, it became increasingly evident that there were connections

between participants and the GCC ruling; for example, they were already being deployed to combat zones, many had to defend themselves through the use of weaponry which for some meant killing the enemy. For many participants, these experiences were related to difficulties during their transition. With little research into the effects of UK female personal being deployed in GCC environments, it was felt this study could offer a greater insight into the roles of women deployed to combat zones and, essentially, already in GCC roles. The experiences that were described by the participants' highlights what we could potentially be seeing more of in the future with the new GCC ruling now in motion.

For the participants who agreed with the GCC ruling, they were found to have been in GCC situations already and did not see it as an issue; suggesting that combat effectiveness does not affect group cohesion, and that gender does not come into it. However, those who saw it as affecting combat effectiveness were adamant that it would be detrimental both to other comrades, and females themselves. In line with the MoD's (2016) Interim report, the minority of women saw it as a great concern, not knowing the potential long-term effects on both physical and mental health. The majority who were in favour of the ruling, suggested it addresses gender equality, claiming it would not affect unit cohesion, and that having the autonomy to choose to go into GCC would be empowering. The significance of this theme reflects the participants' experiences and, interestingly, many would have liked to have undertaken a GCC role. However, this also proves an interesting point when considering the findings from this study and prior research. It is ascertained from previous literature (e.g. Bartone, 2006; Bierman & Kelty, 2014) that women who are deployed to combat zones are at a higher risk of developing mental health issues. This study reiterates this notion, and poses a concern for women's mental health post-deployment; acknowledging the adverse effects of being deployed to combat zones. These findings are contrary to the recent study by Jones et al., (2017), which suggested that deployment functions as a protective factor, reflecting military hardiness and robustness from time on deployment which, in the case of this study,

was not found. However, an explanation of this could be that Jones' study participants were mainly males; already existing research suggests that males are less likely than women to be affected by combat zones due to unit cohesion, which is not apparent for women (Rona et al., 2009). This still does not alter the fact that women in Jones' study were twice as likely to develop mental health difficulties whilst deployed in a combat zone. We now move on to the prevalence of mental health issues in this study.

5.4 Stressors

Experiencing sexism, both in the Forces and out in civilian society, was a great cause of stress for these female veterans, correlating with Leskinen et al. (2011). The implications of sexism, as found in this study, compelled females to withdraw and isolate themselves from society and services. The impact of this also meant women felt they had to deny parts of their past military identities, often keeping their military lives hidden, as having to prove that they were a female who had experienced a combat situation during Service in the military was reported to be experienced as a tedious affair. Not one of the females reported any sexual abuse from their time in the Forces and, as existing literature suggests, brushed sexism off as something that they had to take in order to fit in (Woodhead, 2012), or justified as a male bonding phenomenon. Not surprisingly then, the experiences of sexism were never reported, apart from one who asked for peer support because of the sexist remarks she was receiving. However, that support never transpired. This appears to be illustrative of the MoD (2015) statistics two years ago, whereby the non-reporting of sexual harassment was high, whilst those who reported did not get a successful outcome. Such outcomes add to the stigma of not only reporting gender based instances, but also to the isolation and CMDs that can occur as a result. Like Street and colleagues (2013) found, the lack of support in the Forces for reducing sexism and unwanted behaviour played a significant part in the post-Forces adjustment for women. This study cannot determine whether sexism exacerbates CMD or PTSD, but it does suggest that it influences women's transitions. What is more, sexism, for these

participants was accepted as way of life in the military which, unfortunately, concurs with the statement from General Sir Nick Carter who suggests that the military environment has an overly sexualised culture whereby inappropriate behaviour is deemed acceptable (Godier et al., 2017). When asking about Military Sexual Trauma, none of the participants had heard of it, although one stated “*god knows...they probably call it something else over here*” (Florence), which denotes the complexity of the terminology and the confusion around defining sexual harassment. This study demonstrates, in line with its defined terms, that women experience high rates of sexism, however do not additionally experience sexual harassment, such as the unwanted conduct of a sexual nature. Questions arise as to why the US have a MST unit and the UK don’t, (with the all-encompassing terms of ‘sexual harassment’ as it is defined in the Forces). Is this something we will be seeing more of in the future as more women are deployed to combat zones? It certainly demonstrates concerns, particularly with research suggesting that women who both deploy and report being in GCC are at significantly increased odds for sexual stressors (LeardMann et al., 2013).

The undervaluing of female veterans was prevalent for all participants, ranging from handing their ID badge in, to the disappointment felt from the lack of recognition of their roles in the Forces from society. The ‘veteran badge’, which was sent out to them, was experienced as ‘the last straw’ as they were unable to identify as a ‘female veteran’. These findings are identical to the nationwide study carried out by Service Women’s Action Network (2017), who also identified that female veterans feel unwelcome in male dominated services. These perceptions of being devalued in society can contribute to feelings of invalidation and disappointment, causing additional stress for females post-Forces.

The lack of social support from others in a civilian environment not only resulted in females feeling isolated, but also that they were unable to build cohesive units as in the Forces. Only one female participant felt she was able to fit into a civilian community and feel safe, which she termed ‘*going from one military bubble to*

another' (Florence) - allowing her to feel support and safety in her home location. Others felt their locations hindered finding such support (or 'seeking safety' as the theoretical category denotes) in the community. For example, being in an urban area where life was busy and people kept themselves to themselves increased feelings of isolation and of not belonging, as opposed to the rural area where Florence lived. Studies such as that by Mota et al. (2013) advocate the use of social support networks for a more successful transition, however due to lack of services in their areas, this type of support was unavailable to women in this study. As such, women either withdrew socially or threw themselves into their career.

Being a main caregiver was deemed to be stressful once back in civilian society. Having to manage multiple roles, such as being a parent and catering for children's needs as well as their own stressors such as CMD or PTSD, meant the processing of their own transition issues were postponed. In prior research women were more likely to be single mothers, but this was not the case in these findings. In this study, all parents were in a stable relationship with their husbands. However this caused additional stress whilst in the Forces such as the worry and guilt of leaving their spouses at home where there was no male-orientated support, such as attending male spouse support groups. Another worry was about where the children are going to go to school when relocating, illustrating the fact that situations like this are just not considered from a female perspective within the military. It is hard to conclude that such experiences heightened the prevalence of PTSD or CMD in this study, as no baseline statistics were taken, nor was that the aim. However, it does suggest that if these stressors are experienced by female veterans who then go on to face difficult transitions, it could indicate that these stressors might exacerbate the likelihood of mental health issues developing for some.

5.5 Medical discharge and Early Service Leavers

Out of the six participants, five were medically discharged. The only participant who voluntarily discharged had never reported or accessed any support services for

mental health issues. However, since the interview, she has emailed the researcher and disclosed she is now in receipt of therapy with a diagnosis of anxiety and depression. This not only highlights the potential that there could be more female veterans in society who are struggling in silence, but also demonstrates through the gaining of a deeper insight and awareness into their own lives she felt empowered to seek support.

The combined effect of medical records not reaching their destination (or being lost), and professionals not understanding their needs, impacted on the success of participants' transition by not being able to progress. Participants generally felt they had not been informed about the onset of mental health difficulties that they could potentially experience. Those who were aware of mental health issues knew only because they worked in that field (such as nurses). For those who were medically discharged in this study, all but one was unanticipated. None of the women were discharged on the grounds of having PTSD, which could correlate with findings such as in Andrews et al. (2009) and the delayed-onset of PTSD symptoms, which are only recognised some time after leaving the Forces. However, they all had mental health problems, which could have been a consequence of their time in Service. That said, predisposing factors and resilience can also play a role in the prevalence of mental health conditions post-Forces (Balhara et al., 2012). Whether this prevalence was from deployment or not is unknown, but it could be argued that this potentially increased susceptibility to stressors according to the findings of this study. Literature by Balhara et al. (2012) showed females to have higher stress levels in general than men, and as such this could also influence outcomes of this study.

There were no ESLs in this study so no results can be contrasted with prior literature, though Buckman et al.'s (2013) findings were that ESLs are more likely to be women than men. The term 'military depression' (Finnegan et al., 2014) resonates with one participant's experience, where she was ready to leave the Forces but had to continue for a period of time before she could be discharged, simultaneously feeling lost with no sense of belonging to a unit anymore.

5.6 Prevalence of mental health issues

The theoretical category 'psychological experiences' firstly, could corroborate with literature on early screening for PTSD and its ineffectiveness (Rona et al., 2017). Several participants explained PTSD symptoms such as flashbacks and numbness which occurred months, if not years after their deployment, and were not experienced at the time. This suggests that screening for mental health illnesses such as PTSD soon after their discharge may be inaccurate. Secondly, all except one participant had a diagnosis of either CMD, PTSD or both, yet those who were not formally diagnosed with PTSD displayed symptoms of the condition. Furthermore, the participant with undiagnosed mental health issues disclosed that she suffered with undiagnosed anxiety and depression. This supports existing literature identifying a high presence of PTSD and CMD in female veterans (e.g. Hunt, Wessely, Jones, Rona, & Greenberg, 2014). Reasons for this are discussed in the forthcoming section 'seeking help'. Furthermore, those who had been exposed to trauma were psychologically affected not only by the symptoms of PTSD, but also by the lack of recognition from society that they may have had such experiences due to their gender, creating a stigma around seeking help which again will be discussed in due course. All participants identified with having CMD, and for some, the experience of certain characteristics of PTSD, such as re-experiencing traumatic events, emotional numbness and intrusive thoughts (American Psychiatric Association, 2013) were described in the study. However, this study was unable to answer specific questions such as the PTSD paradox – 'if men have more GCC experiences, why do women have more PTSD?' (Resnick et al., 2012b). What the study could suggest is that women who deploy are likely to experience mental health difficulties (PTSD and CMD) even though they are not in a GCC role. However, contrary to Mulligan et al., (2012) and Vogt et al., (2005), who suggest the paradox is because of prolonged periods away from close family and friends who are usually there to help deal with stressors when at home, the participants in this study did not mention, nor relate to support from family or friends as a challenge for them. Perhaps this resonates with the literature that identifies women who deploy to combat zones are increasingly likely to

experience exposure to trauma (Fitriani et al., 2016), even though they are not in a GCC role. Another reason could be barriers to seeking care, as suggested by Herbert (1998), and the perceived stigma of not wanting to ask for support. It may also be due to being a primary caregiver; in this role women are perceived to be strong and able to cope with post-war adjustments, and are not seen to be struggling. One suggestion from previous literature (Iversen et al., 2008) to explain the prevalence of PTSD is the notion of lack of group cohesion whilst deployed, which was mentioned several times throughout the interviews with women feeling isolated and like an outsider within their units.

5.7 Adjustment Post-Forces

Re-adjusting from military to civilian environments had its challenges for all participants. Despite previous literature highlighting the risk of substance abuse in female veterans (Fear et al., 2007, 2010; Iversen et al., 2008), none of the participants in this study reported any substance abuse. Isolation was a recurring theme for all the participants, with many being unable to find and fit into a community like the one they were part of in the military, leading to feelings of isolation and avoidance; a phenomenon also found in studies such as Suter et al., (2006). Several of the participants coped by keeping busy, throwing themselves into their busy career life in order to keep occupied. The MoD's statistics on employment showed women were at a higher risk of being inactive due to caring for family rather than being unemployed, yet the findings in this study showed women either being career driven or unemployed due to medical reasons. Those who were career driven made use of their job roles within the Forces, such as Florence, who after training and serving 23.5 years as a nursing officer, went into lecturing as a nurse. The same could be said for Jo and Tanya who both went on to use their transferable skills in management. Those who were unable to use transferable skills, such as Jenny (a Large Goods Vehicle Driver) found it difficult to gain a career after the Forces; struggling to write CVs and prepare for interviews, suggesting that more emphasis needs to be placed upon recognising how skills can become transferable and how to reflect this in

CVs/interviews. Furthermore, Johnson and Murariu (2015) propose that female veterans' skill sets are often not recognised, and they lack the confidence in their skills, which is concurrent with those who were unemployed in these findings. Additionally, the resettlement package which offers workshops on such skills was either not offered to those who were medically discharged (even after serving the minimum amount of years in service), or offered but were not possible to bring to fruition due to family commitments - which coincides with concepts such as 'being let down by the MoD', a concern raised in the literature review. Like prior research, compassion fatigue (Conard & Scott-Tilley, 2015) was experienced by two of the participants, but for different reasons. Florence, the Nursing Officer commented on how compassion fatigue left her unable to feel anything for her husband and patients, which could account for why she went into lecturing and not continue as a nurse. Likewise, Jadze felt compassion fatigue when returning home to her family, where she recognised she could not feel emotions towards her children. Although discussed later in more detail, compassion fatigue for a main caregiver was suggested to be an important stressor during the transition.

Similar to Elliott's (2015) study, facing the reality of multiple losses such as; camaraderie, a sense of belonging, and the fast paced stimulating career in the Forces, was difficult to come to terms with in a civilian environment. Women commented on the mundanity of life after the military, and how job roles became trivial and frustrating, with civilians not demonstrating the drive and precision they were used to, resulting in the veterans finding it difficult to adjust to work roles. Perhaps this explains the drive for a challenging career, which would fit with their ethos of work, yet also signifies that it is difficult to strike up a work-life balance post-Forces. Failed belonging-ness, which resulted in isolation and prevented women from connecting with civilians upon their return, was a finding concurrent with Gutierrez et al. (2013), and can be said to jeopardise their transition.

Similar to Worthen and Ahern (2014), who found female veterans' anger to be frowned upon in society, black humour was recognised as an expression which was

used throughout, but was also perceived to be unsavoury by society. Used as a way of coping with situations to distance themselves from emotions and suffering, black humour was used to build group cohesion and lift morale. However, the 'banter', as some called it, was frowned upon by society, and some found that they had to censor themselves due to concern with how society might perceive them. This not only highlights the difficulties of a military person trying to fit into a civilian environment, but also suggests some desensitisation to the suffering of others.

5.8 Mental Health Services and Barriers to Seeking Care Post-Forces

Those who were medically discharged articulated that this should not have occurred, and that it was an easy way out for the Forces instead of dealing with the consequences of their ill-health. From the outset of their discharge, women felt let down by the Forces and the little support they received, recommending that more in-house support should be given by the MoD upon discharge. However, in line with Garfield (2012) and the research on why screening for mental health disorders by the MoD would be impracticable, this study's findings also show that women went on to develop PTSD after a significant period of time, rather than in service, hailing such screening tools as ineffective. It was of concern to all female veterans in this study that the armed Forces covenant (MoD, 2013) was not upheld once leaving the services. From being misunderstood by civilian health professionals (Iversen & Greenberg, 2009), to feeling excluded from third sector services, female veterans found considerable barriers to seeking care. Women reported that charitable services available to them were quite some distance away, which made it hard to access. Accessibility to services was shown to be a barrier to seeking help, as in Hoge et al. (2014), with many women not knowing what services were available to them. Others had experiences of attending services where they didn't feel welcome in a masculinised environment, which is interesting considering they had lived and worked in a male orientated environment for several years in the Forces. Perhaps this has something to do with the masculinised environment not being a default anymore, and that, as civilians, women have a choice to decide who to socialise with.

Alternatively it might possibly have something to do with the age of people accessing veteran's services, something which was commented upon in the interviews. Women did not identify as veterans, and saw this term as appropriate for old, injured men. This further reiterates the exclusionary nature of such services, particularly so due to the stigma attached to it. As the majority of research suggests, stigma is widely associated with being a barrier to seeking care (see Iversen et al., 2011; Mittal et al., 2013; Murphy & Busuttil, 2015), and this study is no different. Research suggests that external stigma amongst society is decreasing (Murphy & Busuttil, 2015), however, this study showed that female veterans had more prevalent experiences of external stigma as opposed to internal. Although this study cannot assume reasons why, one theory voiced by the participants was the prejudice of being a woman in the Forces, which in this study is classed as sexism. Interestingly, participants experience was that society maintains gender stereotypes of women in the Forces, and on occasions such as Remembrance Parades, women either attended in plain clothes, attended but hid their badges, or did not attend at all due to the burden of having to prove that a woman can be in the Forces and be on the front line, even though they were proud of their time in the military.

The reporting of mental health issues to health professionals post-Forces was not a common practice for participants, contrary to prior research, which indicates women are more likely to report difficulties in mental health (Felker, Hawkins, Dobie, Gutierrez, & McFall, 2008). It was found in this study that participants had had few interactions with their GPs, unlike literature from the US where trust in the family physician led to higher reporting rates (Thompson et al., 2016). Along with stigma and a lack of understanding from health professionals, cuts to the NHS where GPs are on stringent time could mean that they are unable to make a full diagnosis from the initial, time limited presentations of female veterans, and so refer them to longer waiting lists, during which time stressors increase with the prospect of CMD and PTSD prevailing. This study also found that females were uneducated in identifying symptoms such as depression and PTSD (even though they described having

symptoms of CMD and PTSD), which could be due to the military ethos and values of being robust and capable, or a false sense of self-reliance (Hoge et al., 2014). A disparity in attitudes towards mental and physical health was common amongst the women, with many dismissing the need to seek help for mental health problems, or saying that services only offered support to those with physical disabilities. Women often stated that the MoD did not prepare them for challenges that they could encounter in civilian life and the mental health issues which could ensue. This was experienced and framed as being let down by the Forces. Interestingly, the participants who were officers commented on how they were expected to cope with mental health issues, and were offered little help and support with their transition, apparently due to the notion that because they were officers they were more capable and resilient (than general officers) to the challenges faced. Few talked about experiences of therapy, but for those who did, their past experiences of therapy became deterrants to them seeking help in the future, describing frustrations such as with non-directivity and sitting in silence, which further aggravated the situation. Perhaps this says more about the approaches used in psychotherapy for female veterans, and using evidence based approaches as opposed to ones that are not recommended. Efficacy of treatments in the UK and how they are assessed is not too dissimilar to international literature, although evidence on the most efficient treatment models is lacking (Macmanus & Wessely, 2013).

5.9 What do Female Veterans want?

This section overlaps with some of the themes in the next chapter (on recommendations), however the issues are discussed here to highlight some of the participants' own suggestions from the study. The transition from the Forces to civilian life can be one that holds many challenges which have been highlighted in this study. A major aim of this study was to understand what was important for female veterans to transition more successfully, and what they would like to see more of to help others. The findings demonstrated a diversity of needs that are likely to be unique to women, such as female support whilst in the Forces, for women who

are subjected to sexism or harassment. This also raises interesting notions such as the MST unit in the US, which may well be of benefit in the UK now that more roles are being opened up to women. This study also found that women who are exposed to trauma, whether that be direct or indirect combat exposure – wanted additional support with such experiences, but were yet to receive them - a notion resonating with findings from Street et al. (2013), who found that women are not supported when deployed to war zones by their military peers. Furthermore, the lack of support is likely to exacerbate the effects of combat exposure, affecting camaraderie and cohesion in a sub-group that is already a minority. Peer support groups (Hundt et al., 2015) with women who share similar experiences post-Forces would have been an advantage to enable a smoother transition, along with receiving additional psychological support. Women also commented on the need for charitable services to be more inclusive of female veterans and their situations, mirroring Hoge's et al. (2014) findings on accessibility and logistical difficulties.

Practical applications in therapy include considering approaches used which might be more tailored for women's issues (such as compassion fatigue and identity) which sets out the need for more evidence based research into therapeutic approaches used which are inclusive of female veterans. It also highlights the need for organisational checks to be carried out on service providers delivering treatments for competencies (Samele, 2013). The way services are advertised towards women was felt to have been misdirected, with it being aimed at "*standard blokes*" (Jo), and not multifaceted enough to incorporate the complexities that women encounter. Furthermore, there still lies a problem in that participants feel civilian mental health professionals do not understand their experiences and perspectives, partly due to participants' prior experiences of seeking mental health support, which highlights the need for more comprehensive training for mental health professionals. Like Johnson and Murariu's (2015) study, the female veterans in this study also recognised a need for more support with transferable skills. Suggestions such as those in Kintzle et al. (2015), around the introduction of networking events, using career advisors to go

through interview skills and resumes to refine their transferable skills when applying for future employment, could be enforced to facilitate transitions into employment. This might have a positive impact on the rate of unemployed female veterans. Existing literature suggests the majority of female veterans are inactive due to being in a caregiver role (MoD, 2017b). It is therefore an imperative to look at their needs and to suggest allowances for caregivers and employment. Lastly, supported by the findings, the shift in identities was emphasised as a challenge, such as for Jadze, who pointed out *“there is more to it than just the military person”*, as she commented on the task of contending with being a main caregiver which included not only finding appropriate schools for her children whilst in the Forces, but also being in a main position of support for her husband who had no support himself at home. It is issues like these that are not well-known in society. Therefore, as well as providing additional support for main caregivers, the needs of spouses, in particular males at home need to be looked at.

‘What is needed?’ is a theoretical category which stands alone in the process and allows participants to interpret what would have made a better transition for them and potentially for future service women. This category comes after it was felt improvements for women in and out of the Forces could be developed – finalising the process as a means to expand with further research and implications.

5.10 Summary

The findings address the key aims of the study by supporting the view that female veterans’ transitions are not linear but interchanging, and are propelled by stressors experienced in either the military or civilian environment. The place of uncertainty lies within no man’s land, which is fundamental in the sequence of transition, acting as a catalyst to either transition to civilian life, reside in no man’s land, or transition back to the safety of the military. This study found that stressors are experienced in both military and civilian environments, with gender being a key aspect in the

experiencing of these stressors. This study did not set out to compare transition experiences of males against females and the transition process model is not limited to just females. Of course, some of the findings are only specific to women such as those regarding female roles, both in the Forces and outside of the Forces. However, within the military and civilian environments, specific stressors felt by females were experienced which could be argued would not be experienced by men. Female veterans in this study defined their identities in term of gender roles, with some feeling like it was burdensome to live up to the stereotypical feminine role once out of the Forces. Femininity played a vital role in the transition, and it was difficult to 'become' more feminine once they had left the forces. This added to the stressors and transitional difficulties. Further stressors more specific to women were societal pressures on women whereby expectations from society to conform to a traditional stereotypical role of a woman were experienced as a stressor. It could be said that, although there are stressors included in this transitional model which are specific to females, some could also potentially be generalised towards males who find the transition difficult.

With the new GCC ruling coming in, stressors experienced by females in this study (such as CMD and PTSD) highlight what we could potentially be seeing more of in the future. This is not to say that these symptoms are specific to females, but it acknowledges what we could be faced with in the future when the GCC ruling is enforced.

More specific to women was compassion fatigue as a main caregiver which was suggested to be an important stressor during the transition. Additionally, it was also identified that female veterans felt unwelcome in male dominated services. These female specific perceptions of being devalued in society can contribute to feelings of invalidation and disappointment, causing additional stress for females post-Forces.

Support for women was highlighted in the need for more female specific peer groups with women who share the same experiences. There was a consensus amongst this

study's participants that there were a lot of male services and support – however barely any for women. Further studies could be done to compare both male and female transitions within the UK to enable a more equal comparison of findings.

The Chapter answers the aims of the study which are outlined in Chapter 1 and addresses the research question by presenting the transition model. The personal process of each female veteran centres around their own construction of reality, their experiences within it, and their perceptions of it. A transitional model was developed to explain how female veterans respond and process their experiences of change and development from different environments. Not too dissimilar to a bereavement cycle, this transitional model has similar concepts such as disbelief, shock and perhaps more relevant - loss, of the military environment. Through this model, key elements such as the stressors experienced by female veterans both in the forces and out can be understood by others. In particular, the motion of the transition process should be discussed with healthcare professionals and within the military, informing others as to the difficult transition that could potentially lie ahead. These participants, although only a small cohort, have given insight into what is needed both in the Forces and out for a more successful transition. Here lies an initial understanding of their transitions which can be factored into training, research and theory.

CHAPTER 6: IMPLICATIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

6.1 Introduction

This final Chapter of the thesis will address significant implications that have arisen from the study to conclude the discussion. Limitations of the research will be discussed, with recommendations consisting of an amalgamation of participant and researcher suggestions. Methodological inferences will be discussed (where relevant) throughout this chapter as a means of reviewing the methods used.

6.2 Implications and recommendations

The purpose of this study was to investigate female veterans' experiences when transitioning from military to civilian environments. The process of transition has been identified as an interchangeable process, which is propelled by stressors experienced both in and out of the Forces. As in Woodhead's (2012) research, the study takes a holistic approach to transition, and identifies several stressors that hinder female veterans from transitioning successfully - such as stigma, barriers to seeking help, role reversal, and the debate surrounding women in combat. Furthermore, this research provides a foundation for other studies to research transitions of UK female veterans, which builds upon a minimal base of UK literature. With the ground close combat ruling coming into effect, this thesis presents a snapshot of what we could potentially be seeing more of in the future. It is therefore important for female veterans to receive equal treatment in society, and to be able to access services that meet their specific needs. Throughout the study, the structure has followed the transition of a female in the Forces through to a female veteran in civilian life. The structure of this section therefore, correlates with this.

6.2.1 Empowerment through Research

A major strength of CGT is its analytical tools for analysing processes that promote social justice. Through the constructing of how events, processes, transitions and

outcomes are attained, this method has provided a means of studying power, inequality and marginality that female veterans experience (Charmaz, 2005). Through the rigorous methods of CGT, the researcher has remained close to the subjective worlds of female veterans and their narratives, allowing interpretations such as the stressors experienced, and the emergence of a transitional model.

A rationale for this study was to increase research output on an understudied minority group, with a focus on transitional difficulties experienced. The present study contributes to a growing body of research in the UK of female veterans, which is of a distinct nature given the enforcement of the GCC ruling. Additionally, it has the potential to impact upon social justice by addressing needs of female veterans which are gender specific - whether that be policies in the Forces, such as the reporting of sexism and sexual harassment, or new ways of working with women post-Forces, such as female-only peer group therapy. Similarities with other studies, such as those measuring rates of PTSD and CMD, can create more awareness and understanding by adding to literature on the psychological health and wellbeing challenges experienced by female veterans. The transition model provided by this study adds to existing research on adjustment challenges faced by female veterans. Therefore, it potentially enhances awareness for professionals, service members and veterans of some of the possible challenges that may be faced, potentially facilitating agency for intervention before difficulties ensue.

6.2.2 Females in the Forces

A key finding of the present study concludes that women, whether they are exposed to combat trauma or non-combat trauma, have psychological health and wellbeing difficulties. However, the majority of UK literature rarely mentions traumatic exposures or risks to one's life. As a consequence, much of the UK literature fails to attend to such implications. With the GCC coming into force, no doubt there will be more literature around the subject of women in GCC but, for now, this research highlights that these experiences are ongoing at present.

Some of the findings demonstrated a lack of peer support for women in the Forces. Although something of a policy recommendation, it could be considered that having peer support in the Forces would alleviate some of the stressors females face as a minority group. An important aspect of the findings was the non-reporting of sexual harassment and sexism in the Forces. Having peer support could potentially empower women to report more of these experiences. Furthermore, similar to common practices in the US, it could be suggested that having a specialised unit to manage sexual harassment or sexism would not only empower women to report more, but potentially prevent such cases occurring. Of course, stigma plays a large part in the reporting of these instances, so policies implemented would need to be enforced consistently with an understanding of repercussions and consequences for both males and females.

The study also suggests that participants were in some cases unable to recognise symptoms of mental health issues, such as anxiety attacks or feeling emotionally numb. Furthermore, it was indicated that there was minimal to no psychoeducation from the Forces concerning mental health issues for women in the present study when returning from operational deployment. It is therefore suggested, that psychoeducation be a part of returning from deployment, including the recognition of mental health symptoms and stressors that women could potentially experience.

6.2.3 Services Available

As the present study has found, there is only one specific female service available to women veterans that accommodates their needs, although the participants in this study were unaware of the service (Forward Assist). Specific services available to women alone are of a bare minimum, but it is hoped that Forward Assist will set a precedent for others to follow. Herein lies the conflict; where there are many services provided for both men and women to access, why don't female veterans access them if they so vitally need them? The study recommends that services need to be more inclusive of females, explicitly stating that they are there to accommodate the needs

of females veterans. Peer groups facilitated by professionals post-Forces are recommended as one way to combat stigma and misunderstandings by other professionals; facilitating shared experiences with other female veterans. If implemented soon after their discharge, it could lessen the effects of isolation, promoting a group cohesion that was lost when leaving the Forces. Doctors, who are usually the face of female veterans' initial engagement concerning mental health, are felt to misunderstand the needs and complexities of female veterans, with many not asking if they have previously served in the Forces. It is therefore suggested that this question be asked, not only to save time in consultation, but also to reveal important information that could aid treatment or signpost effectively.

This study argues that particular women's needs are different to men's - such as the difficulties involved in being a main caregiver and having PTSD symptoms, like emotional numbing or compassion fatigue. Also, having to contend with multiple identities when transitioning, which brings in to light the different approaches used in therapeutic interventions which would or would not be suitable to address such identity issues. Services need to take into account what being a main caregiver entails, such as accommodating the fact that many female veterans may not be able to access services due to childcare issues. All female veterans in this study responded via social media, demonstrating that this could be one way to facilitate support when face-to-face is inaccessible.

6.2.4 Counselling psychology

A recommendation for therapy is to build on already existing expertise. With over 400 different 'schools' of therapy, we should refrain from creating more in light of these findings. Instead, perhaps a more pluralistic framework (McLeod & Cooper, 2010) could be delivered, which builds upon features from other therapeutic approaches e.g. the processing element of TF-CBT, the core conditions of Person Centred and the incorporation of constructivist approaches which focus on exploring

the internal constructions of reality which would facilitate in the perception of e.g. stigma.

The transition model suggested in this study can facilitate an awareness of the complexities that female veterans encounter, and promote better understanding through the theory of an interchangeable process rather than a linear one. This insight would hope that professionals, such as those who are a first point of contact with veterans, will have this additional knowledge and understanding, thus enabling them to work more effectively and efficiently. It also demonstrates the need for an established clinical role within the MoD, promoting psychological health and wellbeing in the forces. Within that, there could also be potential for a leadership position undertaken by a counselling psychologist, informing the military about particular issues mentioned in this study in an attempt to create awareness and learn new skills to manage potential stressors.

In line with social justice, it is imperative that counselling psychologists recognise their role and responsibilities to facilitate empowerment in female veterans in order to balance out inequalities they have experienced. Additionally, Cutts (2013) suggests that counselling psychology's essential values resonate with Cooper's (2009 p.120) 'ideas of social justice' such as empowerment; an attempt to reduce or remove power inequalities in relationships; and viewing the person in their environment - including having 'awareness that the client may be experiencing discrimination and prejudice'. It is therefore hoped that counselling psychology as a profession can contribute to not only theory and research, but also to ascertain the implications for practice as we begin to see more female veterans in society. Finally, it has been said that counselling psychologists must find ways to amplify the voices of those who are oppressed, so others "*can learn about their needs, wishes, strengths and visions*" (Goodman et al., 2004 p. 803). This qualitative grounded theory study serves a purpose to bring further insight into female veterans' transitions, and give a voice to those who have felt disempowered by their experiences. Already, this study has had a known effect on one participant who sought therapy after disclosing her challenges

with the researcher, as she recognised that she was not alone in her experiences and that there are many others in the same position. This new awareness led her to seek help. Instances like these demonstrate how psychology can develop awareness, and represents steps towards social change (Goodman et al., 2004).

6.2.5 Future Research Recommendations and Methodological Discussion

This section incorporate both future research and methodological discussion which has been woven throughout this section. This study is one of a few UK studies into female veterans' transitions. It is suggested that stressors experienced, whilst in the Forces and post-Forces, contribute to difficult transitions from military to civilian environments. These experiences include, but are not limited to, PTSD and CMD - which is where the majority of literature lies. It would therefore be beneficial to focus on other mental health issues in more depth, such as depression. It was beyond the scope of the study to make comparisons of female veterans' experiences within service branches (e.g. RAF, Navy, Army), although participants in this study did vary in different branches whilst identifying similar issues. However, further research could investigate if different branches are more or less susceptible to mental health difficulties, particularly as the RAF is the first to open up all roles to women, including the GCC ruling. Furthermore, within each branch it would be worthwhile to look at different female roles; for example comparisons between senior officers and generals, measuring the prevalence of mental health issues to inform interventions, or looking at resilience of one role but not another.

Similarly, it would be worthwhile looking at definitions of sexism, sexual harassment or gender-based harassment which are not well defined in UK studies. More research needs to look at systematic ways of managing sexual harassment and its other forms, like in the US where they have MST units. It is imperative to identify the different nuances of sexual harassment, not only to identify risk factors and outcomes, but also to encourage more women to adopt the stance that any kind of sexual harassment is not acceptable in the Forces. It would also inform service providers

such as counselling psychologists about specific needs of female veterans who are subject to sexual harassment.

Further UK research could look at female caregivers and the impact upon the family. Just as females have specific needs, male civilian spouses also have specific needs - such as support groups for men which were found to be absent. One participant commented that her male partner does not want to attend coffee mornings where all the other military partners present are women; this highlights one of the differences in gender needs.

Although this study never sought to generalise to wider field of investigation, it does produce a 'Transition Model', which could be worthy of reflecting upon in other studies. Checking with participants that this model was concurrent with their own experience was not done due to time and resource constraints. It would therefore be a recommendation of this study to see if other female veterans shared the same experiences of the transition model.

This study was conducted using Charmaz's (2006) constructivist approach to grounded theory methodology, in line with the researcher's epistemological and ontological position. This has not only allowed for a co-construction of meaning, but it also allows the researcher to live out their beliefs in the process of enquiry (Mills et al., 2006b). As noted at the beginning of the thesis, a systematic review of the literature was undertaken before the research began, and this was used as a preliminary literature review for this piece of research. However, engaging with existing literature prior to undertaking research can result in tensions within an inductive framework (Charmaz, 2006). The systematic review additionally helped propose what area to focus on in the research and highlighted gaps in research – something which is required from both the University and the ethical board. Other grounded theorists such as Glaser and Strauss (1967) advise that prior knowledge before research is carried out can be detrimental to the findings, creating biases about the data and inhibiting development of theory from inductively emerging data

(Vickers, 2016). The impact of the researcher's preconceptions, beliefs and biases on the data were not of detriment to the research, but were embraced through the meaning which was co-constructed with the participants – following a position of constructivism. Through reflexivity and transparency (of both theoretical position and prior knowledge), the researcher was able to grapple with themes and interpretations. Furthermore, themes were checked with supervisors and a journal was kept throughout the research. Additionally, the development of a new process model which has not been done before evidences that this research is novel in its area. The majority of findings which were produced from the data had not been uncovered in previous research which gives evidence to not being influenced by previous literature. To ensure trustworthiness, two frameworks were followed to allow the researcher to produce findings which were of high quality and rigour (see Table 3). This also demonstrates that the findings are grounded in the data, as CGT asserts.

The interview design chosen was to interview individual participants. This created a rich data base from which to work from. However, a survey design could be utilised as a way to accrue more participants, although it may not provide the in-depth concepts that this CGT produced. Furthermore, focus groups could have been used in order to create more of a conversation, prompting others' experiences and gaining insight into similar themes for participants. Again, the depth of knowledge obtained may have been conflicted in this situation – even more so when we think about the stigma that female veterans perceive and how participants may feel inhibited when discussing their issues freely, as opposed to those who have the opportunity to discuss them on an individual basis.

Timing of the research was pertinent for recruitment. For example, the new ground close combat ruling which was coming into scrutiny was in the forefront of the media. This meant that discussions around the topic were extensive at the time. This may have resulted in a larger amount of participants coming forward to engage with the research. If future research were to be done, it may be worth considering the impact

social media has on research and the timing of when research is advertised. For example, at the time of this research, the GCC had a large media coverage which may have influenced how participants spoke about their experiences, maybe passions were high or they were more aware of the impact of say, the GCC on females. Likewise, as technology develops, there are more ways of reaching out to participants. One example could be the creation of an online survey to complete, which could be sent out further within the UK which could invite a wide range of participants.

6.3 Limitations

Aligning with its constructivist nature, this study would not be complete without reflecting on its limitations, which is essential given the reflexivity component of grounded theory. The homogenous sample could constitute a study bias due to its 'opt-in' approach, as opposed to 'opt-out'. Drawing from an already minority sample size, the participants could have possibly been more affected by their experiences, so more driven to tell their stories, in contrast to those who transitioned without many issues. Therefore, the sample could be skewed in relation to participant experiences. As it stands, all have mental health issues with some struggling to adjust more than others, which could be an indicator that the self-selecting aspect of the study meant a certain type of data was only ever going to be analysed. That said, the advertisement went out once, and had a return of 29 participants. That said, advertisements to recruit participants specifically requested both positive/negative and neutral experiences in order to generate comparisons. Furthermore, all participants replied through social media (Facebook). This possibly cuts out a substantial proportion of those not on social media (including Twitter and LinkedIn), and so would have relied on word of mouth from service and community board advertisements. Yet recent internet use among women aged 75 and over has almost trebled since 2011 (Office for National Statistics, 2017), showing more older

generations partaking in online social media. This study also found that females are less likely to identify as veterans, which could constitute as a limitation due to the researcher identifying women in the Forces as 'female veterans'. Therefore, these factors may have had an effect on reducing the size of the sample population.

The age of the participants ranged from 34 – 51, which reflects the absence of a younger generation or those who could be termed as Early Service Leavers. However, it could also demonstrate, in line with the findings, that mental health issues are delayed. Nevertheless, a wider age range of participants would have the potential to impact on the findings, with younger participants enhancing the quality and potentially bringing a different perspective to the study. Participant ethnicity was representative only of white, British females. The lack of inclusion of a diverse multicultural participant background would be seen as a limitation, particularly as the MoD recognises UK BAME (Black, Asian and Minority Ethnic service leavers residing in the UK) has increased in proportion compared to last year (MoD, 2016c).

A key limitation of this study is reflected within the debate around the PTSD diagnosis and predisposing factors. With that, it is insufficient to suggest that time spent in the Forces and on deployment are causal factors of PTSD. However, the aim of study was not to justify this notion, but rather to explore the wider implications. It was, however, found that several symptoms of PTSD were related to deployment (e.g. flashbacks). Post-traumatic growth was not made explicit in this study, however is an important concept to recognise. Again, this could relate to what has already been said, with the perception of potential participants not having adverse experiences and therefore feeling unable to contribute to the study.

The present study did not seek to replicate previous studies in the field, therefore the process of transition was generated from the rich data and developed to provide insight into female veterans' experiences. The study was unable to replicate further testing of the transition process developed from the data, which some grounded theorists suggest is part of the rigorous methodological quality of GT. However, given

the inductive nature of the study and time constraints, Strauss and Corbin (1990 p. 15) state that

It is very difficult in the social realm to set up experimental or other designs in which one can recreate all of the original conditions and control all extraneous variables impinging upon the phenomenon under investigation

Therefore, it would be difficult to replicate this study due to new insights being discovered and, in particular, the GCC ruling coming into force - which will potentially generate a significant body of new research.

6.4 Conclusions

In conclusion, this study has demonstrated gender-specific stressors that are experienced in the Forces, as well as post-Forces. This can lead to an interchanging transition between military and civilian environments, with safety-seeking being the driving force behind instability. Whilst some stressors are labelled more severe than others, such as the exposure to combat, they are less likely to be experienced as frequently as some of the other stressors, such as sexism and prejudice. Whilst many of the women have positive views of their time in the Forces, their transitions do not reflect this, with specific areas needing further improvements such as services being accessible, or the reporting of mental health problems to professionals.

The new ruling of women able to serve in GCC means women will be serving alongside their male counterparts. As of yet, mental health prevalence in UK women on the frontline is not known, although this study would suggest that those deployed to combat zones or not, still potentially face mental health conditions such as CMD and PTSD. It also suggests that these may be aggravated by additional stressors such as duties connected with being a primary caregiver, or the loss of a sense of professional camaraderie.

As mental health professionals, we will no doubt be seeing more female veterans in our services, so there is a need to identify specific requirements, as this study has attempted to do, in order to tailor such services. At present, there is only one specific female veteran charitable organisation in the UK. It is hoped that research such as this will highlight further unique needs of women, and not only promote gender specific services before and after the Forces, but by promoting social justice. Through these findings, it offers to stimulate further research and increase awareness of the effects of women deployed on operations.

Despite the adverse effects that female veterans encounter, the general consensus from female veterans that took part in this study was that they were glad of their time in the military. From having the opportunity to see the world to forming close unbreakable bonds with others, their experiences have been ones that will truly not be forgotten.

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APPENDICES

Appendix 1: Table of Terminology

ACT (Acceptance and Commitment Therapy)	Acceptance and Commitment Therapy - a form of behavioural therapy that uses acceptance and mindfulness strategies to help increase psychological flexibility
Burnout	A breakdown of psychological defences that are used to cope with intense stress involving emotional exhaustion
Civvy	Meaning 'civilian', a person who is not an active member of the military
CMD (Common mental disorders)	Common mental disorders comprise of different types of depression and anxiety causing emotional distress and interfering with daily function, but do not usually affect insight or cognition
Combat	fighting that takes place in a war/battle between armed Forces
Compassion Fatigue	A type of stress that results from helping or wanting to help those who are traumatized or under significant emotional duress. The capacity to react emotionally or take interest in others is compromised.
Core Conditions of Person Centered	The three core conditions – empathy, congruence and unconditional positive regard (UPR) which are used to facilitate Person Centered Therapy.
Early Interventions	By responding in the earliest period following specific trauma incidents. Early intervention is about taking action as soon as possible to tackle problems for service members and veterans before they become more severe, affecting their psychological health and wellbeing.
EMDR (Eye Movement Desensitisation Reprocessing)	Eye Movement Desensitisation Reprocessing, is a trauma-focused psychological treatment, altering the way traumatic memories are stored within the brain – EMDR makes it easier to manage distress.
EFT (Emotional Freedom Technique)	Is a form of therapeutic intervention that draws on various theories of alternative medicine including acupuncture, neuro-linguistic programming, energy medicine, and Thought Field Therapy.
Facebook	Online social media and social networking service
Frontline	The military line or part of an army that is closest to the enemy.
Frontline combat role	Also known as Ground Close Combat (GCC). Service personnel who are in a combat role and on the frontline. Up until recently, women have not been allowed on the

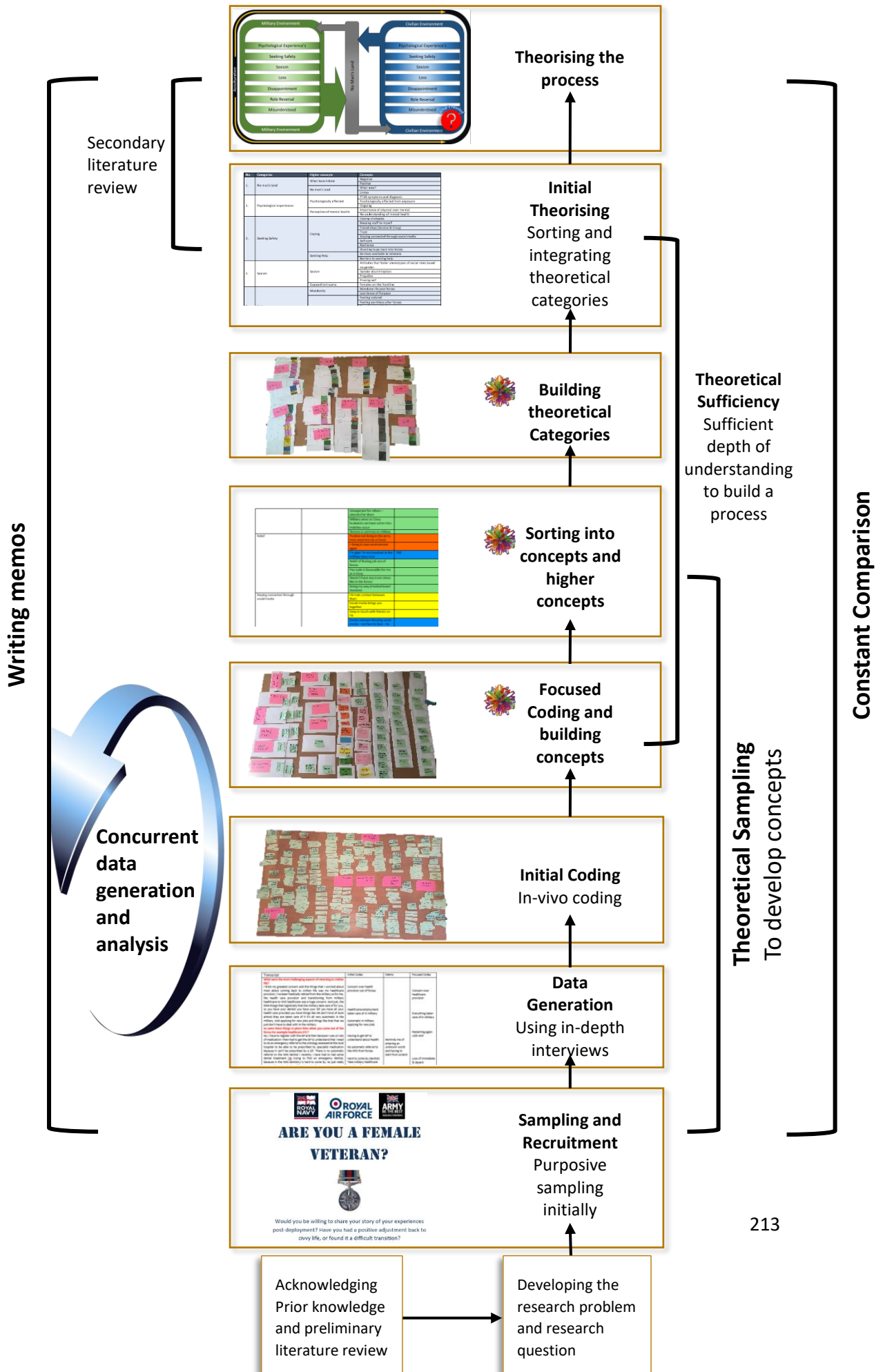
	frontline in combat, however this rule has recently been lifted in the RAF.
LinkedIn	Business and employment-oriented social networking service that operates via websites and mobile applications
MSki (Musculoskeletal Injuries)	Musculoskeletal injuries affect the human body's movement or musculoskeletal system (i.e. muscles, tendons, ligaments, nerves, discs, blood vessels, etc.). It is usually due to strenuous activity.
MST (Military Sexual Trauma)	Military sexual trauma refers to experiences of sexual assault, or repeated threatening sexual harassment that occurred while a person is in the military. It originates in the US but is not well known in the UK
MST Unit/Service	A unit/service which offers a specialised health service for victims of sexual trauma
NLP (Neurolinguistic Programming)	A branch of therapy and incorporates a set of language- and sensory-based interventions and behaviour-modification techniques designed to help improve self-awareness, confidence, communication skills, and social actions.
Operation(s)	When the Forces are actively engaged in operational duties across the globe. The work ranges from peacekeeping to providing humanitarian aid, from enforcing anti-terrorism measures to helping combat the international drugs trade
Pluralistic Framework	A form of therapy, based on a pluralistic perspective, which draws on methods from a multiplicity of therapeutic orientations, and is characterised by dialogue and negotiation over the goals, tasks and methods of therapy
Pre-enlistment Vulnerabilities	Pre-enlistment vulnerability is an important risk factor for ill-health in military personnel. It includes (but is not limited to); an escape from a difficult childhood or life situation, such as childhood abuse; attachment difficulties; poor childhood care-giving; or unhappy adoption; lack of adult role models; poverty; lack of opportunities; and deprivation
Prolonged exposure therapy	Prolonged Exposure (PE) is a type of trauma-focused therapy. By gradually approaching trauma-related memories, feelings, and situations, a decrease in PTSD symptoms can prevail
PTSD (Post-Traumatic Stress Disorder)	Post-traumatic stress disorder can be defined as the re-experiencing of an event, heightened arousal, avoidance, negative thoughts and mood or feelings.

Reservists	Civilians who train for the Forces alongside their civilian jobs. The Reserves provide support to the Forces at home and overseas, and throughout its history almost every major operation has seen reservists operate alongside their Regular counterparts.
Sexism	Verbal prejudice, stereotyping, or discrimination, typically against women, on the basis of sex, and the cultural elements that promote this discrimination. Given the historical and continued imbalance of power, where men as a class are privileged over women as a class, an important, but often overlooked, part of the term is that sexism is prejudice plus power (e.g. “you will never be good enough to be in the Forces because you are a women”)
Sexual Assault	Attempted rape, fondling or unwanted sexual touching or the torture of the person in a sexual manner. Forcing a victim to perform sexual acts, such as oral sex or penetrating the perpetrator’s body, penetration of the victim’s body, also known as rape.
Sexual harassment	Involves sexual advances, requests for sexual favours, unwanted sexualised actions. Crude behaviour including verbal and/or nonverbal behaviours of a sexual nature that are offensive or embarrassing (e.g., whistling, staring, leering, and ogling)
STAIR (Skills Training Affect Interpersonal Relationships)	A form of short term Cognitive Behavioural Therapy. Main goals are : reduce PTSD symptoms, improve emotion management skills and improve functioning in relationships
TF-CBT (Trauma Focused Cognitive Behavioural Therapy)	An form of evidenced based therapeutic intervention. The aim of TF-CBT for PTSD is for clients to learn techniques such as reframing strategies which helps to restructure trauma related irrational beliefs which potentially lead to maladaptive coping mechanisms and dysfunctional behaviours.
	Transferable skills are skills that have been acquired through learning/life in the Forces which can be applied to a wide range of different jobs or industries in civilian life. These skills become a part of an individual’s ‘tool kit’ which will be invaluable when securing future civilian employment. Examples include: Leadership, delegation, problem solving.
Transition	A process of changing from a serving member of the Forces to an existing member of civilian life

Twitter	Online news and social networking service where users post and interact with messages
Vicarious Traumatization	The cumulative transformative effect of working with survivors of traumatic life events. A natural reaction resulting from exposure to experiences and feelings of a traumatic event experienced by another person.

Appendix 2: A Constructivist Grounded Theory Process

Grounded theory processes and methods used to guide the current study (Adapted from Giles, 2015)



Appendix 3: Email Template to Services/Organisations

The University
of Manchester



Dear *(insert organisation point of contact staff)*

I am a trainee psychologist on the Doctorate in Counselling Psychology at the University of Manchester. As part of our professional training each student must undertake a piece of research, which is the reason for my contact.

I am currently recruiting Female Veterans to take part in a qualitative study. The current study has been presented to an academic review panel and has also been granted ethical approval from the University. It aims to explore the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments.

I would be grateful if you could email this poster to any service users you feel might be interested in taking part. Please feel free to print these off and display them on any noticeboards within your organisation. You may wish to suggest to those receiving the email to forward this on to others who might be interested in taking part in this study. Should you require any further information please don't hesitate to contact me on the details below.

Regards,

Gemma Jones MBACP MBPsS

Trainee Counselling Psychologist

gemma.jones-6@postgrad.manchester.ac.uk





ARE YOU A FEMALE VETERAN?



Would you be willing to share your story of your experiences post-deployment? Have you had a positive adjustment back to civvy life, or found it a difficult transition?

THEN PLEASE GET IN TOUCH

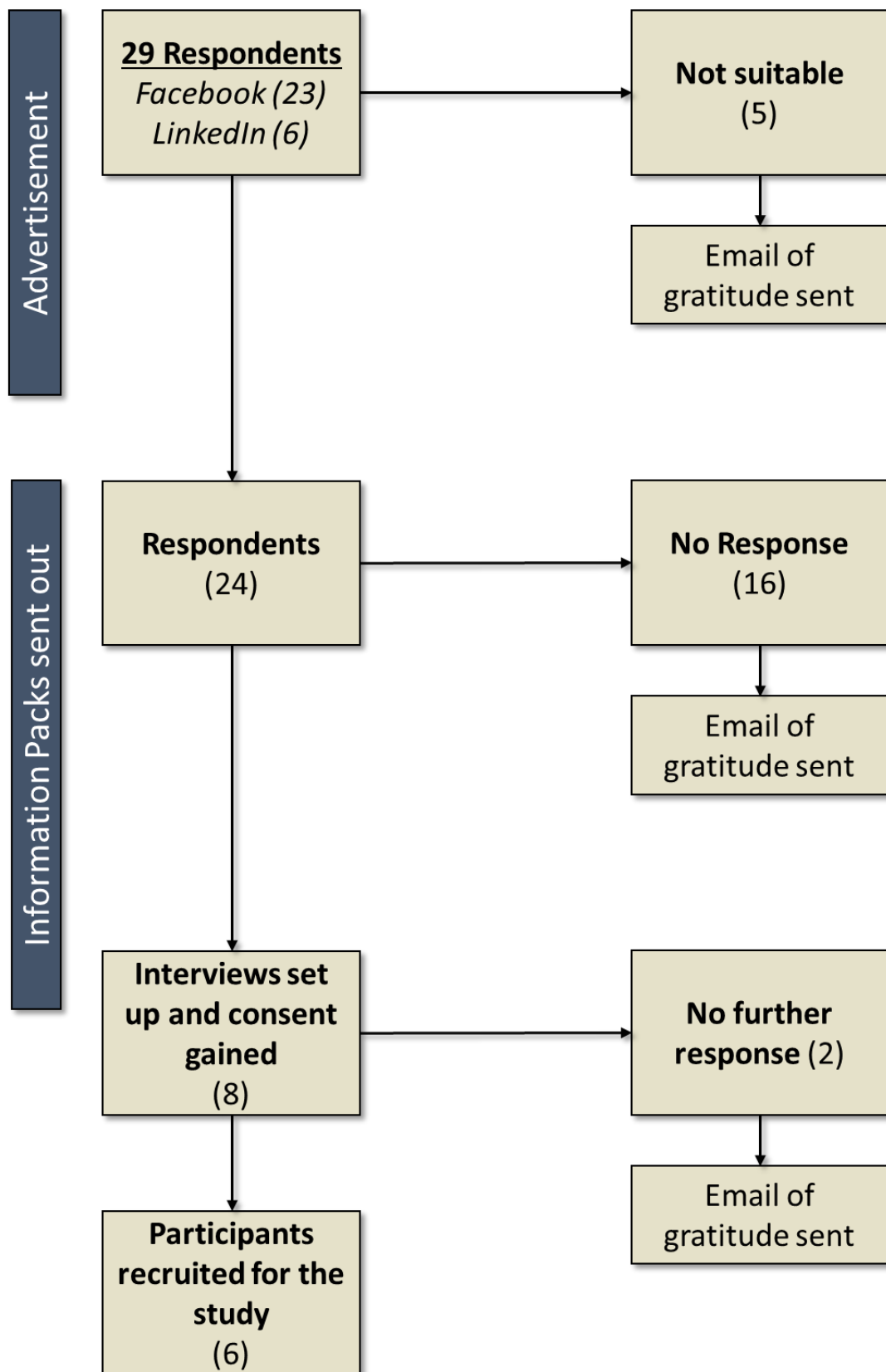
Email Gemma for more information

gemma.iones-6@postgrad.manchester.ac.uk



The University of Manchester

Appendix 5: Participant Recruitment Flow Diagram



Appendix 6: Participant Information Sheet



The University
of Manchester

Participant Information Sheet

16/10/2016 Version 2.

Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments

You are being invited to take part in a research study that is being conducted as part of my training as a student undertaking a professional doctorate in Counselling Psychology. Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Who will conduct the research?

The study will be conducted by Gemma Jones, a trainee counselling psychologist at The University of Manchester, Oxford Road, Manchester, M13 9PL.

Title of the Research

Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments

What is the aim of the research?

The aim of this study is to explore the experiences of female veterans/ female ex-service personnel post-Forces, finding out

- To qualitatively explore the stressors females experience which contribute to difficulties post-Forces
- To understand female veterans' transition processes when leaving the military upon entering civilian life
- To investigate what female veterans need/want for a better transition

For example, you may have felt supported by your family/friends post-Forces or you experienced negativity in civilian life that you would like to talk about more. Your experiences can be either positive, negative or neutral.

Why have I been chosen?

You have been chosen to participate in this study as you self-identify as a female veteran/ex-service personnel who fit the criteria for this study which are;

- You are a UK female veteran/ex-service personnel
- You have been deployed at least one or more times with the;
 - British regular Forces (Navy/Marines, Army, Royal Air Force)
 - Reserves
 - Early Service Leavers (ESL)
- And, are no longer a member of the Forces

What are the benefits of taking part in the research?

By volunteering as a participant, you may have the satisfaction of knowing that you are making a contribution towards the knowledge of female veterans well-being post-Forces, giving a personal insight which could further research and reduce stigma associated with service leavers. Once more, you may benefit personally from carrying out the interviews where you can talk about your experiences of your own well-being.

What would I be asked to do if I took part?

If you decide to take part, we will arrange a date/time suitable for you to tell your story about your experiences of being a female veteran/ex-service personnel(phone call or skype). This meeting will only be you and I, none of the other participants will be present. Our conversation will be audio recorded. The call should last for approximately 1.5 hours in duration. The interview will be a conversation about your experiences as a female veteran/ex-service personnel. There may be a request to follow up certain questions to enable more depth to certain areas, this will be carried out through telephone or skype interviews.

What happens to the data collected?

The audio recording of our conversation will be transcribed by the researcher and will be deleted after transcription. The electronic document containing the transcription will be kept on a password protected file and kept for a maximum of 5 years. Only the researcher will have access to the transcription. Some quotations may be used in the write-up of the research, but these will not be attributed to anyone in any identifiable way.

How is confidentiality maintained?

All efforts will be made to ensure that confidentiality is maintained. As mentioned above, the electronic data will be kept in password-protected files and there will be no identifiable information contained within the write-up of the report. You will be referred to as a participant in any written reports and any quotes used will be non-identifiable. These safeguards are in compliance with the University of Manchester regulations, the British Psychological Society and Health and Care Professionals Council on data protection and conducting ethical research.

What are the risks of taking part/what if I disclose secret information?

This study aims to explore your experiences of transition and what you feel is important for your well-being post-Forces. Therefore, the discussion will evolve around only your experiences, understandings, thoughts and feelings after you have left the Forces..

However, there is potential that as you share your experiences, official/secret/top secret information about your time in the services may be divulged unintentionally. Therefore it is important under The Government Security Classifications Policy that information which may possibly be classified as sensitive government data in the UK is not disclosed.

If at any point the researcher is aware of any classified information being shared at any stage of the study from yourself (official, secret or top secret) then the researcher Reserves the rights to comply with the Government Security Classifications version 1, 2013 (which can be found attached to this information pack). This will involve terminating the interview and handing over any audio recordings to the government officials. The consequences will then be individually assessed by the government officials which will be out of the researchers control.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you do, you will be asked to sign a consent form (see attached). If you decide to take part you are still free to withdraw at any stage without giving a reason.

What if I become upset?

A distress policy has been formulated in the instance where you may feel that the interview is causing you distress. The researcher will ask questions such as “are you OK to go on” or “would you like a break”. You also have the right to terminate the interview, where you decide what happens with the data. If you feel you need to speak to someone about the experiences you have brought up, there is a debrief sheet with a list of organisations that you can contact for support. The researcher will offer this to you.

Will I be paid for participating in the research?

No. There is no financial incentive for this research.

What is the duration of the research?

The duration of the research that you will be involved in, if you decide to participate, will be an initial first interview that will last for approximately 1.5 hours. Due to the nature of the analysis – further interviews may be followed up.

Where will the research be conducted?

By Skype or a telephone call.

Who has reviewed the study?

All projects conducted by The University of Manchester that involve human participants in a way that might harm, disturb or upset them (however slight the possibility) or where they can be deemed to be in a vulnerable or disadvantageous situation, must receive approval from a recognised research ethics committee. Therefore, this research has gone through University Research Ethics Committees (URECs) of the University's Senate Committee and deemed appropriate for you to take part in the research.

Will the outcomes of the research be published?

The outcomes of the study will form part of a University thesis and there may be further publications in academic journals. Again information will be non-identifiable.

What if I want to complain?

If you would like to complain about the way the researcher has conducted the process at any stage, then please contact the research supervisor, Dr Terry Hanley whose details you can find under 'Contact for Further information' at the end of this participant information sheet.

What do I do now?

If you are satisfied with the information given and have read all the information pack, then please contact the researcher (Gemma Jones) via email to arrange a time, date for an interview. If you have any questions in the meantime, then please do not hesitate to contact the researcher by using the contact information given at the end of this participant information sheet.

Contact for further information

Researcher: Gemma Jones, Trainee Counselling Psychologist.

Email: gemma.jones-6@postrad.manchester.ac.uk

Supervisor: Dr Terry Hanley, Senior Lecturer in Counselling Psychology, at the University of Manchester.

Email : terry.hanley@manchester.ac.uk

Phone : 0161 275 8815

Please use the contacts above if you would like further information about the study. If there are any issues regarding this research that you would prefer not to discuss with the researcher or her supervisor, please contact the Research Practice and Governance Co-ordinator by either writing to 'The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093

Appendix 7: Government Security Classification Policy

MANCHESTER
1824

The University
of Manchester

Government Security Classification Policy

5/6/16 Version 2

This study aims to explore the experiences of female ex-service personnel and what you feel is important for your well-being after the Forces. Therefore, the discussion will evolve around only your experiences, understandings, thoughts and feelings post-Forces.

However, there is potential that as you share your experiences, official/secret/top secret information about your time in the services may be divulged unintentionally. Therefore it is important under The Government Security Classifications Policy (GSCP) that information which may possibly be classified as **sensitive government data in the UK is not disclosed**.

Relevant to the interview, the Government Security Classifications Policy states:

“EVERYONE who works with government (including staff, contractors and service providers) has a duty of confidentiality and a responsibility to safeguard any HMG information or data that they access, irrespective of whether it is marked or not, and must be provided with appropriate training.”

“It is not a statutory scheme but operates within the framework of domestic law, including the requirements of the Official Secrets Acts (1911 and 1989), the Freedom of Information Act (2000) and the Data Protection Act (1998).”

Cabinet Office, 2013

IMPORTANT

If at any point the researcher is aware of any classified information being shared at any stage of the study from yourself (official, secret or top secret) then the researcher reserves the rights to comply with the Government Security Classifications version 1, 2013. This will involve terminating the interview and handing over any audio recordings to the government officials. The consequences will then be individually assessed by the government officials which will be out of the researchers control.

However, this piece of research will only be about your experiences of wellbeing post-Forces and how you have managed through your own transition.

Further information can be obtained online from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251480/Government-Security-Classifications-April-2014.pdf

With the above in mind, I would ask you to carefully consider whether you still wish to take part in the study after reading the Government Security Classification Policy.

Appendix 8: Participant Checklist

Thank you for your interest. If you wish to take part in this study then please check that you are eligible by meeting the below criteria. If you feel you do not meet the below criteria then you can simply let me know when we make contact.

Criteria	
1) I am a female veteran/ex-service personnel	
2) I have been deployed* at least one or more times with the;	British regular Forces (Navy/Marines, Army, Royal Air Force)
	Reserves
	Early Service Leavers (ESL)
3) I am no longer a member of the Forces	

** Deployment involves a period of duty away from home base, and to an operational (not training) assignment*

Appendix 9: Participant Consent Form



The University
of Manchester

Consent Form

5/2/16 Version 1

Understanding the well-being of UK female ex-service personnel: A Qualitative Exploration

If you are happy to participate please complete and sign the consent form below:

	Please Initial Box
1. I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information, ask any questions and have had these questions answered satisfactorily	
2. I confirm that I have read and signed the relevant section of the Government Security Classifications Policy	
3. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason	
4. I understand that the interview will be audio recorded and transcribed	
5. I agree to the use of anonymous quotes in any write-up	
6. I agree that any data collected may be published in anonymous form in academic books or journals	

I agree to take part in the above project:

Name of participant	Date	Signature

Appendix 10: Participant Opt Out Email

The University
of Manchester

MANCHESTER
1824

Dear *(insert participant name)*

Thank you for your expressed interest in receiving further information for the following research:

Understanding the well-being of UK female ex-service personnel: A Qualitative Exploration

As I have not received further contact from yourself, I am assuming you have taken the decision not to take part in this study.

Please accept my sincere thanks in making contact regarding this study and for the time you have invested so far.

Best Wishes,



Gemma Jones MBACP MBPsS

Trainee Counselling Psychologist

Gemma.jones-6@postgrad.manchester.ac.uk



Appendix 11: Data Management

Confidential and safe spaces were sought after in the first instance for one-to-one interviews and The University of Manchester lone researcher policy and buddy system was adhered to. Interview audio recordings collected were transcribed simultaneously by listening to and then recording onto an iPhone using the 'text-to-speech' feature, removing/replacing any data which identifies the participant. The transcripts were kept on a USB stick which was encrypted with a password only known to the researcher. Any contact details were stored on the stick. Paper forms of contact details or transcripts were kept in a locked safe where only the researcher had access to. Once the thesis is complete all contact details or information which may identify the participant will be destroyed. The transcripts and the data collected will be stored for 5 years which will be transparent to the participant throughout the research process.

All efforts will be made to ensure that confidentiality is maintained. As mentioned above, the electronic data will be kept in password-protected files and there will be no identifiable information contained within the write-up of the report. Participant names will be replaced by a pseudonym of their choice allowing any written reports and quotes to be non-identifiable. These safeguards are in compliance with the University of Manchester regulations, Code of Human Research Ethics (BPS, 2014) and Standards of conduct, performance and ethics (HCPC, 2016), Furthermore, data protection and conducting ethical research was managed according to the Data Protection Act 1998.

Appendix 11: Interview Schedule

The nature of the semi-structured interview will be a changing interview because of the theoretical sampling involved in the Grounded Theory method

Greeting

- 1) Thank you for agreeing to be a participant
- 2) Run through brief research thesis i.e. what is it about, what I hope to gain
- 3) Ask if happy to continue
- 4) Any questions before we start

Main body

I am interested in your experiences after the services in particular your own personal well-being including:

- How do female veterans manage their well-being when coming out of the Forces?
- What do female veterans feel they need/want for their well-being after the Forces?
- What priorities do female veterans feel are important for the well-being of female colleagues when they leave the Forces?

There are no right or wrong answers; you are the expert in your experience. I would like to hear what helped and what may have hindered your transition

Questions are in no particular order. Conversation will be person-centered, free-flow style.

Initial semi- structured interview to Include broad topics relating to

- **How do female veterans manage their well-being when coming out of the Forces?**
 - How was the transition from the Forces to civilian life?
 - How has the adjustment been?
 - Did you find your well-being was affected at all?

- Has anything surprised you about adjusting?
- What helped you manage your own well-being? How?
- **What do female veterans feel they need/want for their well-being after the Forces?**
 - How well supported did you/do you feel (friends, family, colleagues, Forces, government)
 - What helpful aspects did you feel were helpful for your well being?
 - Was there anything that you felt would have been beneficial for your well-being? What were these?
 - What about organisations? have you joined any services or clubs?
 - If you used any of the above how did they help?
- **What priorities do female veterans feel are important for the well-being of female colleagues when they leave the Forces?**
 - What is most important for your well-being?
 - Do you feel you saw yourself or other female veterans whom could have benefitted from further support? If so, what would that be?
 - Would you like to see more from Family, Friends, Colleagues, Services/organisations? In what way?
 - Would you change anything/do anything differently for your well-being?

Topics will be incorporated into Kvale's (1996) 9 types of question;

1. Introducing questions

How will you get the interview started? If the interview is opened well and the interviewee speaks freely, then the remainder of the interview can be spent clarifying and following up on any interesting points raised.

- *'Can you tell me about....?'*
- *'Could you describe in as much detail as possible.....'*

2. Follow-up questions

These questions are used to extend the interviewee's answers to previous questions. The trick is to listen to what is important to the interviewee but to keep in mind your research questions at all times.

- *'Could you expand on that point?'*
- *'You mentioned that....how did you feel about it.'*
- *To follow on from a point the interviewee has made you do not necessarily have to ask a question. A nod, 'mm' or even a pause may indicate to the interviewee to carry on.*

3. Probing questions

The interviewer probes the content of the interviewee's answers but without giving away which parts of the answers are to be taken into account.

- *'Do you have further examples of this?'*
- *'Could you say something more about that?'*

4. Specifying questions

The interviewer asks questions that will allow them to gain further information about a particular aspect of the interviewee's answer.

- *'What did you think then?'*
- *'How did your body react?'*

If the interviewee has given fairly generalised answers, a specifying question could be used to personalise the answer.

- *'Have you experienced this yourself?'*

5. Direct questions

The interviewer asks very direct questions, often used in the later parts of the interview.

- *'Have you ever suffered a mental health problem as a result?'*

- *'When you mention your group therapy being important, do you think it was being around old friends that was more important?'*

6. Indirect questions

The interviewer asks projective questions. Care should be taken to ensure that the answer is interpreted correctly in this situation. Further questions may be required to determine exactly what the interviewee means.

- *'How do you believe the NHS has supported you so far?'*

In this instance you would need to determine whether the female veterans answer refers directly to the attitudes of the NHS or indirectly to their own attitude.

7. Structuring questions

The interviewer needs to ensure that those areas relevant to the research question are covered during the course of the interview and can use questions to structure the interview accordingly.

- *'I would now like to introduce a new topic: ...'*

The interviewer should also consider politely breaking off long answers if they become irrelevant to the research questions.

8. Silence

Silence can be a useful tool in furthering the interview. It allows interviewee's a chance to reflect on what has been discussed. They may then be able to offer more information.

9. Interpreting questions

How or to what degree you interpret a question may involve rephrasing the answer and putting it to the interviewee or attempting to clarify their answer.

- *'You mean that ...?'*
- *'Is it correct that you feel that ...?'*

Endings

Any further comments?

It is important that the participant is in a 'safe' place to end the interview. Although I am a qualified therapist it will not be in my research role to take on clients nor give them therapy, therefore the debrief sheet will contain a list of appropriate numbers and contacts for them to contact if they feel they are having difficulties from the interview.

send out debrief sheet with contact numbers on for help.

Thank participant, remind them they have my contact details if they have any further questions about the **research only**.

*****In the instance that the participant is distressed, use the distress policy*****

Appendix 11.1: Distress Policy

Distress Policy

The researcher will note the participant's general level of functioning when they first meet the participant in order to establish a baseline against which to recognise signs of distress.

1. First indication of distress. Report to Dr Terry Hanley (supervisor) any indications of distress during the interviews. The supervisor will then report to the committee at conclusion of the study.

Has the interview been curtailed because the participant became distressed? Yes/No

If yes:

- a) Explain that it is our policy not to send participants away from an interview feeling distressed because of the research process.
- b) Ask the participant if they have any comments or questions about the study.
- c) Invite participants to talk about their concerns or low mood, and listen with empathy.
- d) Can another meeting/interview be scheduled after a break of a week?

If no:

- a) Has the participant indicated why they are unhappy, anxious, or despondent with the way the research process is going?
- b) Ask the participant if they have any comments or questions about the study.
- c) Invite participants to talk about their concerns or low mood, and listen with empathy.

d) Would the participant like to take a small break before continuing with the interview? *Offer participants some refreshments (i.e water)*

2. Second Indication of distress. Report to Dr Terry Hanley, who will report to the committee at the conclusion of the study.

a) Reiterate that the participant can decide not to continue with the research at any point.

b) Verbally repeat the participant information sheet, pointing out what the research is about and what I am asking of the participant, also reiterate the research supervisor's contact info.

c) Invite participants to talk about their concerns or low mood and if they attribute to the study, suggest that they contact an organisation/helpline from the debrief sheet (Appendix H)

d) Think about if/how research design or interview topic guide need to be amended. Discuss with supervisors.

3. Third indication of distress. Report to supervisor, who will report to the committee at the conclusion of the study.

a) Invite participants to talk about their concerns or low mood.

b) Point out Dr Terry Hanley's contact details for communication with him

c) If they are in a low mood that they attribute to the study, refer them to other spaces they could seek counselling such as their family doctor or in the case of sever distress the A & E department.

e) Debrief the participant and discontinue the research process.

f) Think about if/how research design or interview topic guide need to be amended. Discuss with supervisors.

Appendix 12: Theoretical sampling interview process example

Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6
Florence	Jo	Jenny	Tanya	Paige	Jadze
Healthcare	Society	Transferable skills	Isolating	Guilt	Proving
Military bubble – Civvy bubble(?)	Coping strategies	Trivialities	Loss of military provision	Grief process	Identity
Community	Lack of prep for civvy street	More susceptible to mental health	Unappreciated	Diff between officers & general	Guilt
PTSD experiences	Vocation	Defeminised	Proving		
Let down	Identity	Accessibility to services	Society's perceptions		
GCC ruling	sexism	Medically Discharged			
Reverse roles	Limbo				
Uncertainty					
Compassion fatigue					

The themes above show an example of theoretical sampling where previous responses from the interview influence themes in the next interview. You will notice a pattern of dilution as the interviews take place due to theoretical sufficiency.

Appendix 13: Journal entry of Preconceived Ideas

Preconceived Ideas – Demeaning, anger, disgust, black humour, society, holding back

Participant is talking about black humour. The word demeaning is coming up. Its coming up because this is what was found in my systematic review. But it was found that anger was demeaning for women, not black humour.

What is going on?

The way the participant is speaking about it – it's like its unacceptable to talk with black humour as society thinks it's disgusting. Is it disgust? Or does society frown upon it? Or does society just not understand. The participant feels as though she is holding back – when people hold back is it sometimes through fear, of what others will think of them. The link is not with feeling demeaned, there is a grapple between the participant and society.

What is the link here? Society and veteran – how the veteran feels misunderstood. The veteran feels as though society misunderstands their black humour and so feels she has to hold back.

In this example of preconceptions – it is clear that the researchers preconceived ideas from a systematic review were at the forefront of her mind. Considering questions about the ideas meant she was not quick to label the concept as 'demeaning'. She questions the knowledge around it, including the researchers perceptions on what is going on for the participant. This example in fact became a theoretical category 'misunderstanding'

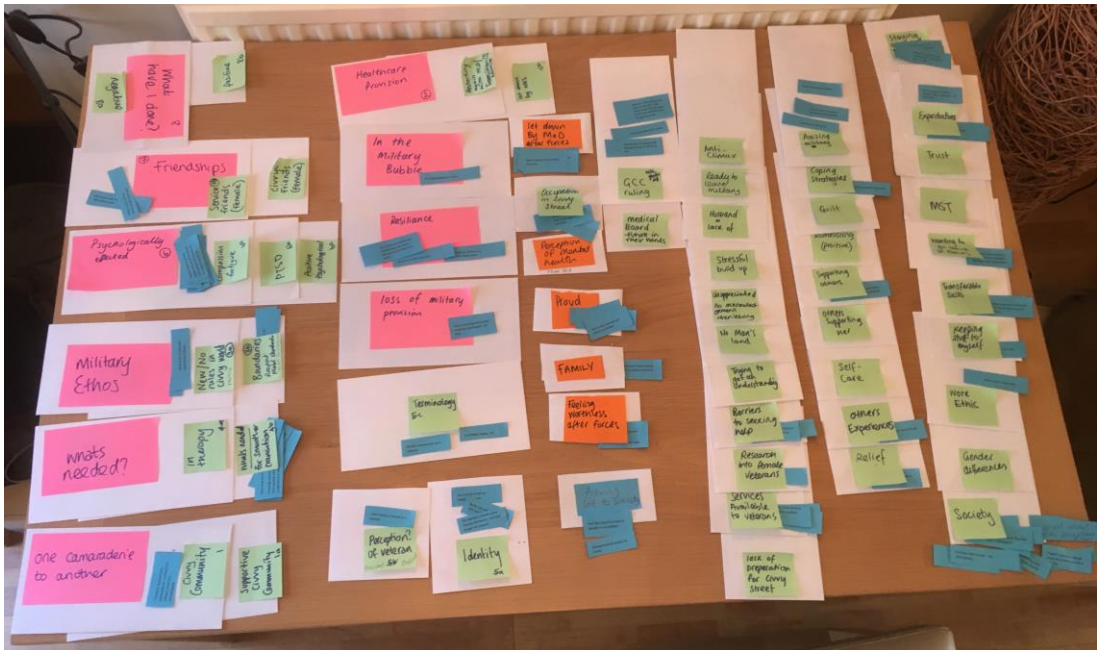
Appendix 14: Initial coding example

This extract from Paige’s interview demonstrates focused coding. Some grounded theories opt for line-by-line coding, however the researcher tried both ways (line-by-line and chunking/segments) and found segments to be more beneficial and less repetitive. It also highlights how the researcher grapples with the data, asking questions around it/about it/through etc as Charmaz (2014) suggests.

Transcript	Initial Coding
<p>Somebody with a bit more understanding it sounds?</p> <p>Yes. I'm not entirely trusting because you do get told that you're supposed to get A priority treatment and I don't trust that it happens I think it's very much GP dependent on how much the GPs know and how much they understand and if they don't have the population of veterans through asking them the questions and there is probably no reason for them to know the answers.</p> <p>And a veteran themselves doesn't know or they don't understand what the system is then they would not have an idea. I don't know the system properly but I do have phone numbers that I can contact to try and find the answer.</p> <p>There was meant to be a veterans gateway service where you can just go online and type it in and I haven't been on it yet but it's about signposting to a charity that can help them but I don't know how well it's working yet and is quite new. How many of them actually no it is there again is a different story. It's all very well having something but if people don't know it exists then the year.</p> <p>did the MOD help with signposting?</p> <p>No. There is the service personnel for the veterans Association but I think the help from the MOD deals with things like financial Side of things like pension. So if you've got a problem with your pension you can go to them but they don't deal with anything like mental health.</p>	<p>NHS professionals need more understanding of how to deal with ex-forces</p> <p>Let down</p> <p>More needs to be done for GP's to understand ex-forces (not their fault if they don't see many veterans)</p> <p>What's needed</p> <p>Veterans don't know the health care system – not informed how it works – even after 5 years.</p> <p>[Do they just fall through the net, get left behind in the healthcare system?]</p> <p>It's all very well having veterans services out there – but no one knows they exist</p> <p>New advances in technology beginning to show maybe?</p>

<p>Would you like to see anything like that around for you or others after leaving The forces – something that is associated with the MOD?</p> <p>Yes I would, because I think there probably is the bit where a lot of the time the stories that get back or if people don't have the background experience of understanding how the military works and the mod and whatever else then you've kind of got to explain your background before you can actually even get to them or what you're experiencing.</p> <p>So you're saying it would be much better if somebody had been through these experiences themselves?</p>	<p>MoD didn't help with sign posting for mental health (did with other things like finance and pensions)</p> <p>Would like to see more professionals who have an understanding of the forces and experiences</p> <p>What's needed - End up having to repeatedly explain terminology to non-forces professionals</p>
--	---

Appendix 15: Focused Coding Example



The above demonstrates how Tanya's initial codes are being compared and integrated into focused codes. Near the bottom (centre) of the picture is a new focused code (Blue envelope) which was developed from theoretical sampling of Jadze data (participant before). Participants have maintained their colour codes throughout the study for ease of identification. Below shows the completion of focused coding.



Appendix 16: Memo Example

I often worked simultaneously with memos and preconceived ideas as sometimes they needed to be separated. The below demonstrates Florence's extract with the start of the theme which we now know as the Military and civilian environments. The idea that there were two environments from which to build upon was a fundamental step. It was carried forward through theoretical sampling and constructed by both participant and researcher.

Transcript	Memo
<p>and walk round the workplace and stuff like that and they come and have tea and coffee with us and they imbed themselves in our world. I suppose at the University there would be a welfare services with a counselling service maybe.</p> <p>And if you did go and see somebody, would you prefer to see somebody who has been in the services rather than somebody who has not?</p> <p>Probably [laughs] , or I would want to see somebody who understood that, I understood the complexities of what being in the military is all about.</p> <p>How would you know?</p> <p>You wouldn't. It's weird isn't it. I don't know. Yet in years ago I did see a counsellor because I lost a brother to suicide and I remember going to see this counsellor and I went to see her for about 3 to 6 months and she was useless, it was probably the wrong style of counselling I didn't know there are different styles of counselling so I just went and I just kept going and sitting in this empty room with and looking at a Green wall thinking "where is this going?" [laughs].</p> <p>Do you think from that experience then that it has tainted your view of counselling?</p> <p>Yeah, it may have tainted my opinion of counselling and how it could've help me because she just kind of sat there quietly expecting me to talk for an hour and</p>	<p>Note how she describes "our world" even though she has left the forces there is still a very strong belonging.</p> <p>I wonder if it like 'This is our world (the military/veterans) and , civilian life is 'their (civvys worlds')?</p> <p>Definitely my own assumptions coming in here and feeling defensive – "<i>how would you know</i>"? I want to work with ex-service leavers so prob asked this question out of curiosity to see how I could 'fit in' to their world.</p>

I was just like "that's not how it's going to work I need somebody to get out of me because I don't know how to take this forward you have to help me process this, start me off", Pull the trigger and I will probably start and won't stop! Just tug on one nerve and it will go.

Military ethos – wanting to ‘do something’ – quick fix? Get it done and quickly? – none of this sitting in a room and talking about feelings?

Like a helplessness – or what is that?, wait – you have a client at the moment who has learned helplessness – is this your stuff?

Appendix 17: Ethics Committee Confirmation



The University of Manchester
Oxford Road
Manchester
M13 9PT
+44(0)
161 306
0100
www.manchester.ac.uk

Secretary to Research
Ethics Committee 1
Email:
katy.boyle@manchester.ac.uk

Phone: +44(0)161 275 1360

Ref: ethics/15574

Miss Gemma Jones
Manchester Institute of Education
School of Environment, Education and Development
University of Manchester
M13 9PL

Gemma.jones-6@postgrad.manchester.ac.uk

10 February 2016
Dear Miss Jones

Study title: Understanding the well-being of UK female ex-service personnel: A Qualitative Exploration (Ref 15574)

Research Ethics Committee 1

Thank you for attending the University Research Ethics Committee meeting held on 14th January 2016 to discuss the above study. I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application

form and supporting documentation, as submitted to and approved by the Committee.

This approval is effective for a period of five years. If the project continues beyond that period an application for amendment must be submitted for review. Likewise, any proposed changes to the way the research is conducted must be approved via the amendment process (see below). Failure to do so could invalidate the insurance and constitute research misconduct.

You are reminded that, in accordance with University policy, any data carrying personal identifiers must be encrypted when not held on a secure university computer or kept securely as a hard copy in a location which is accessible only to those involved with the research.

Reporting Requirements:

You are required to report to us the following:

1. [Amendments](#)
2. [Breaches and adverse events](#)
3. [Notification of Progress/End of the Study](#)

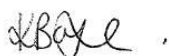
Feedback

It is our aim to provide a timely and efficient service that ensures transparent, professional and proportionate ethical review of research with consistent outcomes, which is supported by clear, accessible guidance and training for applicants and committees. In order to assist us with our aim, we would be grateful if you would give your view of the service that you have received from us by completing a feedback sheet

<https://survey.manchester.ac.uk/pssweb/index.php/197138/lang-en>.

We hope the research goes well.

Yours sincerely,



Katy Boyle
Secretary to University Research Ethics Committee 1

Appendix 18: Ethical Considerations

This study involved recruiting female veterans who have been deployed; potentially suffering traumatic experiences. As there is no criteria of female veterans having been in therapy or not, consideration must be taken into account about their experiences, and the possibility of bringing up these experiences leaving them in a vulnerable state. Therefore, this study complies with the BPS Code of Ethics and Conduct (BPS, 2009), the Code of Human Research Ethics (BPS, 2014), the Professional Practice Guidelines (BPS, 2005) and the Health and Care Professions Council (HCPC, 2016) guidelines on the Standards of conduct, performance and ethics for carrying out research. The following section describes how the study dealt with ethical considerations - incorporating guidelines above which consider ethical decisions and their applications in this study.

Autonomy includes freedom of choice, and it is important that all participants give informed consent, allowing the process to be as transparent as possible to eliminate any ethical issues that may arise. Detailed information forms were constructed which provided information about the study such as 'what will I be asked?', 'what will my data be used for?'. Furthermore, implications of engaging with the study were made clear, and any ethical issues relating to the study were detailed in the information sheet. This document also offered inclusion criteria, allowing participants to make an informed choice whether they were suitable for the study or not. The opportunity to withdraw from the study at any time with no adverse consequences was clearly addressed with the participant.

18.1 Classified information

The nature of the study involves ex-service personnel who have once been under the administration of the Ministry of Defence. The participants have the potential to reveal classified information. Under the Government Security Classifications published in 2014;

“Everyone who works with the government has a duty to respect the confidentiality and integrity of any HMG information and data that they access, and is personally accountable for safeguarding assets in line with this policy”

(Cabinet Office, 2013, p 3)

Although this is not a statutory scheme, it operates within the framework of domestic law, which includes the official Secrets Act 1989, the Freedom of Information Act 2000 and the Data Protection Act 1998. Therefore,

“EVERYONE who works with government (including staff, contractors and service providers) has a duty of confidentiality and a responsibility to safeguard any HMG (Her Majesty’s Government) information or data that they access, irrespective of whether it is marked or not, and must be provided with appropriate training.”

(Cabinet Office, 2013, p 5)

This study is about the experiences of female veterans’ wellbeing post services, when they are no longer in employment under HMG or Ministry of Defence (MoD). Interview questions will not be directed at experiences whilst in the Forces. However, it is near impossible for experiences to be recalled without reverting back to situations in the Forces as a way of bridging the gap between Forces environment and a civilian one. But, as stated, here we are talking about the disclosure of classified information – not personal experiences. Therefore, participants will be asked to sign a consent form adhering to the non-disclosure of classified information only (Appendix 7). The consent form also highlights the potentialities if classified information is disclosed, whereby the researcher Reserves the right to handover any classified information disclosed, to HMG. The researcher will make explicit the aims of the study and profusely reiterate that it is the experiences and understanding of wellbeing post services that the researcher is interested in. However as already

stated – experience in Forces which have led to psychological experiences post-Forces will not be discounted. Supplementary to its ‘high risk’ outcome within the Research, Risk and Ethics Assessment (RREA), participants will not be allowed to partake in the study unless the specific Government Security Classification Policy form has been fully consented to. This additional measure also ensures integrity, and adheres to ethical principles at a professional standard that the research follows.

It was highlighted throughout the recruitment process and before the interview that the researcher was only interested in experiences post-Forces. However, the researcher was aware that talking through experiences could bring up difficult emotions for the participant. An aftercare/debrief sheet was sent to the participant (Appendix 19) which listed a variety of helplines and organisations to contact if need be. In cases where the researcher felt the participant was getting too distressed, a distress policy was adhered to, with the interview being terminated if necessary. Only on one occasion was the distress policy used, whereby the participant felt able to continue shortly after. The participant’s wellbeing was of the utmost of importance; every aspect of the study ensured that appropriate care was taken of the participant throughout the duration of the research.

Interviews were arranged within the ethical guidelines. Although face-to-face interviews were preferred from a researcher’s stance, telephone interviews were utilised due to demographical and time constraints.

The interview questions were formed in a person centred manner, taking into account the sensitive content and the possibility of any unprocessed experiences that may be coming up for the participant. Confidentiality was a high priority. Once generic information was taken down (e.g. age, role, and duration of service), participants were given the opportunity to choose their own pseudonym, allowing all data to be unidentifiable.

18.2 Pre-enlistment Vulnerability

Another ethical consideration which was raised during the initial proposed study was pre-enlistment vulnerability of female veterans and how it might impact on the research findings. It has already been recognised that pre-enlistment vulnerability is an important risk factor for post- deployment veteran wellbeing in military personnel (e.g. Iversen et al., 2007; MacManus et al., 2011). Bearing this in mind, if the researcher were to screen all female veterans who acknowledged pre-enlistment vulnerability, this could have dramatically reduced the chances of the sample size. Given the already small population size, this would have been an unnecessary time consuming process. Therefore, the exclusion of participants with vulnerable backgrounds will not be included in the study. Instead, It was argued that all participants will have been on deployment away from home one or more times, indicating that at some point they will have had to transition back to civilian life as a veteran. It is therefore the experience of this transition that is the focus of this research. Furthermore, it may have become apparent that looking at the reverse side of the coin where personnel with pre-enlistment vulnerabilities had possibly improved through their experiences in the Forces, allowing them to experience a different kind of wellbeing management when out of the Forces. This ethical consideration acknowledges that pre-enlistment vulnerabilities are factored into the research, however were not the sole emphasis of the study.

Appendix 19: Debrief Aftercare information

Useful Information Services and Organisation Contacts			
Organisation	Phone	Email	Comments
 COMBAT STRESS THE VETERANS' MENTAL HEALTH CHARITY	0800 138 1619 24 Hour Helpline	contactus@combatstress.org.uk	
 ssafa Lifelong support for our Forces and their families	0845 241 7141 or 0207 403 8783 from your mobile	Fill out an online form	
 GIG Cymru NHS WALES VETERANS WALES	029 2074 2062 Wales Only	Fill out an online form	Referrals only from: Health staff, GPs, veteran charities, self-referrals
 C.A.L.L. HELPLINE 0800 132 737 Text: help to 81066 www.callhelpline.org.uk	0800 132 737 Text: help to 81066 Wales Only	Phone only	
 Veterans UK Ministry of Defence	Freephone (UK only) 0808 1914 2 18	Veterans-uk@mod.uk	Variety of help including urgent help, benefits, Welfare service, compensation schemes
 SAMARITANS	0845 90 90 90 (UK) 116 123 (ROI)	jo@samaritans.org	24 hours a day, 365 days a year
 Rethink Mental Illness.	0300 5000 927	Fill out an online form	Advice service offering practical help
 mind for better mental health	0300 123 3393 or text 86463	info@mind.org.uk	We can help you make choices about treatment, understand your rights or reach out to sources of support.
 CAIS Your First Choice for Detox & Rehab	0845 06 121 12	enquiries@cais.org.uk	Drug and alcohol rehabilitation centre
 NHS	Personal GP Surgery	Personal GP surgery	Your GP surgery will be able to help and refer you

Appendix 20: Theoretical categories with their concepts

No.	Theoretical Categories	Higher concepts	Concepts
1.	No man's land	What have I done	Negative
		No man's land	Positive
			What now?
2.	Psychological experiences	Psychologically effected	Limbo
			PTSD symptoms and diagnosis
			Psychologically effected from exposure
		Perception of mental health	Ongoing
			Importance of physical over mental
3.	Seeking Safety	Coping	No understanding of mental health
			Coping strategies
			Keeping stuff to myself
			Friend ships (Service & Civvy)
			Trust
			Staying connected through social media
			Self-care
		Seeking Help	Resilience
			Wanting to go back into forces
			Services available to veterans
4.	Sexism	Sexism	Barriers to seeking help
			Attitudes that foster stereotypes of social roles based on gender
			Gender discrimination
			Prejudice
		Exposed to trauma	Proving self
5.	Loss	Mundane life post - Forces	Females on the frontline
		Military bubble	Lost Sense of Purpose
			Feeling isolated
			Feeling worthless after forces
			Transferable skills/loss of career
			Losing a sense of belongingness
			Loss of military provision
			Loss of Healthcare provision
One camaraderie to another			
6.	Disappointment	Feeling Let down	Let down by MoD in forces
			Medically discharged
			Lack of preparation for Civvy street
			Let down by MoD after forces
			Demeaned
		Devalued	Let down by NHS
			Unappreciated / no acknowledgement when leaving
7.	Role reversal	Identity	Proud
			Femininity
			Being a main caregiver
			Guilt – leaving family behind
			Terminology
Perception of veteran			

			GCC ruling
8.	Misunderstood	Society	Black Humour
			Proving Self
			Expectations
		Culture Shock	Work ethic
			Military Ethos
9.	What's needed	In therapy	Therapist Understanding
			Services Available
		For a smoother transition	Transferable Skills
			Social Groups