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Chapter 4: Roles and challenges of women in the military

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Even though women have been part of the U.S. military since the inception of the nation, they have only recently become part of the fighting force fully exposed to combat and subject to the trauma of battle, and more likely to suffer some of the psychological concerns that have impacted male soldiers and their families. However, because of specific differences due to gender and the way women may experience being in the military, their needs for counseling and treatment will be different. This chapter will outline the basic demographics of women in the military, their changing role in the Department of Defense (DOD,) and conclude with a description of the women Veteran population. The purpose of the chapter is to give the reader a brief overview of the women who serve in the military and the challenges they face to better understand their needs when providing psychological services.

Women have been a part of the U.S. Armed Forces since the inception of the military, initially participating by disguising themselves as male soldiers during the American Revolution and Civil War, and eventually participating as formal members of the Army Nurse Corps in 1901. However, it was not until the passage of the Armed Services Integration Act of 1948 that women became a permanent part of the U.S. military. From the end of World War II to the early 1970s, women's participation in the forces was restricted to 2% of the military population. As it became evident by the late 1960s that the manpower demands in the Armed Forces needed to be reassessed, the numbers and extent of women's involvement, degree of militarization, and integration into the services changed and expanded dramatically. The 2% restriction on women in

the military was lifted with the 1967 modification to the Women's Armed Services Integration Act which also opened senior officer ranks to women. Women now comprise one of the fastest growing segments in the military, and currently constitute over 14% of the military. Several factors resulted in the increased number and role of women in the military after 1973, including an attempt by the DOD to offset the drastic drop in the number of male recruits (following the switch from conscription to an all volunteer force) by increasing recruitment and retention of women, the 1970s movement for women's equal rights that led to demands for equal opportunity in all fields including defense, and the expanding role of women in society as more women entering into the paid labor market. Most recently, the presence of women in combat zones during Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) is unprecedented both in terms of the number of women deployed and the nature of their involvement during deployment. Anticipated critical changes in DOD policy regarding the role of women in the forces will likely lead to their increased future presence in combat operations on the front lines.

Demographics of Women in the Forces

The number of women in all branches of the U.S. military has been steadily increasing since 1973. The percentage of Active Duty women increased from 11% in 1990 to 13.6% by 1997, and then to 14.5% by 2011. In 2010, 203,695 women were in the Active Duty forces compared to 1,213,675 (85.6%) men. During the same year, women were 17.9% (153,071) of the Reserve Component compared to 82.1% (704,186) men. The number of women service members that were discharged from the military since

September 11, 2001, now comprises 21% of all living women Veterans, whereas the proportion for men is 9.9%.

Currently, women represent a larger proportion of deployed U.S. military forces than ever before, comprising 10% to 20% of forces deployed in support of OEF/OIF, equaling nearly 300,000 deployed female troops from 2003 to 2013. In future U.S. military operations, female involvement in combat zones is likely to increase following the January 2013 DOD decision lifting the official ban on women in combat and combat units. Overall, a smaller number of women than men serve in the military, but a slightly greater proportion of women are commissioned officers (17%) as compared with the proportion of men who are officers (15%). This is especially true for the Army, where 18% of women are commissioned officers compared with 13% of men. The proportions of commissioned officers in the Air Force, Navy, and Marine Corps, however, are close to equal among men (10%) and women (9%).

The demographics of women who serve in the military is different from the men and from the civilian female population in general, with the female force more racially diverse than the male. More than 31% of military women are black, almost twice the proportion of active duty men who are black (16%) as well as more than twice the proportion of civilian women ages 18-44 who are black (15%). In addition, more women than men in the Active Duty force are of mixed racial background or some other minority race. The proportion of women and men who are Hispanic (13% and 12%, respectively) in the armed forces is similar, although the proportion of military women who are Hispanic is smaller than the proportion of Hispanic women in the U.S. general population (16%). However, the number of Hispanics enlisting in the Active Duty force each year

has risen significantly over the last decade and has become a major source of new recruits. In 2003, Hispanic women and men made up 11.5% of the new enlistees to the military; just seven years later, in 2010, they made up 16.9% of enlisted accessions with no prior service. While 71% of Active Duty men are white (including white Hispanics), only about half of Active Duty women (53%) are white. The share of white women in the military is also significantly smaller than their proportion in the civilian female population aged 18-44 (78%).

While military women's marriage rate is the same as that of their civilian counterparts (46%), men in the military are much more likely than civilian men to be married. Fully 58% of men in the Active Duty military are married, while only 48% of civilian men ages 18-44 are married. Among Active Duty women who are married, a striking difference arises between military women and men: almost half of all married military women (48%) have wed a fellow service member, while the proportion of military men in dual-military marriages is only 7%. In addition, Active Duty women (12%) are more likely than Active Duty men (4%) to be single parents.

Changing Role of Women in the Forces

Before 1973, over one-third of women in the forces served as nurses or in other health-related jobs. Since 1973, the percentage of military positions and occupations open to women increased in all services, allowing women more diverse choices in their military service. From 2001, women have increasingly engaged in military activities that were previously off-limits to them. Over 90% of military occupations are now available to women, an increase from an estimated 50% of Active Duty military positions that were

open to women in the late 1980s. Prior to 1994, and under the Risk Rule, DOD policy barred women from the battlefield to avoid risk of exposure to direct combat, hostile fire, or capture.

In January 1994, the DOD lifted the Risk Rule and replaced it with the direct ground combat exclusion assignment rule, stating that the DOD can assign personnel to all positions for which they are qualified in support units, except that women shall be excluded from assignment to combat units whose primary mission is to engage in direct combat on the ground. This essentially prevented women from positions in infantry, artillery, armor, combat engineering, and special operations units of battalion size or smaller. As a result, women began serving on combatant ships in the Navy and, in 1998 U.S. women aviators flew combat aircraft on combat missions for the first time during Operation Desert Fox in Iraq.

The DOD drafted the direct ground combat exclusion assignment rule at a time when the concept of the battlefield was more clearly delineated, characterized both by a front line, where direct contact with the enemy occurred, and relatively safer areas in the rear. However, as the first major military engagements necessitating a large number of ground troops since the change in policy, OEF and OIF were characterized by battlefield lines that were substantially less distinct and increasingly non-linear and fluid, with poorly defined forward and rear battlefield areas resulting in the exposure of women in support units to direct combat.

Since 2001, more than half of women service members reported being deployed, and of these, over half reported multiple deployments. Of the women deployed, approximately 42% indicated they had also been involved in combat operations,

compared to 58% of men. The nature of women's involvement and duties has changed significantly compared to prior war eras. For example, in addition to holding positions such as military police, convoy drivers, pilots, intelligence, and mechanics, women also had been serving in support positions that involved leaving military bases, assisting combat personnel, and coming under direct attack. Such positions and duties are likely related to OEF/OIF women Veterans' increased reporting of combat exposure relative to previous cohorts.

In January 2013, then Secretary of Defense Leon Panetta announced that the DOD would rescind the 1994 Risk Rule policy that had excluded women from serving in direct ground combat positions. As part of the new policy, the military services would review about 53,000 positions in combat units and 184,000 specialty positions that had been closed to women. These positions would be open to women who meet gender-neutral occupational performance standards, where qualifications will be assessed on the basis of performance standards without differential evaluation on the basis of gender. At the time of writing this chapter, DOD has not yet finalized the new policy and it is uncertain what the effect will be on women service members.

Attitudes to Service

In a Pew research survey of veterans, women's reasons for joining the military were not significantly different from men's. Female veterans say they joined to serve their country, receive education benefits, see more of the world, and gain job skills. However, more female veterans say they joined the military because jobs were hard to find (42% in contrast to 25% of men).

The combat experiences of female veterans differ from those of their male counterparts, however. Females are less likely to have served in combat and to have served with someone who was killed, and they are more likely to have never been deployed away from their permanent duty station. However, they are equally likely to have had emotionally traumatic or distressing experiences while serving, and their transition back into civilian life has been equally tough, including strains in their family relationships.

Female veterans' perceptions of the benefits of military service are generally positive, both personally and professionally. On a personal level, they are as likely as their male counterparts to say they have experienced the positive benefits of military service and to have appreciated life more since they were discharged from the service. Furthermore, an overwhelming percentage 97% (96% for men) say they feel proud of their service and 91% (compared to 92% for men) have had someone thank them for their military service. Female veterans see their service as useful in building their confidence and self-development, with 93% of women and men indicating their military experience was useful in helping them grow and mature as a person and, as a result, more than 78% of women say they would advise a young person close to them to join the military compared to 82% of men. Professionally, female veterans say their military experience has helped them to get ahead in life and feel the military was useful in terms of preparing them for a job or career (Pew, 2011).

While expressing highly positive attitudes about their service, women veterans are critical of the wars in Iraq and Afghanistan in contrast to their male counterparts. It is

noteworthy that the gender difference in attitude to the wars is not evident in the general population.

Sexual Harassment and Assault

The Tailhook convention in 1991 remains as one of the largest military scandals involving a rash of sexual assaults by male officers on women attending the conference. The military's social, cultural, and political climate towards women was called into question in the aftermath of the Tailhook scandal, and DOD began to address the issue. However, as opportunities for women in the military continued to grow, women's exposure to sexual harassment and assault increased. Women who deployed to OEF/OIF and were exposed to combat-like experiences had significantly greater odds of reporting sexual harassment or both sexual harassment and assault. This may be because women who experience combat while deployed are not only in more stressful and dangerous circumstances, but they may also find themselves in more traditionally male dominated environments compared with other deployed women.

Sexual assault of women in the military has become a major concern for the DoD and, in addressing these concerns, the Department established the Sexual Assault Prevention and Response program in 2005 to promote prevention, encourage increased reporting, and improve response capabilities for sexual assault. The DOD uses the Workplace and Gender Relations Survey of Active Duty Members to estimate the incidence of unwanted sexual contact in the services. The term *unwanted sexual contact* is defined as intentional sexual contact against a person's will or contact when the person did not or could not consent. The term includes completed and attempted oral, anal, and

vaginal penetration with any body part or object and the unwanted touching of genitalia and other sexually-related areas of the body.

In fiscal year 2012, the survey indicated that 6.1% of Active Duty women and 1.2% of Active Duty men experienced some kind of unwanted sexual contact in the prior 12 months. For women, this represents an increase over the 4.4% rate measured in 2010. In the same year, there were 3,374 reports of sexual assault from abusive sexual contact to rape involving Service Members either as victims or perpetrators. This represents a 6% increase over the 3,192 reports of sexual assault received the prior fiscal year, 2011. The 3,374 reports involved 2,949 Service member victims. In fiscal year 2012, the DOD Safe Helpline, the Department's confidential 24/7 hotline resource for sexual assault victims, received more than 49,000 unique visitors to its website and more than 4,600 individuals received specialized care through its online chat, telephone helpline, and texting referral services.

U.S. Women Veteran Population

Recent data have suggested that women are now 8% of the total veteran population, at 1.9 million women. In general, current demographics of women veterans, compared to previous cohorts, are likely to be younger, more ethnically diverse, and have fewer socioeconomic resources (Sorensen et al, 1994). In terms of military experiences, women veterans of today are much more likely to have experienced combat situations than those prior. Compared to older women veterans, it appears that younger women are less well educated and likely to earn less money (Stern et al, 2000).

In terms of women versus men, women with a service-connected disability (from an injury or illness at the time of military service) are now over 50%, which allows

lifelong care at a Department of Veterans Affairs (VA) facility. The women veteran population in general is notable for its younger average age than their male counterparts. Exposure to war zone stress for women in combat is currently at a rate similar to men. Post-deployment women veterans also tend to have symptoms of musculoskeletal injury and joint pain at higher rates than men likely because proportionally the weight of the heavy gear worn while deployed is heavier for women than for men.

Utilization of Services

It has been reported that there has been a rapid increase of women veterans using VA health care centers in the past 10 years, nearly doubling in numbers. Although historically more of a “male” institution, many VA medical centers opened clinics specifically for women in the early 1990s after a rise in need at the time of the Gulf War. The need for women’s specialty clinics increased even more with the recent OEF/OIF conflicts. Even with the many improvements in the VA system specifically for women veterans, there are likely gaps in treatment that make it difficult for women to get all of their care through the VA. For instance, many VA health centers still do not have specialty clinics for women’s reproductive needs or mammography. These gaps are likely to limit the utilization of VA for women veterans.

The literature on the utilization of VA healthcare for women is often tied to diagnostic categories, including military sexual assault, post-traumatic stress disorder, or more recently traumatic brain injury.

Trends in VA utilization among women veterans are consistent with trends in the demographics of the military at large. For instance, many VA healthcare system utilizers are now younger, with an average age currently of 40 years, as compared to an average

age in the 50s to early 60s prior to 1990. It is likely that younger women are also seeking care at VA facilities that have dedicated women's treatment services, although data to suggest this have not yet been computed. Additionally, from our experience, an increase in VA healthcare utilizers have likely occurred in treatment centers where women's clinics are on separate floors or with separate entrances, especially for mental health or sexual assault related concerns. The need for such privacy is highly relevant for all clinical settings given that women may be more likely to attain appropriate care if the situation allows them to feel less vulnerable.

In terms of the educational attainment of women VA utilizers, in earlier research it was documented that women were likely to have attended some college. This finding has held true for more current research. Marital status has changed somewhat, with former reports from the 1980s noting that almost twice the number of female VA utilizers compared with non-utilizers were married. More recent reports of marital status of VA utilizers revealed that there is only a slightly higher percentage of married women compared with divorced or separated who utilize the VA.

Many of the studies on the demographics of women VA healthcare utilizers have examined gender and diagnostic criteria as variables, including substance abuse, sexual assault, and psychiatric diagnoses such as depression and post-traumatic stress disorder (PTSD). Based on these current studies, on average, about one-third of the women VA utilizers had an alcohol problem. This finding was consistent with historical data suggesting a high rate of alcohol-related diagnoses in women VA utilizers as compared with non-VA hospitals. Additionally, in terms of current research and reports of sexual abuse, between one-fifth and three-fifths of women utilizing VA healthcare reported a

past history of sexual assault. About one-fifth to two-fifths of these female veterans also had been depressed. PTSD was also high amongst this population, as around 30% of them had combatted with PTSD and of this group, about 60% of those with diagnoses of PTSD were also substance abusers (Kimerling et al, 2013).

In our own studies on a large cohort of OEF/OIF veterans, we found that women VA health care utilizers with a positive diagnosis for traumatic brain injury (TBI) are 12.7% of the total number of those screened. This is lower than that for men. In addition, we have found that women with a history of a TBI present with symptoms different from those of their male counterparts and diagnoses differ (Iverson et al, 2011). For example, women were less likely to be diagnosed with PTSD and more likely to be diagnosed with depression or non-PTSD anxiety related disorder. When examining data from the screening measures, it appeared that women were more likely to self-report a higher severity of symptoms in all domains measured, including affective, cognitive, somatosensory and vestibular.

These research findings of differences in self-report of symptoms and diagnostic outcomes increase the need for gender-specific treatments. It is likely that treatments designed for the multiplicity of concerns specific to women would be more helpful in decreasing the magnitude of symptoms experienced by this cohort of young and educated female veterans.

Summary

This chapter reviewed the basic demographics of women in the military, their changing role in the DOD, and described the women Veteran population. The numbers

and extent of women's involvement, degree of militarization, and integration into the services has changed and expanded dramatically since the 1970s and the presence of women in combat zones during OEF and OIF is unprecedented both in terms of the number of women deployed and the nature of their involvement during deployment. Anticipated critical changes in DOD policy regarding the role of women in the forces will likely lead to their increased future presence in combat operations on the front lines. This has resulted in a rapid increase of women veterans using VA health care centers in the past 10 years. However, many women still choose to obtain care at facilities outside of the VA and it is important to understand the needs of post-deployment women veterans as they may differ from those of their civilian counterparts.

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