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Eastern Kentucky University

When they Came Home: Common Reintegration Issues and Interventions of Female Iraq
and Afghanistan Veterans

Honors Thesis

Submitted

In Partial Fulfillment

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Requirements of HON 420

Fall 2023

By

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When They Came Home: Common Reintegration Issues of Female Iraq and Afghanistan
Veterans

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Abstract

With the increasing support of women entering traditionally male occupations, more females are becoming part of the veteran population. Because of the increasing population of women veterans, it is important to investigate the problems and support services exclusive to women. Previous research is limited when looking at the female veteran population and their experiences. This study strives to uncover through a qualitative descriptive research design the common issues that the population from Iraq and Afghanistan face in their process of reintegration into society. Some of these problems include finding community, finding identity, toxic male dominance. This study also evaluates the resources and effectiveness of these resources for helping women dealing with reintegration issues. This qualitative study finds commonalities between experiences and interventions. The themes discovered include finding community, finding identity, male dominance, interventions, and mixed feelings about the VA. The data comes from interviews of personalized experiences of women veterans from Iraq

and Afghanistan living in the United States. The interviews consisted of open-ended questions that will hopefully help bridge the gap between health care providers and veterans. This research will also give more accessible research on the availability of resources for those dealing with reintegration problems.

Key words and phrases: Iraq, Afghanistan, women, Veterans, interventions, Veterans Affairs, reintegration, occupational therapy

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Introduction

Background and Need

In the past several years, an increase in the support of women entering traditionally “male” occupations, has led to more females becoming a part of the veteran population. As of 2017, 9.4% of veterans identify as female and the female numbers are the fastest growing veteran population. It is projected that by 2040 the population of women veterans will almost double in size to 16% (U. S. Department of Veterans Affairs, 2017). Of the female veteran population, a total of almost 280,000 women have spent time serving in either Iraq or Afghanistan during their service (Koblinsky et al., 2017). There is scarce research on the intervention strategies and processes that are available for female service members upon returning home. With the large increase in the women population, it is imperative that research looks at both the common issues that women face when returning home and the intervention strategies and processes that are available upon returning home from service. This research will focus on females who have returned to society following deployment in either Iraq or Afghanistan.

Problem Statement

The problem this research addressed is the common issues of female Iraq and Afghanistan veterans have when reintegrating into civilian communities. These issues are unique compared to those to male veterans, although there is scarce research addressing this issue (Hawkins et al., 2015). Female veterans do not always know about programs specifically tailored to their needs and are therefore underutilized (Hawkins & Crowe, 2018).

Statement of Purpose

This purpose of this study is to uncover common themes and reintegration issues of female veterans who served in Iraq and/or Afghanistan. This study also briefly looks at what a female veteran looks for in a service provider.

Research Question

What are common reintegration issues and interventions that female veterans face? How do these female veterans judge the effectiveness of these programs? What do female veterans look for in a service provider?

Thesis Statement

Females who served in Iraq and/or Afghanistan have common reintegration issues of finding community, finding identity, and toxic male dominance that can be aided by the VA and other group programs.

Literature Review

National Reintegration Issues

When returning home from service, women may face a variety of issues after being in such a fast paced and every changing environment. The most common issue related to female reintegration is Post-Traumatic Stress Disorder (PTSD) (Sayer et al., 2021; Smith et al., 2017). As of 2017, roughly 11.8% of female veterans have been diagnosed with PTSD (U. S. Department of Veterans Affairs, 2017). To be diagnosed with PTSD, an individual must have been exposed directly or indirectly to a traumatic experience/event. PTSD can be debilitating and cause intrusive thoughts related to a traumatic event, flashbacks, nightmares, irritability, and avoidance (American Psychiatric

Association, n.d.). Along with PTSD, other mental health issues are prevalent within the population including depression, anxiety, and alcohol abuse (Koblinsky et al., 2016). A concerning reason that so many individuals are suffering from PTSD may be related to the number of individuals that experienced military sexual trauma (Webermann et al., 2023). Military sexual trauma is defined by any act of sexual harassment or assault that occurs while an individual is a member of the military (Calhoun et al., 2018). Of the individuals that were screened from Iraq and Afghanistan, 1 in 4 of those women experienced sexual trauma in some form (Leslie & Koblinsky, 2017). Military sexual trauma is a huge problem and has been associated with mental health issues such as PTSD and depression (Calhoun et al., 2018). Boros and Erolin (2021), further shows the prevalence of mental health issues in women veterans by stating that between 20-25% of the veteran population are diagnosed with one or more mental health issues.

Along with mental health issues, several studies have uncovered other common themes of issues that women from Iraq and Afghanistan are facing when they come back from being overseas. Leslie and Koblinsky (2017) conducted focus groups with 29 women from Iraq and Afghanistan wars to share personal experiences. From this study, it was found that women had difficulties going back to a slow-paced lifestyle, concerns related to intimacy, challenges with family roles, missing milestones of children, anger management difficulties, feelings of being a burden, and a lack of understanding from others. Along with this, Maiocco and Smith (2016) found themes of death, isolation,

freedom, and feelings of meaningless. Finally, it has also been noted that women have higher rates of comorbid health conditions than male veterans (Rohs et al., 2023).

Delivery of Care for Women Veterans

Many individuals do not receive the help that they need because of financial issues, stigma around mental health, and a lack of knowledge as to what resources are available (Gorman et al., 2017; Crawford et al., 2015). According to Rohs et al. (2023), many women do not utilize the Veterans Health Administration services because a lack of communication about enrollment processes, outlook on women's care, and poor access to facilities. The underutilization of resources is further reported by the U. S. Department of Veterans Affairs (2017) that show that of the roughly two million women veterans in 2015, only about 456,000 (less than a quarter) utilized any VA care. Hickey (2021) also discussed the VA by stating that there are long wait times for individuals in need. Lastly, many individuals did not receive care because of the lack of VA resources in their general vicinity and the stigma surrounding mental health treatment (Newins et al., 2019). To increase the utilization of resources, it is important that women are educated on what resources are available.

Connection of Veteran Reintegration to Healthcare

The Veterans Affairs provides benefits for limited care options. The VA Health Care covers health care services that will treat illness and injury, prevent health related issues, improve quality of life, and improve function. However, the VA only offers benefits such as dental care to a select group (U.S. Department of Veterans Affairs, n.d.).

Even with access to VA benefits and care, many Veterans may not live close to a VA hospital or services to receive proper and insured care. Half of veterans still use employer-based insurance or utilize Medicare or Medicaid insurance to pay for medical services. Since the implementation of the Affordable Health Care act new Marketplace's for insurance have opened which has made insurance more accessible and easily available to veterans (Grisby et al, 2023).

Application to Occupational Science

Occupational science can be imperative to veteran reintegration. Occupational science evaluates barriers to everyday occupations and activities that the individual deems important. The goal of Occupational Therapy is to promote well-being and optimize performance in everyday and important occupations. When looking at veteran reintegration, the associated problems from reintegration may hinder optimal performance in certain occupations. Some ways in which occupational science can be beneficial to veterans include identifying barriers in dressing, self-care, motivation and working with the individual to optimize performance. Occupational science can also be used to identify resources for care and educate the individual and their family (American Occupational Therapy Association, 2020).

The Model of Human Occupations (MOHO) can also be applied when using Occupational science with veterans. MOHO explains an individual's motivation for choosing to complete a certain activity, how a behavior may be modified, and how the environment plays a role in completing occupations (Maciver et al., 2015). By

understanding the occupations that are important for the individual to return to prior to reintegration, occupational science can uncover interventions that will get the individual back to prior functioning. To get back to prior functioning, occupational science may provide environmental modifications and education as to what resources are available for the individual.

Application to Future Health Care Providers

As a future health care provider, it is important to note that all individuals have different experiences, and every individual has their own unique needs. It is important for health care providers to listen to the patient and understand the type of care requested. Several recommendations were made by women who served in Iraq and Afghanistan regarding the type of care they look for and desire. The individuals desired healthcare providers building a therapeutic relationship, offering a gender sensitive care environment with several choice programs, and the inclusion of family in care (Koblinsky et al., 2016). Listening to the individual and their desires is not only important to the ethical principle of autonomy, but to the perceived quality of care (American Occupational Therapy Association, 2020).

It is imperative that further research is done to understand and find recourses for veterans to create a stronger relationship between veterans and health care professionals (Tarbet et al., 2021). By understanding the commonly shared experiences and attitudes of veterans, health care providers will be able to establish rapport which is so important within healthcare. By identifying struggles and strategies, more accessibility and

availability of resources will be discovered which is an important step for the healthcare and veteran divide.

Veteran Reintegration and Current Healthcare

Veterans Affairs Treatment and the Affordable Health Care act have all increased the access and quality of veteran health treatment. Along with this, Healthy People 2030 has nationally stated that they plan to increase outreach through PREVENTS to address mental health of veterans (Grisby et al., 2023). The PREVENTS program aims to change the stigma surrounding mental health and suicide prevention measures. This program works by engaging in the community and finding strategies for veterans that improve quality of life (Department of Veterans Affairs, 2021). The Department of Veterans Affairs revised community care policy and now also allows individuals to receive insured care from outside providers under certain conditions. Individuals who are enrolled for VA healthcare may receive outside care for services the VA doesn't provide, individuals who do not live in the same state as a VA healthcare facility, or the VA cannot provide the specialty or quality that is needed (U. S Department of Veterans Affairs, 2019).

Implications

To combat and provide care for women Iraq and Afghanistan veterans who are dealing with issues secondary to reintegration, it is imperative that more education as to what resources are available. One resource found includes veteran coffee socials. Veteran's coffee socials are a less stigmatizing activity compared to other interventions and positive outcomes have been recorded. The coffee socials allow veterans from all

different branches to come together at a coffee shop and develop a sense of community with like-minded individuals. (Gorman et al., 2017).

Along with coffee socials, the VA has also been known for a high level of satisfaction, quality of care, and healthcare advances (Hickey, 2021). One area in particular that is important for women is the Veterans Health Administration office of Women's Health who developed the Women's Health Transition Training program. This program sought to change the gender-biased views of the VA only being used by men by giving women resources about their eligibility of VA care and provide awareness as to the resources available for women. Some of these resources include reproductive health and military sexual trauma counseling (Rohs et al., 2023).

Lastly, allowing veterans the opportunity to share their story and feel understood has proved impactful. Maiocco and Smith (2016), interviewed veterans over their common reintegration issues through a storytelling method with a beginning, middle, and end. The results not only showed common themes of reintegration, but feelings of relief after sharing details regarding their experiences.

By providing care that involves participating in social events, using the Women's Health Transition Training Program, and sharing stories, veterans will receive quality care needed for the reintegration process. Participating in social events such as coffee socials and storytelling provides a sense of community and belonging that can be very beneficial when looking at the well-being of individuals. The Women's Health Training program can also be super beneficial as it is geared directly towards women's health care.

By providing social programs to veterans, it allows them to gain a sense of meaningfulness, gives veterans a place to belong, and is greatly beneficial towards the treatment of mental health (Russell & Russell, 2018).

Outcomes on Knowledge of Resources and Interventions

Positive outcomes are already being detected when looking at the common reintegration issues and interventions. By participating in groups, sharing stories, and utilizing the VA programs like the Women's Health Transition Training, more women will have access to quality care. Along with this, there will be less stigma regarding using services. By providing services like coffee socials and other social groups, individuals will find a positive sense of community that they may have been previously lacking. Individuals have noted that they find meaning in finding support from other veterans (Leslie & Koblinsky, 2017). While all of these are positive steps towards helping veterans, there are still barriers to providing education towards interventions in rural communities. While barriers still exist for interventions to individuals living in rural communities, several studies have begun to look at possible ways to solve them. One way that has proved successful is through virtual programs. In a study that provided a one-day virtual program, individuals reported improvements in many areas such as psychological stress, community, and finding a sense of meaning and purpose that was previously lost. (Dindo et al., 2021).

Assumptions

This research was completed by an Occupational science major who believes that Occupational Science may be an important factor in veteran reintegration. Occupational science evaluates barriers to everyday occupations and activities that the individual deems important. The goal of Occupational Therapy is to promote well-being and optimize performance in everyday and important occupations. When looking at veteran reintegration, the associated problems from reintegration may hinder optimal performance in certain occupations. Some ways in which occupational science can be beneficial to veterans include identifying barriers in dressing, self-care, motivation and working with the individual to optimize performance. Occupational science can also be used to identify resources for care and educate the individual and their family.

Methods

Participants

Three individuals completed 20–30-minute semi-structured interviews via zoom. One individual served in the Marine Corps in Iraq, one was an army photographer who served in Afghanistan, and one participant served in the Army as Combat Camera in Iraq. All participants were found via a sample of convenience. A post was made in a veteran Facebook group, but no individuals were found.

Inclusion Criteria

Individuals were excluded from the interviews if they did not speak English or did not serve in Iraq or Afghanistan. Additionally, veterans who returned home less than a year before the start of the study will be excluded.

Materials

Upon approval from the Eastern Kentucky Institutional Review Board, all potential participants were contacted via email. If the participant meets criteria as stated above, an informed consent form was sent via email and asked to return to the primary investigator after completion. The participants were each responsible for reading, signing, and returning the informed consent form prior to the start of the interview. Additionally, each participant was notified verbally that participation is voluntary and that they may end the interview at any point. Each interview was audio recorded and participants identified themes regarding their experiences in service to build rapport, after service, and the interventions they used during reintegration.

Data Analysis

To answer the research questions, this study used a qualitative descriptive analysis. In a qualitative descriptive analysis, which is used to analyze data and find patterns in the data to come up with codes and themes. Qualitative descriptive analysis is often used in healthcare research and comes from subjective perspectives (Kim et al., 2017). After each interview, transcriptions were completed using the Otter app. After transcribing, the primary investigator went through line-by-line open coding for each of the participants answers to ascribe a term or phrase to the interview text. Open codes were further collapsed into categories. Finally, based on the categories, five themes were discovered.

Table 1*Results from data analysis*

Themes	Categories	Codes
Finding community	<ul style="list-style-type: none"> ● Support from friends, family, coworkers ● Fellow veterans 	Friends and family support, fellow veterans, coworker support, army friends are family, bonding quickly, community
Finding your identity	<ul style="list-style-type: none"> ● Stress of joining at a young age ● Difficult to find identity and work 	Finding yourself, finding identity, finding work, difficulty with stress and new people, young veteran, stay busy
Male dominance	<ul style="list-style-type: none"> ● Male egotism ● Violence ● Disbelief that women can be veterans ● Constant pressure to prove worth 	One of the guys, validity with males, heightened awareness, pressure, domestic violence, rape, hard to see women as a veteran, asking where the male is, sexualized, men wanting to show how things are done,

		competing with men, pressure to prove self
Intervention strategies	<ul style="list-style-type: none"> • Community based organizations • Social media • Providers who are Veterans • Respect 	Mission Continues, GI Bill, Healing for Heroes, Facebook groups, Hero Expeditions, retired Colonel helping set up GI Bill, providers who provide respect, veterans, and listen, community service, easy communication, leadership skills
Mixed feelings regarding the Veteran Affairs	<ul style="list-style-type: none"> • Difficult to receive mental health help • Provides decent physical health help • Long distances and frustrations 	Women's Health appointments, Choice Program, Physical Therapy, Move Program, threaten suicide, military treatment, distance, frustration, affordable health care, surgeries, medication, little respect, VA doesn't have best interest

Results

After extensively analyzing the categories from the interviews, five common themes emerged: finding community, finding identity, male dominance, intervention strategies, and mixed feelings regarding the VA. Each interviewee contributed to the making of more than one theme which is portrayed in table 2.

Table 2*Prevalence of themes between each interview.*

Theme	Prevalence in Interviews
Finding community	N= 3
Finding identity	N= 2
Male dominance	N= 3
Intervention strategies	N= 3
Mixed feelings regarding the VA	N= 3

Finding Community

When discussing difficulties with finding a community after returning home from service, the interviewees showed a higher quality of companionship with other veterans and difficulty relating to others. All three participant transcriptions showed common themes of finding community with subthemes of finding community with fellow veterans and difficulty relating to others.

In terms of finding community with fellow veterans, one individual focused on the attitudes and personality traits that bring together veterans. By being around other like-minded individuals, a sense of community evolved. This individual talked about relationships with other veterans by stating,

You know, like service members, like, we're, we're heavy on the sarcasm, and we generally bond pretty quickly with each other. It's not like having like a civilian friendship. So, I would say like, it's pretty unique and interesting, how quickly service members can bond with each other.

From this interview, it is apparent that this participant feels veterans' bond easily.

Another point of importance is that the relationships between veterans seem to be stronger than just a typical companion. One individual discussed this by stating, "...you might consider them like my army friends, but they're really like family." Veterans can find community within having different sorts of relationships between other veterans. This point is further proven by the fact that all individuals are married to another veteran.

When looking at finding community between veterans, the research also found that relationships between veterans allow individuals to relate to someone. One individual stated,

So just trying to find that group of people that you related to was very, very difficult. And even to this day, it's difficult to find anyone to relate to unless they actually were in the military themselves.

Along with this, there were several times when participants discussed difficulties relating to health care workers unless they were also veterans. And lastly, one individual mentioned that her support network simply consisted of her co-workers because most of them were veterans and related to her struggles.

Finding Identity

Finding identity was another theme that was evolved from the study. The participants noted difficulty finding themselves when they got back home from deployment and just simply trying to stay busy. One individual noted,

When I got out of the service it was really hard I guess finding myself again and finding where I fit in that. It's really difficult going from being in uniform and having an identity to getting out and knowing nothing.

An important factor that may lead to such an identity crisis, may come from the age in which an individual enlisted. One participant noted that because she had joined the military at such a young age, she did not know how to make appointments or when to schedule annual checkups. This may role over into finding identity. Some individuals

only know the military from their adult life and may not have experienced college or other opportunities.

Male Dominance

The next theme identified was male dominance which includes subthemes of pressure, the disbelief that women can be veterans, and male egotism. When being in such a male dominated field and environment, there seems to be a recurring theme of pressure to conform and pressure when competing with men. One individual stated,

I feel like you're definitely under a lot more pressure than the men because you have to consistently be trying to prove yourself and prove your worth. As far as being a woman, you're consistently getting sexualized, victimized, not only between your race, your age, gender, everything. People always have something to say.

There is also a disbelief that women can even be veterans based on the beliefs of men. One individual spoke on this by mentioning that when she goes to the VA people ask if she is waiting on her grandfather, even though she is there for herself. Another individual states,

And, and then this, this guy asked me a question, this retiree or veteran asked me a question. And I was like, oh, I was like, I don't I don't know. I'm like, I'm so sorry. Like, I'm here for an appointment. And he's like, oh. He's like, I thought you worked here. So that just kind of shows the generational like, I don't know if that one instance can validate it, but I just thought it was kind of like interesting

that he thought I worked there and didn't see me as like a veteran myself.

This is allowing the women to feel like they cannot honor themselves for the time and work they put in when they were in service themselves.

There is also a sense of male egotism that women cannot do the job that males can do. One individual spoke on this when she was working after returning home by saying, I guess for me, I was, I was working construction, which is a mainly male dominated field. I wouldn't say it was specific to reintegration and more specific to working there. But, you know, like, oh, you're a woman who just got out of the Army, and you're doing construction. We'll take care of you and hold your hand. And I'm like, Ah, thanks, guys. But show me what to do. And then I got it. You don't need to do everything for me. You treat me any differently.

From the interviews it seems that the world is a male dominated world and there is no place for women in the field when looking through the eyes of men.

Intervention Strategies

When asked about interventions that were used by the participants, several were mentioned including: using the GI Bill, veterans Facebook groups, Healing 4 Heroes, Hero Expeditions, and Mission Continues. Several of the participants took advantage of the GI Bill to go back to school when returning home. There were also mentions of perusing through veterans Facebook groups to stay up to date.

Healing 4 Heroes is a non-profit organization that assists service members, veterans, and wounded warriors who are dealing with PTSD and traumatic brain injury

by providing service dogs. In regard to the program healing 4 Heroes, one participant used this service and talked about its effectiveness stating,

We did go through a company in Atlanta called healing for heroes, and they actually had provided us with a service dog. And they were great. We still have that dog to this day. And he was an amazing support because the VA had put us on a lot of different medications, and we were still trying to figure out how to adjust to those medications. And he just assisted us with like nervous breakdowns, anxiety, any type of flashbacks, things like that.

This individual had a positive interaction and positive outcomes associated with this organization.

The next intervention identified was an organization called Hero Expeditions. This organization is based in Colorado and provides free services to wounded warriors. These services include get togethers, hunting, and fishing (Hero Expeditions Inc., n.d.). One participant mentioned in her interview that she used this program to go ice fishing.

The final program that was identified was Mission Continues. Mission continues is another non-profit organization, but this one helps veterans reintegrate through community service. Two of the participants from this study identified using this program and had so many positive things to say. One of the individuals spoke on the program stating,

They're all fantastic, and it helps you reconnect with other people in the service.

So for those who are somewhere where they're more disconnected, I mean, I have

my husband who served with me, and we currently have a roommate who also served with me, so I still have my buddies, you know, but for those who are on their own, it's a great way to connect.

All the interventions that were identified were seen as positive and helpful to each of these participants.

Mixed Feelings Regarding the VA

From the interviews, I received very mixed responses about whether the VA was a good or bad resource regarding interventions. In terms of negative feelings, one individual stated,

Okay, in the VA, the services that I've tried to use has been like the move program, which has been supposed to be for weight loss, and I guess like support groups to eating better dieticians all that. And I actually had set it up. They were supposed to email me. I guess they have a scale where they monitor and booklets and all that I set up everything. And I never heard from them again. And never received anything in the mail. Yeah, and I just I think I've followed up maybe three times and never received anything. So I just kind of said whatever and just went different routes. So and that's kind of been the only thing that hasn't worked out with them.

In this case, the participant had issues with programs offered by the VA, specifically the Move Program. The VA never returned contact after many efforts to enroll. Another

participant discussed negative feelings with the VA in regard to the VA's perceived intentions by stating,

So, I don't I don't know if I feel like they treat you with just as much respect as, say a 65 or a 75 year old, maybe Vietnam veteran. But you have to make sure that you keep an outside doctor, because sometimes I don't believe that VA has your best interests at heart.

Lastly, one individual discussed VA care with domestic abuse and mental health issues such as PTSD. This participant mentioned that she had tried to get counseling services from the VA but had to call/email and threaten suicide in order to get any sort of response back.

On the other hand, participants also noted positive qualities from the VA. Notably the choice program has allowed individuals to use a clinic outside of the VA while providing insurance. One veteran also discussed positives from the VA with basic medical appointments. One individual noted that the VA called to set up appointments and reminders which was really helpful because this individual joined the military at such a young age, she was not aware what was expected. One individual touched on basic medical information by stating,

Yeah, I've only had like, three appointments so far. But um, everyone has been super awesome. Scheduling was easy. I was definitely apprehensive after hearing like all the crazy drama that had been going on and but I my experience was great.

Lastly, it was noted that the VA care was just easy and provided affordable health care.

Discussion

As one may imagine, developing relationships is very important to an individual's overall health. Loneliness and isolation in veterans have been associated with a variety of health issues including PTSD and depression (Guthrie-Gower & Wilson-Menzfeld, 2022). This is why it is so important for Veterans to find a support system and find interventions that work for them. As noted in the results, veteran to veteran relationships have proved to be stronger and more meaningful than civilian relationships. It is also important to note that when going into a male dominated field, women will be faced with adversities and competition. Lastly, while veterans may struggle with reintegration, there are many resources out there that help veterans going through the process. The GI Bill, Facebook groups, Healing 4 Heroes, Hero Expeditions, Mission Continues, and occasionally the VA are great resources for veterans coping with reintegration.

When looking at service providers, it is also important to note what veterans look for when choosing who/what resources to use. I asked each individual what they look for when finding a provider to determine what qualities are important. The qualities that were identified include: respect, diversity, accommodating, providers who are veterans themselves, and those who treat everyone with fairness.

Limitations

Like any other qualitative study, this study provided several limitations to the research. The first limitation was that the number of participants was extremely low. The second is that there was minimal diversity within military branches. This number was low

since the author used a sample of convenience and only had a few months after the IRB process to find willing participants. Because the number of participants was so small, it is likely not truly representative of the entire women Iraq/Afghanistan veteran population.

Conclusion

Women veterans from Iraq and Afghanistan often face issues when they reintegrate back into society. The women population is often overlooked and there is limited research on these issues and what intervention strategies are available to combat these issues. From this study, common reintegration themes of finding community, finding identity, and toxic male dominance were formed. By identifying resources and identifying the issues, veteran care will be higher quality and more accessible to individuals. Women Veterans should be educated on the resources available that are less stigmatizing such Healing 4 Heroes, Mission Continues, the VA, and Hero Expeditions.

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