Describing participation in veteran peer support: a secondary analysis of women veterans' experiences

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Describing Participation in Veteran Peer Support:
A Secondary Analysis of Women Veterans’ Experiences

Amanda L. Matteson

A Dissertation
Submitted to the University at Albany, State University New York
in Partial Fulfillment of
the Requirements for the Degree of
Doctor of Philosophy

School of Social Welfare
Department of Social Welfare
August 2022
Dedication

I dedicate this tome to women warriors of all generations who have served in the military, even before the formation of the United States of America and before women were recognized members of the service. I also dedicate this body of work to all my family. The feline members include Spider, Chocolate Giddyup (Bud), Little Bit, and our newest member Lightning, with fond memories of Kus and Cloudy. Notable human family include my sister, Robin Matteson, and my partner, Daniel Steinke. Additional chosen family include my Adventure Buddies: Carly (Blue Jean) Anderson Briggs, Tammy (Nacho) Thayer, and Christina (Elle) Boyd. Social support is key to the success of many life endeavors. I appreciate all the support I received during this journey.
Acknowledgments

This research was made possible by funding from the Fahs-Beck Fund for Research and Experimentation. I want to acknowledge the New York Community Trust for this dissertation funding award and Dorothy Fahs-Beck for her innovative interest in soliciting service recipients’ perspectives and service satisfaction feedback. Seeking input directly from women veterans on their needs is at the heart of this dissertation. I would like to thank my committee, Eric Hardiman, Victoria Rizzo, and Katharine Bloeser for their feedback and encouragement throughout this process. I have learned valuable lessons from each of you.

Thank you to all the doctoral students who supported me on this journey, discussing my research and being together during our study groups where the bulk of this writing was accomplished. There are too many of my colleagues to write all their names, but you all know who you are. Thank you to my fellow veteran, Chantel Boudreau, for assistance with analysis and my copy editor, Jesse Doherty-Vinicor. Thank you to my research partners, past and present, Samantha Fletcher, Natalie Turner, Heather Horton, and Andrea Onstot. Research becomes better with collaborative efforts.
Abstract

This research explores peer support described by women who have served in the United States Armed Forces. Women military veterans are a growing subpopulation with unique experiences and challenges as women who have served in a male-dominated warrior culture. Understanding women veterans’ experiences and how they view peer support will help improve their mental health and well-being. Research questions included: (1) How do women veterans describe peer support for their mental health and well-being? (2) What does peer support mean to the woman veterans in this study? (3) For what life situations is peer support helpful for women veterans? (4) What is the lived experience of women veterans participating in peer support programs?

Through qualitative description (Sandelowksi, 2000), 25 women veteran interviews were used to answer the research questions. Women veteran interviews were purposively selected from a larger study of veterans using peer support services in New York State. Transcripts were analyzed using a combined deductive and inductive approach, with in-vivo coding to capture the veteran’s words verbatim. The women veterans considered peer support a relationship between veterans that is based on shared military experience and who may also share similar life challenges. Peer support meant creating a therapeutic environment without the stigma of formalized therapy. Women veterans found peer support helpful for numerous situations related to military service and transition after service. The availability of another woman veteran peer was essential for discussing sensitive topics such as sexual assault or harassment in the military.

The implications of this research impact social work practice on every level, as well as other professionals and fields. Micro social workers should incorporate peer support into treatment plans to encourage women veterans’ socialization. With the findings, academics
should develop curriculum on military culture to educate students and interns. Administrators should design programs that utilize peer support services to engage women veterans. Finally, this research will better inform policy makers to legislate veteran healthcare and military policy.

Future research can uncover elements of veteran-centric peer support models as a step toward forming a grounded theory of understanding and explaining veteran peer support.
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Chapter 1: Introduction

Women are the fastest growing subpopulation of U.S. military veterans. In 2018 women made up 9% of the veteran population at 1.7 million. By 2040, women are expected to grow to 17% of the veteran population (U.S. Census, 2020). Veterans and women veterans specifically have unique health care needs, particularly with mental health challenges, compared to individuals who have never served in the military (Carlson et al., 2013). Social isolation, made worse by the pandemic, is a pressing problem for women veterans (Cotton et al., 2008; Killgore et al., 2020). Peer support can help ameliorate social isolation and improve overall mental health and has been used in many forms with military veterans (Jain et al., 2012; Shepardson et al., 2019; Simmons et al., 2017). However, with most service members and veterans being men, knowledge about women veteran peer support is scarce. To address the social problem of isolation in women veterans, this study uses qualitative description to better understand veteran peer support from the perspective of women veterans.

Background

Loneliness is a recognized social problem. Systematic reviews show that social isolation is associated with decreased physical and physiological health (Leigh-Hunt et al., 2017). Loneliness, which is the subjective experience of isolation, correlates with mental health symptoms such as depression and anxiety (Beutel et al., 2017; Lee et al., 2019). Later in life, a lack of social connectedness is a risk factor for suicidal ideation and suicide attempts (Fässberg et al., 2012). The ongoing COVID-19 pandemic further increased the number of people reporting loneliness (Killgore et al., 2020; Palgi et al., 2020).

Women veterans are a subpopulation that is at high risk for loneliness, yet there is little research on interventions focused on them. A national sample of women veterans using veteran
healthcare found that 20% of these women reported having no one to depend on (Cotten et al., 2000). In another sample, 70% of women veterans using services from the veteran homeless program reported low social support (Rivera-Rivera & Villarreal, 2020). A lack of social support and a sense of isolation are known contextual factors leading to homelessness in women veterans (Hamilton et al., 2011). Noncombat exposed or injured women veterans could potentially be more socially isolated than men veterans due to gender stereotypes, assumptions of who serves in the military and their role in the service (Ashley et al. 2017). Essentially, women veterans are not often recognized as veterans. Women veterans in rural areas disclosed their isolation from other women veterans, noting interventions were rarely aimed at women and these women were unable to connect with other women veterans (Brooks et al., 2016).

Considering reports of loneliness in women veterans, the problem of social isolation must be addressed. Peer support from other veterans and specifically other women veterans is a potential intervention to decrease social isolation (Gould et al., 2017; Wilson et al., 2018), but more research on women veteran peer support is needed. For mental health interventions to address loneliness, an understanding of women veteran peer support is needed.

Exploring the unique needs of women veterans is important as they are a growing part of the population as more women enter the armed forces. It is also important that the definition of peer support for women veterans come from women veterans. Women veterans have valuable insight into their own shared experience of being in the military. Information exists on veteran peer support and women veteran’s health, but no studies have examined both areas for a complete picture of the role that peer support may play for women veterans. To capture women veterans’ perspectives on peer support, this dissertation study will describe how women veterans define peer support and the meaning they ascribe to this type of support.
Research Problem

There is a lack of understanding of peer support, including its definition and acceptability, among women veterans. This dissertation will address this problem by describing the ways in which women veterans view and define peer support. Incorporating the voices of women veterans into research is needed so that interventions such as peer support can be tailored to address their unique mental and physical health concerns. Exclusively focusing on the needs of women veterans ensures that this section of the veteran population is not left out of intervention research and development.

Purpose Statement and Research Questions

The purpose of this dissertation study is to explore the use of peer support among women veterans participating in peer support programs to better their mental health. The four guiding research questions are: (1) How do women veterans describe peer support for their mental health and well-being? (2) What does peer support mean to the woman veterans in this study? (3) For what life situations is peer support helpful for women veterans? (4) What is the lived experience of women veterans participating in peer support programs? These questions will be answered using a descriptive qualitative design (Sandelowski, 2000) with aspects of phenomenology (Moustakas, 1994) to answer the second research question about meaning.

Ideally, mental health professionals and program administrators will use the information gleaned from this study to incorporate peer support in their practice or organization. Mental health professionals including social workers will better serve women veterans by understanding what makes another veteran a peer and the ways that women veterans are helped by peer support. Programs providing peer support services can target their services to women using this information. Knowing and understanding the results of this dissertation will help peer support...
services to match the way that women veterans conceptualize peer support to meet their needs and attract more women veterans to these programs.

**Study Design and Qualitative Conceptual Framework**

The first research question in this dissertation asks: How do women veterans describe peer support? Qualitative description will be used because straight description is required to answer this question (Sandelowski, 2000). Polit and Beck (2014) define descriptive research as research with the main objective as “the accurate portrayal of characteristics of persons, situations, or groups” (p. 552). Direct description maintains closeness to the data, allowing for the words of the women, rather than the interpretation of the researcher, to be the focus of attention. Gutierrez et al. (2013) is one example of qualitative description to study women veterans’ deployment-related experiences as they impact their risk for suicide.

The second research question asks: What is the meaning of peer support to these women veterans? Qualitative description with aspects of phenomenology (Moustakas, 1994) will be used to gather information about the understanding and meaning of peer support to women veterans. This is taking one more interpretive step from pure description as this researcher attempts to describe the phenomena of veteran peer support and the meaning veterans attach to that peer support. Both questions require the spoken words of women participating in veteran peer support programs as data to capture the lived experience of women veterans.

The third and fourth research questions ask: For what life situations is peer support helpful for women veterans? and What is the lived experience of women veterans participating in peer support programs? Again, qualitative description is appropriate to answer these questions because the women veterans spoke about events across their lifespan, particularly experiences where they either used peer support or felt that peer support would be beneficial in processing a
past event. Qualitative description will help capture the circumstances for which peer support can be used throughout the life of women veterans. Many of the women talked about joining the military, situations during their service, and their transition from service. Qualitative description will help illuminate the life experiences of women veterans.

The source of this study comes from the secondary analysis of data collected by a state-wide program evaluation of veteran peer support programs referred to as the Joseph P. Dwyer Veteran Peer to Peer Support Programs. The programs are further described in the literature review section in Chapter 2. Secondary analysis re-uses already collected data from a previous research study to investigate new research questions (Heaton, 2008). The purpose of the current analysis will be to discover more about veteran-centric peer support and its meaning for women veterans. This will be done using an emergent qualitative approach which means that procedures will shift as the data is analyzed (Creswell, 2014, p.45) but analytic procedures will be thoroughly documented. This allows for an open mind to unexpected findings and the potential to discover new concepts.

While the choice for research design is made according to the research questions, design may also be influenced in part by the researcher (Creswell, 2014, p.35). The researcher may affect the design based on their understanding of knowledge and being. This researcher’s world view is stated here to honor the value of transparency in research and adhere to qualitative techniques. This researcher’s ontological assumption is subjective, assuming multiple realities exist therefore reality as described by women veterans is what this study will capture. Additionally, this researcher’s epistemological stance is interpretivist with a social constructivist paradigm which assumes knowledge is influenced by people in concurrence with their environment in which they construct their own reality and meaning. Qualitative description
(Sandelowski, 2000) is therefore a good fit for this study because of the research questions and the researcher’s understanding.

**Definitions**

The main topics of this dissertation are veterans and peer support. Each of these concepts are defined here as a starting point for this research. Ultimately this research describes the blending of these topics to understand veteran peer support from the perspective of women and seeks to draw upon their lived experiences to create a new definition of peer support among women veterans.

**Veteran**

In this study a veteran is anyone who has served in any branch of the U.S. military. Although some may argue an individual is not a veteran until they leave the service completely, that is not the case for this research. Veterans in this research do not have to be discharged from the armed forces and can still be serving in any capacity: active duty, guard, or reserve. If the veteran is discharged from service, they are still considered a veteran regardless of their discharge status. Some veterans may not identify or disclose their status as veterans if their character of discharge is Other Than Honorable (OTH; Tsai & Rosenheck, 2018). This is especially important to note because discharge status can be a barrier to receiving benefits and is subject to federal legislation to define eligibility (Shudofsky & Matteson, 2021). Those receiving a dishonorable discharge currently cannot receive benefits from the US Department of Veterans Affairs (VA), the department responsible for veteran health care and other veteran benefits. Those with an OTH character of discharge may be eligible for benefits if they go through an appeal process to update their discharge (Shudofsky & Matteson, 2021).

**Peer Support**
In this study peer support is defined as a veteran or group of veterans that assist another veteran in need of emotional, appraisal, or informational assistance using their lived experience. This definition is a modified version of Dennis’ (2003) definition of peer support as he considers emotional, appraisal, and informational assistance defining attributes of peer support. Experiential knowledge or lived experience is another element that is necessary for peer support (Dennis, 2003). The main distinction from Dennis’ conceptualization is that the peer support studied in this dissertation must take place between two veterans to be considered veteran peer support. Women veteran peer support will be further defined based on the results of this study.

Significance

The information gathered in this study will add insight to practice, inform future research, and impact policy. Qualitative description can engage those helping and those being helped (Chafe, 2017) to collaborate in improving service provision. An exploration of veteran peer support among women will provide a richer understanding of ways to socially connect veterans that have become disconnected from other veterans and society. The knowledge garnered here will be pertinent for any of the helping professions that care for the health of veterans. These fields include social work, counseling, psychology, and all other medical and mental health professionals.

Results of this research will inform practice skills training for social workers who interact with the military and veterans on a micro level. Clinicians that work with veterans will understand what peer support means to veterans and how it can be better incorporated into treatment plans. The findings from this research will also increase the cultural sensitivity of professionals working with veterans. This understanding is critical in organizations, particularly the VA as it is the largest employer of social workers in the U.S. and hosts many social work
students for their internships (Mankse, 2006). The findings of this research can be included in curriculum development for military and veteran specific classes, especially for social work interns but also for professionals earning continuing education credits.

On a mezzo level, program developers and planners can use the results of this research for program formation by including elements of peer support into comprehensive models for veteran well-being. Researchers, academics, and other social work practitioners can use these findings to inform practices that involve veterans and military members, engage communities, and decrease the military-civilian gap – the disconnect in understanding between those that have served and those that have not. Acknowledging the ways in which women veterans describe peer support will add to the body of research on peer support. The knowledge gained from this study will inform peer support programs to better serve women veterans which is the main goal of this research. Findings from this study can potentially be applied to other populations that would benefit from peer support.

On a macro level, the research results may inform policy and legislation related to veteran healthcare as peer support can help with numerous problems including mental, physical, emotional, and concrete needs. The VA can use this information to enact peer support as part of the services provided through Women Veterans Health Care. Finally, the results of this dissertation will be used to uncover elements of veteran-centric peer support models which may be a first step in forming a grounded theory of understanding and explaining veteran peer support. Future research studies will add additional information to a theory of veteran peer support.
Limitations to Research Design

One limitation of this research, and inherent in any secondary analysis, is that analysis could not take place simultaneously with data collection which is common practice for qualitative research (Merriam, 2002). This limitation is mitigated by the fact that this researcher was part of the initial data collection, and part of that data was used for this dissertation. While this researcher was not the primary investigator of the original evaluation, as part of the research team for the evaluation, she assisted in data collection by conducting interviews, assisting with revisions of the interview guide, cleaning transcribed data, and interpreting military jargon. Participation in the original research gives her a greater understanding of the dataset used in this study. Additionally, throughout this secondary analysis, this researcher documented the management of the data and the steps of analysis to show how she arrived at the main findings. Documentation includes codes, memos, and reflexive remarks (Miles & Huberman, 1984). The researcher’s knowledge of data collection and the thorough description of analysis helps offset this limitation.

Since data collection and analysis did not occur simultaneously, another limitation is that adjustments to the interview guide could not be made. However, this research is looking for description, meaning, and perspectives of peer support, which were included in the original interview guide. Also, adjustments – this researcher took part in – were made to the interview guide during the data collection of the original study to collect more details from participants, which likely helped elicit the rich description for answering the current research questions.

A fundamental limitation of this study is its temporal design in that it is a cross-sectional study. The data collection took place near the implementation phase of the peer programs. Therefore, participants’ responses may be limited to the programs’ functioning at the time they
were interviewed. Future longitudinal designs would clarify how meaning may change over time and how veterans’ impressions of the programs may change as programs mature. Future studies could also examine the length of time that veterans participate in peer programs.

**Summary of Chapter**

The isolation of women veterans is a social problem that must be addressed. Social isolation is associated with decreased mental health, negative psychological traits, and poor physical functioning (Lee et al., 2019). Peer support can help address the problem of loneliness. However, a greater understanding of women veteran peer support is needed. This research may be the first conducted to specifically examine women veteran peer support from the perspective of women veterans. The qualitative design of this study will lead to a definition of peer support incorporating the voices of women veterans. This knowledge will be used to enhance practice, inform policy, and advance research on women veteran peer support.
Chapter 2: Review of the Literature

The goals of this chapter are to situate the research in theory, contextualize the social problem of isolation for women veterans, and state what is known about peer support. Topics covered in this review include qualitative research theory, peer support for mental health, veteran demographics and needs, military and veteran culture, women veterans, and examples of peer support for veterans. This chapter ends with a summary of the literature and the research questions this dissertation seeks to answer.

Qualitative Conceptual Framework and Theory

This study takes a qualitative approach to knowledge. This conceptual framework is premised on the theory of social construction, in that one’s reality is based on one’s perspective. Qualitative research can be used to describe a phenomenon contextually rather than through the count of numbers (Moustakas, 1994). Qualitative research answers questions of “what,” “how,” and ‘why?’ The concept of peer support will be studied through the perspectives of women who have served in the U.S. military. The conceptual framework grounded in a qualitative approach allows the researcher to examine peer support from the multiple angles of a group of people with a shared life experience, that of woman with military service.

Theory for this dissertation is based on the qualitative research approach itself and not on a theory of human behavior per say or pre-conceived notions of how the world works. While qualitative research can be guided by several theories and epistemologies, the qualitative description that will be used here is not limited by existing theory or philosophy (Sandelowski, 2000). Furthermore, there is debate about whether ontology and epistemology need to be included for qualitative description (Chafe, 2017), although these are often stated in qualitative research to reflect the researcher’s paradigm. This approach allows for the researcher to freshly
examine peer support from the lens of women veterans and take meaning from their words directly. This research is pre-theoretical in that the findings can inform future studies that construct a theory of peer support.

Within this research there are elements of phenomenology as the subjective experience of women veterans related to peer support will be examined. For example, the meaning of peer support to the participants will be described. Phenomenology as a theory looks at “the essence of consciousness as experienced from the first-person point of view” (Smith, 2013, p.418). Therefore, examining the meaning women veterans give to peer support is essentially taking an interpretive step from description through a phenomenological approach. To acknowledge that world views influence research, this researcher’s positionality including her ontological and epistemological views will be elucidated within the methods section and her thought process analyzing the data will be explored in the discussion section as a practice of reflexivity. The remainder of this review examines the literature related to the context of the problem as well as establishes what is already known about peer support, veterans in general, and women veterans specifically.

**Peer Support Overview**

Peer support – using one’s lived experience to help others rather than licensed providers – has existed informally for centuries, even farther back than self-help groups and mutual aid. Over recent decades peer support has become a widely studied concept and intervention for mental health (Davidson et al., 1999; Shalaby & Agyapong, 2020). Peer support has been incorporated into treatments for substance use (Tracy & Wallace, 2016), mental health (Repper & Carter, 2011), cancer support groups (Campbell et al., 2004) as well as self-help groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA; White, 2010). Peer support is
used in numerous settings including community programs, emergency departments, inpatient units, outpatient clinics, and other healthcare settings. Peer support is incorporated into work with military and veteran populations for mental health, substance use, desistance from crime, and countless other concerns. The Veterans Health Administration (VHA) has shown considerable interest in peer support by expanding their healthcare services to include peer employees, peer-groups, and peer interventions (Goldberg & Resnick, 2010). Additionally, many peer support programs arise from non-profit organizations and at local state levels (Myrick & Del Vecchio, 2016; Swarbrick et al. 2016). Overall, peer support is found in many places to improve mental health and well-being.

**History**

Peer support has appeared throughout history in different forms and by different names. Throughout the literature, peer support is discussed in a variety of ways such as self-help, mutual help, mutual aid, mutual support, social support, peer workers, peer mentors, and peer supporters (Murphy & Higgins, 2018). The concept of peer support has roots in the moral treatment era, a movement in the late eighteenth century to treat those with mental illnesses humanely (Davidson et al., 2012). The earliest known peer support group was the Lunatic Friend’s Society founded in England in the mid-nineteenth century (Podvoll, 2003). In the 1920s, Harry Stack Sullivan, a psychologist, employed former patients, men with schizophrenia, as aids in a psychiatric unit (Perry, 1982). This may be the first example of paid peer support in an institutionalized mental health setting.

Several movements promoted the use and growth of peer support. The mental patients’ liberation movement (also called ex-patients’ movement) in the early 1970s was a political movement for people experiencing psychiatric hospitalization to have better treatment and full
citizen rights (Chamberlin, 1990). Happening concurrently, the community support movement is based on the premise that individuals with mental disorders can live in society with meaningful and rewarding lives (Parish, 1989). Community Support Programs starting in the late 1970s were the government’s response to supporting those with mental illness in society outside of institutions (Mosher, 1986). Additionally, the consumer provider movement of the 1980s was characterized by self-help and consumer-led activities (Moran, 2018). Out of these movements, consumers of mental health treatment supporting others with mental health challenges became the foundation of peer support.

At the time of these movements an understanding of mental illness for some, was changing from being a chronic lifelong illness to a model of maintaining recovery. Out of opposition to the medical model, the foundation of the recovery model is that people with mental health challenges can and do recover (Carpenter, 2002). Patricia Deegan, among others, published accounts of their own recovery. She made the distinction that recovery was how an engaged individual maintained their mental health rather than the passive process of being “rehabilitated” (Deegan, 1988, p. 1). This process of recovery is important for an understanding of how people in recovery play a crucial role in the provision of peer support for mental health.

Definitions of Peer Support for Mental Health

Due to the many forms of peer support and the variety of settings in which peer support occurs, there are innumerable definitions of peer support (see Table 1 for examples). In fact, a systematic review of the literature on peer support is difficult as there is no agreed upon definition (Penney, 2018). A simple and all-encompassing definition in mental health defines peer support as an individual with a mental illness providing services to others with mental illness (Solomon & Draine, 2001). However, peer support is used for more than mental health.
Dennis (2003) furthered defined peer support in the more general health care context as “the provision of emotional, appraisal, and informational assistance by a created social network member who possesses experiential knowledge of a specific behavior or stressor and similar characteristics as the target population, to address a health-related issue of a potentially or actually stressed focal person” (p. 329). However specific this definition may be, it does not capture the essence of peer support according to Mead’s model of intentional peer support (Mead et al., 2003). Mead et al. (2001) focus their definition of peer support on principles of “respect, shared responsibility and mutual agreement of what is helpful” (p. 6). In fact, Davidson et al. (1999) warn against any peer support workers being co-opted into formalized mental health agencies where they are not able to fulfill the key principles of peer support due to the pull of agency beliefs or practices. For example, this may look like a peer coaxing an individual into therapy when they are not ready to trust a counselor. Therefore, the definition of peer support will influence the way in which a program operates and how peer support is used in conjunction with more formalized or clinical services.

The degree of mental health recovery of the peer is a distinction made in some definitions of peer support. According to Davidson et al. (2006), a peer is a person who has made improvements in their psychiatric condition and offers services to “other people with serious mental illness who are considered to be not as far along in their own recovery process” (p. 444). Mead et al. (2001), however, state that peer support is not about psychiatric models or diagnosis, rather it “is about understanding another’s situation empathically through the shared experience of emotional and psychological pain” (p. 6). Some definitions of peer support conceptualize it as more one-directional with a focus on recovery status, which may imply some hierarchy, and
other definitions stress the mutuality of support, not dependent on where the peer is in the recovery process.

Despite the variation in peer support definitions, there are some recurring themes. Peer support occurs between people with some shared life experiences who provide each other with empathy, understanding, support, and sense of shared community and belonging unlike that given by a professional who has not had a similar experience (Murphy & Higgins, 2018). Table 1 provides the elements that have been included in pre-established definitions of peer support from salient authors in the literature.

**Table 1: Definitions of Peer Support from the Literature**

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Definition of Peer Support</th>
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<tbody>
<tr>
<td>Solomon and Draine, 2001</td>
<td>An individual with a mental illness providing services to others with mental illness.</td>
</tr>
<tr>
<td>Dennis, 2003</td>
<td>“The provision of emotional, appraisal, and informational assistance by a created social network member who possesses experiential knowledge of a specific behavior or stressor and similar characteristics as the target population, to address a health-related issue of a potentially or actually stressed focal person” (p. 329).</td>
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<td>Mead et al., 2001</td>
<td>“The key principles of respect, shared responsibility and mutual agreement of what is helpful” (p. 6).</td>
</tr>
<tr>
<td>Davidson et al., 2006</td>
<td>A person who has made improvements in their psychiatric condition and offers services to “other people with serious mental illness who are considered to be not as far along in their own process” (p. 144).</td>
</tr>
<tr>
<td>Murphy and Higgins, 2018</td>
<td>Peer support occurs between people with some shared life experiences who provide each other with empathy, understanding, support, and sense of shared community and belonging unlike that given by a professional who has not had a similar experience.</td>
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While peer support for veterans would include some characteristics mentioned above, it is likely that elements of veteran culture will make peer support for veterans unique. An understanding of peer support for veterans is incomplete if it does not include the views of women veterans. It will be salient in this research to define peer support from the perspectives of women who have served in the military so that the definition of peer support will incorporate veteran specific elements and use the words of women to represent their unique perspective.
Veteran Demographics

To serve and honor women veterans, it is important to know more about them and veterans collectively. In 2018, 18 million or about 7% of the U.S. adult population were veterans (U.S. Census Bureau, 2020). While the number of veterans is steadily declining, the number of women veterans is rising. Women make up 9% (1.7 million) of the veteran population and are expected to increase to 17% by 2040 (U.S. Census Bureau, 2020). Veteran minority racial groups are 11.6% Black and 6.4% Latinx; smaller racial groups include Asian, American Indian or Native Alaskan, Native Hawaiians, other Pacific Islander, and some other race (Infoplease, 2020). While most veterans (78.3%) are non-Hispanic white, this percentage is on the decline, and minority veterans (21%) (Infoplease, 2020) are projected to increase to 35.3% of the veteran population by 2040 (U.S. Department of Veteran Affairs [VA], 2018). Veterans are becoming more racially, ethnically, and gender diverse.

The era in which the most veterans served is also changing. Vietnam veterans were the largest era of service until 2016 when they accounted for 6.8 million veterans; Gulf War era veterans, meaning service from 1999 through the present, became the largest group at 7.1 million this same year (Bialik, 2017). Gulf War veterans come from a generation of all-volunteer force unlike the Vietnam era veterans who were drafted until 1973. Also, in 2016, there were 1.6 million veterans from the Korean conflict and 771,000 from World War II (Bialik, 2017). The smallest portion of veterans, the World War II population, is expected to be obsolete by 2043 (McCarthy, 2020). Concerns relevant to any veteran group will be dependent upon the context in which they served.

The veteran population has a higher percentage of disability compared to the general population, although disability ratings for veterans are given by the VA if the disability is service
related, as opposed to disability determined by the state. In 2019, about 25% (N = 4,248,062) of veterans reported a service-connected disability with 1.66 million veterans reporting a disability rating of greater than 70% (Statista, 2021). In comparison, 14% of Americans eighteen years and older have a disability (Hendricks & Amara, 2008). Given advances in healthcare more service members are surviving injuries that would have killed them in previous eras of service (Gawande, 2004). Therefore, more veterans need disability services for their physical and mental health.

With the growing number of service members being discharged from serving in Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) there are signature injuries for these groups of veterans. Combat veterans are facing traumatic brain injury (TBI), musculoskeletal injuries, posttraumatic stress (PTS), anxiety, depression, suicide, homelessness, as well as other challenges to integrating into society (Institute of Medicine, 2008; Olenick et al., 2015). Even veterans who were never deployed to combat face environmental circumstances in the military that may affect their health. Systems of oppression exist within the military structure including sexism, racism, classism, and ableism (Shudofsky & Matteson, 2021). Service members are at risk for sexual assault and harassment (Castro et al., 2015; Hoyt et al., 2011), as well as discrimination based on sex, race (Coughlin, 2021), sexual orientation (Burks, 2011) or gender identity (Gurung et al., 2018).

While most military veterans adjust to life outside of the military, research demonstrates that some struggle in several areas, including mental health (Burnam et al., 2009; Hankin et al., 1999). One study showed that veterans with serious mental illness were more likely to report lower social support, particularly low instrumental support and low emotional support (Kilbourne et al., 2007). A recent challenge to veteran’s health is the not yet fully realized effects
of the COVID-19 virus outbreak in early 2020. Along with causing physical difficulties from contracting the virus, those not directly affected but are socially distancing are susceptible to isolation and mental health difficulties (Mcfarlane et al., 2020; Marini et al., 2020; Ramchand et al., 2020).

With the number of health concerns that veterans can encounter, it is important to know where veterans may go for assistance. The VHA is the largest provider of healthcare in the country and their primary focus is veteran’s health (Kizer, 1997). As a federal department, the VHA provides health coverage to qualified veterans, unlike many civilians in the U.S. who get coverage from their employer. Veteran healthcare is provided through medical centers and outreach clinics. However, only 9 million eligible veterans are enrolled in care (U.S. Depart. of VA, 2021a) and utilization of care may be lower. Many veterans receive health care fully or in part outside the VA or are not eligible for benefits due to discharge status or income. While the VA is recognized as the largest provider of services for veterans (U.S. Depart. of VA, 2021a), many veterans receive their health care from other sources (Holder & Day, 2017).

**Veteran and Military Culture**

An understanding of veterans and their concerns requires knowledge of military culture as it impacts a veteran’s way of life. Literature reveals how the military comprises its own unique culture (Applegate & Moore, 1990; Canfield & Weiss, 2015; Hobbs, 2008; Reger et al., 2008; Weiss et al., 2011). The military is a subset of U.S. society as it has its own rules, norms, standards of behavior, values, and language (Coll et al., 2012; Reger et al., 2008). Veteran culture is distinct but similar to military culture in that veterans may carry over military behavior, language, and values into their civilian lives. The biggest distinction between the two cultures is that military members are required to follow military laws and standards of behavior while
veterans once they leave the service and are no longer subject to military code, have a choice as to what aspects of military culture they want to maintain. In this way veteran culture is boarder, more diverse, and more nuanced than military culture.

All veterans have at one time been indoctrinated to the military through basic training, and therefore have at least the knowledge of military life. The daily lives of service members are modulated by military values which are collectivist and team-oriented to build unit cohesion (Coll et al., 2012). The military workplace has been described as structured and disciplined with consistent training and self-improvement (Redmond et al., 2015). Additionally, military culture contains the systems of oppression seen within society at large such as sexism, racism, ableism, and other discrimination based on gender identity or sexual orientation. Also due to the rank structure, classism is a conspicuous part of daily military life (Reger et al., 2008). The degree to which these elements carry over into the civilian worldview will vary depending on the individual, their length of service, and how they reflect on their military experiences.

Military Culture Transfers to Veteran Culture

In contrast to the military, veteran culture is an amalgam of several subcultures wherein a former service member blends, to a varying degree, into the civilian world. Members of veteran culture are connected by their shared experience of military service (Hobbs, 2008) but choose how much of the military culture they retain. Evidence suggests there is a perspective difference between civilians who have not served in the U.S. armed forces and individuals that have served. A Pew Research Center study revealed that 77% of veterans felt misunderstood by civilians (Parker, 2011). This perspective difference has been credited to non-military individuals having fewer family connections to those that served and therefore not understanding the perspective of veterans. This concept of disconnection between military and non-military has been referred to
as the military-civilian gap (Parker, 2011; Taylor et al., 2011). This gap underlies misunderstandings between never serving civilians and military affiliated people such as service members, veterans, and their families.

Identity as a veteran can potentially impact health care service use. Harada et al. (2002) found that veteran identity was associated with race/ethnicity, and that being Black or Hispanic increased preference for using VA outpatient care. Notably this study consisted of all men. In a later study examining women veterans, Di Leone et al. (2014) showed that woman veterans’ strong, positive connections to their veteran identities were associated with their choice to use VA care. Taken together, these two studies implicate that a veteran’s sex and racial identity can influence their preferences for care. These studies also suggest that veteran culture and veteran identity are associated with acceptability and access to mental health care.

**Veteran Needs Associated with Military and Veteran Culture**

Veteran culture has implications for affecting the health and help-seeking behavior for veterans in need of care. Understanding military and veteran culture, how they differ and overlap, is critical to providing mental health services to veterans (Coll et al., 2011; Meyer, 2015). Military cultural competence training is recommended for health professionals working with this community (Ross et al., 2015; Yamada et al., 2013). Weiss et al. (2011) specifically address how veteran cultural and worldview influence veterans’ help-seeking in that veterans underreport mental health symptoms, are reluctant to seek out services, and prematurely end treatment.

The stigma of help-seeking and the stigma of mental health specifically put veterans at risk for suffering from untreated mental health problems. Stigma is the negative perception of a population based on invalid stereotypes and self-stigma occurs when these negative beliefs are
internalized by the individual (Corrigan & Watson, 2002). Mental health stigma is high in military and veteran populations (Greene-Shortridge et al., 2007; Harding, 2017). The self-stigmatizing belief that mental health challenges are a sign of weakness decreases the likelihood that those in need will use mental health services (Dickstein et al., 2010). The stigma of seeking mental health services can arise from aspects of military culture such as the values ingrained in service members and the consequences of mental health service use while in the military. Values learned in the military such as competency and selfless service may prevent veterans from seeking help to avoid appearing weak or selfish. Efforts have been made by the military to destigmatize mental health seeking, yet the perception of reprimand for seeking care is still strong (Hurtado et. al., 2015).

Veterans are at greater risk for mental health challenges, including PTS and substance use when compared to non-veterans (Hankin et al., 1999), but are reluctant to seek care. The prevalence of PTS in veterans has been measured relative to the era of service and conflict involvement. The estimated lifetime prevalence rates are 26 - 30% for Vietnam veterans, 10 - 12% for Gulf War veterans (1995-1997), and 13.8% for OIF and OEF veterans (U.S. Depart. of VA, 2021b). Another study showed an even higher percentage of OIF, OEF, and OND veterans diagnosed with PTD (29.3%); this group was also diagnosed with TBI (9.6%) and pain (40.2%) (Cifu et al., 2013).

A major concern for veteran’s health is the rate of suicide within the military and veteran populations. The rate of suicide may be related to military culture as help-seeking is perceived as a negative option leading to a delay or absence of steps to prevent suicide. On average 17.2 veterans died by suicide each day in 2019 (Office of Mental Health and Suicide Prevention, 2021). One study with veterans using VHA, showed that veterans diagnosed with TBI were at a
greater risk for suicide than veterans without TBI (Brenner et al., 2011). Isolation experienced by veterans during the ongoing COVID-19 pandemic, may put veterans at a higher risk of suicide than ever before (Levine & Sher, 2021). Interventions for suicide prevention remain a need for military and veteran communities.

The above examples demonstrate how the needs of veterans are intertwined with the cultural conditioning of the military which can carry over to veteran culture once separated from service. Another aspect of military culture that directly affects women is the history of being predominantly men and male dominated. The traditional combat, masculine-warrior paradigm is the idea that the purpose of military work is combat or combat preparation, and that this type of work is done by men (Dunivin, 1994). Despite the changes in eligibility allowing women to serve in any military position, this paradigm persists, creating an environment that is not always inclusive for women.

Recent studies reveal perceptions of the military as a masculinized culture. In a qualitative study of female and male Air Force cadets, Do and Samuels (2021) reported that a small but persistent group of men contribute to biased gender norms despite policy change. In another study measuring veterans’ attitudes towards other veterans, Ashley at al. (2017) found that male veterans preferred male soldiers over female soldiers and combat exposed soldiers to those never experiencing combat. These studies suggest that women face discrimination both while in the military and are also less recognized for their serve as veterans. Considering these inequities, research needs to consider and address the needs of women veterans.

Women Veterans’ Specific Needs

Studying the unique viewpoints of women who have served in the military is important. In the last two decades there has been an increase in articles on gender as it relates to the
transition from military service (Eichler, 2017). Yet historically most research about military service and veterans has focused on men. Women veterans characteristics are different than men, as women who served tend to be younger, single, use fewer VA benefits, have sex-specific care needs (i.e., childbirth, breast cancer, gynecology), and have higher unemployment after service (Murphy et al., 2014). Women veterans are more diverse compared to men veterans as over one-third of these women identify as being from a racial or ethnic minority (Murphy et al., 2014). Lesbian and bisexual women are more represented in the military than in the general population (Gates, 2010). Research on women in the military and women veterans is on the rise but little to no research has looked at women veteran peer support.

Women have a long history of service in the military. Women have been serving longer than the U.S. has been a country; women played a role in the Revolutionary War, although not always being recognized as part of the military. Jobs for women were limited until more positions opened in 2013 and restrictions on women combat roles were lifted in 2016. Women serve in every branch of the military. According to the Department of Defense in 2019, women on active duty were 20% of the Air Force, 19% of the Navy, 15% of the Army, and 9% of the Marine Corps. The total percentage of women serving in Guard or Reserve Units was 19.8% in 2018 (Service Women’s Action Network, 2019). Since the most recent conflicts in Iraq (Operation Iraqi Freedom/Operation New Dawn) and Afghanistan (Operation Enduring Freedom), women have essentially served in combat as the front lines of engagement are not clear (Moore & Kennedy, 2011, p.71) and have always been at risk even in support positions (Pierce, 2006).

Women veterans have been described in the literature as navigating both identity as female and identity as veteran due to the strong societal association between men and veteran
status (Strong et al., 2018). In fact, the term “men veterans” sounds awkward due to veterans being viewed by default as male and never having to clarify when a veteran is a man. Yet women are often distinguished by the term “women” veterans. An example of this is the VHA office for women called Women Veterans Health Care (U.S. Depart. VA, 2020b).

While serving, women in the military experience a hyper-masculinized culture (Do & Samuels, 2021). A study of leadership evaluations showed women being described by more characteristics based on emotion (i.e., friendliness, understanding, sensitivity) than men, which are not as valued in military settings and may negatively impact promotion potential (Looney et al., 2004). Women were more often discharged for their sexual orientation than men under the “Don’t Ask, Don’t Tell” (DADT) policy. These inequities are something women still face today. Much like women veterans in general, lesbian and bisexual women veterans face gender discrimination and additionally experience high levels of prejudice, discrimination, and victimization based on their sexual orientation (Lehavort & Simpson, 2013). Transgender women serving in the military face barriers to service such as inconsistent policy on their eligibility to serve (Crosbie & Posard, 2016; Coppola, 2021).

Women veterans have a comparable burden of physical and mental illness to men, yet research on women veterans is less prevalent than on men. In 2004, the VHA developed the first national VA Women’s Health Research Agenda to lessen this research disparity (Yano et al., 2006). Given that women are now serving in more dangerous roles and perhaps have always faced the same environmental exposures, they are experiencing injuries and medical conditions much like men. Women veterans are at higher risks for gastrointestinal disorders, pain disorders, trauma, and stress than men veterans (Levander & Overland, 2015). Health research has
increased for women veterans in recent decades, but it is unknown if this research captures a fully representative sample.

Often, the women that are studied are those using VA health care. In a study of 660 women veterans receiving care from the VA over half suffered from insomnia (Martin et al., 2017). In another study of chronic pelvis pain and opioid therapy only records from women who used the VHA were analyzed (Cichowski et al., 2018), again leaving out women who use health services outside the VA. Approximately 50% of women veterans used VA benefits in 2017 (U.S. Depart. VA, 2020a) but this percentage does not delineate health care benefits from other types of benefits such as education. Out of all VA benefit users about 25% used VA health care in 2017 with the remainder using other types of benefits (U.S. Depart. VA, 2020a). Therefore, the percentage of women using VA health care is likely less than that 50%. Research is leaving out a large part of the community of women veterans who do not use VA health care.

Although women share some of the same risks as men in the military, women still have their own unique health care needs. In 2014, the Disabled American Veterans (DAV) released a report about challenges that women face after leaving their military service. This report attests that woman face different challenges due to their role in the military and in society. Therefore, their health care, employment, financial and social needs may be different than men (Murphy et al., 2014). The Service Women Action Network (SWAN) assessment corroborates these findings in that women veterans disclosed challenges with mental health, financial stability, and connection to other women veterans (Thomas at al., 2017). In fact, results of another study showed that women veterans who served after 2001 were more likely to have a disability compared to men veterans and women nonveterans (Prokos & Cabage, 2017), which likely affects employment and finances for these women.
Military sexual trauma (MST), which is considered assault of a sexual nature that happened during service, is a problem that affects many veterans. A meta-analysis reported rates of MST to be 38.4% for women and 3.9% of men (Wilson, 2018). One study of veterans with a history of MST, found a subset of these veterans had concerns about VA care such as distrust of providers, privacy, stigma, shame, continuity of care, and perceived low provider compassion (Monteith et al., 2020). A further study with a larger sample of only women veterans who screened positive for MST (n = 242) found an association between feelings of institutional betrayal and lower willingness to use VA care (Monteith et al., 2021). Therefore, women veterans who have experienced MST may also have feelings of betrayal that prevent them from accessing VA health care, while potentially having a higher need for services.

Women veterans also have specific mental health concerns unique from other subpopulations of veterans. A literature review on women veteran’s mental health found higher rates of disorders like depression and comorbidities, such as PTS combined with some other mental disorders, compared to men veterans (Runnals et al., 2014). A group of OIF and OEF women veterans reported major stressors in the military as combat experiences, military sexual trauma/harassment, and separation from family (Mattocks et al., 2012). These stressors have been found to be associated with PTS, depression, and substance use. In a sample of over 6,000 woman who were VA primary care users, 50% reported unmet mental health needs (Kimberling et al., 2015). This is particularly troubling since research suggests they have a higher rate of suicide compared to women in the general public (Chapman, 2014).

Research related to women veterans has grown overall in the last couple decades (Danan et al., 2017; Eichler, 2017). The VHA has conducted more health care studies targeted at women’s health concerns and academics are looking at the unique experiences of what it is like
to be a woman in the military. Peer support is a well-studied intervention and phenomenon that is being used with veterans. Women veterans specifically could benefit from this support. Women veteran peer support should be explored further for a deeper understanding of what it means to participants and how it can help women in need. What exists about veteran peer support is explored in the next section.

Veteran Peer Support

The numerous programs for veterans that incorporate peer support suggest the potential for peer support to help them with all sorts of life problems. Peer support is recommended for veterans in transition to increase community integration (Drebing et al., 2018). Veteran treatment courts use peer mentors for justice involved veterans (Ahlin & Douds, 2016; Slattery et al., 2013). Peer support has been used with homeless veterans with dual mental health and substance use challenges (Ellison et al., 2016). Peer support can be found on many college campuses to improve service members’ and veterans’ academic success (DiRamio et al., 2008). This peer support for veterans increases social support, mental health, and physical health (Drebring et al., 2018).

One frequent use of peer support with veterans has been for the specific mental health concern of PTS. Jain et al. (2012) advocate specifically for peer delivered interventions for veterans diagnosed with stress disorder. These peer interventions have been developed for rural veterans (Jain et al., 2014) and veterans in a residential rehabilitation program (Jain et al., 2016). Peer support has even been added alongside Cognitive Behavioral Therapy in an Internet-based intervention for combat-related stress (Van Voorhees et al., 2012). Peer support can stand alone or be combined with clinical treatment.
One of the few studies that addressed gender with veteran peer support examined veterans’ perspectives about how peer support could fit in to clinical treatment of PTS (Hundt et al., 2015). While women made up about a quarter of the sample (6 out of 23), the authors discussed how their preferences for peer groups compared with the men. The authors found that women veterans preferences for groups were mixed depending on topic. Some women felt as though mixed gender groups would be uncomfortable for women when talking about sexual trauma and other women felt that they would like to hear men’s perspectives on how they deal with PTS (Hundt et al., 2015).

One other study about women veteran peer support examined preferences for peer support groups to address cardiovascular health (Goldstein et al., 2018). While the groups were used to improve heart health behaviors, rather than mental health, findings from this study could be used for comparison. The authors found that women veterans valued trust, behavioral goal compatibility, positive attitude, and accountability in their peer groups. Being that only these two studies addressed gender, and still the focus was not directly on women veterans’ mental health, more research is needed. The following examples of veteran peer support did not address how sex/gender would impact peer support but are interventions used with veterans in general.

**Veteran Peer Support Examples in the Literature**

One example of a veteran peer program model is Vet-to-Vet, a veteran consumer-provider program designed to help with mental health (Resnick et al., 2004). This program was developed in partnership with the VA Connecticut Healthcare System, yet the veteran peers are not VA staff. The program uses a psychoeducation group format led by veteran peers with participants receiving services from the psychosocial rehabilitation clinical program. Resnick et al. (2004) describe the set up and training for this program, demonstrating its feasibility.
Outcomes of this program were not reported, but another study proposed how to evaluate peer programs and conducted a study of multiple Vet-to-Vet programs. Barber et al. (2008) proposed an evaluative method for tracking these types of programs within the VHA. They suggest monitoring duration and frequency of peer participation, satisfaction measures, and program adherence to recovery orientation. The researchers found veterans to be positively satisfied with the Vet-to-Vet program and showed greater engagement with this model compared to other peer programs (Barber et al., 2008).

Another study of the Vet-to-Vet model examined what factors may influence attendance in the program. The greatest practical implication of this study was that co-locating peer support with traditional clinical services appeared to increase attendance in the Vet-to-Vet model (Resnick & Rosenheck, 2010). This finding suggests that the location of the host organization of the program may affect its success. An earlier study of the Vet-to-Vet model (Resnick & Rosenheck, 2008) looked at both recovery-oriented and clinically oriented measures of veterans in two cohorts, one group recruited before the Vet-to-Vet program and one group that received the Vet-to-Vet intervention. The Vet-to-Vet cohort showed higher levels of empowerment and confidence as well as greater functioning from baseline to 9-month follow-up compared to the cohort without Vet-to-Vet. Overall, the Vet-to-Vet model was implemented, evaluated for attendance, and demonstrated positive outcomes for the veterans that participated.

Other peer models were developed and implemented by the VHA due to federal legislation, such as with Executive Order 13263. This executive order produced the 2002 President’s New Freedom Commission on Mental Health which prompted the VHA to start a widespread implementation of peer support into their medical centers (Oh & Rufener, 2017). While hiring peer support specialists was one main part of the initiative, research on peer support
was done in several areas within VA health care. In 2005 a survey of peer programs for veterans diagnosed with mental illness was conducted with 25 programs responding (Hebert et al., 2008). The results of the survey showed a variety of programs for veterans: six programs were categorized as being implemented independently from VHA treatment and nineteen were considered affiliated with already existing VHA programs. The survey also asked about program goals, peer position characteristics, and position requirements. The results showed great diversity in peer programs for veterans which makes comparing programs difficult. However, programs were considered consumer partnerships in that they provide unique services that are complementary to clinical services rather than replacement of those services. The authors stressed the importance of defining service designs and peer roles for clarity in service provision (Hebert et al., 2008).

Several studies were conducted to assess how contact with veteran peers may increase mental health treatment engagement and decrease dropout. Goetter et al. (2018) found that when veterans were contacted by a Veteran Peer Outreach Coordinator, they were more likely to have greater attendance at psychotherapy sessions at a 6-month follow-up and had lower dropout rates than veterans who were not contacted by a peer. However, an earlier study found no difference in attendance when recovery-oriented groups for psychoeducation were led by clinicians or peers (Bottonari et al., 2012). Taken together, these findings suggest that peers may influence treatment attendance based on the context of the intervention.

Another peer intervention, the Peer Support Program, researched by Jain et al. (2014) reached 53 veterans in ten months. The program based out of a rural VA clinic engaged veterans with PTS and substance use disorders in group services and individual visits with a Certified
Peer Specialist (CPS) (Jain et al., 2014). While clinical outcomes were not reported for the rural veterans, this study supports the feasibility of peer interventions to engage veterans.

The theme of peer support arose in another VHA study when veterans participated in Shared Medical Appointments (SMA). SMAs are multidisciplinary patient-centric methods in which specialists such as psychologists, dietitians, nurses, or social workers join a health care provider to lead programs, in this case for the health of a group of veterans. A sample of 17 veterans reported that sharing their experiences and socializing with their peers was helpful (Cohen et al., 2012). While this example of peer support encouraged physical health behaviors, peer support was so highly valued that the VA created a job position specifically to help veterans with their mental health.

In another response to the President’s New Freedom Commission on Mental Health in 2002, the Department of VA Under Secretary for Health formed a task force in 2005 in charge of implementing changes within the VA mental health care system (Goldberg & Resnick, 2010). The Commission on Mental Health identified obstacles that blocked people with mental health problems from getting assistance, such as mental health stigma, flaws in private sector health insurance, and the fractured mental health delivery system. In response to the Commission, the task force created the VA Mental Health Strategic Plan which calls for a person-centered mental health system with psychosocial rehabilitation and recovery-oriented services (Goldberg & Resnick, 2010). The task force determined that veterans with mental health issues should have the support of additional services that fall under the Psychosocial Rehabilitation and Recovery Services. These services include Local Recovery Coordinators who hire peers, Family Services, Veteran Mental Health Councils, Psychosocial Rehabilitation and Recovery Centers, Mental
Health Intensive Care Management (MHICM), Therapeutic and Supported Employment Services, Skills Training for Employees, and peer support services for mental health.

As one part of the Strategic plan, implementing peer services included the hiring of veterans to become CPSs. As of 2017 there were over 1,000 peers employed at VA Medical Centers (Chinman et al., 2017; Oh & Rufener, 2017). CPSs in mental health are individuals in recovery that have received training to assist other individuals with their mental health challenges (Clossey et al., 2016). For the VA, this means employing veterans of the U.S. military that are dealing with or have overcome mental health challenges to be peer specialists to help other veterans with similar struggles.

After the implementation of CPSs in the VHA, an influx of research has been conducted on the employment of Peer Support Technicians (PST), the job title for CPS positions within the organization. Several research studies examined different aspects of PSTs. Chinman at al. (2010) studied the implementation of PSTs into MHICM teams. They suggest involving clinical staff in the process of establishing PSTs (Chinman et al., 2010). Chinman et al. (2008) examined focus group data from peer employees and their supervisors on their initial program implementation into VA healthcare. The feedback demonstrated the feasibility, acceptability, and benefits of peer support for recovery-oriented practices. A later study surveyed the Local Recovery Coordinators on their perceptions of the implementation of CPSs. The coordinators all had CPSs hired at their sites and were familiar with their role, however, implementation challenges included misunderstanding the hiring process of peers, lack of funding, and lack of clarity of the peer role (Chinman et al., 2012).

Additional research about the implementation of CPSs within the VHA has been positive. Stefanovics et al. (2017) reported that CPSs and their supervisors reported high receptivity to the
program and effective implementation according to the Recovery Self-Assessment (RSA). The RSA contains recovery-oriented practices that includes pursuing life goals, involvement in services, treatment option diversity, client choice, and individually tailored treatment.

As implementation of CPSs in mental health demonstrated positive results, peer support was incorporated into VHA primary care. Throughout 2016 and 2017 CPSs work was expanded into primary care teams (Chinman et al., 2017) and integrated primary care-mental health programs (Shepardson et al., 2019). Rather than outcomes, these studies focused on implementation. Recommendations for success included administrative/leadership support, stakeholder buy-in, role clarification and education, supportive supervision, and sharing outcome evaluation (Shepardson et al. 2019). These researchers also encouraged getting feedback from veterans about how to improve peer support services.

Along with the scholarly literature on veteran peer support, there are peer support programs for veterans scattered throughout the U.S. that are not affiliated with the VHA and provide further insight on veteran peer support (Myrick & Del Vecchio, 2016). Many states have peer programs run by non-profit organizations (Swarbrick et al. 2016), while other states do not have statewide services outside of county services and the VA. There are also non-profit organizations that may not solely serve veterans but have elements of their program targeted toward veterans. One example is Volunteers of America (VOA) which offers its Battle Buddy Bridge as a peer program to support veterans, oftentimes connecting them with other resources (VOA, 2021). The Depression and Bipolar Support Alliance (DBSA) provides training for veteran peer certification. In 2012 the DBSA was awarded a national contract from the VHA to certify their peer employees (DBSA, 2018). Many more organizations exist that provide peer support as their main or supplemental service.
National programs, such as Wounded Warrior, Vets4Warriors, Peer Advisors for Veteran Education (PAVE), and Vet to Vet USA have locations throughout the country and are accessible to many veterans regardless of the state in which they live. Wounded Warriors is a well-known organization with a mission to serve veterans that incurred a physical or mental injury, illness, or wound while serving in the military on or after September 11, 2001. Peer support is a component of their services (Wounded Warriors, 2021). Vets4Warriors provides peer support and resource connection via phone or email to veterans to prevent crisis situations (Vets4Warriors, 2017). PAVE is a partnership between the University of Michigan and Student Veterans of America (SVA) where trained student veteran mentors support incoming veteran students (PAVE, 2021). Most states have Vet to Vet meetings which consist of veteran peer support for mental health. This organization started by Moe Armstrong provides training materials for veterans across the country to start their own peer meetings (Vet to Vet USA, 2021). A final classification of veteran services includes those funded by state initiatives.

**Joseph P. Dwyer Veteran Peer to Peer Programs**

The Joseph P. Dwyer Veteran Peer to Peer (Dwyer) Programs in New York are a unique example of State sponsored programs and quite possibly the only state initiative in the country (New York State Senate, n.d.). The Dwyer Programs grew out of the New York State Senate, and later Assembly, funded initiative to provide peer to peer support to veterans. The initiative was named after Joseph P. Dwyer who served in the military as an Army medic. In 2003 when he was deployed to Iraq during the U.S. invasion, he was photographed carrying an Iraqi boy to safety and this picture became an iconic image in newspapers (Downes, 2008). Unfortunately, upon his return to the U.S he struggled with PTS, depression, and substance use and passed away.
in 2008 (Downes, 2008). The Dwyer programs honor his memory and aim to alleviate struggles felt by military members and veterans.

The programs started in four counties and have grown to 25 counties receiving funding for their programs in 2021. While the structure of each county varies, all programs operate under the tenet of providing peer support to veterans by veterans. This peer support can take place in an individual, group, or social context. With the onset of COVID-19, many of the programs’ services have been adapted to virtual delivery.

Dwyer programs are open to any individual who has served in any U.S military branch regardless of character of discharge. This means that veterans who might not otherwise be eligible for services through the VA or other county programs can be served through these programs. These programs are distinctly separate from the VHA but many counties partner with local VA clinics to collaboratively support veterans. The original goal of the program was to reduce symptoms of PTS and reduce veteran suicide. However, the needs of the veteran community go beyond these two challenges and veterans are provided emotional support, concrete support, and social opportunities. The source data for this dissertation comes from veterans participating in the evaluation of the Dwyer Programs.

**Literature Summary and Guiding Research Questions**

The literature on veteran peer support is vast and contains examples of programs that offer services to better the well-being of veterans. Programs range from non-profit to government sponsored and from veteran volunteers to certified, paid peer specialists. Peer programs address initial transition from active duty to veteran status, other transitions across the lifespan, and all aspects of mental and physical health. The literature also demonstrates that women are the fastest growing subgroup of veterans, yet there is only limited research on their health and well-being.
Literature on veteran peer support specific to women is almost non-existent. Firsthand accounts from women participating in veteran peer support programs are needed to help establish how they view peer support and what this peer support means to them. The overall research questions for this dissertation are:

(1) How do women veterans describe peer support for their mental health and well-being?

(2) What does peer support mean to the woman veterans in this study?

(3) For what life experiences is peer support helpful for women veterans?

(4) What is the lived experience of women veterans participating in peer support programs?
Chapter 3: Methods

The purpose of this dissertation research is to explore the use of peer support among women veterans participating in peer support programs to better their mental health. Studying peer support among women veterans will help refine peer programs to reduce loneliness and increase well-being in this expanding veteran subpopulation. A descriptive qualitative analysis of secondary data is used to answer the research questions about women veteran peer support. This chapter will discuss the research design, source of the data, role of the researcher, data procedures, trustworthiness, limitations, and ethical considerations.

Research Design

The research questions to be explored in this dissertation are focused on women veteran peer support and women veterans’ experiences. Questions include (1) How do women veterans describe peer support for their mental health and well-being? (2) What does peer support mean to the women veterans in this study? (3) For what life situations is peer support helpful for women veterans? and (4) What is the lived experience of women veterans participating in peer support programs? These questions will be answered using a qualitative description approach (Sandelowski, 2000). A preliminary definition of veteran peer support is a veteran or group of veterans with shared lived experience, who assist another veteran in need of emotional, appraisal, or informational assistance using their lived experience. Elements of this definition are taken from Dennis’ (2003) conceptualization of peer support in health care. The definition of veteran peer support will change as this study will add the perspective of women veterans participating in community peer programs. A qualitative approach is appropriate because it answers questions of “how,” “what,” and ‘why.” Qualitative research is used for exploration and the meaning humans ascribe to a concept, unlike quantitative research that is used for hypothesis testing.
(Creswell, 2014). Specifically, qualitative description is the most suitable approach based on the research questions.

Qualitative description does not fit into other qualitative approaches. Qualitative research designs are often categorized into five approaches: phenomenology, grounded theory, narrative, case study, and ethnography (Creswell & Poth, 2016). This separation of approaches into five types is limited, however, as it leaves out other ways of designing research such as pure description. As this study attempts to define the phenomenon of women veteran peer support, qualitative description fits well. Qualitative description is an additional category of qualitative approach that does not move far from the data in that there is less interpretation compared to other approaches and has the end goal of pure description (Sandelowski, 2000).

Qualitative description is distinct from other approaches. This study is influenced by the military and veteran culture of the participants, but the focus is not culture and therefore is not ethnography. This study is not a case study because it uses only interviews rather than multiple sources of data. Also, field work was not conducted, nor was the study’s focus on the programs as cases. Narrative research focuses on the stories of individuals, while this research looks at the shared experience of peer support as a phenomenon as the unit of analysis, rather than the individuals’ stories. Grounded theory looks at vast numbers of examples with the purpose of theorizing. While future studies on this topic may lead to theory, this study is not theorizing but describing women veteran peer support. The research design used here is closest to the phenomenological approach to qualitative research because it is exploring the meaning of peer support for these women, however, it is not looking to reduce the definition of peer support to a universal essence which is the goal of phenomenology (Creswell, 2007). This study includes elements of phenomenology (Moustakas, 1994) in which the researcher will gather information
on the understanding and meaning of peer support to veterans. This is taking one more interpretive step from pure description as the researcher attempts to describe the phenomenon of veteran peer support and the meaning women veterans attach to that peer support but without generalizing their experiences. Ultimately, qualitative description will best answer the research questions.

**Source of Data: Joseph P. Dwyer Veteran Peer to Peer Programs**

Secondary analysis re-uses already collected data from a previous research study to investigate new research questions (Heaton, 2008; Hinds et al., 1997). The source data for this dissertation comes from the program evaluation of the New York State Dwyer Project, making this a secondary analysis. The Joseph P. Dwyer Programs are peer to peer programs located in certain counties throughout New York State that serve military veterans (NY State Senate, n.d.). The programs are named after an Army combat veteran who struggled with symptoms of PTS after his deployment to Afghanistan until his premature death. The goals of the programs are to prevent veteran suicide and increase veterans’ mental health on a community level. The programs provide peer support by veterans to other veterans in need of some type of assistance. This assistance consists of emotional support, concrete support, and resource connection.

The Dwyer programs are fundamentally based on providing veteran peer support, but each program structures their program based on their county context and veteran population. This means that peer support can be provide one-on-one, in groups, or through social based activities. Many programs offer all these modalities of peer services. Initially most contacts with veterans were face to face but with the COVID-19 pandemic beginning in 2020, programs now offer virtual supports, in addition to in-person services.
As part of the evaluative process for eleven of the county programs, semi-structured interviews were audio recorded and transcribed by the evaluative team. Two interview protocols were used based on the veteran’s role: one for program participants (Appendix B) and one for program staff (Appendix C). The original goal of data collection was to gather participant feedback on the programs. Questions were asked regarding involvement in the programs, description of the programs, and satisfaction with the programs. However, additional questions asked participants about their military service, how they describe peer support, and the meaning of peer support to them. It is the answers to these additional questions provided in the transcripts that are the source of the data for this dissertation.

**Role of the Researcher**

The role of the researcher is important in qualitative studies because the researcher is comparable to instrumentation as they are the tool that interprets the data. As an interpretive instrument, researchers tend towards data they find salient. Therefore, the researcher situates oneself in relationship to the data by acknowledging how one’s own life experience may be impacting the data (Creswell, 2014). This can be done by clearly stating the researcher’s worldviews, examining how the researcher’s life may influence the data, and revealing the researcher’s thought processes during analysis. This researcher’s ontological assumption is subjective, assuming multiple realities exist. Additionally, this researcher’s epistemological stance is interpretivist with a social constructivist paradigm which assumes knowledge is influenced by people in concurrence with their environment in which they construct their own reality and meaning. For example, one veteran could define peer support relative to her experience in the military, whereas another veteran might focus on the relationship peer support creates for him. This researcher acknowledges both these perspectives as reality described by
that individual veteran. Both these perspectives on reality are valid and understanding what peer
support means to an individual veteran is important to study.

Unlike an objective stance that tries to eliminate bias, a subjective epistemology
acknowledges that biases are inherently human but can best be mitigated by examination of the
self and one’s own experience. Examining one’s own relationship to the data is called
positionality (Savin-Baden & Major, 2012). This researcher’s positionality is that of a military
veteran and social worker with personal knowledge of peer support from her own experiences
(Strauss, 1987 terms this experiential data). Rather than putting her at a disadvantage, this
experiential data increases the credibility of the analysis as it can add insight to the data
(Maxwell, 2008). This researcher also acknowledges that she views veterans through a strength-
based lens; however, as a social worker she also sees all individuals through a strength-based
lens, which does not unduly favor any specific group.

The data in this research were analyzed by the doctoral student researcher through her
interpretive lens as a combat military veteran and social worker. The researcher was enlisted in
the Army National Guard for 6.5 years in the Post 9/11 era. She deployed to Operation Iraqi
Freedom as an aircraft mechanic to what was Executively designated as a combat zone, but she
saw no direct combat involvement. Upon honorable separation from the military, she earned her
bachelor’s in psychology, and in 2018, she earned her master’s in social work. This researcher
has four years of experience employed at a Veterans Affairs Medical Center (VAMC) where she
carried out clerical work as a medical support assistant, healthcare enrollment as a program
assistant, and recruitment and hiring in human resources as the selective placement coordinator
in charge of veterans and disability hires. This range of experiences provides her with knowledge
related to military veteran concerns which helps process the data in a culturally informed way.
Despite the knowledge of the primary researcher, data analysis benefits from increased perspective. To gain additional perspective and mitigate personal bias, an additional researcher was contracted to code and discuss the data. This research contractor is also a military veteran having served active duty in the Navy, is a non-combat veteran, and has a master’s in sociology. She is versed in qualitative research as her master’s thesis examined the transition of active-duty military to student veterans in higher education. Her current employment is at a policy agency working to reduce veteran suicide. Having this additional perspective will help increase the trustworthiness of the data. Other methods such as reflexive memoing, coding discussion sessions, and an audit of the findings were employed to increase the rigor of the analysis. These techniques are described below in detail in the section on trustworthiness.

**Data Procedures**

This section includes a description of the setting, data collection, data selection, sample characteristics, data management, and analysis. The data for this research comes from interviews conducted for the evaluation of the Dwyer Programs which was described above in section on the source of the data. After introducing the setting and participants of the original data collection, the procedures for processing the data as a secondary analysis are detailed.

**Setting and Data Collection**

Interviews were conducted in eleven New York State counties at the host location of the program or in the community, depending on participants’ preference and comfortability. Ten counties were represented by the data as one county did not have any interviews with women veterans. There were at least two women representing each county program. The ten programs have varying allocated space between a single room to an entire building to administer the program services or services can be provided directly in the community. The program settings
range within each county from more densely populated urban areas to rural, scarcely resourced areas across the state.

Program personnel and veteran participants were informed about the evaluative study, its voluntary nature, and that it would have no effect on services they were receiving from the programs. After informed consent procedures (Appendix A), participants were asked to answer interview questions from a semi-structured interview guide. There were two versions of the interview guide based on their role in the program: program participant or program staff. The two example guides are in the Appendix A and Appendix B, respectively. Interviews ranged from 30 to 120 minutes and were audio recorded with permission from the veteran participant. The entire original data set included 154 veterans from eleven state counties. Interviews were conducted from May of 2014 to December of 2016. At the time of the interviews, all veterans were involved in a Dwyer Program as a peer mentor, peer recipient, administrative personnel, or in some combination of these roles.

Data Selection

For this secondary analysis, interviews were selected based on shared characteristics (Hinds et al., 1997) that would help answer the research questions. Selected interviews had to be women who had at one point served or were serving in the military and had experience receiving or providing peer support. Of the 154 veterans interviewed, there were 27 women veterans. Two women were excluded as one interview was not audio recorded and one interview did not have information on peer support. Women veterans were chosen to address the sex-specific research questions on peer support and to adjust the data to a manageable amount.

Sample
The final sample for this dissertation included 25 audio files of interviews with women veterans with their associated transcriptions. The 25 interviews are all women who have served in the US military or were still serving in some capacity at the time of the interview. The entire sample will be referred to as veterans since it is likely they have all transitioned to veteran status since their interview dates. These women came from four branches of the military including the Army, Air Force, Navy, and Marine Corps. One woman was in the Women’s Army Corps (WAC) and one woman was in the Army Nurses Corps which were all-woman sections of the Army before sexes were integrated. The mean age of the women was 57 years with a range of 25 years to 67 years of age. This sample spans over five decades of service from 1964 to 2016 and 40% (10 of 25) served in a combat zone during a deployment. Combat deployments were to Iraq, Afghanistan, and in one case, Vietnam. Some of the women served in overseas deployments that were not designated combat (such as in France, Lebanon, or Grenada) or were deployed stateside to other locations in the U.S. other than their home base.

Data Management

The interview audio files and transcripts are stored on a virtual private network controlled by the University at Albany. Access is password protected and only permitted to members of the evaluation team, which includes this researcher. The qualitative database of interviews consists of 154 interviews of military veterans who are program staff or program participants in one of eleven New York State County Dwyer Programs. There is no personally identifying information that can link individuals to their interview data. No names were attached to these interviews as they were anonymized before storage and access. Demographic data for the participants appeared at the top of the transcript or in the contents of the discussion. Therefore, selecting the women veterans was possible. For this study, interviews were labeled W1 through W25. The 25
Analysis Techniques. Analysis of data begins with the organization of data and continues until the results are written. Throughout the analysis of this data, the researcher used techniques of data organization, multiple read throughs, two coders, code discussion meetings, memoing, theming and external audit. These techniques are non-linear with multiple techniques being used simultaneously or iteratively. In this manner more detail on the analytic process can be documented as the research process emerges. Each technique is described below but did not necessarily occur in this order.

Data Organization. The researcher listened to each audio file while reading over the transcripts to clean the data. The 25 transcripts were stored in their own folder on a secure private network. A Microsoft spreadsheet was designed to track demographic information and other pertinent content for the 25 women. The spreadsheet included age, race, branch and component of service, dates of service if known, deployments, overseas conflicts if applicable, and their role in their associated peer support program. Organizing the women’s characteristics in this way was helpful in describing the sample and providing an overall view of the dataset.

Coding and Multiple Reads of Data. Coding was carried out directly in Atlas-TI version 9 software by two individuals: the primary researcher and a contracted researcher. Each coder perused the 25 interviews at least once and the primary researcher read through each transcript multiple times. The first analytic read of the interviews looked for answers to the research questions. Along with the specific research questions, salient events in the experiences of the women veterans related to their military experience were also noted. In a second read, the primary researcher looked for any description of the county program with which each participant
was affiliated. These multiple reads allowed for greater emersion into the data and an understanding of the peer programs.

Coding was a combined inductive and deductive process. Prior to the start of coding, four codes were created based on the search for information on peer support. The deductive codes related to peer support (operationalized in parentheses) were Definition (used when the veteran is defining peer support in their own words), Definition- Delimit (used when the veteran is defining peer support by saying what it is not), Example (used when the veteran is providing an example of peer support provided by them or to them), and Meaning (used when the veteran is describing what peer support means to them). This short codebook was provided to the coders with the understanding that the codebook would expand as pertinent data were uncovered. All additional codes were inductive and created in vivo, if possible, to capture the direct voices of these women. The primary researcher was the codebook editor. She was responsible for adding and defining codes throughout the analysis process. The understanding of each code was discussed during code meetings.

**Code Discussion Meetings.** Transcripts were coded iteratively, with four code meetings periodically held throughout the process. After the first five transcripts (W1 – W5) were coded, a code meeting took place between the two researchers to confer about the codes they discovered and to discuss their thoughts on the data. In this way, similar techniques could be established for coding the remaining data and the researchers could come to consensus on what data was directly related to peer support or the women’s experiences in the military or post-discharge. The researchers had comparable numbers of codes generated 25 and 35 at the first meeting. Most additional codes were generated because one of the researchers coded demographic data. At the end of this meeting, the codebook consisted of 36 codes, 17 of which directly related to
experiences of veteran peer support and the remainder related to the women’s military experiences.

After the next ten transcripts (W6 – W15) were coded the researchers held a second code discussion meeting. Two additional meetings took place to discuss the coding of the remaining transcripts (W16 – W20 and W21 – W25). During each meeting, the researchers compared codes and discussed new codes that were added. The final number of unique codes was 44 with 20 codes directly related to peer support. The study’s codebook contains the list of codes and their operationalized definitions (Appendix D).

**Memoing.** In addition to coding, memoing that included reflexive remarks was used as part of the analysis process (Miles & Huberman, 1984, p. 69). Each researcher kept a memo journal in the software program with insights as they coded the data. These insights included initial answers to the research questions, emerging concepts, variety in veterans’ responses, and possible conceptual connections. Reflexive remarks (Miles and Huberman, 1984, p. 65) were also used to record any emotional connections with the data, such as related feelings, shared experience, or other emotional reactions to what was said in the transcripts. This is especially important as the coders, who are both women veterans, have personal knowledge of military experiences and therefore act as additional analysis tools to monitor the data.

**Defining Peer Support and Theming the Data.** The codes were separated into two topics: peer support and military related experiences. After coding was complete, the data on peer support were further condensed through summarizing the responses related to definition and meaning. A summarized description of peer support from each woman can be found in Table 3. Quotes related to the meaning of peer support for each woman can be found in Table 4. These verbatim phrases were picked as they best described what peer support meant to the individual
woman. Additionally, themes were pulled from the peer support codes that appeared regularly throughout the sample and were endorsed by at least five of the veterans. These themes can be found in Table 5. Similarly, coded material related to the women’s experiences in the military or in transition after service was explored for themes endorsed by at least five of the women veterans. Results related to peer support are in Chapter 4 and results related to the women veterans’ experiences are in Chapter 5.

**Eternal Audit.** The final task of analysis was the external audit. This task may happen multiple times as its purpose is to check the data from the perspective of someone other than the primary researcher (Creswell, 2007, p. 209). The auditor looks over the written results section to confirm that the results are in line with the evidence, in this case, the veterans’ transcripts. If the selected quotations do not support the results than the primary researcher must adjust this section until it parallels the quotations, therefore, ensuring the results are in line with the evidence. The external auditor for these results was the contracted research coder as she was very familiar with the quotations from reading the transcripts. She read over the results section twice: giving feedback after the first read and confirming the feedback was addressed in the second read.

Overall, the above documentation of the methods, particularly all the steps taken throughout the analysis, were used to increase the rigor of this research. Despite taking these steps, an account of the trustworthiness of the study was considered. This next section further explains the reasoning behind the use of these analysis techniques and how they increase the caliber of this dissertation research.

**Trustworthiness**

Trustworthiness is the terminology used to evaluate qualitative research and relies on criteria created by Lincoln and Guba (1985). In other words, trustworthiness is verification of the
research methods and conclusions (Hammarberg et al., 2016). Interspersed throughout the analysis process were a variety of techniques employed to increase the trustworthiness of the study. While these techniques, explained in the analysis section, are separated into sections on credibility, dependability, confirmability, and transferability, many of these techniques increase more than one of these categories. Purposefully including these techniques increased the rigor of the study and showed thoughtful reflection on the analytic process.

**Confirmability**

In qualitative studies confirmability is the objectivity of the study’s findings and is demonstrated by reflexivity and an audit trail (Williams, 2015). Both data coders kept a journal in which they documented their reflexive remarks. During code discussion meetings, the coders reviewed each other’s comments for potential bias and challenged each other when necessary. The audit trail for this dissertation includes transcriptions, the spreadsheet of participants’ characteristics, summary paragraphs for each veteran, researchers’ memos, interview guides, and detailed analytic procedures including the codebook. These documents show the decision-making process of the researcher and can be used to check objectivity.

**Credibility**

Many parts of a study can lend to the credibility of the research. Credibility is the authenticity of the research, also called internal validity by some (Miles et al., 2020). The primary researcher for this dissertation was a part of the original evaluative team that collected and analyzed the data. This increases the credibility of the research as she is familiar with, and was part of, the original data collection. Multiple reads of the transcripts in this project even further emersed her in the data. Additional credibility is added to this research as it was conducted by a combat veteran familiar with military culture and who has shared some similar
experiences in the military as the participants. She can confirm when participants talk about experiences she also experienced during her service or in her transition out of the military.

Credibility can also be established through peer debriefing and member checking (Williams, 2015). The anonymity of the data in this study made member checking impossible; however, peer debriefing was used. Peer debriefing is when two (or more) researchers compare their interpretations of the data and agree on a common understanding. This technique took place during each code discussion meeting when each interview was reviewed. This process also took place for the creation and understanding of the codes. The agreed upon definition of a code was operationalized as found in the codebook (Appendix D).

**Dependability**

Dependability refers to the consistency of the process, if the process is uniform over time, across researchers and methods (Miles et al., 2020). An audit trail (described in the confirmability section) for this study is available for others to reproduce this study allowing for the replication of these methods. Peer review helps increase dependability across researchers and was implemented here with the contracted research coder. The second coder is also a woman veteran having served active duty in the Navy. The two researchers showed consistency when sections where coded similarly, which occurred most often during this process or until the two agreed.

Dependability is also the consistency of the findings and is checked through an external audit of the data (Creswell, 2007; Williams, 2015). The external audit was performed by a research colleague familiar with qualitative methods who confirmed that the findings of the study were supported by the data. In this way, someone besides the primary researcher could
confirm that the evidence in the form of quotes supported the resulting research themes about peer support and women veteran’s experiences.

**Transferability**

Transferability of the research is the judgement about whether the findings are applicable to other populations or in other settings (Williams, 2015). This research examines peer support specifically with a diverse sample of women veterans whose characteristics are documented in the results section. This allows for the judgement of transferability. While the results will have culturally unique elements that help define women veteran peer support in general, much of the results will likely be applicable to other populations where peer support takes place. It is also likely that many of the words used by women veterans to describe peer support would be comparable to the words of men veterans. The transferability of the findings, however, are unique to peer support settings as it is that environment that is described in this study.

**Research Limitations**

While everything in the researcher’s ability was done to better the quality of this study, there are always limitations to research methodology. An unfortunate limit to the data is that not all responses were provided for each woman veteran. For example, some women discussed their reason for joining the military and some did not, as this was not a question on the interview guide. The absence of these responses may occlude their full military experience. However, the semi-structured interviews allowed the participant to lead the conversation, most likely talking about what was most salient for them. Also, some of the women’s characteristics were consistently available such as age, race, branch of service, combat deployment and role in the peer program.
This research was limited in the techniques that could be used for analysis. The collected data consisted only of transcribed interviews which did not allow for triangulation. As the identities of the participants were anonymous, the analysis did not allow for member checking which is a type of data verification by the participants. Multiple sources of information and member checking from the participants would add credibility to the findings. To account for this, other techniques to help credibility were used such as data immersion, consensus on code creation by two coders, and peer debriefing.

Further limitations arose from the setting and the characteristics of the sample. These veterans came from peer support programs that are more structured than naturally occurring peer support that may not be recognized as such. The programs are not designed consistently in that the delivery of peer support could be individual, group, or recreation focused. It is possible that the participants’ definitions of peer support are unique to the structure of their program. However, evidence to support this was not apparent in any of the transcripts as women from different county programs often used similar words to describe peer support. Replicating this study with other programs and including organic types (those outside of program settings) would assess greater transferability of the findings.

**Ethical Considerations for Protection of Human Participants**

Ethical considerations that are described in this section were considered and addressed throughout the research process. The main human participant concern for this research was the protection of the participants’ identities. During original data collection, interviews were labeled in such a manner that the veteran’s name cannot be connected to their audio file or transcript; therefore, the data are anonymous. Informed consent was conducted with all interviewees, but their signed consent forms are not linked to their audio file or transcript. Each interview was
given an identification based on the county of the Dwyer Program and a consecutive number. These original identifiers were changed to identify the women’s interviews in this study by marking them W1 through W25. Therefore, their program county could not be identified and there was no possibility that a veteran’s identity would be given away. There is no documentation to link individual veterans to their interview data and care was taken to decrease the possibility of identification based on characteristics.

During the original informed consent, the interviewer explained that the interview purpose was for evaluation of the program and that questions would be asked regarding their “experience receiving services” (for a copy of the informed consent, see Appendix A). The procedures for this secondary data analysis were approved through the University at Albany, SUNY Human Subjects Review Board before research commenced to ensure the proper protections for participants. Online training for research with human participants was completed by both research coders prior to the analysis of data.

Summary of Chapter

This study uses qualitative methods due to the nature of the research questions and because the data were transcribed documents. A qualitative description (Sandelowski, 2000) approach was used because it would closely represent the women veterans’ words. This methods chapter discussed all aspects of the research including the design of the study, source of the data, researcher’s role, and data procedures. The section on trustworthiness evaluated the quality of this descriptive study. The limitations of the research were then discussed, along with ethical considerations. The next two results chapters will communicate the findings.
Chapter 4: Results Focused on Peer Support

The purpose of this study is to explore the use of peer support among women veterans participating in peer support programs to improve their mental health. Studying peer support among women veterans helps refine peer support programs aimed at reducing loneliness and increasing well-being in this expanding subgroup of veterans. The two guiding research questions covered in this chapter include: How do women veterans describe peer support for their mental health and well-being? and What does peer support mean to the women veterans in this study? This chapter will include the following sections: setting, demographics, and results. The results section consists of four subsections based on the women’s responses to questions about peer support. The first subsection summarizes the women’s definitions of peer support. The second subsection offers a consolidated definition of women veteran peer support focused on the first subsection. These two subsections answer the first research question. The third subsection discusses the meaning of peer support to each of these women, which answers the second research question. The fourth subsection consists of peer support themes found in the overall sample.

Setting

This research is a secondary analysis of transcripts from the evaluation of the Joseph P. Dwyer Veteran Peer to Peer Support Programs. The Dwyer programs are hosted in counties throughout New York State and emerged from a State funded initiative to provide peer support to veterans for suicide prevention. Each county has a unique program structure, but it is fundamental to the grant that peer support is provided by veterans to veterans as the focus of services. The evaluation of these programs produced a database of over 150 interviews from women and men veterans in eleven counties. From this database 25 women veteran transcripts
were purposively chosen to answer the research questions as they contain the perspective of women veterans speaking about peer support.

**Demographics**

The sample of 25 interviews are from women who have served in the military or were still serving in some capacity at the time of the interview. The sample will be referred to as veterans since it is likely they have all transitioned to veteran status since their interview date or will eventually become veterans. The mean age of the women at the time of the interviews was 57 years with a range of 25 years to 67 years. The women identified as 40% (n = 10) Black, Latina, or Multiracial, with the remainder identifying as White. It is unknown if the women further identified as transgender, queer, cis-gender or other gender identity as this was not asked in the interviews.

This sample covers over four generations of veterans with 40% (n = 10) having served in a combat zone while deployed. Deployment, defined by the Department of Defense is the “movement of forces into and out of an operational area” (Office of the Chairman of the Joint Chiefs of Staff, 2021, p. 62). Whereas a combat zone is “any area the President designates by Executive Order as an area in which the U.S. Armed Forces are engaging or have engaged in combat” (Absher, 2020, Definition of Combat Zone section). Combat deployments were to Iraq, Afghanistan, and in one case, Vietnam. Two of the women deployed twice to combat. Some of the women served in oversees deployments not considered combat zones (such as in France, Korea, and Germany) or were deployed stateside to locations other than their home bases.

Over 32% (n = 8) of the veterans were participants, meaning they were not staff of the program and they were receiving services from the program. The remainder of veterans interviewed were program coordinators, outreach coordinators, peer mentors, or peer facilitators.
who provided peer support. Peer mentor was often the title for one-on-one peer interactions and peer facilitator was often the title used for group peer support; however, these titles could be used interchangeably. Notably, after receiving services some participants became involved in the programs as peer mentors or advocates because they wanted to give back. Table 2 displays the known characteristics of the individual women veterans.

Table 2: Women Veteran Characteristics

<table>
<thead>
<tr>
<th>Woman</th>
<th>Age in Years</th>
<th>Race</th>
<th>Branch of Service</th>
<th>Combat Deployment</th>
<th>Conflict Era or County Deployed</th>
<th>Program Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>37</td>
<td>White</td>
<td>Air Force</td>
<td>noncombat</td>
<td>post 9/11</td>
<td>Peer Mentor</td>
</tr>
<tr>
<td>2</td>
<td>67</td>
<td>White</td>
<td>Women’s Army Corps</td>
<td>noncombat</td>
<td>Vietnam Era</td>
<td>Peer Mentor</td>
</tr>
<tr>
<td>3</td>
<td>46</td>
<td>White</td>
<td>Air National Guard</td>
<td>noncombat</td>
<td>post 9/11</td>
<td>Group Facilitator</td>
</tr>
<tr>
<td>4</td>
<td>25</td>
<td>White</td>
<td>Army</td>
<td>combat</td>
<td>Afghanistan</td>
<td>Peer Mentor</td>
</tr>
<tr>
<td>5</td>
<td>52</td>
<td>Black</td>
<td>Army &amp; Army National Guard</td>
<td>combat</td>
<td>Afghanistan</td>
<td>Peer Mentor</td>
</tr>
<tr>
<td>6</td>
<td>48</td>
<td>White</td>
<td>Army</td>
<td>noncombat</td>
<td>Desert Era</td>
<td>Peer Mentor</td>
</tr>
<tr>
<td>7</td>
<td>54</td>
<td>White</td>
<td>Air Force &amp; Air National Guard</td>
<td>noncombat</td>
<td>Desert Era</td>
<td>Peer Mentor</td>
</tr>
<tr>
<td>8</td>
<td>45</td>
<td>Black</td>
<td>Army National Guard</td>
<td>combat</td>
<td>Iraq</td>
<td>Peer Mentor</td>
</tr>
<tr>
<td>9</td>
<td>30</td>
<td>White</td>
<td>Army Reserves &amp; National Guard</td>
<td>noncombat</td>
<td>post 9/11</td>
<td>Family Advocate</td>
</tr>
<tr>
<td>10</td>
<td>65</td>
<td>Black</td>
<td>Army</td>
<td>noncombat</td>
<td>post 9/11</td>
<td>Participant/Advocate</td>
</tr>
<tr>
<td>11</td>
<td>47</td>
<td>Multi-racial a</td>
<td>Navy</td>
<td>noncombat</td>
<td>Dessert Era</td>
<td>Outreach Coordinator</td>
</tr>
<tr>
<td>12</td>
<td>37</td>
<td>White</td>
<td>Army</td>
<td>combat</td>
<td>Iraq</td>
<td>Outreach Coordinator/Mentor</td>
</tr>
<tr>
<td>13</td>
<td>30</td>
<td>Multi-racial b</td>
<td>Marine Corps</td>
<td>combat</td>
<td>Iraq</td>
<td>Participant</td>
</tr>
<tr>
<td>14</td>
<td>57</td>
<td>White</td>
<td>Navy</td>
<td>noncombat</td>
<td>Desert Era</td>
<td>Peer Facilitator</td>
</tr>
<tr>
<td>15</td>
<td>57</td>
<td>White</td>
<td>Air Force</td>
<td>noncombat</td>
<td>post 9/11</td>
<td>Peer Mentor</td>
</tr>
<tr>
<td>16</td>
<td>72</td>
<td>White</td>
<td>Army Nurse Corps</td>
<td>combat</td>
<td>Vietnam</td>
<td>Peer Facilitator</td>
</tr>
<tr>
<td>17</td>
<td>53</td>
<td>Latina</td>
<td>Army</td>
<td>noncombat</td>
<td>Desert Era</td>
<td>Participant/Peer Facilitator/Mentor</td>
</tr>
<tr>
<td>18</td>
<td>40</td>
<td>Latina</td>
<td>Marine Corps</td>
<td>combat</td>
<td>Iraq</td>
<td>Program Coordinator</td>
</tr>
<tr>
<td>19</td>
<td>53</td>
<td>Black</td>
<td>Navy</td>
<td>noncombat</td>
<td>post 9/11</td>
<td>Participant/Facilitator</td>
</tr>
<tr>
<td>20</td>
<td>48</td>
<td>Black</td>
<td>Army</td>
<td>combat</td>
<td>Desert Era</td>
<td>Peer Facilitator</td>
</tr>
<tr>
<td>21</td>
<td>32</td>
<td>White</td>
<td>Army</td>
<td>combat</td>
<td>Afghanistan</td>
<td>Peer Mentor</td>
</tr>
<tr>
<td>22</td>
<td>58</td>
<td>Black</td>
<td>Army</td>
<td>combat</td>
<td>Iraq</td>
<td>Participant</td>
</tr>
</tbody>
</table>
A Armenian and Puerto Rican. b Black mixed (self-identified).

Women’s Definitions of Peer Support

Each woman described peer support in their own way. To honor each veteran, I created a table to summarize their understanding of the definition of peer support. Descriptive words and phrases from their transcripts can be found in Table 3. This table allows the reader to see how the women’s words were used in this subsection and in the consolidated definition of peer support in the next subsection. There are many similarities throughout the women’s accounts, and these descriptive similarities, discussed here, are included in the definition of peer support.
<table>
<thead>
<tr>
<th>Woman</th>
<th>Summary of Individual Women’s Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Assistance from another veteran such as helping them navigate systems or advocate on their behalf</td>
</tr>
<tr>
<td>2</td>
<td>Veteran with shared experience being there or advocating for another veteran</td>
</tr>
<tr>
<td>3</td>
<td>A relationship in which you listen and empower another veteran</td>
</tr>
<tr>
<td>4</td>
<td>Veteran matched to another veteran that can advocate for them and be their friend</td>
</tr>
<tr>
<td>5</td>
<td>Veteran talking to another veteran with shared experience</td>
</tr>
<tr>
<td>6</td>
<td>Veteran one-on-one with another veteran to talk freely</td>
</tr>
<tr>
<td>7</td>
<td>Another veteran to listen and offer advice if asked</td>
</tr>
<tr>
<td>8</td>
<td>Veteran friend with whom you can talk, relax, be yourself, and work out issues</td>
</tr>
<tr>
<td>9</td>
<td>Another veteran who will listen, help problem solve, and connect you with resources</td>
</tr>
<tr>
<td>10</td>
<td>Another veteran with whom you can talk about anything because they have been in the same shoes</td>
</tr>
<tr>
<td>11</td>
<td>Veteran who is there for you so you know you are not alone, with which you can share struggles and camaraderie</td>
</tr>
<tr>
<td>12</td>
<td>Being a friend, an ear with no judgment who can provide feedback when asked</td>
</tr>
<tr>
<td>13</td>
<td>Veteran who is empathetic because of shared experience</td>
</tr>
<tr>
<td>14</td>
<td>Veteran who you can talk to because they are another veteran</td>
</tr>
<tr>
<td>15</td>
<td>Talking with another veteran to help each other out, talking to somebody can be suicide prevention</td>
</tr>
<tr>
<td>16</td>
<td>Talking to another veteran who will listen and not judge and who will understand because of that shared experience</td>
</tr>
<tr>
<td>17</td>
<td>Another veteran who you can talk with, be yourself around, and with whom you have a deep understanding</td>
</tr>
<tr>
<td>18</td>
<td>Another veteran who encourages and understands without judgement</td>
</tr>
<tr>
<td>19</td>
<td>A safe, nonclinical, nonjudgmental environment to address wrongs that were done to you and motivate you to heal</td>
</tr>
<tr>
<td>20</td>
<td>An immediate bond, because of shared language and like-mindedness, that creates a safe environment</td>
</tr>
<tr>
<td>21</td>
<td>A relationship with another veteran to talk, share knowledge and resources, knowing you are not alone.</td>
</tr>
<tr>
<td>22</td>
<td>Veteran that understands you and can be an encouraging support system, prefers match with another woman veteran</td>
</tr>
<tr>
<td>23</td>
<td>Veteran who you can share your story with, who cares and gets it</td>
</tr>
<tr>
<td>24</td>
<td>Veteran with shared experience who can give suggestions and resources because they have gone through it</td>
</tr>
<tr>
<td>25</td>
<td>Another veteran that recognizes, appreciates, and validates because of shared experiences and camaraderie in the military</td>
</tr>
</tbody>
</table>
Frequently peer support was described as a relationship between two veterans. This relationship was often delineated further as “friend,” “sister,” or as an “immediate bond.” Most often peer support was a one-on-one exchange. This exchange was described by one veteran as, “It’s just two people getting together, meeting, and talking. Building a friendship” (Participant 8). Another veteran stated, “As another vet you can talk vet. You can have that conversation and it’s more fluid” (Participant 1). However, support sometimes happened in a group setting among multiple veterans at once. This type of exchange was described by a woman as, “There’s a connection because I go to group, and I talk. She comes to group, and she talks” (Participant 19). The peer relationship was based on the shared experience of serving in the military and could be reminiscent of the camaraderie they experienced while serving. “You both have lived that military life, so you know that experience. So, you kind of connect and you expect that teamwork, that camaraderie. That’s what you’re used to” (Participant 8).

Along with military service, shared experience could refer to shared difficulties as this woman explained, “The women veterans, they probably went through the same struggles I went through and we’re not alone in that” (Participant 11). For example, the women could relate over managing mental health symptoms or challenges applying for veteran’s benefits. “I’ve been in your situation at some point. This is what I did and this is what worked, and this is what didn’t work and, you know, maybe this will work for you” (Participant 7). Other shared difficulties included experiencing sexism, physical injury, or psychological trauma while in the military; or struggles could be related to transitioning from military service such as finding employment, returning to higher education, or coping with substance use. Talking about peer services, a woman remarked, “It just offers you so many more options and provides direction and other
mentors. You know, from people I’ve talked to, just they’ve gotten jobs, they’ve gotten their lives back on track. They’ve stopped drinking” (Participant 4).

These shared experiences resulted in understanding and empathy for each other. A veteran explained it this way, “At the end of the day, we all understand each other,” and “we are empathetic to one another” (Participant 13). Having this understanding further meant they were not alone, they could talk and listen to each other, and they had someone who cared enough to help them. Talking about why people came to the program, a veteran said, “They see that you’re genuine and that you really do care about them and you wanna [sic] help them and then that kind of brings them in” (Participant 8). This help or assistance took many forms. Resource oriented assistance included navigating systems, managing finances, finding housing, or referring the veteran to another trusted source. Emotional support assistance consisted of listening, problem solving with advice offered when asked, encouragement, advocacy, or meeting social needs. For many women, just knowing that another veteran was available to them was helpful for their well-being. A woman veteran described her intention for attending the program, “That was one of the reasons why I went because like I said I need to be around veterans” (Participant 13). Peer support filled a purely social need for some of the women.

The environment created in a peer support relationship was important. Women described peer support happening in a place where they felt safe, were not judged, they could talk freely and be themselves. A veteran listed characteristics of her peers, “Somebody that they can trust, somebody that won’t judge them, somebody that is truly a friend that’s just there to care about them and help them work through whatever” (Participant 8). Women gave examples of times when they simply had fun with their peers, where they could relax, and enjoy each other’s company. A veteran talked about the peer activities, “I think that's the best part, we're making
something fun and exciting” (Participant 9). At other times, and perhaps due to the established
peer relationship, women felt that they could talk about anything, even sensitive topics with their
peers, which created an emotional support system. This support was denoted by a veteran saying,
“It’s that we have an understanding of where each person is. We have that, and that support
system too. The camaraderie is a support system” (Participant 11).

The women did not always specify that a peer had to be the same biological sex. This
woman considered men veterans in groups, “It's fabulous in the group because in the group we're
actually just, we're soldiers. We don’t start thinking about "the male, the female" concept or
treating each other differently. We're just all soldiers” (Participant 20). Many women saw men
veterans as their peers and one woman talked about how women and men veterans can learn
from each other in group settings. Talking about mixed gender groups, she said,

The guys may not understand the way a woman veteran thinks and then we can always
educate them, and vice versa…it’s a good support because then we get a better
understanding of why the differences are between the men and women, their point of
views…we’re able to talk about it. That’s a support, with better understanding
( Participant 11).

However, one woman specifically reported that she would prefer another woman to be her peer.
Other women revealed that they would not have been as open if their peer was not another
woman. This disclosure to other women veterans was usually regarding sexism or sexual assault
(referred to as military sexual trauma or MST if it happened during service).

An understanding of women veteran peer support became even clearer when the women
detailed what peer support was not. Many said peer support was not clinical, although it was not
clear what they meant by clinical. “We are always stressing it’s nothing clinical” (Participant 8)
reported one mentor. Another peer facilitator stressed that, “there has to be handoff because we’re not clinical” (Participant 3). The role that a peer played was distinct from the role of a counselor, as one peer explained, “What I’m not here to do is be a therapist” (Participant 4). This same veteran further delimited their role saying, “I’m not gonna [sic] label anybody as having PTSD. That’s not my job” (Participant 4).

Furthermore, peer support for these veterans was not as stigmatized as therapy. A combat veteran who was still serving at the time said, “It doesn’t hold that stigma of, well, I don’t wanna [sic] go talk to a therapist in the army because I might get in trouble or whatever” (Participant 4). Even outside of the military, therapy could be stigmatizing, as a veteran explained, “When hearing the term counseling the stigma of mental health pops in our head…people will think we are incapable of being productive in society” (Participant 5). Peer support was also less stigmatizing, as it normalized feelings. This peer related, “So, it’s normal to feel that way [overwhelmed, crazy] and that’s what the peer to peer can do ‘cause you can say like, hey, you’re not crazy like I felt that way too” (Participant 4).

Veteran peer support could not take place with an individual that had not served in the military. Referring to civilians without military service, a veteran remarked, “I don't think they'll be able to relate as much as the person that actually went through it” (Participant 17). She further stated, “I feel if you haven't gone through it, you're not going to understand. You got a perspective; you can read it but going through is different” (Participant 17). This opinion did not discredit the knowledge provided by civilians as this woman said, “I have nothing against them…don’t get me wrong, but I would hate to be linked up with someone that's not a veteran. They don't know our story, don't know what we have been through” (Participant 10).
There were no hierarchies between peers. When speaking to other mentors, one veteran would remind them, “We're all on the same level. You can help me just like I can help you and that person can help you just like you can help them” (Participant 18). It did not appear to matter what rank a peer held when they served in the military. As this woman stated about the veterans in the program, “You can have an E1, an E6, I don’t know, if you were a captain, if you were a general, you're up here; you're a veteran in need” (Participant 19). Another veteran concurred about rank, “We're all the same and that's it. We're not talking about ranks; we're not talking about anything. We're talking about who we are and what we are to each other, and that's it” (Participant 18). Furthermore, a peer never orders another peer to do something, “A peer is… not a superior looking down on you saying, ‘You have to do this’” (Participant 4). This equality was explained by another veteran, “I mean when we talk with each other it is not at each other and it is not on a superficial level” (Participant 5).

In contrast to a therapist or counselor, being a peer provider was not viewed as strictly a job but something more personal. “As a peer facilitator I can’t just close the door of the group at the end of the day and say…okay, see you” (Participant 3). Peer support was not like customer or client interactions as this woman described, “You go to see maybe a clinical specialist or whatever and you don’t really have that personable…it’s very just like customer…you know, I mean, customer-based kind of thing” (Participant 4). Also, unlike therapy, conversation between peers was not always about serious topics. As this veteran said, “It don’t necessarily have to be about…you know, talking about stuff” (Participant 7). Peer support was contrasted to other groups that one veteran had attended. She explained, “I've gone through groups with my husband and it's all sad and depressing and we're talking about these stories and this and that and you don't want to be there because you're not having fun” (Participant 9). Alternatively, another
woman expressed about the peer groups, “We want to be with each other and learn from each other and have fun” (Participant 18).

**Consolidated Definition of Women Veteran Peer Support**

Using the women’s responses, I composed a definition of women veteran peer support. In this proposed definition, descriptive words were chosen directly from the veterans’ interviews when those words appeared in multiple transcripts to describe peer support. Women veterans considered peer support a relationship that forms between two veterans or among a group of veterans (typically between two women but not necessarily) that is based on shared experience of, at minimum, having served in the military but may also be based on having shared similar challenges. At least one of the veterans is giving assistance, but the benefits of peer support were often mutual. The veteran providing peer support listens to understand the other veteran’s story and is empathetic of a shared struggle or experience.

According to the women veterans there is a range of assistance that can be provided in a peer relationship. The peer can provide feedback, problem solve, navigate benefits systems, suggest resources, or advocate on another veteran’s behalf. The peer can simply be a friend whose presence is comforting because the veteran knows she is not alone, is a part of a community, and can safely be herself. Peer support creates a place in which it is safe to talk openly because the environment is accepting, nonjudgmental, and intimate.

**Meaning of Peer Support**

Meaning is a more personal understanding than a definition and would be difficult to summarize in a few words. To convey what peer support means to these women, I constructed another table. Table 4 contains the women’s exact words in the form of quotes from their transcripts. While some descriptive words for the definition of peer support (above) come from
the women’s quotes on meaning of peer support, each woman had their own way of explaining what peer support meant to them. As the meaning of peer support is unique and nuanced for each of these women, this variety in responses is explored in this subsection.
### Table 4: Meaning of Peer Support to Women Veterans

<table>
<thead>
<tr>
<th>Woman</th>
<th>Direct Quotes from Women About the Meaning of Peer Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>“Giving veterans an advocate. A lot of times with vets there’s so many systems in place to help them but maneuvering those systems is difficult beyond words.” “It’s helping people fix whatever they have going on and I think that’s huge.”</td>
</tr>
<tr>
<td>2</td>
<td>“You are a friend; you are there for moral support.” “To try to do the best you can to help someone out that needs it because it’s part of your family… it doesn’t matter what branch you are family.”</td>
</tr>
<tr>
<td>3</td>
<td>“We don’t have to say it, but you know…I got your back”. I know that in this position that you would have my life in your hands and I have to trust that.”</td>
</tr>
<tr>
<td>4</td>
<td>“It’s easier to connect with another veteran rather than somebody that…who doesn’t have that same experience that they can relate.” “But it’s just really to be a friend and to be an advocate for the veteran to kind of help them get their life back on track where they may be suffering in different areas.”</td>
</tr>
<tr>
<td>5</td>
<td>“It’s a safe person.” “It’s for anyone who just needs an ear.” “You get to vent and not feel like you are being judged, you are connected because of the common experience and language.”</td>
</tr>
<tr>
<td>6</td>
<td>“It was almost very sisterly, I guess, and we just…I mean, we have so much fun when we’re together. We crack jokes. We laugh. We cry sometimes too.”</td>
</tr>
<tr>
<td>7</td>
<td>“Being a sounding board for someone who wants to talk or has an issue.” “Just a simple little thing that can prevent a problem from getting big.”</td>
</tr>
<tr>
<td>8</td>
<td>“Being a friend. Somebody that’s there. Somebody that you can actually depend on that you know really cares about you.”</td>
</tr>
<tr>
<td>9</td>
<td>“It’s someone who has been there, done that type of thing, on the same level as you.” “The person that has been down that hole, knows how to get back up out of that hole.”</td>
</tr>
<tr>
<td>10</td>
<td>“Working with another veteran to see their obstacles and stuff like that to see what they are going through.” “It makes me feel good that I have done my job and linked them up to whatever they need.”</td>
</tr>
<tr>
<td>11</td>
<td>“It’s just knowing that I’m not by myself and I know what others have gone through. They can understand what I’ve gone through and vice versa.”</td>
</tr>
<tr>
<td>12</td>
<td>“Being a friend.” “Talking to somebody over a cup of coffee and that could help enough to get them over that hump, if they’re in a bad place.”</td>
</tr>
<tr>
<td>13</td>
<td>“We take care of each other as best as we can.” “I feel safe. I know that I can come to them for anything even if it’s just -- Hey, how are you doing? Or I’m homeless. So yeah, from anything on that little -- that spectrum.”</td>
</tr>
</tbody>
</table>
| 14    | “Giving back and helping veterans.” “My responsibility is to veterans.” “It’s easier for veterans to talk to veterans, they trust them...
more.”

| 15 | “People of same mindset, people of same experiences, just trying to help each other out. Me talking to another veteran.” “It makes me feel better that I’m still part of it because I think it’s a great thing.” |
| 16 | “It's like your family taking care of you instead of an organization that says it will.” “I will be the safe place if somebody wants to show up and just start talking.” “Veterans talking with veterans is like coming home.” |
| 17 | “Being able to speak to a person that understands you, it doesn't matter the branch, just being in the military, they understand…why we think the way we think.” |
| 18 | “It's like the light that leads the way. If you find the right people to conduct peer support.” “It's like a tow truck. They drag you out of the mud.” “It [peer support] makes you feel human.” |
| 19 | “It’s just a part of my life.” “It has saved my life because it’s my motivation to come in and do some good because while I’m helping someone else, I’m helping myself.” |
| 20 | “Peer support, it means that we are equal, with shared experiences, just providing help to one another.” “We immediately bonded…because we talked the same language, we knew what was going on, we were able to identify.” |
| 21 | “It is a relationship and you’re peers.” “That’s where the peer thing comes from. That connection, you were in the military even if it was in 1982.” “A loose knit community so that my peers know that they are not the only one.” |
| 22 | “It’s beyond friend, more like a sister. It’s truly everybody is your brother, everybody is your sister, and you do for them like you would do for your family.” “You kind of end up with somebody that understands you. There aren’t too many females here… I would have rather been with a female, which I was. That was perfect.” |
| 23 | “Being empathetic and understanding…sharing your story…someone who has actually been in your shoes or something similar, they truly do get it.” “They truly cared about me and my well-being and my children’s well-being.” |
| 24 | “They understand what you’re going through, and veterans are – like if one veteran knows about something, they’re more likely to tell another veteran.” |
| 25 | “People who talk with the veterans here have served as well…so having known that they can absolutely empathize, sympathize with whatever issues that you’re having, they’ve been there too, that to me is priceless and you just feel that ‘I’m home. I’m part of the family.’” |
For some participants peer support meant something as simple as another veteran’s presence. This support was described as having someone “be there” (Participants 4, 8, 9, 18). One veteran specifically said, “Sometimes you don’t have to do much of anything, just be there for somebody” (Participant 2). On the other extreme, peer support meant something as monumental as lifesaving, demonstrated by the woman that said, “It has saved my life because it’s my motivation to come in and do some good” (Participant 19). Somewhere between simple presence and lifesaving, peer support was described by this veteran who provided support, “Talking to somebody over a cup of coffee and that could help enough to get them over that hump, if they’re in a bad place” (Participant 12). The variation in degree of importance was noted by the woman that said, “I know that I can come to them for anything even if it’s just…hey, how are you doing? Or I'm homeless. So yeah, from anything on that little…that spectrum” (Participant 13).

Peer support meant advocating for fellow veterans. Explained by this woman as, “It’s just really to be a friend and to be an advocate for the veteran to kind of help them get their life back on track where they may be suffering in different areas” (Participant 4). One woman explained how it meant, “Giving veterans an advocate. A lot of times with vets there’s so many systems in place to help them but maneuvering those systems is difficult beyond words” (Participant 1). Veteran peers meant a guiding resource because they had already gone through similar transition processes and therefore could help others through them. “I knew somebody was there that could advocate for me. Maybe that’s it. It’s the fact that somebody is there that understands you, that understands what you are going through. and can help advocate for you,” another woman concluded (Participant 2).
The concept of friendship appeared in at least six of the transcripts. One woman named peer support specifically as, “being a friend” (Participant 12). Using the same phrase, another veteran said peer support means, “Being a friend. Somebody that’s there. Somebody that you can actually depend on that you know really cares about you” (Participant 8). A veteran described her connection with her peer, “We really like each other, we’re friends aside from the label on the relationship of mentor and a mentee” (Participant 12). Yet another woman stated, “With a peer to peer you do it by choice. You are more like a friend; you are a friend you are there for moral support” (Participant 2). A peer mentor noticed friendships happening in peer groups as well, “They can become friends and communicate with each other or help each other out” (Participant 9). Peer support meant more than a relationship, for some women it was an advanced friendship which meant a voluntary, dependable, close confidant.

The concepts of home and family were repeated by several veterans as they discussed what peer support meant to them. One veteran made this analogy about peer support, “Veterans talking with veterans is like coming home” (Participant 16). Prior to peer support she did not talk about her military experiences. She felt, “All of a sudden, I felt like I was speaking the same language, that I've been trying to talk to other people, but they didn't understand the language I was talking” (Participant 16). Regarding the program staff, one veteran observed,

People who talk with the veterans here have served as well. So having known that they can absolutely empathize, sympathize with whatever issues that you’re having, they’ve been there too, that to me is priceless and you just feel that ‘I’m home. I’m part of the family’” (Participant 25).
Inclusion into family didn’t depend on branch of service when helping another veteran, as this woman stated, “To try to do the best you can to help someone out that needs it, because it’s part of your family… it doesn’t matter what branch, you are family” (Participant 2).

A veteran declared that peer support surpassed friendship saying, “It’s beyond friend, more like a sister. It’s truly everybody is your brother, everybody is your sister, and you do for them like you would do for your family” (Participant 22). Still, another veteran described the relationship similarly, “It was almost very sisterly, I guess, and we just…I mean, we have so much fun when we’re together. We crack jokes. We laugh. We cry sometimes too” (Participant 6). There is a range of levity to peer support encounters from serious conversation to laughing and having fun.

Many woman veterans described the meaning of peer support as trust because of that shared military experience. “It’s easier to connect with another veteran rather than somebody that…who doesn’t have that same experience that they can relate” (Participant 4). As another veteran put it, “We immediately bonded…because we talked the same language, we knew what was going on, we were able to identify” (Participant 20). Another woman said, “It's easier for veterans to talk to veterans, they trust them more” (Participant 14). That trust is deep as described by another woman, “We don’t have to say it, but you know…I got your back…I know that in this position that you would have my life in your hands. And I have to trust that” (Participant 3). There is a deep level of trust among woman involved in veteran peer support.

Shared experience related to peer support was discussed in a variety of ways. It could be cross generational shared experience in the military, observed by a veteran saying, “That's where the peer thing comes from. That connection, you were in the military even if it was in 1982” (Participant 21). Military experience could mean a shared culture as this woman describes, “You
get to vent and not feel like you are being judged, you are connected because of the common experience and language” (Participant 5). Alternatively, shared experience could be shared difficulty or personal struggles. These challenges were spoken about by one woman, “The person that has been down that hole, knows how to get back up out of that hole” (Participant 9). One woman talked discreetly about her mental health when referring to peer support,

It is a relationship, and you are peers…the whole reason I'm in this role is because at some point in my life, either during or after the military, I've been through some of my own stuff inside of my own head (Participant 21).

Shared experience, whatever the context, was how the women related to each other instantly and deeply.

Peer support meant listening, “It’s for anyone who just needs an ear” (Participant 5). It meant hearing another person or “Being a sounding board for someone who wants to talk or has an issue” (Participant 7). Therefore, that listening and shared experience lead to an experiential understanding as this woman explained peer support meant, “Being empathetic and understanding…sharing your story…someone who has actually been in your shoes or something similar, they truly do get it” (Participant 23). To one woman peer support meant, “It’s just knowing that I’m not by myself and I know what others have gone through. They can understand what I’ve gone through and vice versa” (Participant 11). Peer support could also mean a step toward understanding, as this veteran said, “Working with another veteran to see their obstacles and stuff like that, to see what they are going through” (Participant 10).

Service in a different branch of the military did not impede the understanding that comes from a peer. One woman spoke about this connection, saying, “Being able to speak to a person that understands you, it doesn't matter the branch, just being in the military, they
understand…why we think the way we think” (Participant 17). Although most women did not specify if a peer had to be of the same sex, one woman had a preference. She said, “You kind of end up with somebody that understands you. There aren’t too many females here… I would have rather been with a female, which I was. That was perfect” (Participant 22).

Egalitarianism played a part in the meaning of peer support. Peers were seen as equals because they had gone through something similar. “It’s someone who has been there, done that type of thing, on the same level as you” (Participant 9). Another veteran stated, “Peer support, it means that we are equal, with shared experiences, just providing help to one another” (Participant 20). A program coordinator spoke about the peers she leads as, “We're one in the same. We're equals” (Participant 18). One woman determined that rank in the military or level of education did not affect the equality of peers. Speaking about meetings with all the peers in the program, she said, “you're in that meeting you’re a peer, that’s it” (Participant 19).

Peer support meant a helping process. One woman shared, “It's like the light that leads the way…It's like a tow truck, they drag you out of the mud…It makes you feel human” (Participant 18). Another woman termed it, “It’s helping people fix whatever they have going on and I think that’s huge” (Participant 11). Help often meant a peer sharing experiential knowledge for the other peer’s benefit. This woman explained about coping with her psychological challenges, “I have made it out to a certain point and I'm still working on it, but I have the clarity now to help other people” (Participant 21). Peer support also meant help in the form of sharing resource knowledge. A veteran talking about her peer said, “They understand what you’re going through, and veterans are…like if one veteran knows about something, they’re more likely to tell another veteran” (Participant 24).
For many, peer support meant a caring person or a safe place. When talking about how the peer support program helped her, a woman noted, “They truly cared about me and my well-being and my children’s well-being” (Participant 23). Two women used the word safe when talking about what peer support meant to them, “It’s a safe person” (Participant 5) and “I feel safe, I know that I can come to them for anything” (Participant 13). A woman providing peer support described herself as, “I will be the safe place if somebody wants to show up and just start talking” (Participant 16). The sense of safety could also come from knowing you are not alone as peer support meant to one woman, “A loose knit community so that my peers know that they are not the only one” (Participant 21). It meant a support system described by this woman, “…like family it gives them somebody else to know that you’re not alone trying to go through the stuff” (Participant 2).

Peer support was not only described as helpful to those that received it, but it was rewarding for those providing it, indicating reciprocity. A peer mentor pointed out, “It makes me feel good that I have done my job and linked them up to whatever they need” (Participant 10). Detailing why she took the peer position a veteran stated, “It certainly is something I thought that I would be giving back and helping veterans,” and “My responsibility is to veterans” (Participant 14). One woman admitted, “It makes me feel better that I’m still part of it because I think it’s a great thing” (Participant 15). The mutual benefit of peer support was mentioned by many of the veterans, “We take care of each other as best as we can” (Participant 14), and “Trying to help each other out…me talking to another veteran” (Participant 15). One woman explained, “while I’m helping someone else, I’m helping myself” (Participant 19). Similarly, a veteran said, “I get as much out of my sessions with my mentee as I think she does” (Participant 21).
Peer Support Themes

Across transcripts, patterns arose that reflected overall universal themes on peer support from this data. The following seven major themes emerged and are listed together in Table 5. In this section, themes that were endorsed by five or more women veterans are discussed. Quotes from the women veterans were chosen because they clearly exemplified the theme; additional examples to support the themes were evident throughout the data.

Table 5: Veteran Peer Support Themes

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<th>Themes</th>
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<td>1. Women veteran peer support is based on an unspoken understanding of having common experiences as women in the military.</td>
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<td>2. Due to shared experiences peer support is a safe space for women veterans to disclose and speak on sensitive topics.</td>
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<td>3. Peer support is a personal mission, more than a job because the veteran providing support genuinely cares about the other veteran.</td>
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<td>4. Peer support work is intrinsically motivating because helping other veterans promotes positive feelings.</td>
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<td>5. Peer support builds community allowing easier access to resources and social networks that benefit the veteran’s well-being.</td>
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<td>6. Peer support services are unforced and at the discretion of the peers.</td>
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<td>7. Peer support is a distinct, easily accessible, and complementary service to clinical treatment; connecting veterans to additional mental health support when necessary.</td>
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1. Women veteran peer support is based on an unspoken understanding of having common experiences as women in the military. A women veteran spoke of this connection as, “It's understanding without having to explain... again, you've had people who've had the same experience, so all the background you don't have to talk about because they know” (Participant 16). Particularly, the shared fact of being a woman who had served ensured commonalities between these women. A veteran commented on her peer, “She was another woman in the military so there were certain aspects of that that just don’t change” (Participant 12). Military service distinguished these women from women who did not serve. Talking about individuals who had not served, a veteran added, “They don’t understand what it’s like to deal with someone
in the military… I don’t know anyone really other than the girls in the military that I was with that understand that. So, it’s hard” (Participant 23). By not having someone who understood them, these women had difficulty talking to people in their civilian lives, about their military service. The shared military experience among women peers created an instant felt connection between these women veterans. It was important to the women that another veteran could understand them because they did not feel that others understood.

2. Due to shared experiences peer support is a safe space for women veterans to disclose and speak on sensitive topics. A veteran explaining her peer relationship with another woman veteran stated, “Because we've gone through the same thing, there are certain things that I feel that I can share with you” (Participant 20). There are things that these veterans would not tell anyone, other than their woman peers, such as speaking about sexual assault. One mentor and her peer both experienced military sexual trauma,

It was an old unit I was in many years ago and I don’t talk about it because it’s over. I’m done with it. I’m over it. But I would never talk about that. But with her when it’s just her and I, it allows that vulnerability for me to say, ‘Okay, well, I understand because I went through this as well.’ And that’s something I would have ever said, or she probably wouldn’t have said either if we have been in a group of other males or even other females (Participant 4).

This veteran goes on to say that she had not even disclosed this information to her current unit or to the therapist she saw after her deployment. In a peer environment where she felt safe and understood she was able to talk about the difficult experience of being assaulted.

3. Peer support is a personal mission, more than a job because the veterans providing support genuinely cares about the other veterans. A peer mentor explained to their peer that
providing support is personal, “[I] let her know that I care. And it’s not just a job. I’m your friend. I’m there for you” (Participant 8). Another veteran acknowledged this authenticity, “It is all volunteer. You know that person is there because they feel you matter, will not be watching the time when interacting with you” (Participant 5). A woman compared peer work with other mental health services she felt were impersonal by saying, “…it’s just a job [being a therapist]. With a peer to peer you do it by choice” (Participant 2). A peer facilitator saw her work as a calling much like her military service, describing it as,

A calling, I think it’s become a calling to me. Very similar to my identity in the military.

When I transitioned out and I became a part of this team in this program…in a helping profession…I felt that I’m serving my community without wearing the uniform anymore.

So, I feel that it’s also a calling just like people are called to serve (Participant 3).

Another peer thoughtfully observed, “I guess, they attract people that really want to help each other” (Participant 15). Peers knew that the other veterans truly wanted to help them.

4. Peer support work is intrinsically motivating because helping other veterans promotes positive feelings. Along with being a personal mission, peer support invoked good feelings for the women. A veteran communicated these positive feelings, “For me I love working with vets and it’s somewhat my passion. If I can help one person get back on their feet, I will be happy” (Participant 1). A veteran from another county echoed this with the same sentiment of good feelings, “I’ve found it very rewarding, and I love to help veterans…It’s my absolute ultimate passion in life” (Participant 4). Calling peer support a passion stressed the emotional aspect of their work. A woman talking about her peer work felt she could not find a similar feeling in any other job, “This job brings you a satisfaction that you probably would never get anywhere no matter how much you earn, period” (Participant 18). Helping people, while being part of their
mission, seemed to positively impact their self-worth. A veteran commented, “It makes me feel good that I have done my job and linked them up to whatever they need” (Participant 10).

5. **Peer support builds community allowing easier access to resources and social networks that benefit the veteran’s well-being.** A veteran explained about the peer program, “We are actually a branch of resources. So, if they need any assistance with anything we have the resources where we can refer you or help you to get what you need” (Participant 20). A veteran from another county reflected about their peer program, “The most important thing about this project obviously is the relationships. I’ve said that a dozen or so times. It’s the relationships with the community. It’s the relationships with the service partners. It’s the relationship with the county” (Participant 3). Peers participating in the program also felt they had access to a community of resources, as this veteran stated, “If I didn’t go to the program, I would not know what to do. I would not know where I’m going. I would not know about the different resources” (Participant 13). Describing the peer program as a networking opportunity, a veteran pronounced, “They get to mingle with other veterans and hear different things that are going on in the community. Learn of different resources. So, bringing them all together makes the difference” (Participant 8).

In addition to resource provisions, veterans found the companionship of other veterans beneficial for emotional support, social connection, and experiential knowledge. Bonding among women was explained by a peer mentor, “They can become friends and communicate with each other or help each other out” (Participant 8). Many peer relationships served as problem solving and meeting a social need. One veteran expressed that peer support met both needs,
It's a place where we can share and that’s what usually works because that’s what we're looking for. That camaraderie, as well as, how do I go about getting this, the tools that I need to be able to just get to tomorrow, get past tomorrow (Participant 20).

Talking specifically about the other women peers, a veteran declared about the peer program, “They make a point to let us know about each other. So, we can help each other out, its peer to peer” (Participant 13). Speaking about her peer role, a woman said,

We’re just kinda [sic] here to say, you know what, I’ve been in your situation at some point. This is what I did, and this is what worked, and this is what didn’t work and, you know, maybe this will work for you” (Participant 7).

The peers were directly beneficial to the veterans as social support and could refer veterans to numerous other services that they may need.

6. Peer support services are unforced and at the discretion of the peers. Participation in peer support is not compulsory. A veteran explained this aspect,

The peer wants to be there. So, like I don’t have to be a mentor. She doesn’t have to be a mentee, but we both volunteered to come to this program. So that’s the first thing. No one’s forcing them to be here (Participant 4).

Veterans are in a peer relationship by their own volition. A peer informed interested veterans they could participate to their level of comfort, “You don’t have to say anything the first time, you can just sit and listen, speak when you're ready” (Participant 19). Problem solving steps are decided upon by the veteran that is seeking help. This process was recounted by a peer mentor,

So, we talked about what her issue was, what the steps were that she wanted to take, not force anything on her. We setup a date and a time and I came back, picked her up, and helped her to go and deal with her issues (Participant 8).
In peer support relationships decision making is self-driven. Another mentor relayed a similar nondirective approach, “I can help her figure out how they can kind of fix it but I'm not giving her the answer, I'm helping her, I’m coaching it out of her (Participant 9).

7. Peer support is a distinct, easily accessible, and complementary service to clinical treatment; connecting veterans to additional mental health support when necessary. One peer mentor likened their program services to, “24/7 friends” (Participant 8), meaning the peer was there to talk to at any time (24 hours a day, 7 days a week), not just business hours. Peer support was described as simple compared to other services,

A lot of the other programs are so structured and so, we have to do it this way and then we have to write a report about this, and then we have to…when you're talking to a vet, you just talk and if a vet needs you, they don't want to have to go through three layers in order to talk to you, they want to be able to talk to somebody (Participant 16).

Peer support can be a stand-alone service to help a veteran. A veteran described the program, …a program where a veteran is matched to another veteran. The other veteran being somebody that may be struggling and need a little bit of help and it’s easier to connect with another veteran rather than going to see a therapist or somebody…who doesn’t have that same experience that they can relate to necessarily (Participant 4).

Peer support could be a sufficient support for meeting a veteran’s simple, nonclinical needs. In some cases, it was enough to meet a veteran’s need through simply relating to another veteran.

Peer support was also described by some as a bridge to clinical services,

As a peer mentor if I met with somebody who I felt needed a more clinical workup I would refer. So, I don’t see the problem with talking to somebody about what’s going on and then possibly being referred to a higher level of care (Participant 1).
A specific example in another county was given, “We have one individual that not only is seeking the peer group but has also been connected with some clinical assistance now” (Participant 3). Another example of when peer support was used in conjunction with other services was observed by a veteran peer provider,

We have had cases where there are issues, meaning there's some kind of substance or alcohol abuse. And I think with that you can have peer support but obviously they need additional support than just that. The peer support helps tremendously because they've probably been down that same path (Participant 9).

In another case, a veteran said about the benefit of the peers, “Sure, they [peers] help. I think them and the VA works together” (Participant 10). There were examples of both peer support as a sufficient service and peer support paired with clinical services at the veteran’s request.

**Summary of Chapter**

This chapter focused on women veteran peer support. Sections included setting, demographics, and results. The results about women veteran peer support consisted of four subsections that covered the women’s individual definitions, a consolidated definition, meanings, and themes. These subsections addressed the research questions by defining women veteran peer support and exploring the meaning of this support using the words of women veterans. The next results chapter answers the third and fourth research question by exploring the women’s life experiences joining the military, serving in the military, leaving the military, transitioning into the civilian world, and finding peer support.
Chapter 5: Results – Women Veteran Experiences

As the purpose of this study is to explore the use of peer support among women veterans, it is important to understand the life experiences of women veterans and the situations for which they would participate in peer support programs to improve their mental health. In addition to the results on women veteran peer support in the previous chapter, findings related to the women veterans’ experiences are documented here. The two guiding research questions covered in this chapter include: For what life experiences is peer support helpful for women veterans? and What is the lived experience of women veterans participating in peer support programs? A naturally chronological progression unfolded in the women’s stories. They talked about joining the military, their time in the service, leaving the service, and finding peer support. As such, these results are presented in this order to recount major pieces of their stories. These finding answer the third and fourth research questions.

Joining the Service

Over half of the women revealed their motivation to join the service. Their reasons for joining were associated with family, personal interest, opportunity, or escape. Two women named family as the reason they joined, either because it was tradition or because they wanted to protect siblings. One stated,

My dad’s brother was in the Navy, my oldest sister was in the Navy, and I needed to follow in their footsteps. I come from a family of civil servants, I felt like it was something that I needed to do, I needed to pursue it (Participant 19).

The second veteran explained,

I think the thing that really made me decide [to enter the military] was that I had two younger brothers, both of draftable age…because my brothers mean the world to me, that
I wanted somebody to be there, over there, that wanted to be there. I mean, I didn't know if the war was right or wrong, but I just wanted somebody who wanted to be there (Participant 16).

Five women described joining the military because they were interested, even if they were unable to articulate their attraction to service. One veteran pondered her reasoning, I always wanted to join the military. I don’t know why. I always did. And I'll go back to why, I guess, why I joined the Air Force, I was doing a paper on women in the military in high school (Participant 15).

Another woman also related it to her early education, “In high school actually, got an interest in joining the military and had wanted to enlist” (Participant 21). A third woman’s interest came from wanting a purpose, as she relayed, “I was able to join this unit that gave me another, as you say, mission in life” (Participant 5). A couple woman joined because they were interested in the challenge. “When I decided to join the military, people were like yeah, fuck you. You're not going to the military. And I said just for that I'm going to the Marine Corps, just to up the ante” (Participant 18). Another woman interested in testing her mettle stated, “The reason why I picked Military Police is because it was the closest thing to infantry I could get. As a combat MP which is what we’re defined as, it’s the same thing” (Participant 12). This group of women joined the service out of intrigue and for the challenge.

Two women recounted entering the military for opportunity. A woman explained, “You were trying to better yourself either getting off the streets like myself, drug environment and low income, or there was [sic] people joining the military because they needed funds to better educate themselves” (Participant 17). A woman who joined for the educational benefits, recollected a recruiter at a sports event saying, “You can get your school paid for if you join the
military” (Participant 9). Her parents were paying for her brother’s tuition and were unable to help her financially, so the military was her way to afford college. These two women viewed military service as a way of enhancing educational opportunities in life.

The remaining four women described looking for an escape when they joined. After her education, one woman divulged,

I’d just gotten out of college. I didn’t know what I wanted to do and this guy that I was – I shouldn’t say this – but I was hopefully in love with dumped me and I was like I don’t wanna [sic] be here anymore, so this is what I did (Participant 7).

Another woman who had been suspended from her high school, joked,

My mom made me promise not to join the Army because it's horrible. She had a bad experience or…yeah, I guess she had a bad experience, so I promised. And then I said ‘hey, I leave next month. I'm going to the Marine Corps’” (Participant 13).

One woman joined days after her 18th birthday, “I was in foster care. I joined the Marine Corps straight out of foster care” (Participant 24). Yet another woman, disparaged by her alcoholic parent stated,

One of the reasons that I believe that the military spoke to me so well is because there was that piece that I didn’t have at home and that was the respect, the discipline, the connection, the feeling of family and I’ve got your back (Participant 3).

For these four women, their motivation appeared to be escaping bad situations, avoiding people or circumstances they felt were not good for their well-being.

While the women’s reasons for joining the military are grouped here, each woman was in a unique, context specific situation when she entered the military. In general, they were trying to make something of their lives: some because it was appealing or some to better their living
situation. It is important to note that reasons for service may be multifold and these situations do not capture the breadth of every women’s choice to enter the service.

**In the Military**

The women who spoke directly about their time in the military shared many similar experiences. They talked about being minorities as women in their job fields. Many of the women expressed feeling empowered by their military service, yet also felt they had to prove themselves before being accepted as equal to the men. Women often faced discrimination, harassment, and trauma while serving. Joining the service appeared to be a life altering event for these women, particularly for the women who deployed, as they felt as though they were different people when they returned home or left the military. Much like every service member, they sacrificed family time and knew what it was like to be away from loved ones.

*Occupation in the Military: “I was the only woman”*

The jobs in which the women served varied by branch and by field, but they were all gender minorities, sometimes as the only woman working with all men. This was the case for a woman in engineering, “I was the only female in the section, in the entire section” (Participant 8). A woman in aviation, stated,

I was the only woman in the shop…they put me in a male-dominated career field. I was in aircraft support maintenance. I was a mechanic who worked on equipment for the flight line for stuff that they use to get the planes flying (Participant 7).

A Marine calculated the small number of women she worked with, “In my unit, let's see…I was with air wing. So, we were a squadron. In our squadron, there were 600 people, 600 Marines and out of the 600 were 20 women” (Participant 18). For those serving as officers, finding another woman to socialize with was hard,
The problem was that I went in as an officer. So, you really can’t fraternize with the enlisted people. So, you have to fraternize with officers, your grade or above and there weren’t too many. It was hard. It was really hard as far as finding a female to sit and be comfortable with (Participant 22).

A couple of the women intentionally joined areas that had fewer women due to their job preferences. One Army veteran explained about her military occupational specialty (MOS),

I was a bridge crewman, the only MOS that a female could go into in an engineer unit, which was a bridge crewman. The rest of them are considered combat MOS, so females couldn’t go into any of the other ones…which is funny because even though I couldn’t go into those other MOSs that were considered combat for men, when I did my schooling, I was right with those guys. I learned the same things that they learned. It’s just that because I was a female, I couldn’t get that title (Participant 8).

Another woman served as a cryptologist in the Navy,

I went in when there weren’t very many women in my field. It was kind of hard for me to decide…I went in not knowing what I was going to do, and I went into a field where in the ‘60s and the ‘50s women weren’t allowed to get into. It was the intel field, intelligence, and communications so that intrigued me” (Participant 19).

Many of the women talked about the empowerment they felt from their roles in the military. One veteran reflected on her training,

I never thought I could climb a 50-foot building and rock climbing and go through the gas chamber or shoot a rifle or do hand-to-hand combat, like all that stuff you don’t think you can do, and you can do it and you're amazed that you can do it. So, it's very empowering (Participant 9).
She went on to say how important this was as a woman, “It was scary because I was so young, because it was something that you don't think you're capable of doing, I think. But it was so amazing and it's so empowering, I would say, because especially as a female.” Yet another veteran experienced growth through her training, “There was a self-confidence that I had not had before…in myself.” These women were doing things they may not have had the chance to do if not for the military.

Many of the women recounted major responsibilities in the military, such as an officer who said, “I actually had – as an officer for 11 years – I had up to 70 men, mostly men and women under me in my last job” (Participant 14). Some enlisted women felt this power as well, “I became this person who had a lot of influence, a lot of power taking care of their troops” (Participation 3). One woman commented on being able to represent women in the service, “I was still like pretty much one of the only females going into meetings with all guys, top ranking people. It’s like they look around and they see a female” (Participant 8). Through their work in the military many women felt empowered even though they may have been the only woman in their group.

**Proving Yourself: “I always had to prove myself”**

A reoccurring theme was that many women felt they had to prove themselves as worthy in their military duties. A woman who named her job as “ordnanceman” said, “I always had to prove myself, that’s for sure. Every command I went to, you had to prove yourself that you can do just as much as the guys did. That was always the challenge” (Participant 11). Talking about the men she served with, a veteran expounded,

I did have some verbal run ins with some of them. So, I had to prove myself to them. And the place where I proved myself to them, which is the silliest thing, was that I could fire
my weapon and hit my target on. It was like, now they trusted me. I guess they wanted to know that if there was a problem, I got their back” (Participant 22).

Sometimes the women felt they had to be better than the men to be seen as equal. A veteran in an engineering unit commented, “You gotta [sic] prove yourself to them that, hey, I can do just everything that you guys can do and sometimes you have to prove you’re a little bit better than them in certain things” (Participant 8). It seemed that being a woman, meant you had to pass an extra test to be accepted. This process of gaining acceptance was a hurdle that the women shared. Not only did the women describe having to demonstrate they could do their jobs, but they also had to prove that they could do the job as a woman.

**Part of the Team: “Then they Accept You”**

It was often the case that women were tested; however, once they proved themselves, they became accepted into the group. A veteran gave this example, “But you make it through and then you prove yourself as just as qualified as them and equal to them and then they accept you” (Participant 8). Another way that women were accepted was by serving in combat. In combat was when one veteran felt she was finally seen as equal,

> It was in the middle, of course, of [combat] missiles flying, and things going on, bombs going off. So, at some point I think all of that [gender] was forgotten. And then we became one. We became soldiers helping out one another and defending our country, in defending each other (Participant 20).

It appeared that in harrowing situations, gender became less of a factor.

Once accepted, women then became one of the “guys” as this veteran explained, “Once you prove yourself to the guys, then you’re one of the guys. They accept you” (Participant 8). The women spoke as if being a “guy” was the default and desirable norm. A Marine commented,
“Once people get past the fact that you are a woman, you are one of them…nothing but respect, and I was treated like one of the boys, and I acted like one of the boys too” (Participant 18). This dynamic came close to internalized sexism for some. A veteran explored her feelings about other women in the military,

   It’s funny because then I got to the point where when I saw women that weren’t proving themselves as much as I did, I would get mad at them because they made it look bad for people like me, women like me who always had to prove themselves (Participant 11).

Many of the women used the terms “guys” and “boys” to describe their approval by the men in their unit. Furthermore, if another woman appeared to be below standard, some women felt that she was a bad representation on women veterans in general.

**Discrimination: “You’re treated differently sometimes”**

Despite being admitted into the group, many women reported discrimination due to their sex or gender. One veteran felt that being a woman stigmatized her,

   Being a woman in the military is challenging. I would say it's challenging because you go in there with the expectation that we're all soldiers, however, through that you're treated differently sometimes, and then, especially, by the men. So sometimes it can be very uncomfortable as a female soldier. Just the looks, the remarks made, yeah. And then you know what? You want to be able to be equal. However, there's that stigma, that I'm a woman (Participant 20).

Another veteran summed up her feelings,

   It has its highs and lows. As a female in the Armed Forces in any branch of service, I’ll speak on my experience…there were certainly barriers and challenges. It’s a male chauvinistic world and a lot of things you had to eat, you know, as far as a female, as far
as understanding that there were still a lot of people out there that didn’t believe that
women should be in the uniform (Participant 3).

Before joining the service, one woman was stereotyped by a recruiter,

I go to the recruiter…and he was not very welcoming. ‘Women don’t belong in the
military. That’s not where they should be. As soon as they get in, they get pregnant, they
get out.’ And he’s going on and on and on (Participant 15).

A veteran described the discrimination she felt in her situation, “At one place that I
worked…when I joined, I was the only female, and they were very adamant that they really
didn’t want a woman on the team. And they did their best to try to make me quit” (Participant 5).

Furthermore, this veteran recounted a training exercise where someone in her unit sabotaged her
diving equipment, putting her life at risk.

Differential treatment was noticed by women who were overlooked for promotion, such
as the Navy veteran who noticed, “You see people that you came in with, they are passing you in
ranking. You know you’re just as good or even better, but you’re a female” (Participant 8). A
member of the Air National Guard also felt gaining rank was harder in certain jobs, as she stated,
“A lot of the females didn’t work their way up to it or, again, in certain career fields…the
traditional male career fields, it was tougher. It was definitely tougher” (Participant 15). When a
woman was in a position of authority, she may have to deal with resentment,

There were some that didn’t like me because…well, some guys, they didn’t like it
because I was a woman and I outranked them, and they didn’t think that I should be
outranking them. I had to have one incidence like that. He would say terrible things, but
my bosses, they backed me up (Participant 11).

Discrimination was a possibility or an actuality for women serving in the military.
Balancing Family: “We all understand leaving our family”

Almost half of the women talked about the balance they tried to maintain between their service obligation and having a family life. A veteran who had made a career in the military, reflected from her family’s perspective, “Sometimes I’m told I spend too much time with my job and not enough time at the house” (Participant 3). “You can help everybody, but you can’t help us,” was what her children often told her. She agreed this dynamic created tension,

For me, it was always the balance between this career military woman that I wanted to be, this leader, this emerging leader, and still the conflict…we’re trying to balance the home and…family and having these identities, these dual identities. I look back now, and I see that the military piece was a lot more of who I was. I let that role emerge more so than the other roles (Participant 3).

Another woman talked about how her deployment affected her relationship with her daughter,

She was nine months. So, I missed everything, the first step, her first words, everything, her first birthday, all that. My ex-husband was always showing my picture to her, but she didn’t…there’s a difference when you’re that little, the developmental stage, you can’t distinguish between a picture and a real person” (Participant 11).

She further explained difficulties with her family, “My daughter ran away from me. She didn’t know who I was. So that was the hard part, and then shortly after I divorced my husband.”

Some of the women chose to delay having children or had to make the difficult decision to separate from them. One woman talked about how her service affected her family even though she waited to have children until after completing her service. She reflected to her son, “You know, [son], I have been diagnosed with PTSD…I didn’t know.” She realized, “His whole life
he is looking at mommy deal with certain things and he didn’t know, and I didn’t know.” A woman who had birthed two children, gave one up for adoption due to her service. She explained her complex situation,

I have my son. I had also gotten pregnant again when I was in military, so I had given that baby up for adoption and when I came back…I’d given him to my foster mom…so when I came back, I ended up being his parent (Participant 24).

This was due to the foster parent’s inability to care for the child, “I was in essence raising my child while also raising my child that didn’t know that I was his mother and that was really hard for me.”

Comparing herself to the woman she joined the service with one woman acknowledged the struggle of simultaneously having a family, serving in the military, and getting an education. Referring to her friend, she said,

She did it with having kids and I really give a lot of people credit that do it with having families and working full-time [in the military] and going to the school basically full-time. It was crazy, but it took me years (Participant 15).

Having a family was a personal choice for these women with the realization of how it could affect their career in the military.

One veteran stated, “I understand it as women we have our families, we have our children, and it's difficult” (Participant 20). Adding to the difficulty, another veteran noted the societal judgement she felt from people outside the military,

Even though I was a Marine, if I meet an Army veteran or a Navy, Coastguard, whatever, you still have that camaraderie like we are all military, so we all understand leaving our family, leaving everything we have, having to choose, not really having the choice. Your
job before your family and people understand that and don’t judge you for it where civilians have a tendency to judge (Participant 24).

Whatever the circumstances, these women acknowledged the challenges of having a family and serving simultaneously.

**Woman In Combat: “We have been for years”**

Ten of the women deployed to areas overseas that were deemed combat zones even if their job in the military was not combat specific. The women who served in combat were in either the Army or Marine Corps and served in Afghanistan, Iraq, or Vietnam; two women deployed twice to the same country. Among the women, there was variation in how they understood combat. Some women did not identify as being in combat even when they were ordered to a designated combat zone. A woman that was doing the dangerous work of looking for Improvised Explosive Devises (IEDs) in Iraq, spoke on this,

Where I was at was with engineers and we had Trailblazer [detection equipment], which was responsible to clear the IEDs off the roads at night. So, technically, we weren’t combat, but we were because we were clearing IEDs at night (Participant 8).

She further explained how being in combat was not always easily determined, “It depends on what you were doing like you could be in a trucking unit that’s out there every day and not be considered combat, but you’re out there getting rocket attacks and mortared and…all this other stuff.” Another woman who had deployed to Iraq was cavalier in saying, “I did the guard duty…on patrols…we got mortared every day. All that nice stuff” (Participant 13).

One veteran chose her job specifically because it put her closer to a combat position. She brought up the issue of women being recently allowed in combat positions by saying,
They talk about women are allowed to be in the infantry now, they’re allowed to do this, they’re allowed to do that. We have been for years, MPs specifically. The reason why I picked Military Police is because it was the closest thing to infantry I could get. As a combat MP which is what we’re defined as, it’s the same thing (Participant 12). She felt that women serving in job titles not designated as combat did not preclude them from being exposed to combat.

Two women spoke positively about their deployments. An Afghanistan veteran enjoyed her time in country,

Believe it or not, it’s hard to believe, but I loved Afghanistan, okay. I made some good friends with the nationals. I did preventive medicine. So, I got to go out, work with doing water samples for wells and stuff…dealt with infant mortality and the maternal issues to where we would do vitamin packages and stuff like that. So, I had a good experience. And once again, I felt like I was making a positive difference in a country (Participant 5).

An Iraq combat veteran shared this sentiment,

I absolutely loved it. I loved being in the military. As far as being deployed, I mean nobody really likes it, but I didn’t get hurt and I didn’t get dead. So, I guess that’s a pretty good, decent deployment (Participant 12).

Regardless of how the women conceptualized combat, it was not always viewed negatively.

Deployment conditions varied depending on the job assignment. A veteran who had deployed twice to the same location in Afghanistan compared the two experiences,

They were completely different experiences from each other. The only thing that was the same was I went to the same place…my first deployment, I was a brigade chemical officer. My second deployment, I was a company commander and I had people – roughly
203 people spread out – over an area the size of Massachusetts…I traveled a lot and got out of the wire a lot. And it's just a different kind of work too (Participant 21).

Job duties while deployed could also change dependent on mission needs. A veteran who had deployed twice to Iraq, explained,

The Marine Corps is a wonderful place. They teach you a little bit of everything. I was with the engineer group, which was combat engineers, electricians, water purification…we had to basically go in and figure out where we could shut the power off and then run new wires and just rewire the whole place…but in the midst of that, we ran out of infantry. So luckily the Marine Corps being so wise as it is, they had trained a quick reaction force team and I was part of that. So, then that's when I had to step in and do security. So, I did towers where I was watching the perimeter, I also stood up the gate, I inspected vehicles, I escorted vehicles (Participant 18).

This is a clear example of women having duties that potentially led to dangerous encounters, even when their roles were in non-combat positions.

Speaking to a veteran about her Vietnam deployment was a special case, as women were a small percentage of the US military that served in country during Vietnam. She highlighted this rarity,

There weren't many of us. I think there were only about…the numbers vary because for instance one of my dearest friends…when she called the Pentagon to find out the women who served in Vietnam…the Pentagon said no women served in Vietnam because they hadn't kept track of us at all, we were just kind of like not there I guess to them…but I think it was anywhere from between 7,500 to 9,000 women who served in the Army Nurse Corps over there (Participant 16).
While not involved in direct combat, this veteran witnessed numerous soldiers with traumatic injuries as a nurse during her deployment.

**Coming Back a Different Person: “You’ll never be the same”**

The veterans that talked about deploying to combat described it as a life changing experience. A common theme among the women was that they felt they were not the same people as before their combat deployment. This woman explained,

> You just assumed that you should be the person that you were before and yet you weren’t, and you struggled very hard to be the person that you were before, but you couldn’t be because then you were totally changed. For instance, one of the things after coming back that I really knew was that I could never make a career in the Army. I was so disgusted with the way the Army treated these guys that I thought they were supposed to value that I had to get out as fast as I could (Participant 16).

This woman had felt she would never be the same after her deployment, and her experiences changed her view of the Army as well.

One veteran described anxiety that she had not experienced before her deployment and that changed her personality,

> You’ll never be the same person as you were before you left. I noticed it myself. Before I deployed, I was very laidback. I could take my time; I could do things at my own pace and then I came home, and everything needs to be done right now. And I get very anxious over things I can’t control because when you can’t control a situation when you’re deployed, that’s very bad, you know. So, now when I’m home, it’s kind of – and I’ve been home for almost two years – and it just…it hasn’t really changed. So, I think that’s just who I am now (Participant 4).
Another veteran spoke about the traumatic effects she attributed to her serving in combat,

> It was interesting. I saw a lot. I experienced a lot. So, I understand when soldiers come back now and what they're going through because those are the same things that I went through, the PTSD, and the dreams, and the nightmares, and just coming back and just being uneasy, and a difficult time transitioning back into the norm (Participant 20).

Yet, another veteran described herself as unrecognizably altered, “The person that I was, was no longer there. I didn't recognize that person. I was a very angry person, a very aggressive person” (Participant 18). She likened her experience to the sensation of leaving her soul in combat,

> A part of me felt like I died. Like I left my soul there. I'm dead. That's it. I don't exist anymore. It was so weird. It was like I'm still going through my motions; I'm still living but then my body…like my soul is gone (Participant 18).

These were the bizarre feelings she felt, and she further discussed stages of feeling dead, mourning herself, and shock,

> I wasn't the same person. It was that the mourning of it came afterwards. But at that point in time, I was still in shock like holy shit, what the hell is going on here? Things are so different…Who are these people? …everything was just so different, and I truly felt like I had died. I died, I was buried, and I came back and everything just… the world just went on without me and I was shocked (Participant 18).

The women veterans that deployed to combat expressed both changes in themselves and changes in how they viewed the world because of their experiences.

*Trauma...“It happened to me”*

The focus of the original research interviews was for program evaluation, not about traumatic experiences, yet there were 14 women who talked about trauma, 13 of whom were
personally affected. This number is unexpectantly high given that the purpose of the original data collection was not directly focused on capturing these experiences. With over half of the women discussing trauma, it is presumed to be an important topic for women in the military, therefore it is reported here. Notably, trauma or harassment was not experienced by every woman veteran, as one said, “I was always treated well, I was never harassed I was never…I was just like one of the guys. I was fortunate you know” (Participant 2). Calling herself fortunate however, alludes to her experience as an exception and her awareness of cases she would not call fortunate.

The range of trauma occurring to the women that disclosed included verbal abuse, sexual harassment, military sexual trauma (MST), or physical/psychological injury. In several cases there were multiple types of abuse and multiple incidences. Unsurprisingly the women did not always give details, but much can be gleaned from what they did report as numerous accounts of abuse were suggested. For example, one veteran simply stated, “I left an abusive relationship and long time coming” (Participant 25). Perhaps there were cases that were not disclosed at all. This woman shared what she had heard from a speaker’s presentation, “In her discussion about military sexual trauma, she said a lot of people leave the military because they have to get away from their abuser” (Participant 25).

Five women reported verbal abuse or sexual harassment that happened while they were serving. In two cases, women were harassed by non-military individuals. The first woman spoke about verbal abuse she endured,

I've been at duty stations where I was called sweetheart, and asked to turn around and I thought ‘Oh, my God, what's wrong with my uniform?’ And then someone made a comment about what I looked like and things like that. So that’s all the little ‘pooping,’
‘getting pooped on.’ And then of course there's much more serious things that happen to you. And I can compartmentalize things to a degree” (Participant 14).

The second woman was harassed by a civilian contractor she worked with every day. She explained the situation that still haunts her, “I was scared to go up there and give paperwork in because of the comment he said... he had told me – he was married – ‘I would love to take you and take you to a hotel and screw you’” (Participant 10). She was required to bring him paperwork for three months until she was transferred to somewhere else.

In another case, a woman depicted harassment in the military by her supervisor until she spoke up to stop it. Talking about her military career, she reflected,

   Not to say I didn’t have experiences that were questionable of, maybe, how I let people talk to me or I’ll give you an example. I had a supervisor who would give me all these inappropriate gifts, baby doll pajamas, yeah, well, really inappropriate...It was total sexual harassment (Participant 15).

She had to tell her supervisor what he was doing was wrong, saying, “This has got to stop. It has taken me this long to tell you that I really feel uncomfortable about this” (Participant 15). In her case, the supervisor understood and stopped the harassment.

There were two cases where the women reported abuse coming from their partners. A woman explained how her husband had changed after his second deployment,

   Abuse; verbal, mental, emotional abuse. He was not the same person. Everything was my fault. He had an accident over there. He invited his chaplain to chow, as they called it, to lunch, and the building was hit with a rocket (Participant 23).

She attributed his behavior change to his deployment, “I feel that it is stemmed from him going to Afghanistan and experiencing that. So, he couldn’t deal with it himself, so he outwardly dealt
with it on me” (Participant 23). She ended up leaving him while she was pregnant with their third child. Another woman discussed the results of taking her child and leaving her abuser,

I have an ex who was stalking me and found us, so we decided to move three thousand miles away and hopefully that puts a little bit of distance between us. But when we came back, we ended up in a domestic violence shelter and then we ended up in a homeless shelter and people aren’t there because they want to be and I always knew that but until you experience it, it’s a lot different (Participant 24).

There were five women (20% of the sample) who experienced military sexual trauma (MST). Disclosure of the assaults were unqueued during interviews and women often brought up the subject indirectly. For example, a peer mentor volunteered that she could talk about assault with her mentee from shared experience, “She suffers from a sexual assault trauma, and I don’t have anything on that skill, but I’ve been…I’ve been sexually assaulted in the military” (Participant 4). Unprompted, another veteran stated about being overseas,

I know about the sexual trauma they have because it happened to me…and it happened to many of the women that I know over there, only there, really truly we had no one that we could report to, so we told no one (Participant 16).

Describing the screening process upon separation from the military, another woman said,

You go through a screening process before you get out of the military, different questions. They ask about what they call MST, military sexual trauma and I don’t think there are too many females in the military who have not experienced some kind of sexual trauma. I certainly had my share of it (Participant 19).

In yet another case, a woman discussed how MST affected her life and her ability to trust,
It's just sad to know that there are men – or it could happen to male or female but in my case, it was males – that would…I’m suspicious of all settings wherever I see a male and a female and it's a young child or someone that looks defenseless. I automatically think no, don't let that happen or I don't allow myself to let go when I'm around males. It's like they always have something up their sleeves. I have this automatic thing where I mistrust. I don't have no trust at all…I just don't and I just can't trust 'em. It's just that simple (Participant 17).

The last unexpected disclosure was the most detailed. The veteran recounted the night of her assault,

While I was going through my first divorce, that’s when I went and met my son’s father. We all went out one night, and I was a DD [designated driver] because I was pregnant. So yeah, that night I ended up taking…one of my son’s fathers, one of his friend’s back because he had to work the next morning and I ended up getting assaulted that night (Participant 24).

Through tears she revealed to the interviewer, “You’re the second person I told” (Participant 24).

Physical or psychological injuries were discussed by five women. In one case physical injury lead to psychological distress. A veteran described her situation,

I was injured and that’s when things started to fall apart, and it didn’t matter…my job was important but then I started to feel like I didn’t matter…I was just a number to the military. I felt and I still feel discarded because when I became injured then I was a liability (Participant 19).

As a result of her physical injury, she was unwillingly separated from the military which created greater feelings of betrayal. She relayed these feelings,
They used the term retired and I became angry, bitter, and probably a little combative…but their idea was, okay you're done. When I was injured, I had 18 years in, they wanted to get me out before I reach 20 and was eligible for retirement (Participant 19).

Another woman was injured but she was able to retire, “My discharge from the military was combat-related, but I personally was never under any fire. My accident happened from a truck that was in front of us that blew up” (Participant 22). Her injuries prevented her from working which made it difficult to transition to civilian life,

Leaving the army, I wallowed. I wallowed not knowing what to do because the Army is so structured, and you know what you’re going to do. You plan ahead and this is what you do, and I was retired at home and nobody I knew was retired at home. It’s kind of hard (Participant 22).

Three women described psychological injuries steaming from being in combat. A veteran who served two tours in Iraq explained, “No one knew about PTSD, nothing. So, I was going through a lot, and I didn't know how to explain it” (Participant 18). She did not know that she could be experiencing posttraumatic stress, “It was just too many things going on and I was a fucking mess, but I didn't know what that was…It was so hard because it was a lot of events” (Participant 18). Another veteran who saw multiple causaulities on her deployment described the unresolved feelings she had from that trauma,

The anger that you felt that the Army and the government were not valuing these young…and they were all great kids, they were really good people. And that our country would just throw them away like that, to me was so appalling. So not only were you dealing with the sorrow…and working as hard as you can and not being able to make
everyone live because you just couldn't. I wished I was God, but you couldn't be. So, you have this immense sorrow and grief that you don't have time to deal with because you have to keep going and you can't let that cripple you so that you can't do your job for the rest of the guys that are continuing to come in. And then the huge anger and rage that you had…at least, that I had. It was…it still is tough (Participant 16).

Lastly, a veteran deployed twice to combat in Afghanistan spoke about the physical and psychological consequences,

Veterans from World War I and World War II did come back with PTSD and TBI and mental issues but not at the same rates that they are now. Not only are people more [affected] but war has changed. So, people go multiple times, and it becomes a career. But we also just, we’d go 22 hours. We got off the plane. We go home with our families that we haven't seen, and it can be very jarring (Participant 21).

She personally divulged about her own psychological struggles,

I had a lot of survivor's guilt and then I felt very guilty about…a month before I changed command, four of my soldiers were killed in action. I felt a lot of guilt associated with that like leaving my company (Participant 21).

When asked how she dealt with these feelings, she said, “I buried a lot of it. Just buried myself in work and tried to bury a lot of it” (Participant 21). The trauma that some of the women experienced while serving in the military could be mulitfaceted (i.e., physical injury, psychological, sexual, combat related, non-combat related, relational) and could be multiple experiences across their careers.
Out of the Military

This section describes the women’s experiences leaving the service, their transition to civilian life, their reflections on service, and their veteran identities. Their employment status and how they felt about their service seemed to impact their transitions. Separating directly after a deployment made transitioning more difficult. Identity was a complex concept, both becoming a civilian and identifying as a veteran. The women felt they did not match the stereotyped perception of veteran and that people did not recognize them as veterans. Finally, the topic of veteran suicide is examined from their perspective. The women talk about their own experiences related to suicide and their thoughts on why the rate is high for veterans.

Exiting Military Service: “I was retired”

Ten of the veterans discussed their separation from service. Two women did not have a say in their separations as they were retired due to injury. Their circumstances were similar, but the difference in their feelings was stark. The first women had a combat-related accident, but having served for 20 years, was able to retire. She had no negative feelings about her departure, however, she reported wallowing after her discharge because she was unable to work, “I was retired at home and nobody I knew was retired at home. It’s kind of hard” (Participant 22). The second woman was injured a couple years before she was eligible to retire. It was clear from the first military related question that her feelings about her separation were complicated, as she said, “I did not retire, I was retired” (Participant 19). Her story unfolded,

I had an accident that almost ended my life, and I was made to feel guilty about that because when it happened you became a burden, now you're not worthy…anybody can get hurt at any time. So, that just weighs on you and it’s very easy to say, even the strongest person, to say I want to give up (Participant 19).
After a three-year struggle and assistance from a Congressmember, she was awarded entitlements from her injury, but she felt, “my self-worth went downhill, very angry at the Navy” (Participant 19).

The remaining women who spoke on their separation from the military, all spoke of a voluntary decision to leave. Two veterans who had never deployed to combat, elected to retire from their National Guard positions. Two additional veterans left service due to their job environment. One of these women was a mechanic whose job position had recently opened to women; she described,

Just think about being a college graduate and working with a bunch of men who barely got out of high school, and they resent you because you have a brain and you don’t do the same things they do, plus you’re older and you’re more mature…it was a struggle and that’s one of the reasons why I didn’t wanna [sic] stay (Participant 7).

The second of these women knew she would not stay in the military after her combat deployment because she was disgusted with the treatment of injured soldiers. She explained her other reason,

One of the reasons why I never would have stayed because I couldn't play their game and yet I had these people that I didn't respect who had power over me and my career that could make judgments about me (Participant 16).

Three veterans said their decision to leave the military was family related. Two felt they needed to care for their children. For one of these veterans staying meant, “I was going to have to give my daughter to my ex-husband and I wasn’t going to do that” (Participant 11). The other veteran named caring for her son as the reason for leaving. In one case, a veteran left in the hopes of mending a relationship with her spouse, “I let the contract go so I could come here and fix my life” (Participant 18). She hoped, “I'm going to straighten this shit up with my husband,
my then husband, and I’m going to come back” (Participant 18). She divorced her husband and was not able to return to the service as she intended due to her mental health symptoms.

Lastly, one veteran proffered that it was because of her sexual orientation that she left the service, “Because of being gay. I was afraid that…actually, I was stationed in Fort Hood, and they were starting to get suspicious. And I was afraid because back then you get a dishonorable discharge” (Participant 17). Discharge for being gay was a possibility. She spoke of two of these types of discharges, “I know two females and they weren’t able to…back then, apply for VA benefits and they had no benefits. They had nothing, like they never joined the military” (Participant 17). Despite leaving voluntarily, she wished she could have served longer,

One thing that I would love to put out there is that I know in my heart that if I had the opportunity that they have now, I would have been a lifer in the military because I really liked what I did. I enjoy helping others” (Participant 17).

Like joining the military, circumstances surrounding separation from the service are unique to the individual. The women’s duration of services spanned from a couple of years to a 35-year retirement. The women exited the service in both voluntary and involuntary ways. Situations where a service member is forced out may imbue complex emotions. Yet not all involuntary separations came with hurt feelings.

**Transitioning: “One day you’re a soldier and the next day you’re in civilian clothes”**

Several women talked about their transition out of the service. Talking generally about feelings after leaving service, a woman revealed, “Some of them don’t feel that [like a person] when they come home out of the military. I was lost when I came home from the military” (Participant 10). Another veteran spoke about the adjustments she had to make, “I had to restructure my brain, the way I was thinking. I was like…no, you’re not in the military”
The transition was also described as abrupt by the woman that said, “One day you’re a soldier and the next day you’re in civilian clothes. So, it’s kind of hard” (Participant 22). Another veteran who returned to her daughter who did not recognize her, lamented, “18 months and [she] doesn’t know who I am and walking and talking. It was tough. You tried to throw yourself right back into it” (Participant 12).

Some of the women experienced mental health concerns. Referring to her post-traumatic stress symptoms, a veteran reflected, “When I came out of the military, there was a lot of issues going on inside of me. And I didn’t really talk about them because it was never explained to me what was going on” (Participant 20). Another veteran talked about her return home. She disclosed, “I didn’t really have anything wrong. I just had really bad anxiety, so I didn’t wanna [sic] talk to a therapist that’s never been there because how is she gonna [sic] relate to what I experienced?” (Participant 4). Conversely, a veteran who chose to seek psychological help, was unhappy with the assistance. She described her therapy visit,

I asked to see…go to mental health…just like as routine, they let me see this person…her reactions…like ‘oh my God.’ Don't do that. I'm sitting here and I'm calm. I'm answering your questions. You shouldn't be shocked especially if you're working with veterans” (Participant 13).

She felt as though the provider was uneducated about military culture and unprepared to hear what she revealed.

Most of the women described difficulty with employment; difficulty finding or adjusting to work after service was common. Having earned her degree while in the military, one woman tried to become a school counselor. Despite her education, she was not able to find work. She talked about her situation,
When I got out of the service, it was almost impossible for me to get a job. I don’t really know why. I can only speculate. I mean, I was older than probably a lot of the counselors that were applying (Participant 14).

Another veteran who retired from the military after 35 years, seemed to encounter a similar problem due to her age. She speculated,

I applied for a bunch of jobs but there wasn’t any…I didn’t get a letter back or anything and that was so…that was a little bit of eye-opening. And a boss of mine years ago had told me, ‘You know, the longer you stay here, the harder it’s going to be for you to get a job. And not for nothing but not many people want to hire people over 50.’ I collect my retirement right away but it’s not anything you could really live on” (Participant 15).

Veterans that found employment often found the work environment unlike what they were used to in the military. A veteran explained about her civilian work,

Being in a supervisor’s position, I found that I can’t tell this person hey, go do this because they’re not a private no more. They have civilian clothes. You have to address them in a different way. So, it had…It was a big transition (Participant 17).

Another veteran decided to start her own business because she did not want to be told how to do her job,

I just couldn’t adapt with that. Not punching in either, I couldn’t see myself punching in a time clock every day. Or them telling me what to do because that wasn’t like what I did in the military. I knew my job (Participant 10).

Another veteran explained the disconnect between her and the non-military people she worked with,
Civilians I worked with, they didn’t understand, and I think that’s with every veteran. People don’t know or understand our mentality. We may say something that we think is funny because that’s how we handle with the military, but they take offense to it…they consider me as like I have a communication problem. I don’t have a communication…they just don’t understand my sense of humor (Participant 11).

As an alternative to work, two veterans chose higher education. One veteran had expected a job right out of the military, “I found out I didn't get the job three days after I was completely out” (Participant 21). She ended up attending university, “I needed to be able to fill up that blank space with something. So, the idea was…I would go back to school if I couldn't find a job” (Participant 21). Another veteran was happy to continue her education, saying, “When I came back, it was difficult to find a job. So, I ended up going to school and going to school is easy for me. It’s something for me throw all of everything into it” (Participant 24). Since work was not available, education became an option for these two women.

Interactions with people in civilian life changed when the women transitioned. When asked about her relationship with family and friends, a veteran said, It was distant. I kind of withdrew. I didn’t want to be around people, if I could be honest. And then also they didn’t understand what I actually went through going off to war. So, it put a strain on the relationship (Participant 20).

Similarly, another veteran stated, My family and I really didn’t get along. So, getting out, I also ended up going through a divorce at the same time and I came back here, I really didn’t…my family and I weren’t speaking very much. I was also a single parent…I had no one. It was hard (Participant 24).
This led to her isolation, “After a couple years, I got so closed off and into myself, I just stopped talking to people” (Participant 24). Isolation was often a response after exiting the military. Other veterans said, “Honestly, I isolated myself. I didn’t have any relationship with people” (Participant 22), and “There was really no one to talk to even when you came back” (Participant 16). A veteran hypothesized about isolation in particular, “I think it depends on your experience in the military. If you’ve been treated badly in the military, I think you’re gonna [sic] isolate yourself to some extent. If you’ve had a good experience, then probably not” (Participant 7).

Transition was especially hard when military members came back from a combat deployment and separated from the military shortly afterwards. This was the case described by one veteran,

Coming back stateside I would say that I was not really prepared when I came back. Only because once I got off the plane it was kind of over. There was really no briefing, debriefing, or anything. I wasn’t introduced to therapy. It wasn’t discussed, some of the things that I would be going through. So that transition, I had to kind of feel my way through that which was confusing at times. So, it was difficult. It was a difficult transition back (Participant 20).

A Marine veteran talked about returning from Afghanistan and immediately leaving the military, “I had zero decompression time. Two weeks and I was out” (Participant 18). She felt she had no one, “I didn't have…people have parties, and their family is all waiting for them. I had no one. Alone, completely alone” (Participant 18). Substance use was how she coped. She discussed one instance, “We drank a bottle of whiskey each and I can't even begin to tell you how fucking drunk I was” (Participant 18). She eventually realized she needed help, “I was like I really got to go handle this. So, I went to the VA and that was almost ten years later” (Participant 18).
Aside from challenges the women faced, they also talked about what made transition smoother. Easier transition appeared to be linked to having a purpose after their service. One veteran had this impression,

I think I was fortunate. When I came back, I actually was able to find a job at a shelter working with the homeless. So that helped me out a lot. And I felt like, my duties with the military, that's done but I'm still in that helping capacity. So that was okay, it was a good part (Participant 20).

Another veteran, who went straight into peer work agreed, “The transition could not have been any smoother if it hadn’t been for this project…knowing that I had something to leap into because there were many different things going on at that time” (Participant 3). Having a next step appeared to be helpful when transitioning out of the military.

One woman talked about exercise and keeping busy as helpful,

I also just made sure I was active and got out and did stuff that I like to and hung out with the people that I hadn't seen and then I also…I had to focus not only on work. I was getting out and I knew that. So, I had to start focusing on the transition and resumes and all things of that nature. So, I kept myself very busy, as busy as possible (Participant 21).

Another veteran found a service dog that helped with her feelings of isolation and kept her company after she was retired from service. Services helped another veteran; she found that services were,

…instrumental in post-divorce and my move here and really helping me transition and integrating to this local community. The [local VA Medical Center] is one of the best in the country and I’m finding out that [the area] is extremely veteran friendly (Participant 25).
Women who described easier transitions typically had a purpose in the form of meaningful work or were connected to services after separation from the military.

**Reflecting on Military Service: “For the most part it, it was pretty good”**

Overall, most of the women spoke positively about something when reflecting on their time in the military. The learning experiences were the most frequently talked about, “Having the experiences, being in the service, making the rank, and learning all the things I learned through the years, all the opportunities that I had…trained to be that person in the leadership role, that was a gift” (Participant 3). A veteran spoke about her service experience as helpful for her civilian life,

To be honest with you, I was glad to have served my country to have learnt what I have done in the military as a woman…I learned a lot and they helped me a lot and in the civilian life (Participant 10).

Many women were thankful for the opportunity that helped shaped them. Another veteran listed what the service did for her,

Taking responsibility, growing up, and becoming more mature and having a drive in life.

I mean prior to being in the military, I was doing drugs. I was drinking all the time. I was partying. I was not a good person. So, it definitely shaped me to become a better person.

That’s for sure (Participant 23).

The veterans also acknowledged difficult moments, along with the positive, that they endured during their service. Referring to her military experience, a veteran said, “For the most part, it was pretty good. I had a couple of hard times but for the most part it, it was pretty good. I got along with everybody” (Participant 24). Even a veteran who felt discarded by the military, still believed her service was beneficial,
I will tell people probably until the day I die the best thing that I’ve ever done in my life was join the military hands down. The work that I did, the people that I met, the places that I’ve gone to. I wouldn’t trade that for anything. Could I have done it better or differently? Yes, but even for the experiences that I had…wouldn’t trade it even at tough times that I went through (Participant 19).

For another veteran, she felt sharing her military story might help others. She talked about writing a book,

I’m writing it…a lot of it is going to reflect my military life up to the point where I joined the military, and then everything after the military. If it helps even a veteran, because when I do talk about my military life and the experiences I’ve gone through and it helps them, then that’s fine. That’s the purpose…I do draw a lot of strength from my military stuff because, because of my military experiences (Participant 11).

**Identity: “What is the face of a veteran?”**

Identity was salient to many of the women during their transition from service. One woman who retired after 35 years talked about losing part of herself, “It was terrible. It was hard. It was really hard. I can’t stop crying about it because this is how I identified myself” (Participant 15). Some women still considered themselves as military, like this woman who said,

I still consider myself a sailor up to this point. I don’t consider myself civilian. I work in a civilian job, but I still consider myself a military person, and that’s always going to be there. ‘Oh, but you’re not in the military.’ I said, ‘No. In my heart, I’m still in the military. In my heart, I’m still a sailor. In my heart, I’m still an ordnanceman’” (Participant 11).
Another woman described being a veteran as immutable, “I don't want to be the veteran for the rest of my life but it's under everything else, all the layers and it'll never go away” (Participant 18). For these women, military service was named an important part of their identity.

On the other hand, some women had reservations about their identity and found the label of veteran to be complicated for several reasons. One reason for not feeling like a veteran, was having never deploying to combat. This veteran described her feelings,

For the longest time I didn’t think it mattered that I was in the military because I never saw combat and then I had my friend who was in the Navy say, ‘any time you were in, you could have been called up for any conflict.’ And she said, ‘if you didn’t do your job, then this person couldn’t do their job and the mission couldn’t get done’ (Participant 7).

Another woman mimicked this idea, “I never considered myself a veteran because I didn’t serve in combat” (Participant 3). This feeling was reinforced by how she thought others perceived the image of a veteran, “the word veteran is still something to really embrace. People look and they see veteran. They look and they see this, you know…middle-aged female. ‘That’s the face of a veteran.’ So, what is the face of a veteran?” (Participant 3). Therefore, the perception of other people’s beliefs on what a veteran looked like or had experienced, impacted these woman’s identification as veterans.

For some women, they felt that negative stereotypes about veterans impacted the way they were perceived by others. One woman compared veteran status to another marginalized identity she experienced, “I have learned that we're looked at differently. I guess myself being gay, I’ve always been looked at differently. So being a veteran I've also been looked at differently” (Participant 17). Generalizations about soldiers returning from conflict, were referenced by a veteran having some mental health symptoms. She remarked,
People just love to label, ‘oh, you have PTSD’ and that just makes me crazy. Because ‘no, you don’t have PTSD.’ You’re just anxious. PTSD is a very real thing. I know plenty of soldiers that have that. I’m not downplaying what PTSD is. I’m just saying it’s just not what everything is (Participant 4).

Another woman spoke about negative images associated with service members, “You don't want to have that reputation for being the crazy angry veteran and the angry female Marine” (Participant 18). Furthermore, she felt her behavior was judged more harshly for having been a woman in the military,

I was told many times to put that Marine away especially coming from a woman. It's so unacceptable and unprofessional. I can professionally call people out but oh, okay, here goes the angry veteran. So, I am very cautious of how I project myself to a group (Participant 18).

Overall, lacking combat service in the military and other’s beliefs about veterans were two factors that influenced the women’s identities after service.

**Suicide: “There’s been several” and “They’re not seeking help”**

Each woman talked about suicide in response to questions on the interview guide. The veterans agreed that suicide is a problem in the military and for veterans. A woman who had retired from the Army spoke on her many encounters with incidences of suicide while serving in the military and as a veteran. Speaking about a fellow soldier she said,

I used to talk to the kid all the time. I talked to him. We’re talking about jobs and everything and the next thing you know, I ran into somebody the following weekend and they’re like, ‘he killed himself.’ I’m like, ‘what do you mean he killed himself? I talked
to him last night.’ And like yeah, he hung himself, you know. And so, we do have a lot of issues (Participant 5).

While talking about her time being a veteran peer mentor, she spoke of instances of suicide that she heard about,

There’s been several. One of the guys I deployed with, I actually went to do a training…about two months ago and that morning we found out that guy killed himself and was in the vehicle outside one of our buildings no less (Participant 5).

Several of the veterans talked about suicides they knew about. An Army veteran reasoned, “Because there were so few of us, a lot of the nurses just tended to melt into…suicide. Some drank themselves or took pills” (Participant 16).

Three of the women veterans were candid about having their own thoughts of suicide. One veteran divulged, “When I came out of the military, because there were no services that I was aware of, I did have suicidal thoughts” (Participant 20). She went on to say what kept her safe,

I'll be honest with you. I'm pretty spiritual and had it not been for that spiritual part of me I probably would have done something that I should not have done. That I would regret.

Maybe suicide because I thought about it (Participant 20).

A second veteran felt betrayed by the Navy for retiring her due to an injury. She disclosed, “My anger…it wells me up and the thought of suicide was a constant thought” (Participant 19). She also was able to decide against suicide, telling herself, “Suicide is never an option, there’s no way out of suicide but there’s a way out of depression” (Participant 19). A third veteran discussed her suicidal thoughts and an attempt,
I packed all my shit and put it in the car and that's when I lived in my car. That's when the
darkness started coming. I had no suicidal intentions until then but then I really felt like
where am I? Who am I? I'm this bad ass Marine that can't get a job, that now is homeless,
and I have nobody. What the fuck am I going to do? (Participant 18).

Even after she found a place to live, she was haunted by feelings of guilt about another Marine
she had recruited and who had died in Iraq. She described her suicide attempt,

I took a bunch of aspirins, so much for trying to kill myself. I threw them all up because I
was drunk. I'm like fuck, I failed at this too. What the fuck, I can't get it right. It's
constant failure (Participant 20).

It was not until she met a veteran peer, an Army paratrooper who also had multiple deployments
and with whom she could relate, that she started feeling better.

Every veteran was asked why they thought the suicide rate was high in the veteran
population. The two most prevalent themes were described as veterans are isolated and that they
had unmet needs from a lack of help-seeking. One veteran thought, “They get tired especially
when their needs are not met” (Participant 10). Often isolation and lack of support coincided
such as this veteran speculated about separated service members, “I think that isolation and
whenever they got back, they just didn’t have the support…they’re not getting help. They’re not
seeking the help to help in that transition” (Participant 25). Isolation was also tied with not
wanting to seek help. A veteran explained,

People won’t talk to anybody, I think is one of the main problems and, again, it’s tough. I
mean, we all go through tough things in life…either you hopefully get through it and if
you can’t get through it on your own, hopefully you talk to other people…you can’t
isolate yourself and that’s what I think happens a lot, people isolate themselves (Participant 15).

The women discussed a lack of help-seeking by veterans that wanted to avoid seeming weak. A Navy veteran used herself as an example,

You don't reach out and because like myself, I felt like I'm not going there. I don't need to talk to no therapist. I don't need to talk to them because I have this mindset that I'm strong…and then you find yourself ending it all (Participant 17).

Another example of this ingrained mentality came from a career Guard member.

Veterans are people who don’t like to ask for help. They feel they can handle it all themselves. And so, it’s kind of hard for them to ask for help. And they think they can do it alone. And then when they realize they can’t, they feel like they have nothing to live for. Like they’re not strong enough to do it themselves. Oh, I’m no good at anything.

Even though you’ve been in the military, I mean that’s says a lot (Participant 8).

Yet another veteran supposed a lack of help was due to fear and pride, “Some, they might be scared to share what they’re experiencing…there’s some level of their depression, and they might be too prideful to share that with someone” (Participant 23).

One more reason the women thought veterans did not seek help was because veterans did not prioritize their needs over others that they felt needed services more. This was the stance of one veteran that said,

I’ve been told a couple times that I need to see someone, but I just…one, I don’t want to go. Two, there’s somebody else that needs it more than me and probably wants to take advantage of it. Me, I have a hard time talking about things and I don’t want to go in
there and end up sitting for half an hour, an hour. That’s time that could be going to somebody else that really needs it (Participant 24).

Therefore, the women theorized veteran suicide was a problem due to isolation and unmet needs for which veterans thought they could not seek assistance.

Finding Peer Support

All the women that were interviewed discussed encountering peer support in their lives, providing or receiving it, or both. The women who discovered peer support were seeking assistance or connection through the program. Many of the women veterans discussed feeling misunderstood which likely attracted them to peer support for that understanding. The women that offered to provide peer support often felt a responsibility to be there for other veterans, sometimes because it was something they had lacked when they transitioned from service.

Feeling Disconnection: “They don’t understand”

Women veterans reported feeling misunderstood by others which led to feelings of disconnection. One veteran simply stated, “If you’re not a veteran, you don’t get it” (Participant 6). Another veteran concurred, “A lot of veterans don’t think that civilians really get it” (Participant 15). Some veterans felt that even their supportive, non-military partners were unable to understand them, “I mean, ‘cause my fiancé, he’s not in the military and I can talk to him all day about Afghanistan, but he is just kinda [sic] like, okay, yeah, that sucks, you know. They don’t understand” (Participant 4). This disconnect was true for veterans that had not seen combat as well, “Even people who didn’t go through combat, you come back, it's hard to adjust to civilians because your mindset is so different” (Participant 14). Misunderstanding extended to mental health professionals who did not know why going to therapy would be hard for veterans. This veteran explained, “When you go to a civilian, they think they know but they don't. They
don't understand the pride, why it was so hard for me, to say no, I don't want that kind of help” (Participant 17). Her reluctance to seek clinical help was due to her fear of being removed from her job, “I want to be able to work and be…you know what I'm saying because that's what you learn in the military” (Participant 17).

A lack of understanding appeared to be not only experiential but was from people not understanding the military mentality. One veteran’s rationale was, “Our priorities are very different than what society has…it’s just a different perspective, a different way of thinking” (Participant 11). Additionally, this same veteran reiterated, “Again, it goes back to society and how they view the military. They don’t understand” (Participant 11). It was also difficult for the women to explain the totality of their experiences, as this woman realized,

Pretty soon you thought to yourself, there was no sound bite for this, there's no one sentence that could tell them [non-military] how horrible it was and how sorrowful it was. And nobody wanted to hear it anyway, they really didn't (Participant 16).

Even when non-military people showed interest in the women’s experiences, many felt that it was too visceral of an experience to understand without having been in the military. Peer support was a way for the women veterans to feel connected and understood by each other.

**Helping each other through peer support: “Strengthening one another”**

The women veterans came to the peer programs looking to meet their needs or to reconnect with other veterans. Referring to peer support, a woman mentioned, “It’s one of the many things that I’ve sought out that have helped in my transition from feeling isolated, alone, unsure” (Participant 25). She described her transformation after participating in the program,

A lot of people have really commented about how I’ve gone from a place of hopelessness. I knew of all this being available but then you have to work the program to
a place of getting my radiance back, my self-assuredness, self-confidence, self-esteem
and I’m really ready to move forward to the best next chapter of my life (Participant 25).
Describing one of the peer programs another veteran said, “I think it's more of having…I guess
having that loose community there, a loose knit community so that, and all of my peers know
that they are not the only one” (Participant 21). The veterans could connect through the peer
programs with other veterans who had shared experiences.

Peer support gave the veterans a place to talk about their experiences or listen to other
women veterans. A veteran described enjoying her peers, “Obviously, the military is male-
dominated and it’s so nice to be with other women who can talk about their transition, where
they are in life and offer support both personally and professionally” (Participant 25). A group
facilitator spoke about how working with other veterans has helped,

It has [helped working with other veterans]. It really has. In the groups, initially, I had a
hard time sharing my experiences. But hearing them talk and talk about what they are
going through, it has helped me to understand what I'm going through. And that's the
greatest thing. So, I think that we're actually strengthening one another, yeah. So, it has
tremendously helped me, yeah (Participant 20).

For one veteran, the peer program enabled her to be comfortable with her identities. She detailed
this feeling of acceptance,

I think now being around more veterans makes me feel okay being a veteran. Before I
was like…I didn't enjoy wearing that label in the past because of what happened. But
now that I'm around more positive people, my way of life is more accepting and
everything around me, it's calmed down. I feel a lot better being able to say I'm openly
gay, I'm a veteran, I'm this, I'm that. This is what I've never been able to do all my life. So now I'm able to do it (Participant 17).

The testimonies from the women veterans show the many ways in which they were helped through peer support which were further elucidated in the previous chapter.

**Summary of Chapter**

The focus of this results chapter was the lived experiences of women veterans. The veterans shared similar experiences having served as women in the military. Noticable trends joining the service, in the military, and after service were detailed. These similarities provide a general understanding of women veterans but it is also important to recognize and acknowledge the individual stories of each veteran. These women veterans were all involved in peer support programs that they found helpful, although this penchant for peer support may not be shared by all women veterans. In the next chapter the results about peer support and the women veterans’ experiences will be discussed, along with the implications of these findings.
Chapter 6: Discussion

The purpose of this dissertation study was to explore the use of peer support among women veterans participating in peer support programs to better their mental health. Studying peer support among women veterans will help refine peer programs that reduce loneliness and increase well-being in this expanding subpopulation. A descriptive qualitative analysis of secondary data was used to answer the research questions. This chapter includes discussion sections related to each of the research questions. In addition to the definition, meaning and themes of peer support, data on women veterans’ experiences uncovered during analysis are discussed. These experiences further demonstrate the need for peer support among women veterans and specify situations in which peer support is helpful. The chapter also includes researcher positionality, strengths and limitations of the research, implications for practice, and future research.

Answering Research Question One: Definition

The first research question asked: How do women veterans describe peer support for their mental health and well-being? The results showed that women veterans considered peer support a relationship that forms between veterans that is based on shared experiences of service in the military and shared life challenges. At least one of the veterans is assisting another veteran, but the benefits of peer support were often described as mutual. The veteran providing peer support listens to understand the other veteran’s story and is empathetic of a shared life challenge or experience. Peer support can entail friendship, conversation, problem-solving, navigating systems, providing resources, and advocacy.

The definition of women veteran peer support in this research both differs and overlaps with literature on peer support. Unlike Solomon and Draine’s (2001) definition, veteran peer
support is not specific to having a mental health diagnosis. Rather than a peer experiencing a mental illness, the women veterans related based on their shared experience of serving in the military and the challenges they faced related to service. Notably these challenges did not have to reach a level of clinical intervention. Also, unlike Davidson et al.’s (2006) definition, the women veterans did not limit the use of peer support for helping with serious mental illness, nor did the women veterans require that a peer had to be further along in their recovery process. The women veterans often spoke of peers as equals; mental health status or extent of recovery were not necessarily considerations in their peer relationships.

The definition of women veteran peer support was much like Dennis’ (2003) definition of peer support in several ways. Both definitions include multiple ways that peers can assist. The words women veterans used to name assistance, such as friendship, conversation, problem-solving, navigating systems, providing resources, and advocating, closely resemble Dennis’ “emotional, appraisal, and informational assistance” (p.329). Both definitions require “experiential knowledge” and “similar characteristics” (p.329). For women veterans, experiential knowledge was having served in the military and the similar characteristic was identifying as a woman who served in the military (although the same gender identity was not always necessary). Also, Dennis suggests peer support is used for a health-related issue and while women veteran peer support helped with mental health concerns, it was also used as a sounding-board or to witness another veteran’s story.

Women veteran peer support resembled Mead et al.’s (2001) definition in that it shares the principles of “respect, shared responsibility, and mutual agreement” (p.6). For the women veterans, these principles were spoken about as camaraderie, empathy, understanding and non-judgement. Women veterans respected each other, trusted each other, worked together on
problems, and understood each other. Much like Mead et al. (2001) state that peer support is not a psychiatric model, the women veterans specified peer support as non-clinical; peers are not tasked to diagnose or provide therapy.

Lastly, the women veterans’ definition of peer support was most comparable to Murphy and Higgins’ (2018) definition as key elements are present in both definitions. They proffer that peer support occurs between people with some shared life experiences who provide each other with empathy, understanding, support, and a sense of shared community and belonging unlike that given by a professional who has not had a similar experience. Shared aspects between this definition and the women veterans’ definition of peer support include, (a) relationship, (b) shared experience, (c) assistance, (d) mutual benefit, (e) listening, (f) empathy, (g) community, and (h) non-clinical approach.

Overall, the women veterans seemed to view peer support as a mutually beneficial relationship based on shared military service, wherein veterans assist one another in multiple ways beyond addressing mental health challenges. The women veteran’s definition is unlike peer support that is one-directional as the women described it as reciprocal and nonhierarchical. Unlike some definitions of peer support that may delineate a mentor-mentee relationship, women veterans viewed peers as equals, independent of rank or branch of service. For women veterans, peer support relationships involved listening, understanding, and empathy.

There were aspects of veteran peer support described by the women that were not previously seen in the literature. At times, women veterans conceived peer support as being fun and meeting the social need to be around other veterans. Their conceptualization of peer support was not always problem focused. Perhaps due to a lesser emphasis on mental health, the women thought that peer support was less stigmatizing than therapy. This aspect of peer support is
especially poignant for veterans as military indoctrination may directly or indirectly discourage veterans from addressing mental health and help-seeking behavior (Weiss et al., 2011). Peer support became a way to seek assistance that was non-stigmatizing and helped with problems that were not always at a level for clinical intervention.

Another new discovery was that the women did not always require their peer to be another woman. They viewed men veterans as peers, emphasizing shared military experience over gender in peer relationships in most cases. The exception to mixed gender peer relationships, was when sexual assault or harassment was a topic of conversation. This is an interesting finding considering Hundt et al. (2015) found that female veterans wanted the option of separate gender groups. In this current research, there were many cases where women veterans accepted men veterans into groups or wanted to hear the perspectives of the men as well. Regarding the choice of one-on-one or group support, one woman preferred one-on-one with another woman over groups. Overall, women in this study were more often paired with another woman peer, rather than in any group (mixed or separate gender), yet some woman did participate in peer support groups. These findings suggest that one-on-one peer support, as well as mixed gender or separate gender groups, should all be options for women if possible. Assumptions about gender preference should not be assumed with women veterans as they may see men veterans as their peers.

The findings of this research reinforce that there is no standardized definition of peer support (Penney, 2018). Peer support has been categorized in several different ways. One example delineation, Penney (2018) divides the history of peer support into two groups: peer-developed peer support and employing peer staff in mental health programs. Peer-developed peer support originated out of dissatisfaction with mental health treatment and in opposition to
terminology such as mental health patient. Peers use their lived experiences in a non-hierarchical relationship. Employing peer staff in mental health programs applies to peer support workers in psychiatric programs that often do tasks much like non-peers. The women veterans’ definition of peer support falls under peer-developed peer support in the sense that the peer programs in which they were involved were created by veterans, the program is peer support focused, and they are not clinical or psychiatric. It is likely that women veterans participating in pre-established mental health programs that employ peers as supplementary would view peer support differently, especially if the peers are not using their lived experience.

Peer support was defined by women veterans in this study based on their participation in peer-developed veteran peer support programs and it was defined differently than what currently exists in the literature on peer support. This is evidence that the focus of a program, in this case veterans, influences the way in which participants understand peer support. Military or veteran culture appears to impact the definition women veterans have of peer support which suggests cultural differences in defining peer support. In this case, veterans stressed the importance of the understanding they felt could only come from other veterans which was something they did not feel from those who had never served.

**Answering Research Question Two: Meaning**

The second research question asked: What does peer support mean to the woman veterans in this study? The meaning of peer support was unique to each woman veteran and therefore hard to generalize. However, there was overlap in their responses. Peer support meant being with another veteran with shared experience (either experience in the military or with a personal struggle) who understood military culture. Peer support meant a helping process which consisted of anything from the simple presence of another veteran to lifesaving assistance. Peers
were called advocates, friends, family, and equals. For almost all the women, a peer meant having another caring veteran who understood them and who they trusted enough to talk to about anything. Veteran peers empathetically listened without judgement and provided a safe space for the other veteran to be themselves.

The meaning of peer support to women veterans was absent from the research literature. Perhaps a discussion of meaning is not considered a scientific pursuit or had not yet been examined. However, I would argue that the meaning of peer support has implications for providing services to women veterans, as well as other populations. The remainder of this section will discuss the meaning of peer support as it applies to the needs of women veterans.

The findings regarding the meaning of peer support to women veterans are a new contribution to the knowledge about women veterans and suggest peer support assists in decreasing women veterans’ isolation in several ways. The presence of a peer meant many of the women did not feel alone or isolated. Peer support added at least one caring, dependable veteran (friend, sister) that became a social and emotional support for almost any problem the women encountered. Women veterans found peers easy to connect with because they spoke the “same language” (Participant 10) and understood each other. Isolation was also thwarted because peer support connected women veterans to a community. Peers could introduce a veteran participant to other paired peers, to recreational focused groups, or to community providers. This furthered the woman’s social network and linked them with trusted community members. Awareness of resources in the community even if not imminently needed, preempted the women so if problems arose, they would already know a source that could help them.
Peer support appeared to have positive benefits in addition to reducing loneliness. Trust was mentioned by several women in the meaning of peer support. The foundation of this trust was attributed to the common experience of service in the military. The women expressed that established trust led to a safe space where the women could speak and listen to each other. Peer support offered an opportunity for the women to form trusting relationships. Additionally, the cultural understanding that a veteran peer provided appeared to be greater than what the women perceived a civilian professional offered. While several of the women talked about participating in therapy, they described peer relationships as establishing trust and rapport faster.

Commonly, the women veterans described understanding and empathy from their peers as part of the meaning of peer support. This safe environment likely increased discussion of problems that women peers may not have talked about elsewhere, therefore helping to increase their emotional well-being and preventing problems from becoming worse. Furthermore, having an open discussion about problems, demonstrated to the women that they were not the only ones experiencing difficulties. The declaration of personal information by one peer often led to disclosure by another peer. As a result, relational struggles and mental health challenges became normalized. This sentiment was expressed by the veteran that said, “I’m happy that there’s a program here that is not making you…doesn’t make you feel you like a crazy person” (Participant 4). Normalizing these challenges could reduce feelings of shame among the women and encourage them to speak about their concerns.

Often peer support meant problem-solving among women veterans based on the previous experience of a shared struggle that was resolved by one of the peers. The peer that had encountered difficulty in a situation (accessing benefits, military to civilian transition, mental health symptoms, etc.) and overcame the obstacle, could relay how they addressed the problem
to the peer that was currently facing a similar challenge. Information given by the peer could include recounting steps taken, suggesting resources, or referring to used, and therefore vetted, services. Peers offered options to each other without forcing any one course of action. When a peer shared the successful or unsuccessful outcome of an attempted solution, it could provide hope or deter an approach, respectively, for another peer. Additionally, the experienced peer could advocate for their fellow veteran because of their understanding and empathy for their peer in related circumstances. An example of this advocacy could be accompanying a peer to a health care appointment and advising the veteran of their right to see another provider if dissatisfied. Another example is a peer informing a veteran of their ability to request their health records. Therefore, these types of peer support can assist with a variety of women veteran needs.

Several women stressed that peer support meant being equals, “on the same level” (Participant 9). This nonhierarchical aspect of peer support is not consistent in the literature on peer support, as some definitions describe level of recovery as a factor (Davidson et al., 2006) or leave out power dynamics entirely. The egalitarian element for women veteran peer support may be specific to women veterans, yet it is unclear from the data why this may be the case. This discovery is also surprising considering the structure of military life. Power is part of a military lifestyle due to rank structure (Reger et al., 2008), yet these women veterans formed relationships based on equality. A possible hint to understanding this came from the women veteran that stated her reason for leaving the service as, “…these people that I didn't respect who had power over me and my career that could make judgments about me” (Participant 16). Perhaps women veterans, cognizant of the power and judgement over them in the military, sought out or needed relationships where they felt equal and respected.
For some women veterans, peer support meant to “share your story” (Participant 23). It appeared to be important for the women to speak about their experiences and hear from others. Peer support was a way to meet their need to communicate their experiences with someone they trusted. Conversation was easier with peers as they already had background information on the military, an unspoken understanding, and could validate experiences. The need for validation makes sense as women veterans are not as recognized for their service compared to men veterans (Ashley et al. 2017). For these women expressing their experiences to others that understood helped them feel recognized and benefited their overall well-being.

As suicide is a problem for veteran communities and suicide attempts are a problem for women veterans specifically (Chapman, 2014; Office of Mental Health & Suicide Prevention, 2021), it was prudent that the meaning of peer support to women veterans has implications for suicide prevention. This was exemplified by the woman who spoke of peer support as something that helped her through a dark time. She said, “It's like a tow truck. They drag you out of the mud” (Participant 18). Likely, she was metaphorically talking about suicidal thoughts. Another woman said what peer support meant to her, “Just a simple little thing that can prevent a problem from getting big” (Participant 7). Meeting the needs of women veterans with peer support prevents problems that could lead to suicide if those problems are not addressed. Additionally, one factor in Joiner’s (2005) interpersonal theory of suicide is a lack of belongingness. Peer support seemed to instill a sense of belonging by connecting the women veterans to each other, therefore likely decreasing risk for suicide.

Finally, a valuable new finding is that peer support for these women could mean having fun. This was expressed by the woman who commented, “We have so much fun when we’re together. We crack jokes. We laugh” (Participant 6). This recreational element of peer support is
critical for the well-being of women veterans as they have likely gone through some very serious events and life challenges. The enjoyment the women get from peer support can remind them of the positives of close relationships and the fun they can have despite hardships they may have faced in the past. Peer support for the women veterans reinforces that socialization, camaraderie, and laughter are important elements of well-being.

Peer support had different meanings for each of the women veterans in this study. Although described in vastly unique ways, peer support meant something beneficial for the mental health and well-being of all the women. Peer support provided a trusted social community where women veterans could share their stories. In this safe environment they could feel understood and validated. Veterans sharing stories of overcoming struggles provided possible options for other peers to take when encountering similar difficulties and provided hope for positive outcomes. The veteran network created by peer support meant access to information and services. It also appeared that peer support normalized struggle – mental health related or otherwise – and plays a part in suicide prevention. Importantly, peer support could be fun. Peer support meant creating a therapeutic environment without being formalized therapy.

**Discussion of Peer Support Themes**

Several themes arose from the data highlighting aspects of veteran peer support. The first two themes were specific to women veterans while the remaining five were not gender specific. Theme (1) specifies that experience in the military as a woman is necessary for women veteran peer support. Theme (2) names peer support as a safe place for women veterans to discuss sensitive topics likely due to the shared understanding of women who have served in the military. The remaining themes speak to peer support as (3) a personal mission, (4) intrinsically motivating, (5) community building, (6) voluntary, and (7) an accessible service that can lead to
clinical care. While the later five themes emerged from the women veterans, it is possible they could apply to men veterans and non-military communities as well.

The two gender specific themes are major findings considering the lack of women veteran community interventions and inaccessibility of women veterans to interact with other women veterans (Brooks et al., 2016; Thomas et al., 2017). To ensure women veteran peer support, it is critical for women veterans to be available because they have the lived experience of service in the military and likely faced similar challenges during and after service as their peers. Women veteran peer support can fulfill needs for community, understanding, recognition, social-emotional support, and companionship. As women reported feeling better understood by their peers, peer support can be a culturally appropriate approach to improving women veterans’ mental health and reducing isolation.

The existing literature on women veteran peer support is limited; however, findings can be compared to a couple of studies. Hundt et al. (2015) found the benefits of mixed gender peer support groups for PTS included social support, purpose, meaning, normalization of symptoms, hope, healing, and link to therapy. The women veterans in this current research commented on each of these benefits making it likely that women find similar benefits as men veterans.

Goldstein et al. (2018) addressed women veteran preferences for peer support for cardiovascular health. Trust was a common factor mentioned by the women in both Goldstein et al. (2018) and this current research. However, goal compatibility, attitude, and accountability mentioned by women in Goldstein et al. (2018) were not directly mentioned in the current research. This may be explained by the physical health focus rather than the broader mental health focus. Women peers expressed shared military experience in this study, but it was unclear if the same mental health challenges were required for peer assistance to be beneficial. It may be that the specific
focus on cardiovascular health is different than mental health symptoms or life struggles for which the women veterans in this study related.

Themes three through seven did not appear to be gender specific and some were previously established in the literature. Davidson et al. (2012) found peer support to increase community belonging much like theme five. Perhaps a new contribution to the literature, in the current research women veterans reported community connections formed through peer support increased availability of resources. In this way peer support can help inform and educate more veterans on available benefits. Solomon (2004) discussed the voluntary nature of peer support which is supported by theme six. The women veterans described peer support as unforced, stressing the autonomy of the peers to make the decisions that were best for them. This nondirective approach encourages veterans to be fully engaged in their health.

Another finding that has implications for veterans’ well-being is theme seven. Hundt et al. (2015) concurs with this finding that peer support can lead to clinical care which is an aspect of theme seven. Jain et al. (2014) also attest that peer support can engage more rural veterans, therefore increasing knowledge of health services which is the other aspect of theme seven. The potential of peer support to connect veterans to clinical services may be essential to getting veterans with unmet mental health needs into care. Women veterans who are hesitant to share sensitive information with their health providers may disclose to other women peers. The peers may then be the encouragement and support needed for women veterans to receive clinical care.

Themes three and four were not evident in the peer support literature but are in line with reports on military culture. Women veterans reporting peer support being a personal mission and intrinsically motivating makes sense considering the mission and team-oriented nature of the military (Coll et al., 2012; Coll et al., 2011; Hall et al. 2008). Peer support compares to the
camaraderie and unit cohesion emphasized by military training (Coll et al., 2012). This training placed on military professionals to work as a team is often carried over to their civilian lives as veterans. Meyer (2015) stresses the impact of the military value of selfless service as putting the mission over self which may also contribute to these two themes. These themes add to the literature on veteran peer support since providing peer support may be an approach for veterans to paradoxically help themselves while helping others. Peer support therefore may be innate behavior for veterans and a reason to provide them with a new mission in life, inadvertently helping them with their own mental health.

The themes discovered in this research present some new aspects of veteran peer support and coincide with most of what is found in the literature. Veteran peer support is most like that described by Murphy and Higgins (2018) and shares aspects of Mead et al. (2001). Although not definitively attributed to veterans, personal mission and intrinsically motivating are newly uncovered aspects of veteran peer support. The findings most directly helpful to women veterans are the importance of peers having lived experience in the military and that peer support needs to create a safe space for women to speak candidly about past and current challenges. For programs to offer sufficient peer support to women veterans they must have women veterans available, although options for same gender or mixed gender pairs would be optimal.

**Discrepant or Rare Cases**

Considerable repetition appeared in the transcripts which created the themes, but at times there were women who talked about peer support differently than any of the others or talked in ways that did not completely match the themes above. Three discrepant cases were found and are examined here in relation to the main themes. These discrepancies are then plausibly reconciled.
In one instance a woman commented on the lack of a bond among women veterans while she was in the military, and she did not feel that camaraderie among the women was as strong as between the men. Talking about women she served with, she said,

A lot of them didn’t have the camaraderie that the guys do so they aren’t used to being safe with women because women can be nasty and they can be sneaky and they can betray you, whereas guys are pretty straightforward when it comes to that stuff (Participant 16).

This perspective may be seen in contrast to the first theme because she did not feel connected to the other women with whom she served with in Vietnam.

This discrepancy may be explained as she was the eldest woman interviewed meaning there were fewer woman in the military at that time for her to befriend. Additionally, she was talking about her time in combat as an intensive care nurse and indicated she was constantly seeing soldiers that were severely wounded. Her difficult experience in the military motivated her to volunteer for the peer program as she felt woman should have a safe space to talk about their service because that was something she did not encounter. In her case, she wished she had peers to talk with after her service, which motivated her to create this space for other women veterans to share their experiences with her.

In another discrepant instance, while talking about herself and the other peer facilitators, a woman veteran said,

It’s a matter of caring for the caregivers too…to make sure that we’re not burning ourselves out. And we’ve had some degree of burnout with some folks…that have moved on. That’s why we need to build the infrastructure and make sure that we have enough
facilitators to really go out there and develop the program without taking too much from themselves (Participant 4).

This statement implies that providing peer support may be taxing and care should be taken to support the helpers. This notion is discrepant from the fourth theme because peer work may not always be motivating as it can be exhausting and may not promote positive feelings for all veterans.

This discrepancy indicates that the peer worker’s goodness of fit with their position should be monitored in relation to their mental health. This mismatch was discussed by another of the peer facilitators when she talked about veterans that provide support, “You can meet a veteran that’s in a bad situation and you're better and then you go home, you take it, and you go back…you take two steps back. It brings up all those old wounds again” (Participant 4). She goes on to say how to address this, “So, you hire a veteran, attention to detail…you watch carefully who you're bringing in.” Therefore, supports for the peers providing the help, need to be administratively considered in any peer program.

In a final rare case, one woman veteran talked about peer support always being at the discretion of the peer,

This is something you wanna [sic] do. Most times, you know, you’re not a voluntary client when you’re going to therapy. Sometimes, it’s because of the criminal justice system. It’s kinda [sic] made you do certain things or it’s a requirement of you to get services…I don’t know. Or, you know, you kinda [sic] know that I need to go see this therapist and, oh, I gotta [sic] talk about all this awful stuff again (Participant 7).

While it is true that peer services through the programs from this study are voluntary, a possible exception is when peer services are offered through a Veterans Treatment Court (VTC). VTCs
provide mental health treatment as an alternative to jail sentences for veterans involved in the justice system. In this instance, peer support is not necessarily self-driven which conflicts with the sixth theme. However, this is rare and peer support is typically seen as voluntary and may still be self-driven even when recommended by the justice system.

Discussion of these discrepant cases is critical in remembering that every individual’s experience will be different. Their experience will impact the way they see the world and respond to their environment. Previous experiences will also impact the way in which peer support is conceptualized. Therefore, it is important to know and understand the experiences of the women veterans in this study. The next section addresses some of the shared experiences of these women veterans.

**Answering Research Questions Three and Four: Women Veterans’ Experiences**

The third research question asked: For what life situations is peer support helpful for women veterans? The fourth research question asked: What is the lived experience of women veterans participating in peer support programs? This discussion section will answer these two questions by briefly describing the results related to women veterans’ experiences and then interpreting them in relation to peer support. It is critical that women veterans’ experiences are acknowledged by mental health providers and therefore, key findings pertinent for providers are also emphasized here. Interpretations about the findings are discussed chronologically by the order in which they appeared in the results. Sections include joining the service, being in the military, after the service, and discovering peer support.

**Joining the Service**

The women’s decisions to join the military were uniquely personal, but it appeared they were looking for self-growth or to help others. The women saw opportunities in the military such
as exploring a personal interest, fulfilling a responsibility, earning an education, or improving their lives by escaping a bad situation. When comparing these findings with theme four about peer support being intrinsically motivating, there is a shared aspect of a desire to serve others, often resulting in rewarding feelings. While it is unclear if service is an inherit trait for people who join the military or military members are taught service, there are implications for peer support in these findings. Veterans in general, and some of the women in this study specifically, likely make excellent providers of peer support due to their desire to serve and the rewarding feelings from that service. Programs in search of women veterans may recruit more women by appealing to their interests in service. Health care providers may also take a strengths-based approach by highlighting what women veterans contribute to their communities.

*In the Military*

Women in the military are a minority and, in this research, women described being a minority in their job field as well. One woman specifically expressed that the absence of other military women made it difficult to “sit and be comfortable…” (Participant 14). For some women, service in a male-dominated career may lead to feelings of isolation. The women talked about an initiation process to prove they had the skills to do their jobs before being accepted by other service members. Most women attributed this to gender discrimination. Being outside the in-group during service could have psychologically negative consequences and contribute to further isolation and bias against these women. Acceptance into the group as “one of the guys” made them a respected part of the team, however, the women may inadvertently pick up internalized sexism as was described by one of the veterans.

Consistent with many of the women’s motivations to join the military for opportunity, many felt empowered through their service. For the woman seeking power and responsibility,
military service may have been a chance to do things they would not have thought they could do or had the opportunity to do had they not joined the military. In a couple of cases, the women seemed defiant of gender limitations, such as the women who went into the field of cryptology and military police. In most cases, just joining the military appeared to oppose societal gender expectations, especially for those serving in earlier eras.

Simultaneous to the access to power, many women talked about discrimination they faced in the military. The women noticed differential treatment through sexist remarks and missed promotions. Many women recognized that not everyone in the military was amicable to working alongside them and some would even sabotage their efforts. A woman who had not felt her gender had hampered her, recognized that many of her peers did face gender barriers. Most woman experienced discrimination in some way due to their sex. This experiential understanding of sexism is something that can bond women veterans and for which peer support would be ideal. Processing these experiences with other women veterans may be necessary and healing. For some women veterans, peers may be the only place they are comfortable being vulnerable and speaking about difficult subjects.

Many women who mentioned the topic of family acknowledged the difficulties balancing family and service. For several, they were unable to spend time with children at critical development stages or during poignant life events. One woman delayed having children until after her service because she was cognizant how it would affect her role as a mother. Later in her life she recognized that her son still witnessed the effects of her service as he watched her deal with symptoms of posttraumatic stress. Of crucial note, is the woman who felt judged by those outside of the military. This is another situation where peer support could be beneficial, as other women who have served can relate about family challenges and societal expectations placed on
women to be mothers. Peer support is a place to talk about family difficulties without judgement from those who have never served.

The women who had served in combat zones spoke about their deployments, often in a modest appearing way. They seemed to downplay the danger in some situations that they encountered. One veteran spoke about military jobs specific to combat being open to women, but she stressed the fact that women have been exposed to combat situations in the past despite not being in a combat role. A couple of veterans talked of enjoying, or at least not disliking deployment. It may be a novel understanding for those not exposed to military culture, that these responses are not rare. Feelings about deployment varied and even deployment to the same area could be different each time. Anyone working with veterans would benefit from learning these nuances about deployment and combat experiences.

The women who deployed to combat all expressed feeling altered when they returned home. Changes included shifting views, unusual feelings, and mental health symptoms. Notably, these changes did not appear to be gender related, although posttraumatic stress from combat situations may be expressed differently for women than for men (Brenda & House, 2003). For some women, combat also involved trauma that had physical and psychological consequences. Although, many women who had not seen combat, were exposed to trauma through sexual harassment, intimate partner violence, and sexual assault. In one case the woman’s spouse, who was also a military veteran, was her abuser. She attributed his behavior to changes in his disposition after his combat deployments. These findings show the women’s varied responses to deployment and several kinds of trauma they may experience, combat related or not.

Peer support can help with processing deployments and traumatic experiences. Peer support normalizes changes from combat because peers can share ways that they felt changed
from service experiences. Women veterans then recognize that they are not alone in these effects. Discussion of traumatic experiences among peers may be one of the only ways that women veterans will talk about sexual harassment and sexual assault, hence theme two. For example, if a woman veteran discloses military sexual trauma (MST), it demonstrates to her peer that she is a safe person to talk with and is more likely that the peer will share if she was assaulted or harassed. This was the situation for at least three of the women in this research. Likely, woman veterans feel their peers are more empathetic of others’ traumatic experiences, particularly those related to military service (i.e., death of a fellow service member causing survivor’s guilt, symptoms of PTS due to multiple combat exposures, and feelings of institutional betrayed after injury). Many of the women believed that non-peers would not understand.

**Out of the Military**

Circumstances related to the women’s separation from service likely affected their feelings about departure and how smoothly they transitioned to another stage in life. Length of service, reasons for leaving, job opportunities, and family situations were all factors to consider for the women in this study. While most of the women left voluntarily, they may have stayed if the military was more accommodating of family and sexual orientation. For women to be a true part of the military, family accommodations need to be strengthened and service restrictions based on sexual orientation or gender identity must not be military policy.

The finding about transition experiences suggest women veterans can benefit from engagement in services if they are experiencing challenges after separation. Career or education counseling should be available to women veterans entering the civilian workforce or entering higher education. Retired women veterans may need to find purpose in retirement or programs in which they can remain social. Women veterans who seek therapy should be able to find
culturally competent professionals. Peer support should be an option for women who seek support for their transition, feel the need for continued service, or need to feel connected to other women veterans.

Peer support for women veterans during transition from the military is especially important because it can manage expectations, normalize struggles, and provide support from other women veterans who have already experienced this transition. Potentially tough situations with employment or relationships can be discussed to prepare women for what they may encounter. For many women veterans, peer support can help them socialize and prevent them from isolating because they feel like they are not understood.

The women that reflected on military service had positive things to say while considering the difficult times. This complex understanding of military experience has implications for mental health providers as it can be used to take a strengths-based approach. When providers acknowledge the gravity of military service and the strength of woman who have served, they form stronger more trusting relationships with them. Additionally, when providers who have not served declare their lack of military experience, they are displaying cultural humility which veterans appreciate. Peer support provides a way for women to recognize each other’s military service.

Military service was mentioned as an integral part of many of the women’s identities. Veteran status was also complex in that women were unsure of identifying as a veteran from lack of combat experience, or they felt that others did not perceive them as veterans. Not identifying as a veteran may mean missing out on veteran benefits and not being perceived as a veteran may leave women feeling unrecognized. Women also talked about not wanting to be stereotyped as crazy or labeled with disorders just for being a veteran. One veteran referenced the double
standard that women were judged more harshly for behavior that was seen as acceptable in men veterans. It is important for providers to feel out how women view their identity in relation to the military and allow women to share what they feel is important about their military service. It is equally important for providers to examine their own potentially bias views of veterans and understand how stereotypes about veterans can be damaging, especially for women.

Suicide was stated as a known problem and was commented on by each of the women veterans. Many of the women knew or had heard about veterans dying by suicide. Three of the women revealed times when they experienced suicidal thoughts and one spoke of her own attempt. Protective factors from suicide included a sense of spirituality, receiving services, and peer support. Not only was peer support described as suicide prevention, but for the woman who had attempted, peer support was beneficial for improving her mental health after her attempt. Peer support is an important way to prevent veterans from getting to the point of suicidal thoughts or attempts. It is also a way to have open discussion about suicidal thoughts in a safe environment and should be available for veterans particularly for those who have made a past attempt.

The women veterans’ responses about why they thought suicide was so prevalent revealed interesting concepts about the nature of suicide with some veterans. Women discussed isolation and unmet needs as possible paths to suicide. Peer support helped women decrease feelings of loneliness and connected them to resources to meet there needs along with peer support. The cultural stigma of help-seeking mentioned by women veterans supports what is shown in the literature (Greene-Shortridge et al., 2007; Harding, 2017; Weiss et al., 2011). Participating in peer support was less stigmatizing than using other mental health treatments. It
was more acceptable to access and was an indirect way to get help without the focus being directly on mental health.

One interesting reason for not seeking services was the belief that using services took away from other veterans that may need them. This finding aligns with the military value of selfless service (also called service before self) discussed by Meyers (2015). Practitioners and service providers must be aware of this barrier and prepared to counter this belief. One helpful point that can be made to encourage veterans to use services is that by using services they are demonstrating the need that continues to drive those services and therefore those services will be available for others to use as well. Peer support can also be encouraged with this philosophy due to the reciprocal aspect described by women veterans. Veterans may be more likely to line up to help others and inadvertently, they gain a purpose that ultimately benefits their own well-being.

Finding Peer Support

For many women, participating in peer support was prompted by not feeling understood by non-military affiliated individuals, sometimes including family members and friends. This finding reinforced that the aim of reducing loneliness among women veterans is needed. The women’s experiences serving in a male-dominated military may have isolated them and having no one to talk to after service may further feeling alone. Peer support gave the women at least one peer to talk with, and often a larger community of assistance and resources. Women veteran peer support met the need identified by Thomas et al. (2017) for women to feel connectivity to other women veterans which was also a need mentioned by one woman veteran in this study.

Thus far, the focus of this chapter interpreted the findings about peer support (definition, meaning, themes, discrepant cases) and women veterans’ experiences. These discussions demonstrated that peer support helped meet many, if not all, of the women veterans’ mental
health and socialization needs. The remainder of this chapter addresses other aspects of the research, starting with researcher positionality which will describe how the researcher’s life experiences potentially impact the analysis and interpretations of the data.

**Researcher Positionality**

As mentioned in the methods chapter, the role of the researcher is akin to instrumentation, as the data is viewed through the researcher’s paradigm. In the role of the researcher section, I described my worldviews, military background, education, and work experiences. In this section, I will focus on explaining my thought processes during data analysis, and through self-reflection I will examine how my past experiences influenced interpretation of the data.

The results of this research made “sense” to me, especially discovering that I shared similar experiences described by the women veterans. I worked in an aviation unit with very few women, at one point being the only woman mechanic. I felt tested in the sense that not much was expected of me until I proved I could do my job, but I also felt part of a cohesive unit among my co-workers. I experienced and witnessed sexism but that was mostly from military members outside my unit. While I do not identify as having faced trauma during my military service or during combat, I fully identify with returning from deployment a changed person. This was first noticed by my family and then I recognized it as well. Balancing military responsibility with family was difficult in that I missed events while deployed and saw how my military service impacted members of my family.

My departure from the military was voluntary, although I shared the complex feelings the women spoke about related to leaving the service. I miss having that purpose, feeling empowered, and contributing to society in that way. There have been several times that I have
considered rejoining. I fully agree that transitioning out of the service is dependent on how one separates and the experiences one had while serving. While aspects of deployment were arduous, I draw much of my strength and identity from my military service and embrace the label of veteran. Much like many of the women, I have also known veterans that died by suicide.

Writing about the women veterans’ experiences was enjoyable and disconcerting. I am interested in veterans and passionate about military policy. The difficult piece is realizing that women in the military are not safe from discrimination, harassment, assault, and I would argue that neither are the men. When describing military culture, it was like explaining to someone how to breathe. This feeling reinforced the importance of shared experience as sometimes it is difficult to put into words what seems so natural to you but that others do not understand experientially. I also questioned if what I was writing was interesting to other people because my familiarity with the topic made it hard to assume others did not know what seemed obvious to me.

The process of analysis was a journey as I balanced my excitement for findings that I related to and ensuring that the experiences I was not familiar with, were portrayed accurately and with as much attention. My meetings with the other research coder were helpful in this as I paid special attention to the perspective of the other coder when she introduced things that I had not noticed. An example being when a participant mentioned being “outside the wire,” I had not thought to explain this as Army terminology meaning to be outside a designated, less secure area when deployed in another country. For her it was akin to me not understanding what a “berthing” is to a Navy ship, which she informed me is the assigned location at a port where a vessel may be moored.
Coding was an area where I wanted to capture the veteran’s experiences with a great amount of description. When creating codes, we used as many in vivo codes as possible. This was especially true for the second level peer support codes such as “comfort level,” “being there,” and “establishing a relationship.” This allowed for the concepts of peer support to emerge from the women veterans and created several of the themes. Overall, the analysis was an enjoyable process of letting the data speak on its own in the results section with the intention of adding my voice in the discussion of the data.

**Strengths of the Study**

This study is the first to describe peer support directly from the voices of women veterans. This is a solid base on which to start a grounded theory of veteran peer support and contributes to the overall literature base on peer support. The strengths of this study consist of the diversity of the participants and the diversity of the programs. The women in this study came from different military branches, different eras of service, different age groups, and varied ethnicities (although the study lacked any Asians or Native Americans). Service lengths and combat deployments also varied.

The diversity in which the programs offered peer support is a strength for various reasons. The participants lived in several different areas of New York State and likely did not know or were not influenced by the women in other programs. The results do not reflect one single peer support program but several. Findings coming from women in differently structured programs indicate that similarities in the descriptions of peer support are independent of program variations. The programs operated in various geographic areas that included both rural and urban settings demonstrating that peer support is feasible in different environments, notably for reaching geographically isolated veterans. This finding reinforces and expands on Jain et al.
(2014) proposing peer support as effective for veterans in rural areas dealing with posttraumatic stress.

Finally, data were analyzed by two women veterans knowledgeable of military culture, increasing the rigor of this study. This familiarity with the culture allowed for deeper understanding of the data as military lingo and terminology were less likely to be coded incorrectly. The process of analysis was strengthened by two different veteran perspectives, with each of the researchers memoing throughout the coding progress and reflecting on salient data. Discussion and consensus of codes by two researchers, along with their memoing, increased the trustworthiness of the data. The results were all written by the primary researcher and reviewed by the second coder for external audit which created greater credibility to the results.

**Limitations to the Study**

Despite the richness of this dataset on women veteran peer support, there are limits to the results that can be drawn. The results here are specific to the peer support provided in these specific programs. It is possible that the way in which a program is structured or how it provides services could influence both the definition and meaning of peer support. Additionally, there is a limitation in grouping the women veterans from programs that do not have identical structures. It is possible that the peer support delivery methods affect how peer support is conceptualized. In fact, the results suggested that at least one women veteran was more comfortable in a one-on-one peer relationship than in a peer group. Furthermore, the veteran participants came from peer support programs that are more structured than naturally occurring peer support that may not be recognized as such. The results here apply to veteran peer support in structured programs which may be different from veterans supporting each other in organic, unguided settings.
This study focused on women veterans which may not resemble how men veterans view peer support. The results here also do not reflect transgender women’s experiences. The peer relationships in this study were likely composed of a cis-gender woman paired with another cis-gender woman; however, this cannot be confirmed. Mixed gender peer relationships in one-on-one or in groups settings were also not specifically explored. In the few cases where peer support was provided in groups, the group dynamics were unknown. An interesting relationship that was not asked about in the interviews, would be how women’s experiences in the military directly influenced how they perceived peer support.

A very salient identity, that of race was not a topic in most of the interviews. Notably, all the interviewers were white appearing which may have impacted how much race was discussed by the women veterans. This aspect, much like sex and gender limits this research and does not give enough attention to how intersectionality may affect experiences in the military. Sexual orientation, although disclosed by some of the women, was also not consistently known. For future research it would be prudent to examine race, gender identity, and sexual orientation for possible effects on veterans’ experiences.

Finally, there is a time component that restricts the findings from this data. All the interviews took place in the early stages of program implementation and the women’s responses were recorded in a single interview. Programs are likely to change over time and the women’s views of peer support may change as well. Interviews at different stages of implementation with women veterans participating long term would be a more informative dataset.

Implications for Practice

The results of this research suggest that peer support and social work are compatible. Like a strengths-based approach in social work, peer support relies on the natural ability of peers
to understand and relate. Women veterans that provide peer support gain a sense of meaning and purpose through using their past experiences to support other veterans. Peer support also recognizes the autonomy of the individual to take the steps needed to improve their well-being which is akin to the social work belief of self-determination. Ultimately peer support and social work both stress the importance of human relationships. Given these similarities, the implications of this research on social work practice are discussed further.

The results of this research have numerous implications for practice in social work as well as applications in other fields. Results of this research will inform practice skill trainings for social workers who interact with the military and veterans on a micro level. Skills training should include appropriate questions to ask such as “Have you ever served in the military?” or inappropriate questions not to ask such as “How were you traumatized in the military?” Additionally, clinicians working with veterans who read this research will understand what peer support means to veterans and how it can be better incorporated into treatment plans or encouraged for socialization. Reading the findings about women veterans’ experiences will also increase the cultural sensitivity of professionals working with women veterans. This is critical for professionals at veteran organizations, especially for social workers and social work students interning at the VA medical centers. The findings of this research can be included in curriculum development for military and veteran specific social work classes, particularly for social work students but also for continuing education credits.

On a mezzo level, program developers and planners can use the results of this research for program formation by including elements of peer support into comprehensive models for veteran well-being. For example, such a model would illustrate how peers and clinicians can help veterans in a complimentary manner when both services are amenable to the veteran. Using the
information related to women veteran peer support, programs administrators are more likely to engage women veterans in services. For example, hosting activities that foster camaraderie among women veterans. One woman veteran named a strawberry picking outing as the reason she became aware and involved in the peer program.

Researchers, academics, and other social work practitioners can use these findings to inform practices that involve veterans and military members, engage communities, and decrease the military-civilian gap – the disconnect in understanding between those that have served and those that have not. Community social workers can help organize veterans in awareness campaigns about women in the military, engaging women veterans to “tell their story” to members of the community. Researchers that understand women veteran peer support can make comparisons with other populations to add to the overall body of research on peer support. Using qualitative description to understand the views of other populations can lead to peer support that is culturally appropriate for those groups. An example is research about how peer support might benefit transgender or gender non-conforming communities.

On a macro level, the research results can inform policy and legislation related to veteran healthcare as peer support can help with numerous problems including mental, physical, emotional, and concrete needs. The VA can use this information to enact peer support as part of the services provided through Women Veterans Health Care. Ideally, findings from this research could also change military policy to improve the experiences of woman in the military as well as impact the way in which the military assists in helping members transition out of the services. Policy must ensure that seeking mental health treatment would not impact the career of a service member if symptoms can be treated and resolved. Additionally, policy and practices for reporting sexual assault and harassment must protect those reporting from their abusers without
repercussions to career. For transitioning service members, veteran peers can be recruited to assist recent veterans in the new community in which they choose to live.

**Future Research**

This research builds a foundation for future research studies. This work is the first step in forming a grounded theory to understand and explain veteran peer support. Uncovering the elements of veteran-centric peer support can create a model to incorporate peer support into healthcare and other veteran services. Research with other subgroups of veterans could include a more diverse sample of ethnicities, genders, sexual orientations, abilities, and generations. Gender identity is an important aspect to study given that military policy on transgender service members has been inconsistent.

Future research on women veteran peer support is needed to explore peer support over time and throughout stages of program implementation. Given the results related to military experience, future research on women’s experiences in the military is needed to address inequalities, discrimination, and transition challenges. Women who have now served in all military roles including combat positions deserve future examination to meet their needs and understand how combat impacts their mental and physical health. Furthermore, interventions to improve women veterans’ health, including peer support, need further inspection to fully understand their efficacy and how they can optimally interact with clinical work.

**Conclusion**

The entirety of this research adds to the understanding of peer support and women veterans’ experiences. Peer support is an untapped resource for women veterans that has the potential to positively impact their health and well-being by preventing social isolation. Programs have demonstrated the successful incorporation of military and veteran culture into
peer services, yet more can be done to include women veterans. This research will further inform programs to engage and meet the needs of women veterans. Examining the life experiences of women veterans provides needed information for providers by illuminating the strengths and challenges of women who have served in the military. Furthermore, the experiences of women veterans demonstrate the need for future research in this area and potential policy change in the military.
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Appendix A: Informed Consent from Primary Data Collection

Veterans Peer-to-Peer Project Evaluation

PRINCIPAL INVESTIGATOR
Eric Hardiman, PhD

INTRODUCTION
Our names are Eric Hardiman and Samantha Fletcher from the University at Albany’s School of Social Welfare. You are being asked to participate in a community-based study of the impacts of the Joseph P. Dwyer Veterans Peer-to-Peer Project, a program designed to provide support to veterans in your community.

PURPOSE OF THE STUDY:
We are conducting an evaluation of the Joseph P. Dwyer Veterans Peer-to-Peer Project in different counties, including yours. The specific focus of our study is to learn about how the program has worked in your community and to provide feedback on how to improve services for veterans.

WHAT IS BEING ASKED OF YOU?
As someone who has received services from the Peer-to-Peer Project in this county, you are invited to assist us with our evaluation study. We would like to give you an opportunity to participate in a one-on-one interview with a researcher. During this interview, the researcher will ask questions about your experience receiving services from the Peer-to-Peer Project, and you will be allowed to share your story. You can choose not to answer questions during the interview for any reason without penalty. You can also choose to end the interview at any time for any reason without penalty. With your signed permission, we would like to share some of the information from the interview with New York State and county administrators, but your name will not be divulged in any way. It will take approximately one hour to complete the interview.

CONFIDENTIALITY OF RECORDS AND DATA
It may not be possible to fully protect your identity because there may be a small staff at your veterans’ program. However, we have full assurance from staff at the program itself that your choice to participate or not will have absolutely no impact on the services you receive. With your signed permission, the interview will be audio tape recorded. The recording will be downloaded on to a password protected computer. A member of the research team will transcribe the recording into a computer file, stored on a password protected computer for two years before it is destroyed. Only the investigator and key personnel on the project will have access to the password. No real names will be used in the file so you will not be individually identified. All information you share during the interview will be confidential.

All information obtained in this study is strictly confidential unless disclosure is required by law. In addition, the Institutional Review Board, the sponsor of the study (e.g. NIH, FDA, etc.) and University or government officials responsible for monitoring this study may inspect these records. Nothing that you tell us during the interview will be used to identify you individually in any publications or presentations that result from this study.

Participation is entirely voluntary, and you may discontinue your participation for any reason at any time and without any penalty.
It may not be possible to fully protect your identity because we will audio record your comments. We will however do our best to remove any identifying information from the tapes and any reports that are written from the study. We would suggest not using any names or personally identifying information during your interview. The audio tapes themselves and transcripts from the interviews will be kept locked in the researcher’s office and all records of your participation in the study will be kept confidential.

Risks
We anticipate only minimal risk as a result of participating in the interview. There is the slight chance of psychological discomfort as result of questions during the interview. Should you feel any such discomfort, you may discontinue your participation for any reason at any time and without any penalty. Finally, as described above, we will take every precaution to safeguard the information you provide to us in the study.

Benefits
Although you may not receive direct benefit from your participation, others may ultimately benefit from the knowledge obtained from this research. Your participation in the study will help to ensure that we have a better understanding about the program and its services for veterans in your community.

Who the researchers are and how to contact them:
Eric Hardiman, Ph.D.  518/442-5705
Samantha Fletcher, M.S.W.  518/591-8761

Your Rights as a Participant
Your participation in this study is entirely voluntary. You can withdraw from the study at any time without penalty. Your name and other identifying information will never be revealed in reports or presentations. You can choose not to answer any questions in the study for any reason without penalty. Participation or refusal of participation will not affect your role as a service recipient, volunteer, or staff member in your program in any way. If you have any questions about your rights as a participant that has not been answered by the investigator or if you wish to report any concerns about the study, you may contact the Office of Research Compliance, University at Albany, 518-442-9050 or orc@uamail.albany.edu.

Withdrawal from the Study
Your participation in this project is voluntary. Even after you agree to participate in the research or sign the informed consent document, you may decide to leave the study at any time without penalty or loss of benefits to which you may otherwise have been entitled. I will retain and analyze the information you have provided up until the point you have left the study unless you request that your data be excluded from any analysis and/or destroyed.

One copy of this document will be kept together with the research records of this study. Also, you will be given a copy to keep.

If you would like to participate in the study, please complete the box below.
☐ I have read or been informed about this study and understand the information on this form. I hereby consent to participate in this study.

☐ I am willing to have this interview audio recorded. NOTE: You may still participate in this study if you are not willing to have the interview recorded.

___________________________________  _________________________
Your Name (please print)  Date

____________________________________  _________________________
Your Signature  Researcher Signature

SUNY researcher who explained research
Printed name
Appendix B: Interview Protocol from Original Study (For Program Participants)

Interview Guide (For Program Participants)

Opening Script (only after completing full informed consent process):

“Thank you for agreeing to participate in our project. My name is ___________ and I am a researcher with the University at Albany. In this study, we hope to collect some information about your experiences receiving services from the Veterans Peer-to-Peer Project in your county. I am going to spend an hour or so asking some general questions about your experience, and you can answer in any way you’d like. Your participation is completely voluntary, so if at any time you decide you want to stop the interview you may do so. You can also refuse to answer or skip a question, and if a question I ask is unclear, please ask me to clarify. Let me know if you have any questions now or along the way.”

Demographic data
  o  How old are you?
  o  Are you married?
  o  What race do you consider yourself?

Military history
  o  What branch of the military were you in?
  o  How many years did you serve?
  o  What was your job?
  o  Were you deployed?
  o  Were you in combat?

Reintegration
  o  What was it like when you returned stateside? (for deployed or combat veterans)
    o  Prompt for details if they are willing.
    o  Describe your transition to civilian life.
      o  What was your next step in life (job, school)?
      o  What were your relationships like when you got back (significant other, children, parents, friends)?
      o  How did you relate to people (civilians)?
      o  What challenges did you face transitioning to civilian life?
      o  How did you cope with those challenges?
        ▪  Prompt for details, explanations
      o  What was it like for you to identify as a veteran?
        ▪  How was that identity different than the one you had in the military?
      o  How did you cope with the challenges you faced coming back to civilian life?

Entrance into the program
  o  Tell me how you became involved in this program.
    o  How did you become aware of the program?
Description
  o How would you describe this program to someone who has never heard about it?

Involvement
  o Tell me about your involvement with this program.
    o Which program services do you use?
    o Have you participated in any outreach with the program (explain)?
    o Have you gotten anyone else involved with the program? In what ways?
    o How often do you take advantage of the services offered?
    o Are there other services that the program offers that you have not used?

Interventions
  o In what ways has this program been helpful to you?
    o What has been the best thing about it for you?
  o If you were running the program, what would you offer? What would you do differently?
  o Have there been times when the program did not meet your needs or expectations?
    (Probe for possible examples).
  o What has the program provided you?
    o Has it changed who you interact with/hang out with?
   o Has it provided you with specific resources or information?
   o What else do you get out of this program?
    o What is the most important aspect of the program to you?

Program feedback
  o Who have you interacted with on staff?
  o Can you describe your experience with the staff?
  o What is your relationship with the Peer Mentor/Facilitator like?
  o What do you think of the structure of the program?
    o How could it be improved?
  o What do you think are the biggest strengths of this program and how it is run?
  o What do you feel the program doesn’t do well? Why?

Peer vs. Professional Supports
  o What does peer support mean to you?
    o Is this your first experience with peer support programs?
  o How would you explain veterans’ peer support to someone who has never heard of it?
  o How would this program be different for you if you were paired up with a professional counselor instead of a veteran?

Outcomes
  o How have you changed as a result of the peer-to-peer program?
    o (probe for specific examples)
    o Are there other ways you have changed?
What resources have you learned about through this program? (Probe for some examples).

Do you feel connected with other people in the program?

Without specifying is there anything you wouldn’t feel comfortable talking about with someone in this program? (If no move on to next question) What would make you more comfortable?

Do you feel you have helped other veterans through this program?
  - Can you give some examples?
  - How has helping others helped you?

**Trauma/Impact**

- Going back to your military service for a minute, did you experience any trauma during that time?
  - How has that trauma affected you in your life? (anxiety/depression/anger, addiction, etc.)
  - Has this program offered you support surrounding that trauma? If so, can you tell me more about how it helped?

**Suicide**

- Do you know the statistic on veteran suicide?
- What are your thoughts on why so many veterans take their own lives?
- Have you had thoughts of harming yourself and/or suicide since leaving the military?
  - Has this program offered you specific support for that? If so, can you tell me more about how it helped?
  - If you felt like that again, would you feel comfortable approaching someone from this program?

**Satisfaction**

- How would you describe your overall satisfaction with the Peer-to-Peer Program here?
- Have you had opportunities to share any feedback with the program?
- What would make you more satisfied with the program?

- Is there anything else I haven’t asked about that might help explain your experience receiving services from the Peer-to-Peer program?

Thank you so much for taking the time to talk with me. Please let me know if you have any questions about this interview or the study we are doing.
Appendix C: Interview Protocol from Original Study (For Program Staff)

Interview Guide (FOR STAFF):

Opening Script (only after completing full informed consent process):

“Thank you for agreeing to participate in our project. My name is ___________ and I am a researcher with the University at Albany. In this study, we hope to collect some information about your experiences providing/administrating program services from the Veterans Peer-to-Peer Project in your county. I am going to spend an hour or so asking some general questions about your experience, and you can answer in any way you’d like. Your participation is completely voluntary, so if at any time you decide you want to stop the interview you may do so. You can also refuse to answer or skip a question, and if a question I ask is unclear, please ask me to clarify. Let me know if you have any questions now or along the way."

Demographic data
  o How old are you?
  o Are you married?
  o What race do you consider yourself?

Military history
  o What branch of the military were you in?
  o How many years did you serve?
  o What was your job?
  o Were you deployed?
  o Were you in combat?
  o What was it like when you returned stateside? (for deployed or combat veterans)
    o Prompt for details if they are willing.

Reintegration
  o Describe your transition to civilian life.
    o What was your next step in life (job, school)?
    o What were your relationships like when you got back (significant other, children, parents, friends)?
    o How did you relate to people (civilians)?
    o What challenges did you face transitioning to civilian life?
    o How did you cope with those challenges?
      ▪ Prompt for details, explanations
    o What was it like for you to identify as a veteran?
      ▪ How was that identity different than the one you had in the military?

Program characteristics
  o How would you describe the program to others who are unfamiliar with it?
  o What services are currently offered by the project?
Who provides the direct service? How are they recruited/hired? How did you find out about the program?

**Staffing/Administration**
- Briefly describe your official role in the project. What else do you do outside of that role?
- What has that role meant to you in your life?
- How have you been supported in your role in the program? (prompt for supervision, support, etc.)
- What do you think are the biggest strengths of this program and how it is run?
- What do you feel your program doesn’t do well? Why?
- How do you interact with other community agencies?
- Has your program approached outreach for participants?
  - Has that approach changed over time? If so, how and why?

**Interventions**
- In what ways has the program been helpful to the veterans?
- What do you see as the program’s mission?
- What were some obstacles that the program faced?
  - How did the program respond to the obstacles?
- What have been the biggest challenges helping the veterans?
- What is unique about your program?
- What is your relationship like with your fellow Peer Mentors?
- How has the training you received from the program helped you as a Peer Mentor?
- Do you feel that your staff/team functions well together? How could it be different?
- Are there services that you would like to provide but are unable to?
- What obstacles are in the way of providing these other kinds of services?

**Peer vs. Professional Supports**
- What does peer support mean to you? How does it benefit veterans?
- What are the differences between the services your program offers versus professional/clinical services offered through other agencies?
- How do you view your relationship with the veterans you are helping as a mentor?
- How do you handle any issues that might come up when you are working as a mentor?
- When the veteran you’re helping is really different from you, how do you connect with them?
- In what ways does helping other veterans also help you?
- How important do you think the work you’re doing is?
- Are there any disadvantages to peer support for veterans? If so, how might those be improved?
Outcomes
  o What outcomes do you hope for in your work with the veterans?
  o Have you been able to see those outcomes realized?
  o How do you measure progress or success in the use of program services?
  o What feedback have you received from veterans in the program?
  o Have there been any criticisms been made about the program? If so, have you responded or made adjustments to your program based on this feedback?

Satisfaction
  o In your opinion, how satisfied do you think the veterans have been with your project?
  o How satisfied have you been with your role in the project?
  o Has the program changed you in any way? If so, can you tell me about that?

  o Is there anything else I haven’t asked about that might help explain your experience providing services for the Peer-to-Peer program?

Thank you so much for taking the time to talk with me. Please let me know if you have any questions about this interview or the study we are doing.
Appendix D: Codebook

Project: Women Veterans and Peer Support

Report created by Amanda Matteson on 2/17/2022

Code Report

All (44) codes

○ Coming Home
  This code will be used when the veteran is talking about their transition out of the military and into the civilian world. May overlap with other codes (Veteran Needs; Peer Support). This code can also be used to code coming home from a deployment.

○ Decision to Leave Service
  This code will be used when the veteran is talking about their decision to leave the service.

○ Deployment- Combat
  This code will be used when the veteran has been deployed to combat.

○ Deployment- Overseas
  This code will be used when the veteran has been deployed overseas in a non-combat zone.

○ Deployment- Stateside
  This code will be used when the veteran is talking about her stateside deployment.

○ Dual Roles
  This code will be used when the veteran is describing how they have dual roles (one in the service and one in their family).
○ Family Services
  This code will be used to describe how the programs assist veteran's family members.

○ Feel Alone
  This code will be used when the veteran is talking about feelings of being alone (either in themselves or another veteran they mentor).

○ Look of a Veteran
  This code will be used when the veteran is talking about how a veteran looks or how people think of them.

○ Meaning & Purpose
  This code will be used when the veteran is talking about having a meaning or purpose or lacking such.

○ Mentor Skills
  This code will be used when a peer mentor is talking about what they provide other veterans. It can also be used when the mentor is talking about the skills or training, they have that helps them be a peer. This code may be broken down further to "Life Experiences," "Factual Knowledge," "Resilience," etc.

○ Military Culture
  This code will be used when the veteran is describing military culture.

○ Military Culture- No Thank You
  This code will be used when the veteran is talking about not wanting to be thanked for their service or if they say they are just doing their job.
Military Experience

This code will be used when the veteran is describing her experience in the military.

Military Experience- Gender

This code will be used when the veteran is talking about gender related to her military experience.

Motivation to Join Service

This code will be used when the veteran is talking about their reason for joining the service.

Not Understood

This code will be used when the veteran is talking about not being understood by non-military people.

Peer Support- "Comfort Level"

This code will be used when the veteran is describing how a veteran has to be comfortable to open up. This code will be used when the veteran is talking about the conditions necessary for peer support to take place.

Peer Support- Advantages of Being a Peer

This code will be used when the veteran is describing what they get out of peer support (either giving or receiving).

Peer Support- Being There

This code will be used when the veteran is describing peer support as someone just "being there." It is not always about talking through problems, sometimes it’s just knowing someone is there for you.
○ Peer Support- Definition
  This code will be used when the veteran is defining peer support in their own words.

○ Peer Support- Definition- Delimit
  This code will be used when the veteran is defining peer by saying what it is not.

○ Peer Support- Disadvantages
  This code will be used when the veteran is talking about disadvantages of peer support OR if they do not see any disadvantages.

○ Peer Support- Establishing a Relationship
  This code will be used when the veteran is describing how they established a peer relationship.

○ Peer Support- Example
  This code will be used when the veteran is providing an example of peer support that either was provided to them or provided by them.

○ Peer Support- Facilitating
  This code will be used when the veteran is talking about how peer support is set up or facilitated.

○ Peer Support- Format
  This code will be used when the veteran is talking about the way in which peer support is delivered (group, individual, social based, etc.).
○ **Peer Support- Meaning**

  *This code will be used when the veteran is describing what peer support means to them (always used to code direct responses to the question “what does peer support mean to you”).*

○ **Peer Support- Measuring Outcomes**

  *This code will be used when the veteran is talking about how to measure success or the outcomes of peer support.*

○ **Peer Support Mimics Military Family**

  *This code will be used when the veteran is describing how peer support reminds them of the military. This may be strong enough to be a theme.*

○ **Peer Support- Motivation**

  *This code will be used when the veteran is describing why they are motivated to provide peer support.*

○ **Peer Support- Nonhierarchical**

  *This code will be used when the veteran is talking about peers being on the same level. This can also be used when support is mutual.*

○ **Peer Support- Nonjudgmental**

  *This code will be used when the veteran is talking about peer support as nonjudgmental.*

○ **Peer Support- Outreach**

  *This code will be used when the veteran is talking about how they find veteran peer mentors or how difficult it can be to find them. This can also refer to how difficult it is finding veteran participants.*
○ **Peer Support- Resource Connection**

  This code will be used when the veteran is talking about how peer support led to another referral (clinical services or another veteran agency).

○ **Peer Support- Shared Experience**

  This code will be used when the veteran is talking about having a shared experience with another veteran. This can be specific to women veteran experiences but does not have to be.

○ **Peer Support- Unforced**

  This code will be used when the veteran is talking about not forcing peer support or sensitive conversation. This can also be used to code that peer support is voluntary.

○ **Power in Military**

  This code will be used when the veteran is describing how she had power in the military.

○ **Program Description**

  This code will be used when the participant is talking about the program. How it helps or what it helps with.

○ **Quote**

  This code will be used when there is a quote that should be in the final paper.

○ **Race**

  This code will be used when the veteran is talking about anything related to race.

○ **Suicide**

  This code will be used when the veteran is discussing suicide in any context.
○ **Trauma**

*This code will be used when the veteran is talking about trauma either generally or something that has happened to them. This can be physical or psychological (institutional betrayal; posttraumatic stress, brain injury).*

○ **Veteran Needs**

*This code will be used when veteran needs are described.*