RESEARCH

Embracing Diverse Women Veteran Narratives: Intersectionality and Women Veteran’s Identity

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Women veterans are the fastest-growing population of veterans, yet women still face many barriers while serving and after leaving the military. An often-overlooked aspect in research and literature is how women develop their identity as veterans from their experiences of racism, sexism, heterosexism, classism, and other forms of oppression and discrimination while serving in the military and the invisibility or the lack of recognition as veterans after returning to civilian life. Few articles in the literature discuss intersectionality theory or framework in connection to military and women veterans’ experience or the role of identity formation as a veteran due to these experiences or how it impacts women veterans’ health outcomes. In this article, the role of institutional betrayal is explored as an additional barrier for women veterans as well as the intersectionality framework applied to the military as an institution. As the need for services for women veterans increase, understanding the impact of these intersections of identity and experiences of discrimination and oppression can be crucial in understanding the complexity of identifying as veterans and living in a society that does not see or value their experiences, as women or as veterans.

Keywords: Women veterans; Intersectionality; Identity

As women’s roles in the military have shifted and more women are serving in the military, the systems and organizations working with women veterans after military service have made few changes to reflect the diversity, roles, and experiences of women and have thus created a difficult context for women to develop an identity as a veteran. The effects of racism, heterosexism, sexual discrimination, harassment and violence, and other forms of oppression, as well the intersection of these and how they uphold the existing power structures in the military are crucial to understanding veteran identity yet are often overlooked by systems serving women veterans.

Other examples of the need for more inclusive narratives for women veterans in services and organizations is the projected increase in the percentage of women veterans and the increased racial and ethnic diversity in the military. As the number of women veterans increases, organizations serving veterans can also provide support to develop self-efficacy, develop new programs, and change existing programming to assist women veterans in connecting in civilian society as veterans and better address their needs, including the accumulated effects of systematic oppression and discrimination they experienced in the military.

The United States has approximately 2 million women veterans and less than 450,000 receive health care services through the Veterans Health Administration (VHA). The number of women using mental health and specialty care services through VHA was 176,526 in 2015. Between 2000 and 2015, the number of women veterans from racial and ethnic groups, other than white, increased from 30% to 42%, with Black women veterans making up 30% of the other racial and ethnic groups (Barroso, 2019). In 2015, 22% of women veterans used VHA services at least one time (Women’s Health Evaluation Initiative, 2018). While the number of women veterans using VHA has increased, it is far lower than the number of women eligible for services. By 2045, the number of women veterans is projected to increase from 9% to 18% of the veteran population (Bialik, 2017).

Applying the Intersectionality Framework to the Military and Veterans

Honoring the Origin of Intersectionality

Intersectionality was first defined by Kimberlé Crenshaw in an article in 1989 that addressed the intersection of race and sex and the experience of Black women being left out of
the collective narrative of violence against women, feminist theory, and antiracist politics. Since then, intersectionality has continued to evolve to become a framework for understanding how marginalized people and groups, with more than one identity and status, can be marginalized in multiple ways in societal structures based on those identities and statuses (Harris et al., 2018). These identities also cross over and are more complex than simple binary terms. When people are targeted by bias based on many aspects of their identity, there is an accumulated impact that is important to understand in order to provide relevant and appropriate services.

I would also argue that it is important for the military and veteran community to incorporate an expanded intersectionality framework, beyond the way we have limited intersectionality to race and sex and the false narrative of “we are all green” mentality often heard in military service. While race and sex are two aspects of intersectionality we need to better understand and address the issues of abuse of power and oppression within our ranks and the structures that exist specifically in the military as categories of intersectionality. While women wear or wore the same uniforms, the differences in their experiences are vast and many differences, beyond race and sex, including gender identity, are not identified or included in working with women veterans. The military is also receiving pressure to change in regards to race and gender along with other long-standing institutions, with the current demand for social justice reform in the United States, which includes the Black Lives Matter movement, as well as increased visibility in the media of violence against women, including the murder in April 2020 of Vanessa Guillen at her workplace in Ft. Hood, Texas. The social justice campaign “I Am Vanessa Guillen” is receiving widespread attention after many women in the military and veterans felt left out of the #MeToo movement. Spc. Guillen, a 20-year old Latinx woman, served in the United States Army. There is high-level criticism and an investigation into the military’s delayed investigation of her disappearance and the sexual harassment her family reported she discussed with them before her murder (Rempfer, 2020).

**Intersectionality in the Military and Veteran Community**

Intersectionality has rarely been applied to military service for women veterans (Henry, 2018; Lehavot et al., 2019; Smith, 2014) and has a very limited scope of research in military and veteran literature. Intersectionality has been overlooked in programs and services as ways to understand the complexities of veteran’s lives and the efficacy of addressing the issues women face in the military and as veterans. For the purposes of further integrating intersectionality into the narrative for military and veteran women, in the next section, I will identify the ways in which intersectionality meets identity specifically in military structures, and explore the diverse and overlapping identities in the military and ways those intersections are crucial to understanding the women veteran’s experiences.

**Defining Military Markers of Difference**

Defining intersectionality in the civilian world can include identity with more than one “marker of difference” (Mason, 2010, p. 12) and the forms of oppression that intersect with these identities. The Women of Color Policy Network released a model policy for social change in a publication about intersectionality and in it, they discuss markers of difference:

Race, class, gender, ethnicity, sexuality and other markers of difference are not inherently oppressive or forms of oppression. Forms of oppression and discrimination are racism, classism, heterosexism, ethnocentrism, ableism, anti-Semitism, or ageism. They are systematic and violent acts of maintaining hierarchies and privilege in society. (Mason, 2010, p. 12)

While these markers also exist in the military, other markers of difference specific to the military and veteran culture can be important to understand and include rank, being an officer, a non-commissioned officer, or enlisted. The military hierarchy of rank is an important aspect of the institution that is overlooked in research about veterans, and completely missing in research about women’s experiences in the military and intersectionality. While doing research for this article, I found only one article that mentioned the intersectionality with veterans, about the student veteran population, that expanded social constructs of identity and intersectionality within military service and included combat veterans versus non-combat veterans and officer versus enlisted as identities (Smith, 2014). Expanding on rank and combat service in military culture, other examples of what I’ll term as military markers of difference, can include time in service, military occupational specialties, military service era, service-connected disabilities, discharge status, and some might argue being located in urban and rural areas be included as a marker of difference in the ability to access or be eligible to receive services or systems of support in the veteran community.

Other complexities that are important to note, connected to military markers of difference, include that women, or any service member for that matter, do not have an easy way to walk away from the military when they encounter discrimination and/or oppression. Due to enlistment contracts, the options are few and contracts for military service are difficult to break without going through a challenging and intimidating process. This can add another layer of feeling helpless and unable to address the discrimination they experience. Women in the military also report retaliation for reporting sexual harassment and assault (Dareshori et al., 2015; Morral et al., 2016;) and while the scope of research
on this issue is limited, the importance of the rank of the person making the report, as well as the rank of the person who is accused of committing the harassment and/or assault is important to consider in working with women veterans. In addition, the effects of being harassed and/or assaulted by other service members in a culture in which the other service members are “supposed to have your back” are often overlooked as having a significant impact on feeling betrayed, helpless, and excluded from the comradery others experience in military service and carry over to shape veteran identity.

In most research, veterans are researched as veterans without including intersectionality within military culture as well. Research in the specific military markers of difference can also help inform researchers and programs in understanding the participation and experiences of these different sub-groups within the veteran population and the impact of their identity and status on their participation in programs and services.

These military markers of difference can intersect in multiple ways and influence individual identities and societal perceptions of women veterans. They are complex, fluid, and beyond the scope of much of the research that only includes civilian markers of difference in examining the veteran experience or only focusing on gender in current literature.

Oppression
Another early adopter of looking at the intersectionality of oppression was Suzanne Pharr, a lesbian feminist social justice and economic organizer. She wrote a short book, Homophobia: A weapon of sexism in 1988 and in it presented a theory of homophobia and sexism. She opens the chapter, “The common elements of oppression” with this:

It is virtually impossible to view one oppression, such as sexism or homophobia, in isolation because they are all connected: sexism, racism, homophobia, classism, ableism, anti-Semitism, ageism. They are linked by a common origin—economic power and control—and by common methods of limiting, controlling, and destroying lives. There is no hierarchy of oppressions. Each is terrible and destructive. To eliminate one oppression successfully, a movement has to include work to eliminate them all or else all success will always be limited and incomplete. (p. 53)

Within this chapter, she also outlines the common elements of oppression as institutional and economic power, the myth of scarcity, violence, and threat of violence, lack of prior claim, the Other, invisibility, distortion, stereotyping, blaming the victim, horizontal hostility, assimilation and tokenism, and individual solutions (Pharr, 1997, pp. 53–64). These elements of oppression are prevalent in military culture and provide a context for framing the experiences women face with an intersectional framework as veterans.

Women Veterans and Oppression
Women in the military and veterans lack institutional and economic power. A photo released by the DOD in 2018 showed a photo of senior military leaders in the Oval Office with Donald Trump. Of the 22 people in the photo, there were no women and only 3 people of color in the senior leadership (Cooper, 2020). This is a clear example of how, while women have made strides in attaining rank as women, as women the people creating the highest policies in our military are white and male. Attrition rates for female service members were found to be 28% higher than males. Some reasons women reported for leaving the military were sexual assault and sexism and a lack of female mentors and women in leadership (United States Government Accountability Office, 2020, May).

In a report by the DOD, 62% of women in the military also reported being retaliated against for reporting sexual assault and it is estimated that only 1 in 4 women make a report of assault (Dareshori et al., 2015). Women veterans are also often not seen as capable leaders and are categorized in opposing stereotypes: unable to be tough or too tough and too much like a man; weak and emotional or a bitch. Oftentimes everything about women veterans, from their appearance being sexualized, to the way they speak or what they say is dismissed as not important. Women veterans also report being categorized into one of three things while on active duty: a bitch, a slut, or a dyke (Granville, 2015; King, 2016). These limited and sexist views that define women in the military are pervasive and also leave little room for women to feel empowered and connected to others as military service members.

I was unable to find research about women and horizontal hostility in the military. This type of hostility has come up frequently while talking with women veterans both as what they experienced, and also how they may have treated other women in the military in order to fit in. Horizontal hostility is the discrimination or bias within a minority status group. It was first termed in the 1970’s to describe the infighting that occurred between women within the women’s movement (White & Langer, 1999). This is an unexplored area of research for women veterans in how women, due to the pressure to survive in the sexist and male-dominated military culture, often scapegoat or discriminate against other women while serving in the military. This also may be a possible cause for women not engaging in group activities with other women veterans in services and organizations.

This merits more research to explore the experiences of veterans and veteran’s identity development, beyond the discrimination faced by men, to include the oppression women experience by other women in the military. This can have implications how women engage in women-specific services, particularly peer-to-peer support or in treatment groups. It is a gap in the current research.
Institutional Betrayal and Women Veterans

Historically, the effects of institutional betrayal for women veterans is rarely looked at in research. Institutional betrayal is defined as a way institutions perpetrate harmful acts on individuals which depend on that institution and can also include failing to hold individuals within the institution accountable for their actions that are harmful (Freyd, 2013). Women veterans often feel blamed and responsible for the oppression and harmful acts perpetrated against them in the military. Institutional betrayal has been applied in research and has been connected with increased suicidality with veterans exposed to military sexual trauma (Monteith et al., 2016) and was linked to further harm for assault survivors (Smith & Freyd, 2013).

Some services, including the evaluation process for service-connected eligibility for VA services for women veterans may also be traumatic and a form of institutional betrayal. From hearing experiences from other women veterans and my own experiences as a veteran and trauma trained therapist, the evaluation process for women veterans who experienced sexual harassment and assault can contribute to further harm, including feelings of institutional betrayal by the lack of trauma-informed practices included in these evaluations. The procedures and exams for these issues, and others related to trauma, are completely detached and disconnected from therapeutic services and practices. The fact finding or diagnostic goal of the process, instead of therapeutic support and utilizing trauma-informed practices, can lead to a reexperiencing of traumatic experiences during or after evaluation exams or appointments. In my role as a founder of an organization that advocates for women veterans in Alaska and through my work with women veterans in other states, this issue comes up frequently and many women reported having very difficult emotions after these appointments and did not wish to return for further evaluation or services in an organization that conducts evaluations in this manner. In researching this article, I found no references to research in the area of trauma-informed evaluation practices for pension and disability compensation services in the VA system. This evaluation door is a mandatory one for veterans to walk through for some types of services and service eligibility, yet the process remains unchanged even with the large amount of research that supports trauma-informed practices. While “Comp & Pen” is a separate VA department than health or mental health services are provided, many veterans do not understand the complexities of the VA system and link the experience in these evaluations to all services in the VA. This is an area of further research to explore the experiences of veterans with these evaluations and the impact it has at the time, on their engagement in services, and their identity as a veteran.

Many services for veterans at the federal, state, and non-profit levels also do not provide services that address the intersecting impact of oppression, a fragmented veteran identity, and the lack of value placed on their status as a veteran or as women who served in the military. As organizations serving veterans and non-profits attempt outreach to engage women veterans in their services, women veterans can have a general mistrust of services for veterans due to experiences of discrimination as women serving in the military, a prevalent feeling of not belonging in existing veteran service organizations, and a lack of engagement in traditional veterans service organizations (Thomas et al., 2017). There are also continual reports of sexual harassment and assaults within veterans’ organizations that further alienate women from seeking services, including the recent sexual assault of a congressional committee member in a Department of Veterans Affairs Hospital (Steinhauer, 2019) and the allegations of discrimination she faced after reporting the assault, including from the Secretary of the Department of Veterans Affairs (Sisk, 2020).

Another recent public battle for equality and inclusion for women veterans is the movement to change the US Department of Veteran’s Affairs current motto “To care for him who shall have borne the battle, his widow, and his orphan,” a quote by Abraham Lincoln (US Department of Veteran’s Affairs, 2015, para. 1), to be more representative of all veterans. Service women are completely excluded from this statement and up to the date of this article being written, the Secretary of Veterans Affairs, Robert Wilkie, has refused to make any change (Shane III, 2020). This failure to recognize the inclusion of women veterans in the organizational motto by the primary provider of veterans’ services in the United States shows how pervasive and ingrained the exclusion of women veterans is in the systems that are supposed to support all service members. For women to be able to identify as veterans and name their lived experience and the effect of it in ways that are different than the experience of men, is an important next step for organizations serving veterans.

After working with women veterans for the past 10 years, and with my own intersecting identities as a woman veteran which includes being a lesbian, enlisted, a military sexual assault survivor, and a combat veteran, I have continually heard stories from women veterans with central themes. Many are connected with feeling invisible and unrecognized as a service member or veterans. There are numerous issues with the military and civilian justice system that women have endured as the result of a system and society with an antiquated view of what a veteran is, narrow views of veterans’ experiences, and indifference to the systematic injustices that women experience in the military. It is also devastating to hear the younger generation of women veterans facing the same issues we did decades ago with little or no change. They are experiencing the same failure of leadership to address sexual harassment, assault, racism, and other forms of discrimination prevalent in the military against women. The intersection of the micro and macro forms of discrimination and oppression, from the individual to the system in the military, also contribute to women’s inability...
to report, respond to, and engage in changing the systems and accountability regarding injustices we experience.

Many of the same attitudes and behaviors women experienced in the military continue to be a part of veteran’s organizations including the VA, which employs 34% of veterans in its workforce (United States Office of Personnel Management, 2019). These workers are steeped in the culture of discrimination and oppression in the military which carries over to the culture in the Department of Veterans Affairs. A recent United States Government Accountability Office Report (2020, June) stated approximately 26% of women and 14% of men working at the VA experienced sexual harassment from 2014–2016. This means 1 in 4 VA employees experienced sexual harassment. The same report stated 1 in 3 VA employees witnessed sexual harassment. While employees of the VA experienced and witnessed sexual harassment, 1 in 4 women veterans also reported sexual harassment at VA facilities according to the report.

The last form of oppression for women I will discuss in this section that Pharr included as elements of oppression, is the concept of individual solutions. Being a part of a system of oppression that values blaming the individual over the collective, the individual can be targeted as being the problem over the group or blamed if they aren’t successful when others in their group are successful. In the white hierarchy of individuality, which is not the culture norm of many other races and ethnicities, this system pressure can prevent people from collectively organizing and instead internalize the message that something is wrong with them individually. It can also look down on those that have a more interdependent group-focused way of living. It is important to remember how these and other forms of oppression can intersect and impact women veterans differently based on their race, gender identity, class, sexuality, ethnicity, and other identities as women veterans, including the earlier discussed military markers of difference. The more conscious we are of intersectionality, the more we can understand and address the experiences of oppression for women veterans.

Women Veterans and Identity

What Does it Mean to Be a Woman in the Military?

In the work I have co-facilitated for the past 10 years with other women veterans, this question opens one session of a small group discussion in a multi-day residential mindfulness-based program for women veterans. Many times women comment that they have never had a chance to talk about what it means to be a woman in the military, particularly with other women veterans. Women in the groups have the opportunity to identify what it means for them individually and to also share in the larger group the commonalities and differences of experiences and identities. Stories of harassment and assault, racism, heterosexism, and having to work twice as hard just to be seen as good enough, are often central themes in this discussion. Women often talk about how they tried to fit in with their feminine traits not being valued or being sexualized, and how difficult it was to own different aspects of their identity when they are not seen or valued and how it’s easier to try to be seen as just “one of the guys.” Women also talk about the guilt of deploying and leaving children at home and having family members judge them for doing so or leaving military service, not because they wanted to, but because they were married to another service member and with frequent and long deployments, they needed to be the primary caregiver for children at home.

Women also talk about pride in their service and their ability to push themselves physically and mentally, to receive opportunities for education, a career, and travel they did not have access to before joining the military. Women often share the feeling of connection of serving something larger than themselves and being part of a bigger mission. Trying to hold the feeling of being proud of your service while also holding the devastation of experiencing discrimination during that same service is a complicated issue that isn’t always addressed with offering short-term counseling or infrequent appointments with therapists. Also, women talk about being put in co-ed groups dominated by male participants and never feeling safe or able to talk about their unique military experiences.

Identity as a Woman Veteran

When identifying as a veteran, women’s self-concept is defined by experiences in the military context and the additional social and institutional identities that are specific to the military. Women’s identity as veterans’ interlocks with the sexism and gender bias that permeates our society and particularly in the hyper-masculinity of military culture. For women from groups that are already marginalized in our society by race, class, gender identity, and sexual orientation, the added layers of military identities and limited access to institutional power, there can be even more ways oppression and discrimination impact their lives.

Research about women veteran identity has typically only included one or two aspects of identity in relation to an issue (e.g., race and VHA utilization), which is important but excludes other aspects of identity and identity formation that could further inform research. Also, the many aspects of social identity and intersectionality are complex to study but may be the key to working with women veterans in a way where they feel seen, heard, and understood. After being marginalized, this alone can be healing instead of just the diagnosis and/or type of therapy they receive.

Being a veteran is a life-long event after military service. The experiences in the military, for most veterans starting as very young people, shape who they are today and the way they see and view the world and themselves in it. Veterans services and interventions often use identity as a demographic for looking at services we receive instead of looking at identity formation as a veteran as a foundation for how we participate in programs and services or what we need in those services.
Conclusion
While it is important to receive services specific to diagnoses and presentation, it is also important to understand why women veterans may be presenting with these issues. Isolation and disconnection are often experienced by women veterans talk about after leaving military service. Women also report wanting more female-specific care with informed, sensitive, and responsive veteran service officers and mental health professionals. They express a need to feel safe to receive services and attend groups that address this isolation and connect women veterans more quickly to social support and transition services. Women veterans deserve support to transition from the identity of a service member to a veteran in a way that honors all she has experienced, in all of its complexities.

Veterans organizations can embrace and support an intersectionality framework and apply it to the women veteran population and veteran identity. Intersectionality can be an important framework for veterans’ organizations to adopt in health and mental health services and support diverse veteran narratives, of inclusion instead of exclusion, and identify and develop interventions and policies for veterans that will acknowledge the intersectionality of women veteran’s lives and the effects of the barriers they have faced and continue to face, beyond what is included in their military service records.

The systems and organizations working with veterans need to assist women veterans in healing from their experiences of institutional betrayal and by understanding how intersectionality compounds the effects of oppression and move beyond single-issue services to address the needs of women veterans. As we expand beyond women being viewed through the single lens of sex and gender roles in their identity as veterans and understand the complexity of women’s experiences, beyond this dichotomous view of women veterans, we can create what is needed to provide relevant services and to increase how women engage in existing services for veterans.

As we also acknowledge institutional betrayal and the harm it creates, we can address the underlying issues of oppression that affect women veterans in the military and the lack of institutional accountability for the harms they experience. Embracing diverse narratives that include intersectionality and to acknowledge the role of oppression in identity formation as a women veteran, as well as the effects of institutional betrayal, is a needed focus in research and work with women veterans. Without it, we fail to fully understand the experiences of women veterans and the impact of military service in their lives, as well as our collective responsibility to them as a society.

Competing Interests
The author’s involvement in several non-profit veterans organizations as a facilitator, clinician, or consultant influences the content of this paper. Also, the author’s experience as a woman veteran is influential in shaping this paper.

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The ‘Invisible Monster’: A Homeless Female Veteran’s Journey to Take Back Her Life from PTSD
Casondra Williams spent years homeless and suffering from PTSD until she received help and treatment from VA.

Casondra Williams looks away when she speaks of her “invisible monster.” She doesn’t know when it will attack, only that it has, that it will again and that she doesn’t have to let it win.

Williams, 44, is sitting in a chair on the sixth floor of an office building staring at the wall of a gray building across a narrow alley. She grabs a tissue, blots her eyes and speaks with the caution of one who has been forced, over time, to shut down in order to avoid getting hurt.

She thinks about her struggle — the destructive thoughts, the personal vices, the five years she was alone and homeless — and the long suffering in silence from the abuses she endured in the Army. It’s a trigger – the memory of trauma, she explained – that brings her back to the places she’s longed to forget.

Her thoughts take her back to Fort Jackson, 1993, when she was in training. She was 24 years old. Another soldier had repeatedly sexually harassed her. Williams went to her female drill sergeant and reported the incidents. Though she feels the matter had been effectively resolved, there were other traumatic incidents later in her
career that weren’t.

Williams’ PTSD – what she called her “silent killer,” her invisible monster – was borne of those events.

“I was ashamed for a long time,” she said. “I didn’t talk to anyone about what had happened to me.”

She stares out the window, and fast-forwards to her time at Fort Hood when another soldier from her unit sexually assaulted her. She reported what happened, but was told to keep her mouth shut.

The threat of further assault remained, and she was continually harassed for being a whistleblower. That’s when Williams took to self-isolation, her coping mechanism for survival – often shunning after-duty socialization.

“I felt like I was no longer part of the team,” she said. “They made me feel like I was the enemy ... like I was thrown away. After that [assault], there’s no way to again feel like part of that team.”

The invisible monster first struck in April 2001, not long after Williams separated from the Army. She’d left active duty after 8 years in uniform for a civilian front desk job at the Pentagon, a job she held for almost 3 years until succumbing to what she calls “personal issues” that affected her performance. It was the nightmares at first, then flashbacks, irritability and more.

“It was a battle every day,” she said. “I kept everyone at a distance. I couldn’t focus or interact with coworkers; I couldn’t complete basic tasks. I couldn’t communicate with my supervisor. Back then, there was no known PTSD condition. I was irritable all the time because I never knew when the invisible monster would attack, or why.”
Williams left the Pentagon in 2003. Not long after, she lost her apartment. She bounced from job to job, but she could barely function. She was frustrated, panicked and alone.

“It was scary,” she said. “There were a lot of days when I took a suitcase to work, not sure where I was going to sleep that night.”

For the next three years, Williams was homeless and mostly jobless. She had stayed in multiple group therapy houses in Virginia and Maryland, some of them catering to victims of domestic violence; or in hotels and houses of male acquaintances. Nothing ever worked out or provided her the safety and stability she needed to get back on her feet.

“There were days where I had a roof, but no food,” she said. “It was hard. Day-to-day was a blur; I just kept trying to move forward.”

Finally, in 2006, Williams – broke, hungry and emotionally scarred – took what she felt was the biggest chance of her life: She went to the VA hospital in Washington, D.C.

“I was already at rock bottom, and I was desperate,” she said. “I was sick — and that sucks. Being sick is one thing, but being sick and on the streets is just so much worse. I didn’t even know what VA could do for me, but I walked in anyway.”

For Williams, the chance paid off.

“That’s how I found out I had PTSD,” she said. “Before I went to VA, I never connected the dots that the way I had been feeling — the nightmares and flashbacks and anxiety and inability to function — all of that was related to what happened to me in the Army.

“It was difficult to talk about,” she said. “Even today.”
A month later, Williams was put in contact with someone from the Housing and Urban Development VA Supportive Housing Program, a joint effort between HUD and VA to move Veterans and their families out of homelessness and into permanent housing. Until her Housing Choice Voucher was approved, VA arranged for Williams to stay at a homeless shelter in Virginia.

“It wasn’t a picnic,” she says, “but it gave me the motivation to get out of that situation.”

While there, Williams met other Veterans in similar situations. Though she was hesitant to tell her own story, she grew confident from hearing others tell theirs. She soon became a resident adviser and enjoyed helping other Vets.

With her newfound confidence, Williams began a slow return to normal life. She began volunteering at the Washington D.C. VA
Medical Center and when she was ready, she started recording her own story, uploading the videos to YouTube. It was her way to reach out and connect with other military sexual trauma survivors.

Today, Williams is still in the voucher program, but working to get into her first home. To get out of the apartment and away from self-imposed isolation she joined a gym. She’s using her Chapter 31 Vocational Rehabilitation and Employment benefits and is enrolled at University of Maryland University College, where’s she’s studying cyber security and legal studies.

She's still adapting, still battling the invisible monster.

“PTSD encouraged me to build my own prison, and that was the nightmare,” she said. “I thought I had to protect myself from everyone. I’m not out of the woods yet, but I’m getting there.

“I’m taking my life back.”