



# **DART CENTER FOR JOURNALISM & TRAUMA**

A RESOURCE FOR JOURNALISTS WHO COVER VIOLENCE

---

SPEECH

# Women at War

By Kayla Williams

*"When Veterans Come Home" — a conference sponsored by Dart Center for Journalism and Trauma, the [McCormick Foundation](#) and the [Carter Center's Mental Health Program](#) in Atlanta Jan. 7 through 8, 2010 — explored the challenges journalists face covering returning soldiers. This address was featured in the program.*

As a soldier with the 101st Airborne Division (Air Assault), I took part in the initial invasion of Iraq in 2003, and was there for approximately one year. As an Arabic linguist, I went on combat foot patrols with the infantry in Baghdad. During the initial invasion, my team came under small arms fire. Later, in Mosul, we were mortared regularly. I served right alongside my male peers: with our flak vests on during missions, we were all truly soldiers first.

But it became clear upon our return that most people did not understand what women in today's military experience. I was asked whether I was allowed to carry a gun, since I was "just a girl," and was also asked if I was in the infantry—which is not currently allowed. When I went out with groups of friends, people would sometimes buy the guys rounds of drinks to thank them for their service — and they very specifically meant *the guys*: As a woman, though I carried the same military ID, I was assumed to be a girlfriend or wife — not another combat veteran. (Women troops don't have the haircut!) This feeling of being invisible as a female soldier just added to the feelings of isolation and alienation that many of us were feeling as we transitioned back into a civilian society that did not understand what we had experienced. That general incomprehension about what women troops are doing on the ground prompted me to write my book, "[Love My Rifle More than You: Young and Female in the US Army.](#)"

I later found that this confusion about the role women play in war today extends beyond the general public; even Veterans Affairs employees are still sometimes unclear on the nature of modern warfare, which presents challenges for women seeking care. For example, being in combat is strongly linked to post-traumatic stress disorder, but since women are supposedly barred from combat, they may face challenges proving that their PTSD is service-connected. One of my closest friends was told by a V.A. doctor that she could not possibly have PTSD for just this reason: He did not believe that she, as a woman, could have been in combat.

Many of the other problems that women face when seeking care or benefits through the V.A. are by no means exclusive to women: The transition from DoD to V.A. remains imperfect, despite efforts to improve the process. Lost records and missing paperwork are frequent complaints. Despite a growing number of community clinics and vet centers, many veterans face lengthy travel times to reach a V.A. medical facility — a particular burden during tough economic times. Many students trying to use the new G.I. Bill are facing horrible wait times getting their benefits. Other barriers may disproportionately affect women. For example, since women are more likely to be the primary caregivers of small children, they may require help getting childcare in order to attend appointments at the V.A. Currently, many V.A. facilities are not prepared to accommodate the presence of children; several friends have described having to change babies' diapers on the floors of V.A. hospitals because the restrooms lacked changing facilities. One of my friends, whose babysitter cancelled at the last minute, brought her infant and toddler to a V.A. appointment; the provider told her that was "not appropriate," and that she should not come in at all if she could not find childcare. Homelessness is another concern for women veterans: Though 10 percent of homeless Iraq veterans are women, services and facilities to accommodate them (and possibly their children) are very limited.

Military sexual trauma is a specific term that refers to sexual harassment or assault experienced during military service. Though a far higher percentage of women are exposed to MST, since we are such a small percentage of the military, the raw numbers of men and women who have told the V.A. that they experienced MST is similar. Talk about an untold story — everyone associates MST almost exclusively with women! When going to the V.A., there are women who report that their providers are treating them for PTSD developed as a result of MST — but they are denied disability compensation because they cannot prove the service-connected nature of the trauma. That disconnect between treatment and compensation is extremely frustrating.

Women in the military are also [far more likely than men to be married to other service members](#). Throughout the Department of Defense, 51.3 percent of married female enlisted active duty personnel reported being in dual-service marriages, compared to only 8.1 percent of their male counterparts. These women veterans must worry not only about their own

Text size **A A A**

Jan 19 2010

KAYLA WILLIAMS

Kayla Williams is a former sergeant and Arabic linguist in a Military Intelligence company of the 101st Airborne Division (Air Assault). She is the author of "Love My Rifle More Than You: Young and Female in the U.S. Army," a memoir about her experiences negotiating the changing demands on today's military.

## RELATED ARTICLES

TIP SHEET

### [How to Report on Deployment](#)

By Liisa Hyvarinen Temple

TIP SHEET

### [Interviewing Service Members](#)

By Joe Hight

### [When Veterans Come Home](#)

By Stan Alcorn



## REQUEST PUBLICATIONS



### [Tragedies & Journalists](#)

A 40-page guide to help journalists, photojournalists and editors report on violence while protecting both victims and themselves.

[PDF](#) / [Request Copies](#)



### [Covering Children & Trauma](#)

When children are victims of violence, journalists have a responsibility to report the truth with compassion and sensitivity.

[PDF](#) / [Request Copies](#)

readjustments, but also their husbands' challenges; women veterans may be balancing dual roles as both givers and seekers of care. My husband sustained a penetrating traumatic brain injury in Iraq and was medically retired from the military. This impacted my decision not to reenlist, because he needed assistance that he simply was not getting. In addition, I was so focused on his recovery that I barely considered my own needs. It was years before I realized that as both a caregiver and a veteran I needed to not simply "suck it up and drive on," as the army taught me, but rather had to reach out for help and support.

Women veterans are less likely to self-identify as veterans, perhaps partly because of their multiple roles or feeling that their service is not as valid as that of their male peers. Carefully targeted outreach is important — asking women, "Did you ever serve in the military?" will elicit much higher "Yes" responses than asking, "Are you a veteran?" for example.

If we do walk into a V.A. facility to seek the care that we earned, we may not always get the care we deserve. Though the V.A. does fairly well compared to civilian health care systems (like Medicare) on a number of measures, it falls short in comparisons between the care men and women get. Fragmented care — needing many visits with multiple providers for basic medical care — is far more common for women than men in the V.A. system, and is associated with lower satisfaction rates and worse health outcomes. The V.A. is working hard to improve — which I applaud — but there is a great deal of variation between different V.A. medical facilities — I personally had bad experiences at the District of Columbia V.A., yet was very impressed with the quality of the Martinsburg, West Virginia V.A.

When struggling to cope with invisible wounds of war such as PTSD, or when simply facing challenges readjusting post-combat, peer support can be vital. However, there are things about my experience as a woman in a war zone that my male peers do not understand. They cannot truly know what it is like to fear not only the enemy, but also sexual assault from your brothers in arms. They may be aware of, but not be able to fully empathize with, the challenges of facing regular sexual harassment. And they certainly do not understand what it is like to feel invisible as a veteran, as many women veterans do. That is why I am so proud to be on the board of directors of [Grace After Fire](#), a nonprofit organization dedicated to helping women veterans in several ways. Grace has an online social networking forum where women veterans can share experiences and support with their peers and also helps connect women veterans with evidence-based treatment targeted to women veterans if they need it, working in partnership with the V.A. and community resources.

In order to best meet the needs of all veterans, enhanced relationships not only between the DoD and V.A. but also with those community organizations that are ready and willing to fill gaps in services are absolutely vital. I believe that public-private partnerships, thoughtful and hard-hitting journalistic coverage and congressional oversight can allow all of us to come together to meet the needs of all our nation's veterans in innovative and exciting ways. I've been very excited to see women in the military and women veterans getting much more attention lately — from community organizations, the media, and Congress. The Senate recently passed the Veterans' Caregiver and Omnibus Health Benefits Act of 2009, which contains provisions to give caregiver assistance for severely wounded warriors, help homeless veterans, increase access to care in rural areas and increase funding for mental health care for women who suffered military sexual trauma, as well as covering medical services for newborn children of women veterans. Non-profit organizations like Grace After Fire are stepping up — Grace is already being used by women in 44 states, even though there has not yet been any advertising campaign. And the media has begun reporting more on women veterans. Sometimes I'm thrilled at the coverage, which is helping to raise awareness.

However, I remain concerned at the tendency to focus on stories or use language that can frame women troops and vets as victims: victims of MST, helpless damsels being mistreated by the boy's club, and so forth. This same type of issue was raised in yesterday's plenary session: Those with psychological injuries may not want to be characterized as being "ill" or having a "disorder," wounded warriors may not want to be portrayed as "suffering" from TBI. (Troops are trained to be tough!) Despite having experienced trauma, many think of themselves as survivors, not victims. The same can be true for women troops and veterans.

Yes, we face challenges — and I want to ensure that the public understands them, that the V.A. improves access to treatment and that Congress plays its oversight role. But it is also important to me that we try to tell the whole story, which includes the fact that male and female veterans tend to be more highly educated and earn more than their civilian counterparts. We are often very proud of our service, which has taught us discipline and forged in us great strength. The challenge for journalists is to find ways to tell our stories in compelling ways that acknowledge the complexity and nuance of diverse experiences and outcomes.

## CALENDAR

All events	<a href="#">Australasia</a>	<a href="#">Europe</a>	<a href="#">North America</a>
<a href="#">Feb 24 2010</a> Europe		Lunchtime Seminar: When Children Attack Children	
<a href="#">Feb 24 2010</a> North America		Discussion: Media as Educator in Conflict and Humanitarian Crises	
<a href="#">Feb 26 2010</a> North America		Student Workshops: Trauma on Campus	
<a href="#">Mar 19 2010</a> Australasia		Ceremony: Quill Awards Dinner	

[All calendar dates »](#)

See a listing of all resources from the ["When Veterans Come Home" workshop](#) and additional resources for [reporting on veterans](#).

---

 [Email](#)

 [Print](#)

 [Share](#)

 [Permalink](#)

---

Keywords: [female veterans](#) [military sexual trauma \(MST\)](#) [Traumatic Brain Injury \(TBI\)](#)  
[Workshop: When Veterans Come Home](#)

---

---

The Dart Center is a project of the Columbia University  
Graduate School of Journalism.

[RSS](#) | [Privacy Policy](#)

© Trustees of Columbia University in the City of New York