DACOWITS 2012
Focus Group Findings

June 18, 2012

Contract: W91WAW-08-C-0030
Deliverable: 5.2.5.1

Submitted to:
Defense Advisory Committee on Women in the Services
OSD P&R, Room 2C548A, Pentagon,
Washington, DC 20301

Submitted by:
ICF International
9300 Lee Highway
Fairfax, VA 22031

DACOWITS 2012 FOCUS GROUP FINDINGS

The 2012 Defense Advisory Committee on Women in the Services (DACOWITS) sought to better understand several topics related to the women in the Armed Forces of the United States, through a variety of data gathering methods (e.g., focus groups, briefings). The Committee conducted a series of focus groups on two of these topics: the military's gender gap in retention and the deployment-related health concerns of military women. More specifically:

- Retention gap between men and women in a drawdown environment. The Military Leadership Diversity Commission in its 2011 report recommended that DACOWITS explore why women are less likely than men to view the military as a career and identify ways to reduce this retention gap; briefings received by DACOWITS suggest that coming drawdowns may have an effect on the gap. DACOWITS is interested in learning about the extent of the gap and plans to address it, including strategies for retaining qualified women in time of overall reductions.
- Health of military women in the field. This topic relates to the Committee's 2010 and 2011 recommendations to end all gender-related assignment restrictions, thereby opening ground combat units to women. DACOWITS is interested in learning, after years of deployments where women have been performing in field environments, what health issues have arisen, how they have been addressed and what issues remain to be addressed.

The Committee gathered data, using focus group protocols and a short demographic survey of focus group participants, on these topics. This document summarizes DACOWITS' focus group findings on these topics in 2012. The qualitative analysis methodology used for the data presented in the report and a summary of the 2012 focus group participants' demographic characteristics are presented first. The remainder of the document highlights focus group findings and is organized into the following sections:

- Retention of Military Women
- Deployment-Related Health Concerns of Military Women
- General Comments

Where applicable, the Committee's focus group findings are supplemented with results from mini-surveys completed by study participants.

I. FOCUS GROUP ANALYSIS METHODOLOGY

To identify salient themes from the 2012 focus groups, DACOWITS used a similar methodological approach as in previous years, under the Committee's revised charter. Specifically, the Committee employed the services of a professional research contractor (ICF International) to assist in the development of focus group and survey instruments tailored to the topic(s) of interest. Contractor research staff served as scribes, accompanying the Committee members to the focus groups, and generating a transcript for each session. Individual focus group transcripts were content-analyzed to identify major themes and sub-themes; themes were then compared across all focus group sessions. The purpose of the sample-wide analysis was to determine themes that most frequently and consistently surfaced within and across focus group sessions. Findings from this analysis are presented in this document.

II. CHARACTERISTICS OF FOCUS GROUP PARTICIPANTS

Understanding the demographic and background characteristics of focus group participants provides a context for the overall themes and individual comments that emerged during the sessions. During April and May 2012, DACOWITS visited eight military installations and conducted 42 focus groups. The Committee focused their efforts on the health of deployed women and the retention of women in the drawdown environment. A total of 397 participants attended the focus groups, with an average of nine participants per session. DACOWITS spoke to both active duty and Reserve Component members across the Services.

Exhibit 1 presents the overall demographic characteristics of the focus group participants based on their responses to the demographic survey.

Exhibit 1: Demographic Profile of Focus Group Participants

Service	Women		Total (Women and Men)	
	N*	Percent**	N*	Percent**
Air Force	79	27%	105	27%
Army	78	27%	96	24%
Marine Corps	38	13%	58	15%
Navy	40	14%	57	14%
Coast Guard	32	11%	42	11%
Army National Guard	16	5%	22	6%
Air Force Reserve	5	2%	11	3%
Army Reserve	1	<1%	1	<1%
Navy Reserve	1	<1%	1	<1%
Marine Corps Reserve	1	<1%	1	<1%
Total	**291**	**100%**	**394**	**100%**

Pay Grade	Women		Total (Women and Men)	
	N*	Percent**	N*	Percent**
E1-E4	51	18%	66	17%
E5-E6	61	21%	71	18%
E7-E9	50	17%	79	20%
O1-O3 (including Warrant and Chief Warrant Officers)	87	30%	113	29%
O4-O6	37	13%	59	15%
Total	**286**	**100%**	**388**	**100%**
Race and Ethnicity	**Women**		**Total (Women and Men)**	
	N*	**Percent****	**N***	**Percent****
Non-Hispanic White	169	58%	237	62%
Non-Hispanic Black	41	14%	52	14%
Hispanic	43	15%	62	16%
Other (Non-Hispanic)	31	11%	34	9%
Total	**284**	**100%**	**385**	**100%**
Marital Status	**Women**		**Total (Women and Men)**	
	N*	**Percent****	**N***	**Percent****
Married	140	49%	219	57%
Single, with no significant other	66	23%	80	21%
Single, but with a partner/significant other	47	16%	53	14%
Divorced or legally separated	28	10%	31	8%
Widowed	2	1%	2	1%
In a registered domestic partnership	0	0%	0	0%
Total	**283***	**100%**	**385***	**100%**
Length of Military Service	**Women**		**Total (Women and Men)**	
	N*	**Percent****	**N***	**Percent****
Under 3 years	36	13%	48	12%
3-5 years	58	20%	75	19%
6-9 years	45	16%	57	15%
10-14 years	58	20%	68	18%
15-19 years	57	20%	79	20%
20 or more years	32	11%	61	16%
Total	**286***	**100%**	**388***	**100%**
Years Remaining in Current Service Obligation	**Women**		**Total (Women and Men)**	
	N*	**Percent****	**N***	**Percent****
Under 1 year	38	14%	49	13%
1-2 years	120	44%	176	48%
3-4 years	78	29%	96	26%

Exhibit 1: Demographic Profile of Focus Group Participants				
5-6 years	15	6%	24	7%
More than 6 years	20	7%	24	7%
Total	**271***	**100%**	**369***	**100%**

*Not every participant answered each question.
**Percentages may not sum to 100% due to rounding.

As Exhibit 1 shows, nearly three-quarters (74%, n = 294/391) of participants were women. Amongst all participants, women and men, the majority (62%) of participants identified themselves as non-Hispanic white. The remaining participants identified themselves as Hispanic (16%), non-Hispanic black (14%), and other race/ethnicity (9%; Asian – 3%; American Indian or Alaska Native – 1%; Pacific Islander or Hawaiian Native – 1%; multiple races – 3%).[1] With respect to service branch, active duty Air Force (27%) and Army (24%) were the most represented, followed by the Marine Corps (15%), Navy (14%) and the Coast Guard (11%). Members of various Reserve Components (4%) and the Army National Guard (6%) comprised the remainder of participants. Enlisted personnel (55%) and officers (45%) were nearly equally represented. Junior (E1-E4 and O1-O3; 46%) and senior (E5-E9 and O4-6; 54%) Service members were both well represented. A slightly larger number of participants had served ten or more years in the military (54%) compared to those who had served less than ten years (46%). As shown in Exhibit 2, the majority (65%) of participants indicated they had been deployed for Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF) at least once. Most (57%) of the participants with deployment experience had returned from OIF or OEF within the past 24 months.

Demographic Profile and Gender

The primary objective of the DACOWITS focus group effort is to gauge the opinions and attitudes of Service members on specific topics of interest to the Committee. To best accomplish their objective, the Committee selects members across Services and ranks to participate in focus groups that reflect the military population as a whole. The exception to this is selection based on gender. As the Committee is most interested in the experiences of women Service members, there is an over-selection of women personnel. Most notably, for the questions on wellness (e.g., the health of deployed women), DACOWITS purposefully selected only women with deployment experiences to participate in the focus groups. Therefore, there are often differences between genders on demographics due to this over-selection which are not necessarily representative of the military as a whole.

Also of note is the higher percentage of men with more than 20 years of military experience (28%) compared to women (11%). This discrepancy was also reflected in the gender

[1] Percentages do not sum to 9% due to rounding.

differences in senior rank, as the men were more likely than the women to be senior enlisted (28% compared to 17%) or senior officers (22% compared to 13%). This was partly by design, as DACOWITS sought out a number of men participants for their leadership focus groups, which only included E9s and senior officers. In addition, fewer women reported being married than men (49% compared to 76%).

Exhibit 2 presents the deployment experiences of the 2012 DACOWITS focus group participants. Women and men participants reported a similar number of deployments across all focus groups, with 67% of women reporting having been deployed for OIF or OEF at least once, compared to 64% for men. Despite the slightly higher percentage of women participants with deployment experiences, the men were more likely to have been deployed four or more times for OIF or OEF (15% compared to 5%).

Exhibit 2: Deployment Experiences of Focus Group Participants

How many times have you deployed in support of OIF/OEF?	**Women**		**Total (Women and Men)**	
	N*	**Percent****	**N***	**Percent****
Never been deployed to OIF/OEF	97	34%	134	35%
Deployed to OIF/OEF	186	66%	251	65%
Total	**283**	**100%**	**385**	**100%**
Of those who have deployed:				
Deployed once	88	47%	117	47%
Deployed twice	58	31%	70	28%
Deployed three times	26	14%	35	14%
Deployed four times or more	14	8%	29	12%
Total	**186**	**100%**	**251**	**100%**
Length of time since last deployment	**Women**		**Total (Women and Men)**	
	N*	**Percent****	**N***	**Percent****
More than 6 years	10	5%	16	7%
4-6 years	27	15%	35	14%
3-4 years	16	9%	24	10%
2-3 years	20	11%	31	13%
1-2 years	53	29%	68	28%
6 months to less than 1 year	27	15%	34	14%
Less than 6 months	28	15%	37	15%
Total	**181**	**100%**	**245**	**100%**

*Not every participant answered each question.

**Percentages may not sum to 100% due to rounding.

III. RETENTION OF MILITARY WOMEN: FOCUS GROUP FINDINGS

Department of Defense (DoD) data show that women leave the military in higher proportions earlier in their careers than their men counterparts. One outcome of this trend is that top military leadership is largely dominated by men.[2] In 2012, DACOWITS studied the retention of women Service members in an effort to gain an understanding of this gender gap in retention. It conducted focus groups to better understand the military career plans of women, including their reasons for staying in or leaving the military. DACOWITS studied this topic, in part, in response to the following Military Leadership Diversity Council (MLDC) recommendation:

"Defense Advisory Committee on Women in the Services should expand its focus to include an explanation of the gender gap in retention."

MLDC (March 2011)[3]

To study the retention of women Service members, DACOWITS conducted a series of focus groups, organized by gender and rank group (see Exhibit 3).

Exhibit 3: Summary of DACOWITS 2012 Retention Topic Focus Groups[4]

	Women				Men				
	E1-E6	**E7-E9**	**O1-O3**	**O4-O6**	**E1-E6**	**E7-E9**	**O1-O3**	**O4-O6**	**Total**
Number of focus groups	5	3	4	2	3	2	2	2	23
Number of participants	58	27	47	14	26	19	25	17	233

[2] Asch, B.J, Miller, T. & Malchiodi, A. (2012). *A New Look at Gender and Minority Differences in Officer Career Progression in the Military.* Santa Monica, CA: RAND Corporation; Military Leadership Diversity Commission. (2011). *Branching and Assignments* [Decision Paper #2]. Arlington, VA: Military Leadership Diversity Commission.

[3] MLDC (2011), "From Representation to Inclusion: Diversity Leadership for the 21st-Century Military", Recommendation #12

[4] In addition to the focus groups on retention and deployment-related health concerns of military women, DACOWITS held four leadership groups combining these two topics. The participants were either E9s or of senior officer rank. The groups were mixed-gender, and included a total of 18 men and 4 women.

The remainder of this chapter provides a summary of the 2012 DACOWITS focus group discussions[5] on the topic of retention of women in the military, and is organized into the following sections:

- Military Career Plans
- Drawdown and Retention

Summaries are provided at the end of each of these sections.

A. Military Career Plans

As part of DACOWITS' aim to understand why women are less likely than men to make the military a career, the Committee focused on the career plans of Service members. The purpose of this investigation was to learn about the potential gender gap in retention and attrition, and to identify potential strategies for retaining qualified women in a time of overall reductions. While focus groups included both men and women for comparison purposes, DACOWITS was most interested in the view and opinions of women Service members in order to understand the current environment.

The following section summarizes the career plans of focus group participants and includes the following thematic domains:

- Career Intentions
- Why Service Members are Staying In the Military
- Why Service Members are Leaving the Military
- What Might Influence Service Members to Stay

A summary is included at the end of this section.

Career Intentions

Foundational to the retention of qualified women Service members is their intent to make the military a career. In its 2012 focus groups, DACOWITS asked participants on a brief mini-survey, "Assuming you could stay in the military, which of the following best describes your

[5] In 2012, DACOWITS conducted focus groups with both women and men, to gain insights into the unique experiences of women in the military. Focus group data from both women and men focus groups were included in the analysis, and gender comparisons were made when possible. While results of the analysis of both women and men focus groups are presented in this document, DACOWITS is most interested in the experiences of women in the Services. Therefore, quotes presented are primarily from women focus group participants, supplemented by men participant quotes as appropriate.

military career intention?"[6] Overall, women focus group participants were more likely to be undecided about their military career plans than the men participants (18% of women versus 6% of men) and women were less likely than men participants to plan on staying in (68% of women versus 81% of men; see Exhibit 4). Although the current study's sample is relatively small and not probability based, it reflects the general trend seen in DoD data regarding the career intention of women and men in the military[7] (i.e., men are more likely to stay in the military longer). DACOWITS' focus groups allowed an opportunity to explore the reasons for this retention gender gap in more depth.

Exhibit 4: Focus Group Participants' Military Career Intentions by Gender

	Women	Men	Total
Planning on staying in	68%	81%	71%
Planning on leaving	13%	11%	12%
Undecided	18%	6%	15%
Total	**100%**	**100%**	**100%**

In the focus group discussions, DACOWITS asked Service members a series of questions and probes related to their military career intentions. In general, participants' views on the military as a career were mixed, for both women and men. In the focus groups with senior-level Service members, commitment to the military as a career was generally assumed and therefore not expressly asked. In the junior-level focus groups, many participants shared that they are constantly on the fence about whether to stay in or leave the military, and some said they reevaluate this decision near the end of each commitment.

Many Participants are Undecided About Their Military Career Intentions

"I'm also not sure right now. I'm about a year out from my ETS [Expiration Term of Service—date to officially separate from the military] date, so I'm still deciding."

Junior Enlisted Woman

[6] Response categories were collapsed for presentation purposes. *Plan on staying in the military* includes all participants who indicated 20 or more years of Service and the following response options for those with less than 20 years of Service: "Staying until I am eligible for retirement"; "Staying beyond my present obligation, but not necessarily until retirement"; and "Leaving the active component to join the Guard or Reserve (any Service)." *Planning on leaving the military* included: "Probably leaving after my current obligation"; and "Definitely leaving after my current obligation." *Undecided* included: "Undecided/Not sure."

[7] Asch, B.J, Miller, T. & Malchiodi, A. (2012). *A New Look at Gender and Minority Differences in Officer Career Progression in the Military.* Santa Monica, CA: RAND Corporation; Military Leadership Diversity Commission. (2011). *Branching and Assignments* [Decision Paper #2]. Arlington, VA: Military Leadership Diversity Commission.

"I don't know; I take it one assignment at a time. There are days I'm done, and days I'm not. I change my mind quarterly. I've had some crappy assignments, but I haven't given up yet. I've never been able to say yes or no."

Junior Officer Woman

"I change my mind a lot…it changes day-by-day. I'm going to stay in until I stop liking it. I thought I would be in the [military] my whole life."

Junior Officer Woman

"As a career I'm on the fence. I feel there are a lot of opportunities, but having to sacrifice family and loved ones pulls me to the other side."

Junior Officer Woman

"I just take it four years at a time. I'm on my second contract, and I'm not sure if I would do it again. I would definitely weigh my options."

Junior Enlisted Woman

Some Participants View the Military as a Career

"I'm staying in until they tell me to leave, and I've got ten years in."

Junior Enlisted Woman

"I'm planning on staying in until I retire, 20 years or past."

Junior Enlisted Woman

"… I love the military…I'll go until they kick me out. I will go till at least 30 years unless they say they don't want me."

Junior Enlisted Woman

Some Participants Do Not View the Military as a Career

"I'm definitely decided on getting out. I love the [military], but I just want to try something else…"

Junior Officer Woman

A Few Participants Thought Men Were More Likely to Stay Than Women

A few participants thought that, compared to men, women were more likely to separate from the military, mostly due to parenting responsibilities.

"It's harder for women than men to stay in because most women have primary custody [of kids]. There's more pressure on the women because they have the custody."

Junior Enlisted Woman

"I think a lot of it has to do with, say a mother was a single mother. Many times they can't go forward in their career if they have too many children, and they can't have someone take care of them. The men are then more likely to reenlist."

Senior Enlisted Man

"… in my unit we just had both the husband and the wife in the unit, and we almost chaptered her out…the company commander…just assumed we would chapter out the female… They tend to chapter out the females, and I saw one of those was my [Service member], and she didn't want to leave the Service. I didn't want her to; she was a really good supply specialist… And we ended up chaptering her out, and one of them [husband or wife] had to get sent out."

Senior Officer Man

Why Service Members are Staying In

Those who said that they plan on making the military a career were asked what motivated them to stay in. Participants shared various reasons for staying in, including financial reasons (e.g., job stability, pay, benefits, bonuses, and retirement benefits), personal and family reasons, and reasons related to their military job (e.g., training/skills learned).

Financial Reasons

Service members cited several financial reasons for staying in the military, such as job stability, pay, bonuses, benefits, and retirement benefits.

Job Stability

"After the first period of commitment, I liked it. Unless something changes, this is what I want to do. So there never was a point where I needed to make a decision. I have five brothers and sisters, all [of] whom have gone through some major upheaval with employment and I thought I have it pretty good here. Besides the fact that I like it, there are all these other benefits, but just the job security."

Senior Officer Woman

"It seems a matter of stability. You have a paycheck coming at the same time every month. You know when your pay increments are coming…Personally I see the [military] as a career for me. I'd stay in for 20 years."

Junior Officer Man

Paycheck, Bonuses, and Benefits

"[I've stayed in for] the benefits for my family and kids."

Senior Enlisted Woman

"The benefits keep me here. With the economy I'm not getting out. I'm not done!"

Senior Enlisted Woman

"Well, I am planning on staying in. My husband is going to school, and my reason for staying in is to provide for my family. And my husband is setting us up for life, and I'm also going to school."

Junior Enlisted Woman

"…It's hard to walk away from the money that I make here."

Senior Enlisted Man

"…What's keeping me in now is the TRICARE benefits. You can't beat them."

Senior Officer Man

"I think the [military] has done a great job with their TRICARE and education benefits…they have the GI Bill that you can give to your kids…That's pretty huge."

Senior Officer Man

Getting to 20-year Mark for Retirement

"I want that paycheck after 20 years."

Senior Officer Woman

"I've also put a lot of blood, sweat, and tears, and sacrifice into it, and I want to get something out of it. I want to get the retirement."

Senior Enlisted Woman

Personal/Family Reasons

Service members also shared personal and family reasons for staying in the military.

"For single mothers, it's hard. I have two [kids]…It's motivating me to stay in because at least they're [the kids] seeing us. There are lots of single mothers who have multiple jobs just to get by and they don't get time with their kids. Even though we're gone a lot, we're not gone as much as others with multiple jobs."

Junior Enlisted Woman

"I have a lot of first tour women with me…For the dual military, they are having more success than the one military-one civilian because they are used to the expectations."

Senior Officer Woman

"I think that the [Service I'm in] does a better job than some of the other Services, such as the temporary separation program – the two-year program. You can put in to get out for two years, two times per career, for men and women. I have friends in DoD Services getting deployed every six months, and they don't have that option. I've never had a kid before, and am having one soon, and I'm very grateful that they have that…There are several options [for how the temporary separation program works]. You can jump back in where you left off, or you can affiliate with the Reserves, or you can choose not to affiliate with the Reserves. If you affiliate with the Reserves, you can have the option of getting back to your spot on the list."

Senior Officer Woman

Having a Stay-at-Home Spouse Helps Support Military Career

A few participants discussed the support that having a stay-at-home spouse provides in making the military a career.

"My kids were raised in a military family. My husband is not a military member. Both of us knew one of us would be home with the kids. He opted to be a stay-at-home dad. That helped us – I was going to get out after my first four years."

Senior Enlisted Woman

"…So at first it was difficult with the concept of deploying, but my spouse does a great job. Being in the military mindset versus being home, I think he does a better job, because I'm not in the mommy mindset. I know my husband has it taken care of at home and the deployment sealed the deal because my husband does everything – dinner, laundry, kids, everything. The roles are reversed and he has a lot of patience, so if I didn't have such a strong background with my spouse, I don't think I could stay in. You need someone on the home front…So I'm in!"

Senior Officer Woman

Aspects of the Job

Service members cited several aspects of their job as reasons for staying in the military, such as training and skills learned in the military, sense of duty and pride, enjoyment of their job and its opportunities, structure, camaraderie, and role models and strong leadership.

Training/Skills Learned

"I like being in the [military] because I learn a lot of stuff. I get to work on different things; I get to do a lot of stuff. I've learned a lot."

Senior Enlisted Woman

"…I love the military but I have a daughter. I'm looking at my peers [in my age group] and they are in their final years of college. I've already begun my career…even though my education isn't where theirs is, I'm more experienced and it's better for me.

Junior Enlisted Woman

"It is definitely the skill-set [that makes me consider re-enlisting]. What does the [military] provide that is advantageous? The camaraderie and those skill-sets. The Marine Corps is going to take care of me, and corporate America couldn't care less."

Junior Officer Woman

"… the Army experience is very valuable. You can learn things you can't learn elsewhere. Also you get the management perspective and time to get a degree. I'd like to pass my GI bill benefits onto my son—that was a factor. It's also a stable work environment in a country with some difficulties there."

Junior Enlisted Man

Sense of Duty/Pride

"I'm three years past being retired…the reason I stay is because I take great pride in what I'm doing. I feel very good to contribute to something bigger than me. Doing that balancing act I need to know I'm doing something important. There's nothing in the civilian world that would make me leave."

Senior Officer Woman

"… [When I joined] I felt somewhat of an obligation to the country. After I'd been in a while it became a sense of duty and commitment to country…"

Senior Officer Man

Enjoy Job/Opportunities

"I really enjoyed my jobs and the opportunities I've had, and that's kept me [here], and I've had some really great bosses and leadership."

Junior Officer Woman

"What keeps me in is not just the opportunity for advancement, but just opportunity – the vast subject matters [available to me]."

Junior Officer Woman

"I legitimately like being in the military, more so than being a civilian."

Junior Enlisted Woman

"I really like the [military]. When I had been in for ten years I reenlisted in Iraq. I did it because I wanted to and I look forward to the next ten years. I really like it.

Senior Enlisted Woman

"I love what I do, and I was unsure early, but when I had to decide to do another four years, I [stayed because I] love the uniform…"

Junior Officer Woman

Structure

"When I came in, I thought four years then I'm off, and I really found I liked the structure; I like the orderliness of how things ran. I'm anal-retentive by nature and the lifestyle fits my nature. I decided to try it out longer and as time went on I never really thought of getting out. I just enjoyed the life."

Senior Officer Woman

"For me it was—I find a family in it, structure. I've had troubles with pay and rank before, but none of that is why I joined. I take pride in it and enjoy it."

Junior Enlisted Man

Camaraderie

"I've stayed in the past four years because I would miss [the camaraderie] too much if I got out. That was the main factor."

Junior Officer Woman

"One thing I considered when I was young, when it came time for reenlistment, [that] it wasn't the paycheck [that mattered] when it came time to reenlist. The paychecks are not comparable. I reenlisted for camaraderie…"

Junior Officer Woman

"What would make me consider reenlisting…The camaraderie … Your peers and friendships along the way really catapult your career and you as a female officer or senior enlisted. What does the [military] have to offer that makes it more appealing than other avenues? That was first and foremost. They give you confidence, and it's a family that will take care of me. They will take care of me regardless of where my husband is."

Junior Officer Woman

Role Models and Strong Leadership

"A warrant officer I was stationed with in Germany—he was an E5 in 2003. He kept me in until this point…"

Senior Enlisted Woman

"I have a mentor, who's also dual military like myself. He influenced me to stay in…Seeing him and his wife with kids and seeing that it's possible has influenced me…"

Junior Officer Woman

"I do [have a role model that has influenced me to stay in the military]. I haven't experienced any of the child care issues. I have a gunny [Gunnery Sergeant], and he is dual military, and they have kids, and he has been successful with that, so he has motivated me to not get out…"

Junior Enlisted Man

Why Service Members are Leaving the Military

Those members who said that they do not plan on making the military a career were asked what factors contributed to their plans to leave. Participants shared various reasons for leaving, including both personal reasons – most notably work-life balance concerns – and workplace reasons.

Personal Reasons

The majority of focus group participants who did not plan on making the military a career shared personal reasons for leaving. The most commonly cited reason for not making the military a career was work-life balance, including childcare. Although work-life balance was seen as an issue for both men and women, Service members generally believed that it affects women more than men. Some focus group participants also mentioned challenges associated with dual-military families. These participants expressed that dual-military relationships exaggerate work-life balance issues. A few also shared that, in most dual-military cases where one spouse is going to leave, the wife is more likely than the husband to be the one to separate from the military. Another personal reason mentioned by a few focus group participants for not making the military a career was single Service members who reported difficulty finding a spouse due to military-related factors, such as frequent deployments and relocations.

Work-Life Balance Concerns

"I'm not [interested in staying in the military]. I'm a single mom. I can't make the commitment anymore."

Senior Officer Woman

"I've loved it up until I became a mother. I have three kids under the age of three."

Senior Enlisted Woman

"…I have two kids and now my focus is my kids. I was on the fast track. I made chief at eight to nine years in but now the focus isn't 20 years."

Senior Enlisted Woman

"It is not ideal for us to stay in the [military] based on the hours that we work. It doesn't work well with daycare. [My kids] are five, one, and the next will be born next month. Based on the daycare issues on base, I don't really have those options."

Junior Enlisted Woman

Work-Life Balance Concerns Disproportionately Affect Women

"I don't think men struggle like we do. It's part of our society. Mommies are responsible for the health of the family. You don't hear 'daddy guilt.' I don't think that's going to change anytime soon. It's going to take a few more generations, where men and women are [both held] responsible for family life."

Senior Officer Woman

"…I know those are societal norms in place that probably pull at them more intensely than the male member of that parent couple. I value being a father and being there as much as I can. There is a bond between mother and child and we want to maintain that. The father can be absent more often without adversely affecting the children…."

Senior Officer Man

"…most of the women jump out because if someone wants to have a spouse and a family, they can't promote. Very few people are willing to make that choice. At the top ranks…very few are married and even less have children."

Senior Officer Woman

"There seems to be more children in the male officer families than the female officer families."

Senior Officer Woman

"In my career field, I can name at least half a dozen female officers who all came in around the same time and get out at the same time. They get married and decide to get out. All [of] these women married other military members…To me, from what I've seen, female retention is low because women have family pressures."

Senior Officer Man

Dual-Military Challenges

"…when you have dual military that's a compounding issue."

Senior Officer Woman

"I like the military. The biggest struggle is being in a military-military relationship. My spouse and I never see each other. One year we calculated we saw each other 15 days. I wanted to get out so that our son could have the stability of one parent being home…"

Junior Enlisted Woman

"I go back and forth every day [on whether I plan to stay in or leave]. We're dual military so it depends [on] what career path he decides to follow."

Junior Officer Woman

Single Service Members Have Difficulty Finding a Spouse

"I've been in for seven years and I'm single but from that perspective, moving all the time you never put down roots. I'm never gonna have a chance of meeting somebody and having a family."

Junior Officer Woman

"My female role model was in 15 years…and got out because she couldn't meet anybody. We deploy every year. She got out because she was never going to meet a guy with the constant moving. When I didn't have a husband or kid, I liked moving and deploying. It changes when you have a family."

Junior Officer Woman

Workplace Reasons

Focus group participants who did not plan on making the military a career also shared several workplace reasons for leaving, including not being happy with their job or MOS, lack of promotional opportunities, high Operating Tempo (OPTEMPO), lack of role models, and better pay in the civilian workplace.

Not Happy with Job/MOS

"I thought it would be a career, I feel like I'm pigeon holed. Almost like I'm punished for having other interests, as if I can only be [in this one job]. If I have any notion of making ranks I have to stay in my career field. And, to me, that's not good – my mind doesn't think like that, so I'm on the fence. Although I was brought in [in this job] there are other things I think I would be good at if given the opportunity…some days I feel stuck."

Junior Officer Woman

"Sometimes I feel … like if you want to stay in [my career field] you have to do this and that and this, and that sounds awful to do the same package that everyone else has done. And just having it, my track, all laid out it's just not very appealing sometimes…and with the drawdown and the budget constraints I feel like I should look to do something else in case this doesn't last."

Junior Officer Woman

"I made the decision to separate ... [I] don't want to be with an organization that won't let women serve in any organizational [position]."

Junior Officer Woman

Lack of Promotional Opportunities

"I don't dislike my MOS [Military Occupation Specialty], but promotion is nearly impossible. I still haven't gotten promoted …"

Junior Enlisted Woman

OPTEMPO Too High

"I made the decision to separate because the [military] doesn't jive with being a mom…I don't want to go on another deployment…I don't want to go on another deployment and leave my child…"

Junior Officer Woman

"I'd like to do 20, but if it's another ten years of deploying then it's not realistic."

Junior Enlisted Man

Lack of Role Models

"…I've been looking for role models. I can't think of a female officer who did it all - family, career, and all…"

Junior Officer Woman

Better Pay in Civilian Workplace

"…in my field you can make a lot more money in the civilian sector. The [military] has given me a lot of training, so I appreciate it, but if I had a job paying three times as much..."

Junior Enlisted Woman

What Might Influence Service Members to Stay

Those who said that they do not plan on making the military a career were asked what, if anything, might influence them to stay in the military. Some said that nothing could persuade them to stay, and a few shared some things that may persuade them to stay, including greater schedule flexibility, a different MOS, and having a mentor.

Nothing Could Persuade Them to Stay

"There is nothing in this world that will keep me in…"

Senior Enlisted Woman

Greater Schedule Flexibility

"[What would help me make the decision to stay in the military] would be things that can't be promised to me – like having regular eight hour days…Unless the Air Force has a program that lets people leave for a few years [and] then come back."

Senior Officer Woman

Different MOS

"I'll probably stay in but not sure I'll retire. I'm not sure I like my MOS [Military Occupation Specialty]. If I change that, then I'll stay."

Junior Enlisted Woman

"I do not know right now [whether I'll stay in] because I don't know if I like my MOS [Military Occupation Specialty]. If I change and I like it I will stay in."

Junior Enlisted Woman

"I would like to be in combat arms. If I could do that, I would stay for the rest of my life. I'd like to be in infantry... It's restricted to only males."

Junior Enlisted Woman

Mentor

"If I had a good mentor [then that could change my mind to stay in]. It could change. I do love the [military] but I'm just too frustrated right now."

Senior Enlisted Woman

Summary: Military Career Plans

DACOWITS understands that there is a gender gap in the retention of Service members – i.e., a smaller proportion of women Service members are making the military a career compared to men. The 2012 Committee sought to understand why this gap exists, and what can be done to shrink the retention gender gap. In its focus groups, DACOWITS asked both women and men participants about their military career plans on both the mini-survey and in the focus group discussion. Women focus group participants were more likely to indicate on the mini-survey that they are undecided concerning their military career plans than the men participants, and women were less likely to report a plan to stay in. In focus group discussions, generally participants' views on the military as a career were mixed. Since senior-level focus group participants have presumably already stayed in the military past their initial commitment, viewing the military as a career was generally assumed as their career intention. In the junior-level focus groups, several Service members, both men and women, reported ambivalence about whether to stay in or leave the military. While some plan to stay in the military and make it a career, others had not reached the same decision.

As a follow-up to the military career intention question, the Committee asked members to elaborate on why they planned on making the military a career or what factors contributed to their plans to leave. Those members who said that they plan on making the military a career shared various reasons for staying in, including financial reasons (e.g., job stability, pay, bonuses, benefits, and retirement benefits), personal and family reasons, and reasons related to their military job (e.g., training and skills learned in the military, sense of duty and pride, enjoyment of their job and its opportunities, structure, camaraderie, and role models and leadership).

Those who said that they do not plan on making the military a career were asked what factors may motivate them to leave. Participants shared various reasons for leaving, including both personal reasons – most notably work-life balance concerns – and workplace reasons. Although work-life balance was seen as an issue for both men and women, Service members generally believed that it affects women more than men. Some focus group participants also mentioned challenges associated with dual-military families. These participants expressed that dual-military relationships exaggerate work-life balance issues and that, in instances where one spouse separates, it is more likely the wife who will leave. Another personal reason mentioned by a few focus group participants for not making the military a career was raised by single Service members having difficulty finding a spouse due to frequent deployments, relocations, and other factors related to the military lifestyle. Service members who expressed that they did not plan on making the military a career also shared several workplace reasons for leaving. These reasons included not being happy with their job or MOS, a lack of promotional opportunities, OPTEMPO being too high, a lack of role models, and opportunities for jobs with better pay in the civilian workplace. When asked what might influence them to stay in the military, some said that nothing could persuade them to stay, while a few shared some things that may persuade them to stay in, including greater schedule flexibility, a different MOS, and having a mentor.

B. Drawdown and Retention

As previously mentioned, the 2011 MLDC report recommended that DACOWITS investigate why women may be less likely than men to view the military as a career. During this investigation, DACOWITS received briefings suggesting that drawdowns with individual Services may have an effect on the gap.

This section summarizes participant's views and opinions of the current drawdown of military personnel in the military and is organized into the following sections:

- The Impact of Drawdown on Military Careers
- Drawdown and Gender
- Voluntary Separation as Part of Drawdown

A summary is included at the end of this section.

The Impact of Drawdown on Military Careers

DACOWITS asked Service members a series of questions and probes related to the current drawdown and its impact on their military careers. The majority of participants who responded to this line of questioning said that they are not concerned about the current drawdown.

"I think it has an effect on all of us…Previously it was just first come, first serve. This year, everyone put in a package and everyone had to compete, and now you have to try to shoot your best on the range, do the best PT…"

Junior Enlisted Woman

"I think if you're healthy and passing PT tests, [there's] nothing to worry about. But if you have medical problems I'd be worried about [the drawdown]."

Junior Enlisted Woman

"To get back to the original question about the [disproportionate impact] of the drawdown…we're losing junior enlisted mainly. If anything, it draws out promotion timeframes and makes things more competitive. Knowing you're going to have a paycheck is nice, so people like that may get out. I think gender doesn't matter…if you're going to get out you're going to get out."

Senior Officer Man

Drawdown and Gender

When asked whether women or men will be disproportionately affected by a drawdown, most respondents did not believe so. When prompted, some participants indicated that since the drawdown will likely target MOSs in which women are more highly concentrated, women may be disproportionately impacted by the drawdown. On the other hand, some participants believed that men will be disproportionately affected by the drawdown.

Neither Women nor Men Likely to be Disproportionately Impacted by Drawdown

"No [the drawdown will not affect men and women differently]. With the boards I saw it more as how you are on paper and not your sex."

Senior Enlisted Woman

"I believe they will target us across the MOS, not males or females. And that's what I've seen before."

Junior Officer Woman

"I don't see how this issue is gender-related at all; it's all MOS."

Junior Enlisted Man

"They don't look at names or gender, they just look at data and get that info afterwards."

Junior Enlisted Man

Drawdown Likely to Impact Women More than Men

"I think a lot of them will be affected by females. The majority being cut will be administrators, and the majority of those are females. So the admin [MOS] is one of the biggest fields that there is, and females happen to occupy that field. It will definitely affect females."

Junior Enlisted Woman

"I think that is one way we were targeted with the drawdown. So you have Staff Sergeants and Gunny Sergeants who have been in for 18 years, and they have to do pull-ups and they can't do that. And that affects reenlistment and affects everything else. That is one way that they are targeting females specifically. Nothing changed on the male end that was equivalent. I know there are females who can do 20 pull-ups, but I don't know 20 females who can do that. After you have a baby, there's a lot of stuff the average female maybe can't do anymore, and that is with training."

Junior Enlisted Woman

"Well, there could be [a gender difference in drawdown impact]. With a lot of our MOSs, a lot of them are being told they can't reenlist in that MOS. They have to go into those open MOSs, and all of those MOSs are combat. From what I've seen, there is always an MOS open to females, but there's not as many choices…I think that it could affect some reenlistment windows for some females..."

Senior Officer Man

Drawdown Likely to Impact Men More Than Women

"…with the current designation board, it might get really hard for the males with the drawdown. It's hard for the grunt units. For crew designation, they're retaining 50 to 60-percent…"

Junior Officer Woman

"That's one of the reasons I don't feel as stressed about the drawdown. For me, I'm not under any illusions about how easy it was to get in as a woman compared to a white male. Because of all the competition and the type of people it attracts, if you're a woman officer and you're happy and it shows, chances are you wouldn't be as adversely affected by the drawdown as men are…It's a cheap way of looking at it, and I would never look at it as an excuse, but if it's down to me and a white man, I probably wouldn't [get kicked out]."

Junior Officer Woman

"I think [the drawdown] will affect men more than women..."

Junior Officer Woman

Voluntary Separation as Part of Drawdown

DACOWITS asked focus group participants whether they would voluntarily separate if offered this option as a part of the drawdown. Thoughts on this were mixed, but most who responded said that they would consider separating early.

"You mean early out? Yes, I would consider it. It is a privilege to take that early out and do what you want to do. I am considering that."

Junior Enlisted Woman

"Probably [I would leave early if it was offered to me]. I've got enough money saved up now. For me I just want to be where I'm happy... If I feel like I'll be happy outside and the [military] will give me money for it, yes I would."

Junior Officer Woman

Summary: Drawdown and Retention

Generally, the 2012 DACOWITS focus group participants felt that the current drawdown does not concern them or influence their military career plans. Most participants did not believe that the drawdown will disproportionately impact women. When prompted, a few participants said that the drawdown may target MOSs in which women are more highly concentrated, and therefore women may be disproportionately impacted by the drawdown, while others believed that men will be disproportionately affected by the drawdown. Participants generally agreed that they would consider separating early if offered the opportunity to do so.

IV. DEPLOYMENT-RELATED HEALTH CONCERNS OF MILITARY WOMEN: FOCUS GROUP FINDINGS

In 2007 DACOWITS researched the topic of health concerns of women Service members prior to deployment, during deployment, and following deployment. Related to pre-deployment, the Committee recommended that hygiene briefings be provided to women and that the Services look into mental health care and the adequacy of the supply of medications, including contraception. The Committee found that women, during deployment, reported a lack of medical personnel and supplies available for gynecological care, issues surrounding the views of seeking mental health care, and that the medical personnel do not respect personal privacy of the patients. The Committee recommended improvements to the Post Deployment Health Assessment screening and that the Services address obstacles many women face in getting medical appointments and tests in a timely fashion.

Considering the years of deployments in which women have been performing in environments with a high risk of combat, coupled with the potential increase in the number of women serving in deployed environments (DACOWITS recommended an end to gender restrictions in 2010 and 2011), the Committee is interested in whether particular health issues have arisen for women during deployment, how they were addressed, and what issues continue to be problematic. Using a focus group protocol and mini- survey, the Committee gathered data on the health concerns women face during and after deployment, the potential barriers to their seeking care, their views on how the military has addressed women's health concerns thus far and suggestions for future steps to be made regarding the health of deployed women.

DACOWITS conducted a total of 16 focus groups specifically designed to discuss deployment-related health concerns of women Service members, although issues pertaining to this topic also came up during some of the focus groups concentrated on the aforementioned retention topic. Where relevant, findings from these groups are included as well. The 16 focus groups consisted of 142 women Service members from all branches of the Service, including Reserve and National Guard components (see Exhibit 5 for an overview of 2012 DACOWITS focus groups on this topic).

Exhibit 5: Summary of DACOWITS 2012 Deployment-Related Health Concerns of Military Women Topic Focus Groups[8]					
	Women				Total
	E1-E6	E7-E9	O1-O3	O4-O6	
Number of focus groups	5	3	5	3	16
Number of participants	54	22	44	22	142

As Exhibit 6 shows, of those participants in the wellness-related focus groups, the majority (81%) had deployed at least once in support of OIF (Iraq) and/or OEF (Afghanistan). Approximately one-third of the participants reported returning from their most recent deployment within the past year (36%, N = 39/108), while another third reported returning within the past one to two years (28%, N = 30/108).

Exhibit 6: Deployment Experiences of Deployment-Related Health Concerns of Military Women Focus Group Participants		
How many times have you deployed in support of OIF/OEF?	**Total (Women Only)**	
	N*	**Percent****
Never been deployed to OIF/OEF	26	19%
Deployed to OIF/OEF	112	81%
Total	**138***	**100%**
Of those who have deployed:		
Deployed once	51	46%
Deployed twice	36	32%
Deployed three times	15	13%
Deployed four times or more	10	9%
Total	**112***	**100%**
Length of time since last deployment	**Total**	
Response Options	**N***	**Percent****
More than 6 years	6	6%
4-6 years	9	8%
3-4 years	13	12%
2-3 years	11	10%
1-2 years	30	28%

[8] In addition to the focus groups on retention and deployment-related health concerns of military women, DACOWITS held four leadership groups combining these two topics. These participants were of either E9 or of senior officer rank. These groups were mixed-gender, and included a total of 18 men and 4 women.

Exhibit 6: Deployment Experiences of Deployment-Related Health Concerns of Military Women Focus Group Participants		
6 months to less than 1 year	21	19%
Less than 6 months	18	17%
Total	**108***	**100%**

*Not every participant answered each question.

**Percentages may not sum to 100% due to rounding.

The remainder of this chapter provides a summary of the 2012 DACOWITS focus group discussions[9] on the topic of the deployment-related health concerns of military women, and is organized into the following sections:

- Health Concerns of Women Service Members During and Following Deployment
- Hesitancy to Seek Medical Care
- Recent Improvements in the Medical Treatment for Deployed Women
- Suggestions for Future Health Care Improvements

A. Health Concerns of Women Service Members During and Following Deployment

DACOWITS asked participants to describe the health issues or concerns that affect women Service members during deployment and following their return from deployment. Overall, the participants had relatively few concerns to share. First responses to this question typically described either isolated injuries or general health concerns affecting both men and women, although there were a few specific health concerns that came up when probed. This section summarizes the overarching feeling regarding the health concerns of women during deployments, followed by the specific health concerns that were mentioned (or discussed when probed). This section includes the following themes:

- Overarching Feelings Regarding Deployed Women's Health Concerns
- Urinary Tract Infections and Dehydration
- Hip, Back, and Knee Pain
- Pregnancy and Family Planning During Deployment

[9] Wellness focus groups were conducted with women-only groups to isolate the experiences of women during deployment. However, topics of the health of women in deployed environments were also raised in groups with men. While results of the analysis of both women and men focus groups are presented in this document, DACOWITS is most interested in the experiences of women in the Services. Therefore, quotes presented are primarily from women focus group participants, supplemented by men participant quotes, as appropriate.

- Mental Health Concerns
- Other Health Issues

A summary is included at the end of this section.

Overarching Feelings Regarding Deployed Women's Health Concerns

Participants often had difficultly recalling woman-specific health concerns encountered during deployments.

"I've been deployed four times and I haven't experienced any health care issues from a women's perspective. I don't think there are too many specific to women."

Senior Enlisted Woman

"I saw some with UTIs but I saw more health issues with the men. They didn't take care of themselves out there—they were dirtier."

Senior Enlisted Woman

"I didn't really see many problems. I had a large number of women."

Senior Officer Woman

"I haven't noticed anything female specific."

Junior Enlisted Woman

"I just came back from Afghanistan…We had a team of 41 members, and there were about four females. There weren't any female issues whatsoever, no UTIs, no showering issues. They adapted very well…This was 2011."

Senior Enlisted Woman

Urinary Tract Infections and Dehydration

When probed about urinary tract infections (UTIs), several participants indicated they had either had a UTI personally or saw others who had contracted a UTI while deployed. In general, the participants showed little concern for the problems created by this health condition. The general feeling was that UTIs are a common issue but they are easily treated and do not greatly hinder performance in the field. However, participants did report that UTIs may be linked to women intentionally dehydrating themselves to avoid having to use the restroom.

"A lot of UTIs. Call it lazy or not wanting to go out. A lot of the younger females weren't drinking enough or didn't want to walk out to a porta potty."

Senior Enlisted Woman

"Personally I had none…Well, I got a UTI, so I needed to see a doctor…and it was fine."

Senior Officer Woman

"I know some people with UTIs because the bathroom facilities aren't that great so they would dehydrate themselves to keep from using them...UTI was the result…the doctor gave them something to get them through it but it kept happening because they didn't stop dehydrating themselves."

Junior Enlisted Woman

"I purposely dehydrated myself so I wouldn't have to use the bathroom, one, because it was uncomfortable and, two, I thought it was a perfect time to be attacked."

Senior Officer Woman

"At midnight, you don't want to wake a buddy out there. You have to take your chances. You would not drink a thing."

Junior Officer Woman

Dehydration

Related to women's reports of dehydration, the location of the restrooms, paired with difficulties using the restroom in the field or while on aircraft or ships, was blamed for the willingness to purposely dehydrate. Most participants reported having designated women's restrooms; however, many reported that these were either far away or not of a sufficient number to accommodate the number of women. This was a concern specifically noted by junior enlisted Service members.

"I noticed that the female heads are so far away. If something hits you have to run or realize you've already gone."

Junior Enlisted Woman

"There aren't as many facilities for women as there are for men. We had one that was kind of close to where we were staying but…yeah, you always have to walk to it and there weren't a lot of female latrines."

Junior Enlisted Woman

"I know where I lived on my birthing. There were six toilets and sinks for 100 females. Our male birthing was 80 males and they had two heads on either side which was five to six of everything."

Junior Enlisted Woman

Hip, Back, and Knee Pain

Issues concerning hip, back, and knee pain or injuries from wearing the gear also came up when probed, although these issues were more common among participants from one Service than among participants from the other Services.[10]

"The unit that recently got back from deployment, the females in my platoon were all on profile for lower back or hip injuries…All of the females had severe back and hip problems from wearing the gear."

Junior Officer Woman

"I pulled my lower back. I have scoliosis in [my] middle back from wearing the gear."

Junior Enlisted Woman

"We had fifteen soldiers in Basic, and eight of the fifteen had hip problems and couldn't graduate. They had to recuperate and couldn't graduate."

Junior Officer Woman

Several participants felt that these types of concerns (hip, back, and knee pain) were simply part of being in the military and affect men and women alike.

[10] The issue of hip, back, and knee pain was not probed in all focus groups, which calls for a note of caution when interpreting this finding as being specific to only one branch of the Services. Participants from other Services may have encountered these issues as well but not mentioned them since they were not specifically probed.

"Everyone experiences lower back pain—male and female."

Junior Officer Woman

[Referencing hip, back, and knee pain] "That's the military."

Senior Officer Woman

Pregnancy and Family Planning during Deployment

Pregnancy was mentioned by several of the participants as a health concern that greatly affected performance in the field. Several participants reported large numbers of women being sent home from deployment as the result of pregnancy.

"I identified in and out processing of those coming back from Afghanistan. Every night, and I mean every night, throughout all the services, about 37 pregnant females came up. Every night!"

Junior Enlisted Woman

"Embarrassingly, STDs and pregnancy is what I've seen. It affects the mission in a big way."

Senior Officer Woman

"Everyone had someone go home for pregnancy. We had 150 females in our unit and we sent a good number home."

Junior Officer Woman

Others reported women hiding their pregnancies until returning from deployment, either to avoid punishment or to finish the mission.

"Some women got pregnant, knew it, and toughed out that deployment. If they thought that they could hide that, and didn't want to get in trouble, I have heard of that."

Senior Enlisted Woman

"During my last deployment, people were getting pregnant and having miscarriages and not telling people because they were afraid of consequences…They kept it a secret [until] they got back."

- Senior Enlisted Woman

Availability of Plan B or Other Emergency Contraception

Another issue that arose regarding pregnancy is the lack of availability of Plan B or other emergency contraception to women Service members. Participants from some branches of the Service reported not being able to obtain Plan B during deployments, while others reported that it was available but women were hesitant to seek it *out* because of the self-identifying nature and paper trail involved in obtaining it.

"…working from the medical angle I see a lot of stuff…there were a lot of instances of handing out Plan B. From a female standpoint if you engage in activities not approved, you took the risk of identifying yourself if you need something. There's always that chance. You can't just walk into a pharmacy and get Plan B; there's a paper trail that follows you back. I had some young females coming in asking for Plan B and they couldn't get it."

Senior Enlisted Woman

"If you are unfortunately raped or sexually assaulted, you can go through your SARC and get Plan B, but it's not available down range."

Senior Officer Woman

"Plan B is tracked too. Even if they sign confidentiality agreements or a HIPPA...[medical] tracks it for your own benefit."

Junior Enlisted Woman

Mental Health Concerns

Several participants mentioned stress and mental health concerns during deployment and upon returning home. Some discussed concerns regarding the stress of leaving their family and children at home, noting that this created a distraction from the mission as their attention drifted to issues at home.

"With female [Service members] with families at home, that is a difficult balance to strike…it's a daily force-multiplier, or a generational thing based on how communications are going back at home. If they have a solid handle on how things are going back at home, that makes them a more valuable member of the team. Their focus on things, their attitude in general, I've seen it with male [Service members] too, but with female [Service members] in particular, if they're mentally not in the right place, they are not in a position to succeed."

Senior Enlisted Woman

"When you deploy you have that little bit of guilt that is social norms coming into physiological play—we're the mother and we are supposed to take care of our babies."

Senior Officer Woman

"I think for me it was mostly stress related being away from children and family. So the ability to cope."

Junior Enlisted Woman

For others, there was stress upon return from deployment. Specifically, participants reported difficulty talking to their spouse and/or family members.

"Going back to the mental health thing, that's one thing that I'd like us to see us focus on…after a while, if things are different, depending on if you have kids or are married or single, not only are you dealing with having to come back, you're now a [Service members], a mentor, and for those who have seen action, they don't have anyone to talk to. They don't want to talk to their husbands. Their husband doesn't want to hear about that."

Senior Enlisted Woman

Other Health Concerns

Hair Loss

Hair loss was mentioned by a few participants as a health concern during deployments. Participants attributed this to poor diet and stress.

"I would say hair loss. I experienced that…About half way through deployment I…ran into another colleague and she complained about hair loss too. At the time of my second deployment I just cut it all off."

Junior Officer Woman

"My hair started falling out."

Senior Enlisted Woman

Kidney Stones

Kidney stones were also mentioned by a few participants, resulting from either too much calcium in the drinking water or dehydration (see previous section on UTIs and dehydration).

"I was flown out of Iraq for severe kidney stones. While you're deployed they send bottled water, and it had a lot of calcium."

Junior Enlisted Woman

"I did have a friend who had kidney stones on patrol. It was due to lack of hydration."

Junior Officer Woman

Cigarette Smoking

One group of participants reported they started smoking cigarettes while deployed and have continued the habit upon returning home. For them, smoking was seen as the primary way to socialize and find out important information related to the mission.

"I picked up smoking. They all have their pow wows outside."

Junior Enlisted Woman

"You pick it up naturally when you deploy. [It's the] only way to socialize. That's where you have your meetings. You have to go to the smoke pit."

Junior Enlisted Woman

Summary: Health Concerns of Women Service Members During and Following Deployment

Participants reported very few health concerns while on deployment. Several of the women had been deployed multiple times and reported not facing any health concerns. One noted that men were more likely to have health problems during deployments than women.

The issue of urinary tract infections (UTIs) rarely came up without specific probing. When it was mentioned, there was a general feeling that women do get UTIs but that they are easy to treat and do not hinder performance in the field. Within focus groups, UTIs were generally linked to women intentionally dehydrating themselves to avoid having to use the restroom. Participants said that while there were usually designated women's restrooms, they were often far away or too few to accommodate the number of women.

When probed regarding hip, back, and knee pain, several participants indicated that they experience pain from wearing the gear during deployments. This pain often lingered upon returning home. Some indicated that this type of pain from the gear is simply part of the military lifestyle and affects men as well as women.

Pregnancy was mentioned by several of the participants as a health concern that greatly affected women's performance in the field. Several participants reported large numbers of women being sent home from deployment as the result of pregnancy. Others reported women hiding their pregnancies until returning from deployment, either to avoid punishment or to finish the mission. Of a similar note, participants reported that Plan B or similar emergency contraception was often not available while deployed. When it was available, women were hesitant to seek it out. This was overwhelmingly because Plan B is tracked in the medical system and requires women to self-identify during acquisition. Women were concerned in documenting this need, as this would indicate a violation of the order not to engage in sexual activity while deployed.

Several participants mentioned stress and mental health concerns during deployment and upon returning home. Some had concerns regarding the stress of leaving their family and children at home, noting that this created a distraction from the mission goal as their attention drifted to issues at home. For others, the stress came after returning from deployment, with reports that they did not feel as though they were able to talk things through with a spouse or family member.

Hair loss, kidney stones, and cigarette smoking were also mentioned as health concerns during and following deployment. Participants attributed the hair loss to poor diet and stress. Kidney stones were mentioned as resulting from either consuming too much calcium or dehydration. One group of participants reported they started smoking while deployed and have continued the habit upon returning.

C. Hesitancy to Seek Medical Care

DACOWITS asked participants for which, if any, health concerns women were hesitant to seek medical treatment during deployment. This section presents the themes that emerged from the discussion surrounding this question. Although the question asked for specific medical conditions for which women were hesitant to seek care, participants often reported general reasons for not seeking care instead. This section includes the following themes:

- Desire To Have Women Medical Personnel
- Distrust of Medical Personnel
- Stigmas Against Women Seeking Treatment

A summary is included at the end of this section.

Desire to Have Women Medical Personnel

Gender of Medical Personnel

Participants placed a high importance on the gender of medical personnel. Several participants indicated they were reluctant to seek medical attention for women's health concerns from male medical personnel.

"It's nice to have a female corpsman around for female needs. [They are] more approachable. You don't often want to talk to a man about your menstrual cycle, with guys you have to sit in a brief with."

Junior Officer Woman

"Anything that had to do with women's issues. For example, one time I had an infection I would not have gone to see a male for—a UTI. I would never have been able to talk to a man about that."

Junior Officer Woman

"I don't want to deal with a man. I would prefer a female doctor. Have a well-woman place for us to handle all of our personal business."

Junior Enlisted Woman

"I think it's just human nature. If I have to go to a doctor and discuss something male-oriented, I would feel more comfortable going to a man…Certain things we talk to males about and certain things women talk to women about."

Senior Enlisted Man

There were a few participants who indicated they had women medical personnel during deployment and the experience was helpful. Having women personnel seemed particularly beneficial for younger Service members.

"…we had one female corpsman who was great, and the morale of the people of the boat – they were very excited to have a female corpsman on board, and she was very proactive. Having a lead female corpsman really helped."

Junior Officer Woman

"The second time [I was deployed] we had a PA on staff who was female. She was really accessible, trusted for confidentiality. The first time I went we didn't have that. It was a problem for a lot of women."

Junior Officer Woman

"When I had certain things wrong with me, we had a female doctor, and she was easy to talk to. When it comes to my female body parts, I'm more comfortable with a woman."

Junior Enlisted Woman

For many, the main complaint regarding men medical personnel was their lack of knowledge of women's issues or their general embarrassment when discussing women's health concerns.

"Having that corpsman be male won't change, as there just aren't enough women, but having them be more educated and sensitive to everyone [is something that can change]."

Junior Officer Woman

"You just mention the menstrual cycle or a yeast infection, and they panic. And they are like, 'Okay, uhhh…,' and it's like they give you ibuprofen, and they are clueless, and that's kind of amazing because they go to school, and it seems embarrassing for both ends, so you just kind of wait."

Junior Officer Woman

"Guys don't know how to deal with that stuff anyway. They don't know what to do. It's like a single father with a daughter who just got her period. Sometimes you need a girl in the field."

Junior Enlisted Woman

Distrust of Medical Personnel

There were also concerns raised regarding medical personnel of both genders. Several participants reported they were reluctant to see medical personnel for any concerns, general or woman-specific, because they felt medical staff do not get enough training. Although only women were included in the focus groups concerned with women's health, several participants indicated that both men and women have this concern. Several participants relayed their own experiences regarding misdiagnoses or improper treatment received during deployment.

"It is four months of training [to become medical personnel]. The main focus is on how to stop the bleeding and get them out of there. In the civilian world, we can't even start an IV. In the military world, we can start IVs, do chest tubes—anything the PA says we are allowed to do."

Junior Enlisted Woman (medical personnel)

"I've had good interactions overall, but [the corpsmen] just might not have the technical experience to deal with some things. And on our ship, we just have one medical technician."

Junior Officer Woman

"In the civilian world, people have to work for it because they can get fired. In the military, we have all this freedom. We're like four year olds running around with this freedom and eating a bunch of candy. You're in an environment where people don't keep an eye on you. You get more professional[ism] in the civilian world from more education. A lot of times people don't come to [the medical center] because of it."

Junior Enlisted Woman (medical personnel)

"I developed a rash on my inner thigh. The doctor doesn't know what's going on with me. I have to work in these conditions and the doctor doesn't know how to treat me. I had this rash for the whole six months. He's giving me just random medicine."

Junior Enlisted Woman

Lack of Equipment and Supplies

Several participants also mentioned a lack of medical equipment and supplies while deployed, leaving the medical personnel unable to deal with women's issues in theater.

"I had problems with bleeding a lot…I saw the PA…He was trained, but he didn't have the equipment needed to do a vaginal exam. He basically said I'm sorry but I can't do anything for you."

Senior Enlisted Woman

"I would say the biggest [problem] was gyno issues in general. There was very little gyno service available there. I was in a large area in Iraq, and there were no women's clinics…We had to start a small women's clinic. There just weren't enough supplies."

Senior Officer Woman

"The medics are really limited on supplies…Going through them to get supplies, my medics weren't fully equipped."

Junior Enlisted Woman

"But as far as needing a pap smear, I think it's definitely a lot more difficult. You have to find a place that can accommodate that. You have to find someone with the equipment…Or if I have a vaginal infection they can't help you out."

Junior Enlisted Woman

Lack of Professionalism Among Medical Personnel

Some participants also expressed a lack of professionalism among the medical personnel. Of particular concern was the lack of respect for patient privacy and concerns of confidentiality.

"Part of why females are more reluctant to get help is that they're not very professional overseas. Even in [the medical center] you can hear the medics talking about things while you're sitting there waiting. You worry are they going to talk about me next."

Junior Enlisted Woman

"All the time! I never went to medical except to confirm my pregnancy. They like to gossip and talk about you."

Junior Enlisted Woman

"We're starting to get a bad rap…I've seen a lot of people get less and less professional. We need to turn over a new leaf. I think that the medic program—at least education wise, should have an overhaul of professionalism. I get disgusted sometimes."

Junior Enlisted Woman (medical personnel)

"Oh yeah, they go through your medical record and then try to talk to you."

Junior Enlisted Woman

Medical Personnel Not Taking Health Concerns Seriously

A few participants also expressed concern over the medical personnel's first reaction to treat patients as though they are not really in need of treatment, offering up ibuprofen as a cure-all without doing a thorough exam to check for more serious conditions.

"This isn't just women. It's males and females. They treat you like you're not really sick."

Junior Enlisted Woman

"They're just not doctors and they don't really know what's going on with you. They tell you to take some aspirin, but it just covers it up. They don't take you seriously."

Junior Enlisted Woman

"It wasn't the medic itself, but the PA. They would brush you off. A good example, a male, his knee popped out of place in a game, and the PA told him, 'You're fine,' and his knee has been swollen for a month now. 'It's all in your head.'…I think that at some level, it's the PA's and not really the medics."

Junior Enlisted Woman

"We need to get more into worst case scenarios. If someone comes in with a back ache, check [them] for kidney stones and not just send them off with ibuprofen. Then they wouldn't see it as a joke."

Junior Enlisted Woman (medical personnel)

Stigmas against Women Seeking Medical Treatment

Other barriers to seeking treatment were also discussed, primarily focused around the stigmas regarding treatment-seeking behaviors. Many participants were reluctant to seek medical treatment because they did not want to be seen as weak by their co-workers or leaders.

"I think a lot are hesitant because you don't want to be that girl that is complaining and slacking off…. A lot of females put their health in danger because they don't want others to look at them that way. You hesitate because you don't want to be that weaker link. We try to be tougher than we are…You have to be up to the male, tough standard."

Junior Enlisted Woman

"When I put my gear on my back really hurts—you have to do it because people are watching you. Some females make it hard for females in [the] military. A lot of us do stuff we shouldn't do because we don't want that person to say something. As women, we tend to harm ourselves to not get judged as being 'that' female."

Senior Enlisted Woman

"There is a bigger stigma for females when they have a health issue…There's a bigger stigma when you're injured—people think you're a female so you get injured easier. There's a bigger general feeling of 'you're broken, go over there.'"

Junior Officer Woman

"The biggest one is mental health issues. You're already competing to make sure you're on an equal level and you don't want to be seen as weak."

Senior Officer Woman

"I did notice that a bit. They didn't want to seem weak to their male counterparts. They would hide issues. They didn't want to go to the doctor. You'd have to urge them to go to the doctor. They didn't want any backlash from their fellow soldiers. When you go down-range, you don't want a weak link, and they didn't want to be that weak link with things that were minor. With things that were major, you could notice it."

Senior Enlisted Man

Women Injuries Not Taken Seriously Due to Stigma

Others neglect treatment because men tend to think they are just whining or trying to get out of responsibilities. Participants felt as if their injuries weren't taken seriously because they are women.

"I once smashed my hand pretty bad. My chief asked if I would be a 'whaw whaw chick.' I didn't go to get it checked out. Recently I fell down a ladder. They had to do a scan of my hand. They did a scan and I have a healed fracture in my hand from when I had previously smashed it."

Junior Enlisted Woman

"If you have a female complaining, nobody seems to care. They think you're whining."

Senior Enlisted Woman

"It's just a stereotype…[During a recent event we did] Each team had to have female; senior females were told you will do it anyway—within the limits of your profile. They expect us to whine or complain so you find yourself trying to do it…When you whine it's a stereotype."

Senior Enlisted Woman

Leadership Hesitant to Seek Treatment

Leadership was hesitant to seek treatment because they did not want to be viewed as bad leaders, although they indicated this was true of men leaders as well. There was a feeling that they were bad leaders if they were not with their troops, regardless of their physical condition. This issue was brought up particularly by participants in one of the Services.

"Overall, the higher you progress and the more you are a role model for, the greater responsibility you feel to always be there at work. You really feel like you can't let the team down. I'm not going to get a profile because I need to be at PT and set the example. If it hurts, it hurts. It's ironic because you're not being a good role model doing that. It is an interesting dichotomy."

Senior Officer Woman

"It's more a perception for leadership…If you're not around to take care of your Soldiers, that makes you a bad leader."

Senior Enlisted Woman

"I won't take myself out of something if it's not that bad when I should be there [with my Soldiers]."

Junior Officer Woman

Medical Personnel Attempt To Care for Themselves

Medical personnel had their own reasons for not seeking treatment. A few of the participants worked in the medical field and indicated they were reluctant to seek treatment because they would be seeking treatment from the individuals they work with on a daily basis, which could create embarrassment and unease if the medical condition was of a personal nature. Others would try to solve their own medical problems, relying on the medical system only when they were unable to care for the issue themselves.

"I got a bacterial infection—not a UTI. I was too embarrassed to go to [the medical center] because I knew everyone there. When the new group came in, I went there. Women problems are just embarrassing."

Junior Enlisted Woman (medical personnel)

"On my first deployment…I took a tumble out of the busses they have running around. My knee twisted… I didn't say too much about it because I'm a medic and can take care of it myself. I understand there should be paperwork done on it but if I can handle it myself, why bother someone else about it? It aches every once in a while."

Junior Enlisted Woman (medical personnel)

Summary: Hesitancy to Seek Medical Care

Most participants reported being more comfortable seeking medical treatment from women, particularly for women's health concerns. However, many participants had never had women medical personnel available to them while deployed. Those who were able to receive treatment from women professionals reported the experience to be beneficial, noting that they were more likely to seek care and felt women medical personnel were of a generally higher morale than male medical personnel. Some participants acknowledged that having women medical personnel is not always an option, as there are simply not enough women in those positions. They indicated that the primary concerns with men medical personnel are their lack of knowledge of women's issues and embarrassment when women's health concerns are presented. These findings are similar to findings in 2007 when DACOWITS previously examined this issue. At that time, DACOWITS found that there was a lack of women personnel available to address gynecological concerns.

Several participants expressed concern over the training medical personnel receive, indicating that these individuals receive less training than those in the civilian world. Also, the medical personnel often do not receive the specialized training necessary to deal with certain medical concerns. Even when the medical personnel do have the appropriate training, they frequently do not have the equipment and supplies necessary to care for many health concerns of women. The lack of equipment for treating women's issues was addressed in DACOWITS' 2007 report on the health of women Service members during deployment, although it is obviously still an issue today. Finally, participants reported concerns regarding the medical personnel and a lack of professionalism. Participants particularly noted that medical personnel often display a lack of respect for patient privacy and an unwillingness to take patients' concerns seriously.

Many participants indicated they are reluctant to seek medical treatment because they do not want to be seen as weak by their co-workers or leaders. These members often reported putting their health at risk to avoid being stereotyped as the "whiny female". Some also indicated they feel their medical issues are not taken seriously because they are women. Interestingly, leadership and medical personnel voiced their own reasons for not seeking medical care. For leadership, they said they often put off treatment because they view it as being a bad leader when they are not with their troops—even when it is for medical reasons. For medical personnel, they are hesitant to seek treatment if they feel they can take care of the issue

themselves. Also, some are embarrassed to seek treatment for personal issues because they would be seeking treatment from the individuals with whom they work on a daily basis.

D. Recent Improvements in the Medical Treatment for Deployed Women

DACOWITS asked participants how they believed the military has addressed health concerns for women during deployment. Many participants felt that things were improving. Their thoughts on this are presented below.

"I think they've done a lot better job of that. Female providers now have to stay where females are. Females attached to infantry have the option to come back and see a female provider. There is a provider everywhere a female is."

Junior Officer Woman

"I think the gear situation is improving."

Junior Officer Woman

"I know there are a lot of suggestions and this isn't necessarily helpful, but things on the carrier are pretty good. They have a variety of tampons and medicine."

Junior Officer Woman

"I think it's gotten better… Like, we used to have co-ed showers on my first deployment."

Junior Enlisted Woman

"I have to give kudos to our medical [personnel]. What you need, if they don't have the resources here, they really do try…the mental health piece is there. It's a full package. I really think, I don't know if we can do anything more, other than just sheer numbers…I think they really do a good job."

Senior Enlisted Woman

Summary: Recent Improvements in the Medical Treatment for Deployed Women

Several participants said the medical treatment of deployed women is improving. Specific improvements mentioned include having more women medical personnel available for deployed women, improvements to the gear worn while deployed, improvements to the supplies and medication available, and improvements in the mental health treatment for deployed Service members.

E. Suggestions for Future Health Care Improvements

DACOWITS asked participants what the military could do differently in the area of health concerns for women during deployment. Although several participants felt that things had improved, there were also some issues remaining to be addressed. This section presents the themes that emerged from this discussion. This section includes the following themes:

- Availability of Birth Control for Regulating Menstruation
- Frequent Administration of Pregnancy Tests
- Availability and Disposal of Feminine Products
- Feminine Urinary Device
- Pre-Deployment Training for Women

A summary is included at the end of this section.

Availability of Birth Control for Regulating Menstruation

Birth control was a primary theme across installations and Services—particularly the inability to get enough birth control for the entire deployment. This topic generally came up when participants were probed about the availability of birth control specifically in relation to regulating menstruation.

"But they flat out refused to give me more than six months up front. You're always gone for more than six months. I don't know what danger I am for having birth control for nine months rather than six months."

Junior Officer Woman

"I did notice that when you leave they will give you six months [of birth control] and that's it. Extending a month and a half or a month, they won't mail it to you."

Junior Officer Woman

The ability to get the desired type of birth control was another issue some participants faced. This seemed to particularly be a problem for individuals using non-pill methods of birth control, primarily due to issues caused by the extreme temperatures at some overseas locations.

"Trying to renew that at a pharmacy or trying different methods is a problem. A friend had an IUD [intrauterine device] that came out during deployment and trying to find another one was hard."

Junior Officer Woman

"My issue was Depo [Depo-Provera, a type of birth control]…That was always the biggest issue for me. Getting that out there was always an issue."

Senior Enlisted Woman

"I think in general one of the biggest is birth control for women. Depending on what you're on will determine how much they'll give you…But I have a NuvaRing and they couldn't do it because it may be too hot to refrigerate."

Senior Enlisted Woman

Not all participants had problems getting enough birth control, however. Several indicated they were able to receive as much birth control as they needed.

"Yeah, we had like ten years' worth. Before we deployed they prescribed them. They give you like a years' worth of pills. They prescribe you six months worth and sent the other [six month supply] six months into [your deployment]."

Junior Enlisted Woman

"If you're a normal healthy women, they will renew birth control on board."

Junior Officer Woman

Frequent Administration of Pregnancy Tests

Several participants expressed frustration over the constant administration of pregnancy tests. Although not all participants indicated that they had been required to take a test prior to deployment, several reported being given a pregnancy test every time they sought medical treatment. This complaint came up primarily among the younger participants in one branch of the Services.

"The other weird thing was I got taken to another FOB [Forward Operating Base]…I had chest pain and it was my first and only experience with heart burn. I had to get a pregnancy test! I mean whenever someone gets pain in this area *(indicates abdomen)* you have to get a pregnancy test. I told the doctor that if I was pregnant he better worship my baby."

Junior Officer Woman

"I think the only time I heard about a woman NOT getting a pregnancy test was when a woman got heat stroke."

Junior Officer Woman

"Anything that involves upper respiratory they won't give you anything until they test you."

Junior Officer Woman

"You had to take a pregnancy test every time you needed something."

Junior Enlisted Woman

One group of participants from another Service reported being required to take multiple pregnancy tests prior to deployment.

"It's the same with pregnancy tests. I took six within eight months."

Junior Officer Woman

Availability and Disposal of Feminine Hygiene Products

Several participants expressed concern over the lack of availability of some feminine hygiene products while deployed. Many relied on family members or online shopping to obtain these supplies because the ones available while deployed were not the desired type.

"This may seem silly, but I noticed that on deployment I had to go out of my way to order specific items online. In the stores they only had scented items and that can cause problems. Having yeast infections three to four times on deployment is ridiculous."

Junior Enlisted Woman

"I don't know if the pharmacy does feminine washes, but where I was the PX [Post Exchange] didn't have it."

Senior Enlisted Woman

"They only have one size tampon and pads. The pads are diapers and I don't really need a huge tampon all the time. You need to order online in time because not all companies mail to the ships."

Junior Enlisted Woman

Disposal of feminine products was also a concern, particularly on ships and planes. Despite the hazard of blood contamination, many participants were not provided appropriate methods of disposal for these products. Several participants indicated that the trash is sorted by lower level personnel on board, so not having any proper method of disposal for these products means that other Service members are being exposed to the blood when they sort the trash.

"The best product that they give you is a small paper bag. They tell us to use that, and you go up to the supply locker and ask for a small brown paper bag (laughs), and they don't have anything [else], and a paper bag isn't going to stop anything from spreading."

Junior Officer Woman

"And we're not provided anything separate for that [disposal of feminine products]. We just put it in the trash can."

Junior Officer Woman

"I think the receptacle for female tampons should probably be addressed. You're exposing people to hepatitis or anything that can be carried by blood, and it is non-rates or E4s that have to go through the garbage – the people with the least education and lowest income. That should probably be brought up somewhere. Especially on ships, where you'll shut down the entire plumbing system of the ship if you flush a tampon."

Junior Officer Woman

[When asked how she would dispose of feminine products on a plane] "Hold onto it in a plastic baggie?"

Senior Officer Woman

Female Urinary Device (FUD)

During deployment, traditional restrooms may be unavailable. The FUD was brought up as the military's solution for assisting women during these times. Although several participants were familiar with the device, it got mixed reviews. Many participants did not find the device as helpful as they would have liked.

"A friend of mine is a convoy driver, and for her using the restroom isn't so easy. But I guess they have devices for women to wear, but it's a bit uncomfortable and you're in the position [when] you can't hold it anymore, and it's dangerous to stop."

Senior Enlisted Woman

"For us we had FUDs – It's a great concept, so you aren't attacked, but it's not the most sanitary. When the time of the month comes around, things get messy."

Junior Enlisted Woman

"Even with [FUDs]…with the flight suits, you have to take them off."

Senior Officer Woman

"You have the pocket penises but they don't work very well. Either drink and pee or don't drink and don't pee."

Junior Enlisted Woman

A couple participants had used the FUD and found it to be an effective device.

"I was around women while deployed...Before we left they gave us all—I call it a weinus. They were very helpful about it. We got the whole education about taking care of yourself in the field. It was really great that they did that."

Junior Officer Woman

Pre-Deployment Training for Women

Several participants expressed concern over the lack of woman-specific instructions prior to deployment. Many women do not know what to expect during deployments and there is no formalized method for getting information to them. Participants disagreed, however, on the best method of doing this. Currently, most women that do get information on what to expect get the information from other women in their unit.

"I think most of it is word of mouth…When I know there is a new person on patrol, I say that you might want to bring these items. I know that our unit doesn't have an official checklist. [Rather], it's like, 'Find someone who has done this before.'"

Junior Officer Woman

"I think it's mostly other women."

Junior Officer Woman

"We will pull females aside and let them know what they may encounter."

Senior Enlisted Woman

Some participants recommended having a woman-specific briefing for women prior to deployment.

"What about a pre-deployment briefing for females? So they can bring up the women issues...women to women."

Junior Enlisted Woman

"I'd say…briefing on how our bodies are different. Letting us know what we are going to be dealing with depending on where we are going. Or [pulling] us aside and saying based on the last 20 years here are issues you may experience with your health…For females, they should give us kits that have products we need. Something you can carry with you and can help you stay clean, things like that."

Junior Enlisted Woman

Others were strongly opposed to the idea of adding another briefing to the pre-deployment itinerary. They felt that there are already too many briefings and they are not an effective method of distributing information.

"A lot of educational briefings resemble the peanuts teacher… If we could somehow communicate the issues using a better avenue…"

Senior Officer Woman

"I think we're briefed to death."

Junior Officer Woman

"After so many briefings you don't pay attention."

Junior Enlisted Woman

Some suggested having all women meet with a female physician prior to deployment, to discuss issues that may come up that are woman-specific.

"And also speaking with a provider. Let's say after she screens everyone, and then takes you to the side to talk about certain issues. That would make us more comfortable."

Junior Enlisted Woman

"Maybe it's as simple is saying "you're female and you're required to meet with a female provider."

Junior Officer Woman

Mentorship was suggested as another method of educating young women Service members on what to expect during deployment and how to prepare.

"Formalized mentorship. For females on their first deployment, maybe having a sponsor."

Junior Officer Woman

"The importance of mentorship should be emphasized. There are trainings all day long, but the real lasting effect will come from a female mentor – inside or outside of your unit."

Junior Officer Woman

Summary: Suggestions for Future Health Care Improvements

When the topic of birth control for regulating menstruation was brought up, several participants indicated they have experienced difficulty getting enough birth control to last their entire deployment. Others faced problems getting the desired type of birth control, particularly for individuals using non-pill methods. Not all participants had problems getting access to enough birth control, with several indicating they were able to receive as much as they needed. The concern over having enough medication during deployments (to include contraception) was brought up in DACOWITS' 2007 report on the health of deployed women Service members; it would appear that the concern may have been partially addressed, but there are still improvements to be made.

Several participants expressed their dislike for having to take numerous pregnancy tests throughout their deployment. Not all participants had been required to take a pregnancy test prior to deployment, but several reported being given a pregnancy test every time they sought medical treatment. This complaint came up primarily among the younger participants from one Service. Participants from a different Service reported being required to take several pregnancy tests prior to deployment.

Several participants expressed concern over the lack of availability of some feminine products while deployed. Many relied on family members or online shopping to obtain these supplies because they were not always available while deployed. Moreover, the ones that were available were not always the desired type. Disposal of feminine products was another concern, particularly on ships and aircraft. Despite the hazard of blood contamination, many participants were not provided appropriate methods of disposal for these products.

The FUD was brought up as the military's solution to assist women in using the restroom during times when traditional restrooms are unavailable. Although several participants were familiar with the device, it got mixed reviews. Many did not find the device helpful, although some reported using the device and finding it helpful.

Several participants expressed concern over the lack of woman-specific instructions prior to deployment, especially relating to women's hygiene. Many women do not know what to expect prior to deployment and there is no formalized method for getting information to them. In their 2007 report, DACOWITS recommended including a women's hygiene briefing prior to deployment, but participants indicated this recommendation has not yet been heeded. Most participants agreed that women Service members need women-specific information on what to expect prior to deployment; however, they disagreed about the best method of accomplishing this. Currently, most women that do get information on what to expect during deployment receive the information from other women in their unit. Some participants recommended having a woman-specific briefing for women prior to deployment, while others were strongly opposed to this idea. Other participants suggested having all women meet with a woman physician prior to deployment to discuss issues that may come up that are specific to women Service members. Finally, members reported a benefit to using mentoring as a way to educate young women Service members on what to expect during deployment and how to prepare.

V. GENERAL COMMENTS: FOCUS GROUP FINDINGS

If time allowed after the standard protocol was completed, participants were asked if there were any other issues that they felt may affect women in the military that had not been covered in the focus group. While some themes were echoed across groups, often the exact questions and/or probes asked were specific to one or two groups. These themes, isolated to specific groups, are identified and reviewed though care should be taken to not generalize across Services.

The remainder of this chapter provides a summary of those themes respondents most commonly reported. These themes were often verbalized across installations, Services, and ranks. This chapter is organized into the following sections:

- Overall Themes
- Additional Non-Theme Findings

A. Overall Themes

This section reviews some of the overall themes verbalized within the focus groups when asked if participants had anything additional to discuss beyond the topics covered in the group. While these overall themes were mentioned across Services, installations, paygrades, and ranks, many of the individual subthemes may have only been expressed by one or two groups. This is indicated where applicable. This section includes the following themes:

- Family Challenges for Women in the Military
- Military Environment
- Sexual Assault and Sexual Harassment in the Military
- Women in Combat

Family Challenges for Women in the Military

One of the most widely expressed themes in the general comments concerned how women in the Services manage family responsibilities and whether the military helps or hinders them.

<u>Work-Life Balance</u>

The vast majority of participants who discussed this topic, both men and women, felt that it was difficult for military women to achieve a balance of family life and military life and that the military was not doing enough to assist women with this struggle.

> "[It's] almost like they are being penalized. I have a lady who has two kids and she has to deal with the same thing. Right now I can let her go when she needs to go. But can you imagine

when she goes back to ships — she has to have a parent plan. Again it's like [women] are an afterthought."

Senior Enlisted Woman

"[Challenges are] tremendously different because of the responsibilities that we don't have. Children, family, traversing a predominately male dominated field... [women in the military] face lots of different challenges."

Senior Enlisted Man

Childcare

Another theme which was reported across Services and groups was the need for childcare. Both men and women felt that childcare was key to a mother's military success, but the childcare offered through the military was not adequate in location, cost, or hours.

"A lot of leadership doesn't have knowledge that most civilian childcares don't open till 8AM – but by that time you're almost two hours late to work. Which may not be good for co-workers who think you're getting special concessions."

Junior Officer Woman

"There are some facilities near bases, but the waiting list is ridiculous."

Junior Officer Woman

"[T]he female's role is the caregiver to the child. Right, wrong or otherwise, there is societal pressure. I have a Staff Sergeant that is a single parent and is security forces. How do you provide childcare when you work 14 hours a day seven days a week? She's able to do it and wants to stay the 20 years…."

Senior Enlisted Man

"My daughter has actually been on the waiting list for four years and still doesn't have a spot. She will be starting preschool, and my husband had to get out of the military because of that."

Junior Enlisted Woman

Postpartum Concerns

Women members across Services and groups felt the military did not allow adequate time to recover prior to re-instating physical standards, particularly for women who underwent cesarean-sections, which require more extensive recovery. Some felt they were not given enough time after birth before they were considered ready to deploy. Some male members echoed these same concerns for women.

"I also have a problem with the six months to get back to your PT standards, especially if you have C-section."

Junior Officer Woman

"We have six months to get back into shape. I'm still breast feeding at 4 months. I'm not going to say I want to be treated like a man—I don't. I'll wear the uniform. I'm dual status, and I have a big issue with leaving a five month old child…Let them turn a year. I don't agree with the standard of giving birth and then after six months [being expected to be] back into shape."

Senior Enlisted Woman

"For women, returning to PT after pregnancy [is an issue]. She returns to duty after the baby and starts getting back into the full PT. Many of them come back and then they aren't able to pass the first PT test once back."

Junior Enlisted Man

A couple junior officer women in the Army and Air Force felt that the military, in practice, did not always help to encourage breastfeeding while performing military duties. Consequently, these women felt that if the military was not able to accommodate women pumping until the six-month mark, the military should allow women to take six-months off after the birth of a child. On the other hand, one woman in an Air Force group felt the military allowing six months off postpartum was excessive even in comparison to civilian professions which often only allow six to 12 weeks of maternity leave.

"One of the issues that has arisen is the fact that Army does not have a breast feeding program… There is the federal regulation that says breast feeding moms are to be provided a separate area—not the bathroom, but not all Commanders know about that. Air Force has a policy, but we do not. I know that there is a little blurb about how if you go to the field the unit is supposed to provide a runner to bring your milk back if you're pumping, but can you imagine actually doing that?"

Junior Officer Woman

"I don't see Lieutenant Colonels working less than 10 hours a day, and they have families. If I'm breast feeding I can't have my child waiting three to four hours while I handle things here [before I feed him/her]."

Junior Officer Woman

"[I]f the American Academy of Pediatrics believes children should be breastfed for a minimum of six months, then we should be allowed six months to breastfeed, meaning our maternity leave should be six months—at a minimum 90 days. I was able to take 45 of my own days in addition to the usually allotted times. I was very lucky to have those 90 days with my child. At six weeks there is no way I could have done that. It changed my perspective. How do you hand him off to a stranger and then focus at work? …I know not everyone wants to breastfeed, but times have changed.

Junior Officer Woman

Deployments

Some women members across Services and groups discussed deployment issues for those women military members with children and/or for dual military spouses with children. By in large, these women felt that being deployed soon after having a child or deploying both parents in a dual-military household is extremely difficult and potentially detrimental to the child.

"If you are dual active duty military members, there is nothing that I've found in writing that says that the both of you cannot be deployed at the same time. And my husband's active duty and you think about the potential ramifications, more on his behalf, and if I deploy again, and if we overlap again, what if something happens to both of us? And I know we have the Family Care Plan, but at the same time… But I don't know if it's discussed at the higher level, about not deploying both spouses at the same time."

Senior Officer Woman

"I'm on the fence; six weeks paid maternity leave I think is fair, as long as they don't penalize you for taking personal leave. But it's the deployment window, if [you're] deploying after six months, that should be changed."

Junior Officer Woman

"I think the rule with deploying mothers is you're cleared once a child is 4 months old—I'm totally against that. I don't think that's right, healthy, or safe for the baby - leaving like that."

Senior Enlisted Woman

Military Environment

While many participants discussed military life associated with motherhood and parenting, other women discussed general military life for women in the Services.

Military treatment of women

One theme that emerged was the need for an emphasis on women as equals. Interestingly, participants in two groups reported that even something as simple as attending the DACOWITS focus groups, which inevitably pulls women from their duties, makes women feel less equal. These participants also encouraged DACOWITS to emphasize families rather than women alone.

"I don't have an issue with DACOWITS, nothing personally. But I think it should be more about families now than women. The women that want to stay and make careers out of it can. I have hundreds of females on the ship who want to be treated just like their male counterparts. With focus groups like this, they aren't equal."

Senior Officer Man

These same participants reported feeling as though women in the military get opportunities men do not have, which further sets them apart. Some other women in the group agreed with this.

"We've got a mixed message. Verbally we aren't going to treat [women] differently but in the first year we've absolutely treated them differently. In 26 years I've never met the president. The ladies get asked to breakfast for getting a promotion!"

Senior Officer Man

"Maybe there was an issue…because they get training on how they are supposed to treat us no differently and then we get pulled into events that are just for us."

Junior Officer Woman

Stereotypes in the Military

Women across Services and groups reported a constant need to work hard to prove to men that they are good enough despite ongoing stereotypes within the military.

"I've been at places where I have to prove myself to higher ranking men. They think I'm lazy, [that] I don't know what I'm doing…when I prove myself it's fine but at the beginning, establishing that relationship is tough."

Junior Enlisted Woman

"I think it's equality overall, because yes, some of my Marines are faster than me, but at the same time, I know my job a little better than they do. Just because they can run faster than me, men – that's their mentality."

Junior Enlisted Woman

"There is healthy and unhealthy competition. I've been in units where I've been the first female, and you have stare-downs from the guys. You find a way. I've also been in units where I wasn't the first [woman in the unit], but the female before me didn't leave a good legacy. There's a fair amount of trying to separate yourself for a good legacy…"

Senior Officer Woman

"Physical fitness. I maybe can't run as fast as you can…But I can probably mentor a soldier better than you can. You're so worked up about being high-speed, but those NCOs are usually not good NCOs."

Junior Enlisted Woman

One woman expressed concern over men tending to use arbitrary misconceptions about women which negatively impact the experience of the woman Service member.

"[I]n January we went to NBC [Nuclear-Biological-Chemical] chamber for training. The group gets a safety briefing and at the end the Lieutenant tells all males to leave the area and females to stand by. I was furious. He said if you are on your period, raise your hand. All females on their period did—I'm to the point that it's nobody's business, but young females Soldiers raised their hand and he says they can't go into [the] gas chamber. I told him no, that's not right. He said it's considered an open wound and they can't do that. All of a sudden, 90 percent of the females were on their period so they didn't have to go to the gas chamber. Nobody could show me where it came from—no one took responsibility. Nobody will give me an answer; to this day…I was so mad. They didn't go through the chamber. Soldiers didn't get trained in basic combat skills because of someone's made up rule."

Senior Enlisted Woman

Uniform concerns

A large number of women across groups and Services reported dissatisfaction with the military uniform including dissatisfaction with the size as well as the tailoring/fit. Some women felt like the issue may be a lack of funding for new uniforms that fit women or that the allowance for uniforms is not enough to cover the costs. Regardless, women shared that this impacts their ability to perform their military duties with a couple women reporting issues such as ingrown toenails from boots which were too small.

"For a woman it's frustrating and you go to pick up your gear and they don't have the right size boots, tops, bottoms, and other things."

Senior Enlisted Woman

"The second chance vest under your jacket does not work for females. It's like a bullet proof vest. If some of my Soldiers have larger chests, it makes the vest ride up and would make it ineffective, depending on anatomy. They make them for females, but the Army budget won't allow for it. Some of mine have bought their own."

Junior Officer Woman

"The problem is funding. You're looking at $500-600 for gear per person, and the total budget for the division is $3,000. I'd like to see a separate budget for women's equipment"

Junior Officer Woman

Conversely, a handful of women in the same groups felt as though there had been some improvements to the uniform over time, even if only slight.

"The new flat vests, IOTVs [Improved Outer Tactical Vests], fit a little better, with the gear with the high neck. The over the head part I don't like but they're trying to do something to make our gear better."

Senior Enlisted Woman

"Kevlar padding also helps…They are trying."

Senior Enlisted Woman

Changed Standards for Appearance

Some women across two focus groups expressed concern over the Army's standards for appearance.[11] It was a particular concern for National Guard Soldiers, as they have jobs outside of the military and do not want to have to conform to military standards in their civilian lives.

"I can get an Article 15 [military punishment] for not being in military protocol. I'm a bar tender—that's how I make money. They're trying to regulate what I can wear to make money."

Junior Enlisted Woman (Guard/Reserve)

"They are working on a new regulation about not wearing nail polish—no colors or clear, no lipstick, no makeup at all. I already just stopped it but I used to put some lotion on and a little eye liner, maybe a little powder. Now you can't do anything…"

Senior Enlisted Woman

"We still want to be females. Yeah I'm a soldier but I'm still a girl. I don't' want long fake nails with glitter on them, but clear. Little bit of makeup. Why can't I have that?"

Senior Enlisted Woman

[11] References the changes to Army Regulation 670–1, section 1–7: personal appearance policies. These standards were updated in 11 May 2012. Specific to comments regarding nail polish, regulations in section 1-7 stipulate: "Females will not wear shades of lipstick and nail polish that distinctly contrast with their complexion, that detract from the uniform, or that are extreme. Some examples of extreme colors include, but are not limited to, purple, gold, blue, black, white, bright (fire-engine) red, khaki, camouflage colors, and fluorescent colors. Soldiers will not apply designs to nails or apply two-tone or multi-tone colors to nails."

Concerns with Physical Training (PT)

Some women in the Army and Marine Corp expressed frustration that they often were held to and trained at lower physical levels than men. This, in turn, led to an inability to physically compete with men on PT standards which furthered the gender divide and potentially impacted opportunities for women.

"We run way too much. When people don't know what to do for PT, it's always let's just run…There are plenty of other things we could be doing. Not enough emphasis on strength training and getting naturally weaker Soldiers, which are generally the females, to be able to lift things—rucksack, gear, able to pick up their buddy. There's not enough emphasis put on that."

Junior Officer Woman

"I think that if you did the exact same thing, they wouldn't think you would be equal. I worked side-by-side [with] the males, but I never had to do a pull-up. It's a different muscle group. Those guys couldn't do the flex arm-hangs. You have those very few females that will pass Staff Sergeant, and if you're asking them to do those pull-ups, you might be forcing them out."

Junior Enlisted Woman

"The PT standards for male and female—I think it almost hinders the females. If the PT standard would be 100 percent even, or if their max was my min or something like that. I [fear saying] this, but I think it's such a gap. The min for 18-21 [males] is the maximum [for females]. I consistently ran marathons for a long time and there were women that were at my level or faster than me. I think having a standard for them that is subpar, it hinders them. The standard is not even. I understand the physical differences, but I think it should be more even."

Junior Enlisted Man

A couple women from one group, within the National Guard/Reserve, held an opposing opinion and felt the standards for men and women should be different.

"We're not built the same."

Junior Enlisted Woman

"Different body shapes, different abilities."

Junior Enlisted Woman

Body Standards

A few junior enlisted women from two different focus groups reported they felt the standards placed on women were harmful to the overall physical and mental health of women service members.

"[W]ith the height and weight standards, it took a toll on my self-esteem."

Junior Enlisted Woman

"The last thing I'll say, for females in the military, I have been tearing my body up to make sure that I don't get taped. And I passed, but I don't agree with the standards. And for females, and for African-American females, too, because another woman can weigh more, but look at them image-wise. You look at having hips or whatever. But I passed. I was right on the border. My husband said he saw me beating my body up, talking about trying to make the tape."

Junior Enlisted Woman

"I've seen females develop self-body image issues and eating disorders at a very high rate in the military. That is one thing that is not addressed. It's making females feel like they are not perfect…Anorexia and bulimia is very high."

Junior Enlisted Woman

Sexual Assault and Sexual Harassment in the Military

The issue of sexual assault and sexual harassment is an ongoing concern for DACOWITS. Many women volunteered experiences and opinions about sexual assault and harassment in the military, while other groups were probed for this information. Responses fell in the following categories: 1) sexual harassment; 2) sexual assault; and 3) general themes about both sexual assault and harassment in the military.

Sexual Harassment

Women within a few groups across Services, ranks, and installations vocalized concerns about sexual harassment in the military. The general theme was that sexual harassment continues to be a problem. Many women discussed the problem of higher ranking individuals sexually harassing juniors due to the lack of response from the military and offenders not being held accountable.

"In [training], we're all primarily female. The other squadrons called us the 'med-hoes'…that's how people distinguished us. That was just one of the things I've seen right off the bat."

Junior Enlisted Woman

"My issue is the sexual harassment that goes on on ships. 'You help me out, I'll help you out'. After you make a certain rank, you don't get in trouble for stuff. I know of a lot of chiefs that have done something and nothing happens. If you accuse your chief of something, you get a bad evaluation or a bad whatever. If you don't have proof, you're making it up."

Junior Enlisted Woman

One woman discussed her concern about what happens to women when they report incidents and become the "EO" girl.

"You're either the cool female and they can talk around you or you're the EO girl. I find it hard because I'm not comfortable with certain things they do but I just accept it because you're either one or the other. You give them an inch and they take it a mile…You either take the harassment and comments or you're an outcast. I haven't been able to find a balance, so I take it."

Junior Enlisted Woman

Another women in a different group reported that sometimes being the "EO" girl protects members from harassment. However, even this member implied sexual harassment is the "norm" within the military.

"If a girl puts out a vibe that she would tell someone [then people] would leave her alone; otherwise they would harass you."

Junior Enlisted Woman

Sexual Assault

While there was no one theme across Services and groups, women in specific groups raised interesting issues about sexual assault in the military.

In one senior enlisted group, women felt that the current sexual assault program was not adequate and suggested concerns with the individuals running the program, who were often non-military, as well as logistical concerns with how cases were managed. This opinion was mainly expressed by one woman who was a sexual assault counselor herself, though others in the group agreed.

"A lot of evidence would get lost, get stuck. It was run by civilians. You would have to depend on them to track it for you. There was a change of custody. My [Service members] would want something done. Now with the redeployments, command will forget about it. I'm a SHARP [Sexual Assault Prevention and Response Program]…There are three cases I'm just now finding out about. The MP [Military Police] wasn't told, civilians [were] controlling it. They were prior military, so they're supposed to know the process. [Service members] want to know where their case is; [civilians] controlled it all. You had no control. You had to take your [Service members] to them... [One] was an assault last August. The unit told me they need [the paperwork for the case], but now we have nothing. The evidence was lost. It was a [Service member] on [Service member] assault."

Senior Enlisted Woman

"Really look into the SHARP [Sexual Assault Prevention and Response Program] program. In my experience, no one takes care of a [Service member] like a [Service member]. When the female or male is hurt, they wanna know that you care. You throw them off to someone they've never met, they shut down."

Senior Enlisted Woman

Two groups within the same Service, but from different installations, had varying opinions on the reporting of sexual assaults to leadership. Those in the senior enlisted group of this Service felt that rapes and sexual assaults were being reported to leadership while some women in the junior enlisted group in the same Service felt there were still significant obstacles to reporting without retaliation.

"I haven't been on one deployment where rape or assault wasn't reported.

Senior Enlisted Woman

"My career field is predominately male… When I first got there I was the only female. They told me that a girl went to MEO (Military Equal Opportunity) [When they found out] they threatened her and made her life hell. I had no choice; there was no place I could really go."

Junior Enlisted Woman

A few women from one group who serve on ships reported concern about putting women on smaller ships and the potential for more assaults.

"I think [a few women in small ships] would be a very difficult situation [in reference to sexual assault]."

Junior Officer Woman

A few women in this same group also commented on how this type of behavior is less likely if the woman outranks the potential offender, raising the importance of women moving up in the ranks.

"I think that [officers] are just scary [to enlisted members]. I would be less likely to be approached by an enlisted male that works for me. It's more likely to happen from your peers or someone above you."

Junior Officer Woman

Two women in two of the focus groups mentioned the role of alcohol in the incidents of sexual assault.

"It happens not necessarily at work, but afterwards. They are really remote areas; you'll run into and hang out with people after work, when you go out to a bar."

Junior Officer Woman

"The responsible thing is not to get drunk with a group of men you don't know. When you just get to a new unit and you don't know the people yet, don't go out and get drunk with them. Just because they're in your unit doesn't mean you know them. Every instance I've seen has involved alcohol and nine of ten times it's the female. Be a smart person instead of making dumb choices. Don't put yourself in the situations—you don't know them. Leadership thinks it's wrong to talk about it."

Senior Enlisted Woman

General themes about sexual assault/sexual harassment in the military

Some women commented on general themes surrounding both sexual assault and sexual harassment in the military. One theme that resonated across Services and groups was the need for more trainings and briefings, though participants indicated the military should consider the best way to implement this. Some felt they should be gender-specific.

Male members in one group were split on whether the trainings were adequate with two men feeling they have made progress and two feeling the military had more to do. Others felt that the emphasis should be on how to keep women from making poor decisions (e.g., avoiding alcohol, etc.), despite this being considered "victim blaming." One man in a leadership position felt more training focusing on how to identify an offender in the beginning would be beneficial.

"I think the briefings help. I've never had problems with the guard or reserve and that's when I started getting briefings. As active duty, where I had problems, I didn't have briefings. In my opinion, it does help."

Junior Enlisted Woman

"[W]e are trained about putting the Band-Aid on after there is a wound…We need to learn how to evaluate people and the psyche of the human that you're trying to manage, that you're trying to change, so when he comes on board you can say [nudging participant next to him for effect] 'he's got the look'."

Senior Officer Man

"The training could be better. It seems that it is not geared to underway units."

Junior Officer Man

Men and women across Services also felt that the larger culture makes it difficult for equality within the military and encourages sexual assault/sexual harassment.

"We still have a cultural problem. We are shipping NFL cheerleaders overseas for entertainment. The entertainment of who?"

Senior Officer Man

"How do we foster a culture of respect? We spend a lot of time talking about sexual assault. We have a lot of programs that deal with symptoms, but not a lot looking at fostering a respectable culture with good command climates. We need to get more into the fundamentals of leadership."

Senior Officer Man

Women in Combat

In their 2011 Annual Report, DACOWITS recommended DoD eliminate the 1994 combat exclusion policy and direct the Services to eliminate their respective assignment rules. On 14 May 2012, DoD implemented changes to its assignment policy, opening up approximately 14,000 additional positions to women Service members. Not surprisingly, one of the most prominent themes across genders, Services, paygrades, and ranks was women serving in combat positions. This question was often proactively probed by focus group moderators rather than volunteered, but once probed, Service members had a great deal to offer about this pending change.

Support for Women in Combat Roles

The vast majority of both men and women, across Services, ranks, paygrades, and installations were in favor of the new regulations opening up some previously closed assignments to women. Many felt that the military should expand to open up all assignments to women.

"It all goes back to doing those things that people don't think we can do. It's too long we've said what people can't do without giving them the opportunity to show or demonstrate what they can do. Everyone should be equal to a task and the standards should be the same. I had a superior Staff Sergeant female who could do the job three times the way anyone else could. Leadership tried to play on her emotional side as a female rather than an [Service member] and she separated. She had all the great attributes that I would want working for me or me working for her."

Senior Enlisted Man

"They need to open up to combat arms. At least the opportunity. As I am right now I couldn't make it through selection but I at least want the opportunity—if you can do what a male can."

Junior Enlisted Woman

"And I think that the FET [Female Engagement Team] is starting to do that, and the men are saying that, 'Yeah, she did an awesome job.' So it might not change automatically, but it all starts with a very small change. The Marine Corps is evolving and this is just another step forward. And I do see that mentality, and I understand that it is harder, but this will start changing things. It's just like when females came into the Marine Corps. We had beauty classes, and now we're entering combat."

Junior Enlisted Woman

"I was on a 365. I was there with a female army convoy who was dealing with Afghan women. I would've taken her into a fox hole over some of the men that I had with me there."

Senior Enlisted Man

"And we had a plethora of female Cobra pilots, and they did a wonderful job. They got shot up; you're in that bird taking rounds. It ain't no different. Those females worked wonderfully in those billets."

Senior Enlisted Man

During focus group discussions, the most common opinion expressed by both men and women was an emphasis on maintaining standards during implementation of this change. In their 2011 Annual Report, as part of their recommendation to eliminate the 1994 exclusion policy,

DACOWITS also recommended the Services develop appropriate physical standards by MOS, relevant to the job to be performed. The Committee emphasized that the selection of military personnel for assignment should be based on individual qualifications as relevant to the actual duties of the specific military job. The Committee's objective was to maintain standards within the military during this transition, but to ensure that the standards were set using appropriate metrics. Group participants tended to report similar concerns and needs. Both men and women felt that standards should not be lowered at the expense of the mission, but that the standards needed to be specific to the position. For example, some women noted that not all combat positions require physical strength, yet physical standards applicable to more demanding positions are often still applied.

"It's another chance for us to lead the way. We are being shot at and we aren't getting credit for it. I think lowering the standards is a concern and we should validate those and make sure that [those standards are] what are required. There are a lot of other skills that go into it but I don't need to be as strong as a man to fly a plane."

Senior Officer Woman

"I think that they should at least be given the opportunity if they can do it and meet the standards… Maybe there will always be a difference, and maybe women will not always be as strong as the men, but as female Marines, we will always try to meet that standard. They said we would have to do pull-ups. I know a lot of female Marines that got pull-up bars and started practicing."

Senior Enlisted Woman

"If part of the standard is a ruck march with 60 pounds plus gear and ammo. Not all women are built to do that. Not all guys can either. If they can pass the standards, I've got no problems. The last time I deployed, we had women I'd take over half of the guys in my unit. Not changing the standards to fit the person but have one standard for all. Whoever can meet that line can be allowed to be in it."

Junior Enlisted Man

"You shouldn't lower the standards. If you can't meet the standards, you need to get out."

Junior Enlisted Man

"I think women should be able to compete for any job… [In fire school] we had a 30 percent wash out rate. There was not one female that made it through the fire school at that time. I will ask you, are the standards too high when my loved one cannot be lifted or rescued. So they lowered the standards and now I have women and men that cannot do the job. I believe they should be able to meet the standards…and if they can, have at it! Because that means I don't have to do it."

Senior Enlisted Man

Concerns about Opening up Combat Assignments to Women

Conversely, a number of men and women expressed concern about the opening of assignments to women and felt the military should not have made this change. Members report a variety of reasons for this opinion.

Protective Response of Men Toward Women in Combat Roles

Many members raised the concern that men may try to protect women in the combat missions. While some felt this might compromise the mission, others felt this concern was rectifiable over time and men's reactions to women in combat should not necessarily be considered.

"Guys want to protect us; it's their instinct. I came across that on deployments. The [Service members] were extra protective of me. It's engrained in us as humans."

Junior Officer Woman

"We can't just not go out because [men] can't handle it..."

Junior Enlisted Woman

"To have a young lady on the team who got injured everyone would shift their focus. I just feel like I would be so protective of a woman on the team."

"Being so protective of someone…that's the archaic way of thinking."

Discussion between two Senior Enlisted Men

"We in American society, I think it will be difficult. We look to take care of women. If I see one of my male counterparts hit, I'll take care of him, but if I see a female get hit, you'll see ten or twenty [Service members] go over there. That's how we were raised. It's nurturing women. That would be tough for the men to ignore."

Senior Enlisted Man

Treatment of Women by Men

Members reported some concerns about how men will treat women while in combat situations, above and beyond the aforementioned concern on men overprotecting women. In addition, some members felt that even if the outright treatment of women was not markedly different, men would *think* about women differently.

"I hate to say it; I think we are a distraction in that environment, just because of how the guys are. I think it's a mistake to put females in certain MOSs, and there are some males that are scrawny, true, but we are just not built for that…And there was a situation that came up, this Staff Sergeant became pregnant, and she got held back, and that just tells me that they don't want to deal with that, because hey, we're going to have kids."

Junior Enlisted Woman

"We were physically ready. I did five to six months of training. The females were physically ready, but how do you train males to be mentally ready? You can stick females in the grunt unit, but they're going to think that this is a wife, she has a child. But, like, did I get treated differently? Yes. It wasn't like I couldn't pull my weight, but they were very protective of me. I was like their sister. I don't see how you can mentally train males for that."

Junior Enlisted Woman

"I believe that the women [in combat roles] will be a distraction…With [my military husband] being in a different combat environment, [he says] that if I had been there, he wouldn't have come back. He has lost people in that environment. If I had been there, if a female was there, he would have lost more men…females do not belong in direct combat roles, that we will be more of a hindrance than a help."

Junior Officer Woman

Physical Demands

A couple of men and women from across Services felt that women simply cannot compete with the physical demands of combat and the mission would be compromised if they were introduced into those assignments.

"I think that there always needs to be some acknowledgement of reality, though. The practical considerations: we're different, equal, but with different strengths. My husband can just lift more than me, it just is. There are some considerations, like in combat. There are some things that some women can't lift. You can't expect women to do some of these things physically."

Junior Officer Woman

"Regardless of how hard I train, in reality I can't carry a 300-pound dummy… is it worth the risk? We are saving lives. Is it helpful putting us in those combat positions?"

Junior Enlisted Woman

"I was talking to one of my friends in Afghanistan, and she felt useless. So you're coming up to a wall with 80 pounds on, and she could only jump two inches, and the guys are like, 'You can't get up?' And they're trying to help her, and that's 200 pounds to get up that wall."

Junior Enlisted Man

Morale

A few women and men in one Service felt that introducing women may weaken the morale of the unit as a whole.

"You might actually be weakening their group or morale. You show up at their FOB [Forward Operating Base] with just two females there, and that screwed up their morale. For me, that's not a place I think we should be."

Junior Enlisted Woman

"Well, you start putting a female officer in there and a staff NCO. Policies are going to change. We [men] are all children. We have a child's mentality. We do the stupidest things on the face of the earth… If you bring women in, that's going to start messing with the Feng Shui. Those women in there start to ruin our fun. [We will] be like, 'you just ruined the little bit of fun that we had'."

Junior Enlisted Man

Fraternization/Sexual Harassment/Sexual Assault

A number of men and women across Services and focus groups reported concern about fraternization as well as a concern about sexual harassment and sexual assault as a result of women serving in combat positions.

"[Y]ou can't control the decisions that people make, but you can control the environment and chemistry in those units, and you have to look at the mission…Once you bring in the mixed battalions, you deal with certain things like sexual assault cases, or pregnancy, and you have to deal with certain things that you didn't have to deal with before, even if they did meet the requirements."

Junior Enlisted Man

"I think that the military in general is infamous for implementing things before they are ready to implement them. My concern is: you've heard these stories, women being super isolated in these units, having lots of rapes and those sorts of things. They just aren't set up to do that…"

Junior Officer Woman

"The only issue with opening combat arms is having an all-female platoon because if you deploy, you'll have one female in a whole group of guys. That's setting females up for rape, sexual assault, etc. Shouldn't mix the two."

Junior Enlisted Woman

Implementation

Despite how they felt about opening up combat positions to women, Service members had a variety of opinions about how best to implement this change.

Many women in one Service felt it was necessary to start with young woman officers and train them with the young male officers to change the mentality from the beginning. Alternatively, some Service members felt if you implement the change with the younger members, there will be even more problems. Starting with those in higher ranking positions will allow for more effective and available mentorship.

"I think that if they do it, we start with the Second Lieutenants out of school, and let them train with the other males as Second Lieutenants…if you come in as a Second Lieutenant and train with the guys and show them that you're just as tough as them, and you obviously have to graduate, you will change that mentality."

Junior Officer Woman

"If we're trying to get women into artillery and other MOSs, get some strong female staff NCOs and officers in there, and they can help them and guide them."

Senior Officer Woman

Some men and women across Services and focus groups reported the need for training if combat positions are opened up to women. However, they emphasized the need for the *right* kind of training. Some discussed Service-specific training or training geared towards certain MOS's.

"I think it would be easily addressed with more training. In the Iraqi army, males and females train together—not Iraqi, but Israeli. From my understanding it's not an issue. They're so submerged in the unit."

Junior Enlisted Woman

B. Additional Non-Theme Findings

Often, one or two focus group participants reported on important issues, though these topics were not necessarily echoed across groups or from other members. Nevertheless, these topics may serve an important role in highlighting concerns and challenges of women in the military that may otherwise be overlooked. This section begins with a summary of issues which are specific to women in the military. This is followed with a section on issues of interest, though they are not specific to women and may be applicable to both men and women Service members.

- *Promotion Opportunities:* A couple women discussed promotion opportunities and reported feeling as though these opportunities were limited above certain ranks due, potentially due to lack of combat and deployment experience. Other women felt that these opportunities exist, but are not publicized so are rarely recognized by upcoming women.
- *Single Parenthood and Activation Concerns:* A couple of junior enlisted women in one focus group were frustrated that single mothers were not allowed to go into active duty without transferring custody of their children, whereas this was not the case for single fathers. This issue is in response to each Service's recruitment policy which indicates that single parents of children are not eligible for enlistment unless they transfer custody of their child.[12] While the policy itself does not specifically distinguish single mothers from single fathers, as was insinuated from a couple of the women, the policy may unfairly target single mothers, simply due to the higher number of unwed mothers compared to unwed fathers.
- *Unfair Incentives for Married Members and Members with Children:* A small number of senior officer women in the Marine Corps, including one woman who reported being a mother herself, felt that the tangible and intangible incentives for marriage and children

[12] An example of this language can be found in the policy on recruiting procedures in the Air Force (AFRS INSTRUCTION 36-2001). This policy states "an unmarried applicant who has physical or legal custody of a family member incapable of self-care is classified as a single-member sponsor by the Air Force. Because of this sponsor responsibility, the applicant does not have the flexibility required to perform worldwide duty, short notice TDY, remote tours, and varied duty hours. Therefore, an applicant falling into this category is ineligible for enlistment unless permanent physical and legal custody has been transferred by court order. Note**:** When permanent physical and legal custody has been transferred by court order, a waiver may be requested".

were unfair and that the military should take steps to address them. Two of these women specifically complained that often young women join the military and become pregnant. The military then pays for maternity leave, but this time is not added onto the woman's contract. These participants felt that the military was spending a great deal of money to bring these women on, but do not get the "bang for our buck" (Senior Officer Woman).

- *Human Papillomavirus Tests (HPV) as Grounds for Termination:* Two junior officer women reported concern that, within at least one Service, a positive HPV [Human papillomavirus] test was currently a reason for termination from the military and that this may unfairly target women in the military due to high rates among women.

Some focus groups participants shared concerns and difficulties which were not specific to the experiences of women in the Services, and were often shared by their male counterparts, but were still of interest to the Committee.

- *Healthcare in the Military:* While this topic was not specific to military women, a number of participants shared concerns regarding the healthcare system in the military. Specifically, a couple of junior enlisted women in the National Guard/Reserve reported frustration with the military healthcare system, specifically during deployment. These women reported difficulty getting healthcare services paid for, which eventually led to problems with credit. These women felt much of the difficulty was due to the change in activation status when deployed. Similarly, within one group, a few junior women officers in the Army also reported difficulty getting medical appointments and timely treatment for them and their families. This was echoed by one senior officer woman in the Marine Corps as well. In contrast, a couple of junior officer Air Force women reported the TRICARE and VA healthcare options were significant benefits and set the military apart from the civilian sector.
- *Mental Health:* A couple of women, predominantly from one senior officer group, discussed the difficulty managing the mental health of Service members. While they felt the military was taking steps to address mental health, they felt assessments were not always effective, particularly when the military relies on one evaluation taken at one point in time. Another woman within this group reported a number of men she saw who struggled with symptoms of post-traumatic stress. She felt the camaraderie and support within the unit was most effective in assisting the men with managing their symptoms.
- *Removal of Geographic Bachelorhood and Implications:* A couple women also reported difficulty due to the removal of the "geographic bachelor." This concept allowed Service members to get housing on base, even when not with their spouse. One woman shared a personal story which highlighted her need for this type of benefit, due to a medical condition with her son. His condition, and need to be close to his medical treatment staff, was not conducive to the relocations often required of military families. She chose to not

relocate her child and she alone stayed in military housing. However, she reported she had to pay rent since she was no longer covered under "geographic bachelorhood."

- *Male Victims of Sexual Assault and Sexual Harassment:* During conversations about sexual assault and sexual harassment, a couple women Service members reminded the Committee that sexual assault also happens to men, but this is often not covered in training/briefings so there is additional stigma surrounding these incidents. Similarly, some men Service members agreed that sexual harassment against women occurs, but they also felt women engaged in sexual harassment against men as well.
- *Repeal of Don't Ask Don't Tell (DADT) and Retention:* A couple of focus groups were asked whether they felt the recent repeal of DADT was going to impact retention. The few participants who were asked and responded, mostly male, did not feel the repeal would impact retention.
- *Treatment of Officers Compared to Enlisted:* Two women in one group suggested the Committee recognize the difference in treatment between enlisted and officers, with the latter often receiving significantly better treatment and benefits within the military.
- *Command Climate Surveys Not Valid Tools To Collect Data:* In the 2011 Annual Report, DACOWITS recommended DoD include measures of sexual assault and sexual harassment in command climate assessments. It is therefore quite relevant that a couple of junior officers in one group discussed how Command Climate Surveys are not valid tools to use. One woman specifically reported that commanders are often pressured to take these "voluntary" surveys and are instructed that they cannot go home until they are complete. The recommendation was that the military find a better way to gather this information.