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Battle on the Homefront: An Auto-Ethnographic Perspective on Domestic Violence Post-Deployment

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BATTLE ON THE HOMEFRONT: AN ETHNOGRAPHIC PERSPECTIVE OF DOMESTIC VIOLENCE POST DEPLOYMENT

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ABSTRACT

Domestic and sexual trauma that occurs during the time a soldier is actively serving in the military are difficult for researchers to measure in large part because the Department of Defense does not report these offenses to the public. Recent combat missions to the Middle East have increased mental health issues among soldiers, but it is unclear whether these issues are related to domestic violence and sexual trauma soldiers may have endured. The purpose of this study is to investigate how combat operations may have increased domestic violence and sexual trauma among soldiers. An auto ethnographic method is used to explore two waves of marriages in relation to two waves of combat deployments. Several themes were present in both waves of deployment and marriages. Emergent themes were heavy alcohol consumption and mental health issues, which resulted in an increase in domestic violence rates post-deployment. Military sexual trauma also emerged in the findings and was present in both the pre- and post-deployment phases.

Keywords: Auto ethnography, military, domestic violence, sexual trauma

I would like to dedicate this to my family. Parker and Payton, thank you for being my motivation when I wanted to quit. I love you to the moon and back. To my husband, thank you for your help, support, and endless love. To my brothers and sisters of the Armed Forces and to all of the victims of domestic violence.

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CHAPTER ONE: INTRODUCTION

Domestic violence (DV) and intimate partner violence (IPV) are two subjects that are rarely asked of Veteran participants in research studies. I seek, through auto ethnography, to probe my personal experiences as a female[1] soldier, as a means to shed light on and critically examine the direct effects of combat on soldiers and DV/IPV rates post-deployment. Veterans[2] are a highly protected group of individuals by Institutional Review Boards. The Veterans Health Administration and the Department of Defense have conducted the majority of the research that has been published to date on Veterans. However, these studies have several limitations.

The three main limitations are the sample selection method, the sample demographics, and what crimes are justified and which ones are not. First, the sampling method used by the VHA does not include Veterans who are not enrolled in the VHA medical system, pay for their own insurance, or those without any insurance, and or benefits. Second, the sample demographics, are another limitation, because most of the studies that have been conducted have primarily focused on male Veterans. And lastly, some crimes are justified and others are not justified. There are no set standards by law enforcement, or the military, when there should be (one way or the other). These reasons and others that have not been mentioned have led to a large gap within the literature on female Veterans and DV despite researchers, such as Jones (2009) asserting that when women return home they are more likely than women who have not served their country to become DV victims.

[1] The terms female/male and women/men will be used interchangeably with the understanding that there is a conceptual difference, where female/male is a biological term and women/men is a social distinction.
[2] To show respect the title Veteran will be capitalized throughout the paper.

The purpose of this study is to begin filling this gap by highlighting patterns, themes, and emergent understandings from my seven-year military career in the U.S. Army. I will also examine my personal relationships with former spouses including incidents of DV and IPV. Military sexual trauma (MST) will also be addressed and will relate specifically to my male chain of command. By sharing my story, I hope to provide a better understanding of the female soldier's life, and demonstrate how combat deployments affect military families and rates of DV. The National Center for Veterans Analysis and Statistics (NCVAS) projects that the overall Veteran population will decrease from 23 million to 14 million by 2043 (2014). The NCVAS also projects that the number of female Veterans will increase from 9 percent to 17 percent by 2043 (2014). These projections warrant the need to investigate problematic issues now and look for ways the military can reduce the overall negative effects that combat deployments have on military families.

CHAPTER TWO: LITERATURE REVIEW

Historically, after a U.S. war, there is an influx of research conducted on the returning Veterans. Prior research on Veterans from different war eras illustrate the relationship between combat and interpersonal relationship problems post-deployment. Military related PTSD and relationship problems have been a topic of recent research due to Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) deployments. Some researchers have looked back as far as the Civil War to determine the psychological and physical effects of combat on Veterans (Pizarro, Silver, & Prause, 2006). Other studies, have examined World War II and Vietnam Veterans for similar issues (Bramsen, Deeg, van der Ploeg, & Fransman, 2007; Faulkner & McGaw, 1977). However, few studies have attempted to identify possible risk factors related to DV/IPV among active duty service members and Veterans (Stamm, 2009; Taft, Pless, Stalans, Koenen, King, & King, 2005).

Within the literature Veterans overall have been shown to have higher rates of DV and IPV than their civilian counterparts (Heyman & Neidig, 1999; Marshall, Panuzio, & Taft, 2005; Monson, Taft, & Fredman, 2009). However, there are only a few studies that have specifically addressed DV and those said studies have several limitations. These limitations include, but are not limited to, sampling methodology and sample demographics. Likewise, studies that have been conducted on combat Veterans by the Veterans Administration (VHA), and or the Department of Defense (DOD), appear to have the same limitations.

Many of the participants in the aforementioned studies were Veterans who at the time of the study were seeking medical treatment for some reason. This limits the findings of these

studies to only those seeking help at that time with the VA and eliminates those Veterans who may pay for private insurance, have no insurance benefits at all, or no medical issues that would warrant the need for medical care.

Domestic Violence Defined

Domestic violence (DV) has been defined differently by numerous agencies around the world. In fact, there is no universal definition that has been agreed upon to date. This was also the case for the Defense Task Force on Domestic Violence (DTFDV) created by the DOD in 2000. The DTFDV noted in their initial report that one of the biggest challenges was developing a working definition of DV (DTFDV, 2003). The DTFDV was unable to provide the DOD with an official recommendation for a working definition of DV in their first year (DTFDV, 2003). This was due to disagreements on the exclusion of dating partners and same sex partners from the definition. The DTFDV was able to create a definition for DV in order to fulfill their overall mission for the DOD. However, the definition did not include intimate partner relationships prohibited by United States Code 654 (DTFDV, 2003).

Prior to the start of the DTFDV's work on defining DV, DOD Directive 6400.1 was used to define spousal abuse, and was used up until recent years (DTFDV, 2003). Previously, DOD Directive 6400.1 defined spousal abuse to include: battery, assault, threat to injure or kill, other acts of force or violence, or emotional maltreatment against a partner in a lawful marriage when one of the partners is a member of the military or an employee of the DOD (as cited by DTFDV, 2003). This was the only definition used by Family Advocacy Programs (FAP) across the DOD until recently.

As mentioned above, the definition used by the DOD for DV was limited in scope by only covering the spouses of military and DOD personnel. The definitions of domestic abuse (DA) and DV were revised and changes were effective as of July 9, 2015 (DOD, 2007). The crime of DA is now defined by the DOD as:

> a pattern of behavior resulting in emotional/psychological abuse, economic control, and/ or interference with personal liberty that is directed toward a person who is: (1) a current or former spouse; (2) a person with whom the abuser shares a child in common; or (3) a current or former intimate partner with whom the abuser shares or has shared a common domicile (DOD, 2007, p. 35).

The crime of DV is now defined by the DOD as:

> an offense under the United States Code, the Uniform Code of Military Justice, or State law involving the use, attempted use, or threatened use of force or violence against a person, or a violation of a lawful order issued for the protection of a person who is: (1) a current or former spouse; (2) a person with whom the abuser shares a child in common; or (3) a current or former intimate partner with whom the abuser shares or has shared a common domicile (DOD, 2007, p. 35).

The changes in DA and DV definitions broaden the scope of victims that will now be covered. Yet, it is still unclear how effective the recent changes in definitions will affect those in same sex relationships. Past research has previously noted that in conjunction with definition issues of DV the lack of confidentiality in the military could also be problematic (Mccarroll, Newby, Thayer, Norwood, Fullerton, & Ursano, 1999).

Violence is defined as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (World Health Organization, 2005). Whilst, DV is defined by the U.S. Department of

Justice (DOJ) as, “a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner” (2015, Domestic violence section, para. 3). The DOJ website also states that, “domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person; this includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone” (2015, Domestic violence section, para. 3).

Physical, sexual, emotional, economic, and psychological abuse are all separately defined by the U.S. Department of Justice. Physical abuse is defined by the DOJ (2015) as, “hitting, slapping, shoving, grabbing, pinching, biting, hair pulling, etc.” (Domestic violence section, para. 4). Sexual abuse is defined by the DOJ as, “coercing or attempting to coerce any sexual contact or behavior without consent” (2015, Domestic violence section, para. 5). The U.S. DOJ (2015) reports that sexual abuse, “includes, but is not limited to marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred, or treating one in a sexually demeaning manner” (Domestic violence section, para. 5). Emotional abuse is defined as, “undermining an individual's sense of self-worth and/or self-esteem” (2015, Domestic violence section, para. 6).

The DOJ defines economic abuse as, “making or attempting to make an individual financially dependent by maintaining total control over financial resources, withholding one's access to money, or forbidding one's attendance at school or employment” (2015, Domestic violence section, para. 7). Lastly, psychological abuse is defined by the DOJ as, “causing fear by intimidation; threatening physical harm to self, partner, children, or partner's family or friends;

destruction of pets and property; and forcing isolation from family, friends, or school and/or work" (2015, Domestic violence section, para. 8). As previously mentioned, in the military, incidents of DV, IPV, and MST are punishable by the UCMJ and state law. Due to the time frame of the marriages analyzed in this study, the definition of DV as outline in DOD Directive 6400.1 will be used.

Intimate Partner Violence Defined

Intimate partner violence (IPV) has been defined in the literature as:

> Any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. Such behaviors include acts of physical aggression…psychological abuse, forced intercourse and other forms of sexual coercion, (and) various controlling behaviors such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance (Heise & Garcia-Moreno, 2002, p. 89).

The way in which the DOD has worded their definition of DV allows incidents of IPV to fall under the same criminal penalties. Still, it should be noted that the definition does not mention same sex partners/couples.

Military Sexual Trauma Defined

Sexual assault in the military is a very sensitive subject and has very little research conducted on the issue (Jones, 2011). Reports of MST appear to only surface after the victim's separation from the service. Bostock and Daley (2007), found that Air Force are at a higher lifetime risk than their civilian counterparts for sexual victimization. However, they concluded that their results were not a direct reflection of MST. Bostock and Daley explain that their results primarily stem from sexual assaults perpetrated by civilians and is not representative of MST

(2007). Sexual assaults differ from DV and IPV incidents due to the lack of visible evidence to the naked eye. In the majority of DV and IPV cases the victim is often left with bruises, marks, and scrapes. Yet, in sexual assaults, there may be no visible physical evidence left behind by the perpetrator. The only way for the microscopic evidence to be found is if the victim steps forward after the incident and an assault/rape kit is collected and analyzed.

The DOD and the Pentagon estimated that there were approximately 26,000 sexual assaults committed in the armed forces during 2012 (Rosenthal & Miller, 2013). However, researchers have questioned the validity of the DOD's estimate. Rosenthal and Miller (2013) argue that the DOD underestimated the sexual assaults by not including unwanted gender behaviors. Unwanted gender behaviors are considered to be acts of sexual harassment or unprovoked/unwanted sexual comments (Rosenthal & Miller, 2013). Another major issue with the DOD's estimate of 26,000 is that crimes that took place at training facilities were not included in the overall total. The DOD reported, in 2012, that 6.1 percent of servicewomen experienced unwanted sexual contact. Yet, female cadets in the U.S. Airforce Academy and U.S. Naval Academy reported unwanted sexual contact rates of 11.2 percent and 15.1 percent, respectively (DOD, 2012).

Excluding these training facilities from the assessment of sexual assaults within the military may have caused the DOD to largely underestimate the overall prevalence rate. One additional issue with the DOD's estimate of 26,000 is that the data only included victims who experienced unwanted sexual contact. Rosenthal and Miller (2013) put forward that the DOD should have accounted for the number of perpetrators. Moreover, Rosenthal and Miller theorize

that the actual number of perpetrators in the military may actually be higher than the number of victims (2013).

Military sexual trauma (MST) may occur in many different forms ranging from rape to sodomy. The most common form of men-to-women sexual aggression involves a man's use of psychological, verbal, or physical coercion to obtain or attempt to obtain sexual contact with a woman who is unwilling or unable to consent (Basile & Saltzman, 2002). The VA reports that 23% of female Veterans reported MST when in the military (VA, 2015). Men and women report varying rates of sexual harassment when in the military. The VA reports that 55% of women and 38% of men have experienced sexual harassment during their time in service (VA, 2015). For the purpose of this study the Basile & Saltzman (2002), definition will be used when considering possible incidents of MST.

PTSD Defined

According to the National Center for Posttraumatic Stress Disorder (NCPTSD), PTSD can occur after a person endures trauma (VA, 2015). Trauma may be considered a scary or shocking event that a person sees or directly happens to them. During these events, a person may feel out of control or believe their life and the lives of others are in danger (VA, 2015). Members of the military may have combat experiences that expose them to dangerous experiences. Soldiers may see someone get shot, be shot, or witness death. These are some types of events that are specific to military members that may lead to a future diagnosis of PTSD.

There are four main symptoms of PTSD according to the National Center for PTSD (VA, 2015). The first symptom is reliving, also known as re-experiencing, the event. This includes nightmares, flashbacks, and triggers such as a smell or sound. The second symptom is avoiding

situations that remind the person of the traumatic event. This may include avoiding crowds, driving (if involved in a vehicle related trauma), or not seeking help or treatment out of fear of having to talk about their experience. The third symptom is any negative changes in feelings or beliefs. This may include not feeling positive or not having loving feelings for others, or have a general belief that the world is a dangerous place, and not have the ability to trust others. The fourth and final symptom is hyperarousal. This includes feelings of alertness, being easily angered or irritated, trouble concentrating, being easily startled, and having a hard time sleeping. The VA does acknowledge that MST is another cause of PTSD for military members.

The numbers of Veterans diagnosed with PTSD varies based on the era in which they served. Veterans of the Vietnam War were assessed for PTSD in a study conducted in the late 80s, the National Vietnam Veterans Readjustment Study (NVVRS), and at that time 15 out of every 100 Vietnam Veterans (15%) were diagnosed with PTSD (VA, 2015). However, it has been estimated that approximately 30 out of 100 (or 30%) of Vietnam Veterans have had PTSD in their lifetime (VA, 2015). The Gulf War (also known as Desert Storm) produced approximately 12% of Veterans with PTSD in a given year (VA, 2015). It has been estimated that in a given year, around 11-20 out of a 100 Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF) Veterans have PTSD (VA, 2015).

Previous research suggests that Veterans with military related post-traumatic stress disorder (PTSD) have higher divorce rates than those without PTSD (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004; Jordan, Marmar, Fairbank, Schlenger, Kulka, & Hough, (1992). Male Veterans with chronic PTSD have also been found to be less self-disclosing and emotionally expressive with their partners (Carroll, Rueger, Foy, & Donahoe, 1985). Whereas, in a separate

study, PTSD symptoms were not associated with family adjustment for women Veterans (Taft, Schumm, Panuzio, & Proctor, 2008). These contrasting findings lead to the need for further research to determine the difference between men and women combat Veterans.

Avoidance and numbing have been identified as PTSD symptoms that affect the intimate partner relationship. Several studies have identified these symptoms as being strongly associated with intimate relationship dissatisfaction and impaired intimacy (Evans, McHugh, Hopwood, & Watt, 2003; Solomon, Dekel, & Mikulincer, 2008). These symptoms have also been found to relate negatively to parenting satisfaction within Vietnam Veterans (Berz, Taft, Watkins, & Monson, 2008; Glenn, Beckham, Feldman, Kirby, Hertzberg, & Moore, 2002; Samper, Taft, King, & King, 2004). In conjunction with being less self-disclosing expressing symptoms of avoidance/numbing can severely impact the communication line between the veteran and their family. A lack of communication can alter relationships between spouses and parents and children. However, due to the delicate nature of the subject matter, research with veteran's children, in relation to DV is scarce.

It has been found, that male Veterans diagnosed with PTSD, are more likely than those without PTSD, to be aggressors towards their partners and children (Carroll et al., 1985; Glenn et al., 2002; Jordan et al., 1992; Sherman, Sautter, Jackson, Lyons, & Xiaotong, 2006; Verbosky & Ryan, 1988). Recent studies report that OIF/OEF Veterans diagnosed with PTSD are approximately 2 to 3 times more likely to commit or sustain violence (Teten, Schumacher, Taft, Stanley, Kent, Bailey, & White, 2010). Also, the severity of aggressive behavior has been positively identified with PTSD symptom severity (Byrne & Riggs, 1996; Glenn et al., 2002;

Taft, Street, Marshall, Dowdall, & Riggs, 2007). Alcohol and drug use have also been positively identified as correlates of aggression levels in men PTSD Veterans (Taft et al., 2005).

Why Me?

Research guided by feminist thought on the military is lacking in the literature. Harrison (2002) stated the following:

> Research on any aspect of military family life from a feminist perspective, in any country, has been rare. Since militaries are largely men-dominated organizations, persons who are experientially close to them are unlikely to be feminist researchers. On the other hand, for inverse reasons, feminist researchers are unlikely to be experientially close enough to military communities to discover much about their everyday goings on (p. 8).

My insight into the military culture and lifestyle, mixed with my feminist scholarly foundation, are what make me unique as a researcher on this subject matter. My academic background in feminist thought and theory allow me to examine past experiences with lenses that are otherwise uncommon in terms of military research. Also, personal experiences gained over my military career provide me the experiential closeness that has been previously noted as unlikely (Harrison, 2002).

Applying different lenses to social issues allows researchers to examine areas comprehensively. More specifically, applying a feminist perspective on military culture yields other ways in which the experiences of soldiers may be researched. Everyday experiences and social interactions within the military are unique for men and women soldiers. The age, race, marital status, and rank[3] of a soldier further shapes these experiences. My experiences reflect how these variables can affect daily life in the military.

[3] For a breakdown of rank see Appendix B.

Using myself as the subject may at first seem arrogant or egocentric. This, in fact, was something I struggled with when deciding on methodology. However, it was important to me to build a foundation with clear concepts and themes before setting out to interview others. Also, the protected status that Veterans have from researchers made participant recruitment difficult to say the least. Establishing a solid foundation with a specific framework is essential to future qualitative work with women Veterans on certain subjects. To construct the framework for future studies an in-depth analysis of my military career and personal life was required. My personal interactions and everyday life in the military are the basis for the foundation of this study.

There were several research questions that I felt were missing from the existing literature on female Veterans. After an extensive review of Veteran literature, I found that I had more questions than answers. Why are female participants so rare? What makes my experiences different from other soldiers? How do multiple combat deployments affect female soldiers and their families? What types of issues associated with deployments are gender specific? During my quest to answer these questions it became clear that there were several other issues that needed to be addressed as well.

Psychological and physical health are two other factors that may shape one's experiences and must be accounted for. It was my goal to remain objective by fully disclosing aspects of my past that are not very becoming. Some scholars have noted that auto-ethnographic writing may include highly personal accounts that draw upon the experience of the researcher for the purposes of extending sociological understanding (as cited in Denshire, n.d.; Sparkes, 2000). Others have stated that auto-ethnographers blur boundaries and craft fictions in an attempt to rewrite themselves (Denshire, n.d.). By sharing all aspects of my personal life, including

psychological and physical health issues, the criticism of rewriting myself may not be applied to this study.

Gender & The Military

Joan Wallach Scott suggests that "gender is a constitutive element of social relationships based on perceived differences between the sexes, and gender is a primary way of signifying relationships of power" (1988, p. 1069). Furthermore, Connell (1987) suggests that gender, as a *structure*, legitimates those in authority and divides work in both the home and economic production (Connell, 1987). The military is a highly structured institution where gender issues are prevalent. Lorber (1994) proposed that gender is a key element of structured inequality and the undervalued gender have less "power, prestige, and economic rewards than the valued genders" (p. 34). Men are the dominant and valued gender inside of the military culture. The military has been structured around the male soldier and in turn women soldiers are immediately at a disadvantage in several different ways.

The Gaps

As previously mentioned, several studies within the literature on Veterans have predominantly focused on men. This is, in part, due to the accessibility to veteran participants. In one specific study the researchers did collect data on female Veterans (Klaw, Demers, & Da Silva, 2014), however, the data collected on the female Veteran participants were eliminated from the overall analysis due to the low number of females surveyed. Instances like this indicate why information about female soldiers are not frequently found within the literature on Veterans. This study is a first step to filling gaps within the literature on various issues that female Veterans and their families face post-deployment.

Obtaining an accurate number of DV/IPV and MST rates among female Veterans is nearly impossible. This is mostly due to the low self-report rates of these crimes. Victims of these types of crime are often embarrassed to say what happened to them and this, in turn, leads to underreporting. In the military, victims not only face the embarrassment of everyone knowing what happened to them, but they may also face alienation and segregation by their peers or chain of command. A combination of these external and internal forces are what ultimately inhibits the victim from speaking up about the incident. Similar to civilians, military families involved in DV situations often do not call the police for help. Military service members face both jail time (in the civilian and military sectors) and prosecution by the military. If a soldier is involved in a domestic incident, he/she may face a court-martial under Sec. 928. Art. 128. (Assault), or Sec. 934. Art. 134. (General Article) of the Uniformed Code of Military Justice (UCMJ) (NCDSV, 2013). Other articles of the UCMJ that relate to DV are very specific to the nature of the crime. For example, Article 124 of the UCMJ focuses on the crime of maiming someone. These proceedings often result in extra duty assignments, loss of rank, and a loss of pay.

Despite the under-reporting of these types of personal and invasive crimes the number of DV incidents among female Veterans is elevated. In both the U.S. Army and Air Force, physical violence was the most frequently reported form of spouse abuse, accounting for 89.3% to 92.4% of all spouse abuse (Rentz, Martin, Gibbs, Clinton-Sherrod, Hardison, & Marshall, 2006). In one study conducted at a VHA medical center, 24 percent of respondents (under the age of 50) reported an incident of DV within the past year (Murdoch & Nichol, 1995). Of the 24 percent of respondents that reported a DV incident, 50 percent of those respondents stated the DV incident/assault was life-threatening (Murdoch & Nichol, 1995). It should also be noted that all

incidents of DV reported within the military are a combination of spouses and Active Duty victims. This skews the actual number of service members that have experienced DV.

Intimate partner violence (IPV) has been identified as a significant problem for female Veterans over their lifetime. One study reports that female Veterans (33%) are at a higher risk for physical and sexual forms of IPV versus their civilian counterparts (23.8%) (Dichter, Cerulli, & Bossarte, 2011; Iverson, Dick, McLaughlin, Smith, Bell, Gerber, & Mitchell, 2013). VHA studies have reported IPV rates as high as 74% among female Veterans seeking medical or mental health care at VHA health care clinics (Campbell et al., 2002). Results of a comprehensive literature review conducted in 2005, on the existing IPV literature on Veterans, revealed IPV rates across both active duty and Veterans to be between 13.5 and 58 percent (Marshall, Panuzio, & Taft, 2005). In another study, conducted at an inpatient VHA treatment facility, 58% of respondents reported committing IPV since their discharge from service (Hilet-Young, Blake, Abueg, Rozynko, & Gusman, 1995).

It has been theorized that due to a high level of exposure to violence-prone environments such as a violent childhood home or the military, the female Veteran is at a higher risk of IPV over their lifetime (Campbell, Greeson, Bybee, & Raja, 2008; Sadler, Booth, Mengeling, & Doebbeling, 2004). However, the overall cause is still unknown. According to Iverson et al., there currently is no extant IPV screening tool that has been evaluated in a published study of female VHA patients (2013). The lack of tools to accurately measure DV/IPV limits researchers in their assessments of the issue. Furthermore, important details and facts that surround the situation may not be accounted for. The following chapter will explain the method that I chose for this study and how it accounts for details and facts that are usually not examined.

CHAPTER THREE: THE METHOD

Narrative Identities

According to David Maines there is a difference between a story and a narrative (1999). Pulling from Mead's and Durkheim's work, Maines explains how interpretations shape the meanings we attach to things, and understand life (1999). Maines states that a story has a plot (1999). Whereas, "narratives are cultural frames and ideologies that prefigure some stories insofar as group beliefs and values contain already-articulated plots" (Maines, 1999, p. 318). The goal of the current study was to ensure that the themes and concepts emerged from the data. At the start of the study only one topic was identified as the subject: domestic violence and female Veterans. Further into the study it became apparent that obtaining female Veteran participants and IRB approval would be difficult. The only usable subject available to me was myself.

Similar to a story, a narrative can be overt at times but Maines (1999) suggests, "perhaps more importantly they can be covert…untold stories that frame the interpretive process of interpersonal relations" (Maines, 1999, p. 318). The use of a narrative approach method for research the topic initially chosen due to the fact that it would allow for the story and themes to emerge naturally without an end goal in mine.

The Auto-Ethnographic Method

The auto-ethnographic method is relatively young and for this reason it has been highly criticized (Denshire, n.d.). Auto-ethnographic writing combines writing styles, methods, and techniques in order to address social issues and questions. Scholars have described the auto-ethnographic method as both process and product…a researcher uses tenets of autobiography and

ethnography to do and write auto-ethnography (Ells, Adams, & Bochner, 2011). Facing Mount Kenya written by Kenyatta in 1962, is recognized as the first published auto-ethnography, and has been criticized for being uncritical and subjective (Denshire, n.d.; Hayano, 1979). The term 'auto-ethnography' was introduced by Karl Heider in 1975 (Chang, 2008). In 1979, Hayano used the term again to describe a study of himself as an insider within the Southern California card playing world (Chang, 2008). The culture of the card playing in Southern California was Hayano's 'auto-biographical connection to the ethnography' (Chang, 2008; Denshire, n.d.). Lionnet noted that auto-ethnography "opens up a space of resistance between the individual (auto-) and the collective (-ethno-) where the writing (-graphy) of singularity cannot be foreclosed" (1990, p. 108).

Auto-ethnographic writers have been cited as being able to "strip away the veneer of self-protection that comes with professional title and position… to make themselves accountable and vulnerable to the public" (Denzin, 2003, p. 137). In The Sociological Imagination, written by C. Wright Mills in 1959, he suggests that "neither the life of an individual nor the history of a society can be understood without understanding both" (1959, p. 3). For this reason, I chose the auto-ethnographic method to explore my individual experiences as a female soldier. My knowledge of the military lifestyle provides me with a unique perspective on issues specific to female soldiers. Moreover, multiple combat deployments and various duty assignments, overseas and in the United States, have provided me with the specific insight needed to examine the military lifestyle from multiple viewpoints. This is an important factor when considering how different military experiences can be for soldiers depending on their duty assignment location plus the length of their assignment. Comparisons of duty assignments and combat deployments

were examined in greater detail to shed light on how duty assignments may shape soldier's experiences.

Data Collection & Analysis

Data were collected using military service records, personal journals, memos, and writing on the thematic areas over the summer and fall 2015 semesters. All data were transcribed and coded. A qualitative description method was used to analyze the data and find key indicators, patterns, themes, and emergent understandings (Sandelowski, 2000; Sullivan-Bolyai, Bova, & Harper, 2005). Once data were analyzed and patterns and themes were being identified, the data were then input into thematic conceptual matrices. Conceptual matrices contained waves of each of the following: (1) marriage, (2) deployment status, (3) life events (e.g. divorce), (4) coping strategies, and (5) general themes and concepts (Miles & Huberman, 1994; Saldana, 2003).

A narrative analysis method was used to investigate the memos and data collected. Riessman (1993) describes narrative analysis as a method that examines the informant's story and analyzes how it is put together, the linguistic and cultural resources it draws on, and how it persuades a listener of authenticity. Riessman (1993) also notes that via narrative analysis it is "possible to examine gender inequalities, racial oppression, and other practices of power that may be taken for granted" (p. 5).

CHAPTER FOUR: MILITARY SOCIALIZATION

My experiences with MST began in basic combat training (BCT) and continued over the seven-and-a-half-year span of my career. From the moment I stepped foot on Fort Sill, in Oklahoma, I felt as if I was on another planet. There were soldiers everywhere, mostly men, and everyone was yelling; it was organized chaos. After being herded like cattle in trailers to our new unit the other new troops and I were immediately on the receiving end of the yelling. Most of the comments made by the drill sergeants to the men were about weight or strength. The comments that were directed directly at me referred to my physical qualities as a woman. Specifically, one drill sergeant told me that I would never be able to do a regulation push-up due to my chest size. At that time, I was so concerned with passing my training that doing a proper push-up was more important than anything he else said. Comments similar to this were consistently made to me during my training phase.

The physical aspect of the sexual trauma I encountered began in the second week of training. One evening, in the stairwell of the drill pad, a male soldier grabbed me from behind and began touching and kissing me. My body froze in shock and there I stood motionless and unable to speak. This continued until the sound of someone's boots coming up the stairs startled the male and he let my arms go. For whatever reason, fear or shame, I did not tell anyone what took place. A few days later I was called into the first sergeant's office and told that I was in trouble for fraternization. I did not even know what the word meant until it was explained to me. The first sergeant explained that a letter written to me by the male soldier was found and the content of the letter suggested that we had an inappropriate relationship. After I explained my side of the story the first sergeant proceeded to tell me that it was my fault for being alone in the

stairwell. The male soldier and I were both punished under the UCMJ for fraternization. The remaining weeks of BCT were both physically and mentally challenging. I was so excited to move past this and begin my actual job training.

After completing BCT, I began the U.S. Army's Advanced Individual Training (AIT) at Fort Gordon, in Georgia. During this time, I sustained an injury to my lower back that required me to stay on Fort Gordon in hold-over status. During my extended stay in a holdover unit I was promoted to a platoon leader and began working in close proximity to the platoon sergeant. After being in a leadership position for a week or two I was asked to pull 24-hour charge of quarters (CQ) duty with my platoon sergeant. It was not uncommon for soldiers to watch movies during these shifts and that is what we planned to do. My platoon sergeant brought his laptop, a few movies, and some soda.

We began our shift and things went very smooth around the barracks. Soldiers were quiet and there were no disturbances that required our attention. The later it got, the quieter it got. We sat side by side at the desk watching some movie I had never heard of before and was really not that interested in. I started to fall asleep and quickly awoke when I felt a warmth on my thigh. When I opened my eyes, I looked down to see one of his hands on my leg and the other heading towards my mouth. Before I had the chance to react or speak he told me to be quiet and to relax. He leaned towards me and whispered into my ear that if I told anyone it was his word against mine and that no one would believe me. This seemed too familiar to me, I had heard this before. Within seconds I had been sexually assaulted, again. He proceeded to tell me that if I did not comply with his requests I would be pulled from my leadership role and not considered for future promotions. This continued for approximately five months.

At my first permanent duty station, at Fort Hood, Texas, I tried to forget what took place during my training. I began working in an electrical repair shop fixing computer systems. After a few months of being in the maintenance shop, I received new duty assignments to work on a new computer system being field tested for the military. This was a major responsibility and I was excited to be a part of the mission. My new position required me to work hand-in-hand with civilians and officers in my unit. My first assignment: shadow my male warrant officer.

CHAPTER FIVE: PHASE ONE AKA "THE FIRSTS"

In general, the military is very organized and structured, and there is a time and a place for everything. The daily life of soldiers in the military is unique in many ways. Active duty soldiers follow a rigorous schedule that trains their bodies and minds. Aside from their specific job duties during the day, soldiers regularly attend training on military equipment, weapons, nuclear biological and chemical (NBC) related issues, and war tactics. Weekly maintenance on vehicles and field equipment are two other examples of responsibilities that soldiers face. Depending on the soldiers MOS and rank other responsibilities may vary from day to day. Many soldiers take lunch and smoke breaks together. Similarly, soldiers regularly engage in after work activities together, and go out in groups of two or more. This, also known as having a "battle buddy" with you at all times, and is promoted by the leadership during weekly safety briefings. Soldiers are encouraged to stick together and watch out for one another.

Most of my own experiences after work or on the weekends, I spent most of my time with other soldiers from my unit. Depending on the duty location, and assignment that I was on at the time, the after work activities varied. Stateside duty assignments and social activities that I participated in after work were very different from my overseas duty assignments and social activities. My social activities when stationed stateside included things such as: attending car shows, hosting car club meetings, outdoor activities (e.g. camping and swimming), participating in community sports, and enjoying the local nightlife scene. Overseas duty assignments were a little different depending on the climate region assigned to. Therefore, my social actives included a range of things, such as: participating on unit sports teams, traveling, and engaging in the local

cultural events and activities. One social activity that was consistent over my military assignments was alcohol consumption and the fact that my spouse was my "battle buddy."

When stationed stateside, local laws such as the "married minor law," allowed me to legally consume alcohol at the age of 18. This significantly impacted my social activities with my fellow soldiers and spouse. Nightlife events and social activities gradually shifted from weekends only, to occurring frequently throughout the work week, and into the weekends. Alcohol consumption intake also increased over time as my tolerance level increased. This was also the case for my spouse. Frequenting clubs and local bars became the norm during my first marriage. Our daily routines were very similar and there were not many times during the day that we did not see each other. We woke up and attended formations, PT, and work call together. At the end of each work day, we would ride in the same car and return home. Our circle of close friends was from our unit and visited our home regularly. Because we were in the same unit the only times we were not together were primarily during field training exercises.

It was during our first deployment together when our routines began to differ from one another. Due to our roles within our unit, my spouse and I were considered support and eventually we were attached to separate units. Our daily lives shifted from rarely being apart to always being apart. Once the deployment was over, and our unit returned home, our pre-deployment routine of being together for the majority of the day resumed. One major difference in both of us were mental health changes. Unknown to us at the time, and left untreated, both my spouse and I were affected mentally by our deployment. To re-connect, and cope at the same time, we resumed pre-deployment social activities. This became very problematic for us as a couple.

Once reunited after being apart on and off for a year, combined with new mental health issues and alcohol consumption, relationship issues quickly arose. The reintegration training that we received as soldiers was different from what military and civilian married couples received in terms of family life. We were not given a manual or instructed about how to return to our lives together. There were no special classes or counseling services that were offered specifically to us. It felt as if someone pressed pause on a movie of our life, for us to deploy, and we were expected to just be able to resume the movie when we returned. No one expected the VCR to be outdated or the video tape to be damaged.

The abuse started shortly after we returned home and our lives were intertwined again. Verbal abuse went from only occurring during social events where alcohol was present, to happening on the way to PT, or on our way home. The first instance of physical abuse occurred one evening after going out with friends and consuming alcohol. This two-way abuse continued for a long period of time. The level of abuse increased over time and on one occasion I ended up on the receiving end of our gun. It was at this point I made the decision to divorce my first spouse, although, we already signed up to move together overseas. Upon our arrival at our second duty station, my spouse was instantly deployed, and we proceeded with our divorce.

CHAPTER SIX: PHASE II AKA "THE SECONDS"

My new duty station overseas was poles apart from my first duty station in copious aspects. Not only was the climate different, but so were the people, the military equipment, and my new home. I felt like I had joined a different Army and I was a new soldier. The only thing that I felt was missing was my battle buddy. Shortly after my first divorce was finalized, I found myself in a new relationship, with a fellow soldier. We shared several things in common, but the most notable two things were being married once before, and having deployed one time in the Army. Our relationship moved rapidly when we were given our orders to deploy in support of OEF. We returned to the states and got married before we deployed. Our pre-deployment daily routine was strikingly similar to my first marriage and duty station. We too rode together to work, were in the same unit, and had the same circle of military friends. It was as if I got an upgrade to a DVD player with Blu-Ray feature.

Social activities were not as community based due to language barriers. However, traveling was a large part of our time spent off base. We socialized with our fellow soldiers frequently at local pubs and attended local festivals and events. Alcohol use was predominant within the local culture and this was reflected in our relationship. Large beer steins could be found within the cupboards of our village home and glass bottles filled the recycling bins weekly. All of this stopped when deployment time arrived. We packed our bags and said good-bye, that feeling was back…someone was pressing pause again on the movie of my life.

My second deployment felt longer, hotter, and more intense than the first. There were many things that changed on my second deployment from my first deployment. Mission goals often prevented communication with my spouse, seeing one another, my daily routine, and my

circle of friends. Near the end of the deployment our unit received six-month extension orders, so instead of leaving, we unpacked our equipment and resumed the mission. Temperaments changed, morale decreased, and an overall tension was in the air. Around this time there were rumors of infidelity that surrounded my spouse and another female soldier. The female soldier and my spouse quickly attempted to dispel the rumors. The stressors of combat situations did not allow me to fully focus on this issue at the time it was brought to my attention. Finally, the orders came down that we were going back home and everyone was so excited!

The reintegration process was basically the same as my first experience. Long lines at reintegration stations located at medical, mental health, and dental. Mandatory overcrowded classes and briefings on various topics, yet, there was nothing for dual military couples specifically. Our lives were thrown back together after being apart for eighteen months and our schedules were synchronized yet again. Again, I found myself and my spouse back at home and problems quickly arising. Someone pressed play on my DVD player and this time when the movie played it skipped.

We attempted to merge our lives but issues kept coming up and alcohol use was prevalent in our home. Within two weeks of our return the bi-way verbal abuse began. We fought about non-important issues and began distancing ourselves from one another. Social activities were done separately with different groups of friends, and alcohol consumption became a daily coping mechanism for both of us. The abuse shifted to both, physical and sexual, approximately three to four months after our return. Outings by ourselves or with friends seemed to always end in a fight fueled by alcohol and various forms of DV.

For example, one evening we decided to go out with some of his friends to a local pub for drinks, and the evening turned into a nightmare. Throughout the course of the evening everyone compared their missions and drank heavily. For some reason when we got home the conversation continued and so did the drinking. It did not take long before the conversation was a fight and things were physical. Before I knew it I was ill and throwing up from a combination of being hit in the stomach and crying so hard. It was during this point in the rest room when my spouse decided to have un-consensual sex with me. As soon as he left the rest room that evening, I locked the door and slept on the floor until the next morning.

A few months after that incident we both received orders that we were deploying again. This time would be different, we would deploy at different times, and to different locations. By this time, we had been married for 3 years and we were both facing our third deployment to the Middle East. Emotions ran high and so did the DV instances in our home. In the weeks leading up to my departure we seemed to be getting along great and things were going pretty good. It came time for me to leave and again we said good-bye to one another.

After my arrival in Kuwait, I began having physical issues with a pre-existing injury on my hands that required me to be medically evacuated to Germany for surgery. Upon my return, I was prepped for surgery, and it was determined that I was pregnant. After a few quick calculations, it was determined by my physician that I got pregnant before I deployed. When I notified the chain of command of my status I was questioned about my sexual behavior and fidelity to my spouse while I was deployed. Even after providing the estimated date of conception from my obstetrician the chain of command proceeded with Article 15 proceedings. The proceedings were not dropped until after I had a miscarriage. At that time, I was granted 30

days of leave and my husband was allowed to return home from his new deployment to Iraq. I underwent several medical evaluations after the miscarriage and it was recommended by my physicians that I be medically evaluated for continued service due to pre-existing lower back and hip pain that sometimes prevented me from fulfilling my daily duties.

Mental health issues became apparent at this time in me and my spouse. After my spouse's return to Iraq, we were both evaluated for mental illness, which resulted in his return from deployment and separation from the military. Later, it was determined that I was also mentally and physically unfit for duty, and I was medically discharged from service. Evaluations were conducted, analyzed, compared, and diagnoses were established. However, it should be noted that my spouse and I were not treated at time of discharge by mental health physicians. Recommendations given to me by my physicians were to follow up with the mental health providers at the VA when I returned to my home state.

When I returned to the states and resumed my relationship with my spouse everything was different. Life was not the same in the civilian world and we were not the same. The stress of transitioning from Active Duty life to civilian life and finding a new career was problematic. Without the structure and organization that the military lifestyle provides we found it difficult to share interests and circles of friends. Our daily routines varied and were not consistent with one another as it had been in the past. Various forms of DV occurred after separation and also went unreported to authorities. It was apparent to us both that the only things we shared were space and bills. Not long after my separation from Active Duty my spouse and I decided to separate and divorce soon followed.

CHAPTER SEVEN: APPLIED THEORETICAL APPROACHES & THEMES

In "The Paradoxes of Gender" (1994), Lorber states that gender is an "institution that establishes patterns of expectations for individuals" (p. 1). Within the military gender and power go hand-in-hand. Gender appeared in the data as a reoccurring theme that appears to have significant effects on the outcomes in many situations in my military career. Gender is an institution that is socially constructed. Lorber (1994) also stated: "in the social construction of gender, it does not matter what men and women actually do; it does not even matter if they do exactly the same thing. The social institution of gender insists only that what they do is perceived as different" (p. 26).

My initial experiences in the military quickly shaped my thoughts on gender roles and my overall gender identity. I was required like everyone else to perform certain tasks but because of my gender and physique I was regularly singled out. For example, during physical training time I was told my push-up form was not good enough, due to the fact that my chest hit the ground and my elbows were not at a 90-degree angle. Statements about my physique that questioned my overall strength had an impact on how my fellow soldiers viewed me. I was perceived as different by the men, inferior.

Lorber (1994) explains how men and women who carry out the same tasks are usually segregated in order to maintain gender separation. However, the job titles associated with the similar tasks are often given different names (Lorber, 1994). In the military, soldiers are expected to perform the same tasks daily. Differences in training and daily tasks between soldiers may vary depending on the assigned unit and MOS. For example, a soldier who is

assigned to a combat medical unit may require more training than one assigned to a supply unit. The gender breakdown of these units may also vary. Combat units may have more men assigned to the unit than a supply unit.

The military has long been a hypermasculine institution and it is maintained via gendered policies, regulations, and socially constructed gendered identities. The hypermasculine culture of the military possesses the fundamental characteristics of a patriarchal system. Cynthia Enloe outlined criteria for patriarchal belief systems in *Militarism and Globalization: Feminists Make the Link* (2007):

> (a) women and men are intrinsically and unalterably different from each other; (b) these natural differences explain why men and women have/play different roles in society; (c) men are natural and superior because of their distinguishing traits (e.g., greater rationality, less natural inclination for child rearing, greater capacity to handle harsh realities, and physical strength); and (d) women's alleged natural inclinations make them valuable in home life and the men use their masculine skills to protect the entire society (p. 67).

Based on my own experiences and observations while in the military, I have no doubt that the military meets Enloe's criteria for a patriarchal belief system. There were several specific instances (that happened to me personally) that promoted gender inequality and male superiority within the ranks. A prime example of this was the treatment that I received during BCT both during and after my Article 15 punishment. During the Article 15 sentencing, my male counterpart was given an opportunity to address our unit, and I was not. It was as if my words,

thoughts, and feelings were not as important as his. After sentencing, my chain of command frequently called me names and mocked me during training exercises. My male counterpart was not singled out in any way after the sentencing hearing.

Further along in my training phase that I was placed in an office job role alongside a higher ranking male. It was during this time where I experienced male privilege and my first encounter with MST. If my gender was different and I was assigned to be on trash duty all week, would I have become a MST victim? The strategic placement of me indoors alone with my perpetrator was no coincidence. Other incidents are similar in nature in terms of male privilege and MST. Other higher ranking males also took advantage of their rank, power, status, and experience of the military culture to obtain sexual gratification. Several male leaders within my unit abused their rank by placing other females and me directly under them. This made the females more accessible to the higher ranking males at all times. Personally, I was assigned to drive for every Warrant Officer in charge of my section, for a total of three. Out of nine total higher ranking males only one did not attempt to sexually harass or assault me in any way.

R. W. Connell noted in *Gender and Power* (1987) that power may be an inequality of resources in a workplace (p. 107). In the case of the military, power functions as a social practice that places constraints on gender roles. Organizational control is primarily held by males and female leadership is sparse. Within the military this is absolutely the situation. Authority is directly related to masculinity. The lack of female leadership itself is an inequality within the workplace of the military. The presence of more female leaders may have prevented instances of abuse in my situation. If there were female leaders in the positions of the male leaders that abused their power, I may have not been assaulted. The fact that there were so many male

leaders that abused their rank and power made it very hard to go to the command with issues of abuse and assault.

Routine Activities Theory

Routine activities theory is mostly used to study urban crimes and hot spots of criminals (Mannon, 1997). Routine activities theory, developed by Cohen and Felson in 1979, examined the trends in crime rates and changes in the routine activities of everyday life. Structural changes in routine activity pattern can influence crime rates by affecting the convergence in time and space of the three minimal elements of direct-contact predatory violations: (1) motivated offenders, (2) suitable targets, and (3) the absence of capable guardians against a violation (1979). The theory focuses on how the routine behaviors of individuals places them at risk to become suitable targets in a situation where suitable guardianship is not present. Mannon (1997) agreed with Felson that criminal events or incidents originated in the routines of everyday life. Felson also contended that the search for causes of criminal behavior that distinguishes the non-criminal from the criminal is ineffective (Mannon, 1997).

In Mannon's (1997) study, he examined DV using a routine activities theory approach. Mannon suggests that the routine activities theory is a good starting point for an understanding of DV (1997). Mannon explores Felson's three elements that he believes must converge for a crime to occur. In terms of DV and a motivated offender, Mannon (1997) suggests there are relatively few costs and punishments associated with spousal abuse when compared to battering a stranger. It is also noted that offenders seek the "least effort" or the shortest route when locating a target for their offense (Mannon, 1997). This short route may in fact lead an offender of spousal abuse to their suitable target or the "least effort."

Women have been consistently found to be to be the likely targets of intimate violence (Mannon, 1997). Marital rape has also been found to be closely related to DV and nearly all victims are women (Mannon, 1997). Similar to DV incidents, many women do not report incidents of marital rape to the authorities (Mannon, 1997). Spouses become suitable targets due to their availability to the offender and the fact that the authorities will most likely not be informed. Previous research findings hold true for my own personal experiences of DV. I was a perfect target for my spouse for all of the reasons previously mentioned. Both of my former spouses knew that I would not report the incidents due to the repercussions that would follow from the military. I was the only person within the home available to abuse which made me a suitable target. Furthermore, I had no capable guardian, other than myself.

Mannon (1997) suggests that the modern home offers greater opportunity for intimate violence because there is more private space to guard and fewer family members to do so. This leads to what Felson would call the absence of capable guardians in the home. Mannon (1997) also suggests, that even with neighborhood watch groups and patrols there is little effort put forth to detect and prevent DV. A lack of friends, family members, and social support in the form of neighborhood watch, provide the offender with more opportunities to commit instances of abuse. Being the only person in the home, other than my spouse, I became the easy target. In Fort Hood, my neighborhood was a new subdivision and many of the residents were other soldiers who were often deployed and not at home. In Germany, there was a lack of communication with the neighbors based on language barriers. Therefore, I did not have the social support around me that could have potentially prevented some of the DV incidents. The circumstances at each duty station align with previous research findings.

Hindelang, Gottfredson, & Garofalo (1978) proposed another element to the routine activity theory model and factored in lifestyle variables. The variables that Hindelang et al. proposed were: (1) behavioral expectations of persons occupying various social roles; (2) constraints on behavior imposed by economic status, education, and familial obligations; and (3) individual and subcultural adaptations to behavioral and structural constraints. Lifestyle itself has an overall effect on an individual's risk for victimization. For example, a middle-aged married woman in a professional occupation are different from those who are single and in college. Soldiers, however, has different, in the sense that they do a lot together. In both marriages, my spouses and I were forced to adapt to numerous situations which caused lifestyle and personality changes.

Lifestyle-routine activities and personal criminal victimization have been previously examined to determine risk factors (Nelsen & Huff-Corzine, 1998). Nelsen and Huff-Corzine explain, when integrating both the lifestyle and routine activities theories, the outcome is a more comprehensible theoretical framework for personal criminal victimization (1998). When used together, lifestyle and routine activities theories can further explain circumstances surrounding personal criminal victimization such as DV. According to Nelsen and Huff-Corzine (1998), "persons who share demographic characteristics often have similar lifestyles because they experience parallel structural constraints and role expectations and often develop comparable adaptations to these pressures" (p. 131). Nelsen and Huff-Corzine (1998) further explain, that when lifestyles and demographics are shared and shared adaptations or coping mechanisms are in place, the result is similar routine daily activities.

When applying the integrated lifestyle-routine activities theoretical framework to my experiences with DV as a dual military spouse it appears to hold true. In both my first and second marriages to soldiers, we shared similar demographics, lifestyles, daily routines, and stressors. The age range between both spouses and myself were only a few years' difference and in both marriages we fell into the 18-25-year-old range at the time of marriage and deployment. Neither myself, nor either of my two spouses were religious. Similarly, we were distant from our immediate families due to our geographical locations and shared the same group of close friends and support groups. Our roles in the military were similar and there was little deviation in rank status until around the time of the DV instances. Differences in our roles within the unit did not appear until promotions occurred for each spouse and myself. At the time of my first marriage, my spouse and I held the same rank of Specialist/ E-4. The first instance of DV occurred after a lateral transfer I received to the rank of Corporal/ E-4. This aligns with previous research findings on power inequality and domestic violence.

A deployed soldier's life is even more unique than that of a garrison soldier. This is also true for the stressors that a deployed soldier faces on a day to day basis. Dual military couples that deploy to war face specific challenges that other relationship types do not face, which may add additional stress for both people within the marriage. Dual military couples are forced to make decisions that the average couple will never face. For example, before a deployment they must then decide who will care for their children, pets, home, and vehicles during the average year-long deployment. Soldiers, who are married to civilians, do not have to make these types of choices when faced with deployment. These characteristics make dual military couples unique when compared to other couple types.

A soldier's responsibilities and expected levels of performance may also add additional stress to a dual military couple's marriage. Soldiers are perceived by their peers as emotionally unstable or weak if they sought help for mental health treatment and or counseling. This was especially the case during reintegration phases. To the best of my knowledge in both cases, marriage one and two, neither myself nor my spouse sought treatment for mental health issues post-deployment. Looking back now, obvious symptoms of PTSD were present post-deployment in myself as well as both of my former spouses. Similarly, myself and former spouses all used alcohol as a coping mechanism for stress. This aligns with Nelsen and Huff-Corzine's (1998) remarks regarding the development of comparable adaptions to stressors among people who share similar lifestyles, routines, and stressors.

In depth reviews and further analyses of the data successfully identified the following thematic concepts for each phase examined. In the military socialization phase (BCT and AIT), the reoccurring identifiable themes were: the military as a gendered institution (GI), alcohol abuse (AA), and MST. Examples that were provided from BCT and AIT/Holdover status, identify unwanted physical sexual contact from various men military counterparts (including direct leadership and chain of command) and the frequent consumption of large amounts of alcohol. In Phase I (PH1), the reoccurring identifiable themes were GI, AA, MST, and DV. In Phase II (PH2), the reoccurring identifiable themes were GI, AA, MST, DV, and PTSD.

Many of the situations of DV that occurred over the span of marriage one and two did involve alcohol consumption. This aligns with the literature that has consistently demonstrated the excessive consumption of alcohol will increase one's propensity to engage in acts of DV (Bradly, 2007; Jones, 2011). Only a few instances of verbal abuse occurred pre-deployment and

did not involve alcohol use. These instances often occurred in the car, during the workday, during time frames of the day when alcohol use was prohibited. At the end of the day, or on the weekends when alcohol use was permitted, was when most of the DV incidents occurred. When considering the routine activity theory, specifically the presence of a capable guardian in conjunction with alcohol consumption, one must consider the absence of inhibitions while intoxicated. In the instances where physical DV occurred both myself and my spouse were intoxicated. With a lack of inhibitions, I was unable to be my own capable guardian. I was not able to make sound judgement calls or decisions that would prevent the DV from happening. The absence of a capable guardian within the home could have been avoided with the elimination of alcohol from our lifestyle.

The idea of self-guardianship has been examined in conjunction with the routine activities theory. Richard Tewksbury and Elizabeth Mustaine's (2003) study looked at college students' lifestyles and self-protective behaviors in relation to the role of guardianship and routine activities theory. Tewksbury and Mustaine note that research has shown consistently that the use of drugs and alcohol is an important element in the determination of individuals' victimization risks (Mustaine & Tewksbury, 2003). In their 2003 study findings, Tewksbury and Mustaine report that drugs and alcohol were not significantly associated with the use of guardianship. This suggests that in their college sample, although their suitability as targets may be heightened by their use of alcohol, they do not feel the need to take precautions to avoid potential victimizations.

Physical DV took place in both marriages post-deployment. The physical abuse, like the verbal abuse, was perpetrated by both people in the marriage. The types of physical abuse that

was used on one another included: pushing, shoving, slapping, and hitting. The use of a weapon only occurred once during both marriages, and alcohol was involved. No incidents of DV were ever reported by my spouses or me to our chain of command or authorities. This aligns with previous research findings that suggest DV is underreported (Mannon, 1997). Furthermore, it aligns with the absence of capable guardianship as suggested by routine activities theory. The fact that I did not report any instances of DV within the home did not allow myself or spouses the opportunity for help or assistance with any underlying mental health or substance abuse problems.

When the daily routines of my spouses and me varied, the likelihood of DV appears to decrease. For example, my spouses and I were less likely to see each other while deployed, which in turn reduced the likelihood of DV from happening. Inversely, when our schedules and coping mechanisms were similar, DV occurred more often. Personality, mood, and alcohol abuse were large variables in the perpetration and engagement in DV incidents in both marriages post-deployment. It is my opinion that these changes are what led to DV and divorce in both marriages. The combined shared lifestyles, daily routines, stressors, and coping mechanisms were the reasons DV was so predominant within the home.

CONCLUSION

A person's experiences are not applicable to everyone. Family histories, adverse childhood experiences, and mental health issues all attribute to one's decision making skills and thinking processes. My story is just one example about how the military lifestyle shaped my personal experiences of assault and abuse. The negative stigmas attached to reporting crimes of sexual assault, or DV, had a significant impact on my reasons for not reporting. The lack of female leadership prevented me from communicating effectively with my chain of command. There were so many reasons that stopped me from telling anyone what was going on in my life. Gender and power inequality were issues that had a large impact on my experiences as a female soldier in the military. And my status as a dual military married soldier makes my experiences that much more unique.

Military policies and procedures are in need of revisions and standardized operational definitions of DV/IPV. The multiple definitions of DV/IPV should be reviewed and one chosen to be the standard across the military. The definition should be able to account for all relationship types and the various forms of DV/IPV. This would eliminate any confusion for the various internal agencies within the military that work off of the definition (e.g. family advocacy program). The way that DV/IPV situations are handled at the unit level should be revised. The "open door" policy is not beneficial when the leadership is the offender in the situation. Also, DV/IPV and MST situations are easily swept under the rug by unit leadership. Revisions in reporting procedures may result in a higher disclosure rate for DV/IPV and MST.

Research barriers surrounding Veterans led to the choice of the auto ethnographic method. This methodology allowed me to freely explore various subject areas and discuss issues without a time limit imposed. Very sensitive subject matters arose quickly that were not always easy to address or analyze. However, it was imperative that these issues were discussed to show full transparency. The over usage of alcohol was a very important variable in many of the domestic violence instances. This fact does nothing for my reputation, but it is a large part of the story. Journaling my experiences allowed me to open up on a level that I do not believe I would have with another researcher. It also allowed me to discuss issues that may have been otherwise hard to vocalize. The use of the auto ethnographic method proved to be very beneficial when exploring sensitive subject matters.

Previous research on domestic violence among Veterans has been limited. Furthermore, female Veterans have time and time again been omitted from Veteran studies. For example, authors of a 2015 study stated that they concluded "it was not necessary to include them (female participants) as covariates in the data analysis." (Angkaw et al., 2015, p. 672). Unfortunately, due to low number of female participants in many instances this is often what happens in the overall analysis of the data. To my knowledge, this is the first auto ethnographic study of the military lifestyle and domestic violence. This study provides a basis for future research on dual military couples and domestic violence. It also offers a starting point for further research on military sexual trauma and the abuse of rank and power within the military. The aim was to highlight the areas that were problematic for a female soldier after a combat deployment in relation to domestic violence. Themes and concepts that emerged were pulled from my experience as a dual military combat deployed female soldier. Recalling every word exchanged

in a situation that happened ten plus years ago is nearly impossible. Nevertheless, instances of violence tend to stick out in one's memory. My hope is that by sharing my personal experiences more research will be conducted with female Veterans and on sensitive subject issues like DV and sexual assault.

APPENDIX A: IRB LETTER

University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-882-2012, 407-882-0889 or 407-823-2508
www.research.ucf.edu/compliance/irb.html

From: **UCF Institutional Review Board**
FWA00000351, Exp. 7/24/2019, IRB00001138
To: **Michelle Craske**
Date: **July 21st, 2016**
Study Title: BATTLE ON THE HOMEFRONT: AN ETHNOGRAPHIC PERSPECTIVE OF DOMESTIC VIOLENCE POST DEPLOYMENT

Thank you for contacting the IRB office regarding your Thesis Project, as requested by the Graduate Studies Editor. As you know, the IRB cannot provide an official determination letter for your research because it was not submitted into our iRIS electronic submission system.

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APPENDIX B: U.S. ARMY RANKS

Abbreviation	**Title**
PVT	Private
PV2	Private 2
PFC	Private First Class
SPC	Specialist
CPL	Corporal
SGT	Sergeant
SSG	Staff Sergeant
SFC	Sergeant Frist Class
MSG	Master Sergeant
1SG	First Sergeant
SGM	Sergeant Major
CSM	Command Sergeant Major
SMA	Sergeant Major of the Army
WO1	Warrant Officer
CW2	Chief Warrant Officer 2
CW3	Chief Warrant Officer 3
CW4	Chief Warrant Officer 4
CW5	Chief Warrant Officer 5
2LT	Second Lieutenant
1LT	First Lieutenant

CPT	Captain
MAJ	Major
LTC	Lieutenant Colonel
COL	Colonel
BG	Brigadier General
MG	Major General
LTG	Lieutenant General
GEN	General
GA	General of the Army

Department of Defense, 2016.

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