

Appendix 1. Selected empirical data

Empirical data

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1. PREFACE

This section will overview some of the issues emerging in the empirical data. Participants are identified at the beginning of each quote by **deployment**, **service**, **occupation**, and **age**.

The quotes are representative of dominant themes across all interviews.

All names and any other identifying information have been removed. Where appropriate, specific details of deployments have also been deleted to protect the anonymity of participants.

Firstly, narratives of career and deployment are presented and set the scene for an analysis of the barriers and enablers to a woman identifying as a 'veteran'. Findings from this study suggest this is a critical factor in women accessing health services and flags psychological issues in particular that may worsen over time without appropriate and timely access to support.

Secondly, particular challenges for women in the ADF are presented. These include parenting and deployment, sexual harassment and abuse, learning to 'cope' appropriately, and debriefing opportunities.

Lastly pathways to support are overviewed. This includes a summary of services women would like to see developed by DVA and their experiences and perceptions of dealing with DVA.

Interview data was categorised into four broad areas:

1. **Personal information** including age, relationship status, children, partner occupation.
2. **Service** including Airforce, Army or Navy, and core i.e medical, nursing, logistics, or occupational category. Also career duration, length of time since discharge, reason for discharge, and reserve service if any.
3. **Deployment** including location or operation, year, role, age at time of deployment, length of deployment, age of children if any.
4. **Health** including reported mental, physical or reproductive health issues, services accessed, interaction with DVA if any, and services needed.

To protect anonymity deployments have been conflated to the following:

- *Vietnam* (including Butterworth and Malaysia, Singapore)
- *Africa* (Including Western Sahara, Rwanda, Congo)
- *Peacekeeping* (East Timor, Bougainville, Solomon Islands, Cambodia, Christmas Island)
- *Middle East* (including Iraq, Afghanistan, Gulf war)

These represent four distinct deployment groups. Vietnam in the 1960s-70s, Africa in the mid 1990s, the peacekeeping operations of the late 1990s until today and the most recent wars of the Middle East.

Attachments to other military's bases while on deployment will be noted when relevant, but are not grouped as separate deployments i.e UK or US naval, army or RAAF bases.

Occupations have also been conflated to the following:

- Nurse
- Medic
- Doctor (including surgeon, dentist, anaesthetist)
- Allied health (including dental nurse, physio, psychologist)
- Other medical (including Red Cross)
- Other occupations (including clerical, transport, logistics, signals, mechanic, chef, communications)

2. THE MAKING OF A VETERAN

2.1 Military career

In interviews women spoke about many aspects of their military career, including expectations, achievements, ambitions, disappointments, exiting the military, and their partner's career. Women were asked what advice, if any, they would give to other women wanting a career in the military.

Over half of the sample had partners who are or were also in the military. Women's career duration was typically 2-4 years during the Vietnam era. The majority of contemporary veterans had careers spanning 6-12 years. 16 people had career spanning more than 18 years (one was 42 years). Most joined during their early 20s.

Vietnam veterans

For women of the Vietnam era their military career was more about being a nurse rather than a member of the Defence force. Three women in this sample did go on to have military careers for a longer period, but for most their career was for the length of their deployment and a year or two either side.

For most Vietnam era women their career ended when they married or were pregnant.

Vietnam, Airforce, nurse, 65

I'd have dearly loved to have stayed in it; but because you do marry, you know... I didn't have any choices. I just had to accept that... yeah.

Vietnam, Army, nurse, 61

But the day I left the Army I cried buckets. I didn't want to leave. That was what... you know, I had more to do. And given other circumstances, I would have quietly went off and had an abortion.

The following quote is typical of how women found their service:

Vietnam, Airforce, nurse, 65

It was just a fantastic opportunity. Even the nursing was certainly part of the best nursing I'd ever done, and most satisfying.

Contemporary female veterans

For some women the importance of their role while in the ADF only becomes apparent after they leave, when they are working in a civilian job. The following woman left so that she could start a family:

Multiple deployments to the Middle East, Army, Allied health, 28

When you're in it, and you're involved, it sort of consumes your life, and you really have to live it, and you have to be prepared to go at any time, and you're away from home a lot, and away from your family. I don't want any of those parts of it.

So if I went back, I'd probably be as a civilian, but contracting to them, because I still love it. I still want to be a part of it, and I really respect what they do, and I think it's amazing. And some of the guys are just phenomenal, and so brave, and incredible, and I want to help them, but I don't necessarily want to be a part of it anymore.

'cause I'm now in this civilian job, and it's like it's sort of irrelevant. But yeah, it's quite nice actually to talk about it, and think about it, because it's... it is... it seems to me... it is a massive thing, and I think... like I think of myself when I was 25 and going away, and you know leaving... and I knew nobody. I think that was a pretty brave, amazing thing to do.

And I'm like... I go, wow, good on you for doing that. [Laughter].

Juggling a military career and a family is challenging. The following woman describes some of the contradictions she says for men and women with young families.

Multiple deployments including Africa and peacekeeping, nurse, 46

Yeah I've had the best career. I've been in 18 years and being medical, like I think it's what you put into it. They look after you if you look after them. I was always a yes person. I was never turning them down with anything. A lot of people would always turn down exercises within Australia because they wanted the big things, they wanted to be deployed. Yeah I would always say I would do this, I would do that and they were only very short stints. They got to realise that well she gets rewarded because she does all the hard yards back in Australia.

...It's hard for women though. And you know what? What I find is very hard is that it's OK for the man to go to war, it's OK for them to deploy but what about the woman who has a career. It's looked at upon as being frowned upon, is that the woman should be staying at home and looking after the children. I think no we're both equal. It is, it is traumatic, and it is traumatic even back in civilian life where a woman has to go back and earn their money and to put their child in childcare. You have always got that guilty feeling. I did throughout my deployments. It was [my son] that kept me going to hear his voice, even though he couldn't speak. [My son], touch wood, after all these years we are extremely close and he is very much a mum's boy, and now I've got a three year old he is worse he is very much a mummy's boy. It is great to have that bond. And I've had to work hard because I've left them for long periods of time. But I just think that is one of my big gripes that women can still have a career too but why should they stay at home, why should men always have to go off.

Having realistic expectations of what a military career will involve is positioned as important to succeed:

Multiple deployments including Middle East and peacekeeping, Navy, other occupation, 29

I miss the job security, I miss the pay, I do miss the mateship and I guess at the end of the day if you've done a good job well, there's an achievement there, you know I've done my job and done it well.

I think having exposure to that and growing up in that environment I think that is how I coped because I knew, I didn't go in there under false pretences that everything was going to be hunky dory flowery and pink.

Knowing when to leave the military was often situated as important. Indeed the women who chose to leave, rather than those who were discharged before they felt they were ready, often had a better experience of transition.

Peacekeeping, Navy, medic, 43

Interviewer: Do you miss the Navy?

Respondent: No, I don't. I don't miss it. I loved it, and I say I loved it, because there was some crappy times then too, but you don't remember those times, you know. And there were so many good times. But like I said, I had got to the point where I'd done everything I could. I left on a good... I left before I became bitter and hated it. So I was lucky to get out when I did, I think.

And I just appreciated... I appreciated everything I did while I was in there. It was a great career.

Multiple deployments including Peacekeeping and Middle East, Army, Medic, 38

Oh, well I had my discharge in. I knew it was time to go. So 15 years was enough - it was time to stay at home, be a mum, and give back to the family...Yeah. I mean great career. The last year I would say dampened it, not necessarily the whole trip, but the whole politics of the Defence Force. And once I was at that level, and I was exposed to a lot more intelligence and information, it just made me a little bit more angry and bitter.

But yeah, I'd definitely encourage people to join. Yeah. Great career. You know, travelled, fantastic training. You know seriously there's nowhere else in the world, even at Liverpool Hospital in Sydney you wouldn't be exposed to the trauma that I've seen, and been exposed to, and worked with.

The following two women had to leave because of ongoing sexual harassment and the impact it had on their mental health:

Middle East, Navy, other occupation, 27

I didn't want it. I fought to get better. I didn't want my career to end...I don't know. I think it's a pride thing maybe. I didn't want to fail. And it's definitely the wrong thing to do and I'm glad I didn't get back in there because...I didn't want to, because I knew as soon as I complained that's the end of my career, doing that. Well I wanted to do something else anyway in the Navy but I knew that yeah it wasn't so much, like I loved my job but I couldn't be in that culture of what it was.

Peacekeeping, Army, other occupation, 40

[Being in the Army] was all I ever wanted from being a kid.

And even today I don't trust anybody. It's one of my biggest issues now. I feel... I went to VVCS recently and started trying to do counselling to get through what I was dealing with, and we uncovered the fact that my biggest anger, because I haven't grieved for my loss, but the biggest anger I have is that they didn't protect me - they protected them. You know they still got to keep their jobs; they got to finish to get their pension; I should have been a lifer, because that's the person I am. As you can see I haven't let go, and I know I've got to, but I can't. It was everything to me. You know it was... it gave me my identity, it gave me my... it was who I was, you know what I mean?

For some women the way personnel are posted was not deemed conducive to a family life.

Peacekeeping, Airforce, other occupation, 48

Well I was... I loved it. I'd do it all over again. All over again. I would have stayed in longer but in those days the defence force didn't post spouses in the same direction, we were in opposite ends of the country and basically for me that wasn't a marriage, it was just an existence. So basically I gave up my career for my ex husband.

I would have done my 20 years because I loved it. And I think I resented the fact that I had to get out of something that I loved doing.

Veterans were often keen to encourage other women, particularly nurses, into a military career.

Vietnam, Airforce, nurse, 65

Interviewer: Would you encourage young women or nurses to join?

Respondent: Oh yes, I would, yes. Because I mean it's such a great experience. Even being overseas, with an overseas posting, and in Australia of course, but I think it's such a great experience being overseas and with those, treating those sorts of people that you wouldn't treat very often back here, gunshot wounds and all those sort of things, you might get one or two during your whole training in the outpatient department but to see all those injuries and to see what can be done for those people and I yeah, I would encourage people. Yeah. In fact, I have encouraged people.

Multiple deployments including Africa and peacekeeping, nurse, 46

I was asked by a friend's daughter: "Do you think I should join the regular Army?" I said, "Go for it. You know, like you're young, the money's good, you get to... you gain a lot of skills, so when you do leave, people look at you and think, oh you've been in the military, that's well sought after. And yeah, go for it. Go for it."

Women often emphasised that not all women were suited to a military career, particularly when asked if they would encourage their own daughter.

Multiple deployments to the Middle East, Army, Allied health, 28

I've been thinking about this a lot, because I'm thinking about my own child, you know potentially if she - if it's a girl, and she wanted to go, and would I let her go? And like I said, I think there are some women who are perfect for it. They are just excellent. They're very strong in themselves, and who they are, and very confident, and very good at their jobs, and they just earn respect. And they seem to do much better.

If I think she was maybe a little bit more vulnerable and maybe a little bit more naïve, and not so sure of herself, I would say definitely don't go. I think you have to be a very strong person to be able to do that, and do a good job of it, and come out of it unaffected by it.

Middle East, Navy, other occupation, 29

Interviewer: ... would you encourage other women?

Respondent: I have done... I've only ever tried to encourage the men, actually. I have had some women talk to me about it and if they're a strong person then I'm like "This is what you need to be prepared for" but if they're not a strong person then I would say "I don't really think it's the best place for you." I don't tell them why because they don't need to know. I still have so much respect for what our sailors do and so I don't need to do that.

Examining women's career narratives helps to contextualise some of the feelings and attitudes they have once they exit the ADF. It emphasises why, despite the challenges women face when away, deployment is such an important part of their career trajectory.

An overwhelmingly consistent finding amongst the interviews conducted was how much women valued the work they did. Despite the sometimes shocking experiences of war or poor treatment most women held their career and the ADF in high regard. As a result women often experienced acute feelings of grief and loss once they discharged. It was common for women to talk about feeling isolated and lost, and for some abandoned by an organisation to which they had given so much. The perceived lack of support or appropriate health services when they were no longer in the ADF becomes a significant factor impacting women's wellbeing.

2.2 Deployment

For the overwhelming majority of women deployment is positioned as the highlight of their career. It is what they have worked and trained for. For medical personnel it can be when they are most utilised and can put their clinical skills to use.

In interviews women talked about their expectations, experiences, down time, highlights, living conditions, difficulties, and coming home.

For Vietnam nurses the average deployment was about 12 months, for more recent conflicts it is about 9 months, but ranges from 4 to 18 months.

This section gives a brief snapshot of a number of deployment experiences. It highlights the heterogeneity but also some consistencies: the pride and honour of being selected to deploy, the challenges inherent in working in a war zone, the everyday trauma work and learning to cope. Some of the material in these transcripts is distressing but is important to include to illustrate the lived experience of women's deployments.

Vietnam deployments

During the Vietnam war women of the RAAF were responsible for the medivacs from Vietnam to Australia, via Malaysia (Butterworth). Some veterans only did one or two of these flights, others did them repeatedly over months or a year or more. When not doing medivacs the Airforce nurses were usually stationed Butterworth.

The different roles of Airforce and Army nurses during Vietnam has brought with it tensions about what counts as an 'authentic' Vietnam deployment experience.

Nurses in the Airforce

Vietnam, Airforce, nurse, 65

And, yeah, so that was '69, and then '70 to Malaysia and then when I was in Malaysia I wasn't there too long when I went and did an attachment with the American Air Force and some of the others you've

probably spoken to would have done that as well, a two month attachment in Clark in the Philippines. And then after that I mostly did the medivacs from Butterworth to Vung Tao in Vietnam and back to Butterworth and then onto Australia the next day. So we had them in Butterworth overnight. And then when I came back to Australia I was probably only in about 18 months before I got out, nearly finished my four years, not quite...But, you know, I'm fairly, I haven't really had any problems with my time in the service and, in Vietnam, like I think the Army nurses, as you would know, would have much more horrific stories to tell than we would from the Air Force. Because we picked the fellows up when they had been treated and operated on and all that. Whereas they would have got them straight from the dust offs and everything. So I haven't had any psychological problems or any other problems really, apart from, I think, a couple of minor medical things, but you can't really prove that they were from the Air Force anyway, from being overseas in Vietnam or Malaysia. So as I said, I'm fairly boring, I haven't got any bad problems or anything.

Vietnam, Airforce, nurse, 70

I suppose I was innocent in as much as I had... innocent as much I had no understanding of the depth of the experience of war. And certainly part of it was also I had no experience of what living in a country like Malaysia even, because, you know, the poverty that was there and the begging and all of that sort of thing and people sleeping in the streets and, you know, I'd grown up in a small country town.

Vietnam, Airforce, nurse, 65

I was only in the Airforce for three and a half years and eight months in, in which I did the Medivacs, I did a lot of Medivacs over all those three and a half years, but in Australia as well and... it would... my experience that... everybody's experience, like, the Army Nurses would have been in, you know, I've read different books... they're... everybody's experience would be so different and I think that mine was a far... was probably a benign experience, rather than an acute experience.

Listening to the stories from many RAAF nurses, their experiences are far from benign. This nurse talks about the night they brought out the first lot of war orphans from Saigon:

Vietnam, Airforce, nurse, 63

So night staff had started putting together cardboard boxes with a bit of foam rubber in the bottom to put, because most of them were babies, so we got all our supplies and what not and took off for Saigon in one aeroplane. There were four Hercules aeroplanes assigned to us. We got there and they had decided to evacuate the embassy that day, all non-essential personnel and all families, so one aeroplane was going to be taken up with just those people.

...So we were sitting on a Hercules aircraft on the ground in Tonsanute and there was word that the first buses with the babies, the children were coming through the gates of the airport, so I went round to find the medical orderlies to another Hercules aircraft and we brought 81, we loaded 81 babies on, the youngest was two days old.

...And of that I had five that were thrown through the bus windows, because none of the buses had windows or anything, I had five that just had luggage tags, but the mothers were just so desperate to get their kids out, so I, we just me and an orphanage worker, an Australian who'd been working up country in an orphanage... We just put them on stretchers. The boxes we just found a bit cumbersome so for the most part we laid the babies across the litters, the stretchers on the floor and put a big tie down strap and we just laid them on their sides with a bottle in their mouth and propped the bottle on the baby in front so they'd suck to keep their ears clear, because we didn't know what health, the state of health these babies were.

A number of RAAF nurses described the difficulties in flying for 12-14 hours in an aircraft not designed with any toilets.

Vietnam, Airforce, nurse, 69

At the time I found it traumatic that the aircraft I was involved in was the very first model of the Hercules, C130A model. We had no toilet facilities and our, of course there were a couple of females on the aircraft...You had a... something set up on the ramp for you to use behind a curtain sort of thing and

of course the body bags and that were just behind you so when you went to the toilet you had to, you know... You were baring the bum to those, that's always remained very raw...

As nurses you'd become hardened as you do, lacking in not necessarily empathy but certainly sympathy I think to that extent, just hardened... You can write these things off but that's one thing I've never sort of been able to...to write off.

Army nurses

The women in the Australian Army were predominantly posted to Vung Tao in Vietnam. The two women in this study who were in the New Zealand Defence Force were working closer to the North Vietnam border.

The following nurses describe working in Vietnam:

Vietnam, Army, nurse, 69

It was hot. I can remember getting off the plane and [unclear] and it was hot and steamy and we had to get another flight from there down to Vung tao and you know, it was all... Saigon was just all go, there were people and planes and stuff everywhere and we flew down to... I can't remember what I flew on; it must have been a Hercules. And then I think somebody collected me. I can't remember that bit of it, but I can remember getting to the hospital and they showed me my room and things like that. But I can remember that first week and they said to me oh you're in intensive care... intensive care... I hadn't seen an intravenous [unclear]!

Interviewer: Oh right.

Respondent: And that's when I looked back... we were never prepared for casualty sort of thing, not that we did casualty, but I had never nursed in a... like in intensive... I'd never done intensive care.

Interviewer: Oh right. OK.

Respondent: So here I was intensive care, oh right OK, and I can't remember the first... I think the first patient he'd had encephalitis so it was... wasn't anything... no wounds or anything. And I remember thinking my God you know, I don't know what an IV looks like.

... But I think that was the worst of it I think. I was a bit hyped up those first few days, I couldn't sleep and everything else, and... but after that I think it was OK.

... We had medical and surgical wards. I ended up in the surgical ward... in the medical ward running a medical and you had the doctors do the rounds, you had the medics and everything else, and it was the same as being in a hospital situation. And we had our own... but I think the ones that had it the worst, those that went their first. Because they were under canvas and they had nothing. We had all the equipment and stuff...

... So it was in some ways it was easy. Easier for us than it was for them. But I can remember being tired, sort of chronically tired.

Vietnam, Army, nurse, 78

Interviewer: And what did you expect in Vietnam? Like did you have much of an idea of what you were going to see or do?

Respondent: I had no idea what to expect and I don't think anybody that sent us had any idea either.

Interviewer: So what was your role when you were there, what was your job?

Respondent: I was a charge sister. I worked mostly in intensive care and surgical ward, in the medical ward, just sort of, just in charge of the wards.

Interviewer: So what are some of your most vivid memories from that time?

Respondent: Oh I don't know, the wounds were absolutely terrible. I mean we had chaps with both, with their hindquarters blown off and an arm missing and all that was left of them was one arm and the head. And of course I mean they would never have gotten to anywhere if it hadn't been for the

helicopters and the services that we had there. I mean they would have been left to die in the field, given a shot of morphine and left to be.

Interviewer: Uh-huh.

Respondent: But we had terrible, terrible wounds but one of the things that really hit me was sort of the independence of these guys even as badly wounded as they were, where you'd see them in bed here in hospital lying flat on their backs and moaning and whingeing and carrying on, these guys were wheeling each other around in wheelchairs hanging onto their own drip in one hand and pushing them with the other and they were minus legs or one leg and an arm and they were walking around, well I won't say walking but they were being pushed or helped around the hospital.

Vietnam, Army, nurse, 67

Interviewer: What did you expect?

Respondent: I don't really know, I was just going to Vietnam and that's where I wanted to go. I'd already nursed soldiers coming back from Vietnam in Ingleburn so I already knew what type of injuries, listened to their stories. Nursing wise I knew what I was in for.

We were shown around and things were explained to us and that really was... 24 hours, no longer. You were there and that was it. I was put in charge of the Surgical Ward and, for me, I thought "Right, here I am. This is what I would do, I'm in charge of Surgical Ward and isn't that great because I'm more surgical orientated than I am Medical so here we go." There we went and I loved it, absolutely loved it.

Our normal days were 12 hour shifts from seven to seven. If you got off by midnight that was early. We had one day off a week, really just to wash your clothes and iron them. If you managed to get a whole day off, that was great. If the dust off siren went, that was it, you had to drop everything and go.

It really was a matter of you were the only RN on the ward and you waited until your replacement came on for night shift. If you got sick there was no one so you stayed fit and you stayed well because there wasn't a pool of RN's to take your place.

I suppose in a way I'm a bit of a workaholic. By the end of 12 months I was exhausted, totally and utterly exhausted. You did it because you had a job to do and those boys coming off those choppers, it was up to the Doctors, you and the medics to make sure they went home and that they went home alive. That was our role, to make sure they went home alive.

As has been well documented the experiences of nurses in Vietnam was characterised by intense working conditions, being under-prepared, and coming home absolutely exhausted. For nurses in more recent conflicts many of these characteristics are shared. What is different about contemporary nurse experiences, and the experiences of women in other military occupations, is the impact of multiple deployments and more frequent combat like situations.

Contemporary female veterans

In contrast to Vietnam veteran's, women's experiences of recent conflicts are not readily available. The following includes the accounts of eight different women and their deployment experiences. They are sometimes shocking and reveal the trauma that health personnel in particular are exposed to. They also illustrate the complexity and diversity of deployment; not only being in-country and trying to do your job, but negotiating family and relationships back home, and transitioning back following deployment. What is also important is the lived experience and its profound impact on sense of self and identity.

Talking about her first deployment in Africa, this soldier describes her first few days in country, where they lived and worked, and the devastation of losing a colleague and having to come home early:

Multiple deployments, including Africa and peacekeeping, Army, other occupation, 43

I was excited but I was very anxious and if I say the terminology that we use in the defence, it probably is ramped up... you know, we thought well the biggest thing was injury from bombs or death from bombs because there was a lot of uncertainty, well it was, there were bombs that had been thrown down everywhere in the desert everywhere and we either worked in the headquarters area which was back in the town or the capital...or we went out to team sites which was spotted all over the desert and you literally were just in white igloos with a perimeter that had been built around them and when they first initially built those team sites they went through with mine clearing the bomb clearing teams, to make sure there were no bombs underneath, built it and then they had a safe road that went in and they had a safe area cleared for a helo pad and that was how you got there or how the stores were brought in. And outside of that it was unplotted territory and actually of a night time you'd quite often hear an old landmine go off. You go out there in the morning and there's a camel sort of...everywhere.

So yeah and that was all... that was light, you know, you stepped out of there and you had all your light ammunition and your night vision on and all the rest of it. You didn't know what you were going to come up against and that was all extremely exciting. I found... like people that approached things as I do, they go Jesus! I know it was exciting because you train to do your job and you were doing your job to the nth degree.

Interviewer: Were you anxious about going?

Respondent: No I was, you know, really ready well and truly. No, I wasn't anxious, I knew that, you know, that we were taking weapons, I was with the infantry. In fact I was really, this might sound funny to you, I was proud, I couldn't wait to be serving with the infantry and supporting them and thinking my god, what a... what an honour, what a role to be, to have had your name put up from the [...] squadron to go down, to have done some training with the infantry [...] platoon and then have them say, yep we're more than happy. 'Cause that's a big thing for them to actually take a female into there, you know, their domain.

She goes on to talk about downtime:

You did have downtime, you had, you know you had downtime when you weren't on shift but in all honesty like because you're in such a small area in a confined area in walls, and all that you had in your room was your security trunk and a bed, you tended actually really, you totally... when you're deployed anyhow you're totally... it's 24/7. It doesn't matter, you know. But you tend to just hang around with your peers and your work area which was our little hut sort of... it was its own little igloo by itself over in the corner of the compound. So we just tended to sort of like you know we put cam net up and we had our own little bar, it was... so you just congregated there. So realistically, mentally you didn't have downtime. But it didn't matter; I mean looking back it didn't matter. You didn't really sort of want to be, you know you were there and... if you were there it meant if something went wrong you could get in and help so... yeah...

She talks about the impact of losing a colleague while on deployment:

Right from day one, when I lost a friend, a comrade, there was always that sense of loss, right from that first four weeks of being in country and a loss that it's funny, you know, I've been sitting here talking for a bit and it's coming back to different times I've spoken to mum, it was a loss that we didn't think would happen. It was a loss that we didn't train for. It was a loss that we weren't prepared for. In no way shape or form. We were prepared for road accidents, bombs, threats from the locals, not a plane accident and definitely nowhere in your mind do you ever sit down and prepare and say we might lose one of our own. You don't. No one does. So and the only thing I can compare, I can say that and I'm so glad, I'm so glad is now when you look at how the army works and how people are deployed and there's loss of life and the contingencies that are in place for debriefing, it's done a hard face through the time, there's constantly measures in place for people that are in country and that to receive support. The measures they have now, thank god for technology, has changed and they can constantly be in touch, look they can Skype, they can see families faces, you know, that was never there in World War I, World War II, Vietnam, Korea, any of the conflicts, you know. We were at the end of it, it wasn't there for us but now thank god, and I think that's the difference, but yeah when I look back, it's a whole problem for me and yeah say it out loud, medically where I am now is that I have that loss that nothing could have prepared us for that...

... I wasn't dreading coming home but I was thinking what happens next? In my mind I think I thought you've got to leave all this behind you here now and go back and become the soldier you were before and then it sort of... it didn't become too hard but it got to the point where I was thinking, well I wasn't really thinking about it but I was thinking about it and it was like after Christmas time stepping back into not wearing a blue hat and being very regimental and putting all that behind me and I didn't want to put it behind me. I sort of wanted to tell the world about it but then I thought well does everybody else really want to know about it? Do they care?

For this woman her final deployment was cut short because of an injury that occurred in country.

I am so totally, totally disappointed to a degree to where I'm never going to get over the fact that I had my army career taken away from me because I had wanted it so bad. I hate it when I see people getting deployed overseas. I think God I wish I was there. I mean I really do, it's such a loss. I wish I was still wearing a uniform, Yeah.

Leaving a deployment early can have a profound impact on sense of self and wellbeing.

Peacekeeping, Army, other occupation, 40

Interviewer: So when you got there, when you arrived in [country], did you feel prepared?

Respondent: Oh yeah, in my heart and soul I was. Yeah. I went... the first day you get in country you go for a range shoot to get you squared away, make sure you're safe, did great at that. I was ready. This was it - everything I've ever wanted. So it's the pride, it's the integrity; it's the whole reason why you join the Army, to do those things. But it was a very hard time for me. I was very isolated really, I was the only woman. I was very ostracised.

Interviewer: Tell me about the deployment. Were things better or worse on deployment in terms of... all the sexual harassment stuff you mentioned?

Respondent: Hmm, worse, yeah.

Interviewer: Why is that do you think?

Respondent: Well (a) you can't speak out, because charges are so easily given out.

Interviewer: Hmm, and everyone's desperate to be there, is that the thing?

Respondent: Oh, desperate to be there, desperate not to screw up. Again, even if you talk back to a Sergeant, because they believe in that war mentality that if you've been told or if you question, it's not on. Basically you've got to follow orders down to the letter. And this goes right down the chain. You know you just can't put a foot out of line, because the repercussions are huge.

Plus like you're so desperate to be there and make a difference, and be there because that's what you want, that you're willing to take anything.

...But within a month after I got there I ended up having appendicitis, which when you think about things in the terms of your mind and body being one, I think my mind had gone I'm not dealing with this well, and the body has reacted. And they did exploratory surgery while I was there, because they didn't have the medical equipment being first in country, and they had to cut me open C section and find out whether it was appendicitis or ovarian cyst, and they took the appendix. But then once you have an operation in country they pretty much ship you home straight away, so I was home within probably a week of being done.

And again, that started a whole snowball effect too. My Unit was still there, I wasn't, I felt like I'd failed, I felt like I'd let them down. You know I was worried about my kit; I was worried about stuff I'd left behind. Not being with the Unit was a big deal. I had a very male mentality too, like I wanted to prove myself, that I can do the job, and I was there, and I was ready, and to come home like that wasn't nice. You know, and then I had to deal with the fact that while I'd come home, because again that was our first deployment since probably Vietnam, they're still working out the kinks.

This Navy medic describes the expectations of being on deployment, dealing with death and trauma, and the difficulties when coming home:

Peacekeeping, Navy, medic, 43

Interviewer: Tell me about your role when you were there.

Respondent: I was mainly a medic working on the ward, and then I think once every second day it ended up being, or every third day, you would be part of the emergency team. So within that 24 hour period, when your team was on, if the emergency siren went off you just dropped what you were doing, and you went to the tent, and dealt with whatever had come in that day...Anything from stabbings, electrocutions, drownings, Malaria.

Interviewer: So mostly of locals? These are the locals?

Respondent: Well, this is locals, yeah. On the ward mainly we dealt with things like Malaria and Dengue Fever. Something like our first week there, the first week that we'd taken over a ward there by ourselves, I think in fact maybe even the first day, we had a little toddler come in, and I think maybe now he'd have drowned, or Malaria... whatever happened, end up passed away.

And [some] people were devastated. They were just so upset, and walking around upset. And I was too. And I remember going to the bar that night, and the doctor was there, and I was there with the other Able Seaman, and he said, 'Oh, you're not upset by any of this, are you [name]?' He goes, 'I can't understand why they're upset. What did they think was going to happen when they came here?'

And so straight away I just went no, God no, I'm not upset. And it just kicked in there, like just don't let him see you're upset, even if you're upset. It was just, yeah bravado - I don't know what it was, but you just think in a way he's right, but that's pretty harsh too. Like, you know...

There was lots of people dying all the time over there, you know, and I'd never seen a dead person before until I got there. So it was... and... but you do, there's part of you that just kicks in and says just don't let them see it. Just get on with it, and don't let them see, 'cause that's the done thing. It's that harden up sort of perspective, where you don't let them see it.

But probably the one that sticks with me the most is, in that 24 hour period when you're on that emergency team, the whole time you're just thinking don't let that God damn alarm go off. I just don't want to hear it. And I'd gotten through the whole 24 hour period almost, and it was my birthday - I woke up that morning, it was my birthday, so you're sort of happy, thinking oh, it's my birthday. I only had one hour to go until - I think at seven o'clock the changeover was - and at six o'clock the God damn alarm went off. I couldn't believe it. I'm thinking damn it.

So you just rush over there, and it was this poor old woman who looked about a hundred years old, and she was a hit and run accident. She'd been left on the side of the road. And I honestly think she was practically gone before they even brought her in, but it was the first time I had to do CPR, and I was just... it was just like an out of body... you just think, I can't believe this is happening, and we lost her. And every single birthday ooh, I think about that poor old lady. Like, she didn't stand a chance.

She talks about coming home.

Interviewer: Did you have any time, like extended time off? Like a week away or anything like that?

Respondent: Yeah. We had a... I think it was supposed to be two weeks, but with travel you've got ten days at home, and you sort of got a choice to say when you wanted it - did you want it at the beginning, the middle, or the end - and I thought... and I did talk to a few people about it, and I was just desperate to see [husband], I just wanted to get home and spend time with [husband and daughter]. And in the end I sort of listened to everyone else, and it was they're probably right too, I took it towards the end, rather than at the beginning, because then it's such a long haul after that.

Interviewer: So did that make that last month easier?

Respondent: Fly. It was a weird last month, but yeah, it did fly. [Laughter].

Interviewer: Yeah. And what was it like coming back for that week?

Respondent: I loved it. I just... it was great. It was such... like the end part of my time away was so weird, because that ten days at home we had our honeymoon. We went to Tasmania, and [daughter] came along, and it was just such a perfect ten days. And I didn't want to go back.

But then weirdly, once when I got back, there was only a month to go, everyone over there becomes so close. I don't know what happened, but something just clicked, and everyone was amazingly close. And when I finally got back things were so different at home, I just wanted to go back. I hated it at home. I had a real hard time.

Interviewer: And so when you got off the... when you arrived back in Australia?

Respondent: Yeah, it was... I can remember getting off the plane... and [husband and daughter] were there, but all his family were there, and it was so overwhelming. It was just they were all so incredibly happy to see me, and I... it was just... so like I just... stand back, give me space. Like, I couldn't... I hated it. I was so... I had to pretend that I was happy, and glad to be there, but at the same time I was just like, I was miserable. I was thinking what can I do?

And I got home and [husband] had done some strange things like packed all my clothes, and I collected art, plus all my knick-knacks and things, everything was packed up in boxes in the garage, and I felt like I'd died. Like it was horrible... I felt like I shouldn't have been there. Like, I was intruding in my own home type thing.

The following excerpt is from an interview with a nurse who has spent time in both the Army and Airforce. She has had four deployments over her career and was recently medically discharged.

She begins by talking about the impact of her first deployment which was 7 months in Africa:

Multiple deployments including Africa, peacekeeping and the Middle East, Army and Airforce, nurse, 46

It made me grow up very quickly, very, very quickly. I felt very naive, very young, and I was always... I was very much a country girl. I learnt a lot from my hubby but when you leave for a war zone, they didn't class it as a war zone then, you have to be your own person, you have to be independent and not rely on anyone. I came back very different, very changed. I didn't realise... I came back and I realised that I was different. And the fact that I was very independent but hard, you know not as soft as I was.

The accommodation was a bit like Duntroon where it was a few stories high and it was where they had the old people... where they had the soldiers trained to be soldiers over there, the Rwandan soldiers. So a lot of these buildings had blood and faeces and hair and had been mortared and shot. So none of it had been really cleared up since the first push there, it was just really disgusting, because it was just one room, concrete. And there was supposed to be a shower and the shower wasn't working.

The girls were based on the third floor because we were out of harm's way in case we were shot at, so we had to travel up three flights of stairs. If we wanted to go to the toilet, the toilets were on the third floor, we had to bring a bucket of water up to flush down whatever. And the toilet paper... I'd wished we bought toilet paper; the toilet paper was coloured and very hard to [laughs] wash down.

...But we were very well protected. Like being very new I had never been out of a medical unit, so it was the Infantry that were just totally amazing, they were really amazing. A lot of people treat them as being dumb but some of them are very educated and they have got degrees.

We were living in this compound which was 500 metres away from the UN Hospital, and in between then was the Rwanda Patriotic Army where they would do these 12/24 hour shifts. You could just tell through the MVGs that they'd fall asleep, whereas we would have our guys that would come on every 12 hours. But we'd have to wait at the checkpoint before our shift and be escorted around because it was dangerous to go around. You always had to have about two of the Infantry walking and we'd have our [unclear] slung as well. We were always in the load position where we had to carry our rounds, and a couple of extra rounds. This happened all the time through our 24 hour shift. So we worked 12 hour shifts and sometimes 12 hours a day and up to 12 days before we got a day off. We were very, very busy, very, very tired at the end of...

Interviewer: What was the nursing like?

Respondent: Yeah it was full on. We got told eventually where our areas were. And I was told to go over across to the ...Hospital to educate the nurses of how to do basic dressings, a-septic technique, giving an analgesic to people who are in pain, dressings, all sorts of things.

Interviewer: Did you feel safe while you were there?

Respondent: No. When we went to work not so much because we were very much basically left on our own. In between our UN Hospital and the Kigali Hospital there was a checkpoint, we were on our own. So we always had our weapons wherever we were, we never put our weapons down where we worked.

Interviewer: Were you prepared for that? Were you expecting that was what it would be like?

Respondent: No. We were very poorly informed. When we were told that we were going, we were segregated from the rest of the hospital at One Field at Holsworthy Ingleburn. There was a lot of jealousy there that we got picked and there were the people that were left behind they didn't really want to know us. So our preparation was basically a lot of PT and a lot of making sure all our stuff was packed, all our medical supplies.

So, yeah we were segregated and we didn't have a lot of briefs because a lot of us didn't know what we were in for. We had a brief from one of the psychs about what to expect as in the trauma, the injuries. Back then they thought it was a good thing to be actually debriefed every time you had a trauma. And it became really annoying and they...

Interviewer: What do you mean like every time you saw...?

Respondent: Like every time we had... we had a Resus bay in there, we had Resus's coming in day in and day out so we were put on Resus every day. So we had people blown up, machete, a lot of mine accidents. So the nurses would always take the airways, we would always be at the head of the patient.

She describes some of the difficulties:

The ethical side which I became very, very angry at because the ethical side was like a lot of these doctors went patient shopping, where they went over to Kigali Hospital and thought, "Wow that's interesting let's bring that person back". When one of the Australians or one of the people that were under the United Nations got injured, they turfed the Rwandan person out to make room for that bed. So I was very, very cheesed off. And not just me some of the doctors were too that were in ICU.

So it was really upsetting because you'd be treating this person and you knew that maybe their life expectancy was going to be compromised because they were going to turn the oxygen off. Or another thing is they had said our oxygen supplies were running low, because a lot of our supplies came through Randwick, Sydney then into Nairobi and then sometimes there was a delay, so we had to cut. And how can you cut someone's oxygen time - sorry bad luck, we will see what they are like without oxygen, see whether they would live. It was just horrible.

Interviewer: How did you deal with that?

Respondent: It just became part of life every day that you saw that. Like it was sad when you saw the little kids, because they would plant the mines near the banana plantations, and that was their staple diet with the bananas. You would hear it in the distance if someone stepped on a mine. They were amazing, I mean they were a very attractive race and they were very much... they would never complain. Like these people would come in and their limbs were hanging by a bit of skin. Or they would be macheted right down their bones and they would not complain.

As soon as you saw that you think OK let us just load them up with morphine, you know how much pain they would be in, and they never complained. It was amazing.

Interviewer: You said when you came back you were changed and hardened, why do you think that was? What was it in that particular...?

Respondent: You know you don't go to war and not get changed, you can't possibly. The things that you see you never see back in Australia. Those things are etched in your head and your heart forever. And even though through nursing they tell you not to get involved and close to a patient, you couldn't help it.

So yeah being in a country that was so volatile and to see the hatred in the soldier's faces that they wanted to kill or rape you - that just really wakes you up. Hey you know it's not a walk in the park when you go over to a place like that. We were there for Kibeho Incident, so I didn't go down to Kibeho but I

was on the receiving end where they all came back to us. So we heard so many stories, and the patients that we got were really not nice.

Another of her deployments meant leaving at a particularly difficult time in her personal life:

Interviewer: I can't imagine just how difficult all that would have been. I would imagine being in [country] being so busy with work and having a real distraction. But I guess you were pretty focussed on... was it easy to separate like personal turmoil that is going on and other work?

Respondent: Yeah it sort of felt like when you were in [country] you didn't want to really face what was happening back home and the break up and everything like that. I would always make sure that I would always speak to [her son] that is what got me going day in and day out. And it was the exercise. I did so much exercise and that was my way of coping I suppose.

...We did see some horrible sights and sites where they had to... there was a lot of the bodies that were dug up and in body bags and they had invited us to have a look at these people. Pretty much they were all just like fluid the way they had broken... everything had disintegrated pretty much. But it was the smell. Same as Rwanda too where eventually they had to go in with wheelbarrows and gumboots to get these bodies out. So you always remember a certain smell and the smell of death as well and the sweet tobacco of a third world country - certain smells and sights [laughs].

During this interview the participant handed me a bag of photos she had from her various deployments. These photos were incredibly graphic. In describing the photos to me she reveals the normalisation of the acute trauma she was repeatedly exposed to. This is not unique to her experience and is important to include in this report to demonstrate what nursing in contemporary conflict zones involves, the potential impact on mental health and the critical need of appropriate services to assist women like her to make sense of these experiences.

Photo one

These are very primitive but that's what they still use these stretchers. This is very thin this mattress, but they go on this, they have this thing that goes over them and that's a portable ventilator and your oxygen and all your bits and pieces that go with them.

This patient got blown up, so he's got massive head injuries, he has got chest...

Interviewer: Is he American?

Respondent: Yeah.

Photo two

That's one of the civilians. This is a gunshot wound. He is dying. He was an Iraqi. What they do is they got to come to us and to make it more humane for them to die in a nice setting. We still have to like put a monitor on them. He's dead now. What I couldn't accept or what was very difficult was that when they came to us they were already in a body bag. This is a body bag so you know that they are going to die, they have pretty much carked it anyway. So they're in a body bag and we keep them warm. And what was horrible was that when they get shot it is very foggy, very wet and all the brain matter falls out. You usually have a bluey under there to catch it all. So many other times that when you are holding their head up to try... because their head is heavy, if you don't have any help you are trying to put this bluey under and cover them up with a bandage. A lot of the brain matter falls and it used to fall on my shoes, and you'd often go home and you would have brain matter on your shoes. We didn't get to take the shoes home we could get rid of them in Kuwait. That was horrible.

Photo three

These were the choppers that flew in. This little tarmac area was just where the hospital was, so these are the choppers that would come to us. And whenever you heard choppers, and I still till this day think - chopper comes, OK they are bringing a patient. It is exactly like M-A-S-H they take the bodies out and get them to us.

Photo four

This was another American who was badly wounded and broke his femur, arm injury and chest injury. And what they usually do is when they take them to theatre, they clean them all up. He has got pins and plates. He has got a broken pelvis as well, shattered pelvis. They used to say not to open... they go across like that.

Interviewer: Are these your own photos?

Respondent: Yes.

Interviewer: What made you take these photos?

Respondent: For education use and they were my patients. I wanted to know what happened to them at the end; most of the time in Germany we didn't know. If we can and if we are allowed we will take pictures because it's great for educational use and great for... we were told we were going to do a lot of presentations when we got back, so for educational use. I am so glad. In Rwanda I was very much against it. I was very... how dare you take pictures when you can't even ask permission, because we got a lot of people do Resus sticky beaking coming in and taking pictures, and you get very protective of your patients. No these people are not a piece of meat that you can just have a picture taken. But when they are unconscious like that and you know it's for educational purposes then that is fine.

Photo five

This is one of the Iraqi's, he got blown up, he was one of the good Iraqis. What they do here... I think they're bringing it into Australia... this is like seaweed. What they do is if you have got a big cavity like this they pack it in and then attached to a suction and then all the blood and gunk... you put it on low pressure and it gets sucked out. And as it granulates underneath and starts to get better, they keep going back to theatre and then apparently it grows smaller and smaller and they put some more seaweed in it. It is a very good device. This is the same patient. This is just showing this is what he has got.

Photo six

This little girl was found face down. She had been shot through the nose and no-one claimed her. And eventually through bush telegraph an uncle found her and she was re-united because her family got shot and killed. She was lovely. She was with us for Christmas. She was about six or seven and we had a little blue jumpsuit on.

Interviewer: She lived?

Respondent: Yeah she lived. This is what it was like, it looked a bit serious but this is what it was like. When we got mortared we had to don our Kevlar helmet and jacket and do our work. ER it was OK because those orange mattresses you could pull down and we would treat them on the ground. Because people are attached to ventilators we had to actually... it was quite unsafe for us. We would work in these, and sometimes air conditioning wasn't working well and we would be up to 50 degree heat working in this up to about four hours. Great weight loss!

Photo seven

Head injury. He was extricated, but he was still very sick. He was about to go to Germany. Did you see the other ones?

Interviewer: I'm ok. Maybe later.

Another nurse deployed multiple times over her career describes some of her experiences and also shares some photographs:

Multiple deployments including Peacekeeping and Middle East, Army, medic, 38.

Day one we got... heard the... they used another system, whereas we use Priority 1, 2, 3, 4 - they were using all these Alpha, Bravo, Charlie, and I'm thinking what are they doing? Who... even to be told that they'd be using a different sort of triage system would have been really helpful. I'm like what's ABC?

Has everyone got a number... a letter here, and we've got to report somewhere? And they're like no, that's what's coming in. And I'm like... and the two girls, young girls, said to me, "What is it?" And I'm like I'm fucked if I know. I've got no idea. You know, I'm like do they... did you hear any of this in our training? And they're like, "Nuh." Anyhow, it was three suicide bombers.

Interviewer: So even though you'd had ten weeks of training beforehand?

Respondent: No-one bothered to let us know what triage system they're using.

Interviewer: That sounds pretty horrible.

Respondent: And I probably only had, I reckon, between ten to 15 minutes in the resus bay to make sure I went righto, dah, dah, dah - is yours the same, is yours the same, three resus bays - where you're working, let's make sure all three are the same, because we're all going to be working together and probably in different bays. I'll check your oxygen, yep check that machine. One of the girls said, "I've never seen this." I'm like righto, yeah I have. Let's go through a quick, so I'll describe how to use this.

And then the siren - and people were literally running in the hospital. I'm thinking well that doesn't happen. What are you running for? And it was the stretcher bearers to go out to the chopper to bring these three casualties in, and just like charred torsos. And I'm like [laughter] you've got to be... and I looked over at the two young girls, and they're like, "You've got to be fucking joking."

I'm like DRABCDE, just go through it - it doesn't change no matter what you've got. And they're like, "You've got to be joking?" I'm like airway - have you got an airway? Let's just talk through this. And mine was... my patient was lined up in theatre, outside theatre waiting to go in a tent in the hallway, and he just looked like a white marshmallow. I thought when I walked past I really could have done something a little bit better with those burns, surely. [Laughter]. But at the end of it, like I don't smoke, one of them smoked, stood outside and she goes, "Fuck." I'm like yeah. Yep. Yeah.

Interviewer: Far out.

Respondent: And that was day one.

This interview participant shows me photos that she has kept. I have explicitly asked her not to show me any that are graphic. Despite this request the photos that she shows me are incredibly distressing and detail one trauma incident in particular. The interviewee is amused by my reactions to the photos and emphasises how 'normal' these images are; that this is what she saw 'day in, day out'.

Photo one

Yeah, so that's of a suicide bomber. Non-voluntary.

Interviewer: Non-voluntary?

Respondent: Yep. So she was captured, and they handcuffed her to the steering wheel, and then set the foreign remote device, the chest plate off.

Interviewer: And she's alive?

Respondent: Yep.

Interviewer: [expletive]

Respondent: And the worst thing is WHO...

Interviewer: [expletive]! Oh, my God I can't watch that.

Respondent: Yeah. Yep.

Interviewer: [expletive]!

Respondent: Yeah.

Interviewer: So what's your job there? [expletive]! Sorry, I think I'm going to be sick.

Respondent: Yep. Sorry. [Laughter]. I'll get rid of it. I'll get rid of it. [Laughter].

Interviewer: So what's your job then to do... what do you do?

Respondent: When she came in, one of the girls took it, and they... and I just... I remember looking over and that, and saying, are you right over there? And she's like, "Oh, fuck!" And that's quite prim and proper, was getting married, on her (indistinct word), was making a conscious effort not to swear - we had a swear jar going- and I thought to myself she just swore.

And I thought I might actually get off my arse from what I'm reading, and go and see. And I said to [colleague], oh my God.

Interviewer: Like what are you meant to do? So she's alive?

Respondent: Yeah, I said let's...

Interviewer: But her face is blown off.

Respondent: ...I said let's knock her out. I said have the Paramedics put a line in? She said, "No." I said let's get a line in, and I'm going to just knock her out. And I said the pain this woman has to be in has to be absolute paramount. I said let's knock her out, and maintain her airway, and let's get her in for theatre.

Interviewer: But what can you do?

Respondent: World Health Organisation allocates a certain amount per patient, and ideally that's supposed to cover first aid. She needed surgical intervention. She needed massive...

Interviewer: Did she die?

Respondent: No. No. An Australian Fasciomaxillar voluntarily fixed it, and massive - eight months to fix it. But not to mention the psychological issues this poor woman would have. You know... yeah.

Interviewer: Well where do you begin? Like that's... like there's actually ... like it's actually beyond...

Respondent: Completely. Yeah.

Respondent: ...I had just been sitting there reading, it was a stupid *Mad* magazine that I found off an American soldier, and I thought I haven't read one these in years. And I was sitting in the corner, and I heard the siren go, and they just said one - you know, alpha - and [colleague] said, "Oh, I'll take her... take it." And I'm yeah, righto. And then all I heard [other nurse] was going, "You're fucking joking! I don't know what I'm doing." And I thought oh, I might actually put down what I'm doing and go and see what she's got. And I'm like [expressive noise]! You know no blood and guts, no... it was just that - burns, and the eye burns they were dealing with, ocular trauma, and the rest was fasciomaxillar that didn't exist.

Interviewer: But how are you... like, how are you trained to deal with that?

Respondent: To deal with that? You just danger, response, airway, righto let's just go through with this.

Yeah. And the handover was... and I say it was funny, but the handover to nightshift was probably oh, I've got this chick in, she's fucked up - you know, comprehension - and they're like, "Oh, really? How bad?" We're like fucking bad.

... "And like multiple gunshot?" You're like no, no, no. It's face. And they'd go and have a look, and go, "Oh, can you take the dressing down?" And I'm like I'm not going to do it to her now, but in the morning. And then we'd come in and they'd go, "Fuck man, that [expletive], you know you weren't half wrong with her face."

Interviewer: Oh.

Respondent: You know? Yeah, and we got the interpreters in, and that's when we found out that she was a suicide bomber - a bomber, not voluntary - been captured, used for prostitution, and everything like that. And refused to give away her family details, and that's what they did to her. And you just think how... yeah, it's just inhumane. You think poor woman. Hmm.

Interviewer: My God! And I can't imagine... like to see that...

Respondent: Yeah, well you just get used to it, it's normal.

I ask her what debriefing she had on or after deployment:

Respondent: Yeah. Well no, when... before we even got back to Australia we spent a week in Kuwait, and we had to monitor the clinic there and go through all our welcome home to country briefs, and site briefs and that. And after being in Afghan for - I went over at the three month mark, so four months of trauma nonstop. You know 24/7 trauma, sitting in a bunker, playing soccer on a Sunday with RPGs coming in - you know that's what the environment was. So it wasn't very relaxing. But we made our own fun.

So pulled back to Kuwait, where we handed our weapons in, all that sort of doohickie stuff. And monitoring the clinic, some bright spark said that, "Yeah, I've got like five Australian Nurses, Medics, that will help out." So we got put on the roster, and I'm sitting there one night playing some PlayStation game, and this guy walked in and I said oh, what's wrong mate? And he said, "I've got dandruff." I said well f**k off, you've got an airway, and you can walk, get out!

Interviewer: [Laughter].

Respondent: And he goes, "Oh, I'm here." I'm like go to the [shop] mate and buy some dandruff shampoo. You seriously cannot be for real. So the boss sat me down and told me that I probably had an issue and needed to relax a little bit. [Laughter]. I'm like you've got to be joking. I'm used to these people not having an airway, being conscious, and no legs. This pricks got dandruff for God's sake.

...But at work, we spent two weeks at work, and a bloke that I've been... you know, we started our career together, worked alongside, he picked up... he said within the first four hours that I was angry - that's the word he used. And he mainly confined me to office work. He said, "Don't touch any patients. You've taken all these people overseas, now you can enter all their med docs onto the database and make sure everything's fine."

So I think his method was actually quite smart. "And once you've done that, go and do an hour at the gym, or go and kick a footy around and get it out of your system, and we'll kick on after lunch and you can do some training for the other people going overseas." So I had minimal patient contact for the two weeks before I went on leave, so it was good.

Interviewer: OK. Yeah.

Respondent: Yeah, because if they had have come in and said I've got a sore throat, I would have went so have I, fuck off, get out. [Laughter].

Interviewer: Yeah. [Laughter].

Respondent: Yep.

Interviewer: Far out. That's amazing. You're amazing. [Laughter].

Respondent: You're just doing your job. You just do your job. It's what you get paid to do.

The level of trauma she witnessed was 'day in, day out'. She goes on to reflect how difficult it is to diffuse what she describes as 'unexplained anger' that she feels from experiencing trauma over a sustained period.

Her showing me the photographs of a severely wounded woman, even though I explicitly, asked not to, demonstrate the level of disconnection that she has from the horrific reality of the experience.

This Army medic describes her excitement at being chosen to deploy and one of her most vivid memories:

Multiple deployments including Africa and peacekeeping, Army, medic, 52

Anyway they said that I could go to Cambodia. And it was meant to be a 12 month posting and I was just so excited and then because they dropped it down to nine months they actually said they didn't want a medic to go. I wasn't going to go.

Well look I was absolutely devastated I just burst into tears and I thought, 'What am I going to do? It's all I've been training for, for years and years. I was really, really upset. And anyway I just -- OK. And like a week later they rang me and they said, 'Do you want to still go to Cambodia?' And I said, 'Oh yeah'. And they said, 'Right, you've got three days'. And I said, 'What, what, what?'

So like I had about three days to pack up my house, bring my stuff to Canberra and get to Sydney. So, I was just so excited, I was just on a real buzz.

Interviewer: Yeah.

Respondent: I never missed home, never wanted to come back home. It was hot, we'd do P.T. at like 6:00am so it was hot during the day. I was in Phnom Penh initially in the R.A.P. and we had a four or five bed ward there. We worked six and a half days a week.

This woman had many stories from her deployments not unlike the following. This gives an example of what her job involved on deployment and its inherent danger.

One of our jobs as a medic was go to -- we had a little outpost called Charlie Tango, Cambodia Thai places where our signallers were embedded with other U.N. forces you know doing the communications and they were all around on the Cambodian Thai border.

And we used to get into a helicopter and just fly from one place to the next to the next to check on the welfare, see how they're going and that. And there was myself and [colleague], he was the environmentalist you know to make sure you know that the environment was good and wastage was being put away properly and all the sort of stuff.

So we were going in a Bell's 206 helicopter and it was a U.N. helicopter and we had a Canadian pilot. And we were pretty excited getting in and just flying from place to place. And I'd just got my video camera that I bought there. And I was sitting in the front and I had the weapon between my legs and I had my video camera and I didn't even know how to work it and I was just -- had it on but I didn't know whether it was recording any voices or anything like that.

And anyway we were flying along, we'd go to a place, you know a Charlie Tango and we'd get out and see who was there and it was really good and that. And all the kids would come around. And it was actually a bit dangerous because all the kids would run out, get onto the skids and we had to you know get them away.

Anyway we'd been to a couple of Charlie Tangos and we were going to another one and we were just doing this low-level flying and the next minute we come under fire. We took a bullet. A steel-capped bullet between the pilot and my head and I've got pictures of it. And it came up and took out our controls.

So we're sitting there and the next minute bullets are coming in there and it was like, 'Oh my God'. And when the bullet came through it was a really loud sound. It was absolutely really loud. I don't know, it's just like in such a small helicopter, just this big like explosion sound.

And it went up between the controls and it took out all the controls so all this oil and everything was leaking out and all the dials went from up here to 0000 and the pilot's going, 'Mayday, mayday, mayday!' In between saying mayday he goes, 'They're fucking shooting at us; they're fucking shooting at us!' He goes, 'I can't believe it, they're fucking shooting at us. Mayday, mayday, mayday!'

And I was sitting there and he was going, 'Are you OK, are you OK?' And I thought something had hit me in my back. I thought I'd been actually shot. And I can remember taking my hand and just in slow motion and putting it behind my back and just bringing my hand out and expecting to see blood.

Because I just couldn't move from -- my legs couldn't move. I was just I don't know, paralysed in fear.

...So we landed it and I had my weapon like this and we got out and I could see a log fallen down to the - I took the front, he took the rear flank, I took the front 'cause it was quite open ground and that. So I said, 'I'll go to where the log is, you take the back'.

So I can remember going out and lying down, cocking my weapon, putting it on instant and having my finger on the trigger. And I can remember when I went to ground, from the School of Infantry you've got to go down, crawl, you know, look up, aim, observe.

You know, move down and even though I'm a nurse I could remember those things about what the R.S.M. was telling me, '...always go to ground, crawl, then look up, aim. You know just don't ever look up from where you go down you know because they'll have a tape on you'.

Interviewer: Yeah.

Respondent: And I can remember having my weapon over the fallen log and thinking, 'I'm going to take a few of you bastards out'. And I can remember how quiet it was. Initially there was no bird, it was just so quiet. And I was looking and I thought, 'I could be in Australia'. I mean there was all these gum trees in the distance and it was just so quiet, you know?

She goes on to describe in detail how they managed to fix the aircraft and fly to a nearby Dutch marine base. Following that she was required to do a debrief, although she did not want to:

And I didn't want to talk to debrief 'cause look it happened and everything like this. And he was really, really, really persistent. He said, 'You know, do you realise that's twice now you've come to be getting killed?' And he pushed and pushed and pushed me and he didn't let me go until I burst into tears. And it was really horrible. I was really angry with him because then I had problems thinking, 'Oh, fuck I nearly got killed'. And then I had problems with sleeping and everything like this.

And so I was really angry with him because I was a really strong person. Because I had travelled before and I had been to third world countries and everything like that and so I was really annoyed because yeah look I knew that had happened but here was lots of other people that were in worse situations. So I was really angry with his methods of debriefing and everything like that.

After months of intense experiences transitioning home was challenging:

Respondent: Anyway, so we came through and then we had our parade and got our medals and then 24 hours I'm back at Yarralumla here in Canberra, mowing the lawn as if nothing had happened. As if nothing had happened. And then, you know when we had debriefs after and like I said, you really should take this -- I think we should have went back to a barracks.

Deployment stress is not just about exposure to trauma, it is also the stress of being confined to a compound and living in close quarters with your colleagues for a long period of time.

Multiple deployments to the Middle East, Army, Allied health, 28

I was just super keen to do anything, and it sounded so amazing. Like I put my hand up for it, of course, and I was like really, really keen to go.

...What made me want to go to Iraq? Yeah. [Laughter]. It's very interesting. I think being in Darwin, and being around that, the vibe, like it was quite early. Not a lot of deployment had happened, and people were very sort of excited about it, and it was really good money, and that was like... it was almost a privilege to be asked to go.

So yeah, it just seemed like an amazing opportunity. And I got swept up in all of the hype of it all, I think, and then I was off. And I'm definitely glad I did it, but in hindsight I think it was... if I was to look back and advise myself, I would not have advised myself to do it. I don't think I was particularly ready at that time.

So really all I saw was the same people - they would go out on a job; they'd be gone for three days overnight, they would come back. Sometimes they would come back having had a vehicle accident, and there would be guys that would be really injured that I would then treat.

So it was just kind of this... like, it would be one minute really busy, and then it would be really quiet. And in terms of like war like situation, it didn't really feel like it was... other than obviously the surroundings is all just sand, and desert, and you can hear things happening, and you get rockets occasionally. And probably once a week or so a rocket would land in our base, and they kind of remind you where you were, because otherwise it was just like normal work.

It's interesting, because I think, and particularly Afghanistan was in some ways harder for me. I was in a compound with 500 guys, and there were three girls, and I felt very much like... you know, like in the spotlight a lot of the time. Like, 'cause they're... I mean when you're a minority a like that, it's understandable that they are kind of watching you.

But yeah, certainly Afghanistan, everything was done together, and all those people that I lived with, and ate with, and did everything, I was also treating them. So they were like my friends, and my patients, and my colleagues, and it was just really hard to kind of find the line. Like, do I... am I your friend, and am I... you're supposed to be, you know, your clinician, or... I didn't really know. It was very hard to figure out where and what to do.

Yeah, it's really hard. And I found that more so in Afghanistan, and I was there for seven months. So it was just like... yeah, and I didn't get... in Iraq I got a two week break, but Afghanistan I didn't. So I was there continuously for the seven months, and I just... yeah, it was just very draining to stay compassionate about people's injuries when I really was like I just want to get out of here, and have a break.

She talks about coming home after six months in the Middle East

I was looking forward to coming home, but at the same time when I was leaving, I was like wow, I've really created a life here, and this is what I've known for so long. And I remember driving out in the bus to the airfield, and thinking am I gonna be able to reintegrate into my life at home, and I had things happening back [home] that I was not looking forward so much to getting back to.

And so yeah, and it's silly because you're like, who would want to stay here? This is not a nice environment to be in, but at the same time that was my life day to day. I looked forward to the freedom, and Australia, and the air, and being able to drive a car, and being able to go further than this one kilometre perimeter was going to be awesome.

But, I don't know, it's hard a transition to make after so long.

Yeah. I think I did because that's kind of all I know, but if... and there are times where I've felt, and still now, like that... like unsettled with things. And I was like... I liked being posted every couple of years, and now I like that this is a locum, it's just a short time, and then I can go. I don't like anything that's really like a long term commitment, and I think that is attributed to those experiences because I'm like oh, that was just so long and drawn out, I don't want to feel like that again - of like being stuck in a place.

So I'm like, at the moment I just love changing every couple of months, and keeping things really fresh and new, and meeting new people. And I mean this is like the fourth time I've moved since I got back from Afghanistan. Like, I'm always moving now. I think that's really because of that, and I just got so sick of being in that one place, and stuck in it.

Interviewer: So how did... I mean how did you cope when you were not... like, when it was getting... if it was getting too much, and really intense while you were there?

Respondent: I don't think I particularly coped very well. [Laughter].

Interviewer: [Laughter].

Respondent: I really lost it towards the end. Like I just started being so blasé with things, and I was like... I'd get up, I'd wake up in the morning, like I just cannot face another day of this, and I would just be... like this is the last month probably - it was just a real struggle to do anything.

And it was just like not a nice thing to think about. It wasn't like oh, I've done these wonderful things, and show you all my pictures. It was like that was not a good experience, and that was not something I want to talk about. So, let's just forget about it.

This soldier experienced similar stressors related to being confined to the military compound on deployment:

Peacekeeping, Army, other occupation, 34

Respondent: I think everybody wants to be deployed because that's what you are sort of trained for. Like you go in knowing that that is going to happen or thinking that that might happen. But I sort of took for granted that when I got there just... I don't know if it's a female thing or if it's just... I mean everyone is different and has different levels of coping abilities. I found it very, very, very, very challenging just seeing the gap in the generation, hearing the stories about the murders, rapes and deaths. Some of the

women that could speak English were telling us about how their husband had been killed in front of them, just things like that. And I kind of walked away from [deployment] not... I still haven't been the same since.

Interviewer: So did you feel like you had a bit of support network when you were there?

Respondent: Not really. Oh I had one or two friends that I was sharing a room with which were pretty supportive. I think it was hard because all the bosses and stuff were men. And when a girl breaks down and cries it's kind of hard for them to know what to do. So I was in tears and stuff like that and crying. I didn't even really know what was wrong with me.

Interviewer: Were you crying about stories that you had heard from say locals or what you saw?

Respondent: I think it was an accumulation of... it is like big brother being there for six months straight in a compound with the same people, hardly getting any sleep, having to do activities, working hard all today, and it is hot and it is sweaty. It is kind of like big brother - do you know what I mean? Everything is intensified.

Interviewer: Did you feel safe?

Respondent: No, not really. I'm working through this with my psychiatrist at the moment, like I have trouble sleeping. It's like a constant thing, a feeling like I need to be alert when I am sleeping. Just because when I was there I didn't feel that safe.

I think it was just because I knew that something could happen, and it's pretty scary walking around with a loaded weapon, not knowing if you might actually have to use it. Do you know what I mean? That was pretty... I guess now even it's still a bit frustrating because that feeling doesn't go away sometimes, like it's still there.

Respondent: We built a school so that really stood out. Doing stuff like that really helps like, contributing to the world.

Interviewer: The rest of it when you were there. I mean obviously were there, I guess significant negative things that stand out as well.

Respondent: OK. Bits that stood out - rebuilding that school really stood out a lot. Other bits that stood out, well what really stands out to me is just being exhausted physically, emotionally, the whole thing, just being completely exhausted.

Interviewer: Did you feel prepared just getting there, prepared about what you could see or experience?

Respondent: No. It was literally you are going to go. I mean I did pre-deployment training which does prepare you in a way but doesn't prepare you for the emotional side of it. There's no, once again like counselling or someone standing up in front saying, "You might see this and this and this and this is how you deal with it". Because I think when you are prepared for it it's not as... doesn't affect you as much.

The deployment experiences described above highlight themes consistent across all interviewees deployment narratives, including:

- The excitement and privilege to be selected for deployment
- The 'normalisation of trauma
- Having to 'harden up' to survive and do your job
- The stress of living in a compound
- Frontline combat like experiences
- Grief and loss following leaving a deployment early

Questions these raise are what are the long term impacts for women's psychological and physical health? And what support is available?

These experiences challenge some popular perceptions of women's roles in the ADF and provides an understanding for why deployment is such an important component of their ADF career.

2.3 Identifying as a veteran

Despite active service, multiple deployments, and combat like roles invariably women did not identify themselves as being veterans. Findings from this study suggest that this is a barrier to women accessing appropriate health and support services.

The women who did identify as veterans were more like to have pursued a successful claim through DVA. Being 'accepted' by DVA brings with it not only financial and medical benefits, but legitimate status as someone who has served their country. It can become a significant factor in legitimising the experiences of the veteran. In the absence of this legitimisation women often describe feeling devalued, rejected, isolated, and displaced.

Retirement was also a time when women began to feel more like a veteran. Retirement often brought with it more opportunities to associate with the local RSL or become a DVA advocate – assisting others to get their DVA claims written up and processed. These kinds of activities appear to facilitate status as a veteran in the veteran community.

Every interview participant was asked if they felt like or identified as a veteran. If they didn't they were asked to describe who a veteran is. Veteran status seemed to be relative, often described in terms of what they had done or not done compared to others.

Vietnam veterans

Airforce nurses

Vietnam, Airforce, nurse, 73

So do you feel like a veteran?

Respondent: No, not really. It's funny isn't it? No. But my aim these days is to do as much as I can for veterans because there's an awful lot out there that don't realise they've got entitlements.

Interviewer: So what do you see as a veteran then, if not yourself?

Respondent: Someone who's been to [laughs] war.

Interviewer: Right [laughs].

Respondent: And spent time in the service.

Interviewer: OK.

Respondent: Someone who is ex-service. But for some unknown reason, because I was on the medical side, it doesn't seem to apply.

Vietnam, Airforce, nurse, 65

But, I was doing what I had done beforehand and what I continued to do, whereas the contribution that these young fellows made... you know, God taken from.... suburbs... at 18 and thrown into the situations and the different cultures and goodness know what and dying and all that sort of things. So, in relative terms, no I don't feel like a Veteran, because they're the ones that gave so much, you know. So, in those terms I don't, yet if I had been... in Vietnam, stationed in there like those Army Nurses at Van Tau and/or if I had spent longer in Malaya... those girls had a bigger experience. So, they're experience would and they're exposure to all sorts of things would have been so much more than mine....As far as contribution and feeling like a Veteran is concerned.

Vietnam, Airforce, nurse, 65

Interviewer: Do you feel like a veteran?

Respondent: Well, I don't think anyone likes to think we're getting older and I always think of a veteran as being an older person, but really there can be some young Vietnam vets, you know, years ago, wasn't there? ...

Because I think a lot of us, ours would seem quite dull in comparison to, like, as you say, the ones in Afghanistan and different places like that, you know, really.

Vietnam, Airforce, nurse, 70

So do you feel like a veteran?

Respondent: No, not really. No, no.

Interviewer: Why not?

Respondent: Oh, 'cause I think after the... I mean it was such a small part of my life and I think I've done things that I'm more proud of since. I think, perhaps, as I said before, it gave me confidence and I've done some really... some things that I'm quite proud of since

But lately, I guess because of my job... well, my job, I mean it's not a job, but because of the role I've taken in this community as far as welfare for veterans and that sort of thing, I guess I feel more of a veteran now than I did then.

Interviewer: Why is that?

Respondent: Oh only because I'm associated with them and I'm a member of the RSL and I'm a member of Legacy and I'm... you know, yeah...

Now I would be, except for the World War 2 widows, I would be the beginning of the new age of women who are reaching 70 and are veterans in their own right. And they're going to... no, they're going to have to lift their game. They have to stop addressing me as 'Mr ...'.

Interviewer: Who addresses you like that?

Respondent: DVA often. They do have an attitude that to be a veteran you've gotta be a fella. I've raised it with the Deputy Commissioner in the past.

Interviewer: And what've they said?

Respondent: And they, you know, they said that they would look into it but that's... you know. They're going to have to... they're going to have to change that mindset within DVA and you can feed them that back.

Vietnam, Airforce, nurse, 65

OK. So do you feel like a veteran?

Respondent: [Sighing]. On ANZAC Day I do. The rest of the time I guess you don't really think about it a great deal. But it's nice to... I never thought I'd see the day when I had four medals, which I've got. And [husband] got about six or seven. But yeah, it's... it was lovely to get those medals, and to...

No, we always thought of ourselves as Nurses first, then Officers.

Interviewer: Why's that?

Respondent: Oh, I just think that was the most important part of our role up there. You know it was being there, even though we were in uniform and doing that, we were still Nurses, and that was our role.

Army nurses

Vietnam, Army, nurse, 67

Interviewer: Do you feel like a veteran?

Respondent: I do now; I've only felt like that in the last couple of years.

Because I simply didn't see myself as part of history or I didn't see myself as having done anything terribly special, I was just a nurse who'd gone to Vietnam, whether that was because of the treatment we've got when we came back from Vietnam, I don't know.

Vietnam, Army, other occupation, 63

Interviewer: Do you feel like a veteran?

Respondent: Yeah. DVA are funny. The most recent time I went in there, the young man just... you know, he wasn't prepared to accept that I was a Vietnam veteran, A because I'm female, and B because he obviously thought that I should be grey haired, with a walking cane, and a stoop, you know the widow's hump that - you know what I mean, that I didn't look like I should look like.

Vietnam, Army, nurse, 67.

But the other thing about a posting like that too, that's why I'm hesitant... we still go to ANZAC Day services and things like that, but I'm hesitant to claim that I'm a Veteran because I don't... I wasn't on the ground in Vietnam being shot at.

Unlike many of the other Vietnam veterans, these two New Zealand Army nurses quite readily identified as veterans. They described being acknowledged by their government and the significance this has had for them.

Vietnam, NZ Army, nurse, 78

So do you feel like a Veteran?

Respondent: Yes I feel like a Veteran. New Zealand's just given me another medal for my territorial service.

Interviewer: Oh really?

Respondent: Yes I, it's one they couple of years ago debated whether or not they should put out a medal for the territorial soldiers because a lot of them went overseas as I did myself and in Australia most of the medical corp that go over the Vietnam and to...and all these places are regular doctors who are just in the Reserve and they go over and do three months of time and come back again and the New Zealand sort of talked about it and decided that the Reservists should be recognised in some way.

Vietnam, Army (NZ), nurse, 72

And do you feel like a veteran?

Respondent: I do, yeah. Well, I do now. I'll show you what I got. Thanks to our Prime Minister. It's a pity that the nurses over here didn't get them.

Interviewer: Oh, right. Wow. So a thank you from the Prime Minister.

Respondent: And we were invited for a weekend two years ago to go over there and they paid for our way and our accommodation, and we had the keys to the City of Wellington, and we had big ceremonies at the Bee Hive, and families who had lost their loved ones carried photographs of them up to the Parliament. And Helen Clark said a big sorry to us.

Interviewer: For not having...

Respondent: For having to go over there.

Contemporary veterans

For a lot of women a 'veteran' is someone who is older and done more 'war like' service.

Peacekeeping, Navy, medic, 43

So do you feel like a veteran?

Respondent: No. [Laughter]. I so don't feel like a vet. Like, it's weird even saying that. [Laughter]. When I think of veteran, I think cranky, old, Vietnam veteran bloke, like that's what I think of.

Multiple deployments including Africa, peacekeeping and the Middle East, Army and Airforce, nurse, 46

Well I'm under the old school too I think a veteran is like someone... an elderly person. We dealt a lot within the army the nursing services where you had all the oldies, old nurses and I have such great

respect for them and I still do. The PTSD course we had 13 of us on there and I was the first woman veteran in about five or six years. So now a lot of women veterans are either not being told about these courses or they aren't coming through. All I can think about is the women don't get put on the frontline unless asked. We were pretty much in Iraq on the frontline.

Peacekeeping, Army, other occupation, 50

Interviewer: What is a veteran then, if not you?

Respondent: Big, cranky, overweight warrant officers (laughs) or disgruntled old Majors who won't go anywhere, but, you get that everywhere don't you?

Middle East, Navy, nurse, 54

So you don't feel like a veteran?

Respondent: Uh-huh. No. I mean I might when I get older, but I don't like... I mean we're members at the local RSL but we just pay the dues. I think we might down there once every two or three years. And we'll go down for the morning service for Anzac Day and then come home.

Peacekeeping, Army, other occupation, 34

I don't identify being a veteran. I don't look at Department of Veterans Affairs and think that's for me.

Interviewer: What does it represent?

Respondent: Older people. I mean it's not going for much longer because there has been so many deployments. It's always been... a veteran has always been an old person.

This ex soldier describes how the process of getting her DVA pension made her realise that she was a veteran, and how that status is undermined by people questioning her use of the Gold card.

Multiple deployments, including Africa and peacekeeping, Army, other occupation, 43

I wouldn't consider myself to be a veteran. I don't know why, you just don't. A veteran to me tends to suggest that you're a lot older....but...I used to say to people I'm not a bloody veteran. A veteran to me is somebody who went to Vietnam, you know, and I think if you spoke to a lot of people my age who could say those who went to Vietnam are veterans. Then I think slowly but surely myself and a lot of other people who have served realise who you are and that was all a big part of getting the pension. I said I'm not a Vietnam Veteran, you know, sort of like that's where you put the classification of a person who has a pension with Veteran Affairs, you're a Vietnam Veteran. So yeah I guess I am, I went away and served my country, if you can call it that three times. Yeah...

...but I will go to a doctor's appointment and I'll give them my gold card and I cannot tell you how many times I've been said you can't use your dad's gold card. I kid you not.

Interviewer: Really?

Respondent: One day I was travelling on a real bad, a real bad, bad day, I was to see the doctor to get my medication cause I'd run out and you've got no idea what I said to them and it was rude. It was rude. I did, I just said 'fuck you'.

For the following participant, being a veteran is about having the time to spend going to the local RSL or ex-military functions:

Africa, Airforce, nurse, 41

Do you feel like a veteran?

Respondent: Not really. I think to some degree, you ask a lot of mums, a lot of mums don't associate, we don't have time, I don't have time to go to a lot of these functions because I've got children and running around to do, whereas the guys can probably get away to more of that stuff, and a lot of the ladies that don't have children have that flexibility, I don't have to tell you what it's like. Make sure everyone's at school on time, let alone what they've got for the day and you've got to run over to the school to take it, and then you've got to do the afternoon run around that everyone's forgotten things while they've got afternoon activities on, so to try and do something else on a Saturday or an afternoon.

For this interviewee veteran status is diluted by the fact 'everyone' is a veteran.

Multiple deployments including Africa and peacekeeping, nurse, 46

Well, I s'pose most of us are veterans now because everyone's been to Timor or they've been to Afghanistan or Iraq. So I suppose everyone's a veteran of sorts.

Multiple deployments to the Middle East, Army, Allied health, 28

And do you feel like a veteran? Like, do you identify as being a veteran?

Respondent: No, not at all. That's why it's interesting when I saw that's the title of your study. I was like does that really include me? But then you were saying, like it's now, it's recent veterans. And I'm like well, that kind of is me, and I have been on two trips overseas.

But no, not at all. I have that badge that says Returned Service Person, and I'm like it just feels wrong to have that, because I'm like that's... it doesn't really sit with me. Like, because you think of it as like Vietnam, and the things that they did there, and it's just such a different kind of deployment nowadays, that it doesn't feel like... and I marched in the ANZAC Parade, and I don't feel any connection to that.

I feel like I'm still there kind of celebrating what other people did, and I don't really feel like I'm a part of that. And maybe as I get older, and I kind of reflect on it, or I have kids, and they wear my medals, and march around, maybe it will feel more significant.

Multiple deployments including Middle East and peacekeeping, Navy, other occupation, 29

I guess if the definition then yes I'm a veteran but I don't feel like I've done hardly anything compared to I guess when you think about veterans you think about old diggers that have you know.

Multiple deployments including Middle East and peacekeeping, Navy, other occupation, 29

A Veteran? Not really. No. The service I did, you know, I just, I kept watch of the engines. You know, when we were in the gulf and then in Solomon Islands. So, Veteran as in, did I do any active service? I don't think I really did. I just sat on a ship that you know, went into an active zone. (Laughing). I don't, yeah. I don't really feel like that.

That many women did not identify as veterans has a significant impact on when and where they go to access health and support services. In addition the rejection of a claim to DVA can have a negative impact on a woman's sense of self, and further to her perceived contribution during her military career.

3. CHALLENGES FOR FEMALE VETERANS

3.1 Motherhood

Changes to restrictions on women having to exit the military when they got married or fell pregnant means that for contemporary veterans it was not unusual to be deployed leaving a young family at home.

Women in this study spoke about this as a particular challenge. Some of the issues raised included difficulties dealing with sick, starving, injured or neglected children while on deployment. In addition the logistics of organising care for children, particularly for single mothers, is a feat in itself, and was often met with little support or assistance from the ADF. Communicating regularly with their children was frequently mentioned as a way to cope. Many were unsure how to prepare themselves or their children prior to deployment or integrate back in to the family on return.

Peacekeeping, Navy, medic,

I'd had my daughter, by then, and really did not want to go to sea. And I deferred it, I think three times. I deferred it as many times as I poss... like, I'd got a posting to sea, and I'd... you're allowed to defer it,

put it off. So I'd done that, I think it was three times the maximum, and in the end they said if you defer the next one we'll boot you out.

Interviewer: Right.

Respondent: And I really didn't want to be booted out. So the next one came along, and I was a single parent, and I'd spoken to my parents, and they looked after [my daughter] while I was at sea. So it was massive... it was either that or get out and be on the single mother's pension. And moneywise it was probably not much different. I probably would have been better off in the Navy, but not by much once you paid day care and things like that. [Laughter].

So of course that was a massive decision, and [my daughter] didn't want me to go.

Interviewer: How old was she?

Respondent: She was I think six, about six. But I knew my prospects by then were better in the Navy than they would have been outside where I had no experience really in anything.

I'd have to say probably being at sea was the best time of my life in the Navy. Even though I was separated from [my daughter], the job was great at sea, and the camaraderie and everything was fantastic. So I'm really glad I did it in hindsight.

For many women dealing with children while on deployment poses particular challenges:

Multiple deployments including Africa and peacekeeping, nurse, 46

Oh I was a bit sad, a bit sad, 'cause he wasn't real well at the time. He had a bit of asthma and stuff like that. So I left him with hubby and hubby was working full-time. So he had a rough time. But my mother-in-law stopped in and helped out a bit but...

And then once I was over there I was on this pretty... oh I missed him, because I was dealing with a lot of children over there as well, and little babies, so... you know, every time I sort of picked up a baby, I was oh, oh, where's my little baby.

Peacekeeping, Army, other occupation, 50

He was about 11. That was hard, leaving him. Yeah, but he was good. They offered me to stay another four months, but I said no. That was enough. I would have loved to if I didn't have [my son] or had he of been older, but not...

Always, 'cause there's so many kids and being a Mum and seeing some of the kids when they'd bring them in to the hospital part that had stepped on a little bomb or explosive and that was hard. That was horrendous.

Peacekeeping, Army, other occupation, 50

Respondent: It was only when I joined the regular Army that I really felt the brunt of all the differences. In the Army Reserve I think, and I still believe, that they are much more understanding and supportive of females, I think the regular Army still tends to be a big boys club. You only need to have a look at where females are in the upper echelons to know that it's very difficult for women to break through the glass ceiling. I found whenever I went to a new unit I had to prove myself all over again, I was a female officer, you'll also have to remember I was back in the early nineties when females didn't have children and remain serving, most of them had children and left, I didn't, I had my children and I went straight back to work and I continued to work and I continued to work, I had three children and then I went back to work after the first one was ten months old, and continually went back, I still had a role and I still had an important role.

Interviewer: What were the main challenges?

Respondent: To be perfectly honest, financial, three children, I was paying my entire wage for a nanny to look after them and we just paid the same as working, so why am I working sixty, sixty-five hour weeks for somebody else to raise our children, so we made that decision.

Interviewer: So how old were your kids at that time?

Respondent: Ten, nine and four.

Interviewer: What was it like leaving them at home [when deployed]?

Respondent: I have to say that I'm not that maternal, and that's probably why, I missed them, but I also knew they had been well cared for. At that stage I was a sole parent so I had an arrangement with my best friend and her husband who had three adult children. [my friend] came in on Sunday evening and looked after the children until the Friday, and then my parents came in on Friday evening and looked after my children until Sunday, they would put a roast in the oven then [friends] would turn up. I was very fortunate because, having my best friend and her husband with three adult children who were able to take on some of the caring, the kids went to before and after school care and school, [youngest daughter] went to childcare and before and after school care, basically childcare all day, so they were being cared for in that way, and like I said I was just incredibly fortunate, that's not to say they didn't have time with their father, they had three weeks holiday with their father during the school holidays, they visited some of their Aunts, but pretty much that was the arrangement.

Interviewer: Wow that's an amazing feat, I have three children myself, so that's huge. Were you in constant contact with them?

Respondent: Yes, I was one of the ones that used to cheat, we were only supposed to have our five minute phone calls, and I'd often get the, ma'am it's been half an hour again. I would ring probably three times a week and I would chat to my children, I had access to email and I could email my children, but I have to say, because of being in the Army for so long and having been away and back and away and back, my children didn't miss me.

I think one of the most difficult things for me was I got absolutely nothing before I went on how to prepare myself and my children, I just did what I thought was the right thing. I went to their school, I was the mother of the day and I told them what I was doing and where I was going and had discussions with the teachers and the principal about what was happening and who was looking after the children. Everybody at school was fantastic, the support, everybody knew what was happening, the children had a map of Bougainville in their room, you know when I talked about sending postcards and letters home, they'd take them to school, I sent emails home to the school teachers, so I did all of that. I was just very fortunate with [my youngest daughter] that she was at a great childcare centre where they were very nurturing and very supportive and they would ask what's mummy doing today, when did you talk to mummy and so from that side I was very fortunate.

I didn't get anything until I actually got to Townsville, and then I got a book on how to prepare yourself for deployment, I really needed this two months ago. There were some things that I probably could have done better. I think they've got it better now, I think that they really have squared that side of it away, I don't know.

This nurse talks about the particular challenges she faced on deployment following the death of her baby:

Multiple deployments including Africa, peacekeeping and the Middle East, Army and Airforce, nurse, 46

Respondent: Back then they didn't have part time so I had to go back to work after six weeks, it was really was not nice.

Interviewer: And how old was your oldest son?

Respondent: He was about two. He was about two. Yeah it was all moving really fast, so I just skedaddled over to [deployment].

Interviewer: So how long after the birth did you go to [deployment]?

Respondent: [My baby] died in September on father's day and I left October or something like that I think. I don't know. I can't remember now. In between [deployments] then I had done my degree and then I had done my critical care, so when I went to [deployment] I was already ICU trained. So I was left in ICU on a 12 hour shift one night. Three weeks into it, it was very, very hard because we had a lot of stillborns because the mother's pelvis were very tiny. We had heard that this person was coming through Resus and her baby had died inside her and the arm and the leg were presenting outside her

body. So we obviously knew the baby had died. So we had to always recover people who'd gone into theatre as well.

She stayed with us with a dead baby, and I had to wash the baby down. When I found this out... no-one had known that my baby had died no-one. Then these two navy girls were fantastic. I thought, "Oh my god what am I going to do I was going to lose it". I thought, "Far out". I told them and they said, "We will stay with you". So the three of us washed this baby down and cut its cord and did everything and wrapped it up, and the dead baby had to stay with the mother until she regained consciousness. What was worse because I had nursed her, through bush telegraph the husband finally made his way down from the bush from wherever he was, but the baby had to go into the morgue the next morning. Then I had to keep taking the baby out to show to view, it was a frozen baby. Look I can talk about it now but it was really horrific then.

Then it turned around, three weeks before I came home it was really amazing. This lady had malaria, Cerebral malaria and she was unconscious but she was pregnant. She was just about to have bub and it was about her 7th baby. It was just an amazing thing to see that back in Australia you would probably do a Caesar. She was ventilated, she woke up, pushed this baby out and fell unconscious again. This baby was a bit of a rag doll because there was a lot of drugs on board with her. This baby survived, went to Red Cross and when she came off the ventilator she took the baby home. It was beautiful. We cut the end of a sock and put it over, a little beanie over the hair. It was sort of a turnaround like it was nice.

Interviewer: That story... I mean that's... I can hear what you're saying, like it was horrific then and now you talk about it, but how did you deal with it? How did you...?

Respondent: I guess I didn't really handle that. I'm talking very... I've learnt over the years how to talk very superficial, but deep down it affects me. But you know I was going through a lot too with my own child, coming to grips and grieving as well.

Interviewer: How was your husband coping with you in [country]?

Respondent: Rwanda was fine we didn't have kids and he was very concerned. But when bub came along he was under the old school where no I shouldn't have gone. He was under the same impression - well how you can leave your two and half year old. I still always remember this day, the grief stricken face - mummy don't leave me, don't leave me and he was running after me.

So yeah, I mean that made me feel bad. As soon as I was away from him, the way I coped was I put on war gown on me and I just concentrated on what I had to do. My whole wall, every deployment is always covered with my little boy and my husband and friends and everything colourful. I never once forgot back home. I just had to push them aside to actually be able to cope to do my job.

...He [my son] was seven. Yeah, about seven, every time he was either at kindy or at school. His mum was the only one who had gone off overseas, so yeah it was hard. My hubby then because he never believed in me going being very old fashioned and he has never deployed because he is in the Reserves, and it has always been a bit of a contention there that [she's] got medals and she's been overseas and I haven't. It was this real... it was like no you shouldn't be going. Therefore there wasn't a lot of support there. It was like yeah I would look after [my son] because he's my son, but in terms of like finding out his education, about how he is going or sending me the reports or sending a drawing - there was nothing.

I actually had to ring the school from [2nd deployment] and in [3rd deployment] to actually see how he's going. So that was his way of pay back of saying, "Well you left your son here so you're not going to get any news".

Multiple peacekeeping, Army, nurse, 40

I didn't want to come back. I had six months off for each baby I would have preferred twelve or maybe a part-time option to come back, but I've always just done the... and I wouldn't have been able to do it without my husband because he did the... I breast-fed my first boy until he was two and my second boy until he was three...

To do that... towards the end, it was just a morning and night feed. Wake up in the morning go to bed at night. It was always in private. It was never out there, one of these radical earth mother women... and when they were younger my husband used to bring the babies into work and I'd breastfeed at work.

[My son] was two when I deployed for six months that was really hard. The one thing that kept me going, kept me sane, was knowing that I had a telephone right there, I could ring him daily. He was just starting to talk at that age.

Interviewer: When you were in the Solomon's... so did you talk to your son every day?

Respondent: Pretty much which was not the rules, you're supposed to call once a week but I had the phone right there, and it wasn't an issue. I wrote him a book when I was there. I took photos and wrote him a book, and it was very, very simple, one that he could read with dad. It showed me just doing the laundry and me doing normal things, me in my theatre gear, me eating my lunch. I had pictures of trucks in there and bugs and stuff like that that he will like. And my other son still has that book next to his bed, he loves it. So I did that when I was there.

I thought better now than when he's older. Because I think as long as babies are surrounded by love they don't really miss mum. They don't. I thought two years of breastfeeding is pretty good. I actually weaned him the day I got on the plane. So I gave him his last feed and I knew that was going to be the last feed. And I'm telling him this is your last feed now. I was in tears. I was a mess. It was hard. What I did as well I walked out of the house in the morning, like really, really early so everyone was still asleep.

Interviewer: Oh my goodness. How do you prepare yourself for that?

Respondent: You just do it.

Interviewer: Did you think if you couldn't cope you would come back, or did you think there is no option but to stay? Did you feel like there was an out at all?

Respondent: I never thought of that I just knew that I would do it. And I was excited, I mean I'm going into... it was a new job, it was on the land, it was meeting locals. It was a chance for me to get a medal which has always been one of my personal goals. I want to be able to sit my grandchildren on me knee and go, "Look I've got some medals". This was my one chance for a medal and if I don't get any more in the future I don't care, but it was one of my personal goals.

So, yeah I did that. My mother-in-law was coming up, and [my husband] was OK to handle that. I think it would be a lot tougher now. If I went now, yeah that would really worry me. I would worry about the fact that we're pending separation now, and I would be worrying about custody because then he would have a six months track record of look I can cope fine without you, and that scares the pants off me.

Interviewer: What was it like coming back after six months?

Respondent: It was good.

Interviewer: Yeah. Did you just slip straight back into kind of...

Respondent: I knew that [my son] might not be that attached to me, and I expected that. So in expecting it when he showed affection I was just like great, and it took some time before he was... he was at that sort of an age where he was happy to come to me.

Interviewer: On deployment were you still involved with decision making at home?

Respondent: No I cut completely.

Interviewer: Did you? Right. And was that a conscious kind of thing?

Respondent: I didn't talk about bills; didn't talk about budgets or shopping or cleaning or nothing, because I knew my mother-in-law was there and she would have a standard, even though my husband standards are abysmal. And at the end of the day all I was really focussed on was I didn't care about the home... it sounds really bad but I cared about my son. Was he going to playgroups? That was important to me because I wanted him to be socialised. And that is all we really talked about.

Interviewer: Right. And did you feel... were there other women who were also deployed with you?

Respondent: Yes.

Interviewer: Did you have a bit of a support network?

Respondent: There was one other woman who was with me who had a child. There are a couple of other women I deployed with as well who had kids as well. But they were either subordinate to me

which is very difficult to talk about those concerns, or they were the same rank. And we were so busy over there particularly... they were busier than I was, but it was really hard to even deal with that.

This Army nurse talks about the impact her deployment had on her young daughter.

Multiple deployment including peacekeeping and Middle East, Army, Medic, 38

Yeah. My daughter was nine months old when I went over, so I was a bit peeved with it all. But again, you do what you do. My daughter was actually... she really didn't cope at all. She was just learning... like she was starting to talk and she developed a stutter, and actually towards the end she just completely shut down and wouldn't talk. And it was separation anxiety.

When we had our big welcome home parade, the day I put my Cams on, she started stuttering once again. And I thought it just affects a lot more people than you actually realise.

And I thought well it does - it affects everyone. But it's that whole family that's affected, it's not the individual who deploys.

Multiple deployments including peacekeeping, Army, various health and other roles, 49

Interviewer: And did you talk to them [your kids] much?

Respondent: Yeah, well the only... you're supposed to have five minutes a week, but we used to have two phones. We had two sat phones, so as long as we didn't talk for too long, you'd ring them, and they could ring us. They had the number, so they rang us. I mean [my daughter] got chickenpox while I was over there, and rang up, and didn't know what to do. So I said I'll ring you back. Captain [...] told me what to do, and did that, so she was fine.

Oh and my husband rang, the freezer blew up, he said I've blown up the freezer. I said what the f*** do you want me to do?

Interviewer: [Laughter]. Yeah, ringing you...

Respondent: It was just a reaction I think, 'cause you weren't there.

Peacekeeping, Army, other occupation, 40

Well this is what happened, because initially one of the Captains put me on the list because I had a truck driving licence, I had all my qualifications, I was mature age, I had my baby sorted because she was only two then, and I was prepared to send her back down to Brisbane to be with my mum. And by the way, they don't help you with any of that - it's totally on your own. You know, I went to DCO to find out what support there was - there's none. Basically it's your issue, you deal with it.

...Anyway I ended up getting appendicitis and then they sent me home, wouldn't let my partner come home to support me when I had three children under five, and they made him do guard duty, because he was in a separate Unit, and that afternoon I took tablets and overdosed, and the next thing you know was in hospital.

You know, at the time thought I was frigging Superwoman - you know, I could take on the world, and I could get through anything. But eventually it just wore me down, and I broke. You know, putting up with it for like ten years now, it was like I'm losing everything - everything I've put my entire life into I'm losing.

But I felt like it didn't matter. It just didn't matter. It didn't matter how hard I tried, it didn't matter what I did, if I gave away my children I think it would have been enough.

...If I was given a choice to be here or go to Afghanistan and be on the frontline, I'd go in a heartbeat. I would. If they asked me to come back tomorrow, I'd go in a heartbeat. And I know that sounds stupid after the way I've been treated, but that's all I know. I don't know really...

There are a number of issues that emerge in these interviews that require further exploration:

- Lack of support and timely information
- Lack of support to assist children of mothers deployed.

- Lack of support for husbands left at home.
- The importance of communication with children back home

3.2 Bullying, Sexual harassment and abuse

The recent media hype around the treatment of women in the military has brought issues of sexual harassment, bullying and abuse to the fore. From the small number of participants in this study the more severe cases of harassment and abuse were from women who were in 'other occupations' than health related, and in more traditionally male roles.

In what follows are the accounts of five women whose stories illustrate the chronic nature of the harassment, the difficulties accessing services and the impact it has had on them. Three are from the Navy and two from the Army.

Middle East, Navy, other occupation, 29

Interviewer: Were you self conscious being a minority, only one of a few women in a very male dominated place?

Respondent: Not so much in Recruits, the Instructors were a bit... I guess I was a bit sheltered from men, very sheltered. I'm from such a small town that when I got down there... it was mainly the instructors who were saying all sorts of things like... I didn't even know what half of it meant when I first got there. I wasn't too offended by it, I was very shocked by a lot of it but I wasn't offended because I guess I thought it was normal for in cities and stuff. [Laughter].

On my first day my boss said to me "women don't belong at sea; they don't belong in the Navy". I'll never forget it. He was bad with all of the females and those were his first words and I wondered what I'd done and why I was here.

Interviewer: How did you deal with that?

Respondent: I just, I was shell shocked initially and then I tried to stay out of his way. [Laughs]. My first [unclear], I don't remember his name but he was no better. He was a real pig as well. He would say to me "You are a Seaman; you will do nothing but peel vegetables." Then he would leave me to peel vegetables while he and the other boys would go to the PO Cooks Office and watch porn. I was 17 and I was just thinking "What am I doing?" Then it kind of... when it was like that, it was like that from the beginning, that was my first week and that is what it was like so you dealt with it like that. It's changed so, so much now though.

Interviewer: So during your time, how long were you in the Navy?

Respondent: Seven years.

Interviewer: And it changed during that time?

Respondent: Yes, hugely. I saw a massive turnaround. They were very old school. Luckily I saw the younger ones, the ones who were maybe just getting promoted to Leading Seaman when I was there as a Seaman were then taking on the role as PO and things like that and would not allow that. Sometimes they wouldn't even allow music which drove me up the wall but that was so they could enforce that this... so you couldn't go up and start dry humping people when they're trying to work. [Laughter].

Interviewer: Yeah, right.

Respondent: They really, I've seen... it's still happening but I've seen it turn around a lot more. Now you've got so many female Chief's and female PO's and so they can reinforce that it is OK for women.

The way you find your way depends a lot on your instructors and how they treat you. When you have instructors who... I used to get out of the shower and they would come and make me speak to them in their office, I'd be freezing cold with wet hair but because they could see my nipples through my shirt they would make me... and they would say that. They'd say "Oh, no, I just wanted to look at your boobs." I would walk back to my room and everyone would be like "Are you OK? Are you in trouble?" I'd be saying no, they just said this. There was one girl in my class who was 26 and she left, she discharged

and didn't finish her Recruits because she said "I am too old for this and I will not let anyone treat anyone like this." She tried to save me and was looking at me and saying "You poor thing, why don't you just go?"

She talks about her rape case:

Respondent: I was 18 when it happened. I didn't have a Mum or Dad, well, I do... I have a great Mum and Dad but they were all the way up here.

Interviewer: So that went through...

Respondent: ... civilian Court because it's not a military... the military didn't really have a justice system and it's a civilian offence even though it happened on base. So I had to stay there [on the base where it happened] until that was over with.

The rape case was mentioned in the media as it progressed through court. She talks about what impact that had on her from both the people who knew it was about her and those that didn't.

I'd be at the bar and they'd say "Oh, some stupid little slut is accusing a sailor again" and no one knows because I'm not about to say "Yeah, it's me" but you've got to listen to all that stuff.

Interviewer: Did people know it was about you?

Respondent: No. My bosses, they knew because I had to tell one of my bosses, a girl, because she was saying "What is wrong with you?" I played netball the next day [after the rape], I wanted my life to be normal and that's why [she] was so mad at me. I went to this party, a farewell party that night and my friends were "What is wrong with you? You're not OK." She said to me "You're lucky that you decided that you were going to do something because if you didn't then I'd have to because I'm your boss and I don't really want to cross the boss line." She wasn't a very good... she was the one saying I had to go out drinking all the time but when this... yeah. So I told the boss and they rang [senior female] and then [senior female] was really mad at me for not telling her at netball. She took me to the Police station and she didn't leave me.

Interviewer: When it went through the civilian Court, were you supported by the Navy?

Respondent: It was... it brought discredit to the Navy and the Court's make you feel like you've done something wrong. I would never, ever recommend that anyone do it. I said after it that if I was raped and bashed and left to die in the gutter then I would not call the Police, I would not go through that again... not ever, it was horrible. To see him walk away...

...yeah, I had a boss who... he was my boss when I was going through Court and knew everything that happened to me. He used to say to me, I was the only female cook and he used to say "You're no good to anyone anymore, nobody would..." and he'd write me messages saying stuff like "Why don't you come and suck my dick?" I saved all of them and one day I was so run down by the whole thing, he'd told me for months and months and months how nobody was going to want me anymore so what difference does it make and... it was horrible. He kept texting me and I'd write back "Stop texting me, this is not appropriate. Please leave me alone."

I started saving them and then I went to the Warrant Officer and I said "I can't be on a ship with this man" and I showed them in black and white all these messages and said this is what I write and this is what he writes. They kicked me off the ship, and they kicked him off, but they said someone of my position - I was an [...] Cook, he was a PO - should have known better and not done this. How am I the one who's done something wrong? How am I the person who is wrong in all of this? I have all these things in black and white; it wasn't my word against his word. My Mum was really angry about that one, she was so angry. She was "Last time it was bad that they still let the person stay in the Navy but it was Civilian Court and what can they do? This is just..." There were pages and pages of text messages.

Interviewer: What kept you in the Navy after...?

Respondent: ... I was so emotionally destroyed that I didn't even have the strength to leave. I was so, so depressed that I didn't know where to go or what to do or how to even get away from them all. I was

so depressed, I just cried and cried. Before I joined the Navy I was one of the happiest people... that's why I ran away overseas and it was amazing.

They said that I should be entitled to these things because I've been medically discharged and there's arthritis and that. I filled out all the paperwork and I went away and I signed over my life to Mum, she's got Power of Attorney and has control over everything. They would send mail to her and then they said that they can't do anything for me.

Interviewer: Why not?

Respondent: Because anything that happened to me in the Navy has got nothing to do with the Navy and they said that they are not responsible... I don't want money from these people but I wouldn't mind some recognition of how horrible it was.

Interviewer: No psychological...

Respondent: ... nothing. They said when I was raped it was from another Navy person, yes, and it was on a Navy base, yes, but he was proven not enough evidence so it's too bad... it wasn't in Navy time, it was out of hours so there is no responsibility. There's nothing for my depression, there's nothing. I was like "It was on a military... you should feel safe on a military establishment with military personnel." Then with my arthritis they said no, not caused by the Navy. I said "If it wasn't caused by the Navy then why can't I do my job in the Navy?" I was healthy before I joined. I washed my hands of them.

For this woman her RAAF career has left her with serious psychological issues that she attributes to the chronic harassment she endured. She now finds herself in a situation where she is desperate to get help but doesn't know how or what to access.

Peacekeeping, Airforce, other occupation, 48

I remember one incident and it was... the cook was and I were the only ones on staff this night because a late plane had come in, so the guys were allowed to come in in their flying suits which have got zippers. And these guys were making an absolute pig of the table, they were just absolutely... they were young officers, 19, 20, should have known better. And one of them dropped some cutlery and I bent down to pick it up and he said "while you're down there I'd love a head job". Now I was only... I'd probably just turned 18 and I was floored

And it wasn't just the guys. I mean the NCO's were just as bad because I remember the Sergeant in charge... the Sergeant he was such a sleaze and I was making beds in the blocks where the flight crew had left, and he came in and he just wanted to have sex, and I jumped up on the window sill. And he goes you'll break your leg, and I said if I broke my leg you can explain why I broke my leg, now get out of here. And so it sort of... it toughened you up. And in that respect, by the time I got to Darwin I didn't stand any crap from any of the guys and I realised that if I wanted to get the respect and not have sexual harassment then I had to... you had to do the hard yards to do that.

Interviewer: What other kinds of impacts do you think it's had on you?

Respondent: Very wary of males, totally. I know it did nothing for my sex life or my intimacy with males. I know with my first marriage I didn't like him... my ex husband coming up behind me and giving me a hug because that was exactly what would be going on, but you'd get groped at the same time.

Interviewer: So when you're talking about that kind of sexual harassment stuff, so it wasn't just verbal...?

Respondent: Not in... not when I was working at [...] bar, because I'd be working night shifts and basically going home at midnight and then going back to work at 8.00 and things like that. And the way the bar was situated, I would have to face that way, the door was behind me, but we had a big cooks knife, that was 15 inches by 2 inches, they're big bloody things, and that was just to open the cartons of beer and that kind of thing, do it fast. But for me basically it ended up being I would grab that if anyone comes up behind me type of thing, because the male toilets were right behind me.

...Yeah. I remember I had to get something out of... I was bending over into this big deep freeze that was had in the mess and I was bending over and in the next minute my head was being pushed down

further and the Flight Sergeant digitally raped me. And I was just so shocked. I just... I had... I just walked downstairs and I sat down [crying] and I was shaking like a leaf. And I just thought there's no-one I can talk to about this because...

...I think they have to admit that sexual harassment and bastardisation does cause mental illness to their members. I would love to claim on some of the sexual harassment that I put up with, but I can't see that even getting opened.

See, do I put a claim in for sexual harassment that caused me to I suppose have some sexual hang ups or whatever? That's not going to get past the front desk. They would laugh at it. And they'd all sit around their table and laugh about it. And someone said to me one... just the other day, you complain about DVA, he says I know you're angry and you'd do... you have... you've got that entitlement that you can put in a complaint, he said they'd mark your file and you won't get anywhere.

This 29 year old ex Navy woman describes the relentlessness of sexual harassment:

Multiple deployments including Middle East and peacekeeping, Navy, other occupation, 29

You're constantly fighting it off. Constantly fighting it off. And you know, like, the first, I can't even remember what the first weekend was, when we were actually allowed to leave the Navy Base and go out and socialise. But you know, the majority of people would go to, there was a bar just outside of the base. I think it's still there. And that's where the majority would go, and they'd, you know, they'd drink and they'd have a great time. And, but, yeah. It was always more guys than girls there. And you only went twice, I think, because I just, by the end of it, I had just had enough of it. I just thought "I'm not going to hang around with these guys. They all get together and they're just disgusting." So it's just, it's from, just from the start. From the day that I joined. It's just a completely different culture.

But yeah, there's always, you know, there's always the, the girls were the minority. There were two rooms of girls and there were... I don't know. The other half of the ship was just, was all the guys. And there was so many of them. You know. (Laughing).

Well, they were always commenting on, you know, "Oh, are you going to come out with us tonight?" And, you know, "Who are you going to get with?" And "Who...", you know what I mean. And there'd always be the couple of guys that you'd have unwanted attention from. You know, and they'd always, they'd follow you around, basically.

...And because there's so many of them, you just kind, you do get a thick skin. You just, "Oh yeah. You know. Whatever." And laugh it off. Or, you know. But I guess it sticks with you. And even to this day, I just don't have any trust whatsoever.

I just think "Oh god, if they can act like that when there's so many of them together, what, what's to stop them still being like that outside?" You know what I mean? Like and, and, you know, my, the guy friends that I have here, they, they might never act like that because they might never be in that sort of situation where all of a sudden this pack mentality comes into it, and there's 20 or 30 of them out at a bar and all drinking beer. And you know, making disgusting comments about women. But there's no, no trust there. Like, it's hard to have relationships and, you know. I just, yeah. No trust whatsoever.

I actually have less... I have less respect for the hierarchy than I do for the actual guys that I worked with. Only because they're the guys that are supposed to set the example. And they just never did. You know, they were the... when I was on [ship], we actually went to... There was one, one time when we went to Townsville and... we went to Townsville for one, one trip and there was a competition on at the local pub. And it was topless night. And the other girl that was in the [...] Department with me, I was one of two girls in the [...] Department on the ship. That was it. The two of us. And she was a leader. And she's one of the boys. You know, she, she'd been in the Navy a long time. And so she, so, I think she'd basically just been brainwashed, and she just acted like they did.

So she was wanting to get up there and get her top off. And there was another girl that joined her that was on the ship. And most of the ship were there. Most of the ship were there, including the hierarchy. I can't remember if the Captain was there. But I know that all the Chiefs and the Warrant Officers and that from the [...] Department were there. And they all got together and said "Right, if we cheer [her] on. If she wins, then we get the bar tab, and we can drink the beers."

So (laughs), so, they were all, they were all cheering. And me and [friend] were there. And we were standing there shocked. We were just watching going, "I just cannot believe this is happening." You know. We were surveying the scene, and there's, the whole ship was there. It was just insane. And a few of the guys were yelling out to [friend], and going "Yeah, [friend], you should get out there. You'd win." You know, because, you know, she's got big boobs. But, that's something that she just had to put up with on a daily basis.

...There's no respect whatsoever. And to a point, you can't, you can half blame the guys that join when they're 17. You can say, "Look, you have the choice here to either act like a, like that. Or you have the choice to actually, you know, have a bit of dignity and not act like that and show people respect." But when you have the hierarchy joining you out at local pub and doing that sort of, you know, behaving like that and cheering on.

Interviewer: The message is, it's all OK?

Respondent: Exactly. Yeah. Exactly right, you know. And as much equity and diversity, you know, all of those classes that you go to at Recruit School, it doesn't make any difference. It doesn't make any difference.

...And my, my, my, I don't know, attitude is that well, they're never going to, I don't know; beat that attitude out of them. They're never going to be able to, so, I mean, I don't know how many girls have been talking to you about this, but I'd say that, 90 percent of them would be, have stories exactly the same as me. So. Yeah. But the amount of stuff that they've had to put up with in their Naval career (laughs).

Interviewer: Did you think it would have an impact on you later, down the track?

Respondent: Yeah. Probably a bit of it. Yeah. Probably a bit of it. I don't know. Like, there was... I don't know. But there wasn't really many traumatic situations. But just... (crying). I don't think so.

Interviewer: I'm sorry.

Respondent: No, I don't think so.

Interviewer: Just that constant?

Respondent: Yeah. Constant. Yeah. It was never really a situation where you'd... you'd never been on a ship and you'd have 20 guys around you, you know, and, harassing you all at once. You know. It would just be one guy here and there.

...Or you'd be sitting down to lunch and you'd be having a casual conversation, and then, you know, you'd have one of the guys go "Oh, I heard what you did on the weekend." And you know, you'd be going "Oh, gee. This is news to me. What did I do on the weekend?" You know? And that sort of constant harassment is... (crying)... I think a problem. But I don't think there was any real, like, situations where it was traumatic and, and, later on you just go "Oh gees, I can't handle that." You know? So...just, the constant bantering and the constant harassment and the constant, you know, you walk into the lunch room and, and just guys... just making comments about, you know, how good your arse looks in your overalls today. (Laughing). Just, "Thanks for that." You know. But it's constant. It's just constant. You can't sit there and have a proper conversation about, I don't know, who won the footy on the weekend, or, just things like that. You know...?

I actually think this is like a, like an age old bloodline or something, you know, that you're never going to be able to breed out. It's something that will always be there. And, I just don't know. I don't know, it's something I guess that has to start with the hierarchy. I really do believe that. I don't think you can just go and do all these courses for all these young guys and all these people who have just started in the Defence Force and who have joined the Defence Force, and go "Right, this is the way it should be." You know.

But then, as I say, you get a ship pull into Townsville, and there's topless night at the local pub. And you know, and all of a sudden, all of those courses go out the window. And who's leading everyone into that pub? The hierarchy (laughs). So. That's what it is.

It is this relentlessness that is damaging. For another young ex-navy woman she describes the constant harassment she received as often being justified by others because of her appearance.

Middle East, Navy, other occupation, 27

Being tall and blonde and well-endowed and standing out, that was always, like I would always get picked on for that, you know sort of thing like you've got big boobs or that sort of crap and you learned to get a thick skin pretty quickly.

She describes what happens following abuse and attempted rape:

So what the legal officer's solution was, he said well you can either stall your career, go and sit at a desk in Canberra somewhere as a receptionist in Russell or wherever, or we can send you to sea and you can do general duties. And so I chose to go to sea. And it was horrible, it felt like everyone was against me in my base...There was a lot of bullying started, of me.

I couldn't handle the bullying. Like there were things that happened to me in my actual workspace. Like I got tied to a chair one day and, like an office chair, and they just tipped me up and just left me because they thought it was funny.

And then there were other times, like they'd always have pornography and stuff like that and I would not react, just not react. They would stick pornographic pictures up...And then like sexual pressure from some of the sailors that I was working with. There was definitely that.

Like there was no, and we had really big quiet time on the way back from the Gulf to the [another location] and so they were just keeping me awake and not letting me eat, like it was torture in the end.

It was punishment. They were punishing me. At the end of the trip when we got to the [other location], because you're not allowed to have an alarm clock and someone has to come down and wake you up as you change over shifts, and the guys wouldn't come down and wake me up. They'd let me, you know make me sleep through so I'd get into trouble and all this kind of stuff.

Yeah there was one time, the guys who I was working with they were bullying me so bad and you could see like I had bruises and I was just turning into a zombie. Just from I suppose not eating properly and stuff and like they'd handle you, you'd bruise easy and you know and they'd walk past and push you against the wall and grab your boobs and stuff like that, like it was very physical and awful.

But it wasn't just me. Like my friend, she was a Marine Technician so worked on the engines and she would have, like she'd come back and someone spat in her face and you know, or just stuff like that. It was just normal everyday stuff that would happen to us.

There's a hormone thing. Like you definitely feel that, like after days and days at sea like there's a real sexual tension I suppose but not in a good way, like it's really, really bad. And there were like awful things too that the men would...do...

Interviewer: Did anything change, has anything changed do you think?

Respondent: Yeah, I mean it happens, it's happening. Well I don't know now but obviously, you know it's not that long ago I was there and it's definitely, it's definitely happening unfortunately, and that's what wrecked my career.

Peacekeeping, Army, other occupation, 40

Respondent: There's a lot of issues that you have to deal with, and you have to accept, regardless of whether it offends your sensibilities.

Interviewer: Like what? What are you...?

Respondent: Pornography, the sexual innuendos, the sexual harassment - I mean it's an ongoing thing, and you've either got to be thick skinned, and a lot of the time if I... if I ever said anything about it, it'd be like, "You know, you joined the Army, we didn't join you," or "Put up and shut up." So it becomes something you just... you had to just deal with, as much as it wasn't something you wanted to deal with.

Interviewer: Does that have... is that something that makes you stronger, or that wears you down?

Respondent: Both. Both. Because I ended up, right before I got out I was sexually assaulted by two Corporals, and I had to go through Military Court for it, and they only charged one guy because they thought that was the “pound of flesh” I wanted, and he got 30 days jail and a demotion, and got put into an all male Unit so he could finish out his [...] years, and I got the boot basically.

She describes the first day of her deployment:

Respondent: So I walked into a warehouse full of 18, 19, 20, 21 year olds who had rank. I was just... as far as they’re concerned I was a newbie, and female to boot, so I really didn’t have a way to fit in, but I just went about my job and just - you know as I do, just get on with it. And a couple of people made it quite difficult, being male, and started rumours and whatnot about me, that I was doing this person or that person - just more about my sexual life.

... And I had nobody. There was no-one to talk to. If I went to the Boozer to have my two beers like everybody else did, apparently I was off shagging whoever I could get my hands on, or... you know what I mean, like there was all that stuff. And we’d be in the back of the trucks and, “Oh, who did you shag tonight?” And I’m going, “We’re at frigging war you idiots.” You know like, “What are you talking about?”

But you know if people find someone they can gang up on, they do it together. And these were Corporals, these weren’t just Diggers, these were people with rank, and you can’t do nothing about it, and they know that, because while you’re in that war situation charges are double, jail term’s double. I mean for me to fight back and say something, what, I’m going to end up with 70 days.

Interviewer: When you’re saying harassing, are you talking about just like a constant verbal ...?

Respondent: Yeah, I’ve got video tape of it. I was doing a video, because I got a video camera over there, and I wanted to show my family where I’d been, and my daughter for when she was older, and I’ve actually got them on tape, and the type of vulgarity that they would do to me personally, and I haven’t watched them since I’ve been back from [deployment], but I’ve got them tucked away in my chest. And it’s just... it’s something that in the normal everyday life you wouldn’t ever tolerate it, nor expect to have it done. And these... it’s a different world in the Army and in the military to be honest.

And I can tell you now, it doesn’t matter whether they were young, old, the Instructors - I was down at IETs and Instructors were trying to have sex with you, or... it’s just... it’s absolutely rife, and these are married men. You know, even while I was going through Kapooka, one of the Corporals took a sweetening to me, and OK I was young and I liked the attention, but he was married. I mean it doesn’t stop. But while they’re in the Army they think that they’re untouchable, because you can’t do anything, because if they’ve got rank what are you going to do?

I don’t expect guys to tiptoe around me either. But I still expect a humanity, basic respect, common courtesy. That doesn’t have to... you know, OK... alright, we’re out field, or we’re doing patrol and stuff like that, you can still be directed and given firm direction, without being told, “Hey bitch, over here” or, do you know what I mean?

Interviewer: Yeah, yeah.

Respondent: Like you can still have that and respect that. You don’t have to be treated like a daisy. But it goes way further than that. This isn’t just tiptoeing around women being in the military, it’s just full on vulgarity that you can’t do anything about it, and they know that.

You know, I was in this Unit [...] here at Enoggera, and we came back from field, and I endured two weeks of just constant sexual, asking me to have sex out field. I’m going, “I haven’t had a shower, I’ve got cam cream, I stink, what could you possibly find attractive about that?” It has nothing to do with that, it’s the fact that they can do it.

And then we get home, we were unloading trucks, and this one Corporal that was constantly doing it to me, he’d be saying in front of people, “Just give me an hour, babe, give me an hour and I’ll show you the best time of your life.” I’m going, “But you’re married mate.” I said, “Are you serious?” “Get a babysitter,” and he said, “I’ll give you the best hour of your life.”

And they don’t care, and everybody around them has to just get on with the job and just ignore it. It’s just accepted that it happens, and that the women are just going to put up with it. They don’t have a

choice. You speak up and you end up like me. I tried to commit suicide over my career being lost, a guy was going to charge me - which one of the harassers that was being charged with assault - was going to charge me for flipping a piece of paper in the air. That's how bad it gets, and there's nothing I could do about it. There's not a thing I could do.

And I just went up that day that he was telling me he was charging me, and I said like... you've got to be kidding me, you've really got to be kidding me? I went up to my Sergeant's office and I said, "Please let me go home." I said, "I've got to go." I knew I was at a point where I just couldn't handle no more, and he goes, "No, I can't do that. I'm sorry." I said, "You know what's going on." He goes, "Yes," and he said, "I can't do anything about it."

And I just went... that was it for me. I sat... the last thing I remember I fell down into the corner of a filing cabinet in the corner of his room, and just sat there and cried and rocked. And the next thing you know I'm being carried down to the hospital by my CO, and a female RSM comes in, I think she was yelling at me, or trying to snap me out of it, but by then I was too far gone. To me I'd lost everything - I was losing everything.

...But that's to the point that you get when you've spent every waking minute of your life living and breathing this life, and then you've suddenly got nobody. It's like a rape victim - there is no support, there is nobody that you can turn to and go, I need your help.

And even today I don't trust anybody. It's one of my biggest issues now. I feel... I went to VVCS recently and started trying to do counselling to get through what I was dealing with, and we uncovered the fact that my biggest anger, because I haven't grieved for my loss, but the biggest anger I have is that they didn't protect me - they protected them. You know they still got to keep their jobs; they got to finish to get their pension; I should have been a lifer, because that's the person I am. As you can see I haven't let go, and I know I've got to, but I can't. It was everything to me. You know it was... it gave me my identity, it gave me my... it was who I was, you know what I mean?

And for a lot of women, who join, it is the same for them - they don't do it because oh this is another job, you do it because it's everything you've wanted, and it's everything you believe in, you know

Yeah, but some days you don't want to fight anymore, you get tired of the fight. And I know... like I said I haven't been raped, but it feels like it.

3.3 Coping and debriefing

The women interviewed in this study used various notions of resilience to characterise how they coped during deployment and in their military career more broadly. For nurses, it is the stoicism instilled in them by their profession that they credit for enabling them to cope with their work.

Women in other occupations also highlighted the need to have 'thick skin' and the commonly used term 'harden up' to adapt and succeed in intense deployment environment and in the ADF more generally.

How one 'copes' is often difficult to articulate, it is just there, it happens. Being resilient, showing little emotion and being able to 'get on with it' are all characteristics that women prided themselves in - it meant you were good at what you did. It meant you were a 'good' nurse or a good soldier/officer.

So what mechanism to cope are learned when they are there? And what continuity is there once they leave?

For Vietnam era women it was nurse training and experience, the support of colleagues, sharing the experiences with others, their upbringing that enabled them to 'get on with it' and do their job. Also drinking, informal chatting, smoking, using black humour, and for some women their faith.

Vietnam era

Vietnam, Airforce, nurse, 69

I don't know, I think we were just so busy and we were there, you know we were always on the move. It was, the number of trips we'd do up and down to Australia was amazingly... it seemed an amazing number...

As nurses you'd become hardened as you do, lacking in not necessarily empathy but certainly sympathy I think to that extent, just hardened.

Vietnam, Army, nurse, 59

That's the way you've coped with things?

Respondent: Yes and I've always done that. I did that before I even went into nursing. When I first started nursing 'cause before I went into the Army I had two people die and I was only in training, I was only in PDS and it was really quite wow but I think that's what really started it. And then joining the Army and then being sent to 2 Mil to the amputee ward, well you had to put everything back. You could show no emotion, you had to be straight faced and everything because they're the ones that are going through the trauma, you're not. There used to be an old saying 'we're looking after the soldiers but who's looking after us?' and unfortunately there was never anyone to look after you. And that's the way it was and that's the way you just sort of accepted that and you just went on with your life and I still do it. I still accept things and leave it there and get on with something else, go somewhere else, do something else. Just so much easier, easier for me to cope with. I don't know how others cope. They might cope differently, they might do things differently. Everybody's got different ways of coping but I've never cried. I've nearly cried but I've never cried. I've never got emotional to the extreme, I might get a little emotional but I certainly won't let my emotions show in front of anybody and I've done that with everything.

Vietnam, Army, nurse, 69

How do you deal with it [trauma] though?

Respondent: Well, I don't know. I think you just bottle it up yourself. Because you've just got to get on with it. You've got everybody else there too, so you just keep going and keep going. I do think under those conditions that we had, with no air conditioning or anything, after I'd been there about three or four months, they put in this container, it was a shipping container, air conditioned, for the girls that were on night duty to be able to sleep there during the day, so that was an air conditioned box, which was good for them. If we'd had have had something like that, a bit of air conditioning, we might have lasted longer. But at the same time you're getting worn down, your taking this malaria medication, you've had so many injections that you're like a pincushion for everything else. And we were also getting depleted, like you're lacking in Vitamin C and I don't think we got enough fruit or... like now when I go to the tropics I take these Vitamin C capsules and things, just to...chewable Vitamin C. I don't ever remember doing that when I was up there and no one suggested we should do that.

Vietnam, Army, nurse, 67

I just got on with it, frankly. We did, we just got on with it.

And I think because of my childhood, I was a country girl, I remember the man coming, the horse had to be put down, and he came with a rifle and put it on his forehead and pulled the trigger and the horse dropped dead.

Vietnam, Airforce, nurse, 65

You were considered to be a good Nurse if you coped. You know, that kind of thing, but I think that was a good Nurse, a good Doctor, a good Soldier, a good Policeman, a good anything, you know, anybody who had weakness was considered... it was a failure.

I was considered a god Nurse and I was considered a good Nurse, because if you wanted anything done, you're sent to me, because I wasn't very compassionate; I just bloody got on and did it.

Vietnam, Airforce, nurse, 70

Oh, it was just... and I must've written to my husband about this. Yeah, so, anyway...

Interviewer: So was that a way of coping with things that you experienced? Writing letters back to your husband.

Respondent: Probably. But one of the things that training at Royal Prince Alfred had taught me... because it was a shared experience and we would get together in one of our rooms and debrief, and so that also, nurses do that. Well they don't so much now because they train at university, but they did in those days.

And of course all of the nurses that I was working with in Butterworth were all of that era and of that training. So we would sit round and we all smoked and we all drank and we'd talk it through and talk it out and so that it's a... it's a skill that the newer nurses don't seem to have because they do uni. and they don't have that element of, I suppose, shared experience.

And we weren't allowed to tell people what we were doing and so that one of the things that I found hard was that I would come back and go down the street with Mum and Dad or, you know... and the pettiness of people's lives. No, not pettiness, the ordinariness.

And they couldn't understand that people were dying and that people were having life-changing experiences and I was participating in that. And (a) you couldn't tell them and (b) you didn't have the words to do it. It's beyond you to be able to do that word picture.

And at that stage, 1968, not a lot of people had... well, television was there but we also didn't open the war up to the press quite... I mean, you know, quite like they did later on.

Vietnam, Army, nurse, 78

How did you cope when you were there? I mean with what you seeing or doing? What kind of strategies did you use to you know sort of...?

Respondent: Well I don't know you just had to cope. I mean the thing was you were on tension the whole time because you couldn't break down and let the troops see that you were crying. I mean you wanted to cry and it was very hard to sort of keep tears from coming to your eyes and so forth but you had to be strong for them. I mean they depended on you just so much. And the mere fact that we had round eyes and not soot eyes, that boosted their morale more than anything, to see a woman like yourselves.

Vietnam, Army, nurse, 78

Respondent: So things sort of improved after that but this is what I think nursing has done to me over the years, by hiding my feelings, locking them out in the back of my mind, and this is why I cope like I do.

Interviewer: Yeah, yeah.

Respondent: Because I can sort of pop things somewhere...

Interviewer: Yeah [laughs].

Respondent:... and get on with what's what until you sort of hit the trigger.

Vietnam, Airforce, nurse, 73

But at nursing you cope. You cope because you're used to it. You don't cope in a situation sometimes where it's not your... like, I said to someone if... I saw a really bad accident on the street and I was there and I saw it happen, I think it would have a bigger impact on me.

Interviewer: Yeah.

Respondent: If you see them come in, in the ambulance, you don't really think 'oh isn't this terrible' you're thinking 'now what do I do first, what happens now... do this and do this, straight to theatre...'. You're comfortably thinking what you have to do next first and, you're not really thinking, afterwards you're sort of think of it to a degree, but and it's the same there. You're sort of thinking about what you have to do. Afterwards you sort of think yeah...

Vietnam, Airforce, nurse, 63

How did you cope with that?

Respondent: Well I guess you just sort of... it was your job so you put it behind you and it's really when things like Rwanda and all those things started happening that I became a little bit more fragile, and when I saw colleagues that were getting, had you know there were PTSD issues happening already, I guess it hit me more then because I thought no, I've been there done that.

Interviewer: Yeah right.

Respondent: So you just coped. I think that I think nowadays there's more, more help for people than there were in those days. It's interesting because having talked to a psychologist, they said you know did you drink, did you smoke, did you do all those things, no I didn't. I used to do a lot of counselling with a lot of people, I would counsel other people.

Interviewer: OK, yeah, yeah.

Respondent: Because I had done training in critical stress management, but I became a workaholic. I used to work long hours. I stopped and thought about it and I thought yep, it was nothing for me to work a 16 hour day, be on call and go back to the hospital or whatever, so in the latter years, when things like Timor and Rwanda and all those things were happening, that's how I coped, and now I look back and yes I did have PTSD and I just completely absorbed myself in work, my kids were no longer living at home and my husband is just the most you know, he he's just very supportive.

Coping was herself was achieved by dehumanising the people she was treating:

Vietnam, Army (NZ), nurse, 72

I mean I think there were things, yeah... now that I think about it, it probably took me three months to integrate my feelings and me in to the scenery there, and then after that sort of, you kind of take things for granted, But I remember, I always used to walk through the American Evac Hospital and just sort of look at the soldiers, and think, they're like me and the others are not like me, you know. So it sort of, after a while, I almost could think, why do I need to give this patient an injection to sew them up, you know, that sort of thing, because there was no connection sort of? I think you divorce yourself from the fact that they were your patient, that they were patients.

Interviewer: Sorry, can you talk a bit more about that? Like what did you... I mean how did you see them if not as patients?

Respondent: I don't think I had a word for them, and yet they were different from the nurses. I guess some of us sort of almost saw them sort of... I know this sounds terrible, in an animalistic sense. And they just kept coming and coming, and then White Mice who were the Vietnamese Police, they used to bring in bodies that were perhaps been in an area where they'd been bombed the night before. So they'd line them all up, you know, torsos without any limbs, a head here, an arm there, a leg there, you know, and then in the mortuary that we had, we used to have to stack the bodies, and the smell was just, oh, you know. So they were just literally one on top of the other.

So I think in order to be able to work there, I think you had to sort of somehow depersonalise yourself, and the only way I could re-personalise myself was to, like I say, go through the Evac Hospitals. And then also we used to use old blood from the American hospitals 'cause it was lifesaving for the Vietnamese. So in order to get that, I would have to go to what they call, it was sort of a bit like a mortuary in a way, but it was only just a tin shed. I can still see one particular young fellow, he was very tall and his legs hung off the end of the table, and he was literally gutted, because they used to send a lot of vascular stuff back to the States, and that's when they found that even 19 year olds were suffering from fatty embolus and that sort of thing.

Interviewer: My goodness.

Respondent: Well, in my hospital where I trained, we used to have a lot of bad road accidents, mostly motorbike accidents, because it was sort of a country hospital. So but I never sort of saw them in the same way as I did the Vietnamese patients, 'cause some of them used to have to come back quite a bit

to get various bits sort of sewn up and, yeah. So I don't know what that sort of phenomena was, you know, that detachment and how it sort of was...

Interviewer: How did you cope?

Respondent: Well, I think as nurses and maybe theatre sisters, like psych nurses which is what I'm doing at the moment, you kind of a black humour, you know, it's all part of how you sort of cope, yeah. So that's quite common in some areas. I think all areas where you have to work with a lot of trauma and that sort of thing.

Well, I suppose I get a lot of satisfaction out of seeing people working through stuff, and having a degree of success, and that's probably why I enjoy that sort of work, because I believe in sort of I don't know whether it's my age or presentation or whatever, but I seem to be able to join with people, but without sort of getting heavily involved, you know, overly involved or whatever. But I guess I try and use myself as part of the therapy, and so that I get quite a bit back from that. So I don't feel the need... I mean I've been for lots of supervision over the years, but I don't feel I need to... I feel I've cared for myself in giving, you know, yeah.

Vietnam, Airforce, nurse, 62

Interviewer: And how did you cope with seeing that on a day-to-day basis?

Respondent: Well I did cope. It never resulted in a breakdown or unable to... I did cope, because I had to. That was my job, to cope, and I did.

Interviewer: So was it supporting each other, the other Nurses?

Respondent: Yeah. Yeah, a lot of support.

Contemporary veterans

For women more recently in the ADF coping on deployment was done in one dominant way: exercise. Nearly all women interviewed emphasise the importance of exercise in them being able to cope. This was a way to alleviate boredom, blow off steam, and keep fit.

Other avenues for coping on deployment included communicating to back home through emails or letters, keeping a diary, watching movies and listening to music, and drinking alcohol.

Similar to the Vietnam cohort, how one 'copes' is often difficult to articulate.

Peacekeeping, Navy, medic, 43

Yeah, running. We went out walking. There was a mountain - I can't remember what it was called - not far from us, and we'd go up there sometimes. There was a group that would do it every day, and I wouldn't do it every day, but I'd do it sometimes.

There was the beach, so we'd walk down to the beach and maybe... I don't think we ever went swimming, because there's crocodiles and things like that, but at least you were out. You were out of the compound.

And we'd go into town, which was such a massive event, and go to the shops, sort of the cafes and things like that. We went out to dinner a lot, once we sort of got to know other U.N. workers, and things like that. As long as we were in that group, and we signed ourselves in and out, we'd go out to dinner and things like that.

Following an incident where she was made feel it was unacceptable to cry over the deaths they were seeing on deployment:

Interviewer: So how did you deal with it then? Like, if you can't get upset...

Respondent: You harden up. You just harden up, and you're always busy. There's not a lot of downtime really, so you're busy. You're back on the ward, and you're doing your work on the ward, which was just most of the time inundated with people. When you do have downtime you're reading, or sleeping, so there's no time to sit around and feel sorry for yourself, or anyone else really.

Interviewer: But you've thought about it since obviously?

Respondent: Yeah, of course. And now I think... I don't know - you just... what can you do? There's nothing I can do? There's probably... there was nothing I could do at the time, so there's no point dwelling on it. You'd be a basket case if you did.. just get on with it, don't sit around and feel sorry for yourself, just keep moving. Yeah.

Multiple deployments including peacekeeping, Army, various health and other roles, 49

We worked out... we worked out in the gym twice a day. I came home at 42 kilos, with a six pack, and I looked shocking.

Interviewer: Yeah. Wow. I mean what was... I mean, and going to the gym twice a day, was that just for...

Respondent: To do something.

Interviewer: Just to do something, right. Yeah.

Multiple deployments including Africa and peacekeeping, nurse, 46

I was very fit. I used to run five or seven k's a day. But yeah, running was a big thing.

Used to write lots of letters. I wrote to my mother every couple of days; wrote to all my friends and then everyone knew that I was overseas and everybody would write and send packages...So you didn't get that much opportunity to drink but when you did, a lot of people, yeah, from 7pm to 10pm, it's amazing how much you can put away in that time.

I mean as a nurse, a lot of the time you see a lot of different stuff and deal with a lot of different things. And I know, myself, I just go into automatic mode, and emergency situation at work, automatic mode. You just switch off to bad things, just as a... I do, as a protective mechanism.

Multiple deployments to the Middle East, Army, Allied health, 28

Yeah, I think it is, and I went out of my way to try and keep myself occupied, and sometimes that's seen in a negative way. But I don't think people, particularly the boys that are going out all the time, understand what that feels like.

Like, for example, I would go to a spin class at the American gym, and they were like, you know this is war, what are you doing going to a spin class? Like... but I just think well, what else was I supposed to do? Like, I was just there, and I worked seven days a week, and in my time off we watched movies, and that was really all there was to do. So I was just trying to occupy myself.

Peacekeeping, Army, other occupation, 50

I thought so, it's kind of hard, we worked six and a half days generally, maybe five and a half, it just depended on how busy we were, but I found I went to work every day. My routine was I'd get up and go for a walk every morning and I started the walkers club and we used to meet at 5.30. We had to have a male to go out of the front gate, so we would do a five kilometre walk, out to the police station and back again, that was our walk in the morning. We very rarely saw anybody up at that time of the day, breakfast, to work, we worked then lunch, back to work, dinner, back to work and generally at around about eight o'clock in the evening I would finish up.

We had movies, but we had the movie Nazi who would put the movie on every night and he'd make a decision as to what was on and as you can imagine it was mainly gung ho shoot 'em up, there were no chick flicks. I very rarely went to them, I just found the sound quality just awkward, so I would read a book and go to bed and start all over again the next day.

Multiple deployments, including Africa and peacekeeping, Army, other occupation, 43

We... we didn't. We drank. We... I would say there was probably certainly within all the ranks, all the lower ranks which was the biggest amount that went in our group of 40 would have been raging alcoholics when we came back, big time.

Interviewer: So what happened, the... I mean in terms of coping, it was just like drinking and chatting about it or just...?

Respondent: I guess we chatted about it for, I don't know, I don't know if we really did to tell you the truth.

Africa, Airforce, nurse, 41

We'd often sit and have our brews up on the balconies and sit and talk and debrief. Most days you would, not officially, but talk about the day and talk about what was going on and that helped.

There was just nothing there, because I think they'd just been through so much, they had nothing left and we used to get really cranky with them at the start, because even, they'd bring in their kid who was dying and something; had been shot, or mine blast or whatever. They'd bring in the kid and leave the kid and then they'd go away and they wouldn't even come back and the kid would die 24 hours later or whatever and you'd be really angry, like, "What the hell's wrong with these parents?" but the fact that that parent's probably walked 50 km's home to look after the other seven kids... that it's try to stay alive at this point in time. That was probably the actual truth of it, but at the time you were like, "What kind of parent can just leave their kid with some strange white people, to die" and that was what was happening all the time. So, I guess, you did have to learn to cope and deal with it.

We had a bar set up in the mess. We had an Officer's area and a... I think the Sergeant's had their own mess as well and then they had the troops-type area as well, like recreational type areas. So, we had an Officer's mess; we had drinks and bar and stuff that you could have, of a night time and stuff, but I don't know... we had a few nights where, yes, we had lots of drinks, I remember, but most of the time I don't think we had that much,

So, or you get on with it, you just get over it and stop your whingeing and get over it and that was always the mentality, so it was like... so, at the start it was "I just need to snap out of this; I just need to move on and get on with it" and it wasn't until a few weeks went by and it was, "No, this is not getting any better."

Africa, Army, nurse, 44

Certainly when I have spoken to psychologists who have always questioned me why did you get out of it so easily, I said look, you've got to be able to know you can cope, and you can't cope for other people, you have to let that person cope in whatever way they want to and however they cope it's not wrong, but we had people getting medication, people went on store medication, there was stashes of medication that were found when the immediate advance party went out, and they had it all hidden so that when they needed it they just used it.

Look I think women by nature have a different coping structure, and that's just because we often have children and we have a lot of things on our minds and we have to do a lot of things and you learn to cope,

It was shit at the time, but every year that goes past it just became more wonderful. It's like delivering a child, you forget the pain.

Multiple deployments including Africa, peacekeeping and the Middle East, Army and Airforce, nurse, 46

Exercise and drink. We were allowed to drink which was really strange for a deployment. We had a compound that wasn't very big so we were allowed to run around the compound, and there was a gym there as well. Every day we were allowed to take our weapons away from us and put them on a truck, and the truck would be in front of us so therefore they would be protecting us. We would go out every morning and run say like about 5km all around Rwanda which was very, very interesting. You got to see a lot of sights and smells and things like that. So we kept up our fitness that way.

But drink wise, it was just amazing that if you weren't doing your shift you could drop off your magazines with Infantry and so long as you took your weapons upstairs and put it in a little area, holding bay. If you were back the next day by 8 to get your rounds then you weren't charged. It was amazing. Where we were situated with the officers' mess it was like there was a main road so people would come by and they could easily shoot through the windows. I think they got a bit clever after that by saying we weren't allowed to drink.

Interviewer: Drinking - like was it good personally in being able to relax and unwind?

Respondent: It was good to debrief, like we did a lot of our debriefing and talking with the Infantry as well, because the Infantry went out did some things on what they saw. And also they were the stretcher bearers as well, so some of them had never seen bodies being wounded and decapitated. And when they had to bring these bodies in they would off load them to us and then there were body parts or blood on these stretchers. It was like, "Yeah what do we do? Yeah we have got to hose it down". So they were affected as well.

Multiple deployments including Middle East and peacekeeping, Army, medic, 38

Oh, I think you just become a bit numb to it all. You know, you do. And that's why I think emails and writing letters, back to the old fashioned way of communication, were a lot easier than phone, because you just hear the tone in the voice. ...I just think you become a bit numb to it - over there it was just so busy - there was always something to do, someone new, something new to do, always busy, always on the go.

If you can just do your job, and then detach your emotions from it completely, and then think righto, OK. And that's honestly how I did it. Yeah, completely just switch off. Yeah. Just turn off, yeah. So the trip's only seven months, let's just get through it, and we'll get home. You know I'll deal with this. I'll sleep when I'm at home. I'll relax when I'm at home.

You know, for example, while we were waiting for the body to come in, as horrible as this sounds, we'd be sitting there playing Uno, and then I introduced them to Connect 4, and the body would come in and you'd be working on the body and you'd look over, and you'd think oh yeah, we're still playing Connect 4, that's right, at the end of this.

Interviewer: Did anything else help?

Alcohol helped, use of alcohol. Yep. I definitely think it's a coping mechanism and there was a bar there. And it was an open bar, from five o'clock til ten o'clock, and that was our chance.

She describes coming to the end of the deployment before coming home:

We wrote ourselves off literally for three days in a row, you know, and it was great. We came home, we spent actually that time with our families, and we didn't want to go out on the piss and write ourselves off with our mates or something like that.

For three women in this study they were unable to cope and attempted suicide, two while they were still in the ADF and one afterwards. All of these were related to sexual harassment.

Middle East, Navy, other occupation, 27

So I dealt with that daily and became a bit desensitised definitely to things like that because I had to to survive.

And I didn't cope well with it at all. I got very messed up I suppose from it. And too because it was my first experience out of home.

So it ended with me, I just had had enough and I can't really remember it, it's really vague because I was so tired, like I was not thinking clearly. I could not physically walk back into that space with these people again and I was, that's it, checking out.

I don't know how other people explain it but you just, you trained for it so you kind of switch off, your automatic. It was later that it caught up with me, when I wasn't deployed and stuff, it all caught up with me.

Yeah. And I like just didn't care, never ate, like I was really bad, really bad behaviour. I just was so depressed and so disillusioned I suppose. And I couldn't sleep so I'd rather go out and drink

I know, I can't even imagine, but I think too had I been older I would have handled things...Just, I don't know, maybe I wouldn't have broken as easily, but then maybe I would have.

... and you want to fit in. You don't want to be the one to rock the boat and you don't want anyone else to do it either. You want to be on side with the boys.

Middle East, Navy, other occupation, 29

I have arthritis which developed in some way, I got arthritis and they kicked me off the ship and made me go to Cerberus. I said I wasn't going back there, I couldn't go back there; mentally I wasn't OK and I couldn't do that. They said "We're not paying to fly you to a new base and do [indistinct]" because I was on the new ship in Melbourne and so they said I had to go back there. I was "What kind of a person are you to make someone do that? You've got my file, you know I can't" and so they sent me back to Cerberus and then I was depressed, it was so horrible.

Interviewer: How did you cope when you were at Cerberus?

Respondent: I didn't do very well. I moved off base and didn't live on the base... when I first got back I remember one night where I was panicking and almost took a lot of sleeping tablets because I just couldn't... I didn't want to be here, I just wanted to wake up and everything would be OK. Never once did I want to die, let me make that clear. I just didn't cope at all, I would not want to go to work, I wouldn't... I felt sick driving on to the base.

There is a belief that debriefing has improved a lot since the Vietnam era. With some of the women still employed making sure they direct others to get help. Debriefing commonly takes the form of a routine assessment called POPS (Post Operation Psychological Screening). POPS is designed to be done at the end of deployment and three months later. Many women said they had never done the one at three months as it was never followed up. This seemed to be a common experience.

Another transition period where debriefing was often expected but never given was at time of discharge.

For Vietnam era women debriefing was an informal process that involved chatting with peers over cups of tea or alcohol. For more recent veterans debriefing is seen in the context of POPS and is seen to be ineffective, not confidential, and as potentially having a negative impact on future deployment or career opportunities.

Ways to process some of the trauma or issues that have been 'coped' with are often absent.

For some women the interview for the study was the first time they had spoken to any body in depth about their experiences and the impact it has had on them.

Peacekeeping, Navy, medic, 43

And did you have a good kind of... like, opportunities for debriefing with the Navy?

Respondent: No. We did do it... I think before we left [deployment], we had two days off away from the base. I can't even remember where it was. Some little letted holiday place, and it wasn't... but...it was crap. Yeah. But they had Psychologists there that do debriefs, and you sort of... but they didn't give a damn. They were... you know, they'd heard anything anyone had to say a hundred times over, and it was just like OK, next.

And then after that there was a follow-up one when I got back, and I'm pretty sure I had that, but yeah, there was nothing... yeah. Probably didn't talk about the crappy stuff at home because it was just home life, you know. I wouldn't have talked about all that stuff then, I don't think.

Interviewer: So they're more interested in things that have... any stressful events that have happened while you're there?

Respondent: Exactly. Yes. Yeah, yeah. But your stressful events are the same as the other hundred people that you were there with type thing. So... yeah.

I don't think people dwelt on it a lot, and there is a real, in the Defence Force right across the board, of this thing harden up. Just... and it is just ingrained in you, you know? This is what we're here for, and it's not like we wouldn't talk about it, but we wouldn't dwell on it either.

Africa, Airforce, nurse, 41

You don't go and see Psychs or anything, because that's admitting that there's something wrong with you and so, we [her and a friend] decided I would go to the Counsellor and then I would come home and tell her what I'd learnt at the Counsellor (laughter).

And I still remember sitting down with this person, saying "Look, I'm not here because I have any problems, I just want to make sure that I don't have any problems down the track."

Shortly after her deployment she was severely injured in a helicopter accident. She had a very negative debriefing experience:

When I had my... when I had the helicopter crash they just bombarded me with all these Psychs and everybody wanted to talk to me, wanted to make sure I was OK and it's like, wow, and in actual fact, the person... this Psych in at one stage and she was doing her thesis and... but, I don't know, she was using some new technique and it was her that gave me the nightmares for years afterwards.

Interviewer: Why?

Because she made... she got me to visualise the accident and stuff, which that was OK, but then she got me to visualise how it could have been so much worse, like how I could have been on fire, or how I could have ditched in the water and had to get out of the thing in the water and it was those things that I had the nightmares about for ages afterwards.

Africa, Army, nurse, 44

Well the debriefing was a business card.

Multiple peacekeeping, Army, nurse, 40

I didn't talk about it with anyone not even my husband when I was on the phone. And Defence has a very strong policy called post operational psych screens - POPS we call them. So before you get back into Australia you get debrief by a psych. I spent two or three hours with mine. Most people were only in there for three minutes but I was in there for like...hours.

But I got this incident off my chest and I came home with a clear conscience and I had no issues. I didn't have to rehash it. I didn't have to write anything about it. I could cut completely. That was just part of the deployment, it happened in the past and I just moved forward.

Middle East, Navy, nurse, 54

Interviewer: Did the deployment have an impact on you in any?

Respondent: I don't think that I handle stress as well as what I perhaps could. But whether that's because... I don't know if that's because of my time in the military or because of the sorts of jobs that I've done that are very highly stressful jobs and can be highly... and are highly stressful. It's hard to say whether... I know that I left very disillusioned and I felt like I was burnt out when I left the... when I came back from the Gulf, I felt like I needed a total break and I felt like I... the way to do that was to have 12 months away from it. And I don't know, I just didn't feel that there was any counselling at the time. I think we came back and we were still very distressed from being in a situation where even though I didn't feel unsafe I still think in the back of your mind you kind of think maybe something could have happened to me.

Multiple deployments including Middle East and peacekeeping, Navy, other occupation, 29

Did the Navy offer you any of that kind of debriefing? Like, once you left...

Respondent: No. No.

Interviewer: What was...

Respondent: I remember when I was signing discharge papers and stuff, I think there was that sort of, the questions were asked then, and boxes were ticked. But I can't remember exactly what they were. It was kind of just, yeah, "Here's that sheet. Tick yes or no and then sign it, and there you go."

Interviewer: Yeah. Right.

Respondent: So, you were never sat down with someone and said “Right,” you know. “So you’re about to leave the Navy and go out into the big wide world.” And you know, “Would you like some counselling to assist you in this? And were there any experiences in the Navy that you would like to talk about before you leave?” And you know, all that sort of stuff. There was none of that.

Peacekeeping, Army, other occupation, 34

Respondent: Our psych debrief was like five minutes.

Interviewer: Right.

Respondent: Maybe ten. It was so quick it wasn’t funny.

Interviewer: What did it involve?

Respondent: Just sitting down and they asked a couple of questions. I can’t remember what the questions were. Just a couple of questions, I guess just to make sure we weren’t psycho or anything like that.

There is the perception that the ADF have greatly improved their mechanism of debriefing. The findings from this study suggest that they still have some way to go. The main challenge here is that a successful soldier or officer is characterised as being physically and mentally strong and resilient, they are able to ‘cope’. Indeed it is these qualities that enable them to do their jobs, particularly when it involves exposure to acute trauma.

However this can have an impact on women’s ability or willingness to access support services when they are no longer in the ADF.

4. PATHWAYS TO SUPPORT

4.1 Access to services

The findings from this study indicate that there are several barriers to women accessing appropriate health and support services in a timely way, if at all. Lack of knowledge about what is available, lack of trust in the confidentiality of services accessed while they are still in the ADF, lack of trust of DVA appointed or approved medical practitioners, and difficulties with DVA assessment processes and claims decisions mean that at present there are significant gaps in service provision for female veterans.

Many women described the process of DVA assessment humiliating and degrading.

Participants were asked what they would like from DVA either now or in the future.

Some of their responses were:

- A regular, obligatory appointment with DVA. Even if it was just one appointment a year.
- A support group for women veterans once they’ve retired.
- Counselling designed for women veterans
- A gold card given to you at retirement
- A gold card that was equivalent to their previous private health insurance
- Information about services they do provide [this was mentioned repeatedly]
- A way to register and update address details so that information can be sent to them by DVA.
- Recognition that you are a veteran even if no or financial or medical benefits attached
- Group female only support/counselling
- Women veterans telephone help line

- Support group for women who have experienced sexual trauma
- Counselling specifically designed for women who have experienced sexual trauma
- An annual or biannual newsletter, email or letter outlining services DVA provide: 'this is what we're doing; this is where we are at'
- Support groups/counselling designed for the male partners of female veterans
- Better transition management services aimed at women
- Services for the children of veterans
- Education of civilian primary care physicians in issues for female veterans
- Cancer support groups for female veterans

4.2 Experiences and perceptions of DVA

For a number of women in this study the experience of DVA assessment of their claim is a lengthy, exhausting process most commonly described as a 'fight' for recognition. It is characterised as having a lack of transparency, being geared towards male health issues, sexist, and lacking understanding of military culture.

The 'fight' for DVA benefits goes beyond financial and medical entitlements. The findings from this study suggest that the process of being recognised by DVA is also about being granted legitimate status as 'veteran'; and has a significant impact on a veteran's sense of self and therefore wellbeing. When a claim is 'knocked back' it can mean feeling devalued, isolated, rejected, and can lead to questioning the commitment they gave to the ADF.

If veterans status is legitimated by a DVA pension this status can be undermined when its authenticity is questioned by DVA staff.

For other women going to DVA for help goes against the resilient 'hardened' self they worked so hard to achieve while in the Defence Force. As a result they do not wish to access DVA and their services.

One problem identified in the interviews is the reliance veterans have on 'advocates' who claim to know the 'system'. Some of these advocates have only had experience with older male veterans and the advice given sounds to at times dubious. Others however say they would not have had anything without their advocates help and support and are extremely grateful.

Vietnam, Army, nurse, 67

Yes and no, there's got to be a yes and no answer to that because it's a big organisation, and all big organisations have good and not so good, and I do understand why they are pedantic about accepting people for a pension, I do understand all of that, but oh gee it was tough, it was tough getting through that to get that door to open...It took me over eight years.

But you really had to put in the leg work to even get the door to open a little bit, and I do understand that there are people who exaggerate some of the things, I'm quite honest about that.

As far as the pension, the gold card, the home help, wonderful, just wonderful, and if I didn't have that support there's no way I would be here, it's as simple as that, there's just no way I could ever stay here, and there's just no way I could have two little dogs to keep me company, so the benefits allow you to have a life.

Africa, Airforce, nurse, 41

[After having her claim rejected] So, it was just about the wording, of how it was worded. So, then they approved it, so they've approved that they will pay for my... anything to do with my back, to do with my injury for the rest of my life, for anything medical, that was required.

Like, back then at the time, they were wanting to buy me beds, they wanted to pay for an ironing lady, they wanted to do all these things and stupid me went "No, no, I'm good, I'm good, I'm fine; thanks very much".

So yeah, I don't know. I don't know how it works and I'm not quite sure, like, Veteran Affairs with... when you've done active service, because Rwanda now is classed as active service apparently, because for years it wasn't and then it... here a few years ago that a letter came out to everyone saying it was now classed as active service.

Because active service used to mean you got home loans and gold card... gold cards and all that kind of stuff, but I don't think it does anymore. But, there's never been... there was no... and even when I was in, I actually asked a couple of times, trying to find out about it, but there was never any information, so...

Vietnam, Airforce, nurse, 65

When I applied to the DVA I had... I was stressed out of my brain. But I was desperate. I thought it might help... Might only be 50 dollars a week and I thought, "Oh God, anything would help. In the state I'm in, I can tell them everything I've got at the moment and have go" and like a fool, I didn't consult... you know, they advise you to go and... like, your local RSLs have people who tell you how to go about... what words to use that they like and you know, have the inside info on it all. I mean, there was a website with all the list of diseases on it that were... appropriate and covered and... anyway... so, I thought "Bugger it" and this lass who... who was in the Airforce with [mutual friend], who I still keep in touch with; she'd just gotten it, because of... she had some kind of cancer. She's alive today, but she went on a... she got a gold card for that cancer; it was a blood cancer, but yeah... and I thought "Oh bugger it, I'll give it a go". So, I put it in; one, I can understand why they knocked me back; they couldn't give me substantiation of it. But, the other two... one was listed; Crones Disease. If you can get substantiation of it, but I was not diagnosed until about three years before I applied for it, but I'd had the symptoms since I was in the Airforce...

Mind you, they did say you can resubmit if you disagree with that, but I was so embarrassed when I got that letter back that I thought, "Get stuffed" [laughs]...

Getting the gold card, I mean, really doesn't make much difference, really. I mean, Medicare's so good and we pay into private health insurance and it was getting this... I mean, I thought, I could do with an extra hundred bucks a week.

I'd like an extra hundred bucks a week, because it's over and above. It's not counted as an asset, you know, so all my main motivation is about... funding my old age properly. About the time that I retired, my husband had been diagnosed with congestive cardio failure, emphysema, depression, alcoholism; a list about this long. He's got renal stents in, cardio stents in and he was really, really unwell at the time and there was no way I could stay at work and I was... it was before I... I think, I could get an old age pension, 60... I think it was, like, 64; you know they brought in that graduated thing. Like, originally, I could have retired at 60 and be eligible for an old age pension.

Interviewer: Yep.

Respondent: So, I had to live off super... of my super until we got... and he had his super as well... but, then eventually I got a Carer's Pension, which saw me through a little bit. So, it worked out alright financially, but I was just looking for ways to... of there was something that I was entitled to, I was hay to apply for it, because we've all got to look after ourselves...

Interviewer: Absolutely...

Respondent: ... but... I did the wrong thing; I should have sought help when I submitted that, but at the same time I felt embarrassed and offended when they knocked me back, you know,...

Vietnam, Airforce, nurse, 65

Now they've sent me a gold card. But that gold card, I don't know if it's... oh, maybe I shouldn't be saying this?

Interviewer: Oh, it's completely anonymous so, yeah, you want...?

Respondent: Yeah, it's not all it's cracked up to be because just before I've always had health cover all my life, and I cancelled that once I got the gold card because I didn't need both. But they don't cover big dental works and they don't cover, you can only get glasses every four years, and there's quite a few things in it that were a bit better off on my other cover that I had. But anyway I'm still pleased to have it because when you go to the doctor's visits you don't have to pay anything, you just show the gold card and yeah.

Multiple deployments including Africa, peacekeeping and the Middle East, Army and Airforce, nurse, 46

You know what it's amazing since getting out that you realise that there's not a lot of support for female veterans. I've noticed through... you know VVCS?

Interviewer: Yeah.

Respondent: They have been really good too. I've got an advocate, she is really lovely. She has helped me get my gold card. She's very supportive to the community and she's starting to realise too because I often say to her there's so many things out there for Vietnam Vets or male veterans. And a lot of these courses are written for men. I said, "What about women, I'm a young veteran". She said, "Yeah look I totally agree". I think even the community the wider community has to understand too that when you show your gold card or you say that you are a veteran, they've got to be sort of up with the times as well. Because a lot of them think that a veteran is an older person, not a young person. When you show a gold card as I said a lot of people don't realise what it is or if they do they will say, "Oh whose is this this is not yours, you are not old enough to have one of these cards".

...It is not worth compromising when it means compromising so much of yourself.

Vietnam, Airforce, nurse, 70

I think people don't know what they can have, or might not should we say have, maybe are entitled to. And some people do struggle.

Well I actually...my view is that they need to have a real look at what are the women's health issues and deal with it in the context of, you know, these are real things. And how are we going to support them within this? You know? If I was to use breast cancer, for example, there is nothing within the military that supports you. You will get, you know, your medication paid for, but there are no support systems. You're in the public environment in that context, you know?

So I think from the mental health perspective, I think there's a lot there. I would hazard a guess that cancer would be the biggest contributing factor for female vets. And I see no reason why there couldn't be something there. I think people, when somebody does become ill, they would feel quite isolated. Did I feel that? Again, I had a good family, I was, you know, lucky in that sense. But I could understand them being quite isolated because, again, they don't fit, they don't...

Vietnam, Airforce, nurse, 64

I qualified for a DVA pension. We don't get a lot. I suppose I like being recognised just for the fact that I was in the services, other than that you get nothing, not that I was in for very long, but it's a bit of recognition that you were there I suppose. I don't make a big deal of it. I'm not even a member of the RSL. I don't do anything else...

But I'll tell you a story. I don't know if you've ever heard, it's only in the last probably happened five or six years ago a Vietnam Vet walked into the office of the DVA in Melbourne and just sat and waited until closing time at about 4.30pm and then pulled out a gun and shot himself in the office because he'd been having a lot of difficulty with DVA over various things and felt he wasn't getting anywhere so he had to make a point and shot himself in front of them. I knew him, I grew up with him. I had seen him not long before at a school reunion, I know all his family, he comes from where I grew up and if he hadn't of gone to Vietnam, that would never have happened. His life would have been so different and

he went to Vietnam because people were fighting, men were sitting in offices, big offices and flags draped behind them and decided they'd have a war and I know what it's done to his mother.

Interviewer: Mm.

Respondent: And children and even the grandchildren of Vietnam Vet's now who are suffering. You see them, you see the guys covered in their tats and what are they doing? They're rebelling, they're still angry, they're still hurting, through no fault of their own. That's what war does to them. [crying] Sorry.

Peacekeeping, Airforce, other occupation, 48

Interviewer: Do you get help through DVA?

Respondent: Hundred per cent disability on the back injury. They accepted liability of the injury, but that took two Board sittings and they're not the best things because they make you out to be a liar. I have very little patience with DVA totally because my experience is probably one of the worse, even my GP says that and my advocate says that. Because I had two advocates, the first one couldn't get the case heard because the male doing my case, which is the case manager, basically looked at it and said well females don't lift those weights. And he just turned around and said would you like to tell this particular female that she didn't lift those weights. Even though I had statements from cooks, one who had an OAM, and from... a statement from one of the girls that was at the injury, and she saw me fall. And basically I think hers was the letter that got... I... got me out (unclear) because she did 22 years and she's also got an OAM, so. But she said this is going to be the hardest fight you'll ever fight and she said because they will not give it to you; they will fight you tooth and nail because everything that I could claim on has been removed from my medical documents. Everything I could claim on.

Interviewer: What do you mean has been removed from your medical documents?

Respondent: OK. The injury... like I sprained my ankle severely on my rookies course, that's not in there.

Interviewer: And it was in there?

Respondent: It was in there. My back's not in there. Concussion's not in there. Going on the pill's not in there. And I've got two letters from Queanbeyan stating that they have... they cannot locate the other half of my medical records and my advocate was in hysterics 'cause he's a Timor vet, this is his second one, he helped to get it right across and get me the Gold Card. He interrupted a Vietnam Veterans meeting and said I want you all to look at this piece of paper and they said why? He goes because Canberra has acknowledged they have misplaced half of [interviewees] medical documents and cannot find them. And I rang up my uncle who... he was in Malaya, early period, so when my dad was in, and he goes that can't be right. I said have you got your medical documents? He goes no. I said go and have a look. Yeah, everything, (indistinct) you see. And it happens all the time. I mean my son's housemate is two commando and he goes they've lost all my medical documents. I go but where from? He goes just from one regiment to the other. I said how many... a block apart he said. And of course then they can't find them. So a lot of people nowadays photocopy and keep that.

Interviewer: I mean do you feel some kind of... when DVA, when that was finally acknowledged did that feel... did you feel... well how did it make you feel to have that...

Respondent: Well I was really annoyed because I had to have an Air Force representative, and this guy was an ex officer, so I knew... well he just was not interested. He sat there, fiddled, carried on. And a woman was chairing it. And then there was this other woman, I don't know who she was, but she basically told me had I fractured my coccyx I wouldn't have been able to walk, I wouldn't have been able to work. And my other advocate, who's my main advocate now, turned around and he said have you ever followed in order? And she looked at him and... 'cause it's all taped. And she said what do you mean? And he said when you have an injury, you're told to get up and you keep going regardless of that injury because if you stop you hold up everybody else. And he said in the military we follow orders to the max. We don't ask why, we just do it. And he said and that's what she was doing that particular day, because she was 18 and she'd probably been in the Air Force a maximum of nine months.

Interviewer: So how long did it take since... then how long did it take until you got...

Respondent: Six years it took me to fight to get my Gold Card.

And I was going in for a haemorrhoid operation. And she rang up and she rang me straight away, she goes I can't believe this idiot. And I said why. And she said he's just told me you don't exist. I said what in DVA, I said that's nothing. That does not surprise me at all.

Interviewer: So why is that? I mean why does the... ?

Respondent: I don't know. 'Cause I'm getting to the stage where I really want to make a formal complaint against them. And that... and I don't know if it would be worth my gain to make a formal complaint or even go to the Defence Ombudsman let alone write to the Defence Minister and say why did I have to fight six years for a medical injury that I sustained in the Air Force when you lost my documents, even though I had witness statements. Why did it take six years?

Multiple deployments including Middle East and peacekeeping, Army, Medic, 38

Interviewer: Have you thought about accessing DVA?

Respondent? Well I don't know. Do they even know you exist? Fucked if I know... it's not something I've actually really thought of. They could. But actually, you know, I was only thinking this morning in the shower, I thought you're probably going to ask me, and I'm going to say oh, I've never even contacted them, don't even know what they supply.

Vietnam, Airforce, nurse, 63

And have you, are DVA...?

Respondent: I have a Gold Card now.

Interviewer: OK.

Respondent: And here I guess I became involved with the Vietnam Veterans and things and so I've been very lucky. I now work with an exercise physiologist here who works with the DVA program so I go to the gym five days a week and I work in a program that is designed for me and it's supervised and all that sort of stuff so... it keeps me mobile because I don't want to, I know how stiff I get and I just don't want to, I mean the hip and the back are just you know... and the knee now because that hip, that knee, all those sorts of things..

Vietnam, Airforce, nurse, 63

I guess in some ways, see I never thought of myself as a Vietnam Veteran really until I'd retired and I was on that committee that set up the thing [AIHW database of female Vietnam and civilian veterans] and it was only then that I started to think of myself as a veteran doing something like that, but I look at most of the Vietnam Veterans that were only in the army, and the majority of them were in the army so all talk army, were only in for maybe two to five years and have had careers past there, and yes PTSD is probably something that's niggled away and I've coped with it, but they've had other careers and I look at, and I get quite frustrated sometimes that they have so many claims against DVA when they were there for five minutes.

And every step of the way for me to get my Gold Card was a fight, a fight. And I thought hang on I haven't worked elsewhere. All this has happened in a block, and that's what I find the hardest thing is I had a career; these are a consequence of that career with the defence force. Not from being a builder, or not from whatever. This is my career, I haven't done anything else.

Interviewer: Yeah, yep no that's a... that's a...

Respondent: And that's my biggest, that's the hardest thing with DVA is getting them to recognise that, and see they still wouldn't recognise the reason why I left. I worked for six months in a veteran's clinic at Concord Hospital in a hip and knee clinic, and I gave up, my back was just playing up too much, but they won't recognise that I had to give up work that I gave up work because of my military career. But you know at the end of the day...

Interviewer: Do you think...

Respondent: ... I can't be bothered fight... because you have to rehash all the time and it just gets worse and worse so you just don't want to rehash anymore. I want to get on with the rest of my life.

Interviewer: Yeah, yep.

Respondent: I've got a life and I don't want to be rehashing all the time fighting with DVA to get you know... get the compensation that I think I should have.

Being a woman, there's that attitude there and I think that I've had to fight doubly hard. I've seen other people you know, just mixing with other Vietnam Veterans and things and they in a blink of an eye have had their Gold Card or their TPI pension or whatever, and I think hang on...

Interviewer: Yeah.

Respondent: ... I had to fight you know, appeals and everything else, and I don't need that. I don't need that crap. Yeah, so I guess that's my biggest frustration with people like DVA is getting recognition and you know, I gave my life to the Air Force.

I mean I finished work in December and March I was in hospital having surgery.

Interviewer: Oh my goodness.

Respondent: So that's how quickly it happened, yeah and there was resentment there because this was something that had been ongoing all through you know through my defence career and DVA wouldn't recognise it, so you know it's just one of those things.

Multiple deployments including Middle East and peacekeeping, Navy, other occupation, 29

Interviewer: Have you ever contacted DVA?

Respondent: I guess I don't really know and I haven't really investigated my entitlements from doing my gulf trip and that's something I guess I'll find out when I need to,

Interviewer: Would you, I mean, would you access things from DVA?

Respondent: I've never looked at it. And I've never, I guess I've never felt the need to. Yeah. I've just, I've never, never really looked at that option. So, I feel like I can just get on with it by myself.

I actually, when I got out of the Navy, I look back at all of my six years that I was in there, and you know, I was on maternity leave for six months and all the rest of it. But, I look back and I think, the bad times outweigh the good, and I actually don't want anything more to do with the Defence Force. Whether it be any extra support when I get out. I would rather just wipe the slate clean, and be completely free from it. You know? I don't want reminders of what went on in my time in the Navy. I don't, I don't want to know. You know, I don't want the help. I'd rather help, just help myself.

Vietnam, Airforce, nurse, 69

Yeah. No, I'm OK. And in terms of like Veterans Affairs, I mean have you found them to be supportive? Have you ever used their resources?

Respondent: Oh, I'm a TPI.

Interviewer: OK.

Respondent: So I would never survive if I hadn't been a TPI, with all the... you know I've had four lots of back surgery, and they called me... I've just had a knee replacement, and I've got to have another knee replacement - they call me the bionic bird.

Interviewer: [Laughter].

Respondent: But you know I've got an implant in my back to straighten by back, and all the rest of it. But oh gosh, without Veterans Affairs, I would be in big trouble. Yeah. Yeah.

Middle East, Navy, other occupation, 27

... yeah so I got assessed as I think 65 per cent incapacitated. But I never mentioned a word about what I've told you [sexual trauma]. I had to tell, and what I said was still true but it wasn't the real reason.

...I think they need to be able, yeah I think you need to be able to sit down and say look, to DVA or people doing claims, like people can't be afraid to hear [about sexual trauma], you know that's the biggest thing for me.

Vietnam, Airforce, nurse, 69

You know they'll put you through the hoops, I think they actually bully you, you know. And all the photocopies that have been verified by a legal person with photocopies, I have to send that back to DVA. Because once the economic crisis hit...We were no longer self-funding retirees.

So the financial advisor we had had said 'well you know you could apply, because [interviewee] is a veteran, you could you know get something out of getting a bit of a kick up on your income' and it's because of that, that yes I have to do this and I realise that and they readjust the amount every six months according to what I earn but its pennies. You know? It really is just minimal miniscule always sort of less than two dollars, that they change it and to go through all this process.

I consider it bullying.

Vietnam, Army, nurse, 62

Like I am when I was recently in Sydney at the Anniversary, the 60th Anniversary and we were talking different ones, we were talking about the pensions and how difficult it is for women and what they have to go through and what they have to tell them and everything else. I don't want to tell them things they don't need to know so I'm still having a think about it.

The other thing you started to talk a bit about earlier was the DVA and the services and those kinds of things. Is there an area you think that's lacking particularly for women?

Respondent: I think one of the things that they lack is the fact that they forget there is women. The women have done the same as men and as I said before we do different jobs but your still doing the same thing, your still in the same areas and I think that because even if there is less women than men you still need to have that support. You still need for them to do, for you as they do for men and there shouldn't be any distinction between the two of them, it should be equality. It should always be equality; it's supposed to be an equal population now.

Interviewer: And I guess in your situation that's something that you feel isn't the case if you're hesitating applying for your pension...

Respondent: I am. I don't, I still don't feel that they've got the hang of the fact that there are women out there and they shouldn't be put on the back burner. And that's what's happening. These women, who have been World War Two, now this is a long time ago, still haven't got Gold Cards well that's pretty sad. And I'm pretty sure that there are men who haven't got Gold Cards and everything else, OK but there's so few women that there's not that many for them to give out. There's not that many for them to look into. They should be doing it. And they should be getting the same treatment, exactly the same treatment as men. And actually I do feel sorry for, not just women but men also that have been overseas and their working their butt off to just get a little bit of money or a Gold Card to help them out with their medical issues. 'Cause if I was going to go for anything the money I don't care about, but I would appreciate the help with the medical side of things and I think the other thing is, it annoys me the fact that I'm the wife and I did my service and I should get a service pension and I think there's a time that they organise themselves in getting people organised to get their service pension automatically without having to go through all the rigmarole and you've no idea the paperwork, 'cause I've got the paperwork at home and the people you have to see and the people you have to do and the amount of stuff you have to...

Interviewer: Well you would know from your husband?

Respondent: Yeah well it took him years, years to get his through, so you can imagine with a female when I know that there's World War Two people, I'm waiting for them to get theirs so I can maybe go because I've been so sad. I'm sad that they're not getting it and I know there's civilian women and I know how hard they worked over in Vietnam, I saw them and I worked with some of them. And I tell you, they're marvellous women and yet they're put on the back burner. The government wanted them over there, they wanted their help and they should be looking after them but they don't. I know that they're fighting to get...

Peacekeeping, Army, other occupation, 40

I was looking for support myself. Since I've been out it's been a really, really hard slog, and in the last say year and a half I started doing TPI courses with DVA, because I... I've ended homeless twice since I've left, and I got to the point back in 2009, I was being evicted out of a community house because a guy just wanted his home back, and we were given 60 days to move out.

So I started ringing people, and I thought who can help me, and I can't do this on my own. So I rang up a place called Defence Welfare Association, and through the ComSuper(?) booklets I started to look at avenues that might be able to help me.

These guys helped me. They helped me with some money to move, and I got this place within two days before Christmas, only because I had to go to Advocates, and knock on doors, and MP's doors, and so it was really hard and a lot stressful.

But then after that I thought what I can do to give back, and through Defence Welfare they said, "Well, why don't you come onboard and do some courses and help others?" And I thought that's great, you know. I still had a hand in the military, still was going to be able to help people. So I started doing all these courses, and I'm actually doing an advocacy course this month, and I also joined up with [...] Sub-branch.

My issue after doing these courses was it's all about the older generation - it's all about the Vietnam Vets, it's all about when you're hitting 60, and 50 - and you know what, I'm not there yet, but there was nothing for me. And so I started to find out well, what am I to do as a young person? I'm not aged pension age yet, so I'm struggling every day on Centrelink benefits, compensation is still a process, I'm still working on it. I've been knocked back just recently though VEA from [deployment], so that's going to a Review Board - I've got a good Advocate now.

But when I got out there was no support. I was basically living in a car with three kids, no money, no married quarter, and went well, what am I going to do, because Centrelink won't give you benefits for 13 weeks or whatever. And I had \$2,000 because the Army took their part of whatever was owed to them - which is another story [laughs] - overpayment of allowances for East Timor, which again I've now got to fight for because it should never have happened.

And there was just nothing. I went to Advocates, and again because I was so young, because I was only in my early 30s when I got out, and I went to Advocates at [...], basically didn't want to know about me. Went to another Advocate at [...], he was really good, but at the same time their knowledge was focused on...

Interviewer: Older men?

Respondent: Older men, exactly, and there wasn't a lot of women. So they found it quite daunting to deal with a woman first off, and (b) to also look at her and go OK, well what has she done? And there's still that stigma about being a female. And although I could never compare anything that I've experienced to what they've gone through, it's still... it's something that still has to be dealt with.

And then I got back, I was pregnant with my last child, and again I was homeless. I had no support. I didn't know who to ring, there was no-one to talk to, having mental health issues as well since I left the Army. There really is no... there is no ready support system in place for someone of my age, let alone being a woman.

...And to fight DVA, which is what I was getting to when I first started talking to you, that's why I decided to do what I'm doing now. And although it is hard for me to get up every day and go in there, I know I have to because it's the only way I can help these people, these young Diggers coming back.

They're so stuck on Vietnam, they're so stuck on... even in these courses I do with DVA, I'm the only one, the youngest one there, and I get looked on as who is she, and what's she done? And then when they find I've been in the Army, OK fair enough, but it's never going to be the same.

Appendix 2. DVA data

“TREATMENT POPULATION BY CONFLICT, CARD AND SEX, AS AT 30 MARCH 2012
<http://www.dva.gov.au/aboutDVA/Statistics/Documents/TpopMar2012.pdf> table 6 p15

Population Type	Sex	Card	CONFLICTS - AUSTRALIAN FORCES								
			World War I	World War II	Korea Malaya	Far East Strategic Reserve	Special Overseas Service (inc Vietnam)	Defence/ Peace Keeping	Seamen's War Pension	Australian Gulf War	Total
(DVA) VETERANS	MALE	GOLD	0	40,810	5,508	2,206	25,460	17,849	629	7	92,469
		WHITE	0	4,731	122	178	3,700	30,603	12	11	39,357
	FEMALE	GOLD	0	3,270	41	8	75	485	0	0	3,879
		WHITE	0	1,307	6	3	4	2,891	0	0	4,211
	TOTAL	GOLD	0	44,080	5,549	2,214	25,535	18,334	629	7	96,348
		WHITE	0	6,038	128	181	3,704	33,494	12	11	43,568
(DVA) DEPENDANTS	MALE	GOLD	15	193	6	2	55	119	0	3	393
		WHITE	0	0	0	0	0	0	0	0	0
	FEMALE	GOLD	218	80,039	3,078	516	3,557	3,025	631	1	91,065
		WHITE	0	0	0	0	0	0	0	0	0
	TOTAL	GOLD	233	80,232	3,084	518	3,612	3,144	631	4	91,458
		WHITE	0	0	0	0	0	0	0	0	0
DVA	TOTAL		233	130,350	8,761	2,913	32,851	54,972	1,272	22	231,374
OTHERS	TOTAL	GOLD									183
		WHITE	BRITISH, NEW ZEALAND, OVERSEAS FORCES, MISCELLANEOUS AND COMMONWEALTH COUNTRIES FORCES								5,088
GRAND TOTAL											236,645

Note:

The conflict categories have been derived from the Client File Number. Because of this, the figures do not reflect the total number of veterans who served in each conflict. Also, due to inconsistencies between file number code standard and actual allocation of file number, discrepancies exist in the data.

Appendix 3. Aggregate VVCS data

Table 3 Percentage of female veterans presenting to VVCS 2008-2011

YEAR	Female Veterans	Percentage of total veterans	Mean age
2008	244	3.45%	42.7
2009	314	4.43%	40.7
2010	390	4.93%	39.3
2011	492	5.55%	39.5

Table 4 Presenting problems of female veterans 2008-2011

	2008	2009	2010	2011
Relationship	17%	25%	28%	28%
Depression	20%	27%	28%	14%
Anxiety	14%	17%	18%	16%
Health and Wellness	16%	15%	13%	18%
Family relationship	13%	16%	13%	15%
Military discharge	3%	7%	10.5%	10.5%
PTSD	10%	9%	8%	5%
Information seeking¹	12%	10%	20%	20%
Grief	0%	2.2%	5.3%	6.5%

¹ Information seeking = Advice at intake for example eligibility, other available services/supports, how to help a Veteran relative or friend. Intakes coded 'information seeking' usually do not lead to VVCS providing a formal clinical service from that intake.

Table 5 VVCS support provided following intake assessment 2008-2011

			Year				Total
			2008	2009	2010	2011	
Intervention	Case Management	Number of clients	0	4	0	0	4
		Percentage of total clients	.0%	1.3%	.0%	.0%	.3%
	Couple	Number of clients	22	36	50	56	164
		Percentage of total clients	9.0%	11.5%	12.8%	11.4%	11.4%
	Family	Number of clients	3	5	12	22	42
		Percentage of total clients	1.2%	1.6%	3.1%	4.5%	2.9%
	Group	Number of clients	19	27	62	111	219
		Percentage of total clients	7.8%	8.6%	15.9%	22.6%	15.2%
	None	Number of clients	28	20	33	45	126
		Percentage of total clients	11.5%	6.4%	8.5%	9.1%	8.8%
	Single	Number of clients	172	222	233	258	885
		Percentage of total clients	70.5%	70.7%	59.7%	52.4%	61.5%
Total	Number of clients	244	314	390	492	1440	
	Percentage of total clients	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 6 Marital Status of female veterans presenting to VVCS 2008-2011

			Year				Total
			2008	2009	2010	2011	
Marital Status	Not recorded	Number of clients	26	28	29	29	112
		% of total clients	10.7%	8.9%	7.4%	5.9%	7.8%
	De facto	Number of clients	29	57	61	107	254
		% of total clients	11.9%	18.2%	15.6%	21.7%	17.6%
	Divorced	Number of clients	7	14	13	11	45
		% of total clients	2.9%	4.5%	3.3%	2.2%	3.1%
	Married	Number of clients	88	114	165	197	564
		% of total clients	36.1%	36.3%	42.3%	40.0%	39.2%
	Separated	Number of clients	24	23	33	36	116
		% of total clients	9.8%	7.3%	8.5%	7.3%	8.1%
	Single	Number of clients	56	63	83	100	302
		% of total clients	23.0%	20.1%	21.3%	20.3%	21.0%
	Widowed	Number of clients	14	15	6	12	47
		% of total clients	5.7%	4.8%	1.5%	2.4%	3.3%
Total	Number of clients	244	314	390	492	1440	
	% of total clients	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 7 Female Veterans – Referral Type

			Year				Total
			2008	2009	2010	2011	
Referral Type	Self Referral	Number of clients	175	231	302	407	1115
		% of total clients	71.70%	73.60%	77.40%	82.70%	77.43%
	Defence Referral	Number of clients	24	26	38	23	111
		% of total clients	9.80%	8.30%	9.80%	4.60%	7.71%
	Medical Referral	Number of clients	9	16	4	6	35
		% of total clients	3.60%	5.00%	1.10%	1.20%	2.43%
	Other*	Number of clients	36	41	46	56	179
		% of total clients	14.70%	13.00%	11.80%	11.30%	12.43%
Total	Number of clients	244	314	390	492	1440	
	% within Intake_Date	100.0%	100.0%	100.0%	100.0%	100.0%	

*Other equals ESOs, family and friends, or other agency.

Appendix 4. Media

Female Vietnam veterans to be surveyed

August 31, 2010

Australian Associated Press (AAP)

Australia's female Vietnam veterans and their modern day counterparts are to be surveyed to build a better picture of the lasting effects of conflict on women.

The research project, funded by the Department of Veterans Affairs and led by Dr Samantha Cromptvoets from the Australian National University, aims to answer many questions about the health and wellbeing of women, mostly health professionals, who served in Vietnam.

More than 50,000 men served in Vietnam between 1962 and 1972 and they've been extensively studied with a succession of health and mortality studies.

But the much smaller group of women, including 210 military nurses plus some official entertainers and accredited journalists, have attracted far less attention.

Dr Cromptvoets said there was a massive gap in research on the experience of women even in more recent conflicts, including Timor, Afghanistan and peacekeeping operations.

"What the project is trying to do is collect the stories of female veterans and look at how deployment has impacted on these women's lives, comparing women who served in Vietnam...with women who have served who have been deployed in more recent conflicts and peacekeeping operations," she said.

Dr Cromptvoets said those women who served in Vietnam were now approaching retirement age and there had been no studies of their experience for at least a decade.

A 1998 study found female Vietnam veterans were less likely to classify their health as excellent or good and that some conditions, including asthma, depression, cancer, panic attacks and heart disease, were more common.

She said many studies of male veterans had shown that post-traumatic stress disorder could emerge at times of life transition such as retirement.

As part of this study, Dr Cromptvoets is looking for ex-military health personnel from Vietnam and from more recent operations to build up a detailed picture of their experiences.

Dr Cromptvoets said there was a significant amount of research on US female Vietnam veterans.

"But their experience doesn't necessarily translate to the Australian experience," she said.

Dr Cromptvoets said women now comprised around 13 per cent of the Australian Defence Force with significant numbers deploying on overseas missions.

"The increasing proportion of females that are war, peacekeeping or peacemaking veterans raises new questions about their health and well being and their use of healthcare services," she said.

Appendix 5. Code list

Codes used for transcript analysis

Alcohol/drugs	Politics
ANZAC	Profession, Admin work
Army Reserves	Profession, background
Career	Profession, Career since exiting services
Career since exiting services	Profession, Characteristics
Career, Achievement	Profession, Civilian
Career, Disappointments	Profession, Clinical work
Career, encourage others into military	Profession, Comparison - civilian/military
Career, Exiting military	Profession, Highlights
Career, Expectations	Profession, Military
Career, Partner's career	PTSD
Coming home	Rank
Recognition	Recruitment
Coping	Red Cross
Debriefing	Relationships - Husband/partner
Deployment	Relationships, co-workers
Deployment , difficulties	Relationships, Communication
Deployment, expectations	Relationships, Friendships
Deployment, Location	Relationships, Military/civilian
Deployment, Down time	Relationships, On deployment
Deployment, Highlights	Reproduction
Deployment, Hygiene	Retirement
Deployment, Length of Time	role, other
Deployment, Living conditions	Role, Medic
Deployment, Multiple	Role, Nurse
Deployment, Role	Role, Allied health
DVA	RSLs
Exposure	Safety
Family in defence	Sense of self
Femininity	Service
Health Issues, other	Services (i.e health), Access
Health Issues, Cancer,	Sexual harassment/ abuse/assault/discrimination
Health issues, Health issues in offspring	Sexuality
Health issues, Mental Health	Sharing stories
Identity	Suicide
Media	Support
Memorabilia/photos	Training
Memories	Trauma
Men's health	Uniform
Mentors	Vivid memories
Military culture	Wellbeing
Nursing	Women's health
Parenting	Women in services
Patient Stories	WWI & WWII nurses

Appendix 6. Participant demographics

Table 8. Age of participant at time of interview

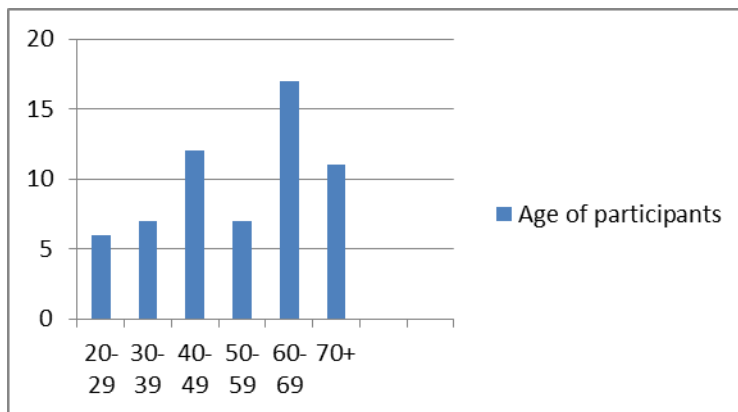


Table 9. Age at enlistment

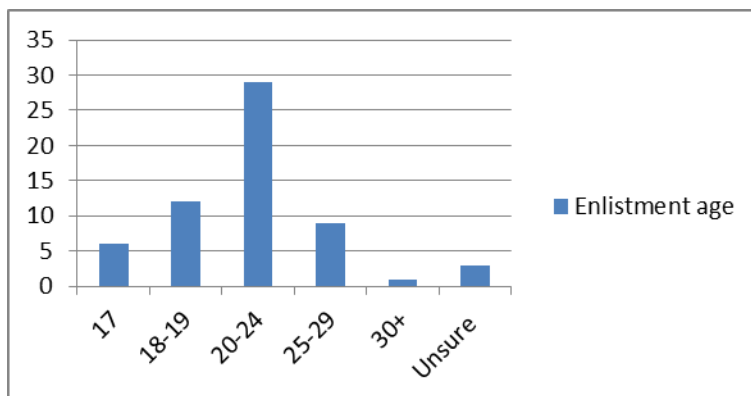


Table 10. Relationship status

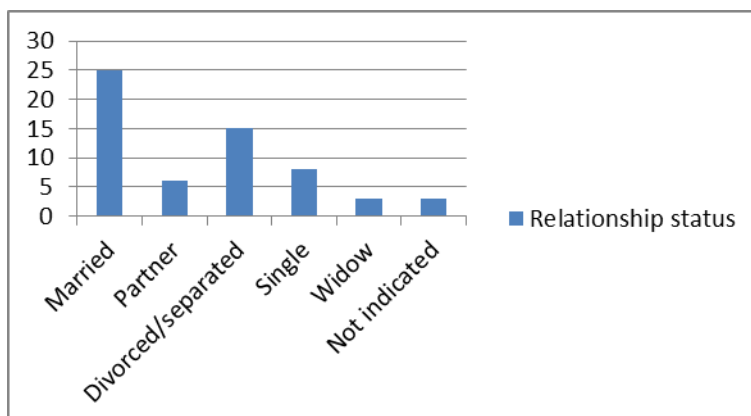


Table 12: Career duration

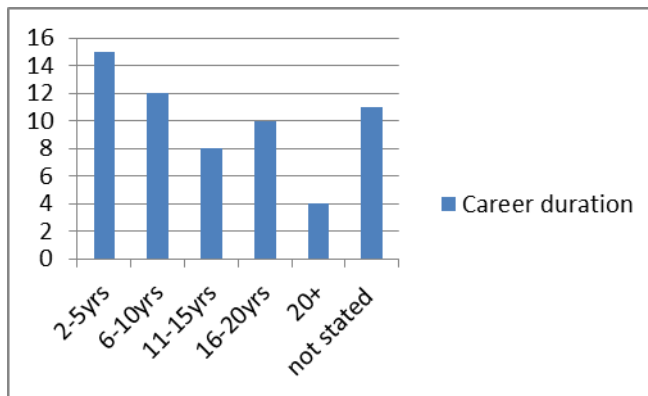
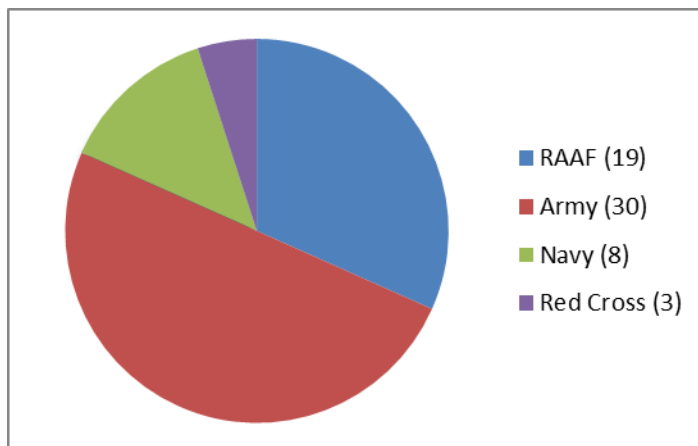
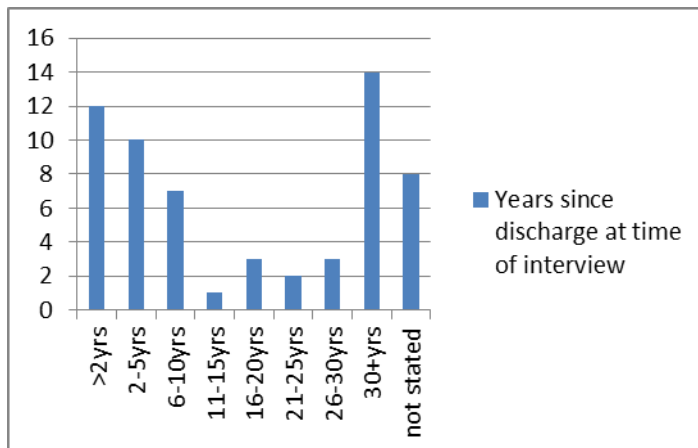


Table 13: Distribution of participants across services



*3 women changed services mid way through their careers from Army to RAAF

Table14: Years since discharge at time of interview



*upper limit was 42years since discharge

Table 15: Distribution of participants who had done Reserve service

