**“Routine Trauma” – Awareness of Combat Trauma among Women Combatants**

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In her groundbreaking book, *Trauma and Recovery*, Judith Herman noted the links between the study of the trauma of war, abuse, exploitation, and violence with social and political responsibility. Herman emphasized that many trauma victims find that society is not interested in hearing their experiences; moreover, they even feel social exclusion. This is more severe for women and children who have suffered physical and sexual violence, as their status is considered inherently inferior to that of heroic warriors. Herman urged therapists and those researching the topic of trauma not to succumb to the temptation to hide behind a neutral professional position. She stressed the need to overcome the professional tendency to blame the victims, or even make them feel invisible or silenced. The difficulties of studying and treating trauma also challenges therapists, especially those who address various types of violence. Ex-combatants are not victims, but nevertheless often report that no one, including mental health professionals, wants to listen to their narratives about the trauma of war and its price. Our research follows Herman’s recommendation and delves into women combatants’ trauma, pain, and dilemmas. It offers ways for mental health professionals to avoid categorizing and labelling, and to facilitate careful listening.

Keywords: combat trauma; women combatants; mental health; war; military; trauma; IDF

**Introduction**

The study of war trauma became legitimate only in the context of challenging the sending of young men to war. The study of trauma in sexual and family life became legitimate only in the context of challenging the inferior status of women and children. Progress in this field occurs only when a supportive political movement arises that is strong enough to legitimize the alliance between researchers and patients and oppose the usual social processes of silencing and denial [1] (p.23).

In her groundbreaking book *Trauma and Recovery*, first published in 1992, Judith Herman [1] forges a link between the study of the trauma of war, abuse, exploitation and assault with to social and political responsibility. She emphasizes that many trauma victims, finding that people are not interested in hearing their experiences, feel a sense of social exclusion. War veterans, for example, often report that no one wants to hear about the trauma of war or to understand the price of warfare. This reaction has even more severe consequences for women and children who have suffered physical and sexual violence, whose status is considered inherently inferior to that of heroic warriors. Herman urged therapists and trauma researchers not to succumb to the temptation to hide behind a neutral professional stance. She stressed that professionals must overcome the tendency to blame the victims, or make them feel invisible or silenced. This challenge to those studying trauma and its treatment is also one for social workers, especially those addressing various types of violence.

In April 2021, Itzik Saidian set himself on fire in front of the Israel Ministry of Defense’s Rehabilitation Division; a horrifying and shocking testimony to the consequences of not listening to people who have suffered in war [2–4]. This case points to the role social workers can play in correcting the tragic situation in which professionals, the public, and society at large are unaware of and impervious to the needs of the people sent by the state into combat and who undergo traumatic experiences during their service.

The essential nature of social work has been shaped from its inception by an emphasis on the social component of human existence [5]. The profession draws attention to environmental forces that affect individuals’ quality of life and the difficulties they may face. As noted in the *Code of Professional Ethics of Social Workers in Israel*:

Social workers must be aware of the impacts that nature and the environment have on people’s wellbeing...Self-observation regarding the reciprocal influences between the personal and the professional must be a cornerstone of ethical day-to-day practice. Social work’s professional mission is rooted in a system of core values that form the basis for the distinctive principles of social work: human dignity, freedom, social justice, integrity, professionalism, an emphasis on human relations in relations with clients, and being service-oriented [6] (p.8).

In general, the social work profession focuses on the interaction between individuals and their environment [7]. This is especially critical in situations involving violence, trauma, and injury, both for social workers in agencies such as the Rehabilitation Department and those working in the general community. However, because social work is preoccupied with problems and pathologies and draws on terminology from the fields of psychology and medicine, many social workers adopt a worldview and language saturated with therapeutic-professional images and stigmas [8–9].

These views directly and indirectly affect the professional-therapeutic discourse on trauma and violence and the way in which victims are treated. As noted in the *Code of Professional Ethics of Social Workers in Israel* [6,9], moral dilemmas are integral to social work, and therefore there is a need to develop modes of thought and tools that will enable social workers to make ethical professional decisions.

According to critical and feminist approaches to social work, social workers should not settle for conventional theories about the impact the environment has on individuals and the relationship between individuals and their environment. Rather, social workers should consider all the various dimensions of violence and trauma involved in power relationships and the points where society and the individual interact [10–11].

Professional discourse is not accidental or arbitrary; it operates according to laws and norms. At the same time, discourse reflects and structures reality as well as the values, norms, and relationships between professionals and the people receiving their services [12]. The critical and feminist approaches argue that social workers play a vital role in critiquing and overseeing the various relevant systems, by continually assessing the power that governmental and public entities exert over underprivileged populations, and by examining the sociopolitical context in which caregiving takes place [13]. According to these approaches, social workers have a responsibility to recognize the significance of policy interventions. They should be aware of how such policies are an integral part of the causes of social problems such as poverty and violence against women and children, and the role these policies can play in further weakening already marginalized populations [14–15]. However, having a theoretical understanding of the state-society power relationship and its daily impact on the lives of individuals suffering from violence is only one aspect of the necessary change process.

The current article presents an in-depth investigation of one essential role of social workers within their comprehensive set of roles: that of serving as policy change agents by transforming the professional language used and by integrating policy practice into the private clinical sphere. It must be recognized that social workers operate in a middle ground, being simultaneously actors for the state and actors for society. Therefore, they play an important sociopolitical role, for example, by mediating combatants’ narrative to various state institutions, thereby preventing more cases such as Itzik Saidian’s self-immolation.

Among the world’s democracies, Israel’s society is unique in being distinctly based on a militaristic social worldview [16]. Conflicts between Israel and the Palestinians and the surrounding Arab nations have led Israelis to develop a militaristic mindset and to view war and preparation for war as natural and inevitable [17–19]. Ongoing conflict can lead to what is known in the research literature as “collective trauma” [20] or “national trauma” [21], which are associated with feelings of insecurity and repression of certain events [22–23], all of which are evident in the Israeli-Jewish narrative. As a result of these circumstances of conflict and trauma, the military is one of the most important organizations in Israeli society.

The current study focuses on exposure to trauma and the resultant reactions among women who served in the Israeli Defense Forces (IDF) as combatants or as combat support troops in conflict zones within Israel’s borders or among the civilian population in the Occupied Territories. The research goal is to deepen existing knowledge about the violence and trauma of military service in combat zones by listening to the narratives of female combatants and combat supporters. This knowledge can then be used to develop and apply practical and theoretical thinking that reflects a critical social work approach to trauma and violence.

**Trauma: A biological-psychological-social injury**

Trauma takes a biological, psychological, and social toll on the body and mind in a sociopolitical context [24–25]. In the field of medicine, the Greek term trauma indicates a “breaking of the bodily envelope” [26] (p. 9). Following World War I, Freud [27] (p. 27) coined the term “mental trauma” to express the intensity of the psychological injury suffered by soldiers and the extent to which it pierced their protective mental armor [28]. According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) [29] (p. 271), a traumatic event involves “actual or threatened death, serious injury, or sexual violence” to an individual or to people close to them, such as family members or close friends. Trauma may occur whether individuals experience such events personally or whether they witness them and must cope with their repercussions [29].

 Research on trauma and its mental/emotional implications began with the study of testimonies from male combatants and the impacts that being in battle had on the development of psychological trauma [30–31]. Trauma research subsequently expanded to include research on trauma among women and children who were victims of violence and sexual assault [32–33].\*\* Thus, with women usually not recruited into the army as combatants and generally excluded from the battlefield, a body of empirical knowledge on trauma was accumulated from studies of male combatants and of females who were victims of violence and sexual assault [34] (p. 79). According to Enloe [35] men *are* the military, while women are *in* the military. Although women have generally not been drafted into the military as combatants on the battlefield, Enloe [36] argues that they should be recognized as combatants not only in the battlefield, but in other areas, since they must deal with sexual assault (in the military or outside it), other acute crises, and challenging life situations, including the need to make a living and support their children.

Social workers often encounter trauma victims. Trauma is a shock to the mind, and those facing trauma and violence sometimes undergo a process of disconnection or dissociation (the latter term and its derivatives are used throughout this article). Victims may experience dissociative responses during a trauma or when dealing with it afterwards [37]. Various types of dissociative processes should be clearly distinguished [38]. Specifically, there is a difference between a dissociative disorder and a natural process of dissociation that occurs as a normal response to a traumatic event [39]. Gilligan [40–41] is convinced that dissociation is a coping mechanism that enables a person to adapt to certain traumatic situations. However, she notes that while this coping mechanism may ensure emotional survival, it comes at a heavy price. Dissociation is “the ability to separate certain parts from the self and create a split within the self so that a person can know and not know what he already knows, feel and yet not feel his emotions” [40] (p. 6).

Over the past few decades, the field of trauma and dissociation has been studied in depth [25, 42] by researchers addressing trauma [43–44] complex trauma [45–47], and sexual abuse [48–49]. Trauma and dissociation have been investigated in the Israeli context as well [50–53]. Dissociative disorder is defined in the DSM-5 as a fragmentation of the usually integrated functions of cognition, memory, identity, and spatial perception. Disassociation can be sudden or gradual, temporary or chronic [29]. Symptoms of dissociation include de-realization, depersonalization, feeling detached from one’s body, a sense that time is slowing down or speeding up, amnesia, and an inability to remember important aspects of past events [54–56].

The issue of trauma among women in violent situations is generally discussed in the literature in the context of victims, such as women who are victims of violence such as rape [31, 57] or domestic or marital abuse [58–59]. Even studies about women serving in the military during a violent conflict tend to focus on sexual harassment of female soldiers [60]. Additional studies that have been conducted in this field include: trauma among widows and orphans [61] and secondary traumatization among combatants’ spouses [62–63]; the traumatic impact of being in a combat zone [64–65] or in an area in which civil war has broken out [66–67]; sexual assault against civilian women in combat zones [68–69]; and victimization among war refugees [70]. Some studies also have compared the impact of childhood traumas on male and female soldiers [71].

Recently, there has been an increase in the empirical knowledge about the implications of violent armed conflicts on the lives of women in general and female combatants in particular. This increase may be attributed to, among other things, UN Resolution 1325, which recognizes the right of women to participate in various levels of decision-making regarding conflict prevention, conflict resolution, reconciliation, and peace processes [72–73].

This growing body of knowledge about the consequences of violence, trauma, and disassociation among female combatants is highly relevant to the social work profession. Social workers need a deep understanding of this issue, as they are often involved in identifying and treating people who have suffered various types of violence and trauma. Research on female combatants expands social workers’ knowledge beyond the psychological harm and trauma endured by victims, and provides a comprehensive view of how women may be perpetrators as well as victims of violence, or even both simultaneously.

**Female Combatants in Conflict Zones: The Israeli Context**

The IDF is among the most important organizations in the State of Israel and Israeli society. Already upon its establishment, a decision was made to draft females. The issue of gender equality in the army is a complex one, provoking significant controversies that have been extensively debated in public discourse [74–79]. Women’s compulsory service symbolizes gender equality. However, given that there are multiple limitations on women’s army service, this very service demonstrates the complicated and ambivalent attitude towards women [79–82]. The IDF distinguishes between three categories of roles: combatants, combat supporters, and soldiers in rear units. In recent years, the number of drafted women serving in combat roles has increased dramatically [83–84]. Three decades ago, following a legal struggle launched by women and feminist organizations, the range of military service positions available to women has expanded [80]. The Israel Supreme Court’s decision in the 1995 case of *Alice Miller v. Minister of Defense* determining that women are entitled to formal and substantive equal opportunities in their military service led to the opening of combat roles to women. Reflecting the spirit of this ruling, the 2000 Amendment No. 11 to the 1986 Security Service Law was adopted; Section 16A of this states that women have rights equal to men to perform any position in the military service, unless this is impossible due to the nature and character of the position. The first combat role opened to women was that of pilot, followed by the gradual opening of other roles, including naval captain, soldiers in the Border Police, air defense fighters (operating anti-aircraft weaponry), fighters in the mixed-gender Caracal combat battalion, and combat medics in the air force [84]. Additionally, women serve in hundreds of combat support positions, including in conflict zones or military operations rooms near the line of fire or in buffer zones.

The women serving as combatants or combat support or are otherwise exposed to armed conflict are placing their lives in danger. Both combatants and combat supporters perform roles that can lead to traumatic experiences during military service [34]. Social workers may meet with such women either in the Ministry of Defense’s Rehabilitation Division or later in various civilian arenas.

**Goal of the Current Article**

The current article offers an in-depth examination of the experiences of female fighters and combat supporters during their military service. It also explores what their experiences can teach us about dealing with traumatic events and how the study of female fighters’ trauma adds to the general research knowledge of violence and trauma. By listening to female combatants and combat supporters speaking about their traumas and how they cope with them, we can expand and enrich the existing knowledge about violence and trauma. Thus, the current study adds to the ongoing discourse and theoretical and applied thinking in the field of critical social work regarding trauma and violence in general, and trauma among female combatants in particular.

**Methodology**

We interviewed one hundred female combatants and combat supporters in the IDF, selected using a snowball sampling method. First, they were interviewed in two focus groups, followed by personal interviews.

Their average age at the time of the interviews was 26. The study participants lived in various areas throughout Israel: in the center and periphery, and in cities and small rural localities. With the exception of one interviewee who was born in Ethiopia, they were all natives of Israel, coming from diverse ethnic backgrounds (Europe, the Middle East, or Africa). The participants held a range of religious beliefs and came from various socioeconomic backgrounds. All had completed at least 12 years of schooling.

All the interviewees were drafted into the army at the age of 18 for two years of compulsory service, and volunteered for combat roles. Some served more than three years. They all had completed their military service in the five years prior to the study. The interviewees did their military service in the West Bank, the Gaza Strip, or at checkpoints and along the borders between Israel and the West Bank, the Gaza Strip, Lebanon, Syria and Egypt. The combat soldiers served in a variety of positions in units in the populated areas of the West Bank and Gaza. They served as snipers, combat medics, and other roles in mixed-gender combat battalions such as Caracal, and at border crossings and checkpoints. The combatant support troops performed such functions as driving heavy vehicles in combat units, staffing border patrols, serving in a variety of security positions, and more. In their narratives about their military service, they spoke about both trauma and empowerment.

Participants in the two focus groups were asked to talk about their military service. Subsequently, semi-structured in-depth individual interviews were conducted with one hundred combatants and combat supporters. Each interview lasted between one and two hours. The interviews were recorded and then transcribed, with the consent of each participant. Content analysis was conducted based on the interview transcripts. To maintain privacy, each interviewee was assigned a pseudonym. In order to become more fully acquainted with the interviewees and their inner worlds, special attention was paid to how the questions were asked and the ways in which they told their stories, not only to the content of what they said [85]. The protocol for the interviews focused on general questions regarding their military service, followed by open-ended questions to identify and characterize the ways each female combatant described her own experiences.

Each interview opened with the question: “When you think of military service in a combat zone, what is the first association that comes to your mind?” Other open-ended questions included: “Can you share with us some significant experiences you had during your military service?” and “Is there anything you have not previously spoken about that you would like to talk about today?” As the interviews progressed, direct questions were asked for clarification. The questions were general to allow for a wide range of responses pertaining to trauma as well as a sense of competence and assertiveness. In the narrative analysis, we listened to each interview several times and read the transcripts according to the guidelines of Carol Gilligan’s Listening Guide [86–87].

Recent studies on violence indicate the importance of identifying narratives with multiple and parallel meanings [88] and the various types of violent struggles in which women are involved [89]. Following this, we differentiated between factors pertaining to voice and content, storytelling style, the things that were said as well as those that remained unspoken. This enabled us to identify the female combatants’ perspectives and dilemmas, including about things they did not express directly in words. The analysis familiarized us with the ways in which female combat soldiers deal with the gap between their sense of self and the ethnic, national, and political identities with which they relate, and the identities with which other people expect them to affiliate [90].

**Results**

The results indicate that female combatants’ experiences are complex and include not only traumas but also positive experiences and feelings. Along with having been in traumatic and potentially life-threatening situations and having experienced feelings of fear and shame, the soldiers also felt empowered and valued as a result of their military service. This article presents the female soldiers’ perspectives on their military service, including their ability to continue to function in the field; it also presents indications that dissociative mechanisms were activated as a result. Furthermore, the findings highlight the importance of listening to female combatants’ detailed stories about their traumatic experiences for society in general and social workers in particular.

**Female combatants’ trauma and dissociation alongside competence, assertiveness and strong friendships**

As written, traumatic events are those in which a person is exposed to or witnesses actual or the threat of death, serious injury, or sexual violence [29]. All the interviewed female ex-combatants had been exposed to extreme and traumatic events and employed a variety of means to cope with them afterwards.

Eden, a combat supporter who served in Gaza, described the horror and strain of her role in a war room:

In the war room you see everything...I experienced everything from all directions, at such a level that is difficult to describe...They [terrorists] entered Israeli territory, eight hundred meters from the base, to reach our base...they ambushed us in the war room...Then they penetrated into Israeli territory, started shooting at a lot of people. I actually saw in real life how they kill people...I will never forget it in my life...and I was inside the war room...and this is how you see how [the terrorists] got in...they came in fully armed, throwing grenades...I remember that [Israeli citizens] hid in a car and [terrorists] killed them in the car...the Palestinians came and threw grenades at them in the car, sprayed them [with bullets]...I will never forget it as long as I live...only after it was all over, I went out to smoke a cigarette, suddenly it hits you that someone died...and when you get a break, you suddenly absorb what happened and say “what’s going on here?...it’s not normal.” It was like...this is something that broke me.

The ongoing danger and traumatic sights that the combatants and combat supporters faced on a daily basis were woven throughout their stories. They described a wide range of emotions that were evoked, and various means of coping, both during the events and after they finished their service. For example, focus group participant Reut said that the discussion brought up memories for her. She told the other focus group members that she had forgotten some traumatic events from her military service, and spoke about her “involuntary choice” to remember mostly positive things:

I wondered, while everyone was talking about it [military service], I wondered how many of these things I’d been exposed to. I tried to remember some of the hard things I was exposed to when I was on shift. But I couldn’t remember. I don’t know if I repressed them or didn’t repress them. I don’t…I don’t know. Whenever I think about the army in general, I remember good things…How many things did I go through? But again, no memories come to mind...sometimes I talk to my friends, male soldiers, about what happened to them. It brings up memories, but I don’t know now. Nothing in particular comes up for me. I remember the whole experience, but not the details or the small things.

Reut was disturbed that her selective memory obscured difficult memories from her and focused on the positive ones. In contrast, Talia, a social work student, was troubled that she could not remember in detail a traumatic event she had experienced. She worried about being labelled as having a mental disorder, and wondered if she was suffering from post-traumatic stress disorder (PTSD):

I don’t remember why we chased after him [the Palestinian]. I don’t remember if he was just random person, I don’t remember if he was...I don’t remember what he was [...] Do I have post-trauma if I do not even remember? Now I have to sit with myself and try to remember if I cried during my service. I also wonder why I do not remember it. I really tried to remember.

Naomi spoke about another aspect of disassociation when she described the gap between her military service in the Occupied Territories and going on breaks from the army:

When you go out on the weekends, you see the differences between these places. It’s two completely different worlds. You don’t feel safe. You feel outside of your safe reality...a disconnection...disconnection from home, disconnection from safe places...it’s a strange feeling...disconnection from a safe reality. It seems like another world. It’s like living in a movie. Yes, really, you live in a movie.

Unlike Naomi, who felt outside her safe reality, other female soldiers said that having weapons gave them a sense of safety and security, and after returning their weapons at the end of their military service, they felt unprotected. As Tzahala described it: “When you have on a uniform, you’re in places where you feel much more protected than when you don’t...When you carry a weapon, there is a feeling that you are more protected,” [34] (p. 18).

Ella gave another example when she spoke about her daily routine during her service in the Gaza Strip. She described how she and her commanding officer tried to attribute their fears about tunnels being dug along the Gaza border to wild imagination, finding it difficult to believe they were in real danger:

The women who heard [digging noises] said “I hear something...here’s noise...” so I called my commanding officer, and she tells me, “No [it’s not digging], it’s the cats”...I tell her “There’s a tunnel here, that’s exactly what everyone says”...I remember hearing it. I was sleeping in bed after a night shift, and I heard drilling, then stopping, drilling, stopping. I said to myself “Well, I’m like in the movies too much, and also I’m tired.”

Clearly, the noises were not from someone’s imagination; during Operation Eitan in 2014, it was discovered that tunnels had in fact been excavated under IDF outposts.

Through these and other stories, female soldiers described dissociative processes, manifest in emotional, cognitive, and physical detachment designed to avoid experiencing the full force of events, along with feeling that time was standing still or passing too quickly. For example, Adina spoke about a dissociative process during her service: “You lift your head. You actually see and don’t see...you disconnect.” Michal spoke about the process of emotional adjustment she underwent during her service in a combat zone in Judea and Samaria:

When you are there, and you’re in this situation, you...become desensitized. It’s a lot like you are blocking your emotions...you get used to the situation, because you are there every day and all the time. When you come from outside, it can seem really strange, but when you are immersed in it, you lose all proportion. Something that can seem very strange to a person who comes from the outside, for you it’s already normal, it’s your daily life, your routine.

Later in the interview, Michal added: “When you are there [in the territories] you lose perspective. You look at these situations as if you are an outsider...you block your emotions. This is your reality.” Eliana confirmed this feeling: “You enter a reality so that when you are inside [the territories], you don’t feel anything.”

In contrast, while Tzahala described fears, she also spoke about grave doubts regarding her service:

There are anxieties, yes. When you are at a base that regularly receives detainees, and you see them come in with their eyes covered, and you...these things happen around you all the time, and you have to learn to deal with it.

Tzahala, who served as a combat soldier, said she had moral difficulties participating in evacuating Palestinians from their homes. She said she felt “torn up inside” at the harsh and heartbreaking scenes she witnessed related to the Palestinian civilian population.

In the focus group, Naomi told one participant: “When you spoke, I really wanted to cry.” But, then, addressing another other female soldiers, she added: “But when you were speaking, I felt disconnected, outside...as if from a distance.” Ella responded to Naomi’s comments, saying that in extreme situations: “You see things clearly, very slowly, like in slow motion, really, really slow.”

Alongside these difficulties and complexities, the female soldiers emphasized that they chose to serve in combat roles, and that their service in combat zones had been meaningful. Moran, who served as an operations sergeant in the northern brigade in the Gaza Strip, said:

I was drafted into the army immediately after they abducted Gilad Shalit. It was a very tense time. All day long missiles were fired at the base...Soldiers from our base were wounded...A missile fell in the war room when I was there...All day we’d hear explosions, shots, reports of terrorists crossing the fence. But I chose to be there. If I had not been there, I would probably be sitting in an air-conditioned office and doing nothing...It was a very challenging and meaningful experience. It was strange for me to return home to the center of the country on weekends, where you do not experience such things.

Moran later spoke of the meaning of her military service and how it had developed her sense of personal competence: “After you serve in such situations, you realize that anything is possible in life–the sky is the limit.” In the same spirit, Talia said her challenging military service made a significant contribution to her personal development:

I think many women do not realize their potential during their military service. I really think that service in an area like that [a conflict zone] is an extreme experience that make you mature and shapes your inner self. My memory from the army is very positive. I really liked the structure of the army and the whole experience, especially my unit, which was like my family. I had an amazing experience.

Keren spoke about the meaningful friendships she made in the army:

Friends from the army are friends for life. You go through a lot of things with these people; things you would never go through with friends from civilian life. We really had a good time together. You know they would do anything for you. You trust them one hundred percent. Everyone keeps a lot of good friends from the army.

These narratives indicate that all the interviewed combatants and combat supporters were exposed to traumatic events and severe violence and that each reacted in her own way, including through dissociation. However, alongside these difficulties, they emphasized that they functioned at a high level of capability and noted the importance of the support they received from their fellow soldiers (male and female) and the strong bonds they formed with them.

**The Importance of Listening**

In general, societies tend to avoid listening to stories about the traumas of war. They prefer to speak about heroes, cite numbers and statistics, describe official categorizations regarding PTSD, and use “laundered language.” Listening to real war stories is a difficult and complex task, which can undermine national ethos, morale, and collective memory [91–92]. Soldiers’ and veterans’ real stories of war and political violence may contradict conventional wisdom about security and conflict, and often lie outside the mainstream hegemonic narrative of war [93], [34] (p. 94).

Listening to stories about soldiers’ traumatic experiences during and after their military service can be painful. Indeed, societies and individuals usually do not want to listen to them, as illustrated by Itzik Saidian’s shocking self-immolation, mentioned above. After that incident, many soldiers with severe feelings of distress reached out to social workers, the Natal helpline (Israel Trauma Center for Victims of Terror and War) and other caregivers [3]. Our study also found evidence of the difficulty in listening to stories about other soldiers’ traumatic experiences. For example, Avigail shared with us her difficulty in dealing with her friends’ harsh memories of what they had suffered and admitted that she avoided listening to their stories:

Two soldiers were injured. One was in my unit, another wasn’t. God, how can you bring all this up now? All the things I pushed away...an officer was killed and one of my soldiers was wounded, his [physical] injury was not so severe...He had a battle shock. It was awful. I couldn’t look him in the eye. I shouldn’t be blamed. I don’t feel I was guilty. I was only twenty years old. Someone suddenly went crazy...I remember I went to visit him in rehabilitation and he told me in great detail the whole story of the incident. He was injured, I couldn’t tell him “Come on, I do not want to hear this.” But really, I don’t want to hear...I really do not want to hear [34] (pp. 93–94).

Despite the harsh events they witnessed and the traumas they endured, only six of the 100 interviewees reported having requested psychiatric treatment by professionals, such as social workers, psychologists, psychotherapist or psychiatrists following their military service in areas of ongoing violence and armed conflict. Debbie, a combat medic, recounted in great detail her memories of treating wounded soldiers. Her stories illustrate the ordeals and challenges that many female combatants or combat supporters endured, as well as their tendency to avoid sharing traumatic memories. Debbie’s narrative indicates that exposing aspects of trauma that are usually ignored can enrich our knowledge of war, gender, and trauma, because researchers and other people reading their stories will better understand the complex reality of war:

I remember feeling nothing. Before, I had to pee. But when they brought in the bodies and wounded soldiers, I felt nothing. I did not think about anything. I didn’t need to pee anymore. I did not feel the heaviness I had before. I felt a mixture of things. There was a smell. I remember the smell...A burnt body has a strange smell of burnt plastic. It’s not like a bonfire, it’s a kind of smell...I only smelled it from those bodies. I remember not feeling anything afterwards. One paramedic vomited and another felt nauseous. I ignored it and kept doing things, taking care of them, like this wasn’t part of my life. This interview with you is the first time I’m talking about those bodies, like it’s not part of my life right now [34] (pp. 82–83).

The female soldiers spoke about severe, violent, and potentially traumatic events, intertwined with descriptions of their abilities, performance and sense of agency, leading us to conclude that listening to them is essential. They generally do not talk to their parents and family members about their service in combat zones. Their families are afraid of hearing about it and the soldiers want to protect their families from worrying about them. In response to the question of whether they told their parents or friends about what they underwent in the combat zone, Michal answered:

Every time I spoke with my parents, I was in a hurry to hang up, because I knew that any second a missile would fall here, and that’s it, my mother would die of a heart attack! That is, if she heard the explosion. I did not tell my parents about everything I personally went through. They knew about the chaos from what was being reported in the news, but beyond that I did not tell them. Mainly, I didn’t want to worry them, because I think all our parents had concerns about the roles we were serving, and we didn’t want to add to them. Because to change roles – you don’t change...Every phone call [to the family] was just like “fine, bye-bye bye”...It’s terribly hard to come home and explain what’s really going on and what you’re really going through, and “oh yeah, a missile fell on our brigade.”

Adina added:

Why not tell? Because it would worry them. They really worry. At least – I don’t know about other parents, I’m sure it’s like that…but my parents, my mother was hysterical to such a degree, and not without reason…so to call and tell her, “Yes, I’m waiting,” “Where are you waiting?” “I’m here in the territories and I am waiting for them to come get me.” They could leave me there for four hours waiting for someone to come get me. This isn’t a nice area, the Jordan Valley, where I was. It was where there had been a murder…it’s not a nice place at night. So, it’s better not to tell these things, or only to tell them afterwards. So, now, I can let these things out. If there is some incident, I can just throw it out something like, “Oh, I was at a checkpoint there.” Or something like that…

Lilit shared with us a different perspective on telling stories and listening. With great anger, she said:

What I went through in the army, no one believed it. No one would believe what we did…you tell yourself, I am doing something so meaningful in the army. I, *walla*, I am a young woman and not many young women come to these places… but many people didn’t believe me about a lot of things like that…so at some point, I stopped talking about the army. Why did I stop talking? Because my friends didn’t believe me. Nobody did service like that.

The soldiers’ difficulty in talking about their traumatic experiences and listening to those of others stays with them throughout their lives, during and after their military service. Many female soldiers said this was the first time they had told anyone about these difficult and traumatic events. They had not spoken about them before, either because they didn’t want to cause other people to worry, or out of shame. Some felt ashamed about things they had done during their military service. Some felt shame in admitting their weaknesses, or were afraid of the reactions from people around them. This finding about their feeling silenced raises a question regarding to what extent society allows soldiers (male or female) to feel secure and enables them to restore their confidence through recounting their stories and thereby rebuilding the connections between trauma victims and their society and community [1].

**Discussion and Conclusions**

A foundational principle of the social work profession is to focus on the wellbeing of individuals, the family, and the community in a social context. According to the *Code of Professional Ethics of Social Workers in Israel* [6] (p. 7) the primary missions of social workers of improving people’s quality of life and wellbeing, promoting social justice and equality, assisting in exercising social rights, and finding professional responses to people’s needs. Social workers must pay special attention to people who are disadvantaged, discriminated against, living in poverty, and socially marginalized or excluded, so they can help empower them and include them in society. The awareness that all human beings are vulnerable requires social workers to “be there” for others. The *Code of Ethics* emphasizes that ethical social work practice means striving to treat human beings with dignity and humanity.

In her pioneering study, Lomsky-Feder [19] found that contrary to prevailing assumptions found in psychological studies of ex-combatants, Israeli men do not necessarily see war as a traumatic event. Although military service during a violent conflict is a significant occurrence, it fits into their expected life trajectory, and the soldiers she interviewed had “normalized” their traumatic experiences. This leads Lomsky-Feder to speculate about what cultural criteria define who can perceive war as a crisis and who is expected to normalize it.

Reflecting Lomsky-Feder’s perspective on combatants, the current research sought to listen to the narratives of female combatants and combat supporters in order to continue the investigation regarding how to determine social and professional standards pertaining to their traumatic experiences, and to find the most appropriate ways to make their voices heard. The female soldiers interviewed in this study volunteered for dangerous roles in their military service, which placed them in potentially traumatic situations. They chose to serve their country by fulfilling roles that are considered prestigious. This research is a pioneering step in examining and analyzing how female soldiers cope with traumas resulting from being in combat or combat-related situations. The findings reveal the complexities faced by female soldiers in this sociopolitical reality. The study sheds light on their challenges and personal and moral dilemmas, as well as their strengths, abilities, and the benefits they derive from their military service. Listening to these women’s war stories enabled us to learn about their experiences and to investigate in depth issues related to trauma and the mental, emotional and social processes relevant to female combatants. We heard many diverse voices of female combatants and combat supporters who served in conflict areas and learned of their various ways of coping. This raises questions that are highly pertinent and relevant to the social work profession regarding how trauma and dissociation are perceived and how to approach these issues through research about trauma and its treatment. In addition, the study indicates the extent to which social workers tend to focus on trauma victims’ problems and sufferings, but give little attention to their resources, strengths and capabilities [94].

Violent armed conflict and war have an impact soldiers’ mental, physical, and emotional wellbeing and can cause distress symptoms manifested in PTSD, anxiety, and depression [95–98]. In terms of methodology, drawing on narratives and conducting a content analysis of the data allows for a comprehensive and multidimensional data dissemination of combatants’ experiences and internal conflicts while serving in war zones. The interviewed female soldiers faced traumatic situations on a daily basis. Listening to their narratives revealed their dilemmas and difficulties, as well as the defense mechanisms they use that enable them to continue to function for extended periods of time in circumstances of continual stress and pressure. Evidently, dissociative processes were activated as essential defense mechanisms to ensure the female combatants’ emotional and physical survival while dealing with this complex reality. Dissociative processes are also found among victims of complex trauma [99]. Dissociative mechanisms, as a means of dealing combat trauma, apparently enabled these female combatants and combat supporters to separate part of their selves from their conscious awareness in order to maintain their mental health in a militaristic and patriarchal society [40] (p. 33). This mechanism may also help in dealing with potentially traumatic events and experiences and ethical conflicts during conflict in civilian areas [100–101]. It is a kind of “protective armor” that allows combatants to function under these conditions [27] and helps reduce the intensity of “moral injury,” [102]. The female combatants interviewed in our study described encountering moral dilemmas, but did not explicitly talk about moral injury [102]. However, the challenges they face are intensified and exacerbated by the largely masculine environment and rigid military hierarchical framework. After finishing their military service, most of these women continued in their new reality as veterans in civilian life, without developing symptoms of distress or PTSD or dissociative disorder. This suggests that describing traumatic and dissociative experiences does not necessarily indicate the development of pathological disorders. According to van der Kolk [103], mental health professionals pay excessive attention to the diagnosis of PTSD rather than listening to narratives of traumatic events, and this seriously hinders their understanding of people’s physical and mental responses to trauma. This claim is confirmed by the finding presented above regarding Talia’s concern that she would be labelled as suffering from PTSD solely because she was unable to remember certain aspects of a traumatic event.

Combatants and combat supporters constantly find themselves in danger from rocket fire or violent clashes, and are exposed to situations that are potentially traumatic for themselves or their fellow soldiers. They also face moral dilemmas. In order to analyze this study’s findings and understand their significance, it is necessary to consider the Israeli sociopolitical context and life routine, including the centrality of the military in the country [104–105]. In a society in which military service in general, and combat duty in particular, are viewed as symbols of good citizenship, activating dissociative mechanisms during service in a war zone helps combatants reduce internal conflict and continue to fulfill their duties. Izraeli, a pioneer of research on IDF combatants, noted that Israeli children are raised with the values of military service and defending the state and learn what is expected of them from a very young age [107] (p. 208). In Israeli society, where the military holds a central role and combat is perceived as inevitable, detachment and disassociation enable soldiers (male and female) to distance themselves from their traumatic experiences and return to civilian life after completing their miliary service, without necessarily developing symptoms of mental distress. This raises a question: Is there a price to be paid for using detachment and disassociation mechanisms, in terms of one’s personal, social, and political life as a civilian following army service?

According to Herman [1], giving testimony or being interviewed can be therapeutic. It is important simply to know that someone is listening to what one has to say about trauma. This explains why the interviewed combatants and combat supporters felt a great need to share their experiences. Social work can mediate between the state and female soldiers (or soldiers in general). Social workers role is to hear their voices and distress with empathy, and to ensure that they receive an appropriate response. As stated in the *Code of Professional Ethics of Social Workers in Israel* [6] (p. 8), social work draws attention to the environmental forces that affect people and their quality of life.

Furthermore, we ask what is the responsibility of the critical social work approach, in terms of directing the discourse on mental health and pathology, the study of violence and trauma, and victims’ treatment. Should social work focus primarily on developing therapeutic skills and adopting approaches to individual and group treatment? Can this be done without any critical reference to the sociopolitical context in which combatants were exposed to – and perhaps perpetuated – violence? After all, the state mobilized them to fight. The trauma of using force and the trauma they themselves experienced are integral to their role as agents of the state.

How can social work today lead to the creation of a new and different discourse, one that emphasizes the costs of violence as an intervention and solution in the sociopolitical context? What is the state’s responsibility to protect the mental and physical health of male and female fighters? How can mental health issues be exposed without labelling people? These issues require in-depth follow-up research.