

Research Brief

A New Generation of Women Veterans: Stressors Faced By Women Deployed to Iraq and Afghanistan

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Research Highlights:

- Since female veterans have not been exposed to extensive combat until recent conflicts in Iraq and Afghanistan, their experiences of combat still differ significantly from those of male veterans. Because of these variations in experience, the physical and mental health burden of female veterans differs from that of male veterans.
- Female veterans were more likely to handle human remains than male veterans (38% vs. 29%), yet male veterans were more likely to have engaged in fire fights (47% vs. 36%) and to have reported shooting or directing fire at the enemy, unmarried, had a high school education or less, and had poor mental health status. Recent combat exposure and having been deployed multiple times increased the likelihood of employment.
- Additional research is necessary to determine a gender difference in mental health burdens after combat and war zone deployment, as well as empirical data on women's experiences with gender harassment and lack of support from military personnel.

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Abstract:

“The extent of female service members’ involvement in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), in terms of both the number of women deployed and the scope of their involvement, is unprecedented. While many of the mental health readjustment issues of female service members are likely to mirror those of the majority male Veteran population, this newest generation of women Veterans may also face unique threats to their mental health. The goal of this review is to highlight emerging issues relevant to the development of posttraumatic stress disorder (PTSD) among women deployed to Iraq and Afghanistan by reviewing the existing literature on gender-relevant issues among this cohort, as well as raising theoretically important issues that are worthy of further empirical investigation. Topics addressed include gender differences in combat experiences and in PTSD following combat exposure; sexual assault, sexual harassment and other interpersonal stressors experienced during deployment; women Veterans’ experiences of premilitary trauma exposure; and unique stressors faced by women Veterans during the homecoming readjustment period. Given that most models of the impact of war zone deployment on PTSD are predicated on the experiences of male service members, women’s expanding role in combat operations presents both an opportunity and a challenge to adapt these models to more effectively capture the experiences of female service members.”

Implications

For Practice

Female service members face unique challenges and issues upon deployment and during their military service that can result in a burden of illness unlike that of their male counterparts. Because women have not been extensively exposed to combat until recent wars, public perception of female veterans often differs from that of male veterans. Although acceptance of female veterans has increased in recent decades, some sectors of society may still hold the ideas that women are not “real veterans,” or exposed to “real danger.” These ideas can impact female veterans’ homecoming and may generate a stressful environment in which female veterans feel invalidated and unsupported after service, possibly resulting in poorer health outcomes. The results of one study of female Vietnam veterans showed that this kind of homecoming reception significantly mediated the relationship between post-deployment PTSD incidence and trauma exposure. Interventions based on educating the public and exploring female veterans’ identities as service members may be beneficial in addressing these issues. In addition, educational programs that identify barriers to physical and mental healthcare can be beneficial for both female veterans and their healthcare providers.

For Policy

Although Congress and the Department of Veterans Affairs (VA) have worked to increase access to and quality of services for female veterans, the data in this article suggest that female veterans still have difficulty seeking services. Policy makers should continue to promote access to evidence-based therapies such as cognitive processing therapy and prolonged exposure, often utilized to address PTSD secondary to combat trauma or sexual trauma. In addition, some populations of female veterans, for example military mothers, have additional needs. Military mothers are three times as likely to be single parents, and five times as likely to have a military spouse up for possible deployment. Therefore, policy makers should focus on provisions of childcare or assistance in finding childcare for military mothers as well as coping mechanisms for children with deployed parents. Because military mothers are also more likely to have lower socioeconomic status, policy makers may also explore childcare subsidies for veterans who need significant assistance in order to afford childcare during deployment, or support family members while they are deployed. These issues are of particular concern for women in the National Guard and Reserve, as they are less likely than active duty women to have childcare and domestic infrastructure in place, especially if serving as primary caregiver before deployment.

For Future Research

Across all areas of study, larger samples of female veterans and longitudinal data are necessary to allow for sufficient analysis of gender differences. The authors point out that no study in their review oversampled women or equalized the number of female and male veterans in the sample to examine gender differences in combat experiences. Future researchers should perform systematic research to describe the combat experiences of OEF/OIF female veterans, as well as the differences in specific combat experiences even when men and women report similar levels of combat exposure. Future research should utilize sampling strategies that ensure a nationally representative sample and operationalizations of combat exposure that are more sophisticated, addressing the range and nature of potential exposures for all service members. These operationalizations can provide a more accurate analysis of the different ways in which war zone service impacts men and women. Empirical data on female service members’ experiences of sexual trauma are also needed, as well as data on the interactions of interpersonal stress experienced by female service members, which includes gender harassment and limited social support from other military service members. Finally, researchers should explore the mental health consequences of these experiences and the ways in which these consequences may differ in the context of war zone deployment.

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