

Female Veterans of Iraq and Afghanistan Seeking Care from VA Specialized PTSD Programs: Comparison with Male Veterans and Female War Zone Veterans of Previous Eras

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RESEARCH HIGHLIGHTS:

- Female veterans' increased war zone exposure has led the VA to evaluate and adjust its treatment programs to address their specific health needs. However, there has been no system-wide gender comparison focused on veterans seeking help with PTSD.
- In this study, researchers found that women from earlier service eras had more severe psychopathology and fewer social supports than women from the Iraq/Afghanistan conflicts, and were more likely to be exposed to both sexual and noncombat nonsexual trauma.
- Compared to male veterans who served in Iraq/Afghanistan, female veterans were exposed to different types of trauma, had different types of psychopathology including alcohol dependence, and had fewer social and economic supports in place.

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ABSTRACT:

“Background: Differences in the characteristics and mental health needs of female veterans of the Iraq/Afghanistan war compared with those of veterans of other wars may have useful implications for VA program and treatment planning. Methods: Female veterans reporting service in the Iraq/Afghanistan war were compared with women reporting service in the Persian Gulf and Vietnam wars and to men reporting service in the Iraq/Afghanistan war. Subjects were drawn from VA administrative data on veterans who sought outpatient treatment from specialized posttraumatic stress disorder (PTSD) treatment programs. A series of analyses of covariance (ANCOVA) was used to control for program site and age. Results: In general, Iraq/Afghanistan and Persian Gulf women had less severe psychopathology and more social supports than did Vietnam women. In turn, Iraq/Afghanistan women had less severe psychopathology than Persian Gulf women and were exposed to less sexual and noncombat nonsexual trauma than their Persian Gulf counterparts. Notable differences were also found between female and male veterans of the Iraq/Afghanistan war. Women had fewer interpersonal and economic supports, had greater exposure to different types of trauma, and had different levels of diverse types of pathology than their male counterparts. Conclusions: There appear to be sufficient differences within women reporting service in different war eras and between women and men receiving treatment in VA specialized treatment programs for PTSD that consideration should be given to program planning and design efforts that address these differences in every program treating female veterans reporting war zone service.”

Implications

FOR PRACTICE

Among female veterans receiving treatment for PTSD in VA specialized programs, those who served in the Iraq/Afghanistan conflicts had more social supports and less severe psychopathology than those who had served in Vietnam. Women who served in the first Persian Gulf War also had less severe psychopathology and more social supports than Vietnam-era female veterans; however, they had more severe psychopathology and were more likely to have been exposed to sexual and noncombat nonsexual trauma than those who served in Iraq or Afghanistan. These results could indicate that a larger time lapse between treatment and war zone exposure increases the risk of mental illness, meaning that it is important to provide psychiatric care to veterans immediately post-service. Compared to male veterans overall, female veterans had difference types of trauma exposure, different psychopathology, and fewer social and economic supports in place. Programs aimed at improving veterans' mental health care and managing symptoms of PTSD should take into account the different traumas and levels of exposure among veterans of different genders, as well as different service periods. Female veterans with war zone service experiences may need programs with more social support, including employment assistance, and those from the Vietnam era may need additional mental health care if there has been a time lapse between service and treatment.

FOR POLICY

While women are more likely to have been exposed to sexual trauma and noncombat nonsexual trauma, they are less likely to have been exposed to hostile or friendly fire. Consequently, men are more frequently diagnosed with PTSD, alcohol abuse/dependence, and medical problems; women are more frequently diagnosed with anxiety disorders other than PTSD and mood disorders. These comparisons provide information that can significantly improve treatment and intervention processes for both male and female veterans. Policy makers should consider the institution of policies mandating the provision of optional separate programs for female veterans or gender-specific treatment modules addressing anxiety and mood disorders. Since women have fewer social supports than men and are less likely to be married and more likely to be unemployed, policy makers should address these issues for veteran women as well with policies directed at increasing financial and social assistance for women veterans, specifically those who are unemployed, underemployed, and those with children.

FOR FUTURE RESEARCH

Although this study used a nonrandom sample of veterans, future studies should aim to draw random samples of veterans from a variety of age, service, and ethnic backgrounds. This will provide a study population more representative of the veteran population overall, and allow for more generalizability of the study results beyond veterans who have actively sought out treatment in VA-specialized PTSD programs. Future researchers can also focus on data collection from multiple cohorts of Iraq/Afghanistan veterans, as the majority of Iraq/Afghanistan veterans participating in this study were from the first cohort of troops in the Iraq war. Veterans who served multiple tours, as well as those serving in the most intense stage of insurgency, are underrepresented in this study and could have significantly different service experiences, as well as an increased risk of mental health issues. Future research involving comparisons between multiple service cohorts, veterans with war zone service in multiple eras and those with no war zone service experience can provide rich, useful data to potentially improve veterans health and treatment programs.

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