

The Influence of Combat and Interpersonal Trauma on PTSD, Depression, and Alcohol Misuse in U.S. Gulf War and OEF/OIF Women Veterans

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RESEARCH HIGHLIGHTS:

- Almost half of all women veterans have experienced traumatic life events in addition to combat. In this study, researchers examined the effects of combat exposure and other lifetime traumatic experiences on the severity of Post-Traumatic Stress Disorder (PTSD), and depression symptoms and alcohol misuse in women veterans from the Gulf War and OIF/OEF conflicts.
- About 27% of women veterans reported having experienced combat exposure or childhood sexual assault, while 16.5% reported childhood physical assault, 7% reported childhood neglect, and 21.7% reported adult sexual assault.
- Among women reporting combat exposure, higher alcohol misuse, PTSD, and depressive symptoms were found, while there was no significant relationship between other types of trauma and poorer mental health outcomes after accounting for the impact of combat. These results indicate the importance of mental health care diagnosis and treatment for women veterans who have experienced combat exposure.

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ABSTRACT:

“The present study evaluated the impact of combat and interpersonal trauma exposure in a sample of 115 U.S. women veterans from Gulf War I and the Iraq and Afghanistan wars on 3 post deployment trauma-related mental health outcomes: post-traumatic stress disorder symptoms (PSS), depressive symptom severity (DSS), and alcohol misuse. Patients presenting for healthcare services at a Veterans Affairs post deployment health specialty clinic completed screening questionnaires that assessed combat exposure, lifetime interpersonal trauma history of childhood neglect, physical, or sexual abuse, and adult sexual and physical assault. In a regression model, combat exposure was the only significant independent variable associated with PSS, DSS, and alcohol misuse ($\beta = .42, .27$ and $B = 1.58$, respectively) even after adding lifetime interpersonal assault exposure to the model. Results highlight the negative effects of combat exposure on treatment-seeking women veterans’ post deployment mental health. Incorporating combat exposure into routine screening procedures for Gulf War and Iraq and Afghanistan war women veterans can aid in mental health treatment planning.”

Implications

FOR PRACTICE

Few studies have focused on the relationship between trauma type and mental health outcomes for women veterans, especially those who have experienced combat. With women veterans representing 11-14% of military personnel serving in the OIF/OEF conflicts, it is important to evaluate the impact of deployment and combat exposure for women soldiers. Mental health professionals and family members should be aware of the adverse effects of combat on women veterans, specifically in regards to mental health. Other lifetime traumatic events were not significantly related to PTSD or depressive symptoms or alcohol misuse after accounting for combat exposure in the sample of women studied, suggesting that combat exposure has severe adverse effects on the mental health of women veterans returning from recent conflicts. Mental health professionals should provide careful evaluation of women veterans, especially those with higher levels of combat exposure, to ensure they are receiving any needed care for PTSD, depression, or alcohol misuse. Family and community members of women veterans from recent conflicts can also provide the social support necessary to ensure that women veterans seek out any additional needed care, and follow through with physician appointments and treatment programs.

FOR POLICY

Future policies addressing practices following combat exposure can be particularly beneficial for women veterans. While deployed, women veterans may need to be examined clinically after experiencing combat and receive counseling. Veterans should be encouraged to seek routine mental health evaluations and treatment through the VHA post-deployment services as well, to determine whether they are experiencing PTSD, depression, or other mental health issues. While past research has also shown the adverse effects of combat exposure on all veterans, policy initiatives targeting women veterans are still important, as women veterans are still underrepresented in the military. Upon reintegration, policymakers may consider implementing required exit counseling for woman veterans, as this could allow military personnel to address the relationship between mental health and combat exposure, as well as any available treatment options and resources.

FOR FUTURE RESEARCH

While the present study provides insight into the mental health of women veterans experiencing combat exposure, there are some limitations. Although this study found childhood abuse did not predict depressive symptoms in women veterans, previous research has found the opposite to be true. Future studies should reexamine this issue with larger, more diverse samples of women veterans to further understanding of the complex relationship between childhood trauma, combat trauma, and mental health outcomes for women veterans. Samples of women veterans should also be drawn from more diverse locations, as this study focused on only 115 women from a particular VA clinic, and many women veterans may not even receive treatment at VA hospitals. Future research should also distinguish between adult sexual assault prior to, during, and following military service, as trauma during military service may be particularly detrimental to women veterans' mental health outcomes. Measures of post-traumatic stress used in this study may not be sensitive to non-military related stress, so future researchers may need to improve measurement of PTSD symptom severity, as well as utilizing clinical interviews and more detailed assessments to examine lifetime and combat related trauma exposure. Finally, researchers relied on self-report for this sample; in future research clinician evaluations of the mental health status of the women veterans should be included to ensure the validity of responses.

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