



Women at War: Understanding How Women Veterans Cope with Combat and Military Sexual Trauma

PUBLICATION: *Social Science & Medicine* (2012); 74, 537-545.

PUBLICATION TYPE: Peer-Reviewed Journal Article

KEYWORDS: Coping, adaptation, mental health, sexual harassment, stress, trauma, women, Iraq, Afghanistan, USA, veterans, war

RESEARCH HIGHLIGHTS:

- Women are increasingly more involved in all aspects of military service, including combat, and are often subjected to sexual harassment or assault. Little research has been conducted on how female service members manage combat and sexual traumas. Through semi-structured interviews, the authors work to understand how women in the military overcome trauma from combat and sexual assaults.
- Women veterans cope with stress from trauma somewhat differently than their male counterparts. While both female and male veterans might self-isolate and avoid treatment, several women veterans reported an inclination to conduct activities in isolation, such as shopping or exercising. Positive coping strategies were usually associated with reconnecting with support networks.
- Implications include the need for gender-specific treatment and counseling to address specific traumas, such as sexual assault.

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ABSTRACT:

“The wars in Iraq (Operation Iraqi Freedom, OIF) and Afghanistan (Operation Enduring Freedom, OEF) have engendered a growing population of US female veterans, with women now comprising 15% of active US duty military personnel. Women serving in the military come under direct fire and experience combat related injuries and trauma, and are also often subject to in-service sexual assaults and sexual harassment. However, little is known regarding how women veterans cope with these combat and military sexual trauma experiences once they return from deployment. To better understand their experiences, we conducted semi-structured interviews with nineteen OEF/OIF women veterans between January and November 2009. Women veterans identified stressful military experiences and post-deployment reintegration problems as major stressors. Stressful military experiences included combat experiences, military sexual trauma, and separation from family. Women had varying abilities to address and manage stressors, and employed various cognitive and behavioral coping resources and processes to manage their stress.”

Implications

FOR PRACTICE

Women veterans who experience traumas during military service should consider seeking counseling to ensure healthy coping strategies. Women veterans should remember that therapy and support groups are available to them through many venues, including the VA and community based programs. A majority of women veterans noted that they did not advocate for services they needed. Women veterans should vocalize their needs to the VA and their healthcare providers. Social relationships with women veterans who have successfully reintegrated after deployment can validate a shared experience and provide healthy coping skills for reintegrating women veterans. Therefore, women veterans should form support networks with other women veterans to discuss difficulties readjusting and mental health concerns. Health professionals should continue suggesting healthy coping mechanisms, such as exercising, listening to music, and sustaining positive, strong social networks. Family members and friends of returning women service members should remain supportive of their family member, keeping in mind that every service member copes differently.

FOR POLICY

The DoD might revise its planning tools to assist female veterans with readjustment for mother and family post-deployment. The VA may continue adapting their numerous services to address the specific needs of female veterans by offering support groups where older female veterans can offer guidance and support to younger female veterans. The VA might develop more gender-specific mental health and substance abuse counseling programs. Gender-specific programs might aid women in coping from traumas they are sometimes subjected to because of their gender. Since some women do not seek care from the VA, the VA might form collaborative relationships with community and state level agencies to ensure that all female veterans receive necessary care. The VA and higher education institutions might form partnerships to ensure that female student veterans are receiving the services they need to readjust. Policymakers might allocate funding towards the creation of non-VA affiliated mental health and substance abuse counseling programs for women veterans who do not acquire services from the VA. In addition to having to develop coping techniques from trauma, many women veterans expressed concern for child care services while they were being treating for mental health. Policymakers might explore creating additional child care support services for women veterans in counseling or treatment.

FOR FUTURE RESEARCH

Future researchers should explore reasons behind many women veterans feeling undeserving of VA services and investigate why women veterans do not advocate for their mental health needs. Future researchers should collect more semi-structured interviews to gain a greater understanding of the needs and coping strategies of women veterans. Women veterans in this study ranged in age and length of time separated from service. Future studies should aim to compare similarities and differences between age groups and length of time separated from military service. In this study, all the participants were receiving services from the VA. Future researchers should expand this study to include women veterans who are not currently receiving treatment from the VA. Future researchers should take a longitudinal approach to examine how women veterans cope with combat and sexual trauma over periods of time. Future researchers can complicate the data using several variables, such as whether the women veterans have been using VA services regularly. Future researchers might investigate if military service branch and job assignment affect coping practices.

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