

Women at War: The Crucible of Vietnam

PUBLICATION

AUTHORS:	Anica Pless Kaiser, Ph.D.; Daniel H. Kabat, M.S.; Avron Spiro III, Ph.D.; Eve H. Davison, Ph.D.; Jeanne Mager Stellman, Ph.D.
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ABSTRACT

“Relatively little has been written about the military women who served in Vietnam, and there is virtually no literature on deployed civilian women (non-military). We examined the experiences of 1285 American women, military and civilian, who served in Vietnam during the war and responded to a mail survey conducted approximately 25 years later in which they were asked to report and reflect upon their experiences and social and health histories. We compare civilian women, primarily American Red Cross workers, to military women stratified by length of service, describe their demographic characteristics and warzone experiences (including working conditions, exposure to casualties and sexual harassment), and their homecoming following Vietnam. We assess current health and well-being and also compare the sample to age- and temporally-comparable women in the General Social Survey (GSS), with which our survey shared some measures. Short-term (<10 years) military service women (28%) were more likely to report their Vietnam experience as “highly stressful” than were career (>20 years; 12%) and civilian women (13%). Additional differences regarding warzone experiences, homecoming support, and health outcomes were found among groups. All military and civilian women who served in Vietnam were less likely to have married or have had children than women from the general population, $\chi^2(8) = 643.72$, $p < .001$. Career military women were happier than women in the general population (48% were “very happy”, as compared to 38%). Civilian women who served in Vietnam reported better health than women in the other groups. Regression analyses indicated that long-term physical health was mainly influenced by demographic characteristics, and that mental

health and PTSD symptoms were influenced by warzone and homecoming experiences. Overall, this paper provides insight into the experiences of the understudied women who served in Vietnam, and sheds light on subgroup differences within the sample.”

RESEARCH HIGHLIGHTS

- Little research has been conducted on the experiences of women who served in the Vietnam War. This study assesses the gap by comparing the experiences of military and American civilian women (primarily American Red Cross Workers) deployed during Vietnam to similarly aged civilian women who were not deployed. This study takes into account warzone experience, stress level, homecoming experience, and current health and well-being.
- Researchers found that, when responding to seven questions related to workplace stress, each on a 5-point scale, (1=never experienced, 5=often experienced), women with less than 10 years of military service reported the highest levels of stress. Women also used the same 5-point scale, to respond to 4 questions related to sexual harassment (e.g. crude remarks or forcible sex). American civilian women in Vietnam were most likely to have reported sexual harassment compared to women with less than 10 years of military service and women who served more than 20 years in the military. Post-traumatic stress disorder (PTSD) scores that were higher than were most related to reports of workplace stress, sexual harassment, encountering casualties and lack of community support.
- Service women who served more than 20 years in the military were more likely to consider themselves very happy (48.3%) compared to women who served less than 10 years (35.9%) and similarly aged American civilian women (35.9%). Servicewomen who served less than 10 years in the military were the most likely to report being in excellent physical health (25.7%) compared to servicewomen who served more than 20 years (24.5%) and American civilian women in Vietnam (23.2%).
- Even with the many positive career advances women in Vietnam experienced, there were several long-term health consequences. Many of the concerns voiced by the women who served in the Vietnam War are concerns women serving in the military day express. To better care for today’s servicewomen, further research and community-wide programs that support servicewomen and women veterans are needed.



IMPLICATIONS

FOR PRACTICE

For many of the women surveyed, their experience in Vietnam provided them with leadership opportunities that they would not have had if they had not engaged with the military or the American Red Cross. Women who have served in the military as members or civilians should continue to utilize the many traits they learned in the military, indulging how to be a leader and serve others. Due to the strong link between perceived community support and positive mental health outcomes, there is a need for more community-based programs for recently separated women veterans. Organizations serving the community should create more programs that encourage women veterans and civilian women who engaged with the military to participate in community service projects. In addition to providing community support, community based programs should also consider informing recently separated women veterans of mental health benefits that are available to them. Primary care providers (PCPs) should educate themselves on the many challenges specific to veterans, such post-traumatic stress disorder. Based on the findings presented, PCPs should be prepared to assist women veterans with PTSD effectively handle with workplace stress so that it does not further aggravate their PTSD.

FOR POLICY

The Department of Defense (DoD) might continue educating service members on what is military sexual trauma (MST), how to prevent it, and available resources after a MST. To help the many women veterans who are experiencing post-traumatic stress (PTS) decades after their military deployment(s), the Department of Veterans Affairs (VA) might conduct research on and implement internal programs that aid women in effectively addressing PTS. Since many of these women work in the civilian labor force, it might also be beneficial to offer programs that help women veterans struggling with PTSD appropriately handle work place stressors. To further meet the healthcare needs of women veterans, especially those who have served in combat, the VA might expand healthcare services offered to women veterans. The VA and state departments of health (DOHs) might collaborate to create campaigns that inform veterans of their mental health benefits. Policymakers might fund programs that address both physical and mental health concerns for women who were deployed into a combat zone, but do not qualify for healthcare through the VA.

FOR FUTURE RESEARCH

Though the authors determined that there is a relationship between military service and physical health, the authors were unable to determine the direction of the relationship. Future research on military service and physical health should attempt to determine the cause of this relationship by examining the types of women drawn to the service. Additional research on military service and physical health should examine whether women drawn to military service are naturally healthier and resilient. It might also be beneficial to conduct a longitudinal study. In this study, the researchers found that women who are slightly older (31 years old compared to 24 years old) when they deploy have fewer mental health concerns. Future researchers should continue examining the impact of age on a service member's experience, particularly women. Other factors that should be studied to better understand the impact of age on military experience include familial relationships and prior work experience and training. Future researchers should examine which aspects of serving in the military as a career (e.g. increased benefits, higher rank, etc.) are linked to positive health outcomes. This type of research will help clarify why women who served for more than 20 years in the service had more positive long-term health outcomes. Another limitation of this study is that survey collection took place in the 1990s, several decades after the Vietnam War. Future studies should continue considering the experiences of women in the military, specifically those serving in combat zones.

AUTHOR INFORMATION

Anica Pless Kaiser, Ph.D. ^{1,2}

Daniel H. Kabat, M.S.

Avron Spiro III, Ph.D.

Eve H. Davison, Ph.D.

Jeanne Mager Stellman, Ph.D.

¹ anica.plesskaiser@va.gov

² Behavioral Sciences Division, VA National Center for PTSD, VA Boston Healthcare System; Department of Psychiatry, Boston University, School of Medicine