

Impact of Military Trauma Exposures on Posttraumatic Stress and Depression in Female Veterans

PUBLICATION

AUTHORS: Lizabeth A. Goldstein, Ph.D.;
Julie Dinh, B.A.;
Rosemary Donalson, Psy.D.;
Claire L. Hebenstreit, Ph.D.;
Shira Maugen, Ph.D.

SOURCE: *Psychiatry Research*, 249, 281-285

DATE: 2017

TYPE: Peer-Reviewed Journal Article

LINK: <https://doi.org/10.1016/j.psychres.2017.01.009>

KEYWORDS: Combat, military sexual trauma, PTSD, veterans, women, research reviews

ABSTRACT

“Previous research has demonstrated the deleterious effects of traumatic military experiences on symptoms of posttraumatic stress disorder (PTSD) and depression in female veterans. However, more research is needed to identify the unique predictors of distressing psychological symptoms when both combat-related and sexual trauma are considered, particularly as women’s combat exposure in the military increases. Female veterans who had attended at least one appointment at a large Veterans Health Administration medical center were invited to complete questionnaires about traumatic military exposures and psychiatric symptoms. A total of 403 veterans responded, with 383 respondents’ data used in analyses. Multiple regression analyses were conducted with trauma exposure items entered simultaneously to determine their association with symptoms of (1) PTSD and (2) depression. Sexual assault had the strongest relationship with both posttraumatic and depressive symptoms. Sexual assault, sexual harassment, feeling in danger of being killed, and seeing others killed/injured were associated with symptoms of PTSD, but only sexual assault and sexual harassment were associated with symptoms of depression, even when accounting for several aspects of combat exposure. Improving assessment for trauma exposure and developing treatments personalized to type of trauma experienced are important clinical research priorities as female service members’ roles in the military expand.”

RESEARCH HIGHLIGHTS

- Female military members are at an increased risk of experiencing sexual assault than male service members and civilian counterparts. Considering more women are serving in the military, it is important to understand their health care needs. Surveying 383 women veterans who have received care at the Veterans Health Administration (VHA), this study aims to understand women’s exposure to combat stressors and investigate the association between combat stressors and depression and post-traumatic stress disorder (PTSD).
- In the study, 90 percent of the women reported experiencing at least one instance of military trauma exposure, with the average number reported being 2.6 exposures. Almost 35 percent of women veterans met the clinical criteria for PTSD and 30 percent were rated as having at least moderate depression.
- Women veterans who experienced military sexual trauma (MST) were much more likely to screen positive for depression and PTSD than those who did not experience a MST. Veterans who felt in danger of being killed, witnessed someone being killed, or experienced a MST had greater stress symptoms.



IMPLICATIONS

FOR PRACTICE

Given that nearly 1 in 3 service women have experienced military sexual trauma (MST), service women and women veterans who have experienced a MST should seek counseling and medical support. Women who have experienced a MST should also considering joining support networks. Health care providers should continue maintaining confidentiality when patients disclose a MST and inform service members and veterans of available services. Healthcare providers should continuously evaluate the best screening procedures for MST for women and men service members and veterans. Health care providers and professionals should seek to create an environment conducive to reporting MST for female veterans and service members. Further, as primary care providers (PCPs), are often the first line of contact for female veterans, they should be trained to appropriately screen and treat disorders related to female veterans' physical and mental health. Healthcare providers and professionals should be cognizant of MST diagnostic information and utilize practices that encourage disclosure. PCPs should refer women who may be experiencing negative mental health impacts following their sexual trauma to appropriate medical professionals, including mental health counselors. To ensure the maximal number of veterans are receiving medical care, PCPs should consider more frequently using telehealth sessions.

FOR POLICY

The Department of Defense (DoD) and Department of Veterans Affairs (VA) may conduct internal studies on the specific experiences of service women and women veterans. Given the discrepancy in the number of MST reports between active duty service women and women veterans utilizing the Veterans Health Administration (VHA) facilities, the DoD and VA might explore the barriers that prevent or discourage reporting of MST. The DoD also is encouraged to study how MST can impact a service woman's ability to complete her duties and how it can best support service women who have experienced MST. As a preventative measure, the DOD might further consider implementing comprehensive pre-deployment education on MST for all service members. The VHA might consider reviewing their internal policies related to mental health screenings. Given the strong link between depression and MST, it is important for the comprehensive care of female veterans that they are screened for and treated for MST simultaneously. Given that many service women report MST after being discharged, the DoD might partner with the VA to better understand why servicewomen who reported MST to the VA did not report it through traditional channels during service.

FOR FUTURE RESEARCH

This study underscored the necessity of continued attention to MST and PTSD and depression among female veterans. Despite the advances in the research, there are several limitations, and areas of future research. A limitation of this study is that the sample was limited. Future researchers should expand their sample population, to include female veterans from varying geographic locations, and veterans not utilizing VHA care. Researchers may also increase sampling strategies to include phone calls and emails. To improve the clarity of results, future researchers should use structured clinical interviews. This will allow them to measure severity of symptoms while also reducing self-reporting bias. Researchers should examine the risk for depression among service women and women veterans who experience MST, and suggest best practices for treatment. To better understand the experiences of service women, future research should evaluate differences in traumatic experiences between deployed and non-deployed, and combat and non-combat service women. Researchers should seek to understand what factors encourage women to disclose a MST.

AUTHOR INFORMATION

Lizabeth A. Goldstein, Ph.D. ^{1,2}

Julie Dinh, B.A.

Rosemary Donalson, Psy.D.

Claire L. Hebenstreit, Ph.D.

Shira Maugen, Ph.D.

¹ Lizabeth.Goldstein2@va.gov

² University of California, San Francisco School of Medicine