



Women at war: Understanding how women veterans cope with combat and military sexual trauma

Kristin M. Mattocks^{a,e,*}, Sally G. Haskell^{a,b}, Erin E. Krebs^{a,c}, Amy C. Justice^{a,b}, Elizabeth M. Yano^{a,d}, Cynthia Brandt^{a,b}

^a Department of Veterans Affairs, Health Services Research and Development Services 810 Vermont Avenue Northwest, Washington DC 20420-0002, USA

^b Yale University, 333 Cedar Street, New Haven, CT 06510, USA

^c Indiana University School of Medicine HSRD (11H), Roudebush VAMC 1481 W. 10th Street, Indianapolis, IN 46202, USA

^d University of California, Los Angeles, Center for Health Sciences, 650 Charles E. Young Drive South 16-035, Los Angeles, CA 90095-1772, USA

^e University of Massachusetts Medical School, 55 Lake Avenue North, Worcester, Massachusetts 01655, USA

ARTICLE INFO

Article history:

Available online 11 December 2011

Keywords:

Coping
Adaptation
Mental health
Sexual harassment
Stress
Trauma
Women
Iraq
Afghanistan
USA
Veterans
War

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–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.

Published by Elsevier Ltd.

Introduction

Since the inception of the wars in Iraq (Operation Iraqi Freedom, OIF) and Afghanistan (Operation Enduring Freedom, OEF), more than 150,000 United States female service members have been deployed overseas (Department of Defense, 2010). Over one hundred and sixty women have been killed during their OEF/OIF deployments (Department of Defense, 2010), thousands of women have been seriously injured, and an unknown number suffer significant mental health problems as a result of their exposure to combat-related violence, military sexual trauma, and other stressors during their military deployments (Mulhall, 2009). Recent studies suggest that more than 15% of service members returning from Iraq and 11% of service members returning from Afghanistan have met the screening criteria for major depression, generalized

anxiety, or posttraumatic stress disorder (Hoge et al., 2004; Hoge, Terhakopian, Castro, Messer, & Engel, 2007).

Women's wartime experiences and the challenges they face when trying to reintegrate into their work, family, and social lives post-deployment have been overshadowed by the experiences of male OEF/OIF veterans facing similar challenges. A substantial body of research has examined the consequences of combat zone deployment, including the prevalence of posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, substance abuse and other physical and mental health problems among returning war veterans, but the majority of this research has focused on male veterans (Baker et al., 2009; Cohen et al., 2010; Erbes, Westermeyer, Engdahl, & Johnsen, 2007; Jakupcak et al., 2009; McDevitt-Murphy et al., 2010; Schnurr, Lunney, Bovin, & Marx, 2009; Seal et al., 2010, 2009). The justification for the focus on male veterans is twofold. First, male troops substantially outnumber female troops and, therefore, greater numbers of male veterans return to the United States with serious mental and physical health problems. Second, the types of military occupational roles that male servicemembers have occupied have, at least

* Corresponding author. University of Massachusetts Medical School, Department of Quantitative Health Sciences, 421 North Main Street, Leeds, MA 01053-9764, USA. Tel.: +1 413 584 4040.

E-mail address: Kristin.Mattocks@va.gov (K.M. Mattocks).

until recently, given them more direct exposure to combat-related trauma and stress than women. Though a growing number of studies have begun to focus on women's medical and mental health conditions after return from deployment, few studies have examined women's experiences in war, and how they cope with these experiences once they return to the United States and try to reintegrate with their families, jobs, and communities.

Previous research has examined both deployment and post-deployment stressors experienced by military personnel (King, King, Vogt, Knight, & Samper, 2006; Street, Vogt, & Dutra, 2009; Vogt, Pless, King, & King, 2005; Vogt, Samper, King, King, & Martin, 2008). Deployment-related stressors can include mission-related stressors, such as combat experiences and difficult living and working environments, as well as interpersonal stressors, including concerns about family disruptions and sexual harassment. Post-deployment stressors include exposure to stressful life events after deployment, which may include stressors related or unrelated to deployment, and may also include efforts at reintegration. In the past two decades, legislative and Department of Defense (DOD) policy changes have greatly expanded the occupational roles available to women serving in the military (Donegan, 1996; Mulhall, 2009). These expanded occupational roles have broadened women's exposure to combat-related violence and the stress of military service. Though women are still prohibited from serving in direct combat roles (e.g. infantry) they may serve in a variety of positions that put them at risk for injury or death. The wars in Iraq and Afghanistan have further blurred the line between combat and non-combat roles, as these wars have been characterized by guerilla fighting in urban war zones (Street et al., 2009). For example, serving as a member of the military police (MP) is considered a non-combat occupation, but women serving as MPs provide convoy and unit security, control traffic, and enforce military regulations. These roles may require female soldiers to search for improvised explosive devices (IEDs), which have caused up to 75% of fatalities in Afghanistan in 2009 (Joint Improvised Explosive Device Defeat Organization). Consequently, though women do not serve in direct combat positions, a recent study suggests that approximately three quarters of women deployed to Iraq have been exposed to one or more combat experiences (Dutra et al., 2011), which is on par with studies comprised of primarily OEF/OIF male servicemembers (Milliken, Auchterlonie, & Hoge, 2007).

Actual or perceived danger is only one source of stress faced by female servicemembers (Kang, 2006). Women serving in the military must also cope with the threat of gender-based violence during deployment (Kimerling, Gima, Smith, Street, & Frayne, 2007; Kimerling et al., 2010; Yaeger, Himmelfarb, Cammack, & Mintz, 2006). "Gender-based violence" is a term introduced in 1993 as the United Nations adopted the Declaration of Violence Against Women, which describes violence against women as "Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life" (p.1). Gender-based violence, specifically violence against women, is highly prominent, particularly in the context of war, and may be inflicted upon both civilian and military women alike (Linos, 2009), though whether there is a differential effect on civilian and military women is unknown. Military sexual trauma (MST) is the term used by the Department of Veterans Affairs to refer to sexual assault or repeated, threatening sexual harassment that occurred while the veteran was in the military. Recent evidence from OEF/OIF veterans suggests that 15.1% of women and 0.7% of men reported military sexual trauma when screened (Kimerling et al., 2010).

The effect of deployment on men and women may also differ as a result of women's responsibilities at home. Though the gap in

household responsibilities has narrowed over the years (Bianchi, Milkie, Sayer, et al, 2000), women still have more responsibilities for child care, cooking meals, housekeeping, and other tasks. Consequently, when women deploy, responsibilities for these activities must be given to spouses, family members, or friends, contributing to women's deployment-related stress (Vogt et al., 2005). Recent studies suggest that over 40 percent of active duty women have children (Department of Defense, 2006), yet rising divorce rates for female servicemembers (Adler-Baeder, Pittman, & Taylor, 2006) place added stress on women who must find alternate arrangements for childcare during deployment. More than 30,000 single mothers have deployed to Iraq and Afghanistan (Department of Defense, 2010), but while children of partnered women usually stay with their other parent during their mother's deployment, children of single mothers typically move in with other relatives (e.g. grandparents, aunts) (Kelley et al., 2002). Furthermore, deployment stress may be more profound among women in the Guard and Reserve. As Guard and Reserve members are primarily used in the civilian sector, deployment of women in the Guard and the Reserve involves transitions to and from their usual jobs, prolonged departure from their families, and less social support from their home communities as compared to active duty personnel living on a military base (Foster, 2011).

These and other stressors experienced by women during their military deployments are well-documented (King et al., 2006; Street et al., 2009; Vogt et al., 2008). How women in the military cope with both deployment and post-deployment stressors is the subject of recent scientific inquiry. Much of the literature has focused exclusively on the relationship between inadequate coping processes and psychological outcomes, such as post traumatic stress disorder (Engel, Liu, McCarthy, Miller, & Ursano, 2004; Farley & Catano, 2006; Hoge et al., 2007; Lambert, 2004; Rodrigues & Renshaw, 2010; Sharkansky et al., 2000; Suvak, Vogt, Savarese, King, & King, 2002), while other literature focuses on physiological responses to stress (Bruner & Woll, 2011). Other literature has focused on risk factors for inadequate coping responses among women in the military, including pre-deployment factors (childhood environment, prior stressors) and post-deployment factors (other life stressors and social support) (Carter-Visscher et al., 2010; King, King, Fairbank, Keane, & Adams, 1998; Vogt & Tanner, 2007). Ferrier-Auerbach, Erbes, Polusny, Rath, and Sponheim (2010) found that women deployed to a combat zone were more likely to experience emotional distress in response to combat trauma than men, and that frequent contact with friends and family at home and leadership support during deployment may improve the ability to cope with deployment-related stressors.

Moos and Schaefer's model of coping resources and processes (1993) suggests that coping resources, including personal and social factors that influence how individuals manage life crises and transitions, as well as coping processes, which are the cognitive and behavioral efforts that individuals use in stressful situations, are important to consider when evaluating how individuals cope with stress. Cognitive approach coping strategies are those in which an individual appraises the situation, and evaluates how to handle the situation using the coping resources available at that time (Lazarus & Folkman, 1984). Behavioral approach coping strategies are those strategies used to seek guidance, support, and positive concrete actions to deal directly with the stressor. In contrast, cognitive avoidance strategies are those aimed at denying or minimizing the seriousness of a crisis or its consequences, as well as accepting a situation as it is and deciding it cannot be changed. Conversely, behavioral avoidance coping strategies involve trying to replace the losses involved in a certain situation with alternative rewards, such as binge eating or substance abuse. Studies have examined deployment-related stressors and coping strategies separately

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