



NATIONAL COALITION *for* HOMELESS VETERANS

“Gender Differences Among Veterans Deployed in Support of the Wars in Afghanistan and Iraq”

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Quick Takeaways:

- Harassment and combat stress, with the probability of Post-Traumatic Stress Disorder (PTSD), were similar between men and women OEF-OIF veterans
- Post-deployment adjustment issues included more depressive symptoms in women and men experiencing greater alcohol use

General Overview:

While new research has proliferated specifically on PTSD and Military Sexual Trauma (MST) with OEF-OIF veterans, the authors note that little research has been done on the effects of general harassment, combat exposure, and other deployment stressors on post-deployment health. The researchers' aim in this study was to examine:

- The frequency of deployment stressors (including: sexual harassment, general harassment, unit support, and combat/other war-related trauma)
- The frequency of post-deployment health conditions including PTSD, depression, anxiety, and clinically significant alcohol use
- The associations between deployment stressors and post-deployment health, focusing on PTSD

Study:

In June 2009, surveys were sent to a sample of 2,344 OEF-OIF veterans (1,137 male and 1,207 female). Surveys consisted of questions that ranged from: war-zone stressors, sexual harassment/sexual assault, general harassment (involving gender, race, ethnicity or other social status characteristics), unit support from members and leadership, combat experiences, post-battle experiences, traumatic pre-military experiences, PTSD/depression/anxiety, and questions on alcohol use. The study had a 48.6% response rate.

Findings/Results:

The study found similarities with both male and female veterans' responses when it came to deployment stressors in connection with PTSD post-deployment. Both genders reported closely in general harassment during deployment (77.6% females vs. 71.5% males) and experiencing after-battle stressors (73% females vs. 78.9% males). PTSD symptoms were reported in 21% of female veteran respondents and 23.4% of male veteran respondents in post-deployment results.

Responses indicate differences in sexual harassment and most post-deployment issues. Women respondents were more likely to report sexual harassment/assault when compared with their male counterparts and were more likely to report a lack of support within their units. In post-deployment, women were more likely to report depressive symptoms. Men were more likely to report combat exposure and post-deployment, clinically significant alcohol use.

Conclusion:

The authors identify this study as one of the first to focus on and compare the experiences of male and female OEF-OIF veterans on deployment stressors in a randomized sample throughout all branches of the military. Many of the results were expected, such as women being more likely to experience sexual harassment/assault, but the similarity between combat stressors and post-deployment PTSD was not expected. Both women and men attribute combat stressors and harassment to their PTSD. The authors suggest that by focusing on gender differences in veterans deployment and post-deployment, service providers can build guides to better assist returning veterans.