Gender Differences in Combat-Related Stressors and Their Association with Postdeployment Mental Health in a Nationally Representative Sample of U.S. OEF/OIF Veterans


**SUMMARY:** Researchers evaluated gender differences in a variety of combat-related stress dimensions and associated consequences for postdeployment mental health in a representative sample of female and male U.S. Veterans who had returned from deployment to Afghanistan or Iraq within the previous year. Results suggest that female OEF/OIF Service members may be as resilient to combat-related stress as men.

**KEY FINDINGS:**
- Scores on substance abuse were the only gender difference that emerged in self-reports of postdeployment mental health with men scoring significantly higher than women.
- Men reported more exposure to combat, more aftermath of battle (exposure to the consequences of combat operations), and more difficult living and working environments during deployment than women, but the differences were fairly modest.
- With respect to additional stressors, women reported significantly more exposure to prior life stressors and deployment sexual harassment than men, though these differences were modest.
- Associations between combat-related stressors and postdeployment mental health were not statistically different for 15/16 comparisons; men with exposure to the aftermath of battle were more likely to have a substance abuse problem.

**IMPLICATIONS FOR PROGRAMS:**
Programs could:
- Offer support groups for male and female Service members returning from combat
- Disseminate information regarding gender differences in mental health symptomology following deployment to help Service members and families cope with these issues
- Offer workshops for Service members regarding substance abuse issues that may arise following deployment

**IMPLICATIONS FOR POLICIES:**
Policies could:
- Continue to support reintegration workshops to help Service members and families adjust post-deployment
- Support programs that help Service members and their families cope with substance abuse issues, particularly following deployment
- Recommend additional training for providers working with Service members with regard to gender differences related to a broad range of combat-related stressors in both assessment and treatment

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METHODS
- Self-report surveys were used to obtain the data from OEF/OIF military personnel who had returned from deployment within the past year (between October 1, 2007 and July 31, 2008), the sample was drawn from the Defense Manpower Data Center roster.
- Potential participants were recruited via prenotification letters.
- Measures of combat experiences, aftermath of battle, perceived threat, living and working environment, prior stress exposure, deployment sexual harassment, posttraumatic stress symptoms, depression and substance abuse and mental health functioning were collected.

PARTICIPANTS
- Participants were 592 OEF/OIF Service members; 57% female and 43% male.
- Fifty percent of participants were Active Duty Service members, 25% were National Guard, and 25% were Reserve Forces; military branch data were not provided.
- No information on the race/ethnicity, age or other demographic characteristics of the sample were presented.

LIMITATIONS
- Data were collected cross-sectionally (at one time point) which raises concerns about retrospective recall and limits our ability to make directional claims about the nature of these relationships.
- Only self-report data were collected and men may underreport mental health symptoms compared to women.
- The article didn’t include much of the participants demographic information, thus it is difficult to know what populations these results may apply.

AVENUES FOR FUTURE RESEARCH
Future research could:
- Examine possible gender differences in the long-term effects of combat exposure utilizing a longitudinal study design
- Replicate findings measuring a wide range of combat-related stressors and with a more representative sample
- Explore the unique military experiences of female Service members could aid in developing more appropriate treatments that incorporate components related to external stressor and sexual harassment