Women in Combat: Psychological implications of women on the front lines

Chairperson: Kyle J. Gray, M.D., PGY-2

Presenters:
COL (Ret) Elspeth Cameron Ritchie, M.D.; Tracey Koehlmoos, M.H.A., Ph.D.; Jacqueline Garrick, M.S.W.; Kathy McGraw, Ph.D.
Disclosure

• The views expressed in this presentation are those of the presenters and do not reflect the official policy of the DoD, VA or the US Government.
• There are no financial relationships to disclose.
• We do not intend to discuss devices, products or procedures which are off-label, unlabeled, experimental, and/or investigation
Objectives

• Understand the history of women in combat and the significance of the recent rescission of the ground combat exclusion role.
• Describe the available evidence regarding how women may respond differently to the combat experience and how current and future research should impact military leadership.
• Recognize the need for civilian providers’ awareness of the implications of women in combat and advocate for the need for an enduring focus on key women’s health issues in the military.
• Advocate for the need for an enduring focus on key women’s health issues in the military.
Presenters

COL (Ret) Elspeth Cameron Ritchie, M.D.

Jacqueline Garrick, M.S.W

Tracey Koehlmoos M.H.A., Ph.D.

Kate McGraw, Ph.D
Special Issues for Female Service Members

- Deployment and Combat Health
- Reproductive Health
- Musculoskeletal Issues
- Psychological Reactions/Suicide
- Sexual Assault
Women have been on the American battlegrounds for centuries. Left: Molly Pitcher took over her husband’s cannon in the Revolutionary War. Right: statue of Deborah Sampson who fought under George Washington dressed as a man.
Framing the Issue

• Revolutionary War: Molly Pitcher assumed her injured husband’s spot on the cannon; however, women continued to participate unofficially in each of our Nation’s early conflicts.

• Turn of the Century: In 1901 women started serving officially on active duty in the US Army and 1909 in US navy.

• WWI and WWII: Increasing numbers of women, primarily as nurses, secretarial and communications support.

• 1994 Direct Ground Combat Definition and Assignment Rule: Opened jobs except for in the direct ground combat elements.

• Post 9/11: >300,000 women deployed to Iraq & Afghanistan for OEF/OIF.

• 2012: Some 355,904 female Service members comprise 16% of the total force.

• 2013: SecDef Panetta lifted the last remaining ban on women’s participation in combat.

• 2016: All military jobs open to female Service members.
January 1, 2016

All Combat Roles Now Open to Women, Defens
By MATTHEW ROSENBERG and DAVE PHILIPPS DEC. 3, 2015

Defense Secretary Ashton B. Carter announced the decision to open all combat jobs in the United States military to women at a news conference on Thursday. By THE ASSOCIATED PRESS on December 3, 2015. Photo by Alex Wong/Getty Images. Watch in Times Video.

Women in military finally getting respect
By Gayle Tzemach Lemmon
Updated 9:57 AM ET, Sat May 28, 2016

History of women in the U.S. military 01:26

www.cnn.com/2016/05/28/opinions/women-in-combat-opinion-excerpt
History of Research on Service Women’s Health

• 1994 start of the Defense Women’s Health Research Program (DWHRP), $40 million

• Disproved assumptions about female health & physiology esp. menstrual issues, G-force, amenorrhea

• DWHRP ended without building enduring infrastructure for research & policy in this area
Legacy of DWHRP

• Areas for further investigation included:
  – the development of psychological support strategies for military families & dual service couples;
  – solving the problems of high rates of musculoskeletal injuries among female service members;
  – investigating the mechanisms of reproductive hazards; and
  – fixing deficiencies in garrison & field care for gynecological health

• One gap identified by the DWHRP, ‘determining if neuropsychological response events occur with greater prevalence in women or have different clinical presentation’ persists as a clear indicator of the disparity in understanding women’s health & subsequent risk to operational readiness.
Preparing for January 2016

- Office of the Assistant Secretary of Defense for Health Affairs (OASD-HA) & the Uniformed services University of the Health Sciences (USUHS)
- Women in Combat (WIC): Optimizing Performance, Health and Well-being
- 4-6 April 2014.
Deployment vs Combat

• Women in deployment
  – “Issues for Military Women in Deployment” Bathrooms, pregnancy, breast-feeding, home front problems

• Women in combat
  – Women’s Health Task Force report from Afghanistan (link below)
  – Body armor
  – Home front issues
  – PTSD
  – TBI

Deployment Health

- Genito-urinary issues
  - Lack of clean bathrooms
  - Bombs by the side of the road
  - Fluid restriction
  - Dehydration
- Menstruation
  - Regulating
  - Suppressing
- Birth control
Reproductive Issues

- Pregnancy (garrison)
  - Physical training
  - Deployment
  - Exposure to toxins
- Breast-feeding (garrison, field)
  - Maintenance of breast feeding
  - Exposure to petroleum products
- Motherhood (garrison, field, deployment, combat)
Musculoskeletal issues

- Heavy personal equipment
  - Kevlar helmets
  - Body armor
- Stress fractures
  - Pelvic
- Special issues for recruits
- Personal strength
Psychological Reactions

Minimal Research

- Most Mental Health Advisory Teams focus on men
  - MHAT II (2005) showed essentially equal rates in PTSD in women (12%) and men (13%)
- Millennium Cohort Study
- Evacuations for Behavioral Health reasons
Social Support and Pain

“Women Missilers” 1987

Air Force Art Collection
Overview

• Gender differences in psychological health
• Deployed combat locations
• Social support
• Ostracism
• Pain perception and response
• Synthesis and future directions
Gender differences in psychological health

- Limitations
- Sample size
- Logistics
- Standard constructs missing
Deployed combat locations

- Military Health Advisory Team
- Systematic literature reviews
- Limited access
Ostracism

- Construct
- Robinson (2013)
- Williams and Jarvis (2006)
- Williams and Nida (2011)
Ostracism

- Wesselman et al (2013)
- Dewall et al (2010)
- O’Reilly et al (2014)
Pain perception

- Gender differences have been established
- Biological mechanisms
- Genetic mechanisms
- Coping mechanisms
- Expected and perceived gender roles
Synthesis and future directions

• Increase unit leadership awareness: impact of social support and ostracism on integration of females

• VA/DoD Health Executive Committee Women’s Health/DoD Women’s Mental Health Work Groups
Sexual assault and harassment

• Military Sexual Trauma (MST) is VA term and includes both assault and harassment

• Sexual Assault Prevention and Response (SAPRO) www.sapr.mil

• Annual Report of Sexual Assault in the Military, 2015
Sexual assault and harassment

• Highlights of recent actions include improving response for male sexual assault victims; combatting retaliation
• Number of reports received decreased by 1% from FY14 to FY15
• Total reports received: 6,083
Sexual assault and harassment

- Females E1-E4 largest group of complainants by gender and rank
- 40% of substantiated perpetrators were E5-E6, 96% males
- 33% sexually harassed by perpetrator prior to assault
- 33% complainants/37% of perpetrators consumed alcohol at time of sexual assault
Sexual assault and harassment

• 19% of assault reports were made by males; more males were assaulted
• 38% of respondents reported reprisal, ostracism or maltreatment after making report
• DoD Retaliation Prevention and Response Strategy aligns Departmental efforts to combat retaliation
Sexual assault and harassment

• Five components to prevent retaliation:
  – Standardizing Definitions
  – Closing the Gap in Knowledge: Data Collection and Analysis
  – Building Strong and Supportive Systems of Investigation and Accountability
  – Providing Comprehensive Support to Reporters
  – Creating a Culture Intolerant of Retaliation

• www.safehelpline.org
Sexual assault and harassment

- DoD primary measure of prevention progress is past-year estimated prevalence of sexual assault
- RAND Military Workplace Study, 2014
- FY14, an estimated 4.9% of military females 1.0% of military males were sexually assaulted
Sexual assault and harassment

- Sexual Harassment Reporting Data provided by Office of Diversity Management and Equal Opportunity (ODMEO) for FY15
- 657 total formal complaints were filed in FY15
- 566 complaints closed in FY15; 315 (56% of complaints) were substantiated
Polytrauma

Case study: “PFC Anderson”

• 22yo previously healthy F PFC s/p bilateral above the knee amputations and pelvic injuries from IED blast in Afghanistan

• Perineal injury and lower limb amputation have been described as the “signature injury” of veterans of the conflict in Afghanistan

• Surgery team noted low mood, poor participation in PT, crying episodes, variable appetite, irritability, hopelessness, nightmares, irregular sleep and intrusive recollections of the blast as well as avoidance of reminder
Identified conflicts and intervention strategies

<table>
<thead>
<tr>
<th>Pre-morbid self-concept</th>
<th>Current belief</th>
<th>Attempted Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I am a strong, independent person”</td>
<td>“I need my parents and caretakers for everything”</td>
<td>Discussion about boundaries, re-establish self-efficacy</td>
</tr>
<tr>
<td>“I am safe, and my training will keep me from harm”</td>
<td>“My training couldn’t protect me” and “my safety continues to be threatened”</td>
<td>Reassure safety, accurately appraise current threats, emphasize that previous training continues to have a role through recovery</td>
</tr>
<tr>
<td>“I am well liked and physically attractive”</td>
<td>“No one will be attracted to me without my legs”</td>
<td>Visits from other amputees and her family, focusing on her attractive attributes that are non-physical</td>
</tr>
<tr>
<td>“My recreational and occupational activities depend on my physical fitness/performance”</td>
<td>“I cannot run and will not enjoy many activities. My desired career is in jeopardy.”</td>
<td>Emphasize what she can do and provide examples through other amputees, while defining her “new normal”</td>
</tr>
<tr>
<td>“I want to be a wife and a mother”</td>
<td>“I do not know if sex will be pleasurable or if I will be able to have children”</td>
<td>Facilitating her concerns and encouraging open discussion with primary providers</td>
</tr>
</tbody>
</table>

From *Posttraumatic Stress Disorder and Related Diseases in Combat Veterans*
Suicide among military women

• Factors associated with stress and suicide:
  – Relationship loss, isolation, lack of social support
  – Deployment and war zone trauma
  – Workload/work conflicts/harassment
  – Previous mental health history &/or abuse
  – Familiarity with and use of firearms

• Intervention and Treatment:
  – VA/DoD Clinical Practice Guidelines
  – Veterans/Military Crisis Line: 1-800-273-8255, press 1
  – Vets4Warriors: 855-838-8255
Wounded Female Warrior

- Scant literature
- Changes in
  - Body image
  - Sexual activity
  - Motherhood
  - Hormones
  - TBI
  - Aging process
Evaluating women for VA disability

• VA Rating Schedule – 14 body systems and 700 diagnostic codes, including gynecological, rated in percentages of 10, calculated on an “average man” formula

• Common SC% is for hearing, PTSD, scares, diabetes, back, knee

• SC is awarded when there is a nexus to service, a diagnosis, on-going impairment
Future Recommendations

• Effective suicide prevention
  – Treatment & lethal means
  – Peer support
  – Resilience programs that mentor women leaders
  – Research focused on female cohorts
– Evaluating women for SC disability
  • Lack of understanding of the female military experience
  • Lack of usual evidence for rating a claim
  • Reliance on witness statements, admin folder, and other documentation
Recommendations

• DoD should continue to explore & address policy, research, & practice related to the complex ongoing needs of military women, rather than conducting less effective historically intermittent research & summits

• An ongoing program that specifically addresses the unique medical & operational needs of the female population with sufficient staffing, resources, & support from senior military leaders to ensure continuity of knowledge and successful operational integration of solutions to gaps in policy and research

• Given the expansion of women in the military and the roles of women in the military, the outcome will be enhanced force readiness & mission effectiveness
Need for an Ongoing Program

-To specifically address the unique medical and operational needs of the female population
-Ensures continuity of knowledge and successful operational integration of solutions to gaps in policy and research
-Enables sustainment of historically intermittent efforts to identify and address gaps, and thus enhance force readiness and mission effectiveness.
National Imperative

• Women in the military contribute to the mission by adding diversity of thought and improve overall unit function

• Women as veterans promote military and public service, run businesses, volunteer, enhance communities, and raise families
References