

Physical and Sexual Assault in Deployed Women: Risks, Outcomes and Services

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BACKGROUND/RATIONALE:

The DVA faces radical changes in its delivery of health care as it becomes a major service provider for women. Two priority female populations have evolved: women sexually victimized in the military, and women exposed to combat (Women's Health Act of 1992, The Veterans Programs Enhancement Act of 1998). Unfortunately, there is a limited understanding of the complex relationship between these traumatic exposures and women's health outcomes and service use. Barriers to women's use of the DVA are also unknown. Our prior work indicates that organizational and environmental risk factors for intentional violence towards military women are identifiable, that barriers to officially reporting gender-based violence and seeking post-trauma care exist, and that violence exposure and in-military reporting of this violence has significant, long-term health consequences.

OBJECTIVE(S):

The objectives are: 1) To identify and describe organizational, situational, and individual risk factors for physical and sexual assault (i.e., victimization) in women serving in the Reserves and National guard (R/NG) deployed to combat-related regions and those deployed elsewhere, or not deployed. 2) To determine associations between physical and assault during Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) and current physical and mental health status and health risk behaviors in women deployed to combat-related regions and those deployed elsewhere, or not deployed. 3) To identify current internal and external barriers to Department of Veterans Affairs (DVA) and non-DVA health services in relationship to women's deployment and victimization status.

METHODS:

This research involves two sequential phases. Phase 1 uses focus groups to refine the study interview, to pilot the interview protocol, and to ascertain its psychometric properties. Phase 2 involves the identification and successful interviewing of 500 women, using random sampling with stratification by deployment status, State of service, and service branch (R/NG). Women will be selected from five States: Iowa, Illinois, Kansas, Missouri, and Nebraska. Potential study participants will be mailed an information summary and asked to take part in a study assessing the deployment

health of military women. 794 women will be contacted to obtain the target of 500 completed interviews. Consenting participants (166 per deployment group) will complete a telephone interview that assesses socio-demographic variables, trauma exposures, health history, current health status, military environmental factors (organizational and situational factors), military and DVA health care and barriers to this care, and self reported service use. Descriptive analysis and multiple logistic regression analysis will be used.

FINDINGS/RESULTS:

It is anticipated that our findings will improve understanding of the health risks and outcomes of deployed R/NG women, and consequently will have implications for DoD and evidence-based DVA practice.

IMPACT:

If we find identifiable risk or protective factors associated with deployed R/NG women's violence exposures; and/or an association between deployed women's post-trauma military responses or care access and their current health status and DVA care barriers or use, the implications for DoD and DVA policy and resource allocation will be great. Furthermore, these results will indicate whether subsequent population-based or intervention studies are needed to address women veterans' health care disparities.

PUBLICATIONS:

None at this time.