This study examines possible gender differences in combat exposure, military sexual trauma (MST) and their associations with mental health outcomes (i.e., problem drinking, depression, PTSD) of Military personnel recently returned from deployment to Afghanistan or Iraq. Data were collected as part of a pre- and post-deployment, with post-deployment data being collected three to six months later, reflecting acute (rather than long-term) response to deployment.

Key Findings:
- On average, men and women reported similar rates of PTSD symptoms. That being said, a stronger association existed between injury and PTSD symptoms for women than for men.
- Women were more likely to report depressive symptoms than men. For both genders, injury, combat exposure and MST were significant predictors of depressive symptoms. Women were significantly more likely to report MST. MST was a significant predictor of both PTSD and depression symptoms.
- Men were more likely to report problem drinking. Combat exposure was significantly associated with hazardous alcohol use for both genders.

Implications for Programs:
- Clinicians and service providers should assess exposure to a full range of traumatic combat experiences, as not all types of combat experiences affect mental health similarly in men and women.
- Program staff, service providers, and clinicians should be aware of the larger percentage of women, rather than men, reporting military sexual trauma (MST), given its links to depression and PTSD.
- Professional development and continuing education opportunities should be used to educate mental health clinicians and service providers about how combat injury may impact mental health, specifically in women.

Implications for Policies:
- Policies in support of Veterans may be revised to take into account the unprecedented rates of women experiencing combat, as not all types of combat experiences may be equally experienced by men and women.
- Continued funding should be available to support men and women returning from deployment who have experienced combat exposure and MST.
- The Department of Defense, Department of Veterans Affairs, and community organizations and programs should work collaboratively to meet the needs of Servicemen and women returning from deployment.

Avenues for Future Research:
- The dataset used for this research is comprehensive and has a large sample size. Other potential analyses and uses of this dataset should be investigated.
- Future studies should supplement self-report data with information gathered from other sources, such as clinician reports.
- Future research should develop a more comprehensive measure to assess the occurrence of military sexual trauma and to further investigate its impact on mental health symptoms.
- A longitudinal study would be beneficial to determine whether men and women cope differently with combat experiences over time, as this study was one of acute (three to six months) responses to deployment.
Background Information

Methodology:
- This study used data collected from mandatory pre- and post-deployment screenings conducted from 2006-2009 at a single Army medical treatment facility. Active duty men and women who were deployed in support of OEF and OIF were compared on PTSD and depression symptoms, hazardous alcohol consumption, and military sexual trauma (MST).
- This study focused on Active Duty Service members in the Army.

Participants:
- 7,251 participants were included in this study and were Active Duty Service members. The participants included 554 women and 6697 men, ranging from 17-53 years of age (mean = 25.7, SD = 6.1). In terms of rank, 62% were E1-E4; 30% were E5-E9, and 9% were W1-W5/O1-O10.
- In terms of Ethnicity, 64% of participants were White, 12% Black, 12% Hispanic, 5% Asian and 8% Biracial/other.

Limitations:
- Given that all participants were U.S. Active Duty OEF/OIF Soldiers at one large Army treatment facility (although they may originally be from other locations), results may not generalize to other locations, Military branches, Veterans of other wars, or the entire US Army population.
- Without a follow-up assessment, no evidence exists of long-term gender differences in mental health outcomes.
- Age and length of time in the Military were not considered in the analyses, both of which could affect responses to combat experiences.

Assessing Research that Works

Research Design and Sample

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<td>The design of the study (e.g., research plan, sample, recruitment) used to address the research question was...</td>
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Research Methods

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Limitations

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Implications

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<td>The implications of this research to programs, policies and the field, stated by the authors, are...</td>
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Overall Quality Rating

Not applicable because authors do not discuss implications