APG5064 - Gender, security and conflict - T3-2020

Research Design Assignment

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The effect of gender on causes, effects and/or recovery of the mental health effects of traumatic stress suffered during conflict.

Is there sufficient understanding of how gender affects veterans experience of traumatic stress?

Abstract

Women were integrated into the Australian Defence Force (ADF) in late 1970s but were not allowed to apply for combat roles until 2013 after which women can serve in all positions in ADF. While few women have indeed served in front line combat roles, the asymmetric nature of modern warfare means the impacts of conflict can affect those in other roles. Consequently, concerns of the effect of conflict on women's mental health may be described as an afterthought rather than a deliberate construction. This assumption is somewhat justified by a literature review that shows few studies of women veterans' mental health outcomes of active service. This article sets out the context of gender as it relates to peace and conflict and seeks to find evidence of a gender lens being used to achieve optimal outcomes for Australian women deploying to, returning from active duty and/or transitioning out of military service. Literature dealing with this topic and data looking at the issue from a gender viewpoint is thin but improving so the article concludes by looking at ways policymakers may look to improve both data and outcomes.

Gender, Peace and security theory

Over the past 30 years or so much has been written on gender in the field of international relations particularly in the context of security, conflict and peace. The basis of this authorship is to look for, analyse and report on the effect of gender on how men and women experience conflict, participate in conflict and contribute to peace making and keeping. As Sjoberg (2015) asks "Do men and women experience wars differently?". The reason this field of study is important to policy makers is that understanding how gender affects both the experience and/or contribution to security allows policy to be formed that may seek to minimise the negative and maximise the positive. This article seeks to ask if the mental health impacts on Australian female veterans is gendered and how well this is understood, in literature and medical data, and how policy might respond to this.

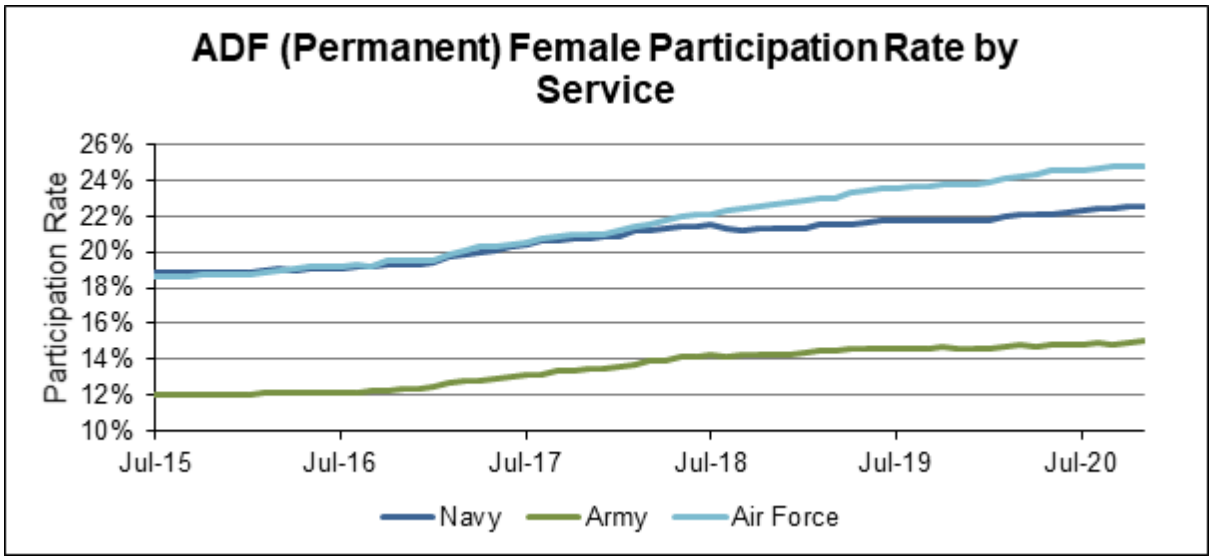
Across history women have been involved in war, most often as victims but it is not unusual to find them also as combatants and sometimes, although rarely, even as leaders of troops and these have often been mythologised, think Joan of Arc by way of example. Efforts to connect mainstream women's' roles in peace and security lead to the unanimous passing of United Nations (UN) Security Council Resolution 1325 (UNSCR 1325) in October 2000 (Ellerby 2013). This resolution is a policy tool to implement gender-sensitive conflict-related policies in countries. It is used as an organising framework for states, NGOs and researchers. UNSCR 1325 proposes gender mainstreaming as a means to redress women's the lack of female participation in peacekeeping and peacebuilding missions. According to True (2016) instruments such as 1325 as well as SCR 1820 and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), whilst important to gender equality, often attract criticisms for failing to bring about actual equality. One of the key criticisms True (2016) examines is that through including women into previously excluded areas such as the military, there is the propensity to simply 'just add women and stir'. This gender-as-sameness model tends to tick a box but not bring about better outcomes for women.

This criticism has been made to the author about the Australian Defence Forces (ADF), that is it is seen that women have been 'added' to the military rather than 'designed' into it. However,

there is evidence that this is changing with literature on everything from the roles of women in war (Evans 2017) to designing military systems for women (Savage-Knepshield 2016). The Australian Army, as a founding branch of the Australian Defence Forces (ADF), like most modern militaries, has for most of its nearly 120 years of existence largely been constituted of and lead by men. Arguably this was a product of historical societal norms, most of which have changed or are in the process of changing across all parts of society. Women have served in Australian armed forces since 1899 though these early roles were in the Australian Army Nursing Service. During the Second World War each service established female branches that saw women undertaking support roles.

Increasing female participation in the ADF

Whilst there is ample evidence that Australia's gender equality, both generally and in our Services, has improved since Federation there remains much to do. The Chiefs of Services Committee set targets in April 2013 for female participation in the permanent ADF of 25 per cent for Navy, 15 per cent for Army and 25 per cent for Air Force, with a target achievement date of 2023. As at 1 November 2020, the female participation rates for the three Services was: 22.6 per cent for Navy, 15.0 per cent for Army, and 24.8 per cent for Air Force, indicating significant progress towards achievement for Navy and Air Force and achievement ahead of schedule for Army. Five years ago, 1 July 2016 figures for female participation were 19.1 per cent for Navy, 12.1 per cent for Army, and 19.2 per cent for Air Force. This represents a female participation rate improvement of 3.5 per cent for Navy, 2.9 per cent for Army, and 5.6 per cent for Air Force over the last five years. (Australian Defence Force provided statistics)



Debates and changes to women's roles have occurred over the past few decades with roles in combat roles changing slowly with initial changes to allow combat 'support roles' occurred then trials in which women could train in Special Forces selection processes but not take up those roles. In 2012 it was announced that all gender restrictions would be removed. Evans (2013) argues that The Australian Human Rights Commission's Review into the Treatment of women in the Australian Defence Force: Phase 2 Report (AHRC 2012) could have the unintended consequence of few if any units having females. The Report recommended a minimum of two females per section to ensure 'critical mass' to reduce negative male behaviour against a lone female could undermine the intent of full integration. Female participation in combat roles is seen as a force multiplier as gender has cultural value in some countries. (Evans 2013, p. 46).

Women have been deploying to war zones or 'warlike zones' since inception of the ADF including Vietnam, Afghanistan and Iraq as well as to peacekeeping missions such as the Australian-led INTERFET in East Timor and Operation Aslan in South Sudan) (See recent ADF data below).

Female ADF members regularly deploy to conflict zones. The statistics for deployments of women on operations designated "warlike" are shown below

Calendar Year	Number of Deployments of Women	% Participation of Women in Warlike Deployments
2016	270	9.4%
2017	285	9.9%
2018	292	10.7%
2019	276	11.0%
2020 YTD (1 Nov 20)	110	12.5%

Female ADF members also deploy to UN peacekeeping operations. The statistics for deployments of women on peacekeeping operations are shown below

Calendar Year	Number of Deployments of Women	% Participation of Women in Peacekeeping Deployments
2016	28	13.1%
2017	36	18.4%
2018	40	20.1%
2019	50	17.6%
2020 YTD (1 Nov 20)	23	19.0%

Changing roles for military women

Evans (2013) argues that as "as a result of the indiscriminate nature of modern asymmetric warfare, women have been constantly in the firing line". That is, even what would be considered a non-combat role can quickly turn in to a combat role due to ambush, IED explosion, etc. Similarly, females perform the same work as their male counterparts (and face the same risks) in Humanitarian Assistance and Disaster Relief (HADR) in foreign countries and Defence Assistance to the Civil Community (DACC) operations on Australian soil. Whilst not defined as 'warlike' areas these are operations where servicewomen may be exposed to trauma of a kind that can be as

damaging as combat trauma. This can be exposure to destroyed homes, lost livelihoods, orphaned children or deceased persons. All of these operations both warlike and HADR are deployments that may give rise to the sort of trauma that could induce mental health issues such as PTSD.

Internationally there is an incredible amount of research looking at the effects of military service on mental health, particularly out of the United States of America, but other nations also have significant research, including Australia. The vast majority of this research is out of the fields of medical, psychiatry and psychological sciences. Whilst interesting to note this research it is beyond the scope of this paper (and frankly its author) to assess this data, nor is it necessary to assess in order to attempt to answer the question this paper is attempting to answer. In Australia there is also significant amounts of data collected on and about veterans, again particularly about the effects of military service on mental health, much of this is collected and/or collated by, on behalf of, Government Departments and agencies such as the Department of Veterans Affairs. That said there is very limited research looking at the effect of gender on the experience of military service on mental health and this data gap is noted in literature, "understand the health and welfare needs and outcomes of female veterans, and how they compare with those of male veterans" (Australian Institute of Health and Welfare, 2018). It is worthwhile however understanding the extent of the issue within female veteran ranks. The most recent DVA claims data show relatively low numbers of claims but they are significant as they represent the fact that military service can come at a health and mental health cost.

Female veterans with one or more disability or death claims decided (2019 – 2020 FY)						
Age at Decision Date	**VEA Peacetime**	**VEA Operational**	**DRCA**	**MRCA Peacetime**	**MRCA Operational**	**Net Total**
Under 30	242	0	1	615	89	758
30 – 39	345	14	61	467	204	749
40 – 49	372	48	239	259	121	608
50 – 59	369	39	210	138	61	490
60 – 69	193	6	102	29	11	220

70 - 79	40	0	34	4	0	48
80 – 89	7	1	5	0	0	9
90 or over	0	6	0	0	0	6
Total	**1,568**	**114**	**652**	**1,512**	**486**	**2,888**

Source: Department of Veterans' Affairs 2020

Twenty most commonly decided SOP (2019 – 2020 FY)						
Condition Decided (SOP Title)	**VEA Peacetime**	**VEA Operational**	**DRCA**	**MRCA Peacetime**	**MRCA Operational**	**Net Total**
Tinnitus	97	24	131	367	225	844
Acute Sprain and Acute Strain	44	12	122	461	32	671
Osteoarthrosis	131	19	148	167	72	537
Sensori-Neural Hearing Loss	84	19	108	119	79	409
Depressive Disorders	37	21	63	186	59	366
Lumbar Spondylosis	62	15	86	141	54	358
Posttraumatic Stress Disorder	23	22	65	89	70	269
Rotator Cuff Syndrome	28	10	42	133	19	232
Fracture	13	2	37	162	7	221
Anxiety Disorder	11	8	34	85	20	158
Shin Splints	11	2	18	111	4	146
Chondromalacia Patella	9	5	21	75	28	138
Plantar Fasciitis	17	5	21	79	14	136
Cervical Spondylosis	28	5	47	27	24	131
Solar Keratosis	37	8	37	23	13	118
Non-Melanotic Malignant Neoplasm of Skin	29	6	43	27	11	116
Adjustment Disorder	7	2	7	85	14	115
Alcohol Dep/Abuse	15	6	30	43	18	112
Joint Instability	10	2	13	57	3	85

Female Sexual Dysfunction	4	5	22	41	12	84

Source: Department of Veterans' Affairs, 2020

The transition period from military-to-civilian life can be one of the most significant and stressful periods in the military life cycle (Hansen et al, 2020). The Department of Veterans' Affairs did a longitudinal study of the effects of transitioning out of military service and the effects this has on mental health. The *Mental Health Prevalence Report* investigated the prevalence of 12-month and lifetime mental disorders, trauma exposure, suicidal ideation and self-reported mental health symptoms among transitioned ADF members. "Overall, compared to males, females tended to have slightly higher estimated rates of 12-month anxiety disorders (41.9% vs 36.3%) including panic attacks (22.8% vs 16.2%), social phobia (14.9% vs 10.4%) and PTSD (24.8% vs 16.6%). In contrast, males had slightly higher rates of panic disorder (5.7% vs 3.0%) and agoraphobia (12.5% vs 7.9%). However, these differences were not statistically significant (Table 4.5 and Figure 4.2)". (Van Hooff et al, 2018 p. 59)

ICD-10 anxiety disorder	Sex					
	Male (n = 21,671)			Female (n = 3261)		
	Weighted n	%	95% CI	Weighted n	%	95% CI
Panic attack	3500	16.2	12.7, 20.4	744	22.8	16.4, 30.9
Panic disorder	1246	5.7	3.7, 8.8	98	3.0	1.4, 6.1
Agoraphobia	2718	12.5	9.4, 16.5	257	7.9	3.3, 17.7
Social phobia	2253	10.4	7.5, 14.3	485	14.9	11.9, 18.4
Specific phobia	1651	7.6	5.5, 10.4	285	8.7	4.7, 15.7
Generalised anxiety disorder	815	3.8	2.2, 6.5	102	3.1	1.5, 6.4
Obsessive-compulsive disorder	894	4.1	2.5, 6.8	135	4.1	1.3, 12.1
Posttraumatic stress disorder	3598	16.6	13.2, 20.7	810	24.8	18.2, 32.8
Any anxiety disorder	7865	36.3	31.5, 41.4	1367	41.9	32.3, 52.2

Table 4.5 Estimated prevalence of 12-month ICD-10 anxiety disorders in Transitioned ADF members, by sex

Source: Van Hooff et al, 2018

Types of Gendered Trauma

The author could find only one piece of research that looked at how gender affects veterans experience of traumatic stress and that is Dr Samantha Crompvoets three-year study titled "The health and wellbeing of female Vietnam and Contemporary Veterans" (Crompvoets 2012). Whilst the work is now eight years old the fact that it looks at female veterans' experience from the Vietnam War through to peacekeeping missions and the (then) current conflicts in Afghanistan and Iraq makes it the seminal work for this essay and as such deserves exploring

some of the findings here though this is not trying to be a review of that article. From Crompvoets (2012) the sorts of trauma experienced by the female veterans can be seen as Military, Sexual Violence, Gender (or female) Specific and Transition Trauma.

Military Trauma

Female veterans, like their male counterparts, had experiences that exposed them to traumatic experiences including inter alia receiving and witnessing horrific injuries, witnessing death and other experiences that most people would consider traumatic. These are known as Traumatic deployment exposures (TDE) and there are exposure types used within military literature: 'subjective combat' (i.e., perceived threat) items (e.g., 'were you in danger of being injured?'); 'objective combat' (i.e., measurable events) items (e.g., 'did you experience a landmine strike); 'human death or degradation' items (e.g., 'did you handle dead bodies'); and environmental items (e.g. 'Were you exposed to diesel exhaust'). (Graham et al 2019). Interestingly Crompvoets (2012, p. iv) made the observation that despite gendered structural barriers female veterans framed their experiences as mostly positive. There is little other research available for how gender affects these experiences, at least in an Australian context and in interviews with Professor McFarlane of Adelaide University for this paper he confirmed the need for same.

Sexual Violence Trauma

Military sexual violence trauma stems from rape, attempted rape, sexual harassment or bullying, etc whilst in a theatre of operations though of course occurs in non-deployed situations as it does in civilian settings. Women did report more sexual assault in adulthood and elevated baseline guilt cognitions, whereas men reported more baseline anger directed inward (Galovski 2013).

Gender Trauma

Crompvoets (2012) exposes a number of gender specific traumas that few if any other articles mention and in doing so articulates the lack of gender lens being applied in Australia's defence forces and veterans' affairs bureaucracy, at least at the time of her research. Interviews and queries made by the author confirm anecdotally that while our defence force and bureaucracy are alive to gender do not apply a gender lens as constantly as it should. The gender specific traumas include but are not limited to: maternal separation, reproductive and gynaecological health, domestic violence, lack of family friendly work arrangements as well as struggling with identifying as veterans post deployment as veterans are normally displayed as male.

Maternal separation seems an obvious gendered trauma and while males also may experience negative separation issues but given the gendered norm of women as mothers this induces a greater level of trauma.

> "Women in this study spoke about this as a particular challenge. Some of the issues raised included difficulties dealing with sick, starving, injured or neglected children while on deployment. In addition, the logistics of organising care for children, particularly for single mothers, was a feat in itself, and women described little support or assistance from the ADF. Communicating regularly with their children while deployed was frequently mentioned as a way to cope. Many mothers were unsure how to prepare themselves or their children prior to deployment or integrate back into the family on return. Women in the study who did not have children were aware of some of the difficulties that mothers face. For some it was cited as a reason for leaving their military career earlier than they would have liked in order to start a family. This then led to resentment and challenges to their professional and personal identity. A combined military career and family was described as not compatible with military culture, evidenced in the lack of flexible employment models, and experienced as a significant barrier to career progression." (Crompvoets 2012)

Transition Trauma.

It is well established that transitioning from active military service to civilian life can be a period of high risk and likely contributes to the cause of mental health disorders. The Australian Department of Veterans' Affairs and Department of Defence have committed significant resources to understanding and addressing the risks associated with transitioning; the Transition and Wellbeing Research Programme (Van Hoof et al 2019). Whilst this study was the most comprehensive undertaken in Australia and is comprised of eight reports and two papers it is silent on gender. (Noting the report lists demographic data quoted above from Van Hoof et al 2018 p. 59). On the other hand, Crompvoets (2012) establishes some clear gender effects of transitioning females and lists significant barriers to female veterans accessing support services which include:

- "Lack of an authentic veteran identity
- Lack of trust in confidentiality of DVA/ADF funded services

- Stigma associated with mental health issues and treatment seeking
- Lack of trust in the DVA 'system' of claims processing
- Disconnect between information given at time of transition and perceived/actual time of needing this information
- Perceived and/or experienced lack of understanding from others about issues related to discharge or deployment
- Perceived and/or experienced lack of understanding from others about issues related to maternal separation and parenting"

Of these the lack of an authentic veteran identity is potentially the most gendered as the notion of an 'authentic veteran' is based on a broadly believed archetype being male (masculine), older and likely served in Vietnam or in a combat role and this is reinforced by the DVA's poor understanding about health issues for female veterans, particularly veterans as mothers and acknowledgment in the broader community of the existence and experience of veterans as mothers. (Crompvoets 2012 p. 23)

Recommendations and Conclusion

It is apparent to the author via numerous interviews, private discussions and Senate Estimates questions with academics, DVA senior staff and active and veteran service women that the ADF has made significant efforts in improving gender equality over the past decade, as statistics above attest, but it still has a long way to go. A personal observation is that it seems the possibility exists that in their efforts to remove gender biases institutions such as the ADF also remove the gender lens that is very much required to address gender issues. That is, they see any gender bias as bad whereas the ability to see gender issues is vital to improve gender cognisance and therefore gender outcomes. The overview of recommendations listed by Crompvoets (2012 p. 35) are apparently still valid even though progress has been made. While these recommendations will assist it is the author's firm belief that the Government and its departments much establish a form of gender oversight for departments such that gender issues are being clearly identified such that they can be more efficiently and appropriately be addressed. This oversight was also recommended by Rimmer (2019)

"Parliament should appoint independent gender advocates who can monitor progress in the ADF, both in integration and operations. Parliament should further mandate that gender equality is fundamental to achieving the mission of the ADF as a foundational Australian public institution and set standards that reflect international human rights standards."

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2020

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