

## **US SOLDIER PEACEKEEPING EXPERIENCES AND WELLBEING AFTER RETURNING FROM DEPLOYMENT TO KOSOVO**

Amy Adler, Carol Dolan, Robert Bienvenu, Carl A. Castro

The U.S. Army Medical Research Unit-Europe

### **ABSTRACT**

*Peacekeeping experiences present both the opportunity for finding meaning in one's Job and the risk for being traumatized. In a study of US soldiers stationed in Germany returning from deployment to Kosovo, soldier experiences with peacekeeping were assessed along with soldier wellbeing. Soldiers (N=1,215) were surveyed using a 15-item peacekeeping experiences scale, the 17-item Post-Traumatic Stress Checklist, a 10-item revised Conflict-Tactics Scale, and three wellness behaviors (alcohol consumption, sick days, and sleep). Findings indicated that soldiers reporting high levels of exposure to peacekeeping experiences reported more post-traumatic symptoms, greater use of conflict-related tactics, more alcohol consumption, more sick days, and less sleep at post-deployment than soldiers with less exposure. Experience with positive aspects of the deployment such as contact with grateful civilians and engaging in community improvement projects, was associated with greater intention to remain in the military and greater acceptance of the mission's goals. As expected, rank and unit type were key demographic variables in understanding the relationship between experience and wellbeing. The findings suggest the need to target specific units and soldiers for prevention programs.*

Often, post-traumatic stress disorder has been the focus of studies examining the impact of military deployments on soldiers' psychological health (e.g., Wolfe, Erickson, Sharkansky, King, & King, 1999; Flach & Zijlmans, 1997; Litz, King, King, Orsillo, & Friedman, 1997; Lundin & Otto, 1996). Although some studies have addressed other symptom areas (e.g., Johansson, 1997), the link between deployment experience and outcome has primarily focused on post-traumatic stress symptomatology. The studies that have addressed other symptom categories are inconsistent. Some studies have demonstrated that deployment does not have a significant impact on health outcomes (e.g., Vogelaar, Soeters, & Born, 1997), while others have found that there is indeed an impact (e.g., Deahl, Svirnivasan, Jones, Thomas, Neblett, & Jolly, 2000).

The deployment experience presents soldiers with several different types of stressors (e.g., Ritzer, Campbell, & Valentine, 1999; Bartone, Adler, & Vaitkus, 1998; Vogelaar, et al., 1997). Among the many stressors soldiers may encounter, including separation from family, quality of life reductions, and work relationships, it is the exposure to events encountered during the course of executing the mission (e.g., while on patrol) that are particularly critical for understanding the impact of deployment on peacekeepers. These duties represent not only a potential threat to the psychological wellbeing of peacekeepers, but to their physical wellbeing as well.

In order to better understand the relationship between peacekeeping experiences and soldier adjustment, the present study seeks to identify the kinds of peacekeeping experiences soldiers report on such a deployment and the link between these experiences and various outcome measures. It was expected that elevated exposure to peacekeeping experiences would be associated with higher rates of physical symptoms, greater alcohol use, and less sleep at post deployment.

## **Method**

### **Procedure**

U.S. soldiers from the 1<sup>st</sup> Infantry Division were surveyed one-to-two months following a six-month deployment to Kosovo in support of NATO's Kosovo Force. Surveys were administered to 1,215 soldiers at their home station, located throughout Germany. Surveys were administered in several company-sized groups. Surveys took about 45 minutes to complete, and participation was voluntary.

In all, 93.3% were male, and 6.7% were female. The sample included 56.5% junior-enlisted soldiers (E1-E4), 35.0% non-commissioned officers (E5-E9), and 7.2% officers. Most of the soldiers were married (53.7%) or single (37.2%); 9.0% were divorced or separated. In terms of unit type, 63.0% were from combat arms units, 28.9% were from combat support, and 7.3% were from combat service support units. Ethnic backgrounds included white (56.7%), African-American/Black (23.7%), Hispanic (10.5%), and other (9.1%).

### **Survey**

Demographics. Several survey items addressed demographic questions, including gender, rank, ethnicity, unit type, and marital status.

Peacekeeping Experiences Scale. The Peacekeeping Experiences Scale (PES) consisted of 20 items describing events that peacekeepers may experience. The events ranged from having to exercise restraint while patrolling to being shot at. Response options for each of the experiences were "no, did not experience it" and "yes, experienced it", with "no impact" "a little impact" "moderate impact" and "extreme impact." The peacekeeping scale was adapted from one used by the US Army Medical Research Unit-Europe during a longitudinal assessment of troops deployed to Bosnia.

Physical Symptoms Scale. The Physical Symptoms Scale (PSS), used in several studies conducted by the Walter Reed Army Institute of Research (e.g., Bliese, Escolas, Christ, Castro, 1998; Halverson, Bliese, Moore, & Castro, 1995) consisted of 22 common physical symptoms (e.g., headaches, intestinal upset, back problems) rated on a 4-point scale (not at all, a little, often, and very often). The PSS sum score was composed of the number of items endorsed as having occurred often or very often.

Wellness Behaviors. Two wellness behaviors addressed the amount of alcoholic drinks consumed in the previous week and the number of hours slept on average per night the previous week.

## Results

### Peacekeeping Experiences Scale

The dichotomous (i.e. no/yes) responses to the PES were subjected to a 3-factor analysis following a visual examination of the scree plot. A principal component extraction with an oblimin rotation resulted in three factors that explained 58.6% of the variance. The factors were a 5-item factor “body handling and physical devastation,” a 6-item factor “threats to self,” and a 10-item factor, “peacekeeping patrol.” The item loadings on each factor are presented in Table 1.

**Table 1**  
**Peacekeeping Experiences Scale Item Loadings on Three Factors**

Scale Item	Factors		
	1	2	3
Being in an accident	.57		
Being attacked/ambushed	.74		
Being taken hostage	.77		
Seeing dead or seriously injured Americans	.58		
Having to aid in the removal of unexploded land mines	.62		
Being shot at*	.56		
Seeing the physical devastation	.63		
Seeing dead bodies or body parts		.84	
Handling or uncovering dead bodies or body parts		.76	
Smelling the stench of decomposing bodies		.79	
Witnessing an accident which resulted in serious injury or death	.67		
Witnessing hostility between the former warring factions	.72		
Patrolling areas (or riding in areas) where there were land mines		.66	
Having hostile reactions from civilians you were trying to help		.80	
Disarming civilians			.80
Having contact with traumatized civilians			.82
Witnessing hostility over property or boundary disputes		.84	
Having to exercise restraint while patrolling			.85
Seeing children who were victims of war			.65
Needing to police or manage civilians in chaotic or unpredictable conditions		.85	
Being shot at*			.58

\*Item loaded on both factors.

Note: Factor 1 was “Body Handling and Physical Devastation,” Factor 2 was “Threat to Self,” and Factor 3 was “Peacekeeping Patrol.”

There were demographic differences in the way soldiers experienced the various factors. Men reported more exposure on all three factors than women, and soldiers in combat arms reported more exposure on all three factors than soldiers from other units. NCOs reported more exposure to body handling and threats to self than did the other rank groups.

Besides the three factors, the PES was analyzed by creating a group of high-scoring soldiers (defined as experiencing 10 or more of the PES items) and a low-scoring group (defined as experiencing fewer than 10 items). About half the group of soldiers were in each group (52.0% and 48.0%, respectively).

### PES and Health

Soldiers who scored high on the PES reported significantly more physical symptoms on the PSS sum scale at post-deployment than those who scored low on the PES (2.4 vs. 1.5,

$t(1192)=4.71, p<.001$ ). More soldiers who scored high on the PES also reported getting minimal hours of sleep at post-deployment (defined as 5 hours of sleep or less) than soldiers who scored low on the PES (49.2% vs. 34.2%,  $\chi^2 [1, N=1,165] = 26.68, p<.001$ ). These patterns were consistent for both Combat Arms and non-Combat Arms units. Also, combat arms enlisted soldiers who scored high on the PES reported greater use of alcohol at post-deployment than combat arms enlisted soldiers who scored low on the PES (7.7 drinks in the previous week vs. 4.9, respectively),  $t(542) = 2.69, p<.01$ .

### Discussion

High numbers of peacekeeping experiences during the Kosovo deployment were associated with decreased physical wellbeing 1 to 2 months following the return of soldiers to home station. These experiences, even when measured in a relatively simple manner, demonstrated a consistent association between greater exposure to experiences encountered on a peacekeeping deployment and decreased wellbeing.

In this study, wellbeing was conceptualized as encompassing physical symptomatology. Both alcohol drinking and minimal sleeping have previously been associated with reduced cognitive reasoning and thus suggest that exposure to peacekeeping experiences is important in understanding not only the health of the soldiers but also military readiness in general.

We recognize that the data analyses reported here are incomplete. For instance, the link between the three subscales of the PES and the psychological and physical health outcomes were not examined. Also, a more detailed analysis of the important demographic variables such as gender, military rank, and unit type should be conducted. These analyses are in progress. One may argue that the findings may not apply to all peacekeeping operations. Further, these findings may not even be relevant for other types of military operations such as humanitarian or combat missions. This limitation, while potentially important, is inherent in all studies of this type.

Furthermore, results suggest that soldiers and units reporting relatively high rates of peacekeeping experiences could be targeted for specific prevention efforts. For example, units with high rates of peacekeeping experiences could receive additional anger control or alcohol awareness courses. The results from the study suggest several points for intervention as well as future research and analyses. These follow-up studies will be a key component to developing a refined understanding of the impact of peacekeeping deployment on soldiers. Such an understanding has the potential not only to help soldiers returning from deployments but also to enhance soldier and unit readiness for future operations.

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