Addressing the Invisible Wounds of War: Cultural Considerations.

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Addressing Military Behavioral Health

- Military History in the United States
- Military Culture
- Military Sexual Trauma
- Suicide prevention
- PTSD
- Clinical Implications

The Armed Forces

- United States Army (USA) – Jun 14, 1775
- United States Navy (USN) – Oct 13, 1775
- United States Marine Corps (USMC) – Nov 10, 1775
- United States Air Force (USAF) – Sep 18, 1947

Military Culture

United States Army Core Values

- **Loyalty** – bear true faith and allegiance to the U.S. Constitution, the army, your unit and fellow soldiers.
- **Duty** – fulfill your obligations.
- **Respect** – treat others as they should be treated.
- **Selfless service** – put the welfare of the nation, the army, and your subordinates before your own.
- **Honor** – live the army values.
- **Integrity** – do what's right, both legally and morally.
- **Personal Courage** – face fear, danger, or adversity, both physical and moral.

Navy Core Values

- **Honor**: “I will bear true faith and allegiance...”
- **Courage**: “I will support and defend...”
- **Commitment**: “I will obey the orders...”
Marine Corps’ Core Values

Honor
Courage
Commitment

Marines never give up, never give in, never willingly accept second best.

Air Force Core Values

• Integrity first.
• The willingness to do what is right even when no one is looking.
• Service Before Self.
• Professional duties take precedence over personal desires
• Excellence is all we do.

A sustained passion for the continuous improvement and innovation that will propel the Air Force into a long-term, upward spiral of accomplishment and performance.

The Armed Forces Chain of Command

• The Chain of Command
  • President – Commander in Chief of the Military
    – Secretary of Defense
      • Combatant commanders
      • Service secretaries
        – CICS/service chiefs
        » MAJCOM/Corps (20k-45k)
        » NAF/Divisions (10k – 15k)
        » Brigade/wing (2K – 5K)
        » Battalion/Group (300-1k)
        » Company/Squadron (50 – 200)
        » Platoon/Flight(15-45)
        » Squad/Element/Fire team (5-10)

WHO ARE WE?

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WHO WE ARE.
Why Join?

- Family tradition
- Transition to manhood/womanhood
- To serve country
- To support family
- Friend did it
- Get out of trouble with the law
- Do something noble with life
- Give life (death) a purpose
- Protect people, country and way of life
- Be a part of a team - something bigger than yourself
- Inherent sense of selflessness
- College money, free medical care
- Travel
- Escape poverty

Tough Realities about Combat

- Fear in combat is ubiquitous
- Unit members will be injured or killed
- Communication breakdowns will occur
- Leadership failures will be perceived
- Combat environment is harsh and demanding
- Combat poses moral/ethical challenges
- Combat impacts every solider mentally and emotionally
- Combat has lasting mental health effects
- Soldiers are afraid to admit that they have a mental health problem
- Deployments place a tremendous strain upon families

Deployment Challenges for Service Members

- **Cognitive**
  - Boredom
  - Monotony
  - Unclear role or mission
  - Vague demands
  - Experiences that defy beliefs
  - Info overload

- **Emotional**
  - Fear of Failure
  - Guilt
  - Horror
  - Fear
  - Anxiety
  - Feeling devalued

- **Operational**
  - Heat
  - Dehydration
  - Lack of comforts
  - Desert
  - Noises
  - Fumes

Deployment Challenges for Service Members

- **Spiritual**
  - Change in faith
  - Inability to forgive
  - Loss of trust
Deployment Challenges for Service Members

• Social
  - Separation from loved ones
  - Lack of privacy
  - Public opinion and media

Reintegration

Task 1
• Overcome alienation
  - From Family
  - From Friends
  - From Co-workers
  - From Community

Reintegration

Task 2
• Move from simplicity to complexity
  - From self to others
  - From survival to thriving
  - From others thinking for you to responsibility
  - From no choices to overwhelming choices

Reintegration

Task 3
• Replace war with another high
  - War is an adventure
  - Nothing in civilian life matches the intensity
  - Speed kills: so do drugs, alcohol, etc...
  - How do you learn to accept life as it is?

Reintegration

Task 4
• Make peace with self, God, and others
  - You may have done or not done things that violate our moral code
  - You participated in the killing of other humans
  - Is there absolution or do you live with the guilt (real, false, survivors) forever??

Reintegration

Task 5
• Move beyond war
  - Find meaning and purpose outside of combat
  - You were someone before war and will be someone after war
  - Will you be stuck in combat forever??
BATTLEMIND SKILLS

WHILE DEPLOYED
- Buddies (cohesion)
- Accountability
- Targeted Aggression
- Tactical Awareness
- Lethally Armed
- Emotional Control
- Mission OPSEC
- Individual Responsibility
- Non-Defensive Driving
- Discipline and Ordering

HOME
- vs. Withdrawal
- vs. Controlling
- vs. Inappropriate Aggression
- vs. Hyper-Vigilance
- vs. “Locked and Loaded” at home
- vs. Anger/Detachment
- vs. Secretiveness
- vs. Guilt
- vs. Aggressive Driving
- vs. Conflict

Deployment: Related Clinical Concerns

Sleep problems
- Traumatic Brain Injury (TBI)
- Depression and Suicidal Behavior
- Post-Traumatic Stress Disorder (PTSD)
- Military Sexual Trauma

Take Home Clinical Points – Deployment Cycle
- Resilience is the norm
- Changes in the service member and family are to be expected
- Not every deployment is the same
- More deployments DON’T make service members/families tougher
- Turning off “Battlemind” is very difficult and takes time
- Barriers to care are significant
  - Focus on how getting help can positively impact job efficacy and mission readiness
  - Inquire about leverage, the service members support system (family, battle buddies, and command)
- Don’t forget about the ripple effects on families
- Emphasize the importance of getting help sooner, not later

Pentagon Estimates

19,000 in 2010
26,000 military sexual assaults were reported in 2012,

Rape, sexual assault, and sexual harassment are strongly associated with a wide range of mental health conditions for both men and women veterans.

Military Sexual Trauma (MST) is the leading cause of post-traumatic stress disorder (PTSD) among women veterans, while combat trauma is the leading cause of PTSD among men.

Street et al. 2008.
Stress, depression, and other mental health issues associated with surviving rape, sexual assault, and sexual harassment make it more likely that survivors will experience high rates of substance abuse and will have difficulty finding work after discharge from the military.


Responding to Disclosure

• Believe them.
• Reassure them that the assault is not their fault.
• Do not make promises you can’t keep.
• Stay calm.
• Do not interrogate them.

Metropolitan Organization to Counter Sexual Assault

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GAMBLING

A 2008 study of 31,000 recruits found 6.2% met criteria for problem gambling and 1.9% were pathological gamblers—rates approximately twice that of general public.

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Veteran Seeking Treatment

• Problem or pathological gamblers were found among 10% of all veterans utilizing V.A. treatment services.
• Veterans in treatment for PTSD may be as much as 60 times more likely to have a gambling problem than age-matched members of the general population.
• Suicide is extremely common, with 40% of veterans seeking treatment for gambling reporting suicide attempts.

Whyte, Keith. National Council on Problem Gambling

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SUICIDE
Veteran Population Statistics
At least 19% of the nation’s suicides occurred among veterans:
- 30,000 to 32,000 suicide-related deaths per year among veterans from all wars.
- Approximately 5 suicide-related deaths per day among veterans receiving care at the V.A.
- 950 Suicide attempts per month among veterans receiving care as reported by the Veterans Health Administration.

Active Duty Statistics
- 117 Marines died by suicide between 2010 and 2012
- The Army reported that in 2012 more soldiers died by suicide than by enemy attack -- 182 by suicide and 176 in combat.

Disturbing Trends
- Both men and women are more likely to involve guns and less likely to overdose
- Women commit suicide more often during overseas deployment; men commit suicide more often after returning to the United States

Sketch of the Theory

Desire for Death
Negative Influences of Combat Exposure and Training
- Premature discharge from service
- Loss of purpose after redeployment or discharge
- Physical or psychological disability from combat
- View help as “weakness”
- Failure to find a job
- Perceived failures from combat
- Survivor’s guilt.

(Selby, 2009)
Substance Abuse and Suicide

- Substance-use disorders increase risk for suicide. (Magne-Ingvar & Dejphrag, 1999)
- This association is mainly a result of substance abuse facilitating provocative experiences and thus leading to the acquisition of the ability to enact lethal self injury. (Joiner, 2007)

SUICIDE and PREVENTION

“We all hold a piece of the puzzle.”

Honoring those who gave all by helping all to come home.

STIGMA

Fear + Ignorance = Stigma

Effects of Stigma

- Self-esteem/pride
- Rank/status
- Career
- Rejection
- Embarrassment
- Helplessness

Prevention

- Encourage the veteran to join a service organization.
- Help the veteran learn to listen.
- Practice/discuss ways for the veteran to show that they are taking others seriously.
- Look for ways to help the veteran show that family and friends are needed.
- Letters work.

Keep Your Friends and make new ones too—this is strong medicine!

(Joiner, 2007)
What to Do if Concerned

- **Ask:**
  - Are you thinking of Suicide.
  - Do you think you might hurt yourself?

- **Care:**
  - Remove means. Stay calm. Show understanding.
  - Reassure them that they are needed, that you care about them.

- ** Escort:**
  - Never leave them alone.
  - Escort them to emergency room or V.A. and see that they get the care they need.
  - Dial **1-800-273-8255** Press 1

CRISIS LINE

Dial **1-800-273-8255**
Press 1
to talk to someone now.

Questions and Discussion

Works Cited