

Living With Traumatic Stress



You Are Not Alone

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Disabled American Veterans
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Foreword

Since 1775, when the Continental Congress established the Army, the United States has relied on brave citizens to fight for its independence and defend the nation against both internal and external threats. Americans have fought wars of independence, a bitter Civil War, two World Wars, Cold War era, conflicts in Korea and Vietnam, the first Gulf War, and now the Global War on Terror.

Over the past decade, almost two million U.S. military service members have served in Afghanistan and Iraq. Those wars are different from previous combat theaters in a number of fundamental ways including: the pace of deployments and multiple deployments; the short dwell time between redeployments; the type of warfare; the roles and the numbers of deployed service members who are women; and the all-volunteer military's heavy reliance on its National Guard and Reserve components. Each of these factors has significantly impacted the combat experience and its effects on service members, their families and their communities.

After combat, service members demobilize and put away their weapons, turn in their ammunition and body armor and fold away their camouflage. In returning home, they also need to peel off layers of personal and collective behaviors that have protected them from danger and kept them functional and safe during deployments to theaters of military operation. This is part of normal readjustment to civilian life after the chaos of war. It is a normal and necessary transition, but neither effortless nor easy.

The Disabled American Veterans (DAV) honors the service of veterans from all eras and understands the importance of readjustment and dealing with the stress of combat. It is our mission to assist veterans, especially those who have been wounded in combat or who develop illnesses from toxic exposures or suffer mental health challenges post-deployment. We have produced this guide to ensure that veterans and their families understand the normal reactions to combat and the need to work on reintegration and readjustment following deployment to a war zone. Veterans need to prepare for fighting the aftermath of war as diligently as they practice their combat preparations. The stories and tips in this book will help you identify the normal reactions to combat; how to reintegrate successfully into your family, job and community; how to identify normal difficulties and spot the warning signs of illness. It will help you recognize when things are going wrong and identify when to ask for help from family, peers and combat buddies.

Not every problem readjusting is a sign of illness, but veterans and family members need to be able to recognize when professional help is needed. This book acknowledges your strength and will help you maintain that strength to build resilience, so that you may regain your good health and well-being and successfully reintegrate back into your families and communities.



“I didn’t think I needed anybody to help me. It took the love of my life to say, ‘You need to talk to somebody.’ I’m glad that she did that, and I think she’s glad that I did that.”

— General Carter Ham, US Army

Experiencing Severe Stress:

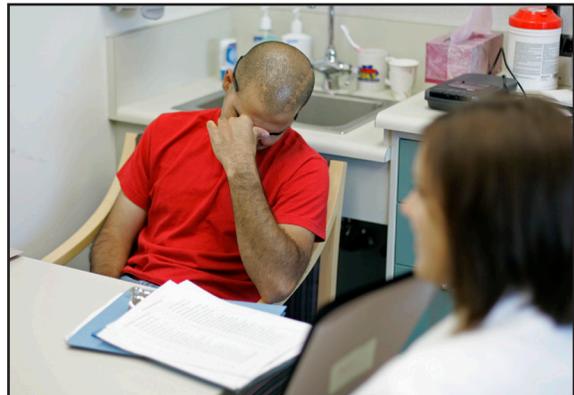
A LIFE-CHANGING EXPERIENCE

When we confront what we view as a threat, we have an automatic reaction. All our internal systems respond, including our body, our mind and our emotions. This stress response is natural and helpful. It is like putting all our systems in high gear, stamping down our threat-defense accelerator and getting ready to react. It allows us to focus on the threat or challenge we face and take action.

An emotional trauma is an extremely distressful experience that shocks someone emotionally. An emotionally traumatic event can have long-lasting psychological effects.

When the threat we faced is severe, or when it was repeated or constant over a period of time, our stress response can actually change our body and our mind. When this happens it takes time to readjust. But this is normal — it is to be expected. For example, when a service member first returns from a combat deployment, he or she may react differently to people and situations back home.

This could include feeling tense or sad, having trouble concentrating, having a shorter temper than usual, withdrawing from family or close friends, or

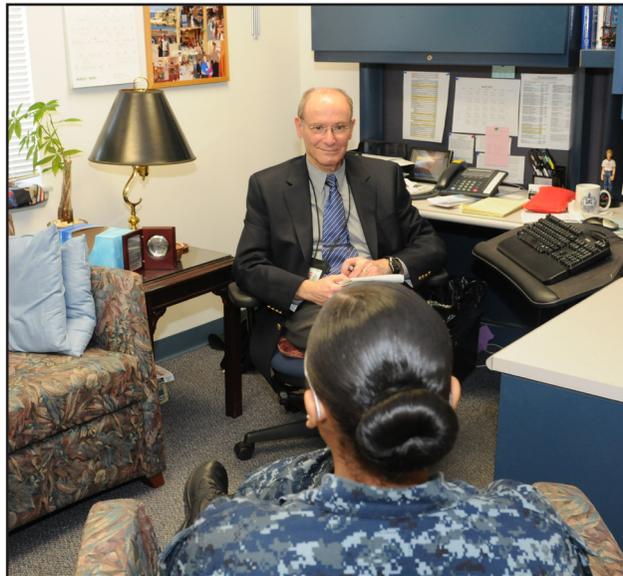


Angel Gomez, a Marine combat veteran, takes a rest during a therapy class at VA Palo Alto Health Care System.

other common signs of stress.

Most people will be able to readjust in a relatively short period of time. Within a few weeks they will feel more comfortable at home, and even though they still remember what happened and may have changed some of their values and beliefs because of their experiences, they will feel back in control of their emotional reactions. This is especially true if they pay attention to early signs of stress and deal with them right away. Some will have more difficulty in the weeks and months immediately following the severe stress. Some may adjust, but the stress still simmers under the surface and may erupt unexpectedly at some time in the future. These eruptions can be explained; they are most often triggered by events later in the person's life.

These triggers can include additional stressors, which may be similar to original severe stressors, like returning to combat on a later deployment, or they may be very different, like a serious illness or injury, or the death of a loved one, or a loss of employment. Life stressors can occur at any time, but they are especially common at the time of major life changes. For example, most Vietnam veterans are at an age where people face major life changes as they age, approach retirement and must deal with



Thomas Glass, clinical supervisor, takes notes during a counseling session with a U.S. sailor.

the aging or loss of those they care about. External events can also be triggers, such as extensive media coverage of current wars or disasters.

Whenever someone experiences a stress reaction, what matters most is how they cope with it. This book will provide you with information on how to recognize the normal aftermath of severe stress, both immediately after the stressful events and later in life. It will also give you suggestions and options for effectively dealing with stress reactions. This will include more comprehensive sources of information, and people who can help and support you as you work through these important and difficult issues. We all can benefit from someone to coach us, to guide us on the journey to readjustment and recovery from the effects of severe stress and trauma.

Indications of a Stress Reaction

You can identify early indications that you are having a stress reaction if you know what to look for and monitor yourself carefully. Self monitoring includes seeking and being receptive to feedback from others around you.

Some symptoms may be clearly related to a traumatic event you experienced.

This could include:

- Not being able to get memories of the traumatic event out of your mind.
- Dreams about the event.
- Becoming anxious, angry or depressed when you are exposed to cues that remind you of the event.
- Feeling guilty about the event.



Michelle Briggs talks with her husband, Bob, who needs help monitoring combat stress because of his traumatic brain injury.

However, the connection to the past traumatic experience may not be obvious for most of the early behaviors. These symptoms may include actual attempts to NOT remember the traumatic event, like:

- Avoiding thoughts about that time.
- Avoiding people or conversations that may bring it up.
- Detaching yourself from others emotionally.

Some of the behaviors may be a continuation of ways you reacted that were adaptive at the time of the severe stress but are not adaptive in the present. This could include:

- Always looking for and expecting something bad to happen.
- Overreacting to sounds, smells or the benign actions of others.
- Having trouble falling or staying asleep.

Many of the symptoms are more general in nature. Some are emotional reactions such as:

- Moodiness.
- Sadness.
- Feeling tense.

- Feeling bored all the time, like nothing lives up to the excitement of the past.
- Having a short temper.
- Being unable to feel and express emotions.

Some may be changes in how you behave, like:

- Driving too fast.
- Drinking or smoking too much.
- Gambling excessively.
- Road rage.

Some may be changes you notice in your body, like:

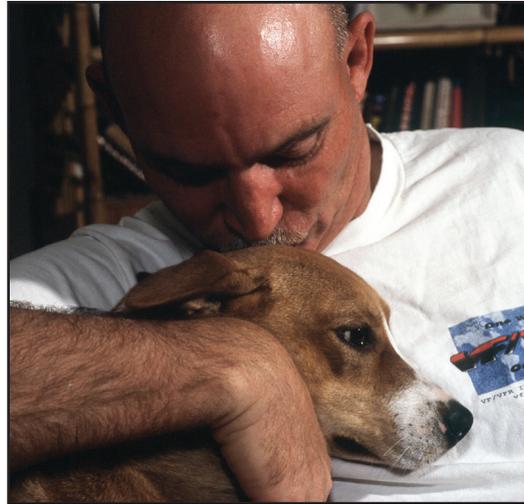
- Weight changes.
- Lowered sexual interest.
- Rashes.
- Headaches.

Some may be changes in your thinking abilities, like:

- Forgetting things.
- Trouble concentrating.
- Difficulty making decisions.
- Lowered self confidence.

Self-monitoring may help you identify these early signs. Often, however, we do not easily recognize them. Those around us, including family, people at work and friends, may notice them first. Therefore, an important part of self-monitoring is to seek feedback from others and to listen, non-defensively, when others give you feedback on things that they notice which may indicate a stress reaction. This can be hard, but it is a potentially critical source of information.

If left unattended, the early signs of stress can grow and, for some, contribute to the development of a serious psychological condition known as post-traumatic stress disorder (PTSD). The symptoms of PTSD are not different in nature from many of the early signs of a stress reaction. They are, however, more persistent and severe. They significantly interfere with important life functions such as family relationships, other social interactions, work and school.



U.S. Air Force SMSGT Patrick McCathern kissing one of his dogs that help him overcome severe depression.



Symptoms of PTSD include re-experiencing the traumatic event. This can occur in many ways, such as distressing memories, nightmares, flashbacks where you actually feel like you are back in the dangerous situation, or feeling intense stress when you are reminded of the event by some external cue. A cue could be a sensory experience like a sound, a smell, humidity or heat or cold, or it could be something visual like a package lying along the side of the road or a helicopter flying overhead.

Symptoms of PTSD also include avoiding anything that is associated with the traumatic event or which might remind you of it. This can result in isolating yourself, distancing yourself emotionally from people, avoiding being with people and diminished interest in activities you used to enjoy.

Symptoms of increased arousal are also present, such as feeling irritable all the time, intense anger, feeling on edge — constantly looking for some threat and sleep problems.

In PTSD these symptoms persist for at least one month and may continue for years. As with other stress reactions, the symptoms may occur immediately after the trauma or emerge as significant problems at any time later in life.

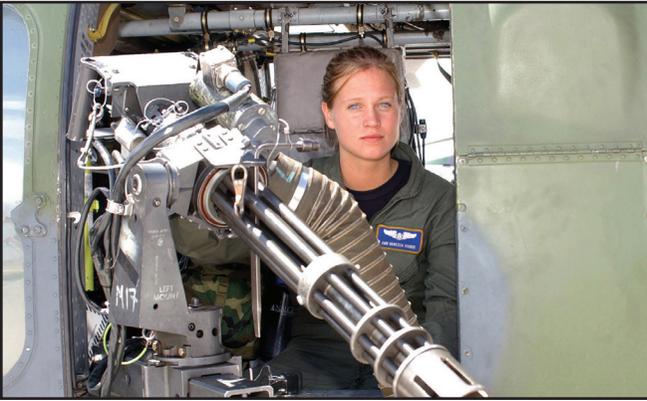


“You’re not alone. There are other people experiencing these things... they are expected outcomes of being exposed to this kind of trauma over an extended period of time.”

—Brigadier General Gary Patton, US Army

PTSD is the most severe form of stress reaction following exposure to a traumatic event, but it is not unusual. It is estimated that about one out of every 15 people will have PTSD at some time during their life. It is, of course, most common in groups of people who are likely to be exposed to severe trauma, such as those who served in a war zone, or were exposed to situations with a high probability of sexual abuse or experienced a catastrophic disaster such as a hurricane, earthquake or other life-threatening event. As many as one in five people in these high-risk situations may develop PTSD.

STORIES FROM VETERANS



▼ **Jessica** just accepted a rare assignment as part of an Air Force Security Force. She returned two months ago from a deployment where she was protecting supply convoys from the airbase to frontline units. Early in the deployment an improvised explosive device (IED) blew up a vehicle

in her convoy. Every trip after that was stressful. Her body and mind reacted *normally*; she was on constant alert. Since coming home she is unusually irritable, has trouble sleeping, has frequent headaches and is drinking more than ever. She doesn't enjoy things that she used to, and her relationships with family and her best friends are strained. She recognizes that she just hasn't been able to get her foot off the adrenalin accelerator pedal.

▼ **Jeremy** served as an infantryman in Operation Desert Storm. His unit saw combat near the oil fields in Iraq, and he spent weeks camped downwind from the burning wells. He finished his tour of duty, returned home, studied to become a draftsman and has been working for a major manufacturing company for the past 15 years. During a deep recession his company suddenly shifted operations overseas. He has been unable to find a comparable position and recently took a part-time job at a large retailer. His daughter is graduating from high school and looking into colleges, but they have spent their family savings. Last week an exhaust pipe on his car fell off. As he drove in heavy traffic, smelling exhaust fumes, he was trying to figure how he'd get money for the car repair. He felt increasingly agitated, and when he got home he turned on the nightly TV news in the middle of a graphic report of a combat scene in Afghanistan. Since then he's felt overwhelmed.

▼ **John** was a Navy corpsman in Vietnam. The Marine company he served with took heavy casualties in repeated firefights. John was wounded but returned to his unit. When he came home he and his older brother opened a small pizza shop and restaurant and soon expanded into five sites. They both worked long hours, but John loved growing the business.

Whenever his wife complained that he worked too hard, he had a standard response: we'll retire with enough money to travel around the world. Two years ago his brother, who was not only his business partner but also his closest friend, died suddenly of a heart attack. John threw himself even more into the business. Three months ago his wife was diagnosed with cancer. She begged him to retire so they could travel when her treatments were over. He had to agree, he owed it to her. He has started having dreams about his time in Vietnam—vivid, realistic scenes that wake him in the middle of the night. When he can't get back to sleep, he goes for long walks, but the night sounds, even just the quiet, pull his mind back to memories of Marines who died in his arms. He can't believe how accurately he remembers their faces, their voices.

▼ **Tom** was an 18-year-old Marine when he shipped out to Korea. During that bitter cold winter he saw and experienced things that people back in the States never could have imagined. When he came home, no one wanted to talk about the “police action” that had gone sour, and neither did he. Now Tom sits in his room at the assisted living center waiting for his granddaughter to arrive. She's dead set on chronicling the family history. Tom enjoys being interviewed; she's so interested, so organized. He'd skipped over his experiences in Korea, enthralling her with some tales about boot camp and then telling the funny story of how he met her grandmother at a USO Halloween dance the week before he was discharged. But she had done her prep work. Before she left she kissed him and said that next week she wanted to hear about his war experiences. It was ridiculous; Tom had spent the week arguing with himself, unable to make a decision about what to tell her.

He could feel his heart thumping, maybe because he had tripled up on his coffee all week. He usually jokes about how bad his memory has gotten, but now here he was, tears running down his cheeks, all over something he could remember but wanted to forget.



Chris Ayres, who experiences post-traumatic stress, kisses his daughter Sarah at their home in League City, Texas.

Problems that Commonly Occur Along with a Stress Reaction

Severe stress reactions are often linked to other problems and may mask the presence of the stress reaction. Sometimes these linkages will actually make the stress response worse over the course of time.

Sometimes the problems are caused by the same event. For example, a service member exposed to a battlefield explosion might suffer mild traumatic brain injury at the same time he or she is exposed to psychological trauma that leads to a severe stress reaction.

The linkage may also occur because someone is trying, ineffectively, to cope with the aftermath of the severe trauma. For example, someone may begin to drink heavily, using the alcohol to try to calm down, sleep better or just blot out memories.

In more extreme cases, the problems can pile on, become overwhelming and lead to major life disruptions such as loss of employment, family breakups and homelessness.

It is important to be aware of and monitor yourself for co-occurring problems that may be indicative of an underlying stress reaction. They may be the first problems that you or those around you notice. Pay particular attention to problems that might indicate unsuccessful attempts to deal with the aftermath of trauma including:

- Hazardous use of alcohol or other drugs.
- Overuse of prescription medications.
- Excessive gambling or spending.
- Binge eating.
- Risk-taking behaviors, such as reckless driving.

Also monitor changes in your mood and emotional life, particularly feelings of:

- Sadness.
- Helplessness.
- Hopelessness.
- Inability to enjoy activities you previously enjoyed.
- Feeling bored, craving more excitement.



There is the possibility that a stress reaction might cause someone to feel so hopeless and depressed that he or she considers or tries to hurt themselves. A person may feel trapped, like there is no other way out or that there is no reason for living. Sometimes, but not always, a person at risk for suicide might talk about hurting themselves or about death, or try to acquire a means to end their life, such as a gun or pills. If you notice these signs in yourself or someone else, you can call the Veterans Crisis Line at 1-800-273-TALK (8255) any time day or night and talk to an experienced professional who understands veterans.

Taking Action

Early identification of a possible problem and prompt action are critical. Addressing stress-related problems can provide immediate relief and is the best insurance policy against long-term, more serious consequences.

The first and often the most important step is to make contact with someone who can help. People can help in many ways, depending upon their experience and expertise. A family member or friend can serve as a sounding board or as a guide to help you determine ways to deal with your stress. Many find a minister or chaplain very helpful. An advocate, like a veterans service organization, can help directly and connect you with other experts. VA professional counselors and clinicians are readily accessible.

You may need different types and intensity of assistance at different times in your life. This could include:

- Professional counseling to help you readjust and get back on track. This is often time-limited and targeted to specific problems and issues. Counselors familiar with military culture and with the unique needs of veterans are available, often with no fee.

- Treatment for a more severe stress disorder, including PTSD. Treatment can be tailored to your specific needs. It may include individual therapy, group therapy, family therapy and medication. Some people with more severe problems may benefit from intensive treatments that may be delivered on an outpatient basis or in a residential setting.

- Treatment for serious co-occurring problems such as alcohol abuse and other substance use disorders, depression, problem gambling or eating disorders. Co-occurring conditions can be effectively treated at the same time and in conjunction with treatment for stress-related problems.

Serious stress reactions can interfere with optimal functioning in many ways. They can lead to deterioration in family and social relationships,

interfere with work and school, and this in turn can cause financial crises. A comprehensive rehabilitation plan is often necessary to assure full recovery. Clinical treatment of the stress disorder and other co-occurring disorders are necessary parts of a larger overall rehabilitation plan. Comprehensive rehabilitation, however, will often also require vocational assistance, education and training, and at least temporary financial support during the rehabilitation process.

The American people, acting through their elected representatives, have recognized their responsibility to provide comprehensive readjustment and rehabilitation services for veterans who have served and sacrificed for their country. An array of federal veterans benefits are available, and can be integral parts of a rehabilitation plan. Additional assistance may also be available through state and local community resources.

Recognizing that these benefits must be readily available when the veteran requires them, the government has collaborated with veterans service organizations, such as DAV, to provide guidance and help in accessing vital services. A DAV National Service Officer or Transition Service Officer stands ready to provide expert assistance in applying for and accessing such services and benefits. The service officer can help you and the family and clinicians working with you to put together the pieces of a comprehensive rehabilitation plan.



James Blake Miller, the "Marlboro Marine," became an icon of the gritty American warrior in a picture published worldwide. After separating from the Marines, he was treated for post-traumatic stress disorder and depression.



STORIES FROM VETERANS

▼ José's National Guard patrol was shattered by an explosion from a remotely detonated explosive device while searching abandoned buildings in Afghanistan. He was unconscious for a short time. When he awoke, he couldn't hear, but he could see clearly the mayhem of the aftermath of the attack. He was bleeding from face and head wounds, but he was lucky compared to his sergeant who was in the lead and took the brunt of the blast. Jose's hearing came back in minutes, but the ringing lasted for days. His wounds were superficial and he was patched up quickly on the scene. He rotated home the next month, was processed out of active status

and returned home and to work. Since returning he has had trouble concentrating on his job as a linesman for the electric company. His foreman has been more patient than José.

José always enjoyed beers with his friends, but he started drinking much more heavily, which only made it worse at work. He's been short tempered with his wife and kids, and worse when drunk. When he isn't drinking he gets

increasingly depressed; he knows he is making matters worse. He has started to wonder whether the whole struggle to make everything work and straighten himself out is hopeless. Maybe everyone would be better off without him around.

▼ Jill had planned on making the Army her career. Three deployments had taken a toll, but it was what happened when she got back, what she thought of as "friendly fire" from a superior officer, that drove her out of the service. She had always loved to ride her motorcycle. Lately she rode it to forget, and she rode it hard and fast — way too fast. Last week she was roaring around a mountain switchback when she felt the urge

Combat stress impacts men, women, spouses and care providers. Love ones can help veterans identify changes in behavior after a deployment.



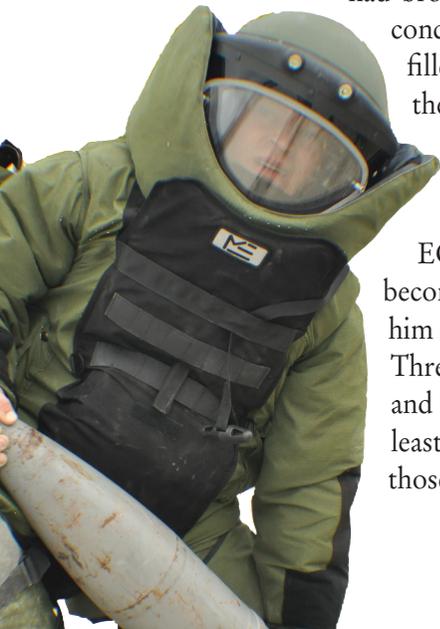
to just full throttle go into the void. She skidded to a stop at the last second, smashing her wheel. She limped into a Harley dealer in the next town. Pat, the mechanic, was a young woman. Her greasy fatigues and the tattoo on her shoulder identified her as former Army. They talked as Pat fixed her bike. Something opened Jill up. Maybe it was the near-death experience, or the three beers she'd had by noon, or the comfortable smell of the garage or something familiar she recognized in Pat. When it was time for lunch they went to a diner together, and Jill told her more about her harassment in the Army than she had ever told anyone. Pat listened, then she told Jill about a counselor at the Vet Center who specialized in helping women veterans who had experienced military sexual trauma. Jill went to see her. The road is still hard, but she's looking ahead again. A few weeks later she was visiting Pat and saw a DAV Mobile Service Office in the parking lot. Pat introduced her to the National Service Officer, and he started helping her figure out ways to get the education she needed. Jill still drives her Harley hard, but more safely. She knows where she's going, and wants to get there.

▼ **Joe** was a good Marine back then, a great Explosive Ordnance Disposal (EOD) technician, a good husband, a great poker player and a lot more. Tonight he doesn't know where he can sleep. Unlucky threes. Three rotations in Iraq in four years – there weren't enough EODs to go around. Three big explosions plus lots of little ones – the enemy knew the primary explosion would draw a crowd and so left other devices to greet them. Three years as a messed-up war veteran. None of the concussions

had broken his skull, but vets like Joe joke that such concussions left holes inside their heads, holes that filled up with memories of the gore that was always there when they arrived on the scene. The captain

had tried to straighten him out, but Joe wasn't hacking it. He was getting sloppy, couldn't focus, and the last thing you wanted was a shaky

EOD. He drank and gambled too much, and he'd become a shaky poker player too. When they eased him out of the military he became a shakier civilian. Three years later he was cross-addicted to alcohol and gambling and on stupid games of chance. At least when he was drunk or zoned out at the slots, those memories bounced around quietly.



Overcoming Barriers with a Helping Hand

Obstacles can get in the way of seeking help for a stress reaction. Some of these barriers may be in your own mind. It is easy to deny that a problem exists or is serious. This is especially true when you feel that people might be stigmatized for having the problem; that others may feel you are weak or strange, or look down on you in some way. These internal barriers can be overcome if you:

- Pay attention and monitor yourself for the signs of trouble.
- Recognize that a psychological reaction to severe stress is normal.
- Realize that you are not alone, that many service members exposed to severe stress display some adverse psychological reaction over time.
- Talk to people about it, especially people who have gone through similar experiences.

Some obstacles may be external, real world barriers to accessing the help you need. Figuring out the options available, eligibility rules, payment issues, transportation to services and other barriers can seem daunting, especially when you are already stressed. These practical barriers can be overcome if you:

- Put in the effort to learn about your options. There are many sources of information. Some are summarized in the last section of this booklet.
- Enlist the help of people with knowledge and experience in overcoming these real life obstacles, such as counselors, veterans service officers and mental health professionals.
- Persevere; and recognize that help in readjusting is your right. You earned it through your service to your country.





STORIES FROM VETERANS

▼ Jeff had fought many battles in his life. Some were in far away places, like the aftermath of the massacre in Bosnia. Some were back at home, like when his teenage son died in an auto crash. He'd stiff-upper-lipped it through them all,

put them behind him and moved on. Margo, his wife, had always been there, supporting him just by her presence, never pushing. Now she was fighting for her own life against a cancer that waged guerilla war on her, first appearing, then seeming to retreat, only to pop up somewhere else in her body. She needed Jeff, but he was under siege too, by thoughts that he couldn't keep out of his mind, by dreams that woke him from fitful sleep, from frayed nerve endings that stole his peace. His first battle in this new war had been with himself, to accept that he had to do something, that he couldn't do it alone. Finally, when he had to face that he was becoming of little use to Margo when she needed him most, he'd won the fight over false pride. That brought him to the next battle: who could he ask for help? Once he made a decision to find someone, all his strengths came into play. He checked around and found out that the associate pastor at the Presbyterian Church was a Vietnam vet. He made the call. Why was it so hard? The minister listened; Jeff could tell he understood. They talked. It helped. But life wouldn't give him a break. Margo couldn't work, his hours were cut in half as the company floundered, and he got depressed and woke one morning sure he was back in Bosnia. The minister suggested they needed reinforcements. He knew a DAV National Service Officer. Jeff agreed to meet with him. The three of them made a plan for fighting back on many fronts. They found a PTSD specialist at the VA hospital who could help and paired Jeff up with a group at the Vet Center. They also developed a plan to help him take advantage of benefits he'd earned but never asked for. He had to fight on, and he would.



“When he came back, all of him didn’t come back.... I didn’t get the whole guy I’d sent away.”

– Christi Ham,
Spouse of Gen. Carter Ham, U.S. Army

How Can Family and Friends Help?

Family and friends can play a major role in helping someone readjust after experiencing severe stress. They can do this by:

Listening Well: Listening well is a powerful, active way to help. In fact it has been shown to be one of the most helpful things someone can do. It is also the cornerstone for many additional things you can do to assist someone. Consequently, family and friends need to recognize and acknowledge the importance of listening well and carve out time and space to accomplish it.

Good listening is a skill. It starts with being patient and paying close attention to what the other person says. You need to understand what they are saying and how they are feeling about it. As you listen, reflect back to the person what you believe they have said. This will assure that you are getting it right, and it will confirm to the person that you hear them and value what they are saying. Pay attention for opportunities to affirm the speaker: express appreciation that they are sharing with you and complement them on positive steps they are taking. When you ask questions, try to make them open-ended questions. For example, “How are you feeling?” or “How can I help you with this?”

The veteran needs to believe that you want to understand what he or she has gone through. This belief is built on a foundation of effectively listening to each other.

Being Encouraging and Optimistic: Stress reactions are normal. Most people readjust in time, especially if they have the support of those around them. Counseling and treatment are effective for those with more severe

reactions, such as PTSD. Shortly after the stress, for example, when a service member comes back home after deployment or when an older veteran suffers a loss, things can be difficult.

Patience and encouragement can help, including being optimistic that temporary disruptions in relationships will subside.

Learning All You Can: You can be a more effective listener and give better feedback if you learn all you can about stress reactions. This knowledge will also be reassuring for you. Many sources of information are readily available. Some will be referenced in the last section of this book.

Observing and Giving Feedback: Family and friends may be the first to notice signs of stress in their loved one. Pay attention, be as sure as you can that your observations are consistent over time and give feedback on what you think are the most important behaviors you see. Try to stick to actual behaviors, rather than making assumptions about how someone else feels.

Giving Advice Carefully: Advice can be helpful, if properly delivered. Consider a simple triple-A rule: ask-advise-ask. Ask the person if it is okay to offer some advice. If they agree, give the advice. Then ask if the advice was useful.

Supporting Yourself: You can be most helpful if you also pay attention to your own needs in the relationship. Recognize that like the loved one who has experienced severe stress, you are not alone. Others have had to deal with similar situations. It is normal for this to be challenging for you. Seek support from other people. Also learn ways to manage your own stress: consider relaxation exercises, meditation or physical activities. Most importantly, be patient with yourself as well.



Special Challenges for Female Veterans and Service Members

The Disabled American Veterans has long recognized the many sacrifices women veterans have made and continue to make for our country. DAV's million-plus members want the American public to be made aware that women are veterans, too. From the American Revolution, serving in peace and wartime, women in uniform have honorably served and defended our nation.

Although women are barred from “direct” combat in their military jobs, they support and participate in combat units in a variety of ways, including flying Apache attack helicopters, piloting helicopters in reconnaissance and rescue missions, leading truck convoys serving in civil affairs and as military police officers. Women service members accompany infantry units as members of “Lioness Teams” and “Female Engagement Teams” to conduct weapons searches of civilian women in war zones, collect vital information and help diffuse tensions among women and children while U.S. combat troops search and secure critical locations.

Regardless of their military occupational specialties, women are increasingly engaging the enemy, and are consequently exposed to actual combat, lethal threats and the risk of serious injury or death. More than 600 women have been awarded the Purple Heart for wounds incurred by enemy action while serving in support of Operation Iraqi Freedom, including more than 100 women who died of wounds. Likewise, in previous military conflicts women were gassed, wounded, became prisoners of war and were killed by the enemy. Serving in a combat zone can be a life-changing event for anyone—but throughout history women of *all* eras have put their lives on



the line, carried out their military duties and served with honor.

While also traumatic for men, sexual assault and harassment affects women disproportionately and presents a challenge that adds to the stress of women who have served in the armed forces. The aftermath of sexual assault or harassment can deepen feelings of isolation, depression, anxiety and social estrangement. These experiences can trigger severe reactions long after the original stressors occur. Many of these incidents in the military go unreported due to a victim's retaliation, fear of loss of earned respect in the unit and adverse effects on their military careers. Silence, reluctance and secret-keeping compound the emotional burden the victim must carry throughout life. But help is available.

At home after multiple military deployments, women also face special challenges in readjusting or recovering from a severe physical injury, post-traumatic stress or other mental trauma, including reintegrating after a hardship separation from family into the expected role of wife, mother and nurturer. When they return to civilian life, women veterans often experience social isolation in the community and are frequently not thought of or recognized as war veterans. To assist women veterans' post-deployment, the Department of Veterans Affairs offers trained women as peer counselors in its 300 Vet Centers and female mental health professionals for treatment of conditions related to sexual trauma or harassment. Women Veterans Program Managers serve at every VA medical center and regional office. VA also has a specific health research agenda to evaluate the health impacts of war and military service on women.

In the past, women generally avoided seeking medical or psychological help at VA, perceiving VA as just another male-oriented system. Fully aware of this challenge, VA strives to improve and expand its programs and services for women and make it easier for them to access child care services. VA continues to look for new ways to understand and meet the changing needs of women veterans, while remaining respectful of the sensitivity of these issues and the need for confidentiality.





Know the Warning Signs and Seek Treatment

If you think you have PTSD, it's important to get treatment. Early treatment can help reduce long-term symptoms.

When To Seek Assistance:

- Feeling out of sync
- Jumpiness
- Worry
- Irritability
- Can't sleep
- Relationship issues
- Sadness
- Low motivation
- "Need for speed"
- Suicidal thoughts
- Substance abuse
- Work problems
- Isolation



If You Think You Have PTSD:

- If you're a veteran, contact your local VA hospital or Vet Center.
- Talk to a close friend or family member. He or she may be able to support you and find you help.
- Talk to your family doctor.
- Talk to a mental health professional, such as a therapist.
- Talk to a religious leader.
- You can also complete an online PTSD screening and take it with you to the doctor. The online screen, available on the National Center for PTSD website (www.ptsd.va.gov), asks about stressful military experiences.

Arming Yourself with Information

No one should go to war without the best weaponry and equipment to defend themselves. Similarly you should take advantage of a growing number of resources to help you with the aftermath of stress. Whether the stress is recent or in the more distant past, the tools you will need to adjust and recover are largely the same. Here are some selected options for you to start with.

Web-Based Resources

The Internet provides an excellent platform for organizing and presenting information that you may find helpful. Both of the sites summarized here also provide suggestions for printed materials, telephone assistance, face-to-face counseling and links to other web sites.

Afterdeployment.org was designed jointly by Department of Defense and Department of Veterans Affairs experts as a self-guided resource for service members and veterans and their families and loved ones. It provides information, self-assessments, expert advice and easy-to-implement self-directed interventions for a broad array of issues including stress reactions, PTSD, improving relationships, work related adjustment, depression, controlling the use of alcohol and drugs, anger management and general health. The information and self-guided resources are applicable to veterans of all ages; the “after” in <http://afterdeployment.org> may be many years later for some. The site is easy to access and easy to use.

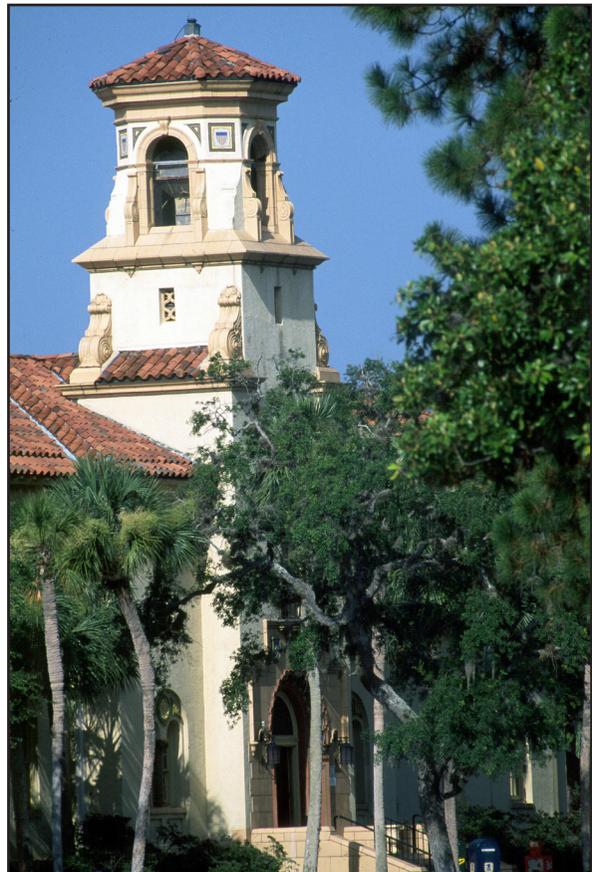
The VA National Center for PTSD website (www.ptsd.va.gov) provides up-to-date information on PTSD and related issues. It includes links to other Internet sites and information on how to find treatment providers for PTSD. There is also special information for women who have experienced trauma. The site includes information that can be downloaded and printed, as well as podcasts and other media.



Face-to-Face and Telephone Consultation

It is often useful to talk to an expert who can help you directly or guide you to another resource that can be of assistance. It is particularly helpful if the counselor or mental health professional has an understanding of military culture and the experiences of service members and veterans. The following options should be readily accessible.

Vet Centers are small community outreach and counseling centers that serve veterans of all military combat eras. Staff, who are often combat veterans, are specifically trained in assisting the readjustment of veterans to productive civilian lives. Services at the 232 centers, spread across the United States and its possessions, include individual, group, marital and family counseling, as well as employment counseling and referrals for other services. Specialists in military sexual trauma are available at each site. There is no charge for any services. You can talk to someone during normal business hours at 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific) or find the location of the center closest to you at www.vetcenter.va.gov.



*VA Medical Center,
Bay Pines, Fla.*



“This is a debt that must be repaid ... They’ve fought and suffered, and their lives have been affected forever.”

— Admiral Michael Mullen,
Chairman, Joint Chiefs of Staff

Military OneSource provides short-term counseling for active duty, Reserve and National Guard members and their families. This includes personal, marital, family and financial counseling. Services are provided on the phone or face-to-face through a network of specially trained counselors across the country. There is no charge for services. Services can be accessed by calling at any time 1-800-342-9647 or by visiting the website page at militaryonesource.com.

VA mental health services are available to eligible veterans at all VA medical centers and most community-based outpatient clinics. VA provides a broad array of services, including evidence-based care for PTSD and related conditions. Services have been continually upgraded in recent years. The location of the VA facility closest to you can be obtained using the facility finder in the “locations” tab at the VA website (va.gov).

DAV National Service Officers and Transition Service Officers provide guidance and advocacy and representation for veterans seeking benefits to facilitate their readjustment, rehabilitation and recovery. They also provide information on and referral to needed VA and other services. Veterans of Operation Iraqi Freedom and Operation Enduring Freedom have been granted special eligibility for VA health services for five years after their discharge from the armed forces, so it is important to act now.

DAV National Service Officers are stationed at locations throughout the United States and Puerto Rico and also are available in many other locations through Mobile Service Offices. Locations, local contact numbers and a schedule of Mobile Service Office stops can be found at the Disabled American Veterans website (www.dav.org) or by calling 1-877-I Am A Vet (1-877-426-2838).

In Conclusion

For as long as there have been wars and traumatic events, there have existed common psychological reactions to extreme situations. The DAV assisted veterans from World War I who suffered from what was then most-commonly termed “shell shock.” In World War II, we served veterans whose symptoms were generally termed “battle fatigue.”

By the time Vietnam veterans were returning from war, the struggle to provide care, benefits and services was made difficult because combatants were given widely varying diagnoses that did not adequately reflect the vast impact of combat.

In DAV’s institutional knowledge, “Post-Vietnam syndrome,” as it was dubbed in research circles, did not adequately reflect the symptoms and realities that combat veterans had endured throughout time.

To better understand and find a basis to treat these “invisible wounds,” in the late 1970s, the DAV sponsored the Forgotten Warrior Project.

This initiative was the most prominent study attributed to the adoption of post-traumatic stress disorder in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders in 1980.

As a further result of the DAV’s research, the organization opened centers for Vietnam veterans and their families in 70 cities. In the early 1980s, following the DAV’s lead, the VA began its Vet Center Program, which to date has been one of the premiere resources for veterans who suffer from PTSD and other service-connected mental health issues.

With the wars in Iraq and Afghanistan taking an enormous toll on returning veterans and in light of overdue recognition of trauma suffered by women, this book is one small example of the DAV’s efforts to assist and advocate on behalf of all disabled veterans and their families.

It is in keeping with our pledge to never forget or leave behind our fellow warriors. Our members empower DAV to gather and convey information that will help disabled veterans and their families recover from the sacrifices of war, whether those sacrifices can be seen or are less visible.

We hope the information and insight you receive from reading this book can aid you and your loved ones in seeking and gaining your recovery. You are not alone —DAV stands ready to help you.

Established in 1920 and chartered by Congress in 1932, DAV is a not-for-profit national veterans service organization recognized as a fraternal organization under IRS regulations. DAV accepts no federal funding and relies on membership dues and charitable giving by individuals and groups to sustain all its programs.

Acknowledgement

Publication of this DAV booklet would not have been possible without the expert assistance of Dr. Richard “Dick” McCormick of Hudson, Ohio.

Dr. McCormick retired as the Director of the Mental Health Care Line for the Department of Veterans Affairs Healthcare System of Ohio, where he was responsible for all VA mental health programs in Ohio and portions of surrounding states. He was Co-Chair of the congressionally mandated VA Committee on Care of Veterans with Serious Mental Illness, served on the VA mental health Quality Enhancement through Research Initiative, and was a member of a national VA task force to advance evidence-based treatments.

Following retirement from VA in 2002, Dr. McCormick was appointed by the Secretary of Veterans Affairs as a member of a commission that developed strategic health care goals for VA, as well as a VA Special Mental Health Task Force. Dr. McCormick is a consultant to the Secretary of Defense in mental health of active duty, Reserve, and National Guard members. He continues to conduct health services research at Case Western Reserve University and, among other pursuits, serves as a scientific advisor for two research centers funded by the Department of Defense.

Dr. McCormick has authored over 50 articles, books, and book chapters that focus on serious mental illness, post-traumatic stress disorder, suicide, disorders of impulse control, and evidence-based care.

DAV is deeply grateful for Dr. McCormick’s work in producing this booklet.



The National Center for PTSD does not provide direct clinical care or individual referrals.
Contact NCPTSD
1-802-296-6300
www.ptsd.va.gov

Counselors who understand veterans employment assistance and marital/relationship counseling:
Contact Vet Center
1-800-905-4675
www.vetcenter.va.gov

Professional Medical and Mental Health Services:
Contact your nearest VA Medical Facility
Facility locator at
www.va.gov

Accessing benefits and finding resources:
Contact Disabled American Veterans
1-877-I am a Vet
(1-877-426-2838)
www.dav.org

Suicide Prevention:
Veterans Crisis Line
1-800-273-TALK (8255)

The DAV offers many services free of charge:
www.dav.org
www.standup4vets.org





Disabled American Veterans
P.O. Box 14301
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877-426-2838
www.dav.org

