



witness justice

Issue Brief: Veterans Affected by Combat Stress

Trauma and Family Safety

As tours of duty in Iraq and Afghanistan place more soldiers and their families under greater strain, many are concerned about the adequacy of mental health services available to the millions of men and women in uniform, especially those in the Reserves and National Guard (currently 30-40% of those deployed).

A series of domestic homicides at Fort Bragg in 2002 helped to focus a spotlight on the problem, in particular because some of the perpetrators had recently returned from tours of duty in Afghanistan. Since then, numerous incidents and reports indicate that domestic violence remains a serious problem in the military, especially after service members return from war. CBS' *60 Minutes* reported that rates of marital aggression are considerably higher in the military than in civilian life, as much as three to five times greater ("The War At Home," Jan. 17, 1999). Confronted with this mounting problem of domestic violence in the military, Congress created The Defense Task Force on Domestic Violence and the Joint Task Force for Sexual Assault Prevention and Response.

Also, among veterans of the wars in Iraq and Afghanistan who received care from the Department of Veterans Affairs between 2001 and 2005, nearly-one third were diagnosed with mental health and/or psychosocial problems and one-fifth were diagnosed with a substance use disorder.¹ Victims of trauma are at a much higher risk for co-occurring mental health and substance abuse disorders, violence victimization and perpetration, self-injury, and a host of other coping mechanisms which themselves have devastating human, social, and economic costs.

In March, 2007, the White House formed the President's Commission on Care for America's Returning Wounded Warriors. The commission has recommended fundamental changes to the military health care system, including aggressive steps to prevent and treat post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) — two key injuries in the current conflicts. In its report issued July 31, 2007, the commission stated: "A sizeable fraction of service members returning from Iraq and Afghanistan suffer from PTSD. Best estimates are that PTSD of varying degrees of severity affects 12 to 20 percent of returnees from Iraq and 6 to 11 percent of returnees from Afghanistan. To date, 52,375 returnees have been seen in the Veterans Administration for PTSD symptoms." What is also known is that many service members never seek out mental health services when they are struggling because of the many stigma barriers and the impact that diagnosis can have (on career, security clearance, the perception that peers will question their reliability in future situations of combat and reduce trust in those relationships, the perception family members will have in seeing this as a weakness rather than an injury, and more). These silent wounds impact more than just the veteran — they affect the soldier's parents, spouses, children, and friendships.

The following is some research that looks at how the impact of combat trauma can play a role in responses that can put the family in a situation that is not safe — and one that is often seen as domestic violence. It is only when we understand the role that trauma plays in this dynamic that we can begin to consider preventive measures and the trauma-informed care that will promote healing with our returning veterans.

¹ National Survey on Drug Use and Health. 2005. SAMHSA.

VETERANS

Both veterans of the current conflicts in Afghanistan and Iraq who are still active in the military and those who have separated from military service and may be utilizing VA services are included in our view of veterans.

Veterans & Combat Stress

- The traumatic impact of the repeat and prolonged nature of war is significant.
- Repeat deployments increase stress and strain on veterans and their families exponentially.²
- Adrenalin levels are much higher than normal, which is partly why returning veterans partake in thrill seeking and risk taking behaviors.
- The condition of combat creates strong startle responses and trauma triggers that can be not only divisive with family members after return, but they can be potentially dangerous.
- Trauma and PTSD-related symptoms like flashbacks and nightmares can cause a veteran to react quickly with intense response, and this can create a safety concern for family members.
- The war and military condition create a sense of wanting immediate response and results (perhaps stemming from anxiety and/or hypervigilance), which means that many soldiers do not stick with services and recovery programs they have sought out.

Reports on Veterans, Substance Abuse and Mental Health³

- “Nearly 20 percent of military service members who have returned from Iraq and Afghanistan — 300,000 in all — report symptoms of post traumatic stress disorder or major depression, yet only slightly more than half have sought treatment.”
- “Since October 2001, about 1.6 million U.S. troops have deployed to the wars in Iraq and Afghanistan, with many exposed to prolonged periods of combat-related stress or traumatic events. Early evidence suggests that the psychological toll of the deployments may be disproportionately high compared with physical injuries.”
- Just 53 percent of service members with PTSD or depression sought help from a provider over the past year, and of those who sought care, roughly half got minimally adequate treatment.
- If PTSD and depression go untreated or are under treated, there is a cascading set of consequences. Drug use, suicide, marital problems and unemployment are some of the consequences.
- National Guard and Reserve combat troops in Iraq and Afghanistan are more likely to develop drinking problems than active-duty soldiers.⁴
- Veterans “use” alcohol, drugs, and cigarettes more often than nonveterans.⁵ Veterans also often use substances to self medicate the psychological wounds that go unaddressed.
- Evidence based practices (EBP) indicate that substance abuse and mental health treatment (especially PTSD) must be done concurrently. Treatment of co-occurring disorders is widely accepted, although not always practiced, and has the most successful treatment outcomes for those in recovery. All too often the focus is on addressing the symptom (e.g. self-medicating with alcohol or drugs) rather than the root of what happened to the veteran which is combat trauma.

Veterans & Family Relationships

- Start to distance from the family before deployment. The time away and new routines and norms at home require time for the returning parent to feel a part of the family unit again.

² *Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care*. July 1, 2004. The New England Journal of Medicine.

³ *Invisible Wounds of War Project*. 2008. The Rand Corporation:
<http://www.rand.org/multi/military/veterans/>

⁴ “After combat, soldiers turning to alcohol - Guard and Reserve combat troops at higher risk than active-duty soldiers.” August 12, 2008. The Associated Press.

⁵ *National Survey on Drug Use and Health*. 2005. SAMHSA.

- Tend to “bark” orders, as they would in a military unit, after returning home.

SPOUSES OF VETERANS

Spouses/Partners

- Start to distance from their partner before deployment.
- Sometimes experience a resentment that they have to provide all of the financial and parenting support to the family while the veteran is away.
- Assume all parenting responsibilities that sometimes continues even after their partner returns from war.
- Avoiding groups, crowds, and family events may feel more comfortable to the returning veteran, but that kind of emotional withdrawal further isolates the family.
- May struggle with anger from the returning veteran which, while it may be a means of coping, lessens communication, distances loved ones, and creates greater loneliness. Because of the anger, spouses may see their partner as unpredictable, hostile, and frightening.⁶
- May be aware that a soldier changes while away at war, but do not understand how these changes may impact their relationship with their spouse or their family dynamic
- If domestic violence was experienced prior to deployment, spouses may see an increase in violence and intensity after returning from a tour.

Reports on Domestic Violence

- “There is increasing recognition that active duty military (ADM) women, like their civilian counterparts, are at risk for domestic violence defined as physical and/or sexual assault or threats between sexually intimate partners.”⁷

CHILDREN OF VETERANS

Children

- There are 1.1 million children with a parent that is an OEF/OIF veteran.
- Start to distance with a deploying parent before departure. Getting close again after the return home takes time.
- Are use to the home parent caring for and disciplining them. When the veteran parent returns and steps back into their role, it may be met with resistance.
- May wonder what they did to cause their parent to be quiet or withdrawn, when the emotional distance may be the result of combat trauma.

Reports on Child Abuse

- A report commissioned by the Army determined that during deployment, rates jump, outstripping civilian abuse rates: neglect (increases four-fold), maltreatment (increases three-fold), and physical abuse (increases two-fold).⁸
- Maltreatment of children in families of enlisted soldiers was 42 percent higher if a parent was deployed and away from home than when they were home.⁹

⁶ “Trauma and the Military Family: Responses, Resources, and Opportunities for Growth.” January/February 2008. *Social Work Today*. Sherman, M.D. <http://www.socialworktoday.com/archive/janfeb2008p36.shtml>

⁷ “Domestic Violence in the Military: Women’s Policy Preferences and Beliefs Concerning Routine Screening and Mandatory Reporting.” August 2006. *Military Medicine*. Carlson, G., Campbell, J., Garza, M., and O’Campo, P. http://findarticles.com/p/articles/mi_qa3912/is_200608/ai_n17183184/pg_1?tag=artBody:col1

⁸ “Child Maltreatment in Enlisted Soldiers’ Families During Combat-Related Deployments.” August 1, 2007. *Journal of the American Medical Association (JAMA)*. Gibbs, D., Martin, S, Kupper, L. Johnson, R. Issue 298, pages 528-535.

⁹ “Military Deployment Stress Tied to Child-Abuse Increase.” September 7, 2007. Levin, A. *Psychiatr News*. Volume 42, Number 17, page 8.

PARENTS OF VETERANS

Parents

- Feel a strong responsibility and continue to care for and help their son or daughter.
- Sometimes take the experience of dissociation and isolation (common following the traumatic impact of war) of their son or daughter as something personal, and struggle to remain close and connected.
- Can experience added stress from verbal abuse, substance abuse, and anxiety-creating changes like seeing their veteran son or daughter sleeping with a loaded gun.
- Are impacted economically when their veteran son or daughter becomes dependant needing emotional and/or physical care, living expenses, and housing.
- Depending on their own physical, emotional, and economic history and situation, the parent may not be adequately equipped to address the needs of their adult son or daughter.
- Are unlikely to reach out for help if they experience a stressful, abusive, or violent situation with their adult son or daughter because they do not want to create added problems for him or her, because of stigma and family secrecy on these issues, and because parents sometimes see the animosity or stress as their own failure as a parent.

Reports on Parents

- “An estimated 10,000 recent veterans of these conflicts now depend on their parents for their care. Working unheralded, these parents have quit jobs, shelved retirement plans, and relocated so they can be with their injured sons and daughters. Many have become warriors themselves, fighting to make sure this new wave of injured veterans gets the medical care and rehabilitation it needs.”¹⁰

¹⁰ “When Wounded Vets Come Home.” July & August 2008. AARP The Magazine. Yeoman, B.
http://www.aarpmagazine.org/family/when_wounded_vets_come_home.html