





## Addressing The Invisible Wounds of War: Cultural Considerations.

Thomas C. Hall, Ph.D.  
National Committee Chair: PTSD/Substance Abuse  
thall@vva.org


## 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

Center for Deployment Psychology 



## 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 (3k – 5k)
              - Battalion/Group (300-1K)
                - Company/Squadron (50 – 200)
                - Platoon/Flight(15-45)
                - Squad/Element/Fire team (5-10)



## WHO ARE WE?



## WHO WE ARE.



## 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 soldier 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



## Deployment Challenges for service members



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



## Deployment Challenges for service members



- **Spiritual**
  - Change in faith
  - Inability to forgive
  - Loss of trust



## Deployment Challenges for Service Members



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



## 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



**MILITARY  
 SEXUAL  
 TRAUMA**

## Pentagon Estimates

19,000 in 2010

26,000 military sexual assaults  
 were reported in 2012,

New York times.com 2013/06/24

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.

Skinner et al. 2000.

## 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

# GAMBLING

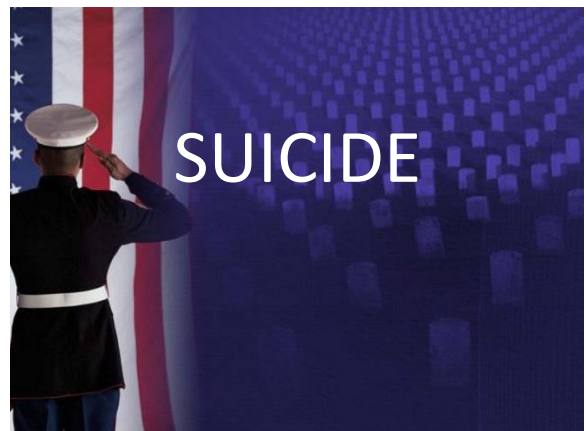
## Gambling

- 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.

## 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



## Veteran Population Statistics

At least 19% of the nation's suicides occurred among veterans:

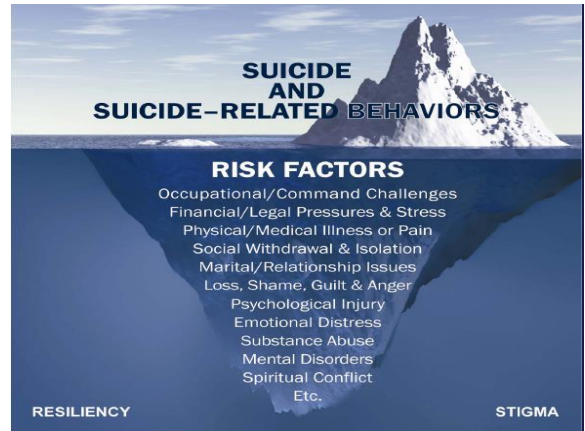
- 30,000 to 32,000 suicide-related deaths per year among veterans from all wars.
- Approximately 5 suicide-related deaths per day among veterans receiving care at the V.A.
- 950 Suicide attempts per month among veterans receiving care as reported by the Veterans Health Administration.

## Active Duty Statistics

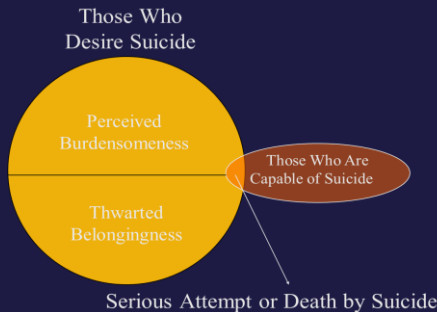
- 117 Marines died by suicide between 2010 and 2012
- The Army reported that in 2012 more soldiers died by suicide than by enemy attack -- 182 by suicide and 176 in combat.

## 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

- |  |   |
|--|---|
| <p><b>Thwarted Sense of Belonging</b></p> <ul style="list-style-type: none"> <li>• Poor family adjustment</li> <li>• Distress over killing others</li> <li>• Emotional numbing</li> <li>• Lack of empathy for community</li> <li>• Loss of friends in combat</li> <li>• Hyper-vigilance / paranoia</li> <li>• Aggressiveness</li> <li>• Feelings of isolation</li> </ul> | <p><b>Perception of Self as a Burden</b></p> <ul style="list-style-type: none"> <li>• Premature discharge from service</li> <li>• Loss of purpose after redeployment or discharge</li> <li>• Physical or psychological disability from combat</li> <li>• View help as "weakness"</li> <li>• Failure to find a Job</li> <li>• Perceived failures from combat</li> <li>• Survivor's guilt.</li> </ul> |
|--|---|

(Selby, 2009)

## Substance Abuse and Suicide

- Substance-use disorders increase risk for suicide. (Magne-Ingvar & Oejehagen, 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

46

## 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

- **A**sk:
  - Are you thinking of Suicide.
  - Do you think you might hurt yourself?
- **C**are:
  - Remove means. Stay calm. Show understanding.
  - Reassure them that they are needed, that you care about them.
- **E**scort:
  - 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

- Joiner, Thomas E. *Myths about Suicide*. Cambridge, MA: Harvard UP, 2010. Print.
- Magne-Ingvar, U., & Oejehagen, A. (1999). Signification others of suicide attempters: Their views at the time of the acute psychiatric consultation. *Social Psychiatry & Psychiatric Epidemiology*, 34, 73-79. Print.
- "Responding to a Disclosure of Sexual Abuse: Helpful Tips for Parents and Adults." *Metropolitan Organization to Counter Sexual Assault (MOCSA)*. 2011. Web.
- Selby, E. D., and M. D. Anestis. "Overcoming the Fear of Lethal Injury: Evaluating Suicidal Behavior in the Military through the Lens of the Interpersonal - Psychological Theory of Suicide." *Clinical Psychological Review*. 2009. Print.
- Skinner, K. M., Kressin, N., Frayne, S., Tripp, T. J., Hankin, C. S., Miller, D. R., Sullivan, L. M., (2000) The Prevalence of Military Sexual Assault Among Female Veterans' Administration Outpatients. *Journal of Interpersonal Violence* 15 (3): 291-310. Print.

## Works Cited

- Street, A. E., Stafford, J., Mahan, C. M., & Hendricks, A. (2008). Sexual harassment and assault experienced by reservists during military service: Prevalence and health correlates. *Journal of Rehabilitation Research & Development*, 45, 409-420. Print.
- *The Center for Deployment Psychology*. Henry M. Jackson Foundation for the Advancement of Military Medicine, 2012. Web.
- Whyte, K. *National Council on Problem Gambling*. The National Council on Problem Gambling (Washington, DC). Web.