

## Veterans Post-Deployment Update

### *MST and MI Issues are Growing Concerns*

By Jon Christensen

The United States has been engaged in conflicts in Iraq and Afghanistan for over 10 years. Since October 2001 over 2.2 million troops have been deployed; many multiple times. These deployments have involved active military as well as National Guard and Reserve troops.

Research conducted by the National Institute for PTSD, a program of the Veterans Administration, suggests that approximately 20% of those deployed will return with a diagnosable mental health disorder and/or TBI (Traumatic Brain Injury). These rates may be even higher for those deployed multiple times.

The impact of post-traumatic stress disorder (PTSD) in the workplace is substantial, and more information on this topic appears on page 4 in this issue of the *Brown Bagger*.

However, two additional psychological conditions have symptoms that are very similar to – but have different causes – than actual combat trauma. They are: *Military Sexual Trauma (MST)* and *Moral Injury (MI)*.

Since these issues have gone underreported, and given their dual significance in the workplace as returning soldiers transition back to the working world, these subjects are *also* worth exploring for EA professionals, returning veterans and their families, and employees and employers alike.

#### **Military Sexual Trauma**

Military sexual trauma (MST) is not new to the military or to war. Neither is it unique to the American military nor to recent conflicts. It has been suggested that the increase in women serving in the military has contributed to the number of women involved as approximately 1 in 5 women report one or more incidents of MST.

In any case, the debate is being argued and challenged in all branches of the service and

service academies. *The Daily Beast*, a *Newsweek* online newsletter, identified several myths regarding women in the military:

❖ **Women don't belong in combat.** The article states that the *opposite* argument is more valid. The reasoning is that equality promotes acceptance and that it is the distinction of combat experience that is ultimately judged, not gender. In fact, the documentary *The Lioness*, about women who served in combat support positions in Iraq, demonstrates their competence in the face of combat stress.

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❖ **Sexual trauma only occurs to women.** It has been reported that 1 in 100 *men*, 13,000 cases or approximately the same number of women (from a much larger sample) have been abused.

❖ **It is impossible to tell whether reports of MST are accurate,** whether incidents are over- or underreported or if false reports are being filed. The documentary *The Invisible War* presents a number of graphic examples experienced by several women and one male soldier.

❖ **The issue is a social problem, not a military concern.** It is difficult to compare the two, but the prevalence of *other crimes* tends to be much lower in the military than in society. This suggests that MST IS a problem that the military must address. The visibility of cases involving Military Sexual Trauma presents other possible consequences for the military. That is, if this problem; and the general hostility many women face attempting to do their jobs are not appropriately addressed, it could impact the decision of women to join the service.

One possible answer suggested by researchers is for women and men to work together to find positive solutions. *The Daily Beast* states that the presence of MST also requires that society recognizes that some awful people make it into the military. However, while this is true, the *majority* of service members, both male and female, are honorable and upstanding people. Still, according to the *Daily Beast*, if even 1% of the total military population has a criminal nature, this translates into roughly 10,000 criminal service members. *This makes MST a significant problem.*

### **Military Barriers Make Addressing Topics Difficult**

As with all things military the perspective of the U.S. Department of Defense (DOD) on any given topic represents the views of the active Service branches. Meanwhile the Department of Veterans Affairs (DVA) addresses the challenges in meeting the needs of veterans after their service to their country is complete. There is a “wall” between the DOD and the DVA (more commonly known as the VA) as their respective missions are not always compatible.

Moreover, the VA is also comprised of three separate administrations, each with its own mission: Health Care, Cemeteries, and Benefits. This means that barriers also exist between *these* organizations as well, which adds considerable complexity to how the significant problems of MST and Moral Injury will be resolved. A sampling of resources available through the VA and additional resources are listed at the end of this article.

### **Moral Injury**

Just what is Moral Injury? The host of National Public Radio’s Talk of the Nation program did a good job explaining the nature of MI: “*Whether you call it battle fatigue or shell shock or PTSD, we’ve come to accept that the trauma of combat can leave profound psychological scars. But how do you describe the damage from actions that violate one’s values, but don’t involve trauma, injury from horrific scenes that betray core moral beliefs?*”

Moral Injury is a phrase coined by Jonathan Shay in his book Achilles in Vietnam, where he drew correlations from the Iliad to countless stories of survival from history’s combat veterans. Dr Shay noted a similarity between Post-Traumatic Stress and Moral Injury, but is clear in his statements that they are *not* the same, and cannot be treated the same. Shay states that while PTSD is often referred to the mental health community, MI must be treated in the community of veterans and in the larger population of civilians.

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Rita Nakashima Brock and Gabriella Lettina, authors of the book Soul Repair: Recovering from Moral Injury after War state: “*We spend weeks and months, training ordinary people who grew up with us and teaching them to kill, and then we send them off to war, which is a horrible experience for any person with a conscience. And then we bring them home, and with a little bit of interviewing and a few hours maybe of talking to, we put them back in civilian society. And the rest of us just think, well, they’ll just get over it and go on with their lives and be the same. And they’re never the same.*”



Unlike PTSD, MI is not considered a diagnosed syndrome although it can be found in depression, guilt, anxiety, nightmares, and confusion. Shay suggests it is a violation of what is right and wrong. Veterans who have confronted the consequences of violence in what has been termed “the fog of war” point to their training in the rules of conduct set by the Geneva Convention regarding treatment of prisoners of war, and how the military regulates combat missions through very specific “Rules of Engagement”.

Still, war is not civil and PTSD and MI are potential consequences. As Dr. Shay states: “They’re not mutually exclusive. Moral injury can lead to PTSD, moral injury can come after PTSD.” He adds, “The simplest way to understand PTSD is the persistence into civilian life of absolutely valid survival adaptations, adaptations that let you survive when other human beings really are trying to kill you and doing a damn good job of it.”

War presents many opportunities for gray areas. In his book The Warrior’s Guide to Insanity, Andrew Brandi states: “Parents, old friends, or family members who have not shared your same experiences will not understand you. Find other combat vets, or someone who will.”

It is hoped that through education and opportunities to share without judgment, veterans and civilians can help each other understand the issues that veterans face.

## Summary

Employee assistance professionals are in the front lines in the identification, referral and integration of veterans returning from deployment back into the workplace and the community. EAPs provide an opportunity to educate the workforce in the issues facing our veterans within the larger civilian population.

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## Resources

### **Military sexual trauma:**

Afterdeployment.org

Department of Defense: SAPCO (Sexual Assault and Prevention) Over-site on Sexual Assault Policy, SAPR Victim Advocate: Explains reporting options, introduces services available, assists in navigating the Military legal process (MCJ)

Department of Veteran Affairs website and printed materials: Dedicated services and programs for female veterans

Military Rape Crisis Center – <http://militaryrapecrisiscenter.org>

The Invisible War: Documentary video of women who experienced Military Sexual Trauma

The Lioness: Documentary video of 5 women who served in combat in Iraq

The National Center for PTSD – [ptsd.va.gov](http://ptsd.va.gov)

### **Moral Injury:**

Brandi, A. *The Warrior’s Guide to Insanity*. Available from the author: [warriorsguidetoin sanity.com](http://warriorsguidetoin sanity.com). Website has links to other resources and a link to be able to download the book.

Brock, R. and Lettina, G. *Soul Repair: Recovering from Moral Injury after War*. Back Bay Books, 1995

Grossman, D. *On Combat*. PPCT Research Pub. 2004

Grossman, D. *On Killing*. RPCT Research Pub. 1995

Marlantes, Karl. *What is it Like to Go to War?* Publishers Group West. 2011

Marlantes, Karl. *Matterhorn*. Publishers Group West. 2010

Now After: Documentary video available on YouTube: An Iraq Veteran’s effort to readjust to civilian life

Shay, Jonathan. *Achilles in Vietnam*. Scribner, 1998

Shay, Jonathan. *Odysseus in America*. Scribner, 2002

Tick, Edward Ph.D. *War and the Soul*. Quest Books, 2005.

The National Center for PTSD. – [ptsd.va.gov](http://ptsd.va.gov)

## Seeking Fresh Perspectives on PTSD

*By Michael Orban*

After speaking with several veterans I'd like to help collect some new thoughts on post-traumatic stress disorder (PTSD). To date, through press releases most mental health professionals are the only community voice on PTSD. They continue to express PTSD with the same worn-out statistics and confusing definitions.

Considering that *we* are the veterans experiencing these reactions after deployment, doesn't it make sense for *us* to develop an equally important voice on PTSD?

➤ A friend and Vietnam veteran with severe PTSD symptoms now suffers from chronic fatigue. He was a photographer in Vietnam who had to go in after battles and photograph the aftermath before bodies were removed. He doesn't feel he is as deserving of PTSD treatment as those who experienced more combat.

➤ A woman I met who served in the Air Force never saw combat or violence. Her job was to load onto planes and send home the caskets of soldiers killed in battle. She too believes herself less qualified to seek treatment for her PTSD.

❖ Can we develop a strong public message that no single person or military service is qualified to judge who seeks treatment? Can we send a strong and united message on this issue to *everyone* who served?

❖ Can we change the public's perception that PTSD is a condition that sufferers will simply have to spend a lifetime managing while the rest of the world goes on to enjoy the pleasures and joys in life? Can we, instead, promote the idea that our war experiences and readjustment/PTSD are part of our *total* life experience and that we too can envision a goal of experiencing the joys in life?

I believe it is time for veterans and families to speak out, refresh and expand the understanding of PTSD.

This is just an introduction to these topics. Let me know your ideas and suggestions. Please share this with other veterans. Let me know your comments and suggestions at [mso.orban@gmail.com](mailto:mso.orban@gmail.com). ■

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