Combat-Related Post-Traumatic Stress Disorder and Its Impact on the Legal System

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1. What is Post-Traumatic Stress Disorder (PTSD)?

1.1.1. Clinical Definition and Diagnostic Criteria

According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) published by the American Psychiatric Association¹, an individual is suffering from PTSD if the following criteria are met:

“A. The person has been exposed to a traumatic event in which both of the following were present:
   1. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
   2. the person’s response involved intense fear, helplessness or horror.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:
   1. recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
   2. recurrent distressing dreams of the event.
   3. acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).
   4. intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
   5. physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three (or more) of the following:
   1. efforts to avoid thoughts, feelings or conversations associated with the trauma,
   2. efforts to avoid activities, places, or people that arouse recollections of the trauma,
   3. inability to recall an important aspect of the trauma,
   4. markedly diminished interest or participation in significant activities,
   5. feelings of detachment or estrangement from others,
   6. restricted range of affect (e.g., unable to have loving feelings),
   7. sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or even a long life span).

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
   1. difficulty falling or staying asleep;
   2. irritability or outbursts of anger;
   3. difficulty concentrating;
   4. hypervigilance;
   5. exaggerated startle response.

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning."

1.1.2. Real-World Definition of Combat PTSD

In plain language, combat PTSD is a mental health condition that occurs when an individual is exposed to one or more traumas related to war. These traumas can include seeing people killed, killing combatants, clearing dead bodies or severed limbs, and living for an extended period of time under an ever present threat of death or bodily harm.

Common symptoms of combat-related post-traumatic stress disorder are: persistent nightmares about combat or other war-related situations; an inability to control one’s temper over small things (things that wouldn't have mattered in the past); not being able to react to other people’s emotions, an inability to face or cope with crowded or unfamiliar situations; having flashbacks (suddenly feeling as if one is back in the middle of a firefight, etc.); extreme paranoia; an over-reaction to sounds that emulate gun fire or explosions; not enjoying, being happy, or looking forward to anything; a feeling a detachment, not feeling close to anyone; not being able to fall asleep or stay asleep.

2. PTSD & Veterans: Overview & Statistics

According to one paper published by the Walter Reed Army Institute of Research, “many studies have demonstrated the strong link between deployment experiences, especially combat, and a variety of adverse mental health, psychosocial, and occupational effects, including post-traumatic stress disorder, depression, substance abuse, job loss, unemployment, divorce, and severe spouse abuse.2” To date, more than 2 million men and women have served in combat operations in Iraq or Afghanistan. Of those, studies indicate that somewhere between 20%3 and 35%4 are now living with combat-related post-traumatic stress disorder. As combat operations continue in Iraq and Afghanistan, this percentage is likely to climb as veterans with multiple deployments are three times more likely than their single-deployment counterparts to develop PTSD5.

Using an average of the studies mentioned above, 27.5% of the troops (or 550,000 veterans) who have served in our nation's Armed Forces since September 11, 2001, have PTSD. According to the American Community Survey 5-Year Estimates (produced by the U.S. Census Bureau), the average household size in the United States is currently 2.60. This means that an estimated 1,430,000 individuals in our country are currently being directly impacted by post-traumatic stress disorder, either as a patient or a member of a PTSD veteran’s immediate household.

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3. Changes Caused Within the Brain by PTSD

3.1.1. Physical Changes

HIPPOCAMPUS - The hippocampus is a section of our brain that plays an important part in short-term memory and the regulation of our emotions. Researchers, using Magnetic Resonance Imaging (MRI’s), have been able to determine that the hippocampus of veterans with PTSD has actually suffered damage. They believe this damage may be caused by repeated exposure to cortisol, the hormone our body releases when we’re under stress.

PREFRONTAL CORTEX – Our Prefrontal Cortex helps us decide how we experience and react to an emotion and resolve conflicts. It also tells our brain when a threat has passed. People with PTSD have altered blood flow to this area of their brain (the more change in flow, the more severe the symptoms of PTSD). This decrease in function causes their brain to sort of be stuck in a permanent fear mode, because it doesn’t relay the “all clear” message.

ADRENALINE RESPONSE – When we’re in danger, our brain flips into “fight or flight” mode, a place where it is primed to decide whether or not we should run or engage a threat. Our bodies make two handy hormones that cause this response: noradrenaline that handles fight, and adrenaline which is responsible flight. In “normal” brains, these hormones are released by a current threat (i.e., when someone is standing face to face with a bear). But, in a brain affected by PTSD, these hormones are triggered not by actual threats but by reminders of threats that occurred months or years before.

GRAY MATTER – The gray matter section of our brain is responsible for processing information from our body (sensory neurons) and sending information to our body (motor neurons). Veterans have 5% - 10% less gray matter after developing PTSD. This means their neurons (their communication signals) have been damaged.

3.1.2. Psychological Changes

HOSTILITY / AGGRESSION – Veterans with PTSD exhibit significantly higher levels of hostility and aggression than the general public, or even than other soldiers who have experienced combat. Since they have lived for a long period of time where they needed to aggressively react at a moment’s notice in order to stay alive, this way of acting has become an ingrained habit. Spouses often joke that it is not safe to wake a sleeping veteran from anywhere close by. This is because, when startled awake, the vet can react with an unbelievably strong amount of aggression because he believes he is responding to an unknown threat. On a wider scale, it is very common for individuals with PTSD to get into fights, drive aggressively, become angry at insignificant things, and drastically overreact to any sort of challenge.

GUILT – The guilt associated with post-traumatic stress disorder is often called survivor’s guilt. The veteran feels a great deal of guilt because he survived an attack when a comrade did not. He feels guilty because a friend lost his legs in an explosion while he remained mostly untouched. He feels guilty that he is at home in safe surrounding while others he fought with are in harm’s way.

DEPRESSION / SUICIDE – People with post-traumatic stress disorder are seven times more likely to be depressed than someone in the general population. It is one of the most complaints associated with PTSD. And, unfortunately, this depression goes hand in hand with high rates of suicide among our nation’s returning heroes. As of April, 2010 (the last time data was published), eighteen of our nation’s heroes were committing suicide each day.
PARANOIA – In Iraq, a paranoid soldier is a soldier who stays alive. Every item in his environment, from a pothole to a child carrying a backpack, must be regarded as a potential threat. When that same soldier, whose mind has been changed by PTSD, returns home, he is often unable to shut off his vigilant behavior. Veterans will often almost constantly “patrol” their homes to check for intruders, insist that they sit with their backs to a wall and facing the door so that they can analyze every person who enters a room, or even drive off the road in order to avoid discarded trash (because this often indicated an Improvised Explosive Device or IED in combat).

LACK OF TRUST – This change in a veteran with PTSD is also caused by his time in combat. While in Iraq or Afghanistan he had to assume that everyone he met, even those who were called allies, were possible enemies. The only people he knew he could rely on in order to stay alive were himself and those in his immediate group - people who had proven themselves to each other in combat. After that same Veteran returns home, he feels alone and without the protection of his battle-tested counterparts. He doesn’t trust anyone else (even people he’s known for his entire life) to be able to watch out for him. He feels that he, alone, is the only one he can count on or trust.

POOR COPING SKILLS - Due to the physical and mental changes Veteran with PTSD has, they are often unable to cope in what most people would consider “normal” circumstances. They are easily overwhelmed by too much noise, too many people, too many changes, or too much stimuli of any sort. Dealing with post-traumatic stress disorder and all of its symptoms takes most of their energy and concentration. Anything else, especially something that is unexpected, can cause a violent reaction or simply cause the Veteran to shut down.

4. Overview of Legal Issues Surrounding Combat PTSD

4.1.1. Family Law

According to Pentagon statistics, the divorce rates increased in the Army and Marine Corps in 2008\(^6\). It’s noteworthy that the rates had increased after several years of sustained combat operations in Iraq and Afghanistan with the Army and Marine Corps having been the main combat efforts. By 2010, the Pentagon stated that divorce rates had leveled off\(^7\). However, female service members had higher divorce rates than their male counterparts with a rate of 7.8% compared to 3% for the men\(^8\). Overall the divorce rate in the military in 2010 was 3.6%\(^9\). Given the fact that military personnel have been deployed in some cases several times combined with the RAND study stating that 20% of military personnel have PTSD or major depression, military and veteran families are struggling to remain together.

For family law practitioners, this means you might be handling more cases where there is a veteran of Iraq or Afghanistan involved and subsequently, PTSD might be the reason behind the divorce. Also, there might be children involved and custody issues will arise where the best interests of all parties will need to be taken into consideration. The spouse and children might also be suffering their own mental health issues as well due to


\(^9\) *Supra*, note 3.
the PTSD in the veterans. It is also not uncommon that domestic violence is also an issue in the marriage due to the PTSD. According to the Veterans Administration, veterans with PTSD are 2 to 3 times more likely to batter their family than those veterans without PTSD\textsuperscript{10}. Domestic Violence would overlap with criminal law issues stemming from PTSD. The topic of Domestic Violence related to combat PTSD is discussed in greater detail in section 7.

4.1.2. Criminal Law

PTSD will be an issue for criminal law practitioners in several ways. As stated above, domestic violence committed by veterans is an issue resulting often from PTSD. As a result, combat veterans can find themselves in trouble with legal authorities for committing acts of domestic violence.

Combat vets are also running into the law when it comes to drug and alcohol abuse due to PTSD. For example, many mental healthcare providers see addiction to prescription painkillers as the next public health crisis caused by the war. Military health providers issued 3.3 million prescriptions for painkillers to service members in 2010, compared with 864,000 prescriptions in 2002, and increase of almost 400% in eight years\textsuperscript{11}. For non-violent veteran offenders, many locales have developed Veterans Courts. Veterans Courts started 2008 Center for Mental Health Service of the US Substance Abuse and Mental Health Services Administration (SAMHSA) convened a conference with the goal of looking at ways to decrease the involvement of Veterans with the justice system and to provide them with mental health treatment\textsuperscript{12}. The courts were modeled after Drug Courts or Mental Health Courts. In a Veterans Court process, the defense and prosecution work together in order to find the best treatment for the veteran. The veteran is put through a diversion process and as part of the court ordered diversion would have to attend mental health counseling and/or treatment for drug abuse. If the veteran fails in the diversion program, the veteran could possibly be sent to jail or subject to other punishment. The Buffalo, New York, Veterans Treatment Court has been on the forefront of utilizing these specialized courts when it comes to veterans\textsuperscript{13}. Currently Dallas utilizes Veterans Courts and if the veteran is successful in his or her court ordered treatment program, the veteran’s criminal record will be expunged\textsuperscript{14}. The Florida legislature is considering Veterans Courts as are many other cities and states\textsuperscript{15}. As of 2010, there are 41 Veterans Courts programs in operation\textsuperscript{16}.

5. Crime & Veterans: Overview & Statistics

As described above, the RAND study in 2008, stated that nearly 1 in 5 veterans returning from Afghanistan or Iraq have PTSD or other mental illness, such as depression; as many as 300,000 returning veterans\textsuperscript{17}.

\textsuperscript{13} THE BUFFALO VETERANS TREATMENT COURT (Apr. 20, 2010), http://www.erie.gov/veterans/veterans_court.asp.
\textsuperscript{15} Katie Sanders, \textit{Veterans are the focus of about 50 bills this session in Florida}, Apr. 4, 2011, http://www.tampabay.com/news/politics/legislature/veterans-are-the-focus-of-about-50-bills-this-session-in-florida/1161557.
\textsuperscript{16} Supra, note 8.
According to a report done by the Veterans Intervention Project of Travis County, Texas, citing a study of the Journal of Internal Medicine, as many as 25 to 30 percent of returning Veterans suffer from mental illness.\(^\text{18}\) Sadly, as a result of these injuries, current veterans of the 2 wars in Iraq and Afghanistan are getting into trouble with law enforcement. Crime(s) committed by veterans with PTSD or TBI is not a new phenomenon.

The war in Vietnam and the wars in Iraq and Afghanistan are similar in that the enemy was elusive; the former due to the heavy jungles of Southeast Asia and the latter due to the lack of a uniformed military and the use of IEDs, which are often detonated by unseen personnel. The type of asymmetric warfare in these conflicts has resulted in military personnel witnessing and being subjected to traumatic events, which in turn has affected them psychologically. Due to the psychological changes, some veterans resorted to criminal activity. In 1985, New York Times reporter David Margolick in an article concerning the use of PTSD or trauma as a legal defense wrote that courts, lawyers, and even veterans themselves were divided on the use of PTSD as a legal defense, but that it had been successfully used in some instances.\(^\text{19}\) Margolick reported that in 1985, five years after the American Psychiatric Association recognized PTSD, the use of PTSD as a legal defense had helped 250 Vietnam veterans receive shorter sentences, get treatment instead of incarceration, or win acquittals.\(^\text{20}\) Margolick goes on to state however, that juries were reluctant to allow the use of PTSD in the mid-1980s as a mitigating factor because of the view that the veteran(s) still knew right from wrong.\(^\text{21}\) Perhaps the reason for juries at the time being reluctant to allow PTSD as a legitimate defense is due to lack of understanding of the disorder and because by the mid-1980s, the Vietnam war had already been over 10 years and there was no longer any sympathy for the plight of veterans. In contrast, the wars in Iraq and Afghanistan are still ongoing; despite the name change in the Iraq operation, military personnel are still being killed and wounded, although not on the level that they were a few years ago.\(^\text{22}\) The rates of veterans from the current wars being charged with crimes and the degree to which mental issues are the cause of incarceration is still a study in progress because the latest available statistics were compiled several years ago, in 2002 and 2004 respectively, before the true effects of these wars have been studied and tabulated. An important issue which should be considered in considering the criminal rates of veterans is the fact that the current group of veterans returning home are facing high levels of unemployment, which could be a contributing factor in the abuse of drugs and alcohol and participation in other criminal activity.\(^\text{23}\)

According to a 2002 Bureau of Justice Statistics (BJS) report cited by the Veterans Administration (VA), 9.3 percent of people incarcerated are veterans.\(^\text{24}\) Further, the report stated that 70% of the veterans incarcerated were in jail for non-violent offenses.\(^\text{25}\) On a smaller scale, the survey done by the Travis County, Texas Veterans Intervention Project found that the top non-violent charge was for DWI.\(^\text{26}\) A 2004 report by the Bureau of Justice Statistics stated that the number of veterans in jail had been declining since 2000, by

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\(^{20}\) Margolick, *supra* note 19.

\(^{21}\) Margolick, *supra* note 19.


\(^{26}\) Veterans Intervention Project, *supra* note 18, page 7.
about 9% since 1985\textsuperscript{27}. The total number of veterans in state and federal prison in 2004 was approximately 140,000\textsuperscript{28}. One interesting statistic of the 2004 BJS report that should not be overlooked is that in both the federal and state prisons, veterans report a recent history of mental health services in the year before arrest of since admission to jail more frequently than non-veterans. (Appendix Table 12)\textsuperscript{29}. However, these reports may not be an accurate snapshot of the current state of veterans who are incarcerated due to the fact that the data is outdated. Anecdotal evidence of this is the fact that many more localities are establishing Veterans Treatment Courts to handle veterans who are typically non-violent offenders. Travis County, Texas alone in a survey conducted over a 90 day period found that 458 veterans were arrested and booked into the county jail for a total of 3.4% of the jail bookings for that period\textsuperscript{30}.

6. Information about Veteran Courts

In recent years, there has been the development of Veterans Treatment Courts to handle the influx of recently returning veterans who run into trouble with law enforcement. Currently, there are about 40 to 50 Veterans Treatment Courts nationwide\textsuperscript{31}. According to the National Association of Drug Court Professionals (NADCP):

Veterans Treatment Courts are hybrid Drug and Mental Health Courts that use the Drug Court model to serve veterans struggling with addiction, serious mental illness and/or co-occurring disorders. They promote sobriety, recovery and stability through a coordinated response that involves cooperation and collaboration with the traditional partners found in Drug and Mental Health Courts, with the addition of the U.S. Department of Veterans Affairs health care networks, the Veterans' Benefits Administration, volunteer veteran mentors and veterans and veterans' family support organizations\textsuperscript{32}.

The concept of Veterans Courts has been around since the 1980s, but it has not been as widely advocated and developed until recently with the return of veterans from Iraq and Afghanistan. Although the information that follows only highlights a couple of Veterans Treatment Court programs, the importance of such programs cannot be understated. The programs provide veterans with a second chance to straighten out their lives, which in turn has positive effects on the community, themselves, and their families. The reality is that our communities are going to be dealing with more and more veterans as they return home from the wars that potentially could have PTSD or TBI. It is our duty to help them readjust to society given that they have given so much in defense of our nation. For more information, the NADCP lists all the communities which have established veterans courts at: http://www.nadcp.org/JusticeForVets.

6.1.1. Veterans Treatment Court of Buffalo, New York

The Veterans Treatment Court of Buffalo, New York was established in January of 2008 and has been successful in keeping veterans out of the criminal justice system by offering veterans mental health and drug

\textsuperscript{28} BJS, supra note 27, page 2.
\textsuperscript{29} BJS, supra note 27, page 15.
\textsuperscript{30} Veterans Intervention Project, supra note 18, page 4.
\textsuperscript{31} The BUFFALO VETERANS TREATMENT COURT (Apr. 20, 2010), http://www.erie.gov/veterans/veterans_court.asp. See also http://www.nadcp.org/JusticeForVets.
abuse treatment. It is one of the most cited examples of success among veterans treatment courts. The Buffalo Veterans Court also gives the veteran a mentor who helps him or her through the treatment process. The mentor that is provided to the veteran is just not any individual, it is a fellow veteran who has volunteered for the program. Since the program has been in place, the court has graduated dozens of veterans from the program. It is believed that a major reason for the success of the program is because of the veteran mentors that are an integral part of the process, as it gives the veteran facing legal trouble someone to whom he or she can relate. Veterans Courts have also been established in other areas as well, such as Tarrant County (Fort Worth), Texas.

6.1.2. Tarrant County Veterans Court (Texas)

In 2009, the Texas Legislature passed a law allowing county commissioners to create to create a diversion court from the traditional criminal justice system for some honorably discharged veterans arrested for or charged with a misdemeanor or felony. Statistics show that most veterans who are in jail, received an honorable or general discharge that still allows them to qualify for VA benefits. The Travis County, Texas report also found that most veterans arrested during the study period had received an honorable discharge from military service as well. The focus of the Tarrant County Veterans Court is on non-violent offenders, but the law does not limit the types of offenses which can be handled by a Veterans Court in Texas. And the court is specifically for veterans suffering from PTSD, TBI, or other mental illness related to military service and “materially affected the criminal conduct in the pending case”. Veterans who successfully complete the program can have the charges dropped and expunged from their records, which is important for employment purposes. The program in Tarrant County is also very regimented, which is beneficial to veterans who are used to living a similar lifestyle while in the military. The Rules for the Tarrant County Veterans Court Diversion program can be found at: http://www.tarrantcounty.com/eccc9/cwp/view.asp?a=848&Q=475856&eccc9Nav=|

7. PTSD & Domestic Violence: Overview and Statistics

A report distributed by the Miles Foundation Hotline for Domestic-Violence in the Military noted that calls jumped from 50 to more than 500 a month in the first three years of the war in Iraq. A study published in September 2010 compared domestic violence rates between Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF) Veterans with PTSD, OIF/OEF Veterans without PTSD, and Vietnam Veterans with PTSD. That study found that veterans of Iraq or Afghanistan who have PTSD are were approximately 1.9 to 3.1 times more likely to perpetrate aggression toward their female partners and 1.6 to 6 times more likely to report experiencing female perpetrated aggression.

The findings of the 2010 study are particularly concerning, since an earlier study (published in 1996) of Vietnam veterans with post-traumatic stress disorder and their spouses found that, “42% of the men had

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33 Buffalo, supra note 13.
engaged in physical aggression against their partners in the previous year, 92% had been verbally aggressive, and 100% had used psychological aggression.\textsuperscript{36}

A final study of note, \textit{Violence Between Therapy-Seeking Veterans and Their Partners}, published online in 2008 found that in couples seeking therapy, three distinct physical violence profiles emerged: “(1) nonviolent, in which neither partner reported perpetrating physical violence (44%); (2) one-sided violent, in which one partner reported perpetrating violence (30%); and (3) mutually violent, in which both partners reported perpetrating physical violence (26%).\textsuperscript{37}

The primary goal for those involved with veterans and families faced with post-traumatic stress disorder must be the early detection and treatment of the disorder. Veterans who receive adequate treatment and follow up care early in the PTSD cycle have a greater chance of successfully learning to cope – and thus are less likely to continue a cycle of abuse against those in their support network. PTSD fueled abuse can be short circuited, but it must be a community effort.

Another concern is that in homes where physical, sexual, and/or mental abuse is occurring, spouses and children are also at an increased likelihood of developing Secondary PTSD.

\section*{8. Secondary PTSD: Overview & Statistics}

Secondary PTSD (also known as Secondary Traumatic Stress or STS) is essentially post-traumatic stress disorder that is caused by living with someone who suffers from PTSD. As a spouse, child, or other caregiver of a veteran with PTSD, attempts to cope each day with the mental, physical, and emotional strains caused within a home impacted by the disorder, they begin to develop symptoms which “mirror” the injured hero’s. Individuals with STS fit the diagnostic criteria for PTSD (detailed in Section 1, Subsection 1.1.1.) but instead of their trauma being related to combat or some other outside event, the trauma occurs as a result of day-to-day life with their veteran.

There are precious few studies that have been completed on this topic. However, a study published in the Croatian Medical Journal in 2007, found that 39% of the wives in the study (all spouses of soldiers with Combat PTSD) met the criteria for Secondary PTSD. However, only 10% of those participating in the study who felt that they needed psychological help actually sought it\textsuperscript{38}.

Using the statistics outlined in Section 2 (PTSD & Veterans: Overview & Statistics), there are current 1,430,000 people in the United States who are directly impacted by Combat PTSD. 550,000 of those are veterans, which leaves 880,000 individuals at risk for Secondary Traumatic Stress. If 39% of those people develop STS, that is 343,200 spouses, children, and caregivers who are in need of mental health treatment as a direct result of their veteran’s post-traumatic stress disorder.


This is of concern to our nation’s legal systems because individuals with Secondary PTSD are far more likely to have ongoing problems with substance abuse, domestic violence, high divorce rates, and unemployment and are at a higher risk for suicide (just like their “primary” PTSD counterparts).

9. Helpful PTSD Resources for Further Research or Reference

If you are interested in gaining further knowledge on the topic of Combat PTSD, the items listed below are excellent references.

9.1.1. Books

If you plan to purchase one of the books listed below through Amazon.com, please consider using our Amazon shopping link. This program is an ongoing fundraiser for our organization and allows us to earn a percentage of the sale originating from our link (http://tinyurl.com/Shop4FOV) yet does incur any additional cost for the purchaser. For more information about this fundraiser, visit http://www.familyofavet.com/amazon.html.

9.1.2. Articles on FamilyOfaVet.com

- Dealing with PTSD in the Workplace - http://www.familyofavet.com/PTSD_at_work.html
- Understanding PTSD & How to Make a Difference - http://tinyurl.com/realPTSDhelp
- Understanding How Combat PTSD Changes the Brain - http://tinyurl.com/PTSDbrain

9.1.3. Websites

- After Deployment – http://www.afterdeployment.org
- Battlemind Training – http://www.battlemind.org
- Defense and Veterans Brain Injury Center - http://www.dvbic.org
- Focus Project - http://www.focusproject.org
- Give An Hour – http://www.giveanhour.org
- Military Mental Health – http://www.militarymentalhealth.org
- National Center for PTSD – http://ncptsd.va.gov
- Operation Healthy Reunions - http://www.nmha.org/reunions
- PTSD, a Soldier’s Perspective - http://ptsdasoldiersperspective.blogspot.com/
10. Miscellaneous

10.1.1. Information about Family Of a Vet, Inc.

Many veterans, and those who love them, are struggling each day with life after combat. Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) are literally destroying the lives of hundreds of thousands of heroes and families. Currently there are 18 veterans a day (many of whom have PTSD or TBI) dying by suicide. The number of troops hospitalized for suicidal thoughts has increased 7000% in the last five years. In households faced with combat PTSD, 2 out of every 3 marriages are failing. In 2009 alone, 27,000 marriages ended because of PTSD. 39% of people living in a home with a veteran who is suffering from PTSD will develop mental health problems of their own.

One of the best ways for us to stop these trends is to make sure that the spouses, parents, children, siblings, and friends of our nation’s heroes are well educated and prepared to cope with the day-to-day impact of these “invisible” injuries. Family Of a Vet is a non-profit organization which provides real-life, plain language information, education and resources to veterans, loved ones, and supporters of our nation’s wounded heroes. We are passionately committed to making sure no veteran or family is left without the tools they need to successfully learn to survive and thrive in life after combat.

Our existing outreach projects and efforts include:

• Our website: 150+ pages, approximately 12,000 unique visitors per month
• Our Military Family Support Group Education Services: recently started, gives support group leaders a "ready to go" package that includes handouts, a PowerPoint presentation and a script so that they can educate the families they serve about PTSD & TBI.
• Community Education Services: education packets and resources for community and governmental organizations that wish to learn more about PTSD, TBI, and supporting combat veterans and their families.
• Our Facebook Page: a quickly growing community, provides networking and support for veterans and families, and provides daily information and education about PTSD and TBI - http://www.facebook.com/lifeaftercombat
• Twitter: daily "tweets" about coping with life after combat, including PTSD and TBI - http://www.twitter.com/familyofavet.
• Our PTSD & TBI Life blog: veterans and spouses around the country contribute their stories, along with a core group of permanent bloggers, to help others not feel alone in their struggles - http://blog.familyofavet.com.

A few quotes from those we've helped:

"As an active duty Army behavioral health officer, I have been privileged to work with many wonderful organizations devoted to supporting service members, veterans, and their families. Family of a Vet consistently outshines others in terms of providing information, resources, and support to those who need it most in a truly useful manner! Brannan Vines and her staff clearly care about military families, and it shows."

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"When my husband came home from his last deployment he wasn’t the man I married. He was angry, mean, passive, he just was not himself. I felt lost and alone. No one understood what I was going through. Then I found FamilyOfaVet and realized I am not alone. FamilyOfaVet has given me the strength and patience to deal with my husband’s PTSD and to understand it better. Without it I may have just given up but now I am determined to not only help my family but to help all the families I can so that PTSD doesn’t ruin anymore lives."

"I've only recently come across FamilyOfAVet.com and in that short time I have found it's information and support an immense help! Having felt alone and had no type of support in dealing with my husband's PTSD and TBI over the last six years has been a great weight on my life and I can only imagine what it's been like for so many others. Finally connecting to those in similar situations have given me a sense of togetherness and the feeling that one day we all will find what we need to get through all of this! FamilyOfaVet.com has reached out and offered a home, a home I feel has been long overdue!"

"I was lost in the world of my husband’s PTSD and TBI...knowledge is power so I researched and was fortunate enough to find www.FamilyOfaVet.com (the best real-world language info). It has been such a huge support for me and my family. I ♥ FOV"

"Family of a Vet has been a wonderful resource for my family. The website provides much needed information and resources and the community is a never-ending source of support and encouragement. It has really served to help both my husband and me as we struggle to cope with PTSD and its effects."

"Family of a Vet showed up in my life at a time when I needed it most. I had no idea what was going on with my then-husband and myself, but I felt like I was having a nervous breakdown. The staff at FOV made me feel so much better because I finally knew what was going on with my family was a normal result of combat. It also eventually helped me make peace with growing up as a child of a Vietnam Veteran. I’ve learned that my entire life has been riddled with Secondary PTSD and this knowledge has enabled me to forgive the people who have hurt me emotionally. I am now volunteering with FOV to advocate for our Wounded Warriors and their families who are suffering, often silently and blindly."

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10.1.3. Contact Us

We welcome your questions and feedback about this publication. If you wish to contact us, please do so using any of the methods listed below. Thanks!

E-mail: info@familyofavet.com
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As a non-profit organization (registered in the State of Alabama, federal 501(c)3 status in progress), we rely on outside support to continue our work. If you’ve found the information we provided helpful, please consider donating to help us continue our efforts to reach out and educate veterans, loved ones, and community supporters around the country.

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