CHAPTER 24

STUDY PLAN

WORKING WITH VETERANS

OBJECTIVE

To learn about the diversity of the veteran community and how to work with a diverse veteran population.

OVERVIEW

The veteran community is extremely diverse. It includes people of all genders and gender identities, races and ethnicities, sexual orientations, ages, socioeconomic classes, political persuasions, and degrees of disability; each veteran has her or his own unique life experience and way of interacting in the world. You may meet with a veteran whose life experience is almost identical to yours, or someone who couldn’t be more different from you. Yet, all of these veterans make up the community that CDVA and CVSOs serve, and you should be prepared to assist any veteran who walks through the doors of your office.

You should try to be aware of your own biases, assumptions, and stereotypes in order to keep them in check and not let them affect interactions with veterans. You must treat every veteran as a complex, multifaceted individual who deserves to be treated with dignity and respect.

While this chapter could never properly address all aspects of the diversity of California’s veterans, the following includes some basic considerations when working with veterans:
Snapshot of Veteran Demographic Data (11/10/15 site Revision), from the U.S. Census Bureau:

21,369,605 military veterans

7.3% female veterans

43.7% veterans 65 years and older

4.6% are younger than 30

33.4% Vietnam-era veterans

23.6% Gulf War-era veterans (representing service from August 1990 to present);

7.8% who served in World War II;

10.3% who served in the Korean War;

25% who served in peacetime only.
There is a strong connection between PTSD and substance abuse and substance abuse occurs at a higher incident rate in veterans than in non-veterans. Many veterans with PTSD use alcohol and drugs to self-medicate their symptoms.

**COMBAT VERSUS NON-COMBAT**

Veterans who served in combat were generally trained to adopt certain attitudes and behaviors which, collectively, is referred to as “battlemind.” Servicemembers have no choice but to adapt “battlemind” in order to survive the combat
environment. However, when they leave combat and the military, it may be difficult for them to adopt appropriate behavior for the civilian world. Behaviors and attitudes associated with “battlemind” are not appropriate in the civilian world, which can make for a difficult transition from combat back into the community.

Despite the focus on combat veterans, it is not the case that every veteran has served in combat. In fact, a generation of veterans served in the late 70s and 80s during a period of relative peace. (Although servicemembers were deployed to conflicts in Central America and other places during this period.) Not all veterans have PTSD and not all veterans are troubled or homeless.

**HOMELESS VETERANS**

America’s homeless veterans have served in every U.S. war, but nearly half served in the Vietnam-era. About 50,000 veterans are homeless nationwide and approximately 12,700 were OEF/OIF/Operation New Dawn (OND) veterans. 51% of homeless veterans have disabilities and 50% have serious mental illness. 68% reside in cities but 32% reside in suburban or rural areas.

Why are veterans homeless? In addition to the usual complex factors influencing all homelessness—extreme shortage of affordable housing, livable income and access to healthcare—a large number of displaced and at-risk veterans live with PTSD and substance abuse. In addition, military occupations and training are not always transferable to the civilian workforce, leaving more veterans unemployed.

The National Coalition for Homeless Veterans provides some interesting demographic data regarding homeless veterans:

- 13% of the homeless adult population are veterans
20% of literature shows that the single greatest predictive factor for the incarceration of veterans is substance abuse. The male homeless population are veterans reside in principal cities.

68% of the male homeless population are veterans 68% reside in principal cities.

The U.S. Army accounted for 46% of veterans living in the U.S., yet 56% of veterans [are] in state prison.

32% reside in suburban/rural areas

51% of individual homeless veterans have disabilities

50% have serious mental illness

70% have substance abuse problems

51% are white males, compared to 38% of non-veterans

50% are age 51 or older, compared to 19% non-veterans

**INCARCERATION**

Roughly 1 in 10 incarcerated persons are veterans. Veterans in federal and state prison are almost exclusively male. Often learned military skills and tactics such as hyper-vigilance and rapid response to threatening encounters that enhance survival in combat may translate to aggressiveness, impulsivity, potential for arrest and incarceration in the civilian community. As a result, domestic violence is higher among veterans than non-veterans.
**LGBT Veterans**

There are over one million estimated lesbian, gay, and bisexual (LGB) veterans. There are approximately 8,000 same-sex domestic partnerships among military retirees.

An estimated 70,871 LGB individuals served in the military in 2011, but LGB service members remain an unprotected class under the military’s Equal Opportunity policy. Transgender veterans are banned from serving outright. Service members of color were disproportionately affected by Don’t Ask Don’t Tell (DADT). While racial minorities comprise a third of the military, they accounted for 45% of DADT discharges. African-American women were hit the hardest; they make up less than one percent of the military, yet make up 3.3% of those discharged under DADT.

80% of active duty service members have reported hearing derogatory speech about LGBT people and 37% reported seeing a LGB service member harassed. The DADT policy perpetuated the occurrence of sexual violence in the military because LGB victims were reluctant to report it for fear of being targeted for discharge.

Service members who were forced to conceal their sexual orientation under DADT continue to experience negative mental health effects related to discrimination.

The repeal of the DADT policy has been found to have no negative impact on military readiness, unit cohesion, recruitment, retention, or morale.
MENTAL HEALTH CONDITIONS, SUICIDE

More than 100,000 combat veterans have sought help for mental illness since the start of the war in Afghanistan in 2001. Almost one-half of them sought help for PTSD.

American service members hospitalized with mental health disorders have a significantly increased risk of suicide in the year after they leave the hospital. The suicide rate of veteran VA users is nearly twice the general population. Some 8,000 veterans are thought to die by suicide each year, about 22 per day. A male veteran is twice as likely as a non-veteran to commit suicide and female veterans are two to three times more likely than their non-veteran counterparts.

MILITARY SEXUAL TRAUMA

Military sexual trauma, or MST, is the term used by VA to refer to experiences of sexual assault or repeated, threatening sexual harassment that a veteran experienced during his or her military service. Military sexual assault and harassment is an epidemic in the military. In 2012, there were 26,300 assaults, a 35% increase over the previous year. The rate of reporting in 2012 was just 9.8%. 62% of victims who reported a sexual assault indicated they experienced professional, social, or administrative retaliation. Although rates of MST are higher among women, because there are so many more men than women in the military, there are actually almost as many men seen for MST treatment at the VA as women.

Some of the experiences both female and male survivors of MST may include:

- Strong emotions: feeling depressed; having intense, sudden emotional reactions to things; feeling angry, or irritable all the time;

- Feelings of numbness: feeling emotionally ‘flat’; difficulty experiencing emotions like love or happiness;

- Trouble sleeping: trouble falling or staying asleep; disturbing nightmares;
Difficulties with attention, concentration, and memory: trouble staying focused; frequently finding their mind wandering; having a hard time remembering things;

Problems with alcohol or other drugs: drinking to excess or using drugs daily; getting intoxicated or “high” to cope with memories or emotional reactions; drinking to fall asleep;

Difficulty with things that remind them of their experiences of sexual trauma: feeling on edge or ‘jumpy’ all the time; difficulty feeling safe; going out of their way to avoid reminders of their experiences;

Difficulties in relationships: feeling isolated or disconnected from others; abusive relationships; trouble with employers or authority figures; difficulty trusting others;

Physical health problems: sexual difficulties; chronic pain; weight or eating problems; gastrointestinal problems.

TRANSITIONING FROM MILITARY TO CIVILIAN LIFE

The transition back to civilian life can be difficult for former service members, especially those who served in combat. Combat requires maintaining tight control over gear and weapons, making split second decisions, being aware of your surroundings, and controlling one’s emotions at all times. These ways of behaving can be problematic in the civilian realm where flexibility, open communication and non aggressiveness are valued. The inability to blend back into civilian life can be isolating and can lead to higher rates of depression, substance abuse, domestic violence, and incarceration.

Non-combat veterans can also experience difficulties adjusting to civilian life. Military culture is markedly different from civilian culture. While the military has vastly improved its transition assistance program courses over the last few years, the transition is still difficult.
TRAUMATIC BRAIN INJURY

33% of all patients with combat-related injuries and 60% of the patients with blast-related injuries seen at Walter Reed Army Medical Center have sustained a TBI. Based on self-report data, approximately 15% of troops engaged in active combat in Afghanistan and Iraq may have suffered a mild TBI. TBI produces a complex constellation of medical consequences including physical, emotional, behavioral and cognitive deficits. Mild TBI or concussion is one of the most common forms of combat-related injury. There are significant long-term residual neurological symptoms in a small proportion of individuals who sustained a mild TBI (about 10-15%), with consequent psychosocial, employment, and relationship problems.

Individuals who have sustained moderate to severe TBI frequently do not recover to pre-injury functional levels and may have ongoing behavioral difficulties. Memory problems are among the most commonly reported deficits after brain injury. Emotional difficulties, adjustment issues, and behavioral problems are common following moderate to severe brain injury.

VETERANS OF COLOR

People of color make up one-third of the military. 19% of male veterans are people of color; 33% of female veterans are people of color.

Veterans of color have higher rates of PTSD, greater exposure to combat, lower rates of approval of VA claims, and higher rates of homelessness. Roughly 40% of all homeless veterans are African American or Latin. Native Americans are also overrepresented in the homeless veteran population.
One-third of Native American Vietnam War veterans suffer PTSD, a prevalence twice as high as that of white Vietnam War veterans. Lack of access to culturally competent healthcare may be a contributing factor to higher rates of PTSD.

The National Alliance for the Mentally Ill provides informative facts about veterans of color and mental health conditions, including the following:

- Culture or ethnic group affiliation may affect a service member’s likelihood of developing PTSD. African American and Latino individuals may be more likely than whites to develop PTSD.

- A 2006 study of Asian American veterans reported “a high incidence of diagnosed schizophrenia and psychosis in the presence of no differences in self-reported psychiatric illness.” The same study stated that “VA clinicians [may be] diagnosing psychosis more readily among Asian Americans than in other racial or ethnic groups.”

- A survey of VA data related to veterans with a current diagnosis of bipolar disorder found that African Americans, particularly older veterans, were more likely than other groups to have been diagnosed with schizophrenia in the past.

- A study comparing Latino veterans with schizophrenia to a similar group of white non-Latino veterans found that while primary symptoms of schizophrenia were very similar for both groups, Hispanic veterans reported a later age of onset, were more likely to report somatic symptoms and spent less time in the hospital than their white counterparts.

- Veterans’ ethnicity may affect the chances of their PTSD-related claim being approved by the Veterans Administration—African Americans are less likely to have claims files for PTSD approved.

THE RACIAL MAKE-UP OF U.S. VETERANS:

- 83% Caucasian
- 10.8% African American
- 6% Latino
- 1.3% Asian
- .6% Native American
WOMEN

Women have served our country bravely but their contributions have not been recognized, even sometimes by the women themselves. The challenges of readjustment to post-military life affect women differently than men and should receive attention from their local communities and the federal government that is at least comparable to that received by men. The unique needs of women veterans are varied and complex, spanning the areas of healthcare, eradication of sexual assault, employment, finance, housing, and social issues. Women veterans suffer PTSD at a higher rate than men, and in general, women have a harder time recovering from PTSD. Also, women veterans are more likely to be homeless than male veterans.

Additional facts about women veterans include:

- 33% of woman veterans are people of color, as compared to 19% of male veterans.
- Women comprise 9.4% of U.S. veterans, 15% of the active duty force, 18% of National Guard and Reserves, and 20% of new recruits.
- VA data show the number of women veterans that identify as homeless has doubled in the last five years.
- VA denies female veterans’ disability claims for PTSD more often than males. This is believed to be in part due to the struggle for recognition of combat service.
- Women veterans are more likely to get divorced than both male veterans and non-veteran women.

CONCLUSION

The foregoing information provides some context for serving veterans. Always be open and welcoming to every veteran that comes to the office for assistance. To that end, you must keep the office space or interview room where you meet with veterans free of any posters
or objects that might be offensive to some veterans such as religious symbols, pro or anti-war imagery, political paraphernalia, etc. In Chapter 26, *Interviewing Skills*, you will discuss more about how to interact with veterans at your first meeting.