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WELCOME HOME!

How to Make a Difference in the Lives of Returning War Zone Veterans

Nearly every day, American veterans arrive home from Iraq or Afghanistan. The environment they return to makes a real difference in how the transition home goes. War zone veterans, their families and their communities would benefit from everyone getting involved and creating a welcoming, thoughtful and helpful environment.

Study after study confirms that a strong social network of friends, neighbors, employers, and people with similar interests in the community makes the transition home easier and healthier. Everyone can play a helpful role in strengthening the social network of a returning veteran. Positive roles include:

- **Material support, including employment.** Money, the ability to make a living, housing and other resources matter. We all need to know that we can count on others if times get tough.
- **Help with tasks and projects.** It's hard to "go it alone" when there's work to do. Knowing we can ask someone to share the load is supportive.
- **Sharing and advice.** Perspective, problem solving, and the opportunity to talk make a big difference whether the issue is large or small.
- **Positive interactions.** Getting together and having fun reduces stress. Hearing positive things makes it easier to take next steps and make transitions of all kinds.

Turn the page for specific ideas for:

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Three Levels of Transition

- **Moving forward after separation.** War zone veterans and their families are separated for a minimum of 12 months. There is great joy in re-uniting! But children have grown, spouses have taken on new responsibilities, things have changed. Families need time to re-establish communication, parenting patterns and other daily activities.
- **Using different skills.** Skills that keep military personnel alive in the war zone can disrupt life at home and work. Using war zone skills in family, work and community life can increase the risk of unemployment, divorce and other problems. Veterans may need feedback and support in order to switch from war zone skills to expectations at home.

- **Recovering from intense events.** Some events in the war zone, such as witnessing the death of a child or friend, increase the likelihood that depression, a sense of isolation, substance abuse or post-traumatic stress disorder will occur. Veterans may need professional help to overcome intense events. Strong, supportive relationships in everyday life do decrease the severity and duration of problems caused by intense events.

Helping Whole Families

Deployment to the war zone affects whole families. For example, children may experience:

- Stress due to separation.
- Changes in family patterns, such as caretaking roles. In some families, the custody or living arrangements may change.
- Significant and instant change in the family's income. This is particularly true among National Guard and Reservist families that take a pay cut during active duty.
- A parent entering or re-entering the workplace or taking a second job in order to backfill lost wages, which changes family schedules, patterns, and expectations.

Upon homecoming, children may be challenged by readjustment. Currently, about one-fourth of returning veterans are experiencing substance abuse, anxiety, depression or post-traumatic stress disorder (PTSD). These conditions are known to affect children in a variety of ways.

Understanding Post-Traumatic Stress Disorder (PTSD) in the Family

The impact of PTSD on family dynamics and children is fairly well understood, but not widely known. PTSD is a psychological injury occurring when an individual is threatened with death, serious injury, or loss of physical integrity; or faces event(s) causing intense fear, helplessness or horror.

Natural disaster, sexual assault, and exposure to community violence are known to cause PTSD. Because combat involves chronic stress and exposure to danger, it increases the likelihood, severity and duration of the injury. PTSD results in:

- **Re-experiencing the traumatic event**, for example, through nightmares or flashbacks;
- **Hyperarousal**, which includes startle reactions to noise and motion, irritability, rage, and constant lookout for danger; and
- **Avoidance**, which includes both numbing of emotions (sometimes with drugs and alcohol), and avoiding reminders of the traumatic experience.

At its core, PTSD disrupts: 1) the ability to feel safe in the world; 2) the ability to engage in meaningful and close personal relationships; and 3) the sense of personal identity and purpose.

Because it affects both behavior and emotional state, PTSD defines the climate inside of a family. It creates a legacy of behavioral adaptations and emotional changes among the children of its sufferers. These children have some but not all of the symptoms of PTSD, such as hyper-vigilance. And they are more at risk for substance abuse, suicide and peer rejection than their peers.

One Caveat

Conscientious caring makes a tremendous difference! You can help, but not every action is helpful. While sharing information is helpful, it's critical not to diagnose or recommend therapy unless you are a professional who has been asked to do so by the veteran. **Read on to see what you can do!**

FAMILY, FRIENDS & NEIGHBORS

Nearly all National Guard and Reservist families live in civilian communities. Many active duty personnel also live off-post, in civilian neighborhoods. Some families will move during deployment to reduce costs, increase access to military services or for other reasons. Family, friends and neighbors are a terrific resource, a source of strength and help in good times and bad. Family, friends and neighbors may need to show an extra dose of understanding as veterans return home.

Family, friends & neighbors can:

- Offer to help with household chores and projects.
- Babysit or offer respite for kids facing the stress of deployment and readjustment.
- Welcome veterans home with appreciation for their service and warm conversation; continue to reach out to the spouse, even if the returning veteran prefers solitude.
- Recognize that loud noises, fireworks, fires and other realities of daily life may startle war zone veterans and evoke an over-reaction.
- Call 9-1-1 if there are violent incidents and be sure to inform the dispatcher that a war zone veteran is involved.
- If a veteran appears to be struggling with depression, suicidal thoughts, domestic violence or substance abuse, steer him or her towards help.

EMPLOYERS

Going to work as a civilian can be challenging after a tour of duty in the war zone. Returning vets may rely on battlefield skills that don't fit with the civilian way of doing business.

Veterans' spouses work, too. Deployment and the transition home may cause visible stress, affecting scheduling and performance. Some spouses will enter the workforce for the first time or return to work after a long parenting break in order to backfill wages lost when their National Guard or Reserve soldier is called to active duty.

Employers can:

- Follow federal law for rehiring National Guardsmen and Reservists called to active duty.
- Make sure that supervisors learn about battlefield skills and how they may affect the workplace, and have the skills to provide useful and effective coaching.
- Offer an Employee Assistance Program (EAP), which provides confidential services to employees whose personal issues may affect performance.
- Recruit military spouses, returning veterans and wounded veterans.
- Know where resources are available for military families.

CLERGY AND FAITH LEADERS

Many war zone veterans and their families belong to faith communities or will join faith communities during deployment and readjustment. War zone experiences may negatively affect interpersonal relationships, including marriage. Both veterans and their spouses may seek help within a religious community.

War zone veterans who experienced intense events may struggle to understand their place in the world given what they have witnessed and experienced. Faith community is one place that individuals turn to address this.

Clergy and faith leaders can:

- Sincerely welcome veterans and their families.
- Understand that actions taken during war occur under unique, often extreme, circumstances. Be willing to hear a soldier's story without judgment or personal rejection.
- Develop an in-depth knowledge of local resources and a willingness to refer veterans and their families. Adjust programs and classes within the community to meet the needs of war zone veterans and their families.
- Learn about battlefield skills and the difficulties that result from applying those skills in the civilian world, as well as symptoms of adjustment problems like substance abuse and PTSD.
- Recognize the special needs of children of vets and work to address them.
- Connect veterans with veterans for conversation and support.

LAWYERS & JUDGES

Between 40 and 50% of all troops currently deployed to combat zones are National Guardsmen and Reservists, who enjoy specific legal protections regarding employment and credit. For example, it is a violation of federal law to foreclose on the home of a National Guardsmen during active duty. However, cases of creditors seeking and receiving judgments in violation of the law have been documented.

Many families are facing legal issues during deployment. For example, the combat payroll system is reportedly deducting child support payments, but not documenting that payment in state child support enforcement systems.

Upon return, war zone veterans are at increased risk for substance abuse, including traffic violations involving alcohol. They are more likely to be involved in auto accidents, including single-vehicle fatalities. War zone veterans are more likely to engage in domestic violence, substance abuse, assault and homicide than their peers. Marriages are significantly more likely to fail after war zone service. PTSD may increase the likelihood of these behaviors.

Currently 26% of returning vets appear through assessment to be suffering from mental health disorders; a small portion may require involuntary commitment.

Lawyers can:

- Provide pro bono legal services to military families during deployment—an informal network of lawyers has formed in Pierce County, but may need more volunteers to meet the demand.
- Inquire about deployment status in all cases involving credit.
- Inform potential clients of limitations on their right to pursue claims and help inform judges of federal protections for National Guardsmen and Reservists.
- Develop knowledge of PTSD and other mental health conditions associated with the war zone experience, their effects, and resources available. Include those resources in plea and sentencing agreements.

Judicial Officers can:

- Provide judicial education regarding legal protections for deployed military personnel and their families.
- Inquire about deployment status in all credit cases, and refrain from entering judgments where deployment may be an issue.

Judicial Officers can (continued):

- Seek out pro bono representation for deployed military personnel.
- Develop understanding of PTSD and its effects on behavior. Utilize tools such as deferred prosecution in cases where war zone trauma is a factor, and refer to specialized treatment where possible.
- Become familiar with intergenerational effects of PTSD and their role in children's violent behaviors; refer to services accordingly.
- Plan for increased case load in areas where a significant number of military personnel have been called to active duty.

FELLOW VETERANS

War zone veterans may find it very difficult to explain the war experience to civilians who do not genuinely understand chain of command and other aspects of military life. It can be especially difficult to talk about traumatic events—it takes a great deal of effort to explain the context, decisions leading up to the trauma, reasons for the decisions made, and sense of urgency when under fire. Not surprisingly, veteran-to-veteran supports have a long and positive history. Veteran Service Organizations, Marine for Life and Vet Centers are a few examples of how veterans have helped each other in formal ways. Day-to-day relationships among veterans are also extremely important and helpful.

Fellow veterans can:

- Create friendships through whatever door is open—visiting wounded veterans at medical facilities, volunteering through civilian and military organizations, or making social connections.
- Model a healthy and productive path through the transition home. Making a healthy transition home takes special skills. It's important to learn them from someone with experience. When returning veterans are frustrated or discouraged by the challenge of readjustment, it's valuable to hear—from someone who has reason to know—that it's possible to get through this time.
- Draw the line, when necessary. Returning veterans are vulnerable to substance abuse, depression, anxiety and PTSD. These, in turn, increase the risk of addiction, driving under the influence, and domestic violence. Confronting these problems with credibility can save lives, marriages, and years of pain.

EDUCATORS

Deployment affects even very young children. In addition to concern for their absent parent, children must cope with the stress their remaining parent will naturally experience. Some sources call this “deployment distress.”

After deployment to Iraq or Afghanistan ends, living with a war zone veteran can impact success at school. War-related adjustment problems, including substance abuse, depression, anxiety and PTSD, affect the whole family and may interfere with the student's concentration, communication and ability to relate to other students.

In particular, PTSD negatively affects the child's ability to feel safe, to have a sense of identity and to engage in meaningful relationships. These children are more likely than their peers to be aggressive, suffer social isolation, use drugs, attempt suicide or solve problems with violence.

Educators and schools can:

- Provide information and resources to families.
- Help children develop skills that bridge between expectations of the civilian world and the expectations of the military world, including knowing when to apply which skill.
- Teach friendship, problem solving, and emotional literacy skills.
- When preparing for discipline interventions, be aware that some war zone veterans may value and reinforce aggression or disrespect for authority.
- Learn about PTSD, its role in family dynamics and its effects on children. Recognize that many children suffer from PTSD due to non-combat experiences, such as political torture among immigrant families, a history of violence in the home, and exposure to community violence.

HEALTHCARE PROVIDERS

War zone experience impacts lifelong health. War zone veterans have elevated early death rates due to: deficits in self-care; poor medical compliance; physiological correlates of chronic stress, hostility and depression; accident; suicide; chronic substance abuse; smoking; and digestive disorders. Over 25% of combat vets will face mental health challenges, including substance abuse, depression, anxiety, PTSD, and somatization, particularly with respect to pain and war injuries.

A mother's stress, depression or PTSD negatively affects pregnancy, fetal development, bonding, and child development.

Healthcare providers can:

- Partner with the US Department of Veterans Affairs to provide health care to veterans.
- Understand that actions taken during war occur under unique, often extreme circumstances. Be willing to hear a soldier's story without judgment or personal rejection.
- Screen for high risk disorders.
- Make referrals to professionals trained and qualified to address post-traumatic responses.
- Promote family planning, share information about high-stress pregnancy, and help families plan for supported parenting when high-stress pregnancy occurs.
- Help vets access services for mental health, substance abuse and long-term care as needed.
- Share information about PTSD and depression.

SOCIAL SERVICE PROVIDERS

National Guardsmen and Reservists give up their regular jobs—and paychecks—when called to active duty in war zones abroad. This instant drop in income means some military families may need financial assistance, food support, energy assistance and other basics.

The US Departments of Defense and Veterans Affairs offer a variety of services to address and mitigate the effects of war. These services focus on the military personnel; only a few extend to spouses and children. And war zone veterans are at risk of some problems for which there is no federal program, such as homelessness. In addition, war zone veterans are more likely than others to appear in court for traffic accidents and domestic violence, which may result in referral to local services. Those suffering PTSD are most likely to experience these problems. Contact with social service providers may create the opportunity to offer: assessment for known risks, such as drug and alcohol addiction; prevention of known problems, such as intergenerational effects of PTSD; and recovery of costs from the federal government for services promised to veterans as part of their service to the country.

The current system of social services requires the veteran to find his or her way to available services, which does not always happen. Service providers in the community should know that counseling, drug/alcohol treatment, and long-term care may be available to a veteran. The Washington State Department of Veterans Affairs and Veteran Service Organizations do an excellent job of assisting veterans with the application processes.

It is important to recognize that only a small percentage of veterans and their families will seek or need social services, but the obligation to provide adequate services is equal to the commitment veterans have made.

Social service providers can:

- Understand that actions taken during war occur under unique, often extreme circumstances. Be willing to hear a soldier's story without judgment or personal rejection.
- Work with service organizations and the private sector to secure a commitment to help. Draw on these partnerships if allotments have been exhausted to guarantee that families of deployed military personnel, war zone veterans and their families receive help at the time they ask.
- Ask about veteran status in all intake processes; work with Washington State Department of Veterans Affairs to access promised services from the federal government.
- Plan for increased case load in areas where a significant number of military personnel have been called up for active duty. Long-term care facilities, senior services, and homeless shelters should plan for a veteran case load several years in the future.
- Ask about problems and behaviors known to be associated with war zone experience and make referrals accordingly. Become familiar with local resources for war zone veterans, particularly treatment for PTSD and specialized drug/alcohol treatment for veterans.
- Provide whole-family supports while providing opportunities for vets to be with vets.
- When it comes to PTSD, educate first, provide therapy later. Choose proven treatment methods, such as cognitive behavioral therapy and eye movement desensitization and reprocessing therapy (EMDR). Be familiar with intergenerational effects of PTSD and their role in children's behavior.

MEDIA

Media's influence in American culture makes it a tremendous resource for educating community members on how to help. Both news and programming can deliver messages that promote the availability of and access to services war zone veterans need as well as building a cultural attitude supportive of seeking help without stigmatization or jeopardizing honorable military careers. Media may also be used by those who are reaching to returning vets in order to help, such as employers recruiting for jobs.

Media can:

- Develop programs that grapple with the issues of deployment and readjustment in realistic ways, emphasizing hope for the future. Include examples of communities and businesses supporting war zone veterans. Tell stories of war zone veterans seeking help, thereby securing health and well being for their children.
- Produce and air public service announcements.
- Run editorials supporting full funding for and access to mental health services for all returning veterans and their families.

Media can (continued):

- Sponsor events that bring families together during deployment, support war zone veterans and their families upon return, assist wounded veterans, and engage community and social support. Contribute moderators when appropriate.
- Help connect helpers. For example, run free classified ads for business that are recruiting veterans for employment.
- Circulate information about resources, war zone skills, adjustment issues, and challenges during readjustment.

FIRST RESPONDERS

War zone veterans are more likely to die early compared to the general population. They are seven times more likely than others of the same age, gender and race to die of accidental causes, three times more likely to die from homicide and suicide, and three and a half times more likely to die from chronic substance abuse.

About 1 in 6 war zone veterans suffer from PTSD, raising the risk of domestic violence. The National Center for PTSD says, “The association between PTSD and domestic violence suggests that this disorder should be seen as a marker or risk factor for intimate violence.”

Children of war zone veterans, particularly those raised by veterans with PTSD, are more likely than their peers to be aggressive and violent, to use drugs and alcohol and to attempt suicide.

First responders can:

- Prepare for increases in needed services based on local deployment patterns.
- Develop understanding of PTSD and its effects on behavior.
- Become familiar with local resources.
- Treat single vehicle accidents involving war zone veterans as potentially intentional.
- Ask about veteran status and make note of that status on reports and documents to be forwarded to the court.

AN IMMEDIATE LEADERSHIP ROLE FOR GOVERNMENT

When asked, more than 80% of Washington’s community leaders said that government should invest in prevention to assure that all families thrive. Most want to help, but say they need help knowing what to do. They want assurance that their actions will make a positive difference and will not risk harm to children and families. Government leadership is essential to ensure that the community desire is transformed into successful strategies.

The overwhelming majority of Washingtonians want to send a message of appreciation to all who have served in Iraq and Afghanistan. There will be no other window of opportunity to do the right thing. Now is the time to act. Now is the time to lead.

GOVERNMENT RESPONSIBILITIES***Model practices that work.***

Government is a provider of social, health and education services as well as an employer. It should develop practices that work and disseminate information about them. Employment, drug/alcohol treatment, intervention in domestic violence, mental health services, and parent education are a few areas where there is significant knowledge about adapting practices to fit the needs of war zone veterans.

In creating pilots and models, government should take note of those things that do not work and disseminate that information as well.

Create a mechanism for gathering and distributing private funds.

Many in the private sector want to make contributions to larger efforts to support returning veterans. Government can create the mechanism for pooling these contributions in order to enhance or expand appropriate services and supports as needs emerge among veterans and their families.

Use existing infrastructure to reach out.

The Family Policy Council, Readiness to Learn and others have local partnerships that engage professionals and residents in working together on behalf of families. These networks of networks are effective for outreach, recruiting and general public education.

Convene professional associations and civic organizations.

Certain professionals, such as doctors, police, and teachers are likely to see the effects of readjustment in their day-to-day work. Government can convene these groups, prepare them to respond effectively and ask them to reach out to their own professional networks in order to widen the circle of engaged community members.

Deliver accurate information.

Perhaps nothing is more essential than accurate, clear and helpful information. It is possible to do harm in this case. For example, veterans will sometimes tell stories about their war experiences. If an individual in a helping role, such as clergy or a social service provider, rejects or appears to reject the veteran because of decisions made necessary by the conditions of war, the veteran may never seek needed services again. It is also possible to waste resources by investing in well-intended actions that don't work for many war zone veterans, for example, by expecting their participation in large public gatherings.

Offer training, education and professional development.

War zone veterans and their families have very specific needs, and there are some predictable patterns related to readjustment. Some ways of "helping" don't work. For example, talking directly about PTSD with a returning veteran doesn't help. Educating about the battlefield skills and inviting future learning, does. Professional development should be offered widely and include those from whom veterans typically seek help. Clergy are at the top of that list, and ought to be included in as many training opportunities as is feasible.

Create opportunities and incentives.

Community members may need assistance in seeing ways to help and government incentives may help. For example, Employee Assistance Programs (EAPs), which offer confidential services to employees whose personal issues may affect work performance, would be a terrific readjustment resource. Unfortunately, most small businesses do not have the means to create or join an EAP. The State could support the pooling of small businesses or the lending of a large corporation's EAP to small businesses in order to close this gap.

Plan and fund increased use of affected systems.

War zone veterans are more at risk for substance abuse, depression and post-traumatic stress disorder than others in their age group. They are also more likely to have accidents, including fatal single-car collisions. For this reason, certain services will likely be impacted in areas where there are many war zone veterans. Only government can map, analyze and use data about returning vets and the services

they request to plan and fund affected systems and to offer prevention resources in geographic areas with the greatest need.

Recover federal monies for promised benefits.

The federal government has a primary obligation to provide certain services to military personnel and veterans. The state must continue in its role of recovering federal benefits on behalf of Washington state residents, including its role of supporting veterans in filling out required applications.

Act on Soldiers and Sailors Relief Fund authority.

Local governments are authorized to raise revenue to fund effective programs and to promote community response. County commissioners must act to exercise this authority.



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8 Battlefield Skills that Make Life in the Civilian World Challenging

Adapted from James Munroe, Ed.D, Boston VA Healthcare System. james.munroe@med.va.gov

1. **Safety.** Military personnel in the war zone must be on constant alert for danger. Everyday events at home, like a traffic jam, can trigger a sense of danger and vulnerability. The soldier may seek constant control and vigilance. People accustomed to safety may not understand.
2. **Trust and Identifying the Enemy.** To survive, military personnel must learn quickly not to trust in the war zone. It's better to assume that everyone is the enemy until proven otherwise. At home, mistrust and suspiciousness severely damage most important relationships, including marriage.
3. **Mission Orientation.** The primary task in the military is to complete the mission ordered from above. All attention and resources are directed to its completion. In the civilian world, individuals are expected to take initiative, seek out tasks, balance competing priorities, and decide for themselves how to proceed.
4. **Decision Making.** In the war zone, following orders is critical to personal safety, the well-being of comrades, and the success of the mission. Military personnel whose rank requires decision making must give life-and-death orders, even when all the information is not available. At home, especially in families, decision making tends to be cooperative. People take time to consider questions and options and to seek out additional information.
5. **Response Tactics.** In the war zone, survival depends on automatic response to danger. It is critical to act first—with maximum firepower—and think later. Keeping all supplies and equipment, including weapons, clean, well-maintained, and in their proper place is critical to response. At home, messy rooms and dirty dishes feel dangerous, and the soldier's response to these realities may intimidate or frighten family members.
6. **Predictability and Intelligence Control.** In the war zone, troops are in serious danger if the enemy can predict their movements, routine, location or intentions. Military personnel learn to vary their routine and withhold information. But at home, employers expect routines and children need them.
7. **Emotional Control.** Combat exposes military personnel to overwhelming events that elicit fear, loss and grief. Yet the job requires that they move on quickly, staying alert and vigilant. The range of acceptable emotions may narrow to anger and irritability. Drugs and alcohol help sustain emotional numbing, even after the soldier comes home. Emotions that are dangerous in combat are critical for relationships at home.
8. **Talking about the War.** It's hard to talk about how the war changed the individual. War may challenge the soldier's core beliefs about humanity and justice in the world. There are few opportunities to reflect on this in the combat situation. At home, it is difficult to explain to civilians—to people who live in safety—what happened in combat, what decisions were made, why those decisions were necessary. Talking about the war may overwhelm the soldier with horror or grief. And the soldier may be afraid that their stories will upset people they care about or lead to rejection.