

U.S. DEPARTMENT OF DEFENSE (DOD)

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE)

IMPACT OF TRAUMA

Trauma is an important issue for the increasing number of women who make up the Armed Services and who deploy in supportive roles with their male counterparts. Women are now 20 percent of new recruits, 14 percent of the military as a whole, and 18 percent of the National Guard and Reserve. Traumatic experiences, such as receiving incoming fire or knowing someone who was seriously injured or killed, are common among service members deployed to hostile environments. These experiences can impact the lives of service members and their families upon their return. While women represent only 8 percent of veterans, their risk factors are rising disproportionately to their numbers <http://www.dol.gov/wb/trauma/>. Additional statistics on women in the military, information about the impact of trauma, and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>. Two recent studies also address the impact of combat exposure on women in the military (see additional resources).

How a Trauma-Informed Approach Can Make a Difference

The mission of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE) is to improve the lives of our nation's service members, families and veterans by advancing excellence in psychological health and traumatic brain injury prevention and care. Prevalence estimates of PTSD symptoms based on self-report surveys among warriors in the conflicts in Iraq and Afghanistan vary, but it has clearly been shown to be a significant problem, especially for those exposed to sustained ground combat. Knowledge about trauma and trauma-informed care helps DCOE to provide helpful information about PTSD treatment options, a 24/7 outreach center, services before and after deployment, suicide prevention services, a program to reduce the stigma of receiving services, and other trauma-informed supports for service members and their families.



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Major Accomplishments 2010-2013

The Defense Science Board (DSB) recommendations on “Predicting Violent Behavior” were released in September 2012. A task force examined and evaluated: existing screening processes; programs and best practices in standards, training, and reporting; and indicators and procedures for predicting violence. This report will influence how the DOD addresses workplace violence. To support these recommendations, DCOE will conduct a literature review of studies on workplace violence and best practices within the Services, Postal Service, private industry and academic settings.

In response to Strategic Action #28, Gender Differences (of the DOD/VA Integrated Mental Health Strategy), DCOE conducted a literature review on the mental health needs of women; gender differences and disparities in treatment and prevention; and military sexual trauma (MST) in both men and women. A summary report makes recommendations for action to the VA, DOD and Services’ leadership.

DCOE also developed a paper on PTSD Prevention Strategies which summarizes existing literature on the most effective programs, interventions, efforts, and resources for pre- and post-trauma prevention strategies. This paper will be available on the DCOE website and will be used to develop Fact Sheets for distribution.

New Directions and Collaborations

In the past two years, DCOE has collaborated with the Sexual Assault Prevention and Response Office (SAPRO) to define roles and responsibilities for the DOD Safe Helpline and Outreach Center, including warm hand-offs, telephone transfers, timeliness of calls, and access between the two systems. Enhanced collaboration will provide additional crisis support for sexual assault victims and information about reporting assaults securely and anonymously, with the goal of increasing sexual assault reporting and prevention of negative mental health outcomes.

Violence in the military has been identified as an area for further exploration. The goal for this next year is to identify, summarize, and define common and specific risk factors associated with various types of violence, including self-directed, sexual, family and workplace violence. After determining common themes, efforts will be made to improve collaboration between public and private stakeholders.

Additional Resources

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<http://www.dcoe.health.mil/PsychologicalHealth/>

Luxton, D.D.et al. (2010) Gender differences in depression and PTSD symptoms following combat exposure. *Depression and Anxiety*, 27, 1027-1033.

Maguen, S. et al. (2012) Gender differences in traumatic experiences and mental health in soldiers redeployed from Iraq and Afghanistan. *Journal of Psychiatric Research*, 46, 311-316.