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PTSD and STS:

A Military Plague

By

Leslie Hidalgo

A thesis submitted in partial fulfillment of the
Requirements of the Honors Scholar Program
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Abstract:

Post-Traumatic Stress Disorder (PTSD) affects not only soldiers but also immediate families because of the many symptoms in which PTSD is transferable. Families exposed PTSD symptoms on a regular basis are at risk of developing Secondary Traumatic Stress (STS), which will negatively impact their lives and future. This research, which utilizes statistics, interviews, among many other resources, provides a clear overview of psychological and emotional hurdles often faced by military spouses and children due to this transference. The essay also explores the limited resources available for PTSD and STS victims and provides some solutions to these growing problems.

Keywords: PTSD, Post Traumatic Stress Disorder, STS, Secondary Traumatic Stress, Military Families, Transgenerational Transmission of Trauma, transference theory.

PTSD and STS: A Military Plague

In an interview I had with a source who remains anonymous from the U.S Department of Veterans Affairs' Readjustment Counseling Service, I learned that in order to receive guidance, assistance, or speak with a family psychologist specialized in families who suffer due to a veteran's PTSD symptoms, the service member has to give their authorization. Unfortunately, many service members do not agree with the assistance psychologists' offer. They do not believe Psychologists can help, they are afraid to lose their military benefits, their jobs, or they are anxious to seem weak for their families and other's presence (Johnson and Isern). Due to the lack of information regarding families and their risks of STS, soldiers risk families' wellbeing to provide financially for them instead. This is the struggle families' face in Lee County and across the Country who are denied help after contributing years of their lives to serving or standing by those who serve this country. The military trains soldiers, warriors, strong men and women who are supposed to be fearless. But, what happens when these men and women are affected by what they have witnessed in battle? How does this affect the family structure? What is available for families who struggle, and how are families dealing with it? These are the questions I will address since STS victims need help and currently there is no physical help available for National Guard and Reserve unit families.

To clarify, Post-Traumatic Stress Disorder (PTSD), a condition that has affected soldiers for generations, is acknowledged to have many names throughout history. PTSD affects not only soldiers but also immediate families because of the many symptoms in which PTSD is visible. Families exposed PTSD symptoms on a regular basis are at risk of developing Secondary Traumatic Stress (STS), which will negatively impact their lives and future. STS affects "thirty-nine percent of those who live with a veteran who is struggling with PTSD"

("Secondary PTSD in Children"). Signs and symptoms associated with STS vary from extreme mood changes to violence. Many of the symptoms associated with STS are similar to the ones listed for PTSD. This suggests that PTSD symptoms can be transferred to families resulting in STS.

Currently, active duty soldiers and their families are offered help on base; However, Reserve and National Guard unit families struggle due to the gap in coverage and the limited assistance available for inactive soldiers. While active duty soldiers and families are covered under Tricare, which is the military medical insurance, National Guard and Reserve troops only receive individual assistance at VA Hospitals with no coverage for the family members. According to Tricare, non-active soldiers are covered for the treatment of an injury, illness, or disease incurred or aggravated in the line of duty, but assistance is not available for family members. While Tricare is available for soldiers' to purchase out-of-pocket, PTSD may be causing the family unnecessary financial hardship, leaving insurance as a privilege and not a necessity. The cost of Tricare in 2015 totals 205.62 dollars per month (Tricare Reserve Select Cost). While this may not be costly for some, it is a hefty sum for those who lack a steady income due to PTSD symptoms. Often, their abilities to keep a steady job are hampered by PTSD symptoms and medications to treat PTSD. Consequently, they are placing their lives and their family's emotional health at unnecessary risk, which results in the families' development of STS. This lack of government assistance is the main reason families are broken. Government official tout the sanctity and sacrament of marriage, but the anemic (or non-existence) assistance provided by the government destroys families on a daily basis. These families are destroyed by the unknown of the day to day, by a disorder earned as a cost of our freedom. By providing the

psychological, emotional assistance, and guidance for inactive military dependents, families could learn how to attain the best results from a soldier who suffers from PTSD symptoms.

A Brief History of PTSD

As a relatively newly labeled to many yet highly controversial disorder, PTSD has been recognized to be as old as war itself. Identified as "War Melancholy and Stress" symptoms of this disorder has been recorded as early as "490 B.C. in the Battle of Marathon" (Haskell 2). War physicians chose this name since most of the symptoms was believed to be a "disorderly action of the heart," with symptoms like: "increased pulse rate and blood pressure, breathlessness, palpitation, dizziness, and fatigue." In the year 1688, another name for this disorder was "Nostalgia" (1). The name "Nostalgia" was associated with soldiers yearning to return home and not caused by war. In 1863, due to the numerous amount of soldiers who suffered from psychological breakdowns during war, the first military hospital for the insane was established. Although the majority of soldiers were not insane, they were transferred to these hospitals as a result of misdiagnosis as a result to the limited information available about their condition. In 1912, it was known as "Shellshock" (1) since doctors believed to be associated with concussions caused by the "disruption of neural functions" when soldiers fire their weapons and in "1946 [it was known as] Battle Fatigue" (1). History catalogues many names for this condition: "Da Costa's Syndrome," "Combat Stress Reaction," "Railway Spine," and "War Neuroses" (Friedman 2). In 1950, during the Korean War, this condition was then given the name of "Operation Exhaustion," (Haskell 2) where one-quarter of all soldiers who saw combat were categorized as psychiatric casualties.

In 1980, due to the vast psychological damages presented by soldiers, The American Psychiatric Association coded veterans who exhibit these symptoms as Post Traumatic Stress

Disorder and included it in the Diagnostic and Statistical Manual of Mental Disorders III. In 2013, the diagnostic criteria were once again revised and set under a new category now termed: "Trauma- and Stressor- Related Disorder." These symptoms are: "reliving of traumatic event, avoiding situations that are reminders of the event, adverse changes in feelings or beliefs, and hyper-arousal, or over-reactive to situations" (Friedman). While there is help available for soldiers who suffer from this disorder, there is limited support available for family members who suffer by the soldiers' side who not have authorization from the soldier to beseech help.

Who suffers from PTSD?

Soldiers are not the only victims of this condition, but they are at higher risk of PTSD due to war exposure. The National Center for PTSD has estimated that 7-8% of the population will suffer from PTSD at some point of their lives. However, this number escalates for PTSD sufferers in the Armed Forces. For example, 11-20% of Operation Iraqi Freedom soldiers, 12% of from Gulf War soldiers, and 15% of the Vietnam War soldiers suffer from this condition. These numbers express that soldiers are at a much higher risk of suffering from this disorder because of their job. Due to war and the numerous damages it can cause, most of the attention is focused on those who serve or have served and have been wounded whether physically, psychologically, or emotionally. The information and knowledge available on how families may also suffer from STS as a result of a veteran's PTSD symptoms is limited at this time.

How PTSD Affects Veterans. At times, military families face adversities like divorce. However, when confounded with a spouse diagnosed with PTSD, domestic problems become exasperate. These problems depend on deployments, spouse's commitment to the relationship, and war. These adversities when living with PTSD victims affect marriages and families directly. PTSD is a psychological reaction that can occur after experiencing a traumatic event

when the person's life was at risk. Symptoms of PTSD vary; reoccurrence, flashbacks, avoidance of loud or public places, nightmares, severe emotional distress or reaction to noise, feeling emotionally numb, inability to experience positive emotions, lack of interest in activities, hopelessness about the future, memory problems, irritability, hyper-alertness, overwhelming guilt or shame, self-destructive behaviors, per example: Drugs and alcohol, trouble concentrating, trouble sleeping, and those who suffer from this condition may be startled of frightened easily (PTSD). Some of the worse symptoms are extremely distressing. For example, disturbing nightmares have a negative impact on more than just sleep. These "repeated awakenings from the major sleep period or naps with detailed recall of extended and extremely frightening dreams, usually involve thread to survival, security, or self-esteem" (Kung 1). They can also contribute to the abuse of alcohol, drugs, or in some cases suicide attempts and death. Due to the severity of symptoms associated with PTSD, it is important that those experiencing any of these symptoms seek help right away. Seeking help on time may help save a life or lives.

Self-destructive behaviors associated with symptoms of PTSD can drive those who suffer to commit suicide. According to Joppa-Hagemann, "losing her husband was a tragic loss. But she says his passing is made worse knowing that the Army's mental health care system missed the warning signs that eventually led to his death" (Hoppenstad). Most often, the only ones able to see past the uniform of soldiers are the immediate family, but with the psychological assistance gap for immediate families of Reserve and National Guard Units, family members are only left to call the Military Crisis Line, or the Police since VA Hospitals will not speak to family members facing soldiers' PTSD induced behaviors due to VA Hospitals are only available for veterans. Since both of these choices may harm the soldier's civilian employment and record, more and more families are choosing to remain quiet and endure hard days without

the guidance of a specialized PTSD family psychologist. This risks the families, marriage, and children's well-being. In a study performed on couples' satisfaction after combat deployment, "37 [percent of these] soldiers reported problems in their marriage and the degree of marital distress was positively associated with PTSD symptoms, depressive symptoms, and aggression." Reports on the Probability of Intent to Divorce/Separate shows that high levels of combat exposure may be related to the increase in divorce rate, which has more than doubled since 2006 (919). High levels of combat exposure may also lead to feeling more connected to other soldiers who have had the same experiences (Foran, Wright, and Wood 920). This can result in the lack of communication, fear spouses with not understand them, and withdrawal (920). Deployment may also increase interpersonal violence in families, not only between the spouses, but in some cases families affected by deployment may neglect or maltreat their children (Lester, and Flake 129). Soldiers who come home with combat-related mental problems may not be able to control their relations well, compromising their relations with others. In a study performed by the PTSD Foundation of America, the statistics show that "two out of three" marriages are failing due to this condition, which translates to more than "200,000 military marriages have been broken. In 2009, these numbers grew exponentially to more than "27,000" broken marriages ("The Statistics").

Therefore, it is important for soldiers who are experiencing any of these symptoms to seek help right away. With the available help, not only soldiers would benefit and have fulfilling lives, but also their marriage and their families would benefit from a healthier home environment.

Medications for PTSD

"When the peace treaty is signed, the war isn't over for the veterans or the family, it is just starting" (Marlantes). These are the words spoken by a Vietnam veteran in his memoir about his 40 years struggle with PTSD. While the treatment for PTSD has changed dramatically over the years, the results and improvement of soldiers remain inconsistent. This inconsistency suggests that there needs to be something else in place to assist soldiers who battle with this condition on a daily basis to minimize the transfer of STS to their families and assist the ones who experience symptoms.

During World War I, several PTSD treatments were developed, and those who displayed severe symptoms were treated utilizing real-life activities to help them return to productive civilian lives. Other treatments included: "hydrotherapy" (water treatment) or "Electrotherapy" (shock treatments) as well as hypnosis (Friedman). However, some of these treatments are now viewed as inhumane and are not currently utilized to treat modern soldier's symptoms.

Today, doctors and psychologists prescribe medication and therapy to treat PTSD symptoms. While hopeful these medications will control symptoms and help lower the transference of STS to families, these may not be as effective as one would like. For some soldiers and their families, medication might not be taking care of the problem and instead be the cause frequent family quandaries. These medications can cause side effects that may be difficult or uncomfortable for the soldier and their families to accept. Moreover, the risk of addiction to prescribed medication is feasible. The three types of medication most commonly prescribed for soldiers who suffer from PTSD: "Selective Serotonin-Reuptake Inhibitors," "Second-Generation Antipsychotic," and "Alpha-Blockers," which are most commonly used for High Blood Pressure (Abrams et al. 2).

"SSRI" or Selective Serotonin-Reuptake Inhibitors. "SSRI" or Selective Serotonin-Reuptake Inhibitors is an antidepressant medication designed to alleviate patients who suffer from major depressive symptoms. Although there is limited information known about depression and the brain, scientists believe that by keeping the communication high between the nerve cells to help regulate mood, patients can have a positive outlook towards life. Examples of antidepressant medications are "Celexa, Lexapro, Luvox, Paxil, Prozac, and Zoloft" ("How Different Antidepressants Work"). These medications release a chemical known as Serotonin. Serotonin is a chemical found in the human body that relays signals between nerve cells in the brain. According to Medical News Today, Serotonin is the chemical responsible for "maintaining mood balance" and a deficit of this chemical cause's depression (MNT-1). These medications benefit patients by "keeping the neurotransmitters high to improve communication between the nerve cells" to strengthen the circuits in the brain (MNT-2). SNRIs or Serotonin and norepinephrine reuptake inhibitors are the newest types of antidepressant medication to treat PTSD symptoms. Norepinephrine is a stress hormone released by the brain. This chemical is known to affect the parts of the brain where "attention and responding actions are controlled" (Caan). Some of the most prescribed medications that block the reuptake of serotonin and norepinephrine are "Cymbalta, Effexor, Khedezla, and Pristiq" ("How Different Antidepressants Work"). Although these medications may be beneficial for patients who suffer from depression, they also come with cautionary warnings and severe side effects. For example, some of Effexor's side effects are "high blood pressure, lack or loss of strength, severe headache, sweating, blurred vision, chest pain, fast or irregular heartbeat, mood or mental changes, ringing or buzzing in the ears, and suicidal thoughts"(Drugs.com 1-2). Other common side effects may include:

> abnormal dreams, chills, constipation, decrease in sexual desire or ability, diarrhea, drowsiness, dry mouth, heartburn, increased sweating, loss of appetite, nausea, stomach pain or gas, stuffy or runny nose, tingling, burning, or prickly sensations, trembling or shaking, trouble sleeping, unusual tiredness or weakness, vomiting, and weight loss. (Drugs.com 3-4)

While some of these side effects are mild, for example a runny nose or heartburn, others are harmful and can be detrimental to not only the soldier but their families.

The use of Effexor long term can cause a decrease in sexual desire or ability. While numerous couples think of sexual intimacy as a bonus, for others is a necessity for the renewal of their bond as lovers. Studies of sexless marriages indicate that "lacking sexual intimacy in a marriage can result in the couple falling into destructive behavior patterns of non-communication." These destructive behaviors vary from arguments, fighting, unfaithfulness, and eventually divorce (Zamarripa 1). Not only are the couples affected by something as simple as sex, but the family as well. When parents are happy, loved, and feel safe, their happiness is transmitted to their children. "Romance also has the potential to make us better parents: positive emotions [like love] and the social support of a partner can make us warmer and more responsive to our children" (Carter). Medications like Effexor, can negatively impact or limit the patient's ability to fully function as a man, employee, father, and even as a husband. As a result of the side effects associated with these medications, soldiers may struggle to keep a job making it tough to support his family, thus making him feel unworthy of his family. This may cause problems in his marriage since spouses may think they are not attractive anymore or that spouse may be cheating on them. This lack of communication and misinformation between spouses can result in infidelity furthering damaging or endangering the family structure. Since medications like these are needed to treat PTSD

symptoms, help should be available to help families understand and cope with the side effects associated with these types of medications.

SGA or Second-Generation Antipsychotics. Another medication often prescribed to soldiers who suffer from this condition is Second-Generation Antipsychotics. This medication is a form of antipsychotic, which is used to treat numerous psychiatric disorders (Seida, Schouten, and Mousavi). Examples of SGA medications are Aripiprazole, Clozapine, Olanzapine, Quetiapine, Risperidone, and Ziprasidone. While medications like these help restore the chemical balance in the brain and offers patients the help needed to think clearly, Risperidone and other medications like it can cause unwanted side effects that can require medical attention. Some of the most common side effects are “drowsiness, dizziness, lightheadedness, drooling, nausea, weight gain, or tiredness” (Muench and Hamer 1). Although side effects like these may be common in a variety of medications, other side effects are life-threatening. According to John Muench, MD, MPH, and Ann Hamer, “All antipsychotic medications are associated with an increased likelihood of sedation, sexual dysfunction, postural hypotension, cardiac arrhythmia, and sudden cardiac death.” Therefore, there should be help available for the immediate family of soldiers who suffer from PTSD symptoms regardless of soldier’s approval for assistance since PTSD and the side effects associated with the medications to treat PTSD symptoms affects the whole family.

Alpha Blockers. Another medication often prescribed to soldiers who suffer from PTSD are Alpha Blockers. These medications are often prescribed to patients who suffer from high blood pressure since it works by relaxing and widening blood vessels to improve blood flow. In recent studies, researchers have found that medications like these can also help reduce nightmares in PTSD patients since it helps block “postsynaptic adrenergic receptors in the brain”

(Kung, Espinel, and Lapid). An example of these medications is Prazosin. But, as numerous other types of medications its side effects can be difficult to assimilate since it causes "unusual tiredness or weakness" ("Effexor Side Effects") and limits the desire veterans can have to take part of their family's life.

In a study conducted by The George Washington University, researchers found that treatments for Iraq and Afghanistan veterans who suffer from PTSD had cost more than 2 Billion dollars, as well as Health Care costs for veterans who suffer from PTSD totals 3.5 times higher than those of those soldiers who do not suffer from this condition (2). To be exact: it costs the government about 8,300 dollars for treatments in the first year alone ("Shocking PTSD, Suicide rates for vets"). This expensive band-aid would not be in vain if the treatment was realistically helping soldiers who suffer, thus lowering the risk of transference to their families.

Medication helps control the symptoms, but it does not fix the problem. Between 2008 and 2012, the VA Hospitals have lost contact with more than 42% of patients who suffer from PTSD, which adds up to more than 500,000 patients whose medications have not been adjusted to fit the patients' needs (Johnson and Isern). Veterans who suffer from PTSD should be evaluated on a regular basis to adjust their medication to better control their symptoms, which in turn should help prevent STS. However, due to the lack of contact between VA Hospitals and patients, their medications still get sent by mail every 90 days without a re-evaluation of the patient's condition or how the prescription may be affecting them or their families (Johnson and Isern). This creates a future problem since some of these medications may be damaging vital organs or keeping the patient numb and unable to function properly. Although a superior treatment has not been found yet, perhaps families can be utilized for this purpose as well. If a spouse is informed and educated on the best ways to help a soldier who suffers, perhaps through

knowledge, training, resources and exercises at home these soldiers can manage their symptoms more accurately with limited medications or without the need of medications and the perilous side effects associated with them. With the use of education and Psychological or Family Counseling services, families can learn what to do in case of a flashback, nightmare, or outburst of anger instead of making the situation even more arduous because of the lack of knowledge on what to do. With education and guidance, families can work together towards a better future.

Although medications can be beneficial to ease symptoms associated with PTSD, the danger associated with the interaction and the long-term use of these drugs can be as dangerous as walking in a landmine field. According to Prescription Drugs, “some drug interactions [can] be deadly.” Also, medications, supplements, alcohol, and even some foods can be unsafe. Medication is even more dangerous. When two or more medications that have “similar properties” are taken together, their side effects are magnified. Dangerous medication interactions are not limited to prescription medications. Numerous over the counter medications such as Tylenol if taken in conjunction with prescription medications can turn deadly (“Prescription Drugs”). The combination of over the counter medications and prescribed medications are not the only potential risk, but also the combination of medications and alcohol. According to Dr. Daniel K. Hall-Flavin, the combination of some anti-depressant medications with alcohol “can cause a dangerous spike in blood pressure” resulting in precarious reactions, such as stroke.

The long term consumption of these drugs poses a threat to patients’ lives. Recent studies show that Antidepressants can cause cognitive decline and can kill hormones, by causing structural damage such as the ones found in patients who suffer from Parkinson’s disease. The lengthy ingestion of Antidepressants can cause “Parkinsonian syndrome and tardive dyskinesia”

(Andrews, Gott and Thomson 6-7) which is categorized by involuntary and repetitive body movements. Another life-threatening side effect associated with the lengthy absorption of Antidepressants is an increased risk of abnormal bleeding that can result in a stroke. In a study published in the British Medical Journal, "antidepressants were estimated to cause 10 to 44 deaths out of 1000 people over a year" (8). The risks associated with Antidepressants, the interaction with other drugs and the danger of their use over time suggests that those who suffer from PTSD and their families are cruising in uncharted waters because of the lack of help available. These medications may be a temporary numbing solution bringing forth a dangerous future.

As a military wife, I have witnessed several of these side effects in my husband. Although not all of them affect the family directly, they all indirectly create grueling situations. Traveling as a family, I have seen my husband suddenly stop the car, look at me questioningly, and mutter "I do not know where I am? Or where I am going?" Numerous times, I have had to take the wheel to drive a mile or more to the house we have lived in for the past eight years… eight years. As a result, I keep the phone next to me at all times even during classes, since I could receive a call from him needing me at any time. The uncertainty and symptoms families face associated with PTSD are challenging, but even more arduous are the side effects caused by drugs used to treat these symptoms. These side effects can break a family… the very bond that so many of us hold as sacred. As such, any family who battles PTSD on a daily basis can benefit from professional guidance to live a more informed fulfilling life in the face of PTSD symptoms, and the side effects associated with the medications to treat this disorder.

What is STS?

Secondary Traumatic Stress (STS) is the emotional threat families face when they hear firsthand or witness the reverberation effects of trauma experienced by a loved one. The U.S. Department of Veterans Affairs recognizes STS as the "indirect impact of trauma on those close to the survivor" ("PTSD"). STS was originally recognized as a "common occupational hazard for professionals working with traumatized children" ("Secondary Trauma Stress"). Symptoms of STS are known to affect more than 50% of child welfare workers and therapists, causing a large number of them to leave their field of work due to compromised professional function and diminished quality of life. Recently, STS has also been linked to the psychological and emotional effects military families suffer while living with a veteran who suffers from PTSD.

Symptoms and Effects of STS. Symptoms of STS and its effects can vary depending on the ones exhibited by the veteran. Those who suffer from this transference notice themselves mirroring some of the behaviors displayed by the veteran. While bothersome, some of the Psychological and emotional symptoms associated with STS can be permanent and detrimental for families if no assessed in time. STS not only affects families, but also veterans since their "caretaker" might be after all in need of care themselves.

How STS Affects Military Families. PTSD negatively impacts the whole family, bringing forth the risk of PTSD transference known as STS. Families of veterans who suffer from this disorder report the onset of marital and parenting problems, and also low family function ("PTSD"). According to the U.S. Department of Veterans Affair, veterans with PTSD have more marital problems. Both, the veteran and spouse report intimacy decline, lack of communication, and family violence. Families of veterans with PTSD are exposed to more physical and verbal aggression than other families. While some believe family violence is likely

by the veteran's hand, studies show that this is not always the case. A researched study compared Vietnam Veteran partners with and without PTSD; they concluded that those who cared for a partner with PTSD were twice more likely than the veteran to commit family violence. About half of them also reported they felt "on the verge of a nervous breakdown" ("PTSD: National Center for PTSD"). These same words have been associated with spouses STS symptoms.

Studies on Holocaust survivors suggest that PTSD is transferred genetically and not exclusively through learned or psychological implications. Children of parents with PTSD have a higher risk of emotional, behavioral, academic and interpersonal problems. They are more likely than other children to exhibit depression, anxiety, aggressiveness, hyperactivity, practice self-destructive behavior and struggle maintaining relationships. They are also prone to use drugs and alcohol and are three times more likely to commit suicide than other children (Galor). According to psychologists, there are four manners in which PTSD can be transferred resulting in STS such as silence, over-disclosure, exposure, and identification. Silence, when a child does not get any explanation of the surviving parent's symptoms their anxiety increases. These children often worry about the parent's well-being, and ability to take care of them. Children, who do not get an explanation of the parent's symptoms, develop his/her imaginary and horrifying version of the events. Over-disclosure, a detailed disclosure of a parent's trauma increases the risk of anxiety, distress, depression, and PTSD symptoms in children. Exposure, children who are continuously exposed to PTSD reactions take part of the re-enactment of the parent's trauma causing them to start thinking, feeling, and behaving similarly to the surviving parent. Last but not least, identification, to connect and understand a surviving parent some children take over some of the behaviors and emotional state of the parent with PTSD. When

children are raise in a home with where there is turmoil, constant anger and tension; it changes who they are, who they could have been (Barrera).

Conclusion of PTSD and STS Transference. Since PTSD can be transferred to family members resulting in STS, it is importance for those with a surviving veteran at home to stay vigilant of STS symptoms in order to address them before they cause permanent scars. Furthermore, the government should have required yearly checkups/counseling for family members of those receiving treatment for PTSD. Consequently, the psychological and emotional stability of the family members could be assessed since these can also affect surviving veteran's mental health.

PTSD and STS: Spouses in Context

"For every veteran who goes through a divorce, a wife goes through one, too. For every veteran alone in the basement, there is a wife upstairs, bewildered, isolated and in despair from the dark clouds of war that hangs over family life" (Marlantes).

Civilian spouses usually take a more prominent role in the families of veterans who suffer from PTSD due to the spouse's illness and distress, leaving them with most of the work and stress associated with the home, bills, child rearing, and healing of the soldier who suffers from this condition. The increased burden and responsibility of the civilian parent may increase the risk of negative personal and parental functioning (Dekel et al. 287). Research indicates that the degree of psychological effects of spouses is positively associated with the severity of their partners PTSD symptoms (Shnaider, et al. 130). Studies show that currently, more than 100,000 veteran spouses are at risk for STS ("Secondary PTSD"). Wretchedly, these spouses exhibit psychologically and emotionally effects associated with this transference without assistance or hope.

Psychological Effects on Spouses. STS occurs when a "person has an indirect exposure to risk or trauma" (Tendall and Fishler). Some of the psychological effects of STS on spouses are very similar to the effects exhibited by the surviving veteran such as "depression, anxiety, [hypervigilance] suicidal thoughts and feelings, and [or] substance abuse." Other effects associated with STS and its psychological effects are sleeplessness, nightmares, and social isolation, poor concentration, and relationship issues with others. Some of these effects can be detrimental for spouses since, to take care of others effectively; first spouses have to take care of themselves.

For numerous spouses, making time for themselves is nearly impossible since the burden associated with being the caretaker of someone with PTSD can be substantial and long term. Aside from making sure everything stays "perfect" and nothing triggers the veteran, spouses also have an increased workload at home ("Secondary PTSD"). They are usually dealing with "house chores, childcare, financial management, etc." ("Secondary PTSD") with little or no help from their spouse. They also tend to be "the cook, chauffeur, secretary, accountant, yard guy, child care provider, laundry service" ("Secondary PTSD"), and anything else associated with the home. In time, this workload can become detrimental to spouses risking their sanity and losing themselves.

Without the necessary guidance to be the caretaker of a veteran with PTSD while remaining in control of their lives, spouses are at risks of disorders like depression and anxiety from over exhaustion. Moreover, hypervigilance can trigger suicidal thoughts, feelings of failure, and substance abuse (as a form of self-medication) to cope with their exhausting rhythm of life while taking care of a veteran who suffers from PTSD symptoms. This is painful reality spouse's face daily without assistance.

Emotional Effects on Spouses. Taking care of a veteran with PTSD can take a toll on the caretaker. Studies show that some of the Emotional effects associated with STS on spouses vary from "feelings of alienation and isolation, feeling of mistrust and betrayal, [numbness,] anger, and irritability, [to] severe impairment of daily functioning" (Tendall and Fishler). Spouses of veterans who suffer from PTSD symptoms often "feel stressed because their needs are not being met" ("PTSD").

With time, spouses become aware of what can trigger PTSD symptoms in their spouse. They usually become hyper-aware of these triggers to try to minimize them as much as possible; this creates an unnecessary burden for spouses since they already are stressed and overworked while trying to keep everything "perfect" for the surviving spouse. Examples of hyperarousal in spouses are such as keeping the noise level down, maintaining a controlled household, having meals ready on time, and not entertaining or visiting friends for long periods of time. While most of these are a possibility short term, long term they can be near impossible to maintain, especially when there are small children in the household. Something as little as a dropping a cup of juice on the floor can set a surviving veteran off. As parents, we try to shield our children of the veterans rage and outburst of anger. This can also be a burden for caretakers since, to protect our children; we have to stay by their side at all times. "We spend endless amounts of time trying to defend ourselves" (Barrera) and our children and justify our words or actions to our spouses.

While spouses stay by their veteran's side and unselfishly become their caretaker, the emotional effects associated with their decisions can be detrimental if faced without guidance or knowledge about PTSD and its many symptoms.

PTSD and STS: Children in Context

Along with the difficulties faced by spouses during deployments, studies have discovered the psychological and emotional problems in some children are caused by a parent during deployment and post-deployment. As a result of this, physical and social manifestation are often associated with these children's unfortunate circumstances. These can be a result of the uncertainty military children face. From a very young age these children "have said goodbye [several times] with the persuasive worry that their mother or father might return injured, or might not return at all" (Lester and Flakes 122). Although soldiers' children are at a higher risk of psychological and emotional problems along with the physical and emotional manifestations associated with them, the presence and the severity depends on the child's age and the death or condition of the injured parent. While these psychological and emotional effects have been recognized under different names, there is still limited research available on trauma suffered by children as a result of STS transference. Therefore, it is important to seek help for children whose parent is struggling with this condition since it could help minimize the children's damage of an unfledged condition.

Psychological Effects on Children. Children whose parent suffer from PTSD are at higher risk of psychological problems throughout their lives known as STS. They often do not understand their parents' reactions, why their family plans are unpredictable, or why they are suddenly dragged out of places. They also know how hard it is to connect with a parent who suffers from "traumatic brain injury, post-traumatic stress, or severe physical disability" (Lester and Flakes 129). The longer and more often a parent deploys, the higher the psychological, health, and behavioral risk increase for a child (130). Clinical observations and empirical research shows that children, whose father suffers from this condition, are more likely to show

symptoms of posttraumatic manifestations. Some of these symptoms externalize themselves as: “headaches, breathing difficulties, intrusive imagery, heightened sense of vulnerability, difficulty trusting others, and emotional numbing” (Dekel et al. 281). As a parent, I have noticed some of these symptoms in my children. It is devastating to see your child struggle without the guidance on how to help them understand or at least deal with a certain situation. I find myself repeating to my children, “I am sorry that this happened. But remember, daddy has a booboo in his head.” How else can I explain to my young children what is happening to our family? I have also witnessed the frustration my children experience, the anger, the impotence, and the confusion, as I have experienced them myself.

As a result of exposure to a parent who suffers from PTSD, children show signs of distressed regardless of age and gender. Studies have found that school-age children and teens may show psychological signs of stress, have a higher risk of depression and suicidal thoughts, and have problems in peer relationships (Lester and Flakes 129). In a study titled Is There Intergenerational Transmission of Trauma? The case of combat veterans’ children, researchers learned that young girls ages 6-11 had a greater problem with aggressiveness and impulsiveness. These are some of the symptoms my older daughter exhibits; she tends to be aggressive towards others especially her siblings and myself, and on occasions even scratches down her arm in frustration while she screams. Moreover, girls between ages 16-22 had a greater risk of depression and seclusion. It is important to mention that the severity of the parent is relevant to the distress of the child. This phenomenon is recognized under the names: “Secondary Traumatization,” “Secondary Traumatic Stress,” “Convictimization,” “Secondary Survivors,” “Traumatic Countertransference,” and “Vicarious Traumatization” (Dekel and Goldblatt 281).

Through the use of studies and research, it has been learned that parents who suffer from severe PTSD symptoms like persecution, shame, aggression, and guilt can result in the transference to their children who now struggle with social isolation, guilt, and detachment (284). Studies on "How Wartime Military Services Affect Children and Families" have found that children suffer from anxiety symptoms not only during a parent's deployment but up to a year post-deployment. In another study performed by Harkness, he established family violence as a result of PTSD had a greater chance of causing an intergenerational transmission to children than the disorder itself. In this study, Harkness used three groups of children to investigate if PTSD is correlated to low family functioning. Group one were children of Vietnam Veterans with PTSD. Group two were children with Vietnam Veteran fathers who did not suffer from PTSD, and group three was the control group and their parent did not take part in a time of war. The study showed that "…the lowest levels of family functioning were reported by children of veterans with PTSD" (Dekel and Goldblatt 283). Considering the severity some children face psychologically and the manifestation associated with some of them, there should be some help in place to avoid the escalation and guide our youth to an informed, healthy future.

Emotional Effects on Children. Although a majority of military children adjust well to a parent's deployment, evidence from Operation Iraqi Freedom and Operation Enduring Freedom suggests that there has been an increased in stress for military children. These children are at risk of developing emotional anxiety problems well above the community norms (Lester et al. 2010). These emotional problems if unattended, may cause children unnecessary hardship not only as a child but also as an adult.

Deployment can threaten children's sense of security, and the disruption may not be solved once the parent comes home from deployment, and must be re-integrated into the family.

While a deployed parent represents "a stressor reflecting ambiguous loss which prompts emotional distress" (Friedberg and Brelsford), the return of a parent can also be just as traumatic. Sadly, my children have asked "can't he leave again?" since they experience such a disruption in their lives upon his return. A parent who suffers from "symptoms of post-traumatic stress, including aggression, irritability, or unpredictable responses to reminders of the trauma, can behave in ways that confuse, upset, or even frighten children" (127). These children often have trouble regulating their emotions and are at higher risk of maltreatment or neglect by parents affected by deployments (129). They may also be at risk of emotional, physical, and social problems. Therefore, it is vital these families receive psychological assistance and guidance to learn about this difficult disorder that affects the family as a whole. Depending on the child's age during Pre-deployment, Deployment, and Post-deployment, he or she may experience emotional withdrawal, may become overwhelmed, sad, and anxious. These children may often have trouble with "fighting, defiance, fear … and school difficulties" while their fathers are absent (Kelley 2). While it is a fact that children may experience these difficulties during deployment, it is important to add that these difficulties often do not dissipate after a parent's return. On occasion, this creates an even more problematic family ambiance since the soldier, and the already frustrated mother have to manage the situation without guidance. Another study found that numbing symptoms associated PTSD had the strongest adverse impact on the relationship between father and child. The author suggests that "emotional numbing, detachment, and avoidance may directly impact" the parent's ability to interact with the child and develop a relationship (284). The parent often thinks that if I do not interact with them I cannot hurt them. While this might be true in their mind, it is not what children need. They need the daily interaction with loving parents who want to be part of their lives. It is particularly

difficult when the symptomatic parent is struggling with their condition, or might be over medicated. As well as a mother who is left to carry the burden by herself without the help of the injured spouse. A parent's PTSD symptoms can be transferred to children through cohabitation, and in the process damage these innocent victims. These children are at higher risks of suffering from eating disorders, and communication disorders. They are also at higher risks of behavioral, and academic problems than children with whose parents did not take part in a war (283). Therefore, these children should have specialized PTSD and STS counselors at their reach and not just any doctor with limited experience on what military life entails and the struggles these children face.

As can be seen, due to all the psychological and emotional damages children can undergo and the physical and social displays associated with these, there should be help available to assist them with the effects of living with an un-active soldier who suffers from PTSD. While active duty families living on base have all the resources necessary to guide them, National Guard, and Reserve Unit families are left to fend for themselves often uninformed and away from a military base. Help should be available equally for all military dependents regardless of soldier approval since less than 40% of soldiers who suffer from PTSD seek help (“The Statistics”). If psychological help were available, children would have a lower chance of suffering from psychological and emotional disorders associated with living with a parent who suffers from this condition. In other words, they would have a higher chance of a happier childhood, have a strong family bond, and be overall healthier adults. These children did not sign on the dotted line, but their lives are still affected by their parent’s selfless sacrifice. Therefore, these defenseless children should be given a voice and the help necessary to cope with a parent’s

disorder and access to government programs or private veteran offices such as The Fort Myers Vet Center could be that window of hope.

Help Available and Roadblocks in Context

Even though the stress of military life has escalated greatly not only for the soldier but the whole family, it can also be rewarding and filled with adventure and honor. When a military father or mother volunteer to serve this country, the whole family does as well. While it is a great honor to serve, it also places the family at risk of emotional and psychological trauma like STS, depending on experiences encountered by the soldier while serving. "The current process is not only infuriating, but more importantly leads to an unfair gap between services and the quality of care heroes (and those who facilitate their care) experiences across country" ("The State of Veterans & Families). These families should be taken into consideration, and should be allowed access to family psychology practices offered by the Readjustment Counseling Services, seek help and guidance from the VA Hospitals, and not only have the Veterans Crisis line available to them. Helpful assistance if available will be beneficial for families, especially when there is a recorded history of a parent's mental condition.

Help and Roadblocks: Fort Myers Vet Center. Among the channels soldiers and families can utilize to educate themselves on how this disorder affects soldiers and receive assistance to help their family members, is the Fort Myers Vet Center.

On a brochure, the Fort Myers Vet. Center announces their affiliation with the U.S Department of Veterans Affair and offers Readjustment Counseling Services for soldiers and their families. The Vet Center started in 1979 as a Veteran peer counseling organization. Today it employs: "social workers, psychologists, and specialist (many who are combat veterans

themselves) to work with readjustment issues that Veterans, their families and significant others face after they return from a war zone or conflict." (Fort Myers Vet Center Pamphlet)

They offer counseling services through the use of groups and workshops. Some of the types of groups offered to help with readjustment issues are: "Symptom Management of Post-Traumatic Stress, Significant Others Support Groups, Anger Management, Women's Groups, Combat Insomnia Group, and Caregiver Support Groups." The type of services may be useful to help family members understand and learn how to react to some of these behaviors. Moreover, these services lessen the stress families endure during sudden outbursts caused by PTSD symptoms. They also offer individual and family counseling with the purpose of assisting "individual, couples and family counseling for veterans and their family members or significant others." These types of counseling help families when presented with difficult problems, and families are in need of an unbiased intermediary to better their lives. These services also allow children to voice their concerns and receive constructive help. Other services offered by this organization are bereavement counseling for families, and military sexual trauma counseling for those in need. (Fort Myers Vet Center). They also help educate the community by conducting outreach and education programs or workshops to educate the community about combat readjustment issues and PTSD.

However, while these services might be beneficial for soldiers who seek help and their families, other families who are not allowed to receive this assistance are left to fend for themselves. According to an anonymous source from the Office of Readjustment Counseling service during a personal interview, family members cannot utilize this assistance without the veteran's consent. While numerous families can benefit from assistance, others are left helpless. These families are shielded by the veteran's denial of disorder, their culture, or shame.

According to the U.S. National Library of Medicine, the U.S. Department of Veterans Affairs estimates that PTSD afflicts around “31 percent of Vietnam veterans,” “10 percent of Vietnam veterans,” “11 percent of veterans from the war in Afghanistan,” and “20 percent of Iraqi war veterans” (Post Traumatic Stress Disorder PTSD: A Growing Epidemic / Neuroscience and PTSD Treatments). Although I believe these numbers are much higher since not everyone asks for help, these abstract numbers represent not only the veterans afflicted by PTSD, but those families who fight by their side at risk of STS transference without the necessary help available. Due to the increase in veterans troubled by PTSD in the last ten years and the presence of STS symptoms in some families, there should be government assistance for families who lack the soldier’s permission instead of being rejected because of a signature. The lives and peace of mind of these families should be considered before rejecting them since receiving the help necessary could potentially save lives.

Help and Roadblocks: Veterans Affair Hospitals. Another source of help is the Veterans Affair Hospital. Today, VA Hospitals immersed with PTSD patients and are unable to adequately provide for all veterans who seek help or their families. On one occasion, I asked for help from my husband’s doctor and was rejected without given an option or guidance. Instead, the Doctor stated I should call the police. At the same time, he warned me that if I did, I could get my husband in trouble and even lose his job. This is the type of assistance VA Hospitals are offering the helpless families, and then it becomes a battle between economic support and the family’s well-being. Since calling the police is not a reasonable option for many families, these families remain quiet while dealing with this difficult disorder without assistance or hope.

Soldiers who suffer from this condition are at risk of worse symptoms that may lead them to commit an unthinkable act of pain and despair: suicide. “The psychological effects of

combat have long been a silent plague throughout the country, crippling families and robbing communities of their greatest citizens" (Haskell). These families are at risk losing themselves as a cost of our freedom, a wife without her husband and lover, children without a father and friend, a family destroyed by something preventable if given the opportunity. A common fear soldiers who suffer from PTSD face is that if they receive the free treatment offered by the Department of Veterans Affair it may cost them their pension. This fear places soldiers and families at risk since they are not allowed to seek help unless the soldiers authorize it. Without help, families can live in a hopeless, unhealthy environment. Kolton Krottinger, a soldier who suffers from this syndrome, mentions, "A lot of us know that if you get counseling, the VA might cut your disability benefits." He also stated "for some of us; the disability benefit might be all we have" (qtd. in Johnson and Isern). These are common examples of why only 50% of soldiers who suffer from this horrible disorder seek help ("Veterans Statistics"). Although not all who suffer from this disorder seek help, those who do are sometimes helpless. We should not forget that at the end of any given day, "53 veterans have died while awaiting a decision on their VA disability claims, 22 of them by suicide, while more than 300,000 sleep on the streets and in shelters throughout the land they gave so much to defend" (Haskell). I believe a large numbers of these soldiers could have had a different outcome if their families had been given the necessary tools "education" to help them cope with this disorder. According to VA spokeswoman, Genevieve Billia, in Washington D.C., veterans who have sought treatment in the past are only scheduled for re-evaluation only "if it is likely that a disability has improved, or if the veteran is noted to be undergoing treatment which may result in improvement of the disability" (qtd. in Johnson and Isern). Under these circumstances, families are placed in danger instead of utilized to get the soldier some help and perhaps even save their lives and their well-being. With this mentality and

the lack of guidance, soldiers reject psychological, and emotional help available for them and their families.

While the "VA mental health counselors are well aware that some PTSD-diagnosed veterans refuse to seek treat for the fear of losing financial benefits," they are still doing nothing to reach families who may need further assistance (Johnson and Isern). If given the opportunity, families could be utilized to help with the veteran's recovery or take part of their "treatment team" ("The State of Veterans & Families"). They can also help VA Hospitals or outreach programs keep track of veterans to monitor their improvements and deteriorations, while receiving guidance to avoid further damage to both soldiers and their families.

Help and Roadblocks: Veterans Crisis Line. Another option veterans and families have is calling the Veterans Crisis Line. This amenity provides callers with life experienced responders who help veterans, families, and friends through difficult situations. This service was funded by the US Department of Veterans Affair in 2007. Since then, the Veterans Crisis Line has answered more than "1.86 million calls and made more than 50,000 lifesaving rescues" (1). In November 2011, The Veterans Crisis Line also introduced a text-messaging service to connect with veterans in a confidential manner in which ever form they prefer ("Veterans Crisis Line").

While a great service for soldiers facing a crisis, The Veterans Crisis Line does not offer assistance for daily problems or families facing STS symptoms. The services to assist families and improve and preserve their well-being still remain nonexistent.

However, this year, the Veterans Crisis Line has faced challenging difficulties. The Veterans Crisis Line was recently placed under investigation due to allegations that the "suicide hotline has left veterans stranded during high call periods" (Kime). According to a news report by Tampa television station WFTS, veteran Ted Koran was placed on hold several times for up

to ten minutes at a time while he fought off suicidal thoughts due to his wife's recent passing. He mentions, "they had me on the [verge] of saying to hell with it" from constantly being placed on hold without assistance (Kime). Although potentially helpful, the Veterans Crisis Line is for emergency purposes and does not assist families on day-by-day issues. There should be auxiliary assistance in place prior to facing the need to call the crisis line. Perhaps with the help of a local outreach program, the Veterans Crisis Lines' call volume would be distributed and their services could be utilized by those who face immediate threat, for example suicidal thoughts.

Therefore, while help is available through the Fort Myers Vet Center, The Veterans Affair Hospital, and the Veterans Crisis Line, the roadblocks that accompany them leaves families hopeless and no-where to turn for guidance. Asking for help is difficult. Once families decide to take this step and remain as a family, there should be an outreach program ready to assist them and guide them through this difficult experience.

Solutions to Improve the Conditions of those who Suffer and Lower the Risk of Transference to their Family Members

According to Dr. Sharon Galor, there are numerous benefits of emotional expressions, such as communication with others who understand us provides us with comfort, calmness, lowers blood pressure, and increases coping abilities (Galor). Another benefit is the sense of "intimacy and connectedness" a person feels when expressing their emotions to someone who have been in their situation. This form of communication can be constructive since those who express their emotions to others who understand them are able to receive feedback, in turn this raises self-acceptance and self-insight. On the other hand, if feelings are shared with others who do not understand us could be unwise and unconstructive. In the past, I have tried to do this

myself. Due to the lack of military spouses in my area and the rejection I have experienced from the VA Hospital and the Fort Myers Vet Center, I have tried voicing my concerns with family members. This communication has not turned out beneficial and has left me upset, and just as shattered and confused. Often, communication with those who do not understand us can elicit "criticism" and make those in need of help feel even more helpless while facing a difficult situation.

Solutions: The Fort Myers Vet Center. The Fort Myers Vet Center while already helping numerous families in Lee County, their request from veterans' permission in order to provide assistance might be leaving those who could benefit the most hopeless and abandoned. According to Family of a Vet, a website designed to voice current military issues associated with military families, bring forward the need of medical healthcare for caregivers, close family members, and children. "Just like our heroes, our mental health is quickly declining – and worse still, so is the mental health of our children" ("The state of Veterans & Families). What kind of help are we providing our veterans if we are struggling ourselves? We, the veteran's families, should be able to access care even when our veterans are in "a mental health state that prevents him or her from reaching out for help themselves" ("The state of Veterans &Families"). It is during these moments when veterans and their families are in greater need of assistance, not less. Please do not shut out these families, they are desperate, and a simple signature is not an excuse to shut the door on their faces from a much-needed assistance that could make a great difference in their lives. Veterans' dependents should be able to receive assistance, as long as they can proof time of service. They could use proof such as military identification cards, or veterans' DD-214, which is a verified record of a service member's time in the military. The Vet Center should also offer workshops to better educate spouses and caretakers on how to deal with PTSD

symptoms more effectively and ways to improve family life. Children could also benefit from group therapy according to their age. A safe environment where children could voice their concern and also learn about the condition is needed since, on occasions, these children blame themselves for what is going on at home. Helping those in need should be the priority and not a simple signature. Therefore, there should be an open door anonymous counseling service policy regardless of veterans' permission for a veteran's family. Providing these options for military families could benefit not only spouses but also improve children's' lives and help minimize STS transference.

Solutions: Veteran Affair Hospitals. Veteran's Affair Hospitals should also offer emergency assistance for families in need. Perhaps all hospitals would benefit from an office dedicated to caretakers and families, a one stop place for families to inquire about resources available in their area while the veteran is at their appointment. If not located in the hospital, their staff should at least have information available on emergency assistance instead of rejecting families and asking them to call the police if they need help. They should also offer workshops or classes to educate families on signs to watch out for to better help their soldiers, and what to do or who to call during difficult situations. They should educate families on the risks associated with caring for a veteran who suffers from PTSD and the transmission of STS, since most of these families are also parenting small children. These workshops and classes would benefit future generations and lower home-life stress since caregivers would be better prepared to parent and help their veteran. They could meet other families who are in their same situations, receive support from one another, and veterans would benefit from meeting other soldiers. Perhaps talking to another soldier who has previously been in their situation could be just what they need to learn to cope with their disabilities.

Some military caregivers' are desperate ask the VA Hospitals to:

- "Respect the caregiver! Trust my knowledge and please don't ignore me!"
- "Realize that we, as their caregivers, *know* what we are talking about – we live

with them, we take care of them, we see everything – when we tell you something is happening, *believe* us and try to help us.Don't sit there rolling your eyes…"

- "Hire people who truly respect and care about our veterans and their families – not those that somehow think the Veterans *owe them* for taking care of their physical or mental health!"
- "…[H]ire staff that understands that our heroes did not ask to be broken; they do not *like* being broken. I know my husband would give anything to be happy and healthy again. Don't treat them as if they enjoy this… they are in pain, be respectful!" (qtd. in "The State of Veterans & Families).

Other military families and soldiers just ask for the Veterans Affair Hospitals to be better trained in order to provide better care, hire more employees to fix their lack of provider. Numerous veterans complain that it takes them three months for an appointment. While VA Hospitals still need much to improve, it would be beneficial for veterans and their families if they add an information center or resources office for family members and caregivers.

Solutions: Veterans Crisis Line. To benefit veterans and their families, the Veterans Crisis Line should have an implemented wait time limit on their calls. Perhaps operators should filter the calls with no wait time to assess who needs to speak with someone right away and who could wait a couple of minutes. If the veteran is in serious need of assistance, these operators would contact the necessary department such as the police within the first few minutes instead of wasting precious time and losing another innocent life.

Other Solutions: From Veterans to Psychologists. There are several suggestions from veterans, civilian mental health counselors and an experienced VA psychologist to improve the condition of those who suffer. Some of the solutions are to create a financial incentive for those who seek treatment and make progress towards recovery. Combine mental health counseling for PTSD with veterans' job training programs to help patients as they recover find jobs that replace their lower or lost disability benefits. Maneuver outreach programs to include personal visits, while employing veterans who have shown a recovery from the same condition to make contact with peers who avoid VA Hospitals and outreach programs. Focus PTSD treatment with the goal of helping veterans and their families who live with this condition, instead of defining it as a disease that can be cured (Johnson and Isern).

Use us, the families. We could be just what our soldiers need to make a recovery and in the process we also receive an education to mentally and emotionally better our situation at home while possibly helping other families who are struggling with the same condition. Help us make a difference in our soldier's lives: "If caregivers are not healthy, mentally well-balanced and spiritually sound, then those for whom they care will suffer" (Marley).

Rebuttal

As technology has developed, so has the help available through it. Online, we now find blogs, and organizations dedicated to assisting veterans and families with helpful tips for different health issues such as through Military.com and organizations like Don't Lose Heart. These organizations, while helpful for many, may not be beneficial for those who are not tech savvy, do not believe in online assistance, or would prefer a face to face approach. However, if this help was available in VA Hospitals and VA organizations in the area, more military families, especially their children, would benefit greatly from them since they would be conveniently

located (i.e., close to home or in the same building while their veteran receives care), not stretched out across state or county lines – as it is currently in Fort Myers, FL

Some of the negative associations of seeking help in the military are the macho warrior culture, the fear of weakness, and fear of damaged military career. Kenya Rawls, a patriot who wanted a life in uniform and developed PTSD as a cost of war, stated during an interview, "Defeating the negative stigma of seeking help is perhaps the biggest hurdle [United States Armed Forces] must clear to reduce the suicide rate" (qtd. in Garris) to urge soldiers and veterans to seek help when needed. For Countless soldiers, seeking mental health is not easy. It usually takes a spouse to try to leave them if they do not seek help, families to do an intervention, or worse: a suicide attempt. These soldiers believe that if they do nothing about it, if they repress their feelings and emotions, it will disappear. Unfortunately, keeping quiet does not help since it serves as a ticking bomb for what I call "one of those days." Contrary to what some people believe, these days affect everyone in the family, especially children. It is scary to witness a veteran having an episode; they can be frightening for children even if the caregiver tries to protect them and send them to their rooms. Due to the lack of education offered to families who are not allowed to seek help, these children and spouses are unaware of what is going on and how to effectively help their veteran: "It takes time for a cultural change to take hold, but we don't have [the] time" (Block). We need assistance *now*! We need to learn how to be better caregivers. We need education and therapy to be part of the treatment team for our soldiers while still keeping our children, our home, and our lives healthy.

Conclusion

As can be seen, PTSD is a disorder that affects an extensive amount of soldiers who have seen combat, and it does not have a cure. Soldiers are not the only ones affected, but their

families as well. PTSD is detrimental for veterans' families and requires assistance to minimize its transference to immediate family members. This condition is known as Secondary Traumatic Stress, and it affects thirty-nine percent of immediate families ("PTSD: National Center for PTSD"). Due to the side effects of this disorder and the medications prescribe to treat it, families are at risks of suffering psychological and emotional damages, which poses as a great danger for children's' future if left untreated. Currently, there is limited research available on STS, but the Department of Veterans Affairs recognizes STS as the "indirect impact of trauma on those close to the survivor." If the Department of Veterans Affairs recognizes this condition, then there should be a program to help families who are presenting signs of STS. These families need assistance now before it harms the families of veterans who have given so much for our freedom. These families did not personally go to war with their husband and daddy, but they are fighting a war at home every day as a result of our freedom. Therefore, they should have assistance available to minimize their distress and learn to live by a veteran who suffers from PTSD.

Notes

- The established term Secondary Traumatic Syndrome (STS), will be used for clarity and comprehension.
- While this research focuses on male veterans who suffer from PTSD, both female and male veterans are at risk of developing PTSD and as a result transfer STS to their families.
- St. John's wort, vitamin E, ginseng and Ginko biloba have all caused life-threatening reactions when mixed with Antidepressants, and/or blood pressure medications.
- There is no current study available on long term effects of medications used to treat PTSD symptoms.

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