A Look At The Walking Wounded

Most often associated with veterans, post-traumatic stress disorder is increasingly prevalent in our communities, as residents—particularly youth—struggle to cope with violence.

August 22, 2006 By Jimmie Briggs

As a psychiatric nurse at St. Louis' Veteran's Administration Hospital, Gerald Simpson was used to seeing vets seek mental health help. Most had served in Vietnam. But once troops began returning from the war in Iraq, he noticed young guys checking in. Little did he know that after his own army unit was deployed he would become one of them.

Simpson joined the military more than 20 years ago as a dental technician and later became a combat medic. Now 43, the E-5 specialist serves in the combat engineers unit, the 235th out of Fort Leonard Wood, Missouri. In 2003, his platoon was sent to Iraq on a 14-month mission to perform construction and plumbing. But Simpson carried more than a hammer and wrench; he also wielded weapons and fought. After a close friend was shot in the head during combat, he hasn't been the same.

Upon his return to the States, anxiety set in for the father of four. "I kept asking myself, 'How's the family going to look at me—as a killer or loose cannon?'" Accustomed to evading roadside bombs and snipers, on the ride from the base to St. Louis, Simpson recalls, "I was driving [overly] defensively, dodging potholes." Once home, he told his wife, "'Get me some gin, some beer and KFC. Lay here with me.' We basically stayed in bed for two days." Over the next several days, he became increasingly agitated and edgy. His wife feared that he might become violent. In time, he grew depressed, lost motivation and became unusually fatigued but unable to sleep. Even his blood pressure rose. The very doctors he worked with at the VA diagnosed him with post-traumatic stress disorder (PTSD) and prescribed antidepressants.

"The stress factor kicked in big time," notes Simpson. He took two months of accrued sick leave and is in marriage counseling. He wants his old life back.

Coping skills on overload

While Simpson's combat experience makes him highly likely to suffer from a stress-related disorder, essentially, anyone exposed to traumatic, psychologically disturbing situations is vulnerable. A range of events, from September 11, hurricane and rape to war and urban violence, cause many Americans to suffer from PTSD or another stress-related condition.

There are two basic forms of stress disorders: PTSD and acute stress disorder (ASD). ASD lasts from two days to a month and is characterized by symptoms such as amnesia or a general daze. Post-traumatic stress disorder can last for years or afflict a person at one point in their life but not another. It can arise following exposure to singular incidents, like the September 11 attacks, a sexual assault or a car accident, or from ongoing events, like the extraordinary violence in many inner cities. Symptoms include reexperiencing the trauma, depression, physical ailments, emotional detachment, substance abuse, guilt, anxiety, sleeplessness and headaches. To be diagnosed with PTSD, an individual must be experiencing at least three symptoms simultaneously for at least one month. More important, escaping the source of trauma doesn't necessarily erase the stress.

"The PTSD diagnosis was developed to describe war veterans," explains Elana Newman, PhD, president of the International Society of Traumatic Stress Studies. "We're finding now that it's more applicable to community violence." Fewer than 5% of American adults are thought to suffer from the syndrome. For Iraq vets, the rate of psychiatric disorders, including PTSD, is estimated at 17%. Some experts believe PTSD rates among black Americans run higher, especially among youth. In the early 1990s, researchers at the University of Alabama at Birmingham found that one-third of the low-income black youth they interviewed had developed PTSD from witnessing violence.

"Individuals and communities develop strategies that help them cope with the assault or trauma, at least temporarily," explains Newman. Faced with dangerous or frightening situations or other extreme environmental stimuli, our bodies become alert and ready to respond; our stress levels increase, resulting in the classic fight-or-flight response. When a person reaches safety, these coping mechanisms can become detrimental, says Newman.

A normal response to abnormal conditions

Not everyone exposed to trauma will develop a stress disorder. Prior traumatic encounters and a history of mental health issues increase a person's odds. Mental health professionals now recognize that many destructive behaviors occurring in inner cities—such as substance abuse, self-destruction, displaced aggression, relationship violence and disengagement by becoming distant or a loner—are actually coping mechanisms signaling stress disorders.

"I have an issue with the 'P' and the 'D' in PTSD for these communities," says Hawthorne Smith, PhD, codirector of clinical services at the Bellevue/NYU Program for Survivors of Torture in New York City. "Many factors keep traumas alive. People feel they have a sickness, stigma or source of shame for getting help, but they're dealing with situations that are 'sick' or 'abnormal.'"

There are many therapies, and some are more accepted than others. Psychologists who work with young victims of violence find that visual creative arts, in particular, are often very effective. Some people seek biofeedback or religious counseling to help "control the demons" they face. One increasingly popular treatment is eye movement desensitization and reprocessing (EMDR), an information processing therapy, which, for some, provides positive results in as little as one session. In some neighborhoods afflicted by gun violence, such as Brooklyn's Bedford-Stuyvesant,

some social service agencies offer EMDR as a treatment for pervasive losses.

“There are services and money for mental health, but most people don’t have an image of themselves as damaged,” notes Deane Calhoun, founder and executive director of Oakland-based Youth Alive!, which deals with youth violence. “Our kids talk about an inability to focus or being afraid, but they don’t define it as PTSD.”

Even with a diagnosis, recovery requires patience. “You want to get back into things,” says Simpson, who has resolved to become healthy. “It’s hard to let the world go by.”

If you or someone you know exhibits symptoms of PTSD, you can find information, coping strategies and resources for vets and nonvets alike through the U.S. Department of Veterans Affairs’ National Center for PTSD (www.ncptsd
.va.gov). Also, the EMDR Institute (www.emdr.com) offers information on the treatment and a search engine to help locate a practitioner.

PSTD AND SEXUAL ASSAULT

It’s the second most common violent crime after homicide, but less than half of sexual-violence incidents are reported. For the survivors—women and men—sexual assault and rape can be extraordinarily traumatizing, but there are few resources to address their effects. Individuals often wait years before seeking counseling—or justice. In the meantime, they tend to blame themselves for the attack and are vulnerable to developing mental health issues, such as PTSD, obsessive compulsive disorder (OCD), dissociative identity disorder (DID) or an eating disorder.

“Many times, people call and their assault occurred 20 years ago,” notes Lynn Parrish, vice president of communications for RAINN, the Rape, Abuse & Incest Network, the largest group in the United States that deals with sexual assault and rape prevention. “They see or hear something that triggers their memories, and they have to get help.”

Today, RAINN (www.rainn.org) runs the National Sexual Assault Hotline and is creating an online hot line, forming peer groups for male survivors and deploying thousands of volunteers throughout the country. Its website offers a search tool that allows users to locate local counselors and rape-crisis centers.

“Our advocates go with victims to the hospital and police station, if they do decide to report the crime,” explains Parrish. “An advocate makes sure a person gets the right care, and they know what you’ve been through.”

The National Sexual Assault Hotline offers free, confidential, 24/7 assistance and referrals to rape-crisis centers. For information, call **800.656.HOPE.**

Jimmie Briggs is the author of Innocents Lost, a book on child soldiers (Basic; $25).

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