



Female veterans cope with post-traumatic stress disorder

by *Cathryn Creno* - Nov. 9, 2010 12:00 AM
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Brittany Hodge and Sabrina O'Connell are both Phoenix Army veterans who were traumatized while serving overseas.

After discharge, they suffered from nightmares, migraines, insomnia, fear of crowds and panic attacks - typical symptoms of post-traumatic stress disorder.

But while Hodge, 24, holds down a job, enjoys going out with friends and has plans for college and a career, O'Connell, 41, remains crippled by anxiety.

The difference in their lives is due at least in part to the way military doctors and the Department of Veterans Affairs have traditionally diagnosed and treated war-traumatized soldiers - and female soldiers in particular.

Because Hodge could point to a key traumatic incident - an arson fire she helped fight in a military-housing unit - she was diagnosed with PTSD and is getting ongoing treatment. O'Connell endured the ongoing stresses of a combat zone but could not point to a specific traumatic incident, and could not receive a PTSD diagnosis.

In July, President Barack Obama announced a new process that could open the door to treatment for O'Connell and tens of thousands of other veterans whose medical and disability claims have been rejected.

Previously, the Department of Veterans Affairs required veterans filing disability claims or seeking treatment for post-traumatic stress disorder to document what caused their stress. If a veteran couldn't document the specific event or events, PTSD benefits were denied.

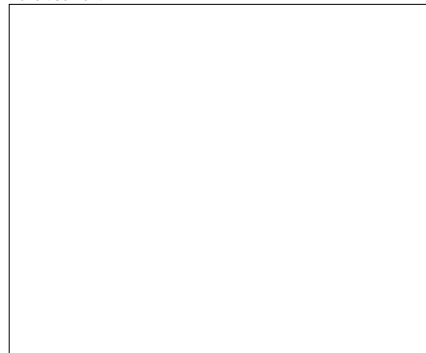
Now, any veterans who ask for a PTSD screening will receive one. If they have PTSD symptoms, the VA says it will assume those symptoms were caused by stress during their service and give them treatment.

The new policy is expected to benefit women in particular because they typically play support roles in war instead of being directly involved in battles.

"People always think about the guys," O'Connell said. "They think women are just in the back. But even though I was a supply clerk, I was at war, right up there handling things with the guys. We all had our M16s and our chemical masks with us at all times."

But besides being unable to pinpoint a specific incident that caused her stress, she had another roadblock: a stack of letters from the VA saying she did not qualify for

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PTSD treatment because her service records were lost.

Such reports frustrate public officials, including Obama and Rep. Harry Mitchell, D-Ariz., chairman of the House Veterans' Affairs Committee's Subcommittee on Oversight and Investigations.

"There has been a heavy burden put on the soldiers to prove where they were and exactly what happened when the trauma occurred," Mitchell said. "The idea of the new system is to loosen that up."

It is not clear how many veterans locally and nationally will take advantage of the new opportunity, said Paula Pedene, public-affairs officer for the Phoenix VA Health Care System. By some estimates, the new guidelines for PTSD diagnosis could cost the national VA as much as \$42 billion in medical and disability payments over the next decade.

Last year, about 319,000 veterans nationally and 4,600 veterans in Phoenix received PTSD treatment, including counseling and medication, according to VA statistics. Of the Phoenix patients, about 500 were women, Pedene said.

An estimated 20 percent of all women and 8 percent of all men develop PTSD at some point during military service, the VA says. Women constitute about 15 percent of today's armed forces. Pedene said the VA primarily is anticipating an increase in veterans who qualify for disability payments under the new policy. But she maintains that the VA should never have barred any patient with PTSD from counseling or medical treatment.

Mental-health experts aren't certain why a

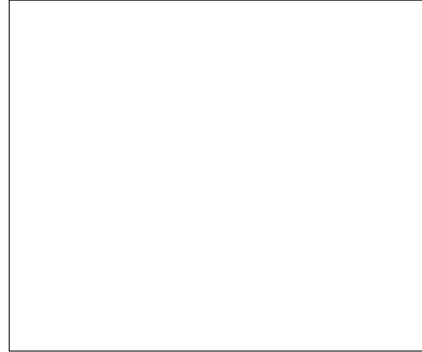
higher percentage of women than men develop PTSD symptoms. But Duane Knutson, a former Vietnam Army medic who runs a Chandler-based non-profit called the United States War Veteran's PTSD Foundation, has some theories.

"Women perform in a support capacity when serving in a combat zone," he said. "They usually don't develop the camaraderie that the combat troops develop. This cohesiveness among the fighting troops creates a certain comfort and trust in the soldier standing next to you. When serving in a support capacity, this cohesiveness never develops and stress levels increase."

Also, Knutson said, most of the female veterans who contact his office to talk about their experiences or get referrals to non-VA doctors for PTSD treatment were sexually assaulted during their time in the military.

"This is the worst trauma to deal with," he said. "When the veteran leaves a combat zone and comes home, he or she leaves the enemy behind. When a woman comes home after being assaulted by another veteran, the threat is still there."

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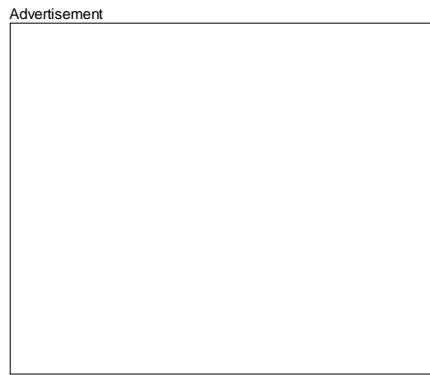


Karen Kattar, a psychologist at the Phoenix VA, said a key symptom of PTSD is a tendency to avoid anything that reminds the veteran of the trauma suffered. Some don't seek psychiatric care or counseling without prodding.

"Probably 98 percent of my patients have PTSD," said Judith Orosz, a social worker who runs a program at the Phoenix VA called post-traumatic growth for survivors of sexual trauma.

"Often when someone is raped, they are told they will be killed if they tell anyone."

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