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## When War Follows You Home: The Final Battle of Reintegration Among Veterans

Jenny Mercer  
[jenny\\_mercer@outlook.com](mailto:jenny_mercer@outlook.com)

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**When War Follows You Home: The Final Battle of Reintegration Among Veterans**

Jenny L. Mercer

Department of Military Science, Murray State University

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Dr. Douglas

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### **Abstract**

The purpose of this paper is to educate the reader about some of the most common reintegration struggles veterans face upon returning to the civilian world. The topics heavily focused on include mental health, physical health, coping mechanisms, interpersonal relationships, career and financial struggles, and community involvement. In addition to focusing on reintegration issues veterans face, there is also a relationship discussed between the culture and lifestyle of currently serving military members and how this often has a direct influence over some of the struggles veteran's face in the future. Spreading awareness of some of the issues veterans face is critically important in understanding the needs of veterans and providing them with the support and care they deserve. In addition to spreading awareness, this paper also focuses on encouraging the reader to recognize the seriousness and importance of this topic as well as encourage them to do their part in supporting those who have given their lives to protecting them.

*Keywords:* reintegration, veteran reintegration, veteran struggles, veteran challenges

Every single day, soldiers face battles the majority of the population know nothing about. Many of us cannot even begin to conceptualize some of the terror these individuals have courageously fought through. There are the obvious wounds of war, the loss of limbs or a physical function, the loss of brothers and sisters in arms, the loss of inner peace. However, this loss does not end with the signing of a treaty. A soldier's pain does not end with firing the last bullet, placing their weapon on safe, and walking away. No, these things follow soldiers off of the front lines. They follow them back to their duty station where they deployed from. They follow them throughout the remainder of their military career, and then they follow them home.

The effects of war are life long and the pain it causes is never ending. Mitigating this pain is no simple task. It is not a simple fix solved with medication or therapy or sending a veteran to a hospital. Veterans need, and are deserving of, the understanding, kindness, and support of those around them. Only then will a veteran have their best chance at having a successful future following their military career. It takes everyone to do their part in attempting to understand some of the daily struggles veterans face in order to help a very serious, but worthy cause. The purpose of this paper is to aid in the education of the reader in order to develop awareness, understanding, empathy, and passion toward doing their part to help veterans. This will be achieved by focusing on the challenges of reintegration that are apparent in a veteran's daily life to include their mental and physical health, methods of coping, interpersonal relationships with family and friends, finances and career plans, and involvement in their communities.

As discussed previously, war leaves lasting marks on the lives of veterans. Some of these scars are quite obviously literal- physical in a sense. However, even more of these scars are internal. War can reach and change soldiers at the deepest of levels to include mentally, emotionally, and spiritually. Upon facing the challenges and horrors of war, a soldier will not return home as the same version of themselves they deployed as. As with all things in life,

people are shaped and impacted by their experiences. Sometimes a person may find the strength to learn from their experiences and not allow the negative thoughts to consume them. However, though this practice of mental strength is impressive in any situation, it is a lot easier said than done, especially when the negative thoughts are as numerous and painful as those of some veterans'.

### **Mental Health**

To begin, the discussion of mental health does not start with the horrible things a person may experience during war. Rather, the struggle of mental health for many begins prior to ever walking through the doors of a recruitment office. The U.S. military is an all-volunteer force. There is not a single person serving in the U.S. Army that was forced to by the government. Rather, every single person made a choice to sign up for an occupation, knowing that there was a potential risk to their life. The implication being that the type of people that sign up to serve their country have deemed the cause as something worth more than their own life. This is an incredibly self-less and admirable decision, however it may also beg to question what made this specific group of people feel this way. Is it truly all driven by love of country or carrying on a family legacy or not knowing what else to do with their lives? Some people are driven by their passion to serve others or their love for a challenge or their financial needs. Regardless of what drove people to the Army in the first place, the Army can serve as a place where people are expected to be treated equally and with respect. The Army offers people the chance to be an important and a functioning member of a team. A place where people are surrounded by like-minded individuals that give one another a sense of belonging. For many people, especially those that have experienced hardship mentally and in other regards, the Army offers itself as a safe space where despite their difficulties in life, they still have value as a soldier.

Sequentially, the mental health discussion follows a recruit to basic training where they learn the fundamentals of becoming a soldier. Ask any soldier for a story from basic training,

and you will not be disappointed. Basic training serves as a place where the Army strives to break old habits of young civilians and turn them into disciplined, proficient soldiers. This is a lot to achieve over a span of typically just 8 weeks, but for most, those 8 weeks feel like a lifetime. Upon arriving at basic, a recruit is greeted by the pleasant screaming of a swarm of drill sergeants. The purpose of a drill sergeant is to stress the recruits as well as provide them with adequate training. From day one, a soldier is not expected to cry when they are screamed at. A soldier does not ask for help when they are struggling with an obstacle, rather they must figure out a way around it. If they cannot, in some cases a teammate may be allowed to help them, though this causes the initial soldier to cause an additional burden on their teammate which is the last thing they need in such an environment. The point being, soldiers are taught to be tough from day one. They are taught to follow orders and carry their own weight. They are taught that their feelings should be kept to themselves, as a drill sergeant does not care about your feelings. Though these things are all practiced in order to train a highly successful, highly disciplined force, it does not come without a cost.

At this point, you may be feeling like this is a little off topic. However, in order to understand a veteran mentally, you must first understand the person and soldier they used to be. After graduating from basic, a soldier will attend Advanced Interval Training where they will learn the skillsets needed for their specific job. Following this, soldiers will report to their duty station and carry on with their jobs and training until they potentially deploy. One major component to consider is the current mental health quality of soldiers currently serving. Not all mental health struggles veterans experience later in life are a product of war. For some, there may have already been some underlying struggles that went unaddressed prior to serving. In addition to this, many soldiers begin to struggle more mentally as a product of the high stress environment of the Army in general. The environment of the Army has a plethora of mental stressors that impact a soldier's health. A typical day for a soldier often includes lack of sleep,

minimal personal time, physically exhausting themselves, being in a competitive environment, and being expected to be able to perform a demanding job and meet the standard even under very stressful conditions. Unfortunately, soldiers often do not have time to decompress and recharge after a long stressful day at work. Instead, the stress is piled on, day after day. In response to this, soldiers must attempt to find some sort of coping mechanisms. Often times, soldiers turn to unhealthy, detrimental methods of coping to get by which even further harm them mentally. These will be discussed in detail later on.

In addition to these daily stressors, despite the Army attempting to minimize it, sometimes there are even deeper forces at play that impact the mental health of service members. Not only is the stereotypical day in the life of a soldier a lot to handle, but so is the current culture. The U.S. Army originated as an all-male force. Throughout the history of our country, men fought beside men and developed an unbreakable brotherhood that only surviving the hardship of war could forge. Though the brotherhood was one worthy of respect, the Army understandably developed a very macho culture during this time. As time went by, the U.S. Army became more inclusive with the addition of people of differing races as well as the addition of women. Despite what may seem like issues of the past to some, the issue of inclusion and equality are still very apparent in today's force. There have been attempts to address these issues such as the development of the Army's Equal Opportunity (EO) program. The Army requires all soldiers to be educated about these issues as well as the resources available to them if they feel they are facing discrimination in the workplace. The Army prides itself on an organization that sees all soldiers as soldiers regardless of race, religion, sexual orientation, or gender. Therefore, one of the biggest downfalls the Army could experience is the maltreatment of soldiers within their own ranks.

Furthermore, discrimination is such a huge factor that can contribute to a soldier's mental health, it is important that we consider just how prevalent it is by today's standards.

According to the Department of Defense's "Demographics: Profile of the Military Community" report for fiscal year 2021, military personnel are racially/ethnically comprised of 62.7% White, 16.4% Black/African American, 13.2% Hispanic/Latino, 5.8% Asian, 1.9% Mixed with two or more races, 0.6% Native American/Alaskan Native, and 0.4% Native Hawaiian/ Other Pacific Islander. A total of 21.4% troops are female which leaves 78.6% male (Department of Defense, 2021). For some, the issues of race and gender inequality may seem outdated or irrelevant. However, this could not be further from the truth. Within the Army, women in combat as well as combat arms occupations to include Infantry, Armor, and Field Artillery, only just opened to women in 2015. This was just eight short years ago. The Army is currently undergoing integration efforts to include women in extremely male dominated careers. Currently these efforts have seemed relatively successful overall on paper. However, women are having to fight for their respect and authority now more than ever. There is so much pressure for a woman, especially one in leadership in these branches, to give everything she has to try to outperform her male counterparts just to gain the respect she already deserves. In addition to this, the Army also is focused on diversifying its force racially. Unfortunately, this does not always translate as well as the intention behind it. For some soldiers, especially those more inclined to having personal issues with a racial minority, see these inclusion efforts as a threat and more harm than good.

Consider the following cases when it comes to understanding the difficulty of diversifying and integrating the force. To begin, a white male and black male are being considered for the same job position within the Army. Both men perform relatively equally when it comes to physical fitness, experience, and promotability. However, because of a need for diversity, the black male receives the job. Of course this reason will not be shared with the individuals, but this may be a cause for resentment in the white male or in their coworkers. Additionally, consider a case where a white male and a white female are competing for the same position



within the Army, the individuals are relatively equal when it comes to experience and education. The female has high enough fitness scores to perform the job, but the male is able to outperform the female physically when comparing gender-neutral fitness scores. However, because of the Army's need for diversifying the force and integrating women, the woman receives the job. This situation would be understandably frustrating to the man or other individuals that do not receive the job. Even further, consider a female and a male competing for the same position. The male has experience, scored high in training, and exceeds the standard physically. However, the female has some experience, barely made it through training, and continuously performs below standard physically. Despite these differences, the female receives the job because there are too few females in leadership in the branch. All of these scenarios are examples of things that sometimes play a role in the decision making of the Army. Though the intentions are good, these things often build even more resentment and disconnect for minority groups within the Army. As a female in the U.S. Army, I want to know I received a job because I earned it, not because it was handed to me. Only then can I truly gain the respect of my male coworkers. It is important for the Army to consider the different potential, experience, and qualities a soldier has to bring to the table, but it is also important the Army continue to treat all of its members fairly. Otherwise, the culture in the Army will continue to remain unhealthy and harmful to soldiers mentally.

There are many cultural issues that lead to many soldiers experiencing additional mental distress. It is very common for soldiers to be on the receiving end of leaders that abuse their power for their own personal gain. This of course creates a very toxic environment for the individuals under such a leader. The military uses a chain of command to organize and distribute power. Despite many pros to this organization of management, it can be difficult for subordinates to report issues such as harassment or mistreatment as it may have to do with the leader they are expected to report to. There are options available to soldiers to report

harassment, however, they do not allow the soldier to remain anonymous if they wish to take action against said person. Therefore, many soldiers feel the battle is not worth it and opt to report incidents at all.

There are high numbers of sexual harassment and assault cases within the active duty force. These issues are devastating to mission readiness in the Army and serve as a double-edged sword, as they are both the result of poor mental health as well as result in poor mental health in others. In 2021, "8.4% of active-duty women and 1.5% of active-duty men indicated experiencing an incident of unwanted sexual contact in the year prior to being surveyed" (U.S. Department of Defense). In addition to these numbers on sexual assault, the DoD also released that "sexual harassment, gender discrimination, and workplace hostility increased for women throughout the active force" (DoD). These numbers translate to approximately 35,875 active-duty service members experiencing sexual harassment and 8,866 experiencing sexual assault in one year alone (DoD). This is a 13% increase of reported cases from previous years. It is important to note that it is believed on 1 in 5 cases are reported, which brings to light just how big of an issue this truly is for the military as whole. In other words, the total number of cases per year could be as much as five times higher than the reported amount. When a soldier chooses to report these incidents, a formal investigation is opened before determining whether or not a fellow soldier is indeed guilty of such acts. Unfortunately, this process takes time and often cannot prove the guilt or innocence of a party with the information provided. In addition to this, there can also be potential consequences to these incidents for both the accused and the accuser. The traumatic nature of these experiences do not simply go away. There is a direct correlation between soldiers that experience sexual harassment and veterans that continue to deal with mental health conditions.

Additionally, the Army has a culture that encourages soldiers to be strong and self-sufficient. As we know, our culture in general has a negative stigma surrounding mental health

disorders. Mental health conditions are often viewed as a weakness and limiting to a person's ability to handle stress. There is also a negative stigma surrounding men sharing their emotions in general. It is a very unfortunate combination, as it makes helping both soldiers and veterans difficult. There is little that can be done for someone struggling mentally if they do not first decide they want help. The question becomes why would someone not want help if they were really struggling that bad? This occurs for a number of reasons. Some of these are applicable to both inside and outside of the military, while others are more specified to those serving. The first reason being some people feel as though those around them will see them as weak. This is especially true in the military because soldiers are in an environment where remaining resilient and mentally tough is just an expectation of their job. If they cannot handle the stress, then they are often seen as unfit to do their job. The Army will discharge soldiers for mental health struggles. This alone is enough to make a soldier not speak up about the challenges they may be facing. In addition to this, many soldiers know that there is only so much help available to them through the Army and feel like the help they may receive will not be worth the challenge and risks trying to get it. There is a shortage of therapists and counselors available to soldiers as with the rest of the country. Soldiers often find themselves on a waiting list for months when trying to seek help they are in desperate need of. If a soldier expresses a certain level of distress, a medical professional may suggest they be placed on medication. The Army is strict when it comes to allowing various types of medication both prior to and during service. Though the Army may mean well by deeming soldiers with mental health concerns incapable of performing the duties asked of them, this is often not the case. Many soldiers improve after seeking treatment and are more than capable of continuing with their job during and afterwards. Due to this unfortunate reaction of the Army, it often leads soldiers experiencing things such as depression to opt to fight the battle alone rather than seek help. This is far more detrimental than having soldiers recovering from such things on the force.

In the civilian world, it is estimated that it typically takes a person suffering from depression around 8 years to seek help following the onset of symptoms (National Institute of Mental Health, 2021). This amount of time is predicted to be even higher for those serving in the military due to previously discussed challenges of receiving mental help. According to the National Institute of Mental Health (NIMH), in the general population, the 12-month prevalence of major depressive disorder (MDD) was 7.8% in 2019. However, the prevalence of depression in military service members is higher, with a heart-breaking percent of over 14.3% (National Institute of Mental Health, 2021). It is likely that this statistic is an underestimate as many soldiers do not feel comfortable coming forward with mental challenges, as mentioned earlier.

Depression is not just about having overwhelming feelings of sadness or frequently displaying negative emotion. For soldiers and veterans unwilling or unable to come forward with mental distress, it is important people learn how to recognize the symptoms of depression. One of the most common symptoms of depression is a loss of interest in activities that previously brought the individual joy. A soldier or veteran may stop doing certain hobbies or hanging out with certain people. Fluctuation in body weight, insomnia and hypersomnia, fatigue, restlessness, difficulty focusing, and reoccurring thoughts of death or suicide are all common symptoms of depression. Many people experience a combination of these symptoms, though not all of them have to be present for a person to be diagnosed with depression. Depression can also disguise itself in other emotions. For many people, especially men, depression is commonly expressed through anger and frustration rather than sadness. People with depression that do not seek help often resort to repressing their emotions. This is typically what can cause angry outbursts fueled by a need to express oneself but feeling unable to do so. People with depression often report feelings of loneliness, frustration, irritability, and hopelessness. They may struggle to find motivation or a sense of purpose in daily activities.

Depression is not simply solved by therapy or medication for anyone, military or not. Depression can be a lifelong battle that can come and go in waves. Some days a person may experience a high where they seem to be able to function without symptoms, while other times a person may experience a low where they are overwhelmed by their depression. It is important as fellow human beings, soldiers, and loved ones of veterans that we learn how to recognize depression and how to respond to it. It is also important we learn how to encourage healing and show our support.

The symptoms of depression within veterans can typically be managed and treated through a variety of methods, including medication, psychotherapy, and alternative treatments such as exercise or meditation. The VA Clinical Practice Guidelines for the Management of Major Depressive Disorder recommends a combination of psychotherapy and antidepressant medication as the first-line treatment for veterans with depression. Often times, the use of medication and psychotherapy can help a veteran get out of their lowest points. Alternative types of treatment are typically considered later in the treatment plan to help veterans learn how to cope with their symptoms of depression on their own. Things such as Cognitive-behavioral therapy (CBT) has been found to be particularly effective in treating depression in veterans as well. This may be done with a medical professional or individually. In addition, Mindfulness-based interventions, such as mindfulness-based stress reduction (MBSR), have also been found to be effective in reducing depression symptoms in veterans. Finally, there has also been a direct link found between physical exercise and the improvement of depression symptoms. Depression is not easy to learn to live with, but treatment and healing is possible.

Left untreated, depression can often be a direct link to suicide. The concern of suicide is more commonly associated with veterans; however, high rates of suicide is very prevalent within the active force as well. Part of the solution to lowering suicide numbers in veterans is actually by focusing on suicide and its causes within the active-duty force. In 2020, 453 active-duty

service members lost their lives to suicide (Department of Defense Suicide Event Report, 2020). The Department of Defense (DoD) also found that “active component suicide rate statistically increased from 2015 – 2020” and that “service members at the highest risk are primarily enlisted, males, under the age of 30” (2020, pg. 5). The DoD is focusing its efforts on addressing this incredibly important issue and looking for ways forward to improve education and support among service members and their families.

Suicide has a profound impact on soldiers as a whole. Not only is the person who committed suicide harmed, but so are all of their fellow brothers and sister in arms. The military can often feel like a hopeless place as having an occupation that comes with a promise of potential death in conflict does not come without a mental toll. For many soldiers, the only way to get past this difficult reality is by relying on the relationships they build with one another. The bond built through undergoing the challenges of military training and combat is incomparable to any other. It is a relationship forged on shared hardship and trust as despite any differences between soldiers, they have promised to never leave one another behind, no matter the risk to themselves. This decision is honorable and selfless and for many is the strongest promise they will ever make in their life. For some, it even outweighs promises they have made to their loved ones. Even in marriage, the two parties do not promise to never leave one another. Of course, depending on the people this may be the case, but this puts the power of a soldiers commitment to one another in perspective for many. This trust that connects all soldiers is the Army’s greatest strength and is the strongest fighting force to combat the negative mental effects of the job. For many soldiers, their fellow soldiers represent the strongest relationships they will ever form. Therefore, when a soldier takes their own life, the effects on the soldiers they leave behind are profoundly painful. This relationship is what soldiers that are struggling mentally often fall back on when finding someone to talk to and support them through their life struggles. However, sometimes even this relationship is not enough to save a soldier struggling with suicidal

thoughts. In addition to having these relationships, a soldier often benefits from counseling, therapy, support groups, and medication. Unfortunately, as mentioned earlier, these resources are often not easily accessible to soldiers which makes helping those with depression and suicidal thoughts challenges difficult.

Veterans consistently experience suicide at a heart-breaking rate over 1.5 times higher than the national average of the general population within the U.S. (U.S. Department of Veteran's Affairs, 2021). The suicide rate was 1.9 times higher than the rate among non-veteran males (U.S. Department of Veterans Affairs, 2021). While the suicide rate among female veterans was 2.2 times higher than non-veteran women (U.S. Department of Affairs, 2021). Veterans make up just 7% of the U.S. population but accounted for over 14% of all suicides with a total of 6,435 veteran deaths in 2019 (U.S. Department of Veterans Affairs, 2021). As mentioned earlier, it often takes someone at least 8 years to seek help for mental challenges which implies that many veterans were probably also depressed during the years they served. The incredible amount of mental distress a person must undergo while serving is enough for them to experience depression and suicidal thoughts. However, in addition to all of these potential stressors, veterans face even more challenges when trying to integrate back into the civilian world. It is very common for veterans to feel as though they do not have a purpose within the civilian world, especially if they have been away from it for so long. In the Army, a soldier always has a purpose. To protect and defend the U.S. constitution and the lives and freedom of all of the members of our country. They are responsible for leading their fellow soldiers and must be willing to do what is necessary to complete their mission in an attempt to make the world a more peaceful place on the other side. However, upon returning to civilian life, these purposes are stripped away for many veterans, and they are often left alone to try to find a new purpose in a world that is very different than the one they used to know.

In addition to veterans struggling to find a purpose in the civilian world, veterans often struggle to feel understood. It is often times difficult for people to relate and understand veterans as they do not share many of the same experiences as veterans do. This difference in experiences can cause a veteran to feel overwhelming feelings of loneliness. Therefore, it is critically important for the people in a veterans life to understand how to navigate this challenge. When trying to comfort someone struggling with depressive symptoms, it is important to make the individual feel heard. Even if the listener cannot truly understand the struggle, they must try. They should encourage the veteran to talk and listen to what the individual had to say. They should validate the veteran's feelings and rather than give potential solutions in the moment, instead create a safe space where a person is able to trust and feel comfortable talking about their emotions. Having a relationship like this is incredibly important for veterans, as with everyone experiencing depression or not. Even if a veteran does not have family or friends capable of comforting them in the way they need, they must have some sort of support system to make it through the challenges of reintegration. This may be found through loved ones, professional help, or relying upon other veterans.

The most well-known and researched mental health struggle of veterans is Post Traumatic Stress Disorder (PTSD). PTSD is a mental health condition that can develop after a person experiences a traumatic or life-threatening event. Symptoms can start immediately following the event or start years later. Symptoms can be short term or become chronic and life-long. According to the American Psychiatric Association (APA), studies have shown that approximately 20% of veterans who served in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) experienced posttraumatic stress disorder symptoms in a given year (2013). PTSD is a very difficult mental disorder to navigate and treat. It is important people educate themselves over the signs and symptoms of PTSD so that a veteran can be quickly diagnosed and treated and not left dealing with the effects alone.



Symptoms of PTSD are typically organized in four separate categories that include intrusive thoughts, avoidance and numbing, hyperarousal, and negative cognition. Veterans experiencing intrusive thoughts may have flashbacks of the event, nightmares, and overwhelming feelings of anxiety and fear. Often times, these symptoms are associated with triggers that can lead a person to spiral into re-experiencing the traumatic event. These triggers often include noises, objects, certain words or topics of conversation, and environmental surroundings that the veteran associates with the memory of the event. Veterans experiencing avoidance and numbing with PTSD typically try to avoid situations that may result in some sort of trigger. This may be a physical avoidance as well as a mental avoidance. Just thinking about the event could be enough to cause a person to re-experience the event in their mind. Hyperarousal and reactive symptoms often presents themselves in outbursts of anger, frustration, irritability, feeling on edge, and trouble sleeping. These symptoms typically do not require any sort of trigger. They are normally constant and are some of the daily challenges people with PTSD must learn to cope with. Negative cognition symptoms are comprised of memory issues regarding the event and in general, negative and hopeless thoughts, feelings of guilt, and a loss of interest in previously enjoyed activities. These feelings can mirror those often associated with depression and can lead a veteran to feel even more lonely, misunderstood, and hopeless. That is why it is incredibly important for the people within a veteran's life to learn to be understanding and how to comfort and support veterans facing these challenges.

Those supporting veterans with PTSD, depression, anxiety, and any other mental health conditions must take a unique approach. These conditions are not problems to be solved. A person cannot simply advise a veteran and expect them to be fine. Most civilians and some fellow soldiers cannot even begin to fathom some of the difficult things soldiers face during their time serving. For some, this includes incredibly traumatic events such as witnessing their best friends being killed, sometimes even dying in their own arms. For others, it is knowing the

soldiers they were responsible for did not make it out alive because of a difficult decision they had to make. The pain and guilt that can follow a person after excruciating events like this is immeasurable. How does someone even begin to try to comfort a person who has experienced such devastating loss and pain and remembers it so vividly? It is important people remain patient and empathetic toward veterans. What may present itself as anger, irritability, disinterest, or hopelessness may not be personal, it may instead be the aftermath of war. It is important that despite the difficulty, people continue to support and encourage healing within soldiers and veterans with mental health conditions.

The treatment process for veterans with PTSD typically involves a combination of therapy and medication. According to the American Psychological Association (APA), the two most effective types of therapy for treating PTSD in veterans are cognitive-behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) therapy (2018). CBT aims to help veterans identify and change negative thought patterns and behaviors that contribute to their PTSD symptoms. It typically involves a combination of talk therapy and exposure therapy, in which veterans learn how to confront and process memories associated with a traumatic event over time. EMDR therapy involves the use of eye movements or other forms of bilateral stimulation to help veterans process traumatic memories. This type of therapy has been found to be particularly effective for veterans with PTSD who have experienced sexual trauma. In addition to therapy, medication may also be used to treat PTSD symptoms in veterans. The APA recommends the use of selective serotonin reuptake inhibitors (SSRIs) or serotonin-norepinephrine reuptake inhibitors (SNRIs), which are the two types of antidepressants that have been found to be effective in reducing and managing symptoms of PTSD.

The discussion on mental health does not end here. All of the reintegration struggles veterans face have a direct influence over a veteran's mental health. Things such as being physically injured, having financial issues, being homeless, struggling to find a job, struggling to

find a role within a community, struggling to reconnect with loved ones. All of these things can negatively affect a veteran's mental health. In the event a veteran experiences a number of these challenges, they are more likely to resort to destructive options such as substance abuse and suicide. Mental health conditions are not the only thing that can affect a veteran's overall health. Physical injuries veterans experience during their time serving also plays a huge role in how a veteran feels both physically and mentally.

### **Physical Health**

As we know, with the threat of war can come the looming threat to a soldier's life. Though warfare has drastically changed during modern times, there is still a likely chance a soldier could be severely injured or killed on the job. According to the Department of Defense's quarterly reports, as of June 2021, there were 4,638 U.S. service members who had died and 52,764 who had been wounded in action since the start of the Global War on Terrorism in 2001. This represents a mortality rate of approximately 0.5% and a casualty rate of approximately 5.6% among U.S. service members who have deployed in support of the wars in Iraq and Afghanistan. Since the military is an all-volunteer force, all soldiers are expected to understand and accept that there is a risk to their life prior to signing up. However, it is unrealistic to expect a soldier to be able to truly understand the potential sacrifice they may have to endure when they have never experienced combat or military life. Unfortunately, many soldiers do not return home unscathed. Not only can there be high mortality rates among members of the military, but as mentioned above, there are over 10 times more soldiers that are injured during conflict.

According to a study published in the New England Journal of Medicine, the most common injuries sustained by US soldiers in Iraq and Afghanistan between 2001 and 2007 were musculoskeletal injuries (33%), superficial injuries (23%), and injuries to the head, face, and neck (14%). Some serious physical injuries soldiers may experience during combat include things such as the loss of limb(s), severe burns, gunshot wounds, and shrapnel. Another study

published in *Military Medicine* found that the most common types of combat injuries among US soldiers in Afghanistan between 2010 and 2012 were blast injuries (68%), gunshot wounds (21%), and burns (4%).

In addition to high numbers of injuries during combat, there are also a large number of cases where soldiers are injured during training. Severe training accidents could result in similar injuries to those experienced during combat. However, the majority of training accidents result in more minor injuries. The injury rate among soldiers during training varies widely depending on the type of training being conducted. Injury rates were highest during basic level training, with an overall injury rate of 37.2 injuries per 1,000 soldiers (Bullock et al., 2018). However, the injury rate during advanced individual training, officer candidate school, and follow on training was lower, with injury rates of 10.9-13.8 injuries per 1,000 soldiers (Bullock et al., 2018). The most common types of injuries soldiers experienced during training were musculoskeletal injuries, such as breaks, sprains, and strains, and the majority of injuries occurred during physical training. This shows that soldiers are more likely to be injured in entry level training, probably due to the rigorous nature of these trainings as well as a soldier having minimal time, knowledge, or experience to accurately prepare themselves physically.

Not all training related injuries are the product of lack of physical fitness or preparation. Training accidents within the military are also common and highlight the importance of safety procedures and risk assessments within the Army. It is understandable that training in preparation of combat can result in high numbers of injury, however, it is also important the military prioritize the health and safety of its soldiers. The Army's greatest weapon is its soldiers. If they are constantly being injured, the mission readiness of a unit is compromised. Additionally, soldiers may not be inclined to sign another contract if they are continuously being injured or feel as if their safety is not a priority. The Army is working toward trying to change its leadership approach by encouraging a "people first" mindset. However, it is also implementing

new training resources such as the new Army Combat Fitness Test (ACFT) in an attempt to prepare soldiers better physically for training and combat. There have been many alterations to this test in an attempt to encourage fairness and prevent injury within the troops. Unfortunately, many soldiers have been injured taking this test or preparing for it. The Army must continue to seek better ways to prepare its soldiers.

That being said, both training environments and actual combat can result in a tremendous amount of wear and tear on a soldier's body over time. The amount of physical stress a soldier's body undergoes has lasting effects on a veteran's physical health later on down the line. It is of no surprise veterans have to deal with life-long physical injuries due to their time serving, even in cases when they were not deployed or in combat. Of course, a lot of these issues may not present themselves right away. Many of these physical effects may not be recognizable until the injury has gone untreated for a number of years. It is not uncommon for soldiers and veterans to need additional medical care to include surgeries, physical therapy, and rehabilitation. Veterans often require treatment for knee and hip replacements, slipped discs, arthritis, cancers, and hearing loss among other things solely due to the everyday nature of the job. Of course, the cause of these issues cannot always be directly linked to the military, but military experiences often exacerbates and expedites the development of these underlying health issues.

Unfortunately, a lot of veterans find themselves in a position where they are in need of medical care but do not have the financial means to afford the medical procedures they need. Despite soldiers receiving health care while serving, not all veterans will qualify for medical care following their years of service or be offered the specialized care they need through VA hospitals. Many veterans are left on their own to figure out how they are going to pay medical bills, many of which are in response to treating mental and physical conditions that their military career may have caused or expedited. In addition to needing advanced medical care, many

veterans are also left in chronic pain due to the nature of the injuries they may experience. Additionally, veterans may be left with certain senses impaired or without the use or control of certain body functions needed to perform daily tasks. Therapy and rehabilitation for injuries of this nature can be life long and can also require an enormous amount of financial resources.

According to the United States Department of Veterans Affairs (VA), as of September 2021, approximately 30% of all veterans who are treated with their health care services have a military service-connected disability rating of 70% or higher, indicating a significant degree of disability. About 30% of veterans who served in Iraq and Afghanistan have been diagnosed with Post-Traumatic Stress Disorder, while up to 20% of veterans who served in these same conflicts have experienced a traumatic brain injury (TBI) (2021). Additionally, approximately 40% of all veterans receiving disability compensation from the VA have been found to have a musculoskeletal disorder, such as back pain or joint injuries (2021).

Being left alone to deal with the physical aftermath of war is difficult. It is difficult for the veterans themselves and it is difficult for those left trying to care for them. The physical and mental health of people are interrelated. If a person does not feel well physically, this is almost guaranteed to negatively impact how they feel mentally. If a person does not feel well mentally, they may feel fatigued, weak, sick, or be more fixated on their pain. A veteran's overall well-being is connected to both their physical and mental health. Regardless of the support and care the world tries to show veterans, most of it will not be helpful if people do not focus on treating physical and mental health symptoms at the source.

As mentioned earlier, the Army has a culture that encourages its soldiers to fight through the pain and remain resilient. Though this outlook has its benefits by creating a force of disciplined and well-trained fighting machines, it also has its downsides regarding physical health as well as mental. Unfortunately, this outlook can cause additional physical damage to a soldier as many injuries initially go unreported while a soldier tries to push through the pain. A

soldier may continue to train on an injury and cause further damage to their body due to this cultural norm. By the time a soldier decides to seek treatment, the injury may be much more serious or even lifelong.

Additionally, in some cases, physical care may not always be readily available to a soldier. A soldier in a combat zone may not have the luxury of seeking treatment for an injury, especially a more minor one that does not prevent them from completing the mission. They are often encouraged to tough it out and do what needs to be done before seeking the medical care they need. These injuries may not be debilitating in the moment, but left untreated, they could become serious problems for a soldier. It is common for soldiers to have to remain resilient and carry on through the pain during times of conflict, which is also why this mentality is adopted throughout training by many soldiers. By the time a soldier can seek proper medical treatment, what started off as a minor injury may have advanced beyond the realm of possibilities for minor medical care.

Unfortunately, the physical injuries associated with the horrors of war can be a typical part of being on the front lines as well as being near a combat zone in general. Some soldiers may even experience catastrophic events during what was thought to be peace time. It is an unfortunate reality of war. People see these things on television or read about them in books. However, what does the average person truly know about living with the aftereffects of these things once they occur? How is a veteran expected to keep going after experiencing such devastating loss to themselves as well as to the soldiers around them? How do you go into battle as a capable, strong, muscular young man or woman, and come out as a paraplegic or burn victim? How do the limitations of what an injured veteran can and cannot do impact their lives physically and mentally upon returning home with the wounds of war?

Being a veteran that is on the receiving end of a catastrophic physical event is difficult. Soldiers are known for being strong, athletic, and active individuals. If a soldier feels as if these

things have been taken away from them due to a physical accident, this could leave them in a disarray of physical and mental distress. Some soldiers may feel as if they've gone so far as to have lost their identity and purpose. After all, what exactly is the purpose of being a soldier if you can no longer carry out the tasks expected of you? As mentioned earlier, physical exercise is also a powerful method of coping with symptoms of depression and PTSD. If a soldier loses their ability to engage in physical activity, this may take away their means of dealing with their negative emotions.

For many civilians, there is a disconnect between their perception of the seriousness of the mental and physical effects of war and a veteran's reality. Many people have some level of expectation that a veteran will return to their old self after receiving adequate health care and upon returning home. However, people are shaped by their experiences, and every single combat veteran is left scarred by war, for some both figuratively and literally. No veteran will return home the same as they left it. The wounds of war cannot merely be undone, treated, or forgotten. It takes immense effort on a veteran's part as well as those around them to truly achieve progress and healing.

Veterans that have been injured in combat must often fight to rediscover their true sense of self. Many soldiers must learn how to have an entirely new outlook on life. Veterans that are experiencing the obstacles of life changing physical injury are not only experiencing the reintegration challenges of the civilian world, but also of the world as a whole. They are returning to the civilian world as a changed person and must relearn who they are and discover who they want to become.

As discussed previously, receiving quality medical care, especially for soldiers with mental and physical health conditions, can be very difficult. This struggle is true both within the military as well as on the civilian side of things. There is a shortage of medical health care professionals across the country which puts a high demand on those our country does have.



This shortage combined with the stigma surrounding seeking mental health help as well as the potential risks involved in a soldier's career all make for a very unfortunate combination.

Soldiers are essentially discouraged from seeking mental health treatment, despite the Army's efforts to focus more resources on the issue. Additionally, some soldiers also avoid seeking physical health care. Some of these reasons may be similar. For instance, a soldier that is afraid they may have a disqualifying or untreatable injury or illness may feel less inclined to report it and seek help in the event they are discharged from the military for it. For veterans, the threat of losing their job is no longer a valid component. However, the majority of veterans still have to wait for long periods of time before receiving the health care they need and deserve. This can have devastating effects as discussed earlier, many of these veterans have conditions that should have been addressed much earlier, but due to the nature of everything have remained undiagnosed and/or untreated.

Where does a veteran turn if they are unable to find medical help in their time of need? As with civilians, many soldiers and veterans may turn to a trusted individual for help. This individual may be a friend, family member, religious figure, authoritative figure, fellow soldier or veteran, etc. That is why the education of the reader, the trusted individual, and those in a veteran's life is crucially important. You never know when a veteran may turn to you for help, sometimes in their greatest time of need. As you may have already experienced, it can be difficult for many people to know how to comfort someone going through a rough time. Now imagine you are a civilian and a veteran is coming to you to discuss the challenges they are facing in their daily lives as well as some of the difficulties they faced during their time of service. It is difficult for an individual who does not share these challenges and experiences to be able to conceptualize the true seriousness of a veteran's struggles. As the trusted individual in this scenario, a person must validate a veteran's feelings and encourage them to talk. One of the worst things a person can do is discourage a veteran from talking. This may result in a

veteran giving up on trying to work through their emotions. Frequently reminding a veteran that you are there to talk to and making yourself readily available is key to comforting people. Additionally, it is important the trusted individual acknowledge they do not understand the entire situation, but are going to put the necessary attention, time, and patience into understanding the best that they can. Being an available and understanding figure in a veteran's life is one of the most important healing and coping methods a person can offer.

Unfortunately, not all veterans have a strong support system. Not all veterans have healthy relationships with loving and caring families and friends waiting for them when they return back to civilian life. Even if veterans do have strong supportive families, typically this alone is not enough. There is a lot of pressure placed on all of the individuals within veterans' lives to be the person their veteran needs them to be. Despite the importance of these individuals trying to be there for their veteran(s) and be understanding and patient and open minded, at the end of the day, the struggles of reintegration are too difficult for veterans and their families to try to carry on their own. Most veterans do not simply receive the level of support they need by those around them, receive the mental and physical care they need, and go off to live successful and happy civilian lives. Unfortunately, many veterans as well as soldiers, find themselves searching desperately for the support they need. This results in veterans trying to learn how to deal with stress as well as any potential mental and physical symptoms on their own.

Have you ever thought about it? From an outside perspective looking in, I find myself wondering, how are you supposed to do it? How are you supposed to wake up before the sun every single workday and find the energy to focus on improving oneself physically? How do you dig deep enough to find the strength to keep training during a simulation even in the blistering heat, pouring rain, and freezing snow? How do you stay awake all day and all night and still perform at the best of your abilities the following day of training? How do you deploy thousands

of miles away from your family and be expected to maintain a healthy and loving relationship with them? How do you find the drive to complete your job every single day and strive to exceed the standard despite its difficulty in nature? How are you supposed to keep morale high knowing what your job may require you to do in the near future? How do you find the guts to walk into a war-torn nation, knowing you are not wanted there? How are you supposed to find the courage to march into battle, knowing you may lose your life and the lives of the soldiers around you? And for what? At the beginning, middle, and end of the day, how does a soldier find the drive to keep going? Where does their need for understanding and comfort drive them?

### **Coping Mechanisms**

A soldier is a problem solver, and that includes in their own personal lives. Soldiers do what it takes to get themselves through, even in the darkest and hardest of times. A soldier is trained to do what must be done in order to complete the mission. If a soldier is struggling, they are expected to rely on one another to solve said problem and continue to carry on. A soldier does not always have the glorified role people witness on TV or hear about in stories. There is much more to it. Soldiers know this. A soldier would have to be ignorant or naïve to not know the challenges laid before them are guaranteed to be difficult ones. Regardless of a soldier's military occupational specialty (MOS), rank, or experience- there is always a risk involved. Knowing this, soldiers seek comfort in the people and things around them. Soldiers rely heavily on the brotherhood and sisterhood described earlier in the paper. They rely on one another for strength within each other as well as within themselves. However, even this strong bond is not strong enough to completely comfort most soldiers and veterans through the difficult challenges they face. Unfortunately, many soldiers turn to unhealthy coping mechanisms to make it through their years of service. Additionally, veterans often continue to use these coping mechanisms later on in life in response to the stresses they endure with reintegration.

You may find yourself wondering, in the event that a soldier or veteran cannot or does not seek mental or physical health care, what happens? In response to the many mental and physical challenges soldiers and veterans face, every single one of them finds themselves searching for methods to cope. The importance of having coping mechanisms is prevalent in the topics discussed previously. Without coping mechanisms, a soldier would not be able to successfully perform their duties since they are always under such tremendous pressure. For veterans, a lack of coping mechanisms would result in a constant head-on collision with reintegration stressors. For many, coping mechanisms serve as an outlet for them to focus their negative emotions. These outlets are often comprised of hobbies veterans are most passionate about such as weightlifting, participating in/watching sports, playing video games, playing and listening to music, art, writing, etc. These outlets are incredibly beneficial to a soldier's overall well-being and should be encouraged to all soldiers and veterans- especially those that are struggling to find enjoyment in life. There are many healthy outlets available to veterans, but it is easy to lose sight of them if a veterans is feeling poorly mentally and physically. As mentioned earlier, mental conditions such as PTSD, depression, and anxiety can make finding enjoyment in much of anything very difficult for a person. This may drive veterans from starting off using healthier coping mechanisms to transitioning to unhealthy coping mechanisms in a continuous effort to feel relief from their stress, pain, and hopelessness.

One of the biggest coping mechanisms soldiers and veterans rely heavily upon is alcohol use. Alcohol is a huge part of military culture. It is a common occurrence for many soldiers to regularly spend many of their evenings at clubs, bars, parties, and in the comfort of their own homes consuming alcohol. Though alcohol usage in moderation is not a huge issue, the problem stems from the heavy alcohol consumption that is commonly seen in the Army and entire military's culture. Heavy alcohol consumption may start off in the social setting with soldiers just hanging out and having a good time. However, for many alcohol soon becomes a

crutch and a normal part of their daily lives. That being said, alcohol is also a big part of civilian culture. For a male to be considered a heavy drinker, they may consume 4 drinks in one day or 14 drinks within a week. For a female it is 3 drinks per day or 7 drinks in a week. Over time, many soldiers develop a dependency on alcohol and may even become addicted. Alcoholism is defined as having an addiction to alcohol typically characterized by dependency and compulsive behavior. A 2018 study published in the Journal of Substance Abuse Treatment found that the prevalence of alcohol use disorder among active-duty U.S. Army soldiers was 11.3%. The study also found that the prevalence of heavy drinking (defined as consuming five or more drinks on one occasion in this article) was 42.6% among male soldiers and 24.4% among female soldiers (2018).

So what exactly is the problem here? Alcoholism is common within the U.S. civilian population as well. Why is it concerning for service members and veterans to be addicted? Alcoholism can have numerous negative effects on an individual's physical, mental, and social well-being. To begin, there are two types of drugs that are typically associated with mental disorders which are depressants and stimulants (Schuckit et. al, 1988). Alcohol is considered a depressant drug. However, the initial effects of alcohol use can mimic those of a stimulant which can lead the user to believe they actually feel better by consuming alcohol. Scientifically speaking, alcohol affects serotonin levels and signals an increase in the production of dopamine within the user's brain. These chemicals can typically result in feelings of happiness, pleasure, and euphoria within the user. However, the brain adjusts to this change in dopamine levels by increasing the rate at which it produces dopamine transporters to get rid of the excess. This leads a person to having an influx of dopamine transporters which leads them to have lower dopamine levels than they started drinking with. In the end, the individual is typically left feeling worse than when they started, often in the form of a hangover, regret, anger, or depressive symptoms.

Additionally, heavy alcohol consumption can have several damaging effects on an individual's health and is directly associated with liver damage and disease. Long-term alcohol abuse has also been shown to result in cognitive impairment and decreased brain function. A meta-analysis published in the journal "Alcohol and Alcoholism" found that alcoholism is associated with deficits in several cognitive domains, including memory, attention, and executive function (Rosenbloom et al., 2017).

Military personnel have a higher rate of alcohol consumption and binge drinking than the civilian population (Bray et al. 2009). Over 27% of active-duty military personnel reported binge drinking in the past month, compared to 16% of civilians. Furthermore, military personnel who had been deployed to combat zones were more likely to engage in heavy drinking and experience alcohol-related behavioral health issues (Jacobson et al. 2009). A 2019 report from the Defense Health Agency's Psychological Health Center of Excellence found that alcohol was the most commonly reported substance of misuse among active-duty service members seeking behavioral health treatment. The same report also noted that heavy alcohol use was associated with increased risk of mental health problems, including depression, anxiety, and post-traumatic stress disorder (PTSD).

Being under the influence of alcohol can inhibit an individual's cognitive ability to reason and can result in destructive behavior. The prevalence of soldiers driving under the influence of alcohol is a major point of concern. Military personnel were found to be more likely to drink and drive than civilians, with 11% of military personnel reporting DUIs in the past year, compared to 7% of civilians (Weimer et al. 2004). In addition, a research study found that military personnel who reported DUIs were more likely to have mental health problems, including depression and PTSD (LeardMann et al., 2009). Receiving a DUI can result in a soldier being counseled by their superiors and may lead them to face the risk of demotion, discharge, and even criminal charges. Additionally, alcohol abuse and DUIs can have a negative impact on unit cohesion,

morale, and readiness. In addition to DUI's, it is reported that a large percentage of all crime is committed by a perpetrator that is under the influence of alcohol. Alcohol was found to be a factor in 56% of homicides, 46% of assaults, and 41% of sexual assaults. Alcohol has been found to impair a person's cognitive ability to make rational decisions. Alcohol in moderation is not necessarily a bad coping mechanism. The problems occur when alcohol is abused and begins to influence an individual's thoughts and behavior.

In addition to alcohol abuse, there is also a relatively high amount of drug abuse found within the Army. It is unclear how many soldiers have ever or regularly abuse drugs, as soldiers try to keep it on the downlow as to not get caught. Even in states where drugs such as recreational marijuana is legal, it is still illegal for soldiers to use such drugs. Afterall, having a soldier high or under the influence while on duty could be incredibly dangerous to themselves as well as to all the soldiers around them. As we know, recreational drugs act as stimulants and therefore affect the brain by producing excess dopamine as described earlier. The feelings of pleasure, happiness, and euphoria are often enough for individuals to develop a dependence and addiction which can have devastating consequences, including major health and behavioral issues as well as potential death. The Army conducts regular, surprise urinalysis in an attempt to mitigate the quantity of drugs used by soldiers. However, this does not stop many soldiers from picking up on patterns or accessing information to figure out when a urinalysis may be in the foreseeable future. This can allow for soldiers using drugs to flush their system and not pop hot on a drug test. In the event a soldier does fail a drug test, they will have the opportunity to defend themselves and explain any potential errors in the findings that could have occurred. More often than not, the drug test is accurate, and a soldier will be dishonorably discharged following a failed drug test.

In addition to taking recreation drugs, soldiers must also be careful taking prescription medications as they can cause a soldier to pop hot on a drug test. Negative repercussions of

taking prescription medication can potentially be avoided if a soldier informs their superiors of the drug usage prior to said drug test. However, it is generally frowned upon by the military that soldiers take prescription medication for long term conditions. Unfortunately, this goes back to the stigma surrounding seeking mental health care. If a soldier is determined to be reliant upon certain prescription medications for mental or physical illness, a soldier may be deemed incapable of completing their duties. This may lead to the discharge of a soldier. Due to this response as well as other challenges soldiers face getting help, this may lead to a soldier trying to self-medicate with other types of drugs. This of course has a much worse end result than if a soldier was able and allowed to take the necessary medication they needed.

The third unhealthy substance commonly used within the Army is nicotine. Nicotine is also a huge part of society as a whole but has a key presence especially within the military's culture. Nicotine can be found on soldiers in all types of forms: cigarettes, vapes, dips, cigars, chews, zyn pouches, and gum. If they make it, a soldier in the formation has got it. Many soldiers rely heavily upon nicotine, especially in a field training environment. The stress soldiers undergo during training often results in them searching for an outlet. Since alcohol and drugs are not available to a soldier during this training, people typically turn to nicotine. Even soldiers who do not typically use nicotine in a garrison environment often find themselves using nicotine in the field. Nicotine is a very well researched drug and the negative effects following its usage are highly disturbing. Nicotine is highly addictive and people can quickly develop a dependence on it. According to the National Institute on Drug Abuse, this occurs because nicotine activates the brain's reward pathways. These feelings of pleasure lead a person to desire the action that caused them. Using nicotine is the leading cause of lung cancer and is associated with mouth, throat, and various others. Nicotine usage is also associated with cardiovascular disease and development of respiratory issues.



So, why is substance abuse a big deal for veterans? After all, they don't have to worry about the threat of passing drugs tests or being discharged like currently serving soldiers do. The answer is simple. As stated above, alcohol, drugs, and nicotine all have negative effects on a person's physical and mental health. If a person that is struggling mentally and/or physically looks to these substances for comfort, they will eventually be disappointed. None of these substances solve a veteran's problems. Instead, they only offer temporary distraction and pleasure to their users. Eventually, a person will begin to build up a tolerance to these things and will require more of each substance to reach the same levels of euphoria it once made them feel. This is how people develop a dependence and become addicted to these substances, in an attempt to do what they have to to get by. That is why veterans are at such a high risk for substance abuse because veterans often find themselves in a position where they feel desperate enough to do whatever they can to forget about the past and make it through each day.

A 2018 report from the Substance Abuse and Mental Health Services Administration (SAMHSA) found that the rate of heavy alcohol use among veterans was higher than among the general population. About 10% of veterans who served in the military after September 11, 2001, have a problem with alcohol use, compared to about 6% of the general population. The report also noted that veterans who had served in combat were more likely to report heavy alcohol use than those who had not. Drug use statistics among veterans show 2% of veterans who served in the military after September 11, 2001, have a problem with drug use, compared to about 1.5% of the general population. Among veterans of all eras, the prevalence of drug use disorder is about 4%, compared to 2% in the general population. Finally, the percentage of veterans that are dependent on nicotine is about 20%, compared to about 14% of the general population. Among veterans who use VA healthcare, the prevalence of smoking is even higher, at about 29%. It is important that veterans are offered alternatives to alcohol, drugs, and nicotine. VA

hospital programs are heavily focused on substance abuse support programs and offer groups for veterans struggling with addiction. It is important people within veterans' lives encourage healthy alternatives to substance abuse.

### **Interpersonal Relationships**

Perhaps the strongest protection against a veteran succumbing to substance abuse or their negative thoughts is having a strong support system. The relationships veterans have with their families and friends is incredibly important. Unfortunately, not every soldier is guaranteed to have a family waiting for them when they return to the civilian world. Familial relationships with soldiers are complicated and often do not turn out the way people originally envision. There are many challenges soldier's families have to endure which can add additional stress to their relationships. This can often result in the breaking up of spouses and families. Moving forward, we will discuss some of the many challenges soldiers and their families face and how it affects the relationships between them.

To begin, perhaps one of the greatest reasons why many relationships fail within the military is that often times individuals rush into marriage. In the Army, lower enlisted soldiers are offered a Basic Housing Allowance (BAH) regardless of rank if they are married. This allows for soldiers to be paid more as well as have the ability to not have to live within the barracks on base. For many, these are great benefits and can help set a family up for success. However, these benefits also serve as an enticing option for those that are not yet married but are considering it. Many soldiers rush into marriage to receive the military and financial benefits of marriage. As most people would agree, this is probably not the strongest foundation to marry someone on. Often times the value and seriousness of marriage may be compensated for other benefits.

Additionally, many soldiers also get married prematurely due to the nomad nature of the Army. Often times, soldiers do not stay in one place for long periods of time. They typically find themselves attending training in one location, being stationed in another, and deploying to the next. Soldiers and civilians alike are familiar with the fact that distance can put tremendous, additional pressure on a relationship. Many soldiers have learned, if there is not a well-developed, solid foundation built upon trust prior to a soldier deploying, the chance of a relationship being successful are slim to none. Due to this unfortunate truth, many soldiers find themselves marrying their partner sooner into their relationship than they would have originally planned in different circumstances. Many military couples rush into marriage so that they can stay together in the event the soldier is deployed or stationed elsewhere. As mentioned earlier, marriage is not something anyone should be pressured, forced, persuaded, or coaxed into. Though the Army surely means well by giving benefits to married couples, unfortunately these benefits can become the main thing driving a marriage in the first place. This can lead to many soldiers finding themselves in unhappy and unhealthy relationships.

When a soldier is in an unhealthy relationship, it may present itself in different ways. Being in an unhealthy relationship can take a major toll on a soldier's mental health. Not having the support a soldier needs from their spouse or family can be devastating. Additionally, dealing with these issues on top of underlying mental or physical conditions can make for a very difficult combination. As we know, soldiers often turn to unhealthy coping mechanisms when dealing with these issues. All of these factors combined with the everyday stress of the job can influence how a soldier treats their spouse.

Soldiers often find themselves repressing emotions associated with every aspect of their life. They often times do not have the time, opportunity, or desire to share their emotions with those around them, including their spouse. For any marriage or relationship to be successful, most people will agree there must be communication. If a soldier is unwilling or unable to

effectively communicate, this can lead to a disconnect within their relationship. When a person represses their feelings, the issues can often present themselves in sudden outbursts. Soldiers are often associated with having difficulty controlling negative emotions, especially aggression. It is common for aggression to present itself within a relationship through things such as arguing, yelling, cussing, resentment, and irritability. Alcohol and drug abuse can often drive and encourage aggressive outbursts within an individual which can further impact their personal relationships as well as social functioning. A study published in the Journal of Studies on Alcohol and Drugs found that individuals with alcohol use disorders (AUDs), were more likely to experience problems with their intimate partners, including higher rates of infidelity, domestic violence, and separation/divorce (Leonard & Homish, 2008). Unfortunately, one of the biggest problems that can occur from unaddressed aggression is spousal abuse. This may be in the form of both emotional and physical abuse.

Domestic abuse is a significant issue in the military, and studies have shown that rates of domestic abuse are higher among military personnel than the general population. A study published in the American Journal of Preventive Medicine in 2014 found that the prevalence of intimate partner violence (IPV) among active-duty military personnel was 15.4% in the past year, compared to 3.3% in the general population. These numbers are likely a gross underestimate as many cases of domestic abuse go unreported. The same study also found that female service members had a higher prevalence of IPV than male service members. Females in the military are a much smaller sampling pool, though this data is surprising to some since men are typically more associated with acts of aggression.

Deployment is also very difficult for the relationships soldiers have with their spouses and families. The typical Army deployment lasts between 6-12 months, though in some cases soldiers may find themselves deployed for longer than this. Throughout history, communicating with soldiers during a deployment has always been difficult. Thankfully, in today's society

soldiers do not have to solely rely upon letters. Soldiers typically have access to their phones while being deployed now, though in some cases cell phone use may be limited.

Communication is key to a successful relationship regardless of who or how much distance is between the two parties. For soldiers to have the ability to call and facetime their family is huge. Soldiers should take advantage of this opportunity when possible to continue having an open and healthy relationship with their spouse, even on deployment. It is easy for a soldier to get exhausted, distracted, or depressed while on deployment. All of these things can lead to a soldier jeopardizing their marriage.

However, it is not always the soldiers causing the issues within their relationships. It is very common for soldiers to return home to find their spouse has decided they want a divorce, often times at little fault of the soldier themselves. In some cases, soldiers learn they have been cheated on after returning from a long deployment they spent tirelessly serving their country. As one can imagine, this is a terrible feeling. Infidelity is common in spouses of military personnel. Spouses understandably struggle with the lack of help and support in their own personal lives when their soldier has to leave. Additionally, spouses experience feelings of loneliness and have excess time to reflect upon their relationship. If a relationship is unhealthy prior to a soldier being deployed, the chances of the relationship making it through a deployment are slim.

Due to these challenges, the divorce rate among active soldiers is notably higher than the national average. A 2019 report from the Department of Defense (DoD) on the "Survey of Active Duty Spouses" found that the divorce rate among active duty service members was 6.3%, while the divorce rate among civilians was 3.2%. The report also found that the divorce rate among female service members was higher than among male service members, and that the divorce rate was highest among those aged 25-29. Divorce rates are also higher among enlisted personnel. It is not uncommon for many soldiers to have multiple divorces during their time of service.

Having children while serving is difficult for both men and women. In the case the soldier has to leave their family for an extended period of time, it is difficult to amend relationships with their loved ones when they return home. Unfortunately, the nature of the Army lifestyle often times results in soldiers missing critical moments in their child's life and development that they cannot get back. Relationships between soldiers and their children may become estranged following a deployment, and they may never be able to be reconciled to how they once were. The same can be true for marriages as well. As discussed previously, soldiers often times experience life altering moments while deployed. No one will ever return home as the same version of themselves they left as. It takes a while for soldiers, spouses, and their children to readjust to one another following deployment. This is also true for spouses and children of veterans when readjusting back into the civilian world. There is a readjustment period that can be difficult and can make or break whether or not a relationship fails or succeeds.

Therefore, at the end of their service time, many soldiers find themselves alone with little to no involvement in their former spouse or children's lives. This leaves many veterans to have to undergo the challenges of reintegration on their own. Not only must they deal with these challenges alone, but they may also have to deal with the additional stress and aftermath of any potential failure or unhealthy relationships of their past. This may include things such as having to finalize a divorce, pay child support, struggle to maintain a relationship with their children, and have to deal with previous spouses- sometimes due to the fact they share children. The list goes on.

When a soldier does not have a strong, supportive relationship with their family, the pressure and importance of the other people within their life increases. As mentioned, time and time again, veterans need support. Veterans, regardless of marital status, may seek this support in others around them to include extended family, friends, medical professionals, religious

figures, support groups, and even strangers. It is important these people be educated regarding the reintegration challenges of veterans, as people never know when a veteran may be in need.

Veterans' Affairs hospitals offer programs available to soldiers and their families in an attempt to be a helping hand in otherwise difficult times. In the article "Perspective of Family and Veterans on Family Programs to Support Reintegration of Returning Veterans with Posttraumatic Stress Disorder," by Ellen Fischer, veterans and their families complete a questionnaire regarding the programs available to themselves and their families during reintegration. The study is based around combat veterans with PTSD and their family members' opinions of the services available through VA hospitals that are focused around helping with the reintegration process back into civilian life. This was the first published study focused on this with the intention of improving services available to these veterans and their families. The findings of the study concluded that participants were seeking additional skills training regarding "living with a person with PTSD, interpersonal relationships and communication, structuring and managing daily life, parenting, trust and friendship, family members' coping with their own emotions, and anger management" (Fischer et al., 2015, 190). Veterans and their spouses felt that the opposing side lacked perspective in the challenges they had faced during a veteran's time of service and were interested in the VA adopting more programs focused on helping with communication within their relationships. Some suggestions veterans offered to improve VA services in support of themselves and their families included implementing things such as educational classes as well as outings and group activities including couples weekends, fun activities for children, role-playing, problem-solving and team building exercises, and vet-to-vet support programs.

### **Career Challenges and Financial Struggle**

Alas, one of the greatest challenges veterans frequently face is the potential difficulty finding a new career after serving in the military. Unfortunately, the skills soldiers gain by

serving often do not transfer over as smoothly as one would expect. Being in the military is a truly unique experience that teaches soldiers leadership skills that will last them a lifetime that they cannot learn elsewhere. However, the career track for the military is military focused, and does not serve to directly prepare any soldier for a specified civilian career. That is not to say that there are no civilian jobs veterans are capable of working. Some common jobs veterans may be able to work in the civilian work include police jobs, working at a three letter agency (FBI, CIA, etc.), and working as a management position. All of these jobs benefit from military training and leadership skills.

In the event a veteran has difficulty finding employment, their financial situation can quickly escalate. According to a report by the U.S. Department of Veterans Affairs, veterans face higher rates of unemployment than the general population. The report states that the unemployment rate for veterans who served on active duty after September 2001 was 4.6% in 2020, compared to 3.8% for the overall population (U.S. Department of Veterans Affairs, 2021). Though this number may not sound that much higher than the civilian population, a veteran being faced with unemployment can have devastating effects. Often times, veterans struggling with unemployment are some of the very same veterans discussed earlier that may be struggling with their mental and physical health. A study published in the Journal of Disability Policy Studies found that veterans with PTSD were less likely to be employed than those without PTSD, and the veterans with mental health conditions that were employed earned less on average than those without PTSD (Liu et al., 2015). This is considered discrimination within the workplace and should not be tolerated.

Some veterans may opt to go to college following their years of service, either to fulfill a desire to receive additional education, or because they feel as though they have no other choice in order to find a career that is able to support them. Veterans often face the financial challenges mentioned earlier, so the additional challenges of college can be difficult for a



veteran to balance. Luckily, there is at least some financial assistance available to veterans to help them cover the cost of education. The post-9/11 GI Bill is a program that focuses on providing financial assistance to veterans who served on or after September 11, 2001, and who have completed at least 90 days of active-duty service. The program is available to cover tuition and fees, a housing allowance, and a stipend for books and supplies (U.S. Department of Veterans Affairs, 2022a). Having this financial and career support is incredibly important for a veteran. If a veteran is struggling to find a career post service, they should be encouraged to consider the option of furthering their education. The active military as well as the national guard and reserve also offer additional financial support toward soldiers seeking further education. This is perhaps some of the greatest financial benefits that are available to veterans.

In addition to veterans seeking financial support furthering their education, veterans also frequently struggle with finding the financial support they need when it comes to seeking mental and physical health care. A report by the Consumer Financial Protection Bureau found that veterans are more likely to have medical debt than civilians that never served, and that medical debt is a leading cause of financial distress among veterans (Consumer Financial Protection Bureau, 2019). This is a direct result of some of the aftermath of the mental and physical conditions mentioned earlier that veterans are often left to deal with the effects of on their own. Many veterans do not receive the financial compensation they need following their time of service to pay for the care they need. A veteran is often faced with two options, to seek the care they need and be faced with medical debt, or the alternative, to not seek the help they need. As mentioned previously, when a veteran does not seek the health care they need, they often turn to self-medication and other unhealthy methods of coping.

Probably the most obvious sign of financial struggle within the veteran population in the U.S. can be seen in the homelessness rate. In 2020, an estimated 580,466 people experienced homelessness on a single night in the United States (U.S. Department of Housing and Urban

Development, 2021). In comparison, a report by the National Low Income Housing Coalition found that veterans make up a disproportionate share of the homeless population, with consistently over 50,000 homeless veterans on any given night (National Low Income Housing Coalition, 2021). The National Low Income Housing Coalition attributed this alarming rate of veteran homelessness to there being a shortage of affordable housing as well as the difficult financial situations veterans experience.

### **Community Involvement and Finding Purpose**

Finally, the last reintegration struggle among veterans that will be discussed within this paper is the involvement of veterans within their own communities. Often times, the mental, physical, interpersonal, and financial challenges veterans face may limit their involvement within their communities. Many veterans may seem to shut themselves off to the rest of the world, feeling as though they have no purpose to even try to maintain relationships or roles within their communities. This may be a voluntary or involuntary choice but is often associated with a veteran's overall health and well-being and can stem from the negative thoughts and emotions veterans often experience. As we have discussed, a veteran's overall health is associated with the mental and physical. For many veterans, having resources that can help them strengthen their spiritual life is important. In addition to this, being surrounded by a supportive community may also help with a soldier's emotional health. Having sources readily available to veterans during their time of reintegration and for the remainder of their lives is key to a veteran feeling the level of support that has been alluded to throughout this paper.

Many veterans, as well as individuals in general, find a supportive community within their religious affiliation upon returning home. Being a part of a religious organization can serve as one of the best ways for a veteran to be involved within their community. Encouraging veterans to attend religious services that are focused upon the religion of their choice can be the key to some veterans finding the spiritual wellness they need to get through the challenges of

reintegration. The religious demographics of the veteran population are roughly as follows: 49.3% Protestant, 23% Catholic, 11.3% other religions which were comprised of Islam, Judaism, Buddhism, Hinduism, and others, and 16.2% reported to have no religious affiliation (Department of Veteran's Affairs, 2020). It is important religious centers consider these demographics to remain educated on what type of audience they may be reaching out to. Religious organizations should also consider the challenges veterans face with reintegration and focus their outreach programs as well as programs offered within their place of service to be tailored to the needs of these individuals.

Within the military, a Chaplain serves as a religious figure that is available to provide religious services as well as general support and advice to soldiers. Veterans may seek this same kind of relationship with another religious figure upon returning home. It may be incredibly beneficial for some veterans to have a non-judgmental source they are able to talk to about the challenges they may face in life. Additionally, it may help for veterans to have the ability to talk to a relatively non-biased stranger that has made a religious promise of confidentiality to listen to a veteran and provide advice where applicable. Not all veterans have a strong support system at home, so it is important that they are encouraged and educated about the options to seek this kind of support elsewhere.

In addition to veterans seeking support and being active in places of religion within their communities, many veterans also find fulfillment in volunteer work. As mentioned previously, many veterans struggle with finding a sense of purpose following their time of service. Volunteering within ones community is a great way for veterans to combat feelings of loneliness and hopelessness many veterans experience. Some great places veterans may volunteer for include veterans' organizations, hospitals, schools, and community centers. According to a study published in the Journal of Community Psychology, volunteering can increase social connectedness and well-being among veterans (2018).

Volunteering is not the only option available to veterans searching for ways to be involved. One of the best ways for a veteran to find purpose within the civilian world is by being the voice that focuses on educating and raising awareness about the struggles that are prevalent in the lives of veterans. Issues regarding veteran reintegration are obviously personal to veterans. Many veterans, as well as their friends and families, are passionate about these topics and therefore can act as a powerful driving force to encourage veterans to tell their story. Many veterans focus on advocating for policies that support veterans' health and well-being within their communities. They may also focus on raising additional awareness on the many issues covered in this paper such as mental health, suicide, substance abuse, finances, and homelessness.

Still, there are plenty of other ways for veterans to be involved and find a role and purpose within their communities. One of the best ways for a veteran to help themselves get past some of the challenges they face and find a sense of fulfillment is by helping others. One of the most influential ways a veteran can help others is by serving as a mentor to other veterans or young people in their communities. Having a veteran as a mentor during reintegration can be incredibly beneficial to other veterans as it allows them to connect to someone that shares and understands many of their unique experiences and challenges. Veterans can also share the skills, knowledge, and resources they have gained over the years with their fellow veterans.

Having a veteran mentor can also help young people in the civilian world by giving them a role model that instills hope by serving as a perfect example of someone who has survived even the most difficult of life challenges and continues to actively choose to help others and be successful despite them. Having a veteran as a mentor is often times incredibly influential and beneficial to young people. For me personally, my greatest role model growing up was a veteran that mentored me during my time in high school. He believed in me when no one else did and provided me with the resources and support I needed with beginning my military career.

He also provided me with advice on issues I faced in my personal life and served as a trusting and supporting adult in my life. To this day, he is one of the only people I have ever truly wanted to emulate with my life. My success in the military and my personal life is in part due to the fact that I am the product of a veteran mentor. The impact veterans can have on this world is immense, and it is important veterans know that there are people out there who want and will greatly benefit from their help. The sense of purpose this can give a veteran and the support it can give a young person are immeasurable.

Other options available to veterans to allow them to be involved in their communities include things such as running for a political office, focusing on supporting campaigns for cultural change, and sharing their passions with the world. The military is not the only career a veteran is capable of succeeding in. Many veterans go on to use the skills they learned within the military and apply them to other careers, hobbies, and passions. Despite the challenges veterans face during reintegration, the civilian world does not have to be one of pain, loneliness, or despair. The civilian world can still offer many rewarding lifestyles to veterans. However, even more notably, veterans can offer even more to the civilian world.

The biggest resource available to veterans struggling with their mental and physical health, substance abuse, interpersonal relationships, finances, career plans, and community involvement are Veterans Affairs (VA) hospitals. VA clinics offer support programs for all of the above obstacles veterans may face. Not only can a VA clinic offer mental and physical care to veterans, they can also offer social connections between veterans and develop a strong support system between veterans. VA hospitals also offer programs targeted toward providing education and support to the families and friends of veterans.

Despite the challenges veterans face during reintegration, the future of veterans within the civilian world is not hopeless. It is an issue worthy of immense advocacy and support among both the military and civilian population. It is important all members of the United States of

America do their part to become educated surrounding these issues. Individuals should also become educated on methods available to them to support the veterans within their communities.

Afterall, every day civilians benefit from the sacrifices soldiers make. Every day, civilians do not have to focus their time and efforts and worry about being their absolute best mentally, physically, spiritually, and emotionally to perform during the heat of potential war. Civilians do not have to worry about being properly trained to defend themselves, their fellow soldiers, and their country. That is because there are soldiers in the military doing that for them. Every day, soldiers make a choice. Every day, soldiers wake up, put on their boots, and brave the newest challenges of the day- no matter what they are.

Have you ever thought about what the civilian world would be like without the military and the soldiers within it? Civilians are only able to focus on their families and careers as teachers, doctors, police officers, managers, artists, politicians, farmers, etc. because there are soldiers defending the country they live in, the freedom granted to them by the U.S. Constitution, and their entire way of life. In many ways, the world can be viewed as a dangerous and unforgivable place. Though, the entire world is not surrounded by darkness. It takes people willing to sacrifice everything they have in life to protect the innocent people of the world and ensure they are not consumed by terrorist organizations, nuclear attacks, and total war.

Is it true that the immense sacrifices and lives of soldiers and veterans truly mean so little to the civilian world? So little that we just brush off the death, homelessness, and pain of veterans as normal? I do not think so. Soldiers give and give to the civilian world. Often times civilians may forget or never truly understand what a soldier does to keep them safe in their attempt to make the world a better, less dangerous place. It is easy to not concern oneself with such large-scale matters when we all have problems in our own lives constantly demanding our attention. There are many distractions in today's world and within every single person's life.

However, it is important people take the time to acknowledge the sacrifices soldiers make in their honor. It requires more than just thanking a veteran on Veteran's Day once a year.

Veterans need help, love, and support from their families and their communities. Who are we to deprive them of that and turn our backs on them in their time of need after everything they have given up for us?

The difficulties soldiers and veterans face do not have to be for nothing. The journeys soldiers and veterans endure do not have to be undergone alone. There are many ways civilians can show their support of veterans when they reintegrate back into society. Veterans have given their all, and it is understandable why many of them find themselves in less than favorable circumstances when returning to the civilian world. I once had an officer try to explain the difficulties he was currently facing with reintegration in a very simple, somewhat comical sentence. He asked me a rhetorical question, mostly because there was no answer I could give. He said, "How am I supposed to go from spending 20 years fighting to protect the civilians of Iraq and Syria, to my greatest concern being the price of kale at Kroger?" I think this question illustrates the vast difference in many of the challenges soldiers face on a daily basis compared to some of the daily challenges we may experience on the civilian side. Obviously, there are greater challenges civilians face than finances or grocery shopping, but I think it helps put into perspective how much we truly take for granted. Many veterans have witnessed and shared the experience of second and third world countries and find it difficult to even be present in some of the conversations civilians have on a daily basis. We as Americans are lucky to have as much freedom as we have, and it is important we do not lose site of who to thank for that.

The time is upon us in which our country must be called upon to unite and show our true support of veterans who have bravely fought for our freedom all of these years. Soldiers are courageous people of initiative and are taught to act, especially when faced with a situation involving a person in need. A soldier does not have to know a person to choose to help them,

and often times does not. A soldier has the willingness and selflessness to do what needs to be done to save another person solely because that have dedicated their lives to protecting, defending, and serving others. It is time for all Americans to dig deep like their soldier comrades and find the wiliness to do what needs to be done to save the veterans around them. It is time to set other challenges and distractions aside and make an active choice to help those in need, especially the veterans who deserve our continuous gratitude and support through out the duration of their lives.



## References

American Psychological Association. (2017). Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).

Asrani, S. K., Devarbhavi, H., Eaton, J., & Kamath, P. S. (2019). Burden of liver diseases in the world. *Journal of Hepatology*, 70(1), 151–171.

Brown, W. et al. (2013). The Perfect Storm: Veterans, culture, and the criminal justice system. *Justice Policy Journal*, 10(2), 1-44.

"Casualty Status: Operation Inherent Resolve, Operation Freedom's Sentinel, and Operation New Dawn." Defense Casualty Analysis System. Accessed April 14, 2023.

Department of Defense. (2021). Demographics: Profile of the Military Community.

Department of Defense. (2020). Department of Defense Suicide Event Report (DoDSER): Calendar year 2020 annual report.

Department of Veterans Affairs. (2020). National veteran population: Profile and trends, 2018.

Elnitsky, C. and Kilmer, R. Facilitating Reintegration for Military Service Personnel, Veterans and Their Families: An Introduction to the Special Issue. *American Journal of Orthopsychiatry*, 7(2), 109-113.

- Fischer, E. et al. (2015). Perspective of Family and Veterans on Family Programs to Support Reintegration of Returning Veterans With Posttraumatic Stress Disorder. *Psychological Services, 12*(3), 187-198.
- Gros, Daniel et al. (2019). Relations between post-deployment divorce/separation and deployment and post-deployment stressors, social support, and symptomatology in Veterans with combat-related PTSD symptoms. *Journal of Military, Veteran and Family Health, 5*(2), 125-135.
- Johnson, K., & Kim, M. (2018). Volunteering among veterans: the role of social connectedness in promoting well-being. *Journal of Community Psychology, 46*(5), 573-585.
- Khan, A. et al. (2020). How do gender and military sexual trauma impact PTSD symptoms in cognitive processing therapy and prolonged exposure? *Journal of Psychiatric Research, 130*, 89-96.
- Kukla, M et al. (2015). Mixed methods study examining work reintegration experiences from perspectives of Veterans with mental health disorders. *Journal of Rehabilitation Research and Development, 52*(4), 477-491.
- Leonard, K. E., & Homish, G. G. (2008). Predictors of heavy drinking and drinking problems over the first 4 years of marriage. *Journal of Studies on Alcohol and Drugs, 69*(3), 369–379.
- Levy, B. and Sidel, V. (2009). Health Effects of Combat: A Life-Course Perspective. *Annual Review of Public Health, 30*, 123-136.

- Liu, C. F., Manning, W. G., Burgess, J. F., Jr., Fortney, J. C., & Perkins, M. M. (2015).  
Veterans' health status and use of health care: Do women differ from men? *Journal of  
Disability Policy Studies*, 26(4), 216–227
- Maguire, A. et al. (2022). Veteran families with complex needs: a qualitative study of the  
veterans' support system. *BMC Health Services Research*, 22, 74.
- Mattson, E. et al. (2018). Personality Factors and Their Impact on PTSD and Post-traumatic  
Growth is Mediated by Coping Style Among OIF/OEF Veterans. *Military Medicine*,  
183(9-10), 475-480.
- National Institute of Mental Health. (2021). Major Depression. [nimh.nih.gov/health/  
statistics/major-depression.shtml](https://www.nimh.nih.gov/health/statistics/major-depression.shtml).
- National Low Income Housing Coalition. (2021). Veterans.
- National Institute on Drug Abuse. (2020). Tobacco, nicotine, and e-cigarettes.
- Poulsen, D. et al. (2018). "That Guy, Is He Really Sick At All?" An Analysis of How  
Veterans PTSD Experience Natural-Based Therapy. *Healthcare*, 6(2), 64.
- Ray, S. and Vanstone, M. (2009). The impact of PTSD on veteran's family relationships: An  
interpretive phenomenological inquiry. *International Journal of Nursing Studies*, 46, 838-  
847.
- Resnik, L et al. (2012). Issues in defining and measuring community reintegration:  
Proceedings of the Working Group on Community Reintegration, VA Rehabilitation  
Outcomes Conference, Miami, Florida. *Journal of Rehabilitation Research and*

*Development*, 49, 87-100.

Rosenbloom, M. J., Sullivan, E. V., & Pfefferbaum, A. (2017). Focus on the prefrontal cortex in memory function and alcohol use disorder: Critical topics for future research. *Alcohol and Alcoholism*, 52(4), 463–466.

Rozanov, V. and Vladimir, C. (2012). Suicide Among War Veterans. *International Journal of Environmental Research and Public Health*, 9, 2504-2519.

Ryder, A. et al. (2018). PTSD and Physical Health. *Current Psychiatry Reports*, 20(116), 1-8.

Sayer, N. et al. (2010). Reintegration Problems and Treatment Interests Among Iraq and Afghanistan Combat Veterans Receiving VA Medical Care. *Psychiatric Services*, 61(6), 589-597.

Sayer, N. et al. (2011). Military to Civilian Questionnaire: A Measure of Post deployment Community Reintegration Difficulty Among Veterans Using Department of Veterans Affairs Medical Care. *Journal of Traumatic Stress*, 24(6), 660-670.

Schuckit, M.A. and Monteiro, M.G. (1988), Alcoholism, Anxiety and Depression. *British Journal of Addiction*, 83: 1373-1380.

Shiner, B. et al. (2018). Measuring Use of Evidence-Based Psychotherapy for PTSD in VA Residential Treatment Settings with Clinical Survey and Electronic Medical Record Templates. *Military Medicine*, 183(9-10), 539-546.

Spelman, J. et al. (2012). Post Deployment Care for Returning Combat Veterans. *Journal of*

*General Internal Medicine*, 27, 1200-1209.

Til, L et al. (2013). Work Reintegration for Veterans with Mental Disorders: A Systematic Literature Review to Inform Research. *Physical Therapy*, 93(9), 1163-1174.

U.S. Department of Veterans Affairs. (2021). 2021 Benefits Annual Report.

U.S. Department of Veterans Affairs. (2021). National veteran suicide prevention annual report, 2021.

U.S. Department of Veterans Affairs. (2021). Veterans unemployment rate.

U.S. Department of Veterans Affairs. (2021). Annual Benefits Report FY 2020.

U.S. Department of Veterans Affairs. (2021). Substance use problems in veterans: Substance use disorder (SUD).

U.S. Department of Housing and Urban Development. (2021). The 2020 annual homeless assessment report (AHAR) to congress, part 1: Point-in-time estimates of homelessness.

U.S. Department of Veterans Affairs. (2018). Health care utilization among veterans and nonveterans in the United States. National Center for Veterans Analysis and Statistics.

Wells, T. S., et al. (2010). A prospective study of depression following combat deployment in support of the wars in Iraq and Afghanistan. *American Journal of Public Health*, 100(1), 90-99.

Zalta, A. et al. (2018). Evaluating patterns and predictors of symptom change during a three-week intensive outpatient treatment for veterans with PTSD. *BMC Psychiatry*, 18(242), 1-15.