



VETS HELPING VETS SINCE 1974

COMBAT *to* COMMUNITY

VETERAN CULTURAL AWARENESS TRAINING

swords-to-plowshares.org

combattocommunity.org

Land Acknowledgement

“We humbly do this work in Ohlone nation, the original caretakers and stewards of love and respect for the land. The Muwekma Ohlone Tribe of the San Francisco Bay Area continues this beautiful legacy. For more information about their work, please visit www.MUWEKMA.org.

We understand we do this work with the contradiction that we are in occupied territory and after the massacre of Ohlone peoples, with western definitions of political borders. With more conviction, we are determined to educate students to decolonize and deconstruct, making social justice work through relationship building and staying true to a way of life that involves ‘To All My Relations’.”

WHAT WILL I LEARN?

KEY POINTS

- ⇒ Military experience and military training
- ⇒ Combat experience
- ⇒ BATTLEMIND
- ⇒ Military and combat-related issues
- ⇒ Services
- ⇒ De-escalation and grounding techniques



VETS HELPING VETS SINCE 1974



Housing: Permanent Supportive, Transitional & SSVF



Health and Social Services



Employment and Job Training



Legal Services



Policy and Community Education

UNITED STATES ARMED FORCES

- The Army, Marine Corps, Navy and Air Force fall under the jurisdiction of the Department of Defense (DOD).
- The Coast Guard reports to the Department of Homeland Security during peacetime and to the DOD (by way of the Navy) during wartime.
- All five branches have an Active Duty and Reserve component. Only the Army and Air Force have National Guard components.



WHAT MAKES SERVICE MEMBERS IN THE NATIONAL GUARD DIFFERENT FROM OTHER COMPONENTS?

Members of the Guard tend to be older and have more responsibilities “outside” military service.

They do not have the same military support as active-duty service members do.



Elements of Military Culture

chain of command

following orders

routine and structure

what happens when this is gone?

aggression

faster, harder, louder, meaner

respect

for authority and for oneself

strength

not asking for help

honor

used to being trusted

LIFE CYCLE OF MILITARY ENLISTMENT

Enlist

**Basic
training**

**Advanced
training**

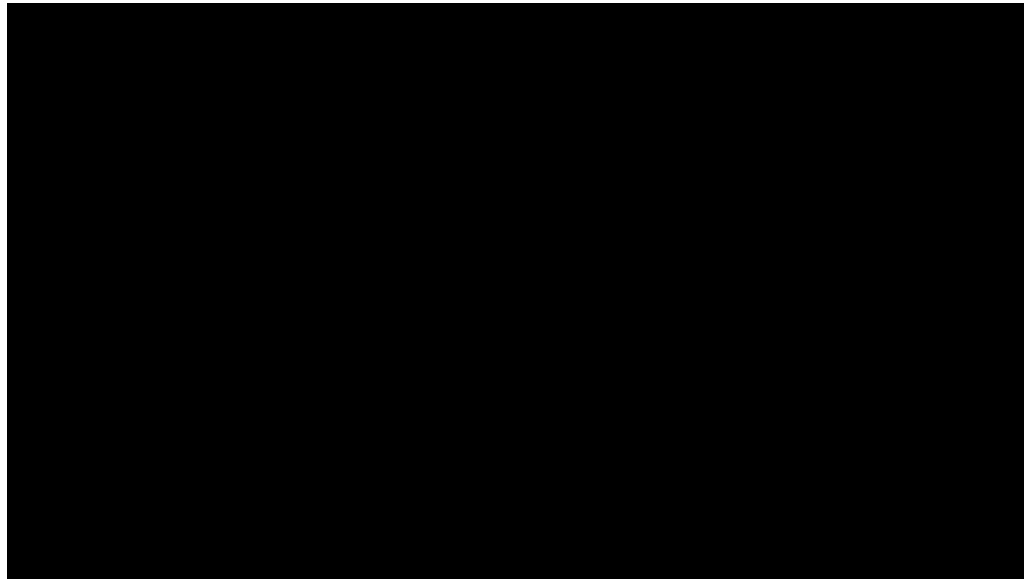
**Assignment
to unit**

Deployment

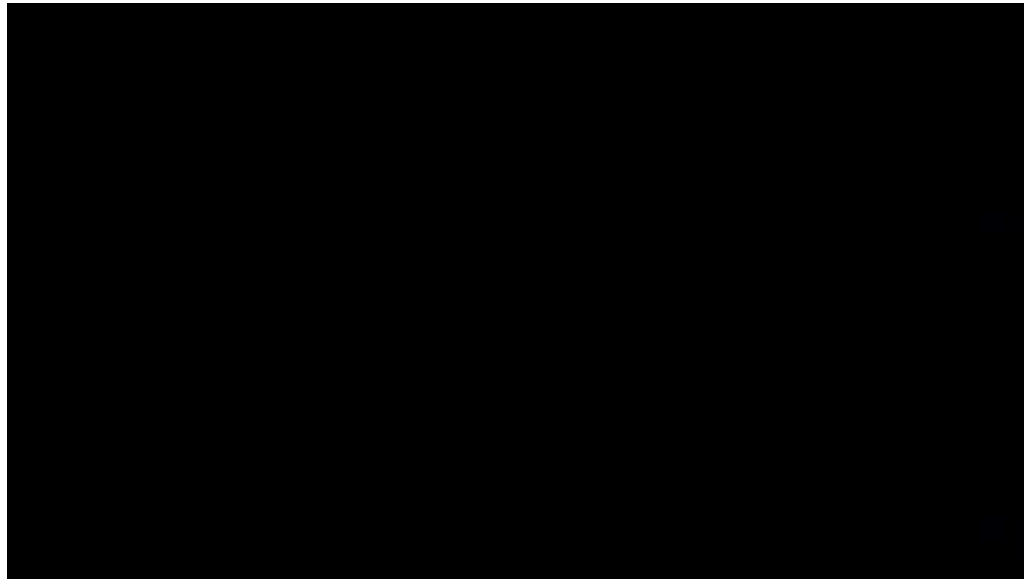
EAOS

Exit military/re-enlist

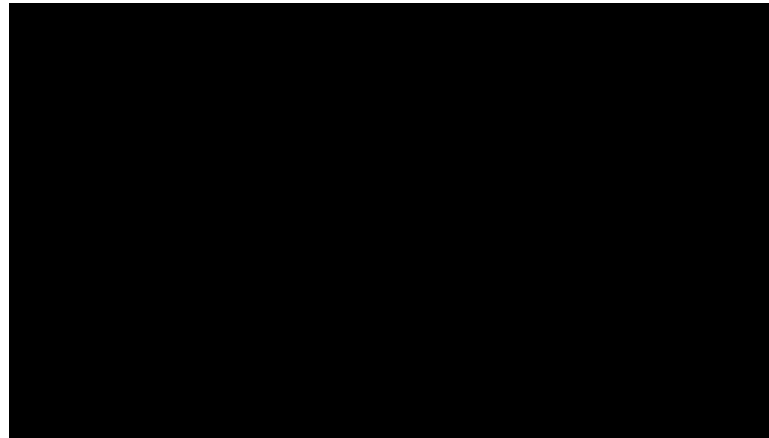
BASIC TRAINING



ADVANCED TRAINING



JOB-RELATED TRAINING



OPERATIONS



MISCONCEPTION: Everyone who was in the military self-identifies as a **VETERAN**

STEREOTYPES ABOUT THE VETERAN POPULATION

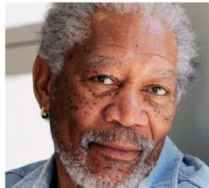
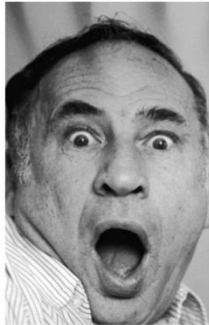
- All veterans are in crisis.
- All veterans have served in combat.
- All veterans have access to the Department of Veterans Affairs (VA) healthcare.



IDENTIFY A VETERAN



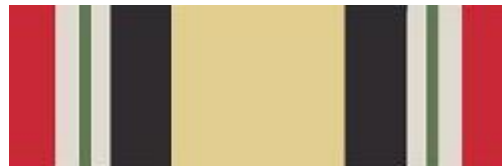
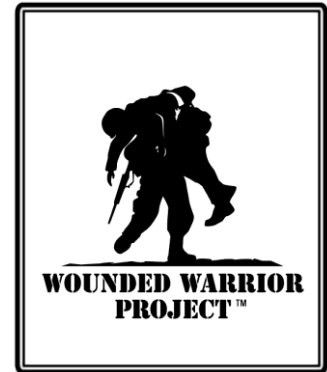
IDENTIFY A VETERAN



IDENTIFY A VETERAN



IDENTIFY A VETERAN



IDENTIFY A VETERAN





IDENTIFY A VETERAN

- Acronyms
- Military-related jargon
- Phonetic alphabet
- Cursing/swearing

IDENTIFY A VETERAN





HOW MANY IRAQ AND AFGHANISTAN VETERANS ARE THERE?

- Over 2.8 million men and women have been deployed since September 2001.
- Forty percent have been deployed more than once.
- Almost two million Iraq and Afghanistan veterans are currently separated from the military, and 60 percent have obtained VA healthcare.

MILITARY OPERATIONS OTHER THAN WAR (MOOTW)

focus on deterring war, resolving conflict, promoting peace, and supporting civil authorities in response to domestic crises.



MOOTW VIDEO



HOW ARE THE CURRENT CONFLICTS DIFFERENT FROM PRIOR CONFLICTS?

- Multiple deployments.
- Lengthier deployments.
- 360 degrees of fighting (no “front” lines).
- Urban combat with no clear enemy.
- Changed roles of women in combat.



THE COMBAT EXPERIENCE

CONTENT WARNING: GRAPHIC CONTENT DEPICTING SCENES OF WAR



THE COMBAT EXPERIENCE



BATTLEMIND



**HOW TO
COMMUNICATE**



DRIVING



**WHAT YOU
DO TO
SURVIVE**



**FEELING
SECURE**



**ACCEPTABLE
BEHAVIOR**



**VIGILANCE,
CONSTANTLY ON
ALERT**

BUDDIES (COHESION) VS. WITHDRAWAL

COMBAT: No one understands your experience except your buddies who were there.



HOME: Re-establishing bonds with family and friends that have changed takes time.

ACCOUNTABILITY VS. CONTROL

COMBAT: Maintaining control of weapon and gear is necessary for survival.



HOME: May become angry when someone moves or messes with your stuff.

TARGETED VS. INAPPROPRIATE AGGRESSION

COMBAT: Service members make split second decisions that are lethal in a highly ambiguous environment.



HOME: Overreactions, aggressiveness, assault, snapping at family, buddies or colleagues.

TACTICAL AWARENESS VS. HYPER-VIGILANCE

COMBAT: Survival depends on being aware of your surroundings at all times.



HOME: May feel anxious in large groups or situations where you feel confined.

EMOTIONAL CONTROL VS. ANGER/DETACHMENT

COMBAT:

Controlling emotions is critical for mission success.



HOME: Flat affect.
No emotions. May seem cold, uncaring, detached.

MISSION/OPERATIONAL SECURITY VS. SECRETIVENESS

COMBAT: Talking about the mission only with those who need to know.



HOME: Avoid sharing their deployment experiences with significant other.

MISSION ACCOMPLISHMENT VS. FAILURE

COMBAT: Taught never to give up; win at all costs.



HOME: Difficult to accept situations that are out of one's control and/or defeat.

INDIVIDUAL RESPONSIBILITY VS. GUILT

COMBAT:

Responsibility is to survive and do your best to keep your buddies alive.



HOME: May feel you have failed your buddies if they were killed or seriously injured.

LETHALLY ARMED VS. UNARMED

COMBAT: Carrying your weapon at all times was mandatory and necessary.



HOME: Feeling the need to have weapons on you, in your home and/or car at all times.

NON-DEFENSIVE VS. DEFENSIVE DRIVING

COMBAT:

Unpredictable, rapid lane changes, straddling middle line, keeping vehicles at a distance.



HOME: Aggressive driving leads to speeding tickets, accidents, fatalities.

COMBAT DRIVING

CONTENT WARNING: GRAPHIC CONTENT DEPICTING SCENES OF WAR



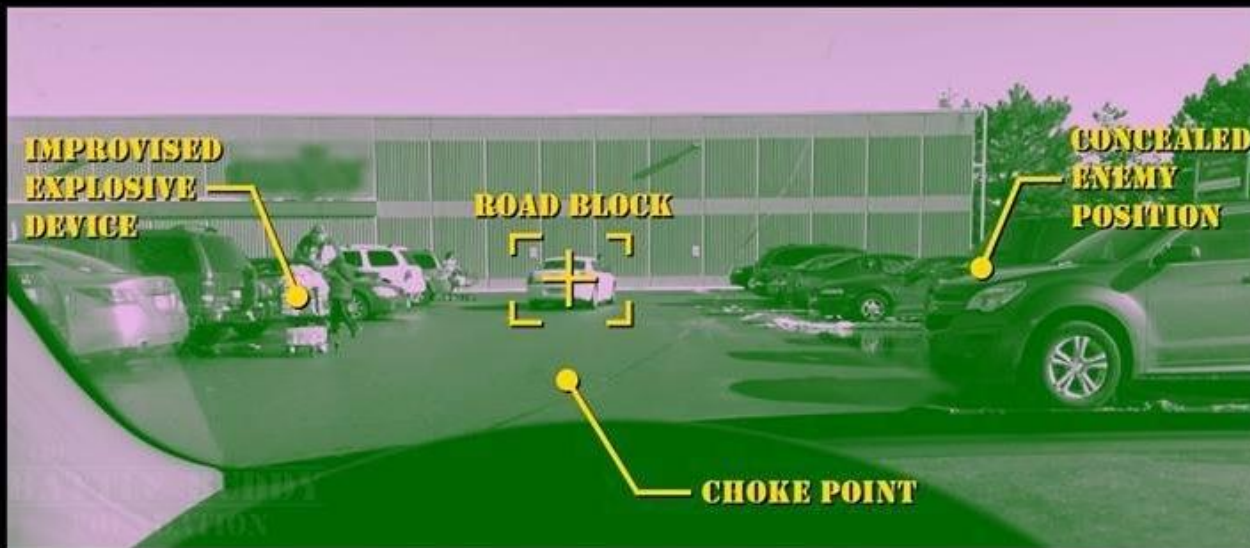
COMBAT DRIVING

**PARKING:
THROUGH THE EYES OF A VETERAN**



WHAT IT LOOKS LIKE

COMBAT DRIVING



WHAT IT FEELS LIKE

THE
BATTLE BUDDY
FOUNDATION

MILITARY-RELATED STRESS AND INJURIES

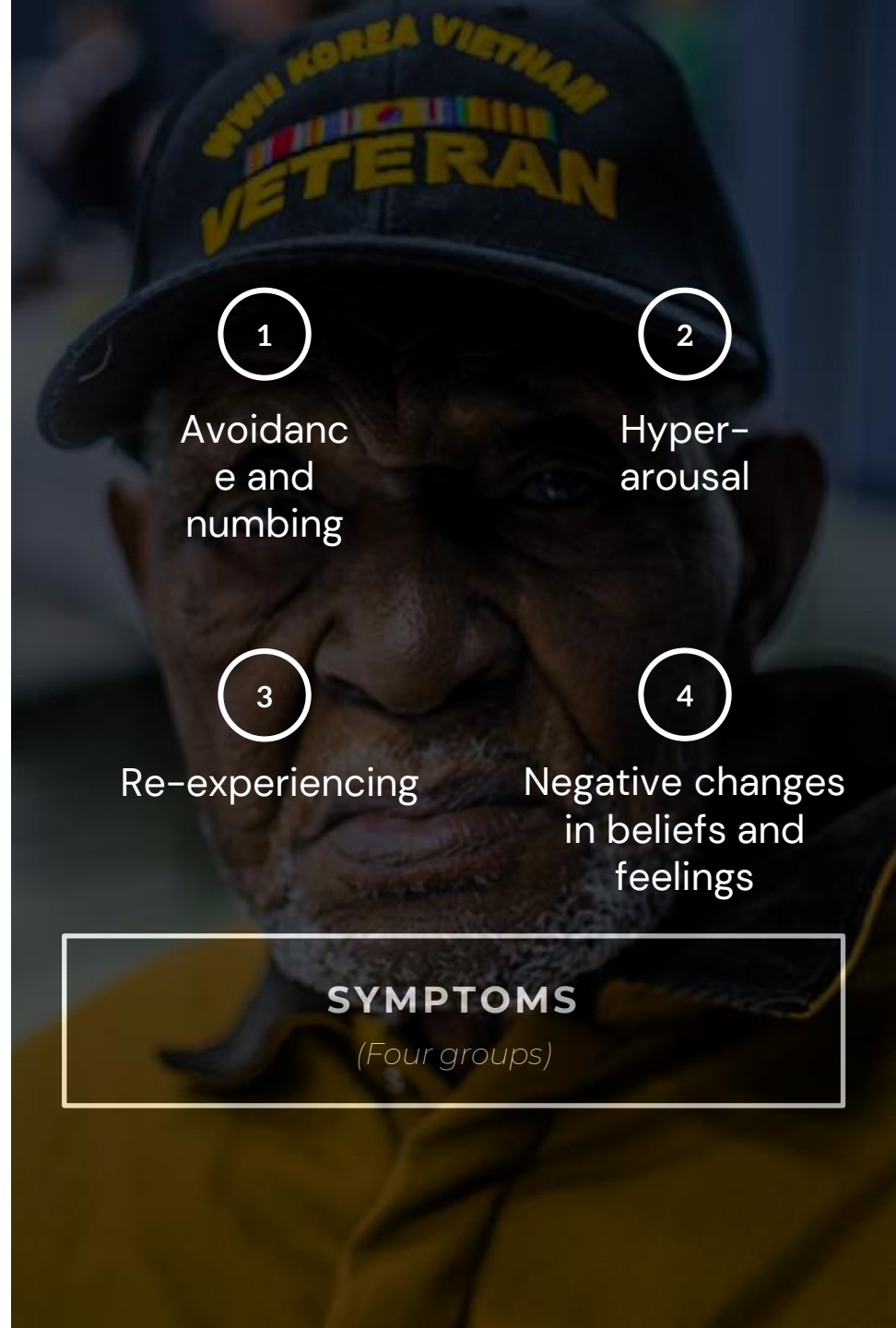
- Physical injuries including musculoskeletal, paralysis, amputation, burns and blindness
- Post-traumatic stress disorder (PTSD)
- Traumatic brain injury (TBI)
- Military sexual trauma (MST)
- Alcohol and/or substance abuse
- Depression/suicide



RECOGNIZING PTSD

Exposure to a traumatic event.

- Experienced, witnessed or was confronted by death or serious injury.
- Experienced intense fear, helplessness or horror.



1

Avoidance and numbing

2

Hyperarousal

3

Re-experiencing

4

Negative changes in beliefs and feelings

SYMPTOMS

(Four groups)

MORAL INJURY

TRAUMA RELATED TO CONTRADICTIONS OF MORAL BELIEFS

- Commits or witnesses an action that goes against their moral beliefs.
- May feel guilt, shame, disgust, or anger regarding events.

HOW MORAL INJURY AND PTSD RELATE

1. Both have a similar origin, rooted in a potentially life-threatening or harmful events.
2. PTSD has symptoms that aren't central to Moral Injury, you can meet the eligibility for moral injury and not PTSD.
3. Treating PTSD can potentially help Moral Injury, but not always.

SUBSTANCE USE DISORDERS (SUD)



- **1 in 5** veterans has a SUD.
- **10%** of OIF/OEF/OND have an alcohol or drug use problem.
- **22%** of Vietnam veterans are said to have been drug dependent at some point.
- **1** out of every **3** veterans seeking treatment for SUD also has PTSD.
- TBI is linked to substance use, and substance use is **four times more common** among women with TBI than men.

A person's hands are shown holding a pen over a document, with a teal overlay. The text is overlaid on this image.

METHAMPHETAMINE IS NOT AS PERVASIVE A PROBLEM

as alcohol, but there are still significant numbers of veterans affected.

The drug releases a wave of adrenaline and dopamine in the brain, mimicking exposure to combat and other stress-inducing environments.

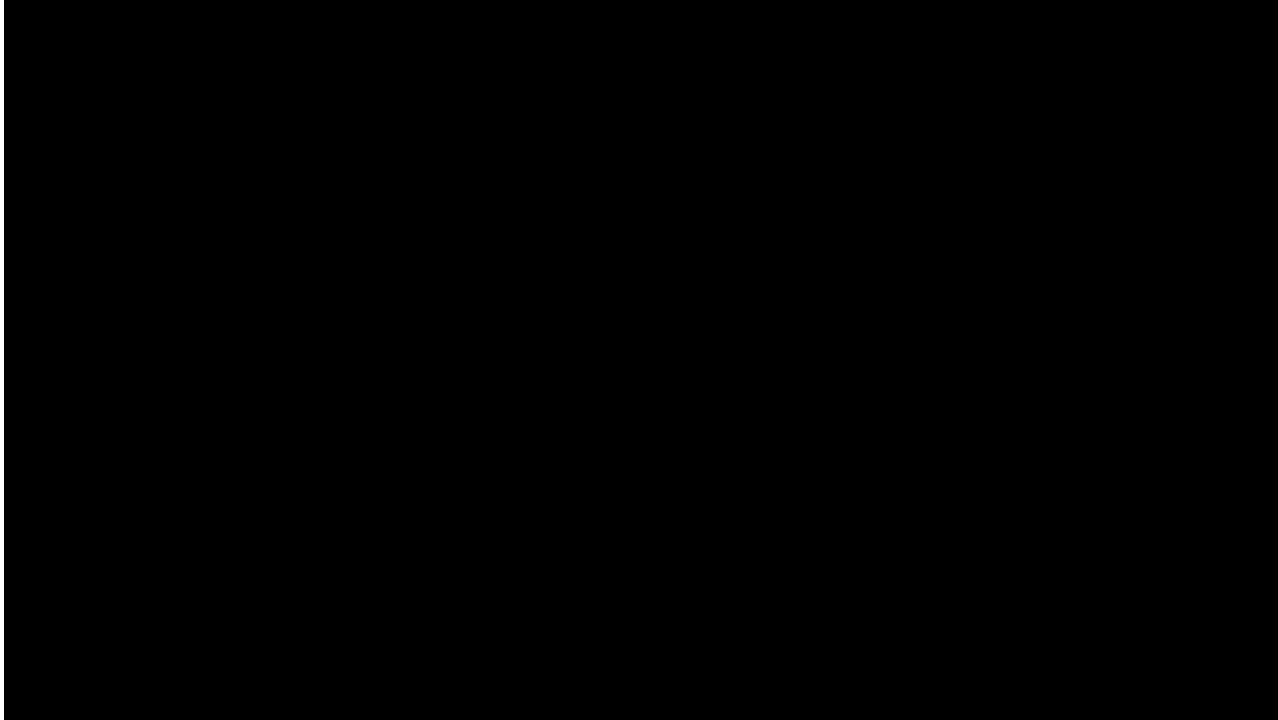
Negative mental effects from chronic use can be similar to PTSD.

TRAUMATIC BRAIN INJURY



- Since 2000, over 430,000 service members have been diagnosed with a traumatic brain injury.
- Slightly more than half of the injuries in the Iraq and Afghanistan wars are due to blasts.
- 12 percent of Vietnam-related combat casualties were TBIs.
- Symptoms of TBI may mimic alcohol use.

TRAUMATIC BRAIN INJURY



VIOLENCE & INCARCERATION:

Often learned military tactics such as hyper-vigilance and rapid response to threatening encounters may translate to **aggressiveness, impulsivity, and potential for violence in the civilian community.**

- Military trauma, PTSD, and TBI have been linked with criminal justice involvement.
- There are an estimated 181,500 veterans incarcerated in prisons and jails.

MILITARY SEXUAL TRAUMA

Military sexual trauma (MST) refers to both sexual harassment and sexual assault that occurs in military settings.

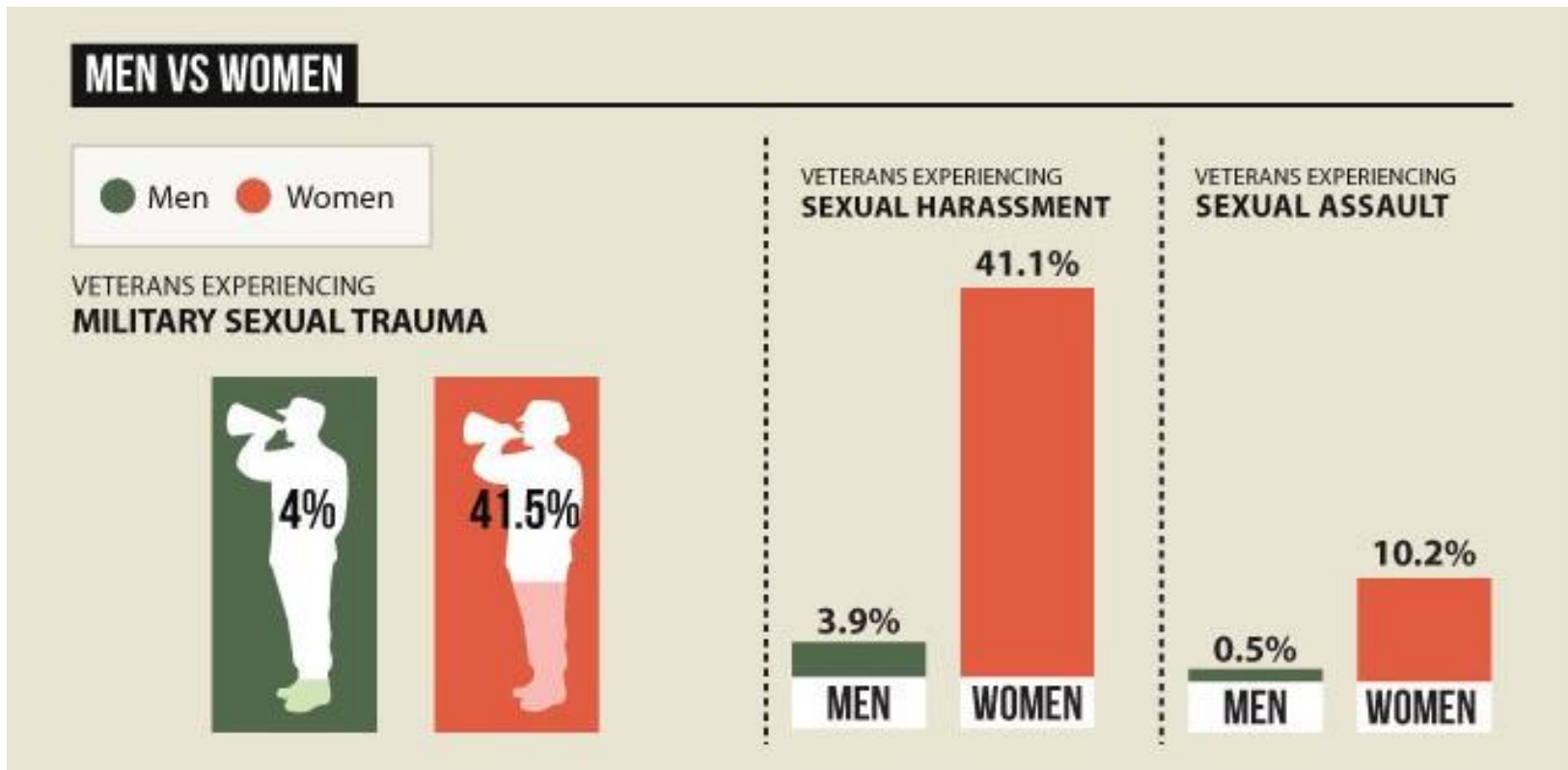
It often goes unreported due to stigma and fear of potential loss of military career. Only one in four assaults are actually reported.

Sexual assault has a larger impact on PTSD symptomatology than any other trauma, including combat exposure.

MILITARY SEXUAL TRAUMA

is not just a women's issue.

The number of men who have experienced MST is higher, while the *percentage of women* who have experienced MST is much higher.



THE VA HAS CONFIRMED 18 VETERANS DIE BY SUICIDE PER DAY.

- Veterans outside of VA care (who are either not enrolled or haven't received care in the past two years) represent 11 of the 18 suicides per day.
- Vietnam and WWII veterans have greater odds of suicidal ideation than other veterans.
- Most veterans who die by suicide did not serve in combat.

https://www.hsrd.research.va.gov/publications/vets_perspectives/1020-Gender-Differences-in-the-Development-of-Suicidal-Behavior.cfm

UNHOUSED VETERANS



- **37,252** veterans have experienced homelessness in 2020, a 50 percent decline since 2010.
- Black veterans comprise one-third of veterans experiencing homelessness, yet only 12 percent of the veteran population.
- **California** has the highest rates of homeless and accounts for 31 percent of all homeless veterans in the US.

DE-ESCALATE

Def: Whenever possible, **REDUCE** the intensity of a conflict



INTENSITY OF EMOTIONS

Fear ♦ Anger ♦ Sadness ♦ Helplessness

ACTIVE LISTENING

The act of mindfully hearing and attempting to comprehend the meaning of words spoken by another in a conversation or speech.

1. **Mirroring**
2. **Paraphrasing**
3. **Emotional Labeling**
4. **Summarizing**

REMEMBER:
SAFETY FIRST!

SUPPLEMENTAL ACTIVE LISTENING SKILLS

EFFECTIVE PAUSES: Deliberate silence before or after a comment by the counselor.

MINIMAL ENCOURAGERS: Verbal and non-verbal signs to the subject the counselor is being attentive to what is being said or experienced. Verbal examples include “yes”, “continue”, “okay”, and “right”. Non-verbal examples include nodding the head, leaning forward, or watching the individual’s face/eyes/mouth.

OPEN-ENDED QUESTIONS: Prompts the individual to expand upon concerns, ideas, perspectives/perceptions, and encourages clarification. Do not limit questions to yes or no responses.

DEFER JUDGEMENT: Interrupting frustrates the speaker and limits full understanding of the message. Allow the speaker to finish each point before asking questions and do not interrupt with counter arguments.

MOTIVATIONAL INTERVIEWING

Directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

Focused and goal-directed.

EXAMPLES OF MOTIVATIONAL INTERVIEWING QUESTIONS:

Do you mind if we talk about [insert behavior]?

Can we talk a bit about your [insert behavior]?

I noticed on your medical history that you have hypertension, do mind if we talk about how different lifestyles affect hypertension?



IF A VETERAN IS
NON-COMPLIANT,
PREOCCUPIED AND
AGITATED, A
GROUNDING
TECHNIQUE CAN
KEEP THEM PAYING
ATTENTION TO YOU.

EMPATHY

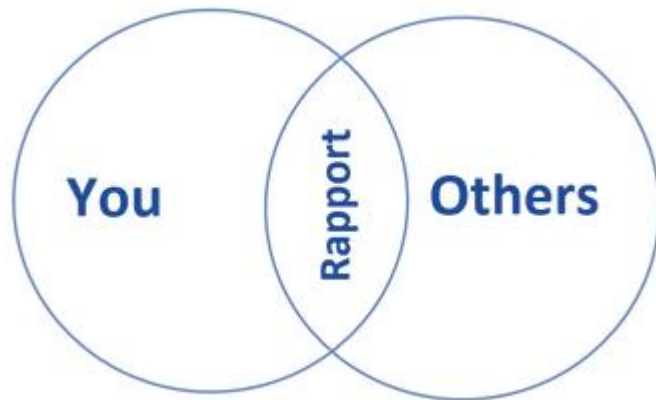
The natural byproduct of effective active listening. It expresses emotion, demeanor, and a degree of sincerity.

Implies an identification and understanding of another's situation, feelings, and motives.

Requires proper tone. This indicates attitude and genuineness through tone, volume, and cadence.

Seeks to understand, then to be understood.

RAPPORT



- Creates trust and mutual like-mindedness.
- Once empathy is established, rapport develops and the individual is in a better position to listen to the provider.
- Themes are created (explain, justify, mitigate).
- Defensive mechanisms explored (rationalization).
- Minimizations occur (downplaying negative behavior by individual).
- Blending concepts (reduce real or perceived differences—find common ground).

HELPING VETERANS

build rapport

- "welcome home"
- "how can I help you?"

connect to resources

- "were you in the US Armed Forces?"
- "are you enrolled in the VA?"

ask factual, logical questions

- "how long have you been home?"
- "what did you do in the military?"

avoid "judging" statements & questions

- "how many people did you kill?"
- "what do you think of the war?"
- "thank you for your service"

VA HOTLINES

VETERANS CRISIS LINE

800-273-8255

800-273-TALK

Text: 838255

COMBAT CALL CENTER

877-927-8387

877-WAR-VETS

WOMEN VETERANS CALL CENTER

855-829-6636

855-VA-WOMEN



OAKLAND RESOURCES

Oakland Vet Center

7700 Edgewater Drive, No. 125
Oakland, CA 94621
(510) 562-7906 or (877) 927-8387

County Veteran Service Office

6955 Foothill Boulevard, Suite 300
Oakland, CA 94605
(510) 577-1926

San Francisco Division of VA Health Care System

4150 Clement Street
San Francisco, CA 94121
(415) 221-4810

<https://www.va.gov/directory/guide/allstate.asp> or Google "VA Facilities"

VA RESOURCES

Department of Veterans Affairs Medical Centers (VAMCs): These are commonly called VA Hospitals. VAMCs are where the most comprehensive care for veterans are located.

Vet Centers: Vet Centers across the country provide a broad range of counseling, outreach and referral services to combat veterans and their families. Services for a veteran may include individual and group counseling in areas such as post-traumatic stress disorder (PTSD), alcohol and drug assessment and suicide prevention referrals. All services are free of cost and are strictly confidential.

County VSOs: VSOs are accredited and certified professionals who are experts in veteran law. Each county in CA has at least one county VSO in addition to the independent veteran service organizations.

OPCs: Outpatient Clinics offer primary care, laboratory, physical rehabilitation, nutrition and food service and radiology services to the veterans it serves. Specialty clinics include dental, ENT, gastroenterology, optometry, prosthetics, pulmonary rheumatology and spinal cord.

CBOCs: The VA currently has over 800 Community-Based Outpatient Clinics (CBOC). VHA implemented these clinics to make access to healthcare easier. These clinics provide the most common outpatient services, including health and wellness visits, without the hassle of visiting a larger medical center.

**www.va.gov/directory/guide/home.asp?isflash=1
Or Google “VA facilities” and this will pop up first**

TOOLBOX.VET

Toolbox.vet, a new curriculum for providers and advocates will launch on May 17.

Toolbox.vet will feature an audiobook, podcasts, and insights from veterans woven throughout its content.



THANK YOU FOR YOUR ATTENDANCE



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