

A MAGAZINE FOR THE BRAIN INJURY COMMUNITY

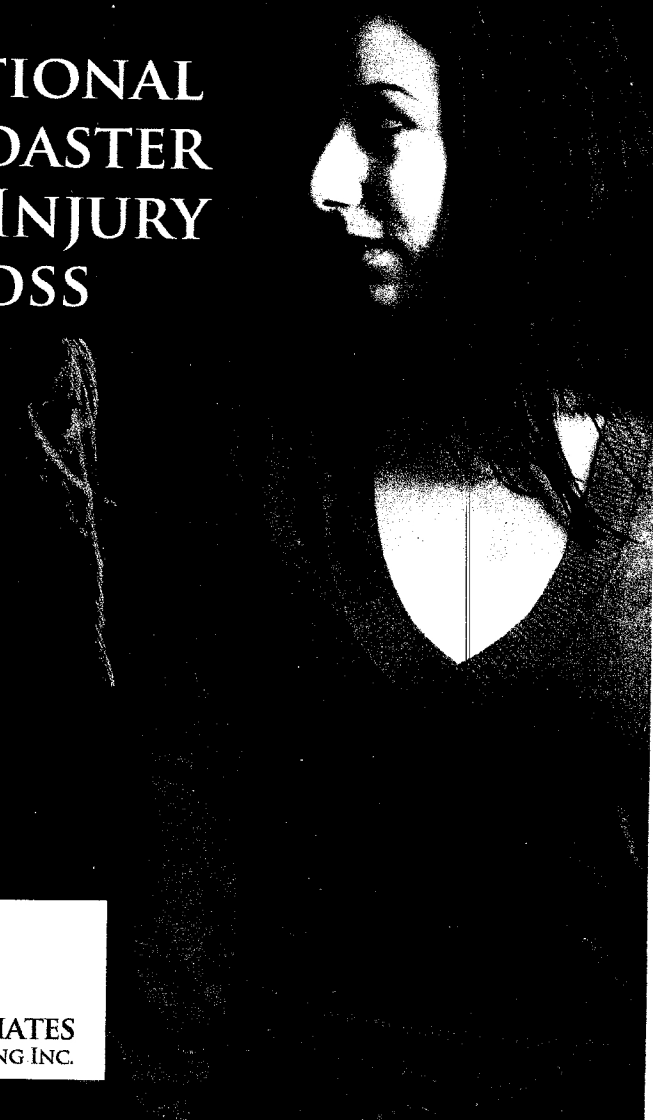
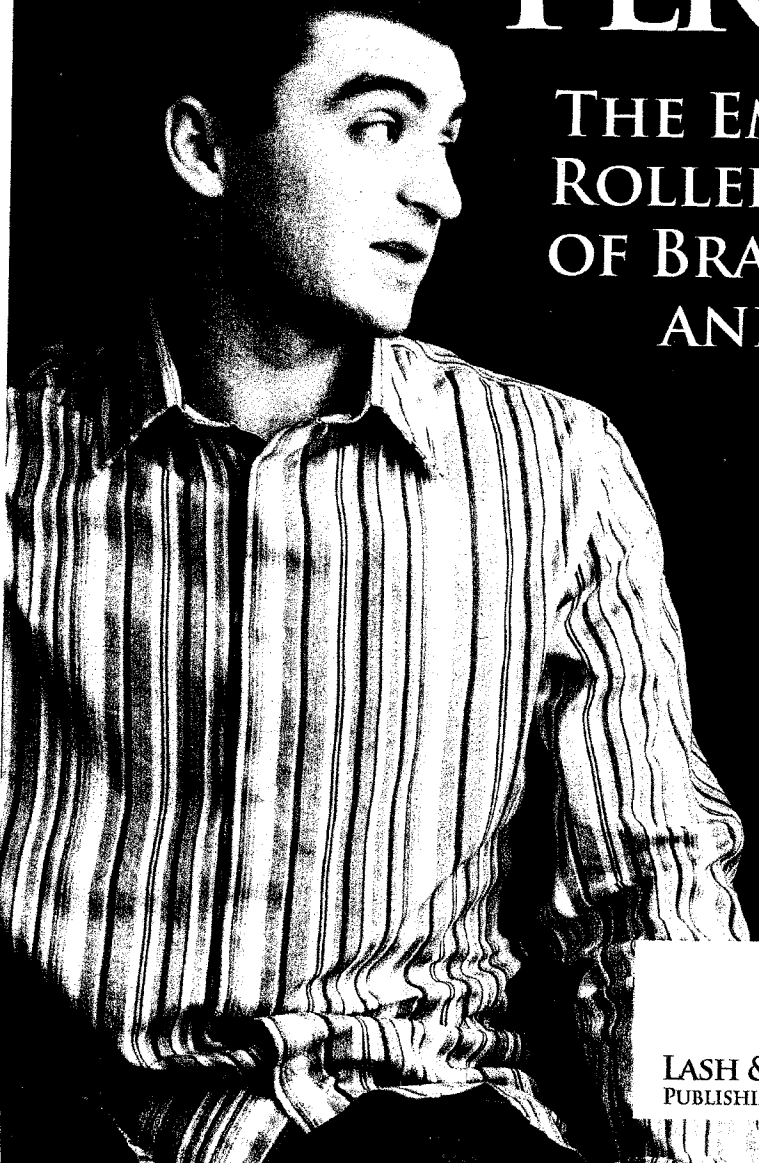
# BRAIN INJURY JOURNEY

Hope, Help, Healing

ISSUE 5 WINTER 2014

## WHO IS THIS PERSON?

THE EMOTIONAL  
ROLLER COASTER  
OF BRAIN INJURY  
AND LOSS



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# VETERAN VOICES

## MILITARY WOMEN COPING WITH PTSD

by Barbara Stahura, CJF

More than 200,000 women make up nearly 15% of the U.S. Armed Forces. They serve in the same dangerous areas and face the same risks as men, despite not yet being officially allowed in combat. Just like the men, large numbers of the women also sustain brain injuries and post-traumatic stress disorder. Yet media coverage of these injured women is sparse, compared to coverage devoted to injured men, and they often face different issues with these conditions. So I interviewed two women veterans about living with PTSD.



Kathy Platoni, Psy.D., COL (Retired), U.S. Army served for 34 years as an Army/Army Reserve clinical psychologist. For the last six years of her military career, she was the chief psychologist for the Army Reserve, until military budget cuts recently forced her into retirement. She served four tours, stateside during the Gulf War, Joint Task Force Guantanamo Bay where she commanded a small combat stress control detachment, then Iraq, and lastly, Afghanistan. "I loved being a soldier and serving my country," she said. "This is the most noble of deeds that anyone could be asked to perform."

She also saw combat many times in Iraq and Afghanistan, since "if you're in the war zone, you'll be in combat." Today, she is in private practice in Ohio, and many of her patients are veterans of Vietnam, Operation Iraqi Freedom, and Operation Enduring Freedom, including active duty personnel and their families.

Platoni is in treatment for PTSD, which she says occurred first from "long-standing toxic leadership and incompetent commands. I was brutalized because of rank, professional jealousy, and standing up for my soldiers

when they were terribly wronged and abused." She is also a survivor of the Ft. Hood Massacre, the aftermath of which she says was "badly mismanaged," resulting in "rampant PTSD."

Having PTSD herself has given her credibility with patients and helps her to better understand and empathize with them. In her experience, women and men handle their PTSD differently.

## WOMEN'S EXPERIENCE OF PTSD

"Women are more likely to be symptomatic because they're not afraid to show their feelings," she says, "but they are more afraid to come forward for treatment, since they have to work so much harder than the men to be respected. They don't like to be seen as needing help because they are more readily perceived as weak and not belonging in the military."



Women with PTSD who are mothers also have issues that men do not. Because PTSD often results in psychic numbing, some women have great difficulty experiencing emotion, which distances them from their children. "This exacerbates the problem to an extraordinary degree," she says.

It's important for military women with PTSD to find a trusted therapist, preferably a woman who also served in combat and who understands military sexual assault, which, sadly, is prevalent in today's military. Platoni is impressed with the treatment she receives at her local Vet Center and recommends looking into treatment at one of the many centers around the country. They are staffed by veterans of both genders, making them uniquely qualified to treat the needs of war veterans, men and women alike.

(<http://www.womenshealth.va.gov/WOMENSHEALTH/trauma.asp>)

## MILITARY SEXUAL TRAUMA AND PTSD

More than thirty years ago, Sharon Robino-West was



Sharon Robino-West



Kathy Platoni

raped by a fellow Marine while she was serving in the Marine Corps. Yet except for two Marine friends who were like brothers to her, she told no one at the time. (Her friends also did nothing.) That was the culture of the U.S. military at that time—and sadly, it is often still the culture today. The rape brought on PTSD, which she lived with for three decades. She finally revealed the rape and went into treatment only long after leaving the service.

The latest Pentagon report says that 26,000 service members—men and women—have experienced unwanted sexual contact of some form from a fellow service member in the past year. The type of contact ranged from harassment and crude behavior to rape. This number is up 35% from 2010. A huge question is how many did not report?

Despite ongoing attention from the Pentagon over the last several years, the problem of military sexual trauma (MST) has not abated. According to Robino-West, who is now a peer support specialist at Women's Center for Advancement in Omaha, Nebraska (<http://www.wcaomaha.org>), it is not uncommon for the perpetrators to commit serial rapes. Yet this issue "is continually swept under the rug, and a very common response is to tell the woman she has a personality disorder and to give her a less than honorable discharge. This allows the military to be a breeding ground for the serial perpetrators."

The PTSD that results from MST is similar to that resulting from combat horrors, she says. After the assault, she was always hypervigilant and would not go anywhere that might trigger the PTSD. Her trauma worsened after the attack when she discovered that her attacker had been sentenced to Leavenworth for ten years for another rape. She felt guilt for the other victim, wondering if this Marine would have been stopped had she reported her rape when it happened. Later, she married a Marine who seemed safe, but he became violent with her, and she left.

Today, she is undergoing exposure therapy, which

requires much retelling of the story of the trauma until it loses its emotional power. It's painful, but it's working, so she continues.

## PTSD AND THE BRAIN

She explains that PTSD has physical and chemical affects on the brain, leading some researchers to say that PTSD is one type of brain injury. This is an important claim, since brain injury tends to receive more attention and respect than "emotional" PTSD.

She became a peer support specialist in order to help other veterans, and later, women who have experienced MST. Women in the military are a "grossly under-served population," she says, and it's important that society recognizes this fact.

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"I never knew I could speak openly about this," she says, "but if I reach one person every time I talk about it...I want it to be the thing I overcame and help

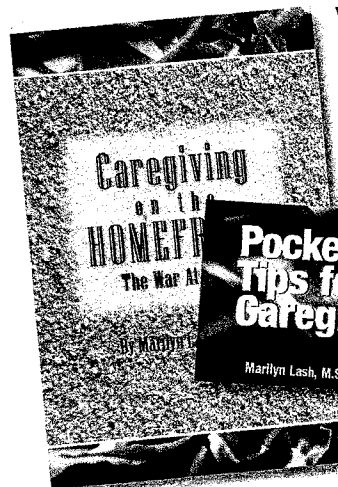


others overcome and not be the victim."

*Barbara Stahura, certified journal facilitator, is editor of Brain Injury Journey. <http://www.barbarastahura.com>*

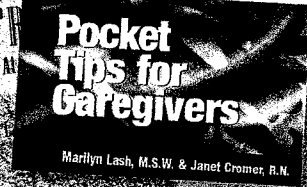
## Fight the effects of caregiving & compassion fatigue

Caregiving on the Homefront: The War at Home  
Marilyn Lash, M.S.W.



Women caring for spouses injured in combat face a new war on the homefront as service member and veterans return home with PTSD or TBI. This booklet describes the effects of caregiving on marriages and children with suggestions for recognizing compassion fatigue, grieving losses, managing stress, and developing coping skills.

Item: CHFV,  
Price: \$7.50



Pocket Tips for  
Caregivers

A pocket guide for  
caregivers gives  
suggestions and

strategies for coping with the stress, responsibilities and demands of caregiving. Section I covers Taking Care of the Caregiver and Section II has tips for helping with cognitive, emotional and behavioral changes. Wives and other women caring for wounded service members and veterans will find this especially helpful.

Item: PTCA Price: \$7.50

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