



Why Veterans May Not Seek and/or Resist Help

❑ **Military Sexual Trauma**

- Afraid or embarrassed
- Fear of retribution
- “No one will believe me”
- Fear of being branded
- “Did not know who I could tell”

Contact the Military Sexual Trauma Coordinator

Find a good-fitting advocate

❑ **Feels others need help more than he/she**

- Warriors are more likely to believe other veterans are more in need of help than themselves

❑ **Believes there is a high likelihood that any PTS-related admission/prescription drug use will be shared with DOD/others**

- Thus affecting their civilian eligibility to obtain a secret/top secret clearance: hurting job prospects; losing their right to possess firearms

❑ **The Veterans Administration (VA) has earned its reputation as being a “red tape” institution**

❑ **Being told there is no such thing as PTS**

- Official DOD reports contain references to: faking it; depressed; lying about his/her circumstances; if he had PTS, he would have reported it to someone

❑ **Admitting to a personal problem while in the service requires the veteran to consider these possible outcomes**

- Stigma

Fears their peers will view them as weak

- Warrior training is to show no weakness
- Early dismissal by the military since they will be viewed as being a “potential problem”
- Likely to hurt their chances for promotions and special assignments

Disclaimer: The focus of the information contained in the pamphlet is educational and not a treatment plan and, there are no guarantees that the information contained in this document or our online videos (www.communityvetsproject.org) will be effective. Every person with PTS/TBI may have unique challenges that are outside the realm of this effort. Please seek prompt, professional help as necessary.

- ❑ **Counselors may be treating the symptom of excessive drinking/drug use, not the underlying reason(s) as to why the veteran (PTS/TBI sufferer) is self-medicating**
 - Professionals treat the surface issues and not the underlying cause, “His memory will return when he stops drinking”
 - “Try these prescription medications....”

- ❑ **Belief that VA has ineffective treatment systems**
 - VA does not assign a single doctor to each veteran
 - Doctors are rotated causing a strong belief the doctors are “not listening” to the veterans
 - Limited time with doctors lessens the chance veteran will share his/her personal information with a rotation doctor

- ❑ **Like VA doctors, VA counselors may rotate**

- ❑ **Treatment-by-prescription seems to be favored over non-prescription alternatives**

- ❑ **VA Rules**
 - Only VA doctors allowed to diagnosis PTS/TBI
 - Will not accept outside MD diagnosis of PTS/TBI
 - Failure to adequately diagnose closed-brain TBI cases
 - PTS and/or TBI may go under-diagnosed or completely missed by VA healthcare personnel
 - PTS misidentified as a generic “personality disorder”

- ❑ **VA is inflexible**
 - PTS counseling services are limited to Monday to Friday schedules at set daytime hours and must be attended 100% for a multi-month period of time
 - The VA attendance rule is incompatible with veterans’ full-time employment that requires working Monday to Friday with daytime work hours
 - Where are the weekend and nighttime PTS classes?

- ❑ **Sensation or fact that the VA system may not treat the veteran and/or their family respectfully**

- ❑ **Military/civilian employer did not consider that PTS could be a contributing factor to his/her previously satisfactory work performance**

- ❑ **During Honorable Discharge exit interview, after two tours and seven years of service, one soldier explained that he was having trouble with sleeping and coping problems**
 - Army personnel would not document the information; instead, advised him to seek VA treatment upon return to civilian life

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- ❑ **Being told that only combat veterans can experience PTS**
- ❑ **Veterans may be closed-minded to most treatments—it is especially challenging when they say, “I do not, will not trust a civilian ever”**
- ❑ **Even after the veteran slashed his wrists, mom could not convince her son’s VA medical doctor to believe that that behavior was in need of immediate, involuntary commitment**
 - The doctor appeared to dismiss the matter by stating something similar to, “I don’t talk to family members”
 - Two weeks later, the veteran fired a handgun and the round grazed his head
- ❑ **When a service member did seek help from a military counselor, he was questioned in a manner that strongly suggested he was “trying to get out of the service”**
 - The service member never returned for additional therapy and continued on, untreated, to his second tour
- ❑ **Sometimes VA counselors and medical doctors are not combat-experienced veterans**
 - Misguided or not, there is a strong mistrust of non-combat VA personnel
 - Veterans’ feelings and recollections about war are very personal and not easily shared—“especially to others who cannot possibly comprehend what it’s like to see, smell, taste, and feel the components of battle”
 - Veterans’ deeper fears include being judged, second-guessed, or treated other than honorably by staff
- ❑ **VA paperwork and pamphlets contain too much reading material that easily overwhelms PTS/TBI sufferers**
 - The VA will take messages, but it will be days or longer before calls are returned

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