

## **Post Traumatic Stress Disorder With Respect to Combat Exposure: A Study on Army Veterans**

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### **ABSTRACT**

The Post Traumatic Stress Disorder (PTSD) is an anxiety disorder occurs due to the sudden exposure of traumatic event in one's life. The research study is mainly focused on assessing the presence of PTSD and security and insecurity among Indian veterans with the help of security and insecurity test and trauma assessment test. The data of 250 army veterans is collected in the study, out of which 125 were the ones who had been in the war front compared with 125 working at the back office. The statistical data is analysed with the help of t-test. The present research study evaluate the post traumatic stress among the army veterans at war front and at the back office as well as the security and insecurity level in the both group included in the present data. The outcome of this analysis does support the other relevant findings that there is certain amount of risk factor involved in triggering mental disorder like PTSD in the army men at the war front as compared to veterans working at the back office. The significant difference is revealed by this study with the help of t-test. More research is needed to bring the risk of developing PTSD in army men working for internal and external security of the country to light.

**Key Words** : Post Traumatic Stress Disorder, Army Veterans.

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Post traumatic Stress Disorder (PTSD) is a prevalent psychological disorder, believed to be triggered by some kind of sudden traumatic incident; an extremely shocking, traumatic or life threatening event, encountered or have been experienced by an individual. PTSD was first recognized in army veterans in 1970 by Herman Judith et al, while diagnosing US army who participated in the war against Vietnam. Veterans with PTSD are likely to have problems with their spouse or family, difficulty in connecting emotionally, face problem with their jobs, insecurity, and difficulty in relating with civilian foods. Although army does provides training in order to prepare soldiers to face the trauma of war but during actual exposure the killing and uncertainties may take a different meaning. The survival guilt is also common among veterans in military

combat, veterans injured or wounded in a combat has nearly four times greater risk of developing PTSD as compared to those not injured or wounded.

Military personnel are more likely to develop PTSD than others due to the dangerous nature of their job which involves high risk to their and their colleagues' life. They are more likely to face horrific and gruesome situations which regular people do not have to go through on regular basis. There are many events that can cause PTSD in a veteran like death of a friend or acquaintance, physical injury caused in a combat, witnessing gruesome effect or after affects of a war, being part of a combat, witnessing the loss of civilians etc.

Security and Insecurity level of army veterans include family security, school security, security in peer group, study context security, prospective context security, test context security, self context security, and existence context security. The study conducted by Burke et al. (2009) shows that the behaviour such as domestic violence and child abuse directly affects the families of veterans with PTSD

Thomas et al. (2010) observed that 20% to 30% war veterans who were exposed to violent combat developed PTSD as compared to other veterans. The veterans with more violent combat exposure were at increased risk of PTSD and are more likely to have severe symptoms. Schlenger et al. (2002) found that veterans who were exposed to a traumatic event at younger age were at high risk of developing PTSD than their older counterparts. Seal et al. (2007) revealed that 56% of war veterans were diagnosed with mental health disorders; most prevalent was the post traumatic stress disorder.

Another study conducted by Jakupcak, Cook et al. (2009) stated that veterans diagnosed with PTSD are four times as likely to report suicidal ideation as compared to their peers without PTSD. The study conducted by Pietrzak, Goldstein et al. (2009) mentioned that veterans experienced PTSD are more likely to report problems with their spouse or family, difficulty connecting emotionally with others, problems with their jobs, insecurity in their finances, having difficulty relating to civilian friends and difficulty in living both the worlds.

Priebe et al. (2000) stated that if post traumatic stress disorder developed due to war, in veterans, left untreated, it becomes chronic and the quality of life is also affected. Sharpless and Barber et al. (2011) mentioned that the veterans with PTSD have co-occurring disorder and psychosocial disorder as well. Burnam et

al. (2010) found that veterans who screened positive for post traumatic stress disorder were four times more likely to report suicide related thoughts than veterans without the disorder. In, a resrarch study by Calhoun, Beckhalm et al. in, (2002) has worked on studying the impact of PTSD and the relationship of people which has revealed that there is a due to PTSD, there is a pervasive effects on marital adjustment, family relationship as well the mental health of partners and children's. Sayers, Farrow et al. (2009) revealed that children of veterans with post traumatic stress disorder can experience social, emotional and behavioural problems and secondary trauma as compared to children of veterans without post traumatic stress disorder. Frayne et al. (2010) showed that veterans with PTSD were more likely to have chances of several medical conditions and complications as compared to other peer veterans.

Novaco, Swanson et al. (2012) found anger to be associated with impairments in mental health, physical health, psychosocial functioning, combat exposure and symptoms of PTSD and depression among 3,528 OEF/OIF soldiers post deployment. Mayao et al. (2013) concluded that non officers and military personnel were more likely to diagnose with PTSD because of their increased combat exposure. Xue et al. (2015) conducted a study and found several risk factors that are associated with combat related PTSD among military personnel and veterans. Adler, Castro et al. (2001) found that the soldiers involved in non-traditional combat duties such as handling dead bodies and disarming civilians are also at greater risk for subsequent emotional problems.

## **OBJECTIVE**

1. To study the PTSD faced by army veterans who were at the war front.

2. To study the PTSD faced by army veterans in combatants.
3. To study the PTSD in war and combatant veterans.
4. To study the security and insecurity level of army veterans.
5. To compare the security and insecurity level of army veterans in war front and at back office.

**HYPOTHESIS**

1. There is a significant difference of PTSD in the army veterans working at war front and combatants during combat exposure.
2. There is a significant difference of security and insecurity in the army veterans working at war front and combatants during combat exposure.

**SAMPLE SELECTION**

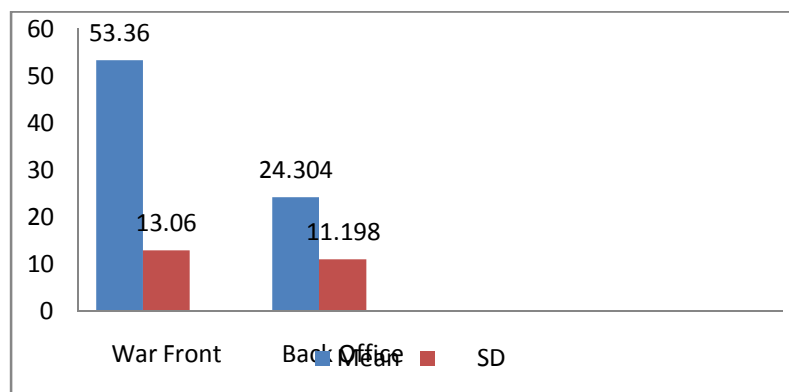
The sample for the current study was selected by using stratified random sampling. A total of 250 army veterans were selected in the study, out of which 125 were the ones who had been in the war front and 125 were those who were working at the back office.

**RESULTS**

*Table 1*

*Mean, SD and t-value of army veterans working at war front and at back office on Trauma*

S.No.	Army Veterans	Mean	SD	t-test
1	War Front	53.36	13.06	18.9*
2	Back Office	24.304	11.198	



**TOOLS USED**

**The Trauma Assessment Scale:** This scale is proposed by Dr. Janki Moorjani, Dr. Manika Mohan Saxena and Dr. Lovely Goyal in Jaipur. There are 45 items are in this scale. There are two parts in this scale- Part A consists of 20 statements and Part B has 25 statements. This is a self administered test. Instructions are clearly written on the test in Hindi. Each item has 5 alternatives for Part A and 3 alternatives for Part B. It takes 15-30 minutes to complete the test.

**Security Insecurity Scale:** This scale is developed by Prof. Beena Shah of Bareilly. It consists of 8 parts- A,B,C,D,E,F,G,H representing family security, school security, security in peer group, study context security, prospective context security, test context security, self context security, existence context security. There are 75 statements in this scale. There are three alternative choices for every item- Always, Sometimes and Never. The subject has to choose only one alternative. The statements nos. 16, 19, 27, 30, 32, 39, 41 and 43 are positive statements whereas the remaining statements are negative in nature.

Table 1 showing the result of trauma assessment of the army veterans working at war front as well as at back office. The mean score for army veterans working at war front and at back office are 53.36 and 24.304 respectively. Also the standard

deviation of army veterans working at war front and at back office are 13.06 and 11.198 respectively. The value of ‘t’ came out to be 18.9 which is significant at 0.01 and 0.05 level.

**Table 2**  
**Mean SD and t- value of army veterans working at war front and at back office on Security/Insecurity**

S.No.	Army Veterans	Mean	SD	t – value
1	War Front	110.048	8.949	16.7*
2	Back Office	76.04	21.378	

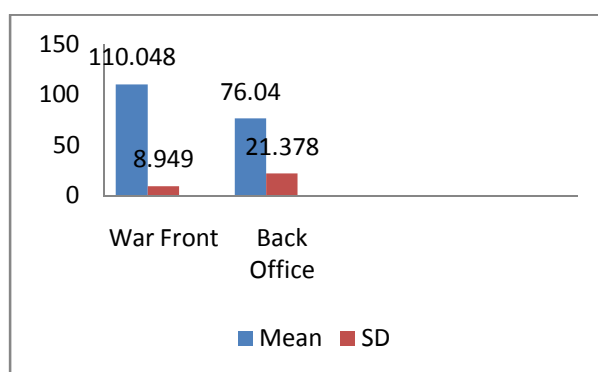


Table 2 showing the results of security-insecurity test of the army veterans working at the war front as well as at back office. The mean score for army veterans working at war front and at back office are 110.048 and 76.04 respectively. Also the standard deviation of army veterans working at war front and at back office are 8.949 and 21.378 respectively. The value of ‘t’ came out to be 16.7 which is significant at 0.01 and 0.05 level.

**DISCUSSION**

According to the present findings, army veterans at war front differed significantly on Trauma level and Security-Insecurity level from army veterans at back offices. The study conducted by Pietrzak, Goldstein et al. (2009) mentioned that veterans experienced PTSD are more likely to report problems with their spouse or family, difficulty connecting emotionally with others, problems with

their jobs, insecurity in their finances, having difficulty relating to civilian friends and difficulty in maintaining social life. Similar results are found in this study as revealed by security-insecurity test used for the research. In another study done by Thomas et al. (2010) 20% to 30% war veterans who were exposed to violent combat developed PTSD as compared to other veterans. The veterans with more violent combat exposure were at increased risk of PTSD and are more likely to have severe symptoms. Similar results are observed in this study as measured by trauma assessment scale. Calhoun, Beckhalm et al. (2002) examined the effect of PTSD on intimate relationship reveals severe and pervasive effects on marital adjustment, general family functioning and the mental health of partners and children’s. Sayers, Farrow et al. (2009) revealed that children of veterans with post traumatic stress disorder can experience

social, emotional and behavioural problems and secondary trauma as compared to children of veterans without post traumatic stress disorder. Frayne et al. (2010) showed that veterans with PTSD were more likely to have chances of several medical conditions and complications as compared to other peer veterans. The present study also highlights these findings and observed similar results.

Hence the research study shows that the veterans working at the active war zone have higher risk of developing PTSD than those who work at office. Even the significant difference is found in their personal and professional life. However, higher degree of contrast is found between the veterans because of the nature of their work.

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