

# Navigating the Impact of Adverse Childhood Experiences and Military Trauma as it Relates to Veteran Homelessness

Presented by

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# Amber Morson



Amber Morson has over 20 years of experience in the social services and mental health arena advocating for and arranging services to traditionally underserved populations. In both community and residential treatment facilities, Amber has extensive experience working with families experiencing homelessness and those at-risk of homelessness.

In her prior roles as a Social Services Program Administrator, Casework Manager, and Probation Officer she has supervised and provided direct services to justice involved individuals, at-risk youth and families, and survivors of domestic and sexual abuse. She has ample experience in program development, generating policy and procedures, and overseeing grant programs. Amber also played a key role in the establishment of a Drug Court and a Reentry Court as well working across agencies to develop a Regionalized Offender Program. Amber has a degree in Sociology and Women's Studies.



# AB Bustos, MPH



AB Bustos, MPH is a proud U.S. Army Veteran, having served eight years as a Combat Medic with two deployments to Iraq (2004-2005, 2009-2010). While in the military he had the unique opportunity to serve as a subject-matter expert for ABC World News in the realm of Servicemember Policy and Equality. AB then went on to obtain his graduate degree in Public Health with a specialization in Epidemiology.

AB is dedicated to serving fellow veterans and prior to joining TVC was a Case Manager and Healthcare Navigator in Caritas of Austin's Supportive Services for Veteran Families (SSVF) Program as well as the Secretary of the Staff Advisory Council. AB is passionate about providing advocacy and training on veteran-specific needs to various stakeholders including the VA on topics including cultural competency and inclusive healthcare services. He has additional public service experience as an AmeriCorps VISTA for the City of Austin's HIV Prevention Program and as the City's Ebola Task Force Coordinator during the 2015 Ebola Outbreak.



# Don Hipp, MA, LPC-S, LCCA



Don Hipp, LPC-S, is a Texas Veterans Commission Mental Health Provider Training Manager. Don is a native of the Dallas, Tx area, and as a young man, he served in the US Navy for four years and completed five years in the active Navy reserves and got out as a 2nd Class Petty Officer.

After his military service, he completed his Masters' degree in counseling and obtained his LPC license and then his LPC-S. He then pursued work with at-risk youth in a residential setting and now has over 20 years of experience in trauma informed care, crisis management, and counseling training. He is married and has four lovely daughters. In his free time, he likes reading, exercising, and playing the classical guitar.





# Trigger Warning

The content of this training will include topics that may be difficult for some to discuss. We will do our best to make this training a space where we can engage, with difficult content, empathetically and thoughtfully.

Suicide Prevention Hotline 988



# Background of Adverse Childhood Experiences (ACE)

- Kaiser Permanente and Center for Disease Control (CDC) conducted the ACE study
- The largest study ever done to examine the health and social effects of adverse childhood experiences
- (>17,000 participants)<sup>1</sup>



# ACEs in the Context of Veterans

- Examining the profound impact of adverse childhood experiences (ACEs) in military veterans reveals an untold story of resilience and vulnerability. As servicemembers face unique challenges of returning to civilian life this understanding becomes increasingly paramount.
- This presentation delves into the far-reaching consequences of ACEs shedding light on the importance of effective intervention and support in veterans and their families.



# ACEs Definition



- Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood.
- ACEs can include
  - Violence
  - Abuse
  - Growing up in a family with mental health or substance use problems





# ACE Question Categories

## Two Kinds of **Neglect**

- Emotional
- Physical

## Three Kinds of **Abuse**

- Sexual
- Physical
- Emotional

## Five Kinds of Household **Dysfunction**

- Parents divorced or separated
- Witnessing a mother or stepmother being treated violently
- A household member addicted to alcohol or other drugs
- A household member suicidal or mentally ill
- A household member in jail



# Prevalence of ACEs



## Veteran Population

- Department of Veterans Affairs (VA) found that 85.0% of participating veterans reported experiencing at least one category of ACE before the age of 18
- Nearly half of veteran participants (46.0%) reported experiencing four or more categories <sup>2</sup>

## General Population

- The prevalence of Adverse Childhood Experiences (ACEs) in the general population is 58.4% in North America
- 16% have 4 or more types of ACEs <sup>3</sup>



# ACEs Utilization

ACEs ARE **NOT** DIAGNOSTIC TOOLS, NOR ARE THEY PREDICTORS ON A PERSONAL LEVEL

ACES ARE A **HISTORY TAKING TOOL** AND **COMMUNICATION TOOL** THAT OPENS UP THE DOOR TO ***TALK*** ABOUT DIFFICULT LIFE EXPERIENCES



# Higher ACEs Scores Among Veterans

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## Contributing Factors

- Differences in ACEs lend preliminary support that enlistment may serve as an escape from adversity in a stressful home environment <sup>4</sup>
- Women veterans are more likely than non-veteran women to have experienced both childhood household dysfunction and abuse <sup>5</sup>





# Healthy Soldier Effect

- Veteran Women did not report increased mental and physical health issues than non-veteran women <sup>5</sup>

## WHY?

- Self-Efficacy – The intentional act of joining the military to escape a neglectful home builds resiliency <sup>5</sup>



# How Do ACEs Happen?



“Trauma” is relative: what is traumatic depends upon our vulnerability

Because children are so dependent on their caretakers for survival and safety, they are vulnerable to traumatization by:

- Frightened and frightening caregiving
- Neglect, separation, abandonment
- Exposure to witnessing violence
- Threatening words and behavior
- Secondary effects of parental PTSD
- Death or loss of a parent or parent figure





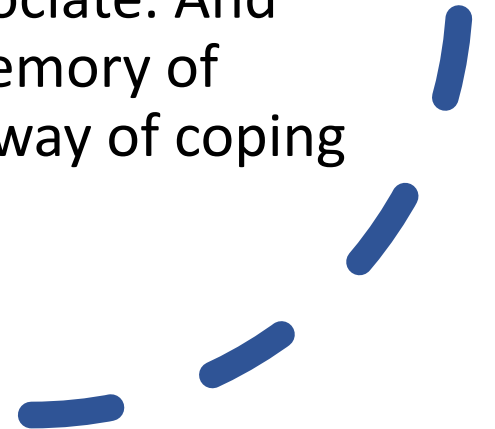
Coping with inescapable stress when fight or flight is not an option.

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# No Fight, No Flight

- Our nervous system braces for danger in moments of high stress/terror, we enter fight/flight, we get ready to flee to safety or stand and fight.
- But if we can do neither, if escape seems impossible because we are children growing up trapped by our own size and dependency, then we freeze, withdraw, shut down.
- We remain present physically but absent psychically and emotionally, we withdraw or dissociate. And our nervous system holds onto the memory of this response, and it can become our way of coping with fear.





# Profound Impact of ACEs on Mental Health & Well-Being

Compared to persons with an ACE score of 0, those with an ACE score of 4 or more were:

- 10–12x greater risk for intravenous drug use and attempted suicide
- 2–3x greater risk for developing heart disease and cancer
- 32x more likely to have learning and behavioral problems
- 8 of 10 leading cause of deaths in the U.S. correlate with exposure to  $\geq 4$  ACEs <sup>6</sup>



# ACEs Do Not Occur in Isolation

- 65% of adults have experienced at least 1 Adverse Childhood Experience
- If 1 ACE is present, there is 80% likelihood of another <sup>7</sup>

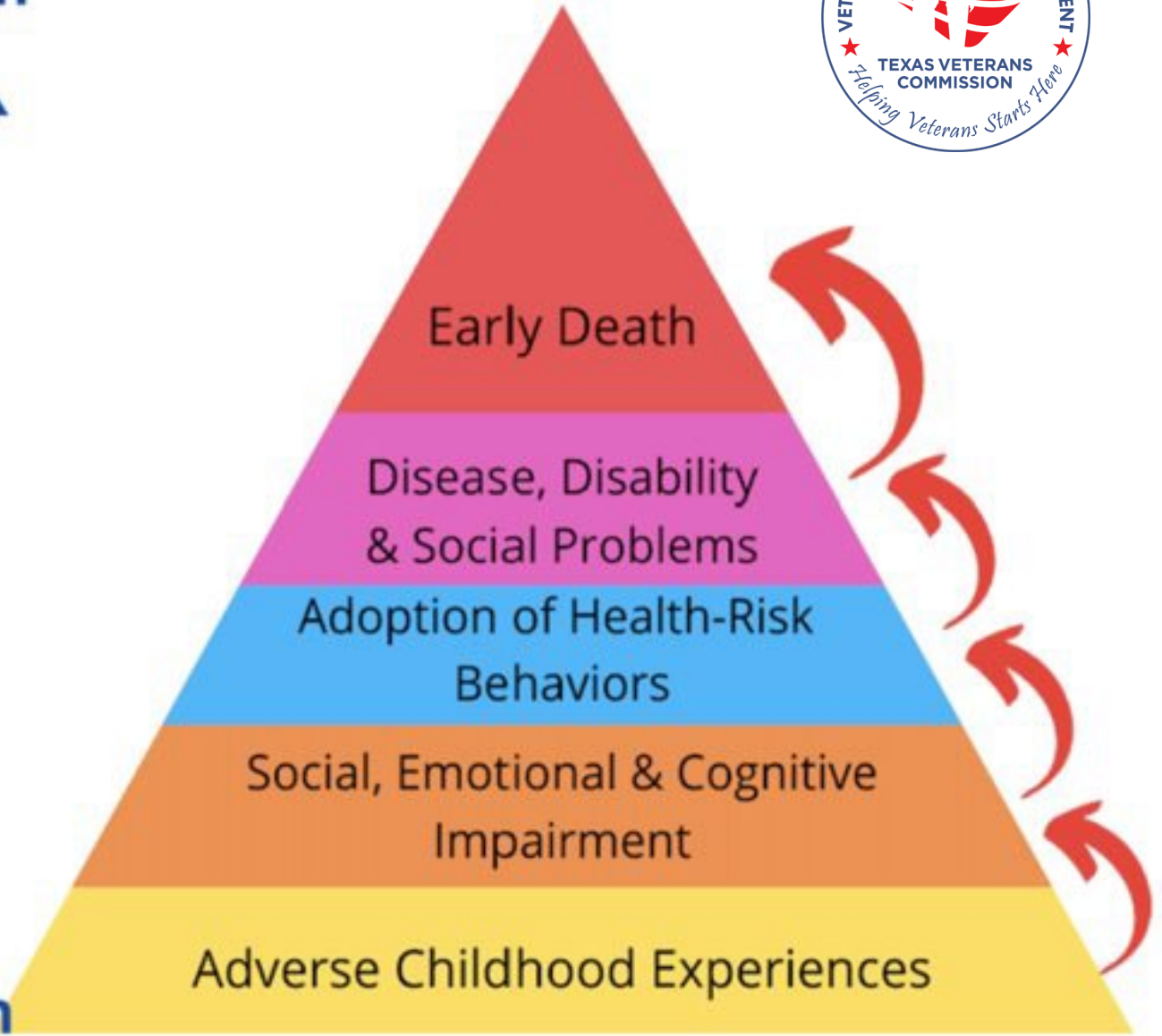


Relationship between early childhood trauma and later health, well-being problems in life

Death



Birth



"What is the significance of Adverse Childhood Experiences (ACEs) in the lives of veterans, and how does understanding their hidden impact enhance our support and care for these individuals?"

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- ACEs can contribute to such symptoms as PTSD, anxiety, PTSD, substance use and homelessness
- Understanding this impact is essential for providing targeted support and interventions to improve the overall well-being of veterans with ACEs



# Recognizing & Addressing ACEs in Veterans

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- Screening and assessment tools for identifying ACEs in veterans
- Importance of trauma-informed care in addressing ACEs
- Evidence-based interventions for treating ACEs in veterans
- Training Healthcare providers to recognize and respond to unique needs of veterans



# ACEs Conclusion



- It is important to give attention to protective factors and resiliency for service members.
- PACES (protective and compensatory activities) serve as buffer for ACEs in childhood and adulthood
- The nation's service members, their families, and the military deserve attention via a systemic lens, attending to trauma in tandem with resiliency; through this lens, all professionals (providers, researchers, and trainers) have an ethical obligation to better bridge practice, research, and policy from ACEs to PACES. <sup>8</sup>





# Military Traumas

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- Post-Traumatic Stress Disorder (PTSD)
- Moral Injury (MI)
- Military Sexual Trauma (MST)



# Potentially Traumatizing Military Events

- Being physically moved or knocked over by an explosion
- Being wounded or injured and not requiring hospitalization
- Being wounded or injured and requiring hospitalization
- Witnessing brutality toward detainees/prisoners
- Being responsible for the death of a civilian
- Having a friend who was seriously wounded or killed
- Seeing dead or seriously injured non-combatants (e.g., women, children, elderly)
- Smelling decomposing bodies
- Sexually assaulted by fellow servicemember
- Discrimination - sexual orientation, race, religion, other





# CACE CAMOUFLAGE

Cace is 22-year-old Hispanic female veteran. She joined the service after high school. Cace grew up in a chaotic home environment. Her biological father left when she was 6 and never had contact with the family since.

Her mom had several live-in boyfriends, none of which Cace connected with. Cace was often disciplined harshly.

Mom's boyfriend had a domestic assault charge filed against him for striking the mother in a drunken rage.



# CACE CAMOUFLAGE

Cace joined the Army and served as a Combat Infantry soldier. She served two long tours in Afghanistan.

Prior to leaving for deployment Cace was sexually assaulted as a soldier at her new Army Base. Cace said she was driving a fellow soldier home because he was drunk after an evening out.

*"I had never known this person and I was just giving him a ride home when the assault occurred."*

While on a mission Cace's squad was blindsided and several soldiers were killed, one of which was Cace's best friend.

Cace feels guilty.



# CACE CAMOUFLAGE

Cace was medically discharged and was diagnosed with PTSD and has a 75% disability rating.

Cace is currently unemployed and lives with a friend.

She has no contact with her mother and wants to stay home all the time to stay safe.

Cace has started drinking because it helps her relax.

Suffers from anxiety, guilt, insomnia and headaches.



# Impact

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- Dissociation: impaired memory and alterations in consciousness.
- Cognition: trouble paying attention, processing information, thinking about the future and problem solving.
- Self-concept: low self-esteem, feelings of shame and guilt, poor body image, and lack of cohesive sense of self.
- Attachment: have trouble trusting, understanding and connecting to others.
- Regulation: difficulty with being able to know what they are feeling, regulate their feelings and energy, and express themselves in an appropriate way.
- Behavior: may be more impulsive, aggressive, oppositional, and self-destructive.
- Biology: may have more medical problems, somatic concerns, and lower pain perception.



# CACE CAMOUFLAGE

Cace joins the military without a trauma assessment.

- Previous Trauma experiences
- Family Dynamics
- Are there any triggers that might be driving the behaviors? If so, how might these accelerate her symptoms?
- What are her coping mechanisms?
- Cultural issues
- Core Beliefs





Hidden  
Wounds of  
War:

Exploring the  
Impact of  
Military Moral  
Injury





# Moral Injury Defined

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A type of psychological trauma resulting from actions or inactions that violate a person's moral or ethical code.

For moral injury to occur, the individual must feel like a transgression occurred and that they or someone else crossed a line with respect to their moral beliefs. <sup>9</sup>



# Types of Moral Injury

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- Transgressions by self
- Transgressions by others
- Betrayal <sup>9</sup>





# CACE CAMOUFLAGE



## The Self

“If only I did something different.”

“If I were different.”

## The Deceased

“If he/she were different or acted differently.”

## Other People

“If only others were different or acted differently.”

## Circumstances

“If event was different or the world was different.”





# Prevalence of Moral Injury in Veterans

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- Overall, 41.8% of Veterans endorsed at least one form of moral injury
- Vietnam Veterans - 36%
- Post 9/11 - 55%
- Women more frequently report moral injury than men <sup>9</sup>

# Importance of Understanding Moral Injury

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- Why it is important to acknowledge & address moral injury in veterans? Address the following...
  - Distress
  - Remorse
  - Shame
  - Guilt



# Importance of Understanding Moral Injury

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Moral injury is **not** a diagnosis.

A veteran will be diagnosed for **PTSD** and then *treated* for moral injury.



# Treatment for Moral Injury

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- Evidence-based treatments
- Spiritual & Moral Approaches
- Importance of Social Support



# Moral Injury Interventions



## Keys to Forgiveness

- Self-kindness vs self-judgment (treating yourself with kindness)
- Common humanity vs isolation (see one's failures as part of being human)
- A balanced view of one's failures, suffering, and experiences and not suppressing or exaggerating them.
- Compassionate letter to self
- Journaling gratitude
- Treat yourself as you would treat others you care for
- Group therapy <sup>10</sup>



# Supporting Veterans with Moral Injury

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- Access to Quality Care
- Peer Support Programs



# Military Sexual Trauma





# Military Sexual Trauma (MST) Defined

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- VA uses the term “military sexual trauma” (MST) to refer to sexual assault or sexual harassment experienced during military service.
- MST includes any sexual activity during military service in which you are involved against your will or when unable to say no. <sup>11</sup>





# Examples of MST

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- Being pressured or coerced into sexual activities
- Being touched or grabbed in a sexual way that made you uncomfortable
- Comments about your body or sexual activities that you found threatening
- Being overpowered or physically forced to have sex



# MST Impact on Individual

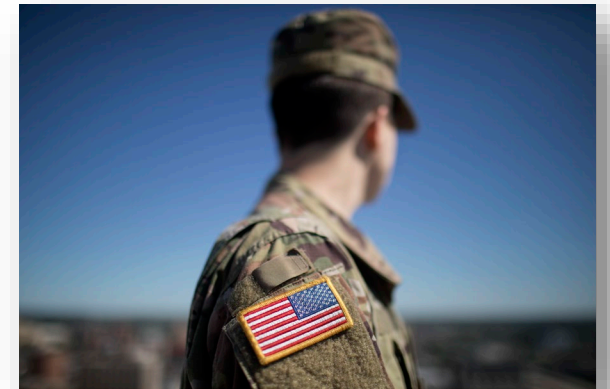


Research has shown that sexual assault is more likely to result in symptoms of PTSD than are most other types of trauma, including combat.

Men that report sexual trauma are more likely to experience more intense symptoms of PTSD and higher rates or suicidality than PTSD resulting from combat alone. <sup>12</sup>

Impact is different from Civilian side.

- *“Going through a sexual assault is bad enough. Then to have this happen to me in my job as a soldier; it was really difficult because what happened to the unit support? Your fellow soldiers are supposed to have your back.” - Anonymous*



# Reporting Options



- Unrestricted Reporting
  - An official investigation and command notification in addition to healthcare, victim advocacy and legal services.
- Restricted Reporting:
  - Confidentially report the crime to specifically identified individuals without triggering the official investigative process or notification to command. <sup>13</sup>





# How Common is MST for VA Patients?

About **1 in 3** women and **1 in 50** men have told their VA healthcare provider that they experienced sexual trauma in the military. <sup>16</sup>

More than **103,000** veterans, of all genders, are now formally recognized by the VA as having been sexually traumatized during their service. <sup>17</sup>



# Annual Report : Military Sexual Assault

- Congress requires the Department of Defense (DoD) to submit an annual report on sexual assaults involving members of the Armed Forces.
- In FY2022, The Department received a total of **8,942** reports of sexual assault, **5,941** were Unrestricted and **3,001** were Restricted Reports at the end of the year. <sup>14</sup>
- A confidential survey conducted by the military estimated that about **35,900** active-duty service members said they had experienced some form of unwanted sexual contact in 2021. <sup>15</sup>





# What is the Veterans Health Administration Doing?

- Universal screening
- Free MST-related care (medical and mental health)
- National MST Support Team, to continue improving VHA's response to MST Lifeline for Vets
- Lifeline for Vets Number: 888.777.4443





# Post-Traumatic Stress Disorder

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# Core Issues in PTSD



- Loss of purpose
- Stuck in the past and needs help to live in the present
- Out of sync with the world around them <sup>18</sup>



# PTSD Criteria – DSM-5

## A. The Stressor Criterion



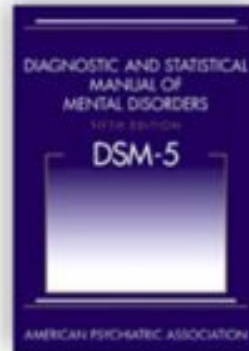
B. Intrusion (1)



D. Alterations of Cognition & Mood (2)



C. Avoidance (1)



E. Hyperarousal (2)

F. One Month or More

G. Functional Impairment or Distress


# Criterion A. Stressor Criterion

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Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

• *Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related.* <sup>19</sup>



# Criterion B. Intrusion

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- Intrusive, Distressing Recollections
- Distressing Dreams
- Dissociative Reactions (e.g. flashbacks)
- Psychological Distress to Reminders
- Marked Physiological Reactions to Reminders <sup>19</sup>



# Criterion C. Avoidance

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- Avoidance of Internal Reminders
  - Memories
  - Thoughts
  - Feelings
- Avoidance of External Reminders
  - People
  - Places
  - Conversations
  - Activities
  - Objects
  - Situations <sup>19</sup>



# Criterion D. Alterations of Cognition & Mood

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- Traumatic Amnesia
- Persistent Negative Beliefs and Expectations
- Persistent Distorted Blame
- Persistent Negative Emotional State
- Diminished Interest
- Detachment or Estrangement
- Persistent Inability to Have Positive Emotions <sup>19</sup>



# Criterion E. Hyperarousal

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- Irritability and Angry Outbursts
- Reckless or Self-Destructive Behavior
- Hypervigilance
- Exaggerated Startle Response
- Problems with Concentration
- Sleep Disturbance <sup>19</sup>





# PCL-5 Scoring: Symptom Clusters

**B. Intrusion (1)**

**C. Avoidance (1)**

**D. Alt. of Cognition & Mood (2)**

**E. Hyperarousal (2)**

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "super-alert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4



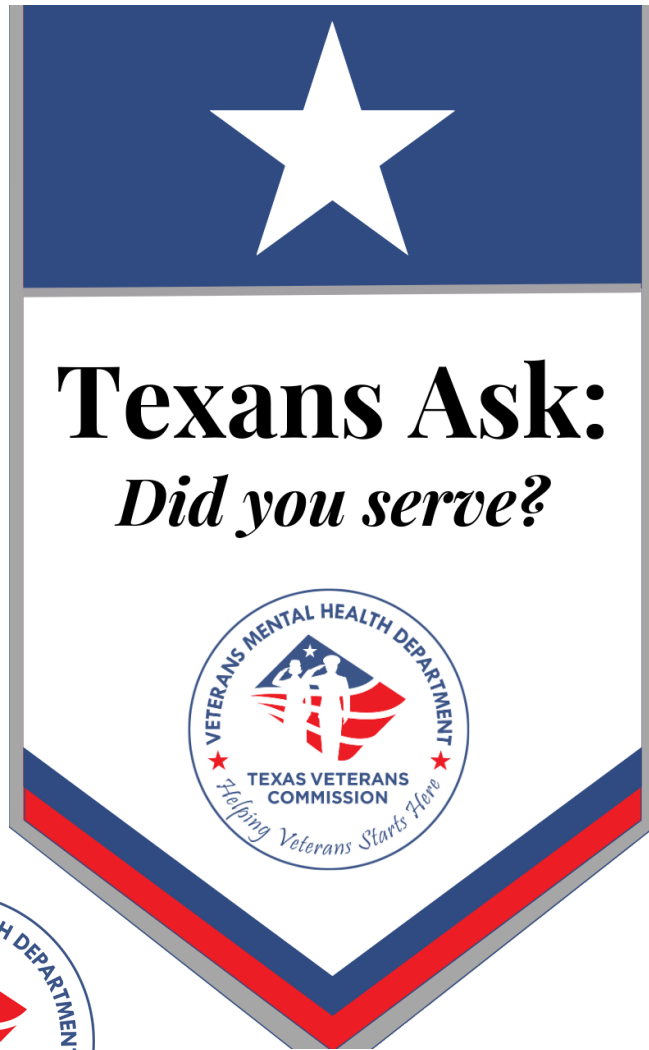
# Support Programs & Resources for Veterans with Trauma

## Texas Veterans Commission (TVC)

- Practical Resources
  - Education Dept.
  - Health Care Advocates
  - Claims Dept.
  - Entrepreneur Dept.
- Veterans Mental Health Department (VMHD)
  - Military Veteran Peer Network
  - Homeless Veteran Program
  - Veteran Suicide Prevention Program



# Why Ask “Did You Serve?”



- Not all who served consider themselves veterans.
- Adding question to enrollment, intake, other forms may open conversation between military experience and presenting needs.
- Opening conversation about military experience allows for more informed planning and ability to identify optimal and specific military-specific referrals for resources such as employment, education, healthcare, earned benefits, etc.

# Summary

## Effects of Trauma

- Expectations of manipulation or harm
- World is an unsafe place
- Difficulty regulating emotions/behaviors
- Feel unsafe in new environments

All effects of trauma elevate one's risk of experiencing homelessness.





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