



# Post-traumatic Stress Disorder following deployment

## Fact Sheet

### Introduction

A substantial majority of the Dutch population (approximately 80%) will at some point experience one or more potentially traumatic events. Some people undergoing such an event will experience post-traumatic symptoms. For most people, those symptoms are short-lived; they can cope with the event effectively with the support of their social network. Others, however, develop post-traumatic stress disorder (PTSD). Approximately 7% of the Dutch population has PTSD.

Some service personnel on deployment experience potentially traumatic events during the mission. For example, a survey of Dutch service personnel who worked in Uruzgan shows that a substantial majority of them were shot at (62% not being the target and 39% being the target), witnessed human suffering (59%), saw injured people (47%) or dead people (37%), or had to deal with casualties within their own units (45%). A small number of service personnel experiencing one or more potentially traumatic events during a deployment suffer PTSD.

This fact sheet describes PTSD and provides an indication of how often PTSD occurs among deployed service personnel (veterans). The fact sheet also deals with the origin and continuation of PTSD, factors which can offer protection against PTSD and how PTSD is treated.

## What can cause PTSD?

PTSD can develop after a person has been exposed to an actual death or threatened death, serious injury or sexual violence. There are four situations in which exposure can take place, namely where the person:

- directly experiences the traumatic event;
- witnesses the traumatic event;
- learns that the traumatic event occurred to a close relative or close friend (with the actual death or threatened death being violent or accidental);
- experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (if work-related, exposure can also take place through media, pictures, television or films).<sup>1</sup>

## How does PTSD manifest itself?

PTSD symptoms (see below) can cause a person with PTSD significant distress or impairment in his or her social interactions, capacity to work or other important areas of functioning. PTSD is characterised by symptoms in each of the following four categories.

- Reliving
- Avoidance
- Negative cognitions and moods
- Arousal

The following table sets out by category the symptoms which could be indicative of PTSD. In order to be diagnosed with PTSD a person must have symptoms in each category. The symptoms must last for at least one month and interfere with day-to-day functioning. If all criteria for a PTSD diagnosis are not met, this does not mean the person is not suffering mental distress. He or she might be suffering from a different health problem.

### ***PTSD symptoms***

<b>Persistent and intrusive recollections of the traumatic event or events.</b>	<b>Persistent avoidance of triggers related to a traumatic event or events.</b>	<b>Negative alterations in thoughts or moods related to a traumatic event or events.</b>	<b>Alterations in arousal and reactivity related to a traumatic event or events.</b>
<b>Recurrent and intrusive recollections of the event.</b>  <b>Disturbing dreams related to the event.</b>	Avoidance of thoughts and feelings related to the event.  Avoidance of places, people, objects and situations related to the event.	Inability to recall aspects of the event.  Negative thoughts about himself or herself, others and the world.	Irritability and angry outbursts.  Recklessness and self-destructive behaviour.  Hypervigilance.

<sup>1</sup> The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) is a much-used diagnostic manual in healthcare. According to the latest edition, DSM-5, these are the criteria to be used to establish whether a traumatic event has taken place.

<p><b>Acting or feeling as though the event is happening all over again.</b></p> <p><b>Psychological distress response to reminders.</b></p> <p><b>Physiological distress response to reminders.</b></p>		<p>Distorted cognitions about the consequences and cause of the event.</p> <p>Negative emotions (fear, horror, rage, guilt, shame).</p> <p>Diminished interest and participation in activities.</p> <p>Feeling of detachment or estrangement from others.</p> <p>Unable to experience positive emotions.</p>	<p>Exaggerated startle response.</p> <p>Difficulty concentrating.</p> <p>Difficulty with sleep.</p>
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## How prevalent is PTSD in service personnel following deployment?

The following table, based on a few questionnaire surveys, shows the extent to which symptoms which might point to PTSD occur in respect of Dutch veterans. It provides only an *indication* of the prevalence of PTSD. Whether the symptoms actually constitute PTSD must be established by a healthcare professional (see below: treating PTSD).

### *Indication of the prevalence of PTSD in service personnel and veterans*

	<b>Survey related to participation in peacekeeping missions</b>	<b>After-care survey</b>	<b>Military Research involving an Exploratory Study of Stress-related Factors connected with Deployment (PRISMO)</b>
<b>Researchers</b>	I. Bramsen, J.E. Dirkzwager, H.M. van der Ploeg	Behavioural Sciences - Ministry of Defence	Research Centre for Military Mental Health
<b>Type of survey</b>	A questionnaire sent to veterans who have completed active service; the purpose of the survey was to identify the care needs of veterans.	A questionnaire completed six or nine months following return from deployment; the purpose of the survey is to screen for potential health problems so that the	A questionnaire completed six months following return from deployment; the purpose of the study is to understand the origin and progression of deployment-related

		person concerned can be referred to a care professional of the Ministry of Defence	problems
<b>Period of deployment of the service personnel</b>	1975-1997	1990-2013	2005-2008
<b>Type of service personnel</b>	All navy and air force veterans who have been deployed since 1975; all army veterans who have been deployed since 1990; a sample of the army veterans who were part of UNIFIL <sup>2</sup> ; this involves a large number of missions.	Service personnel from all sections of the armed forces and various missions (principally in the former Yugoslavia, Iraq and Afghanistan).	Service personnel from the Uruzgan Task Force and the Provincial Reconstruction Team in Uruzgan (Afghanistan)
<b>Number of participants in the survey</b>	3,496	32,366	774
<b>Percentage of respondents with symptoms that may indicate PTSD</b>	4-5	2-3	9

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<sup>2</sup> UNIFIL is the mission in South Lebanon between 1979 and 1985.

## **Risks and protective factors**

The question as to who will and who will not develop PTSD is unanswerable, although there is undoubtedly a connection with the intensity and nature of the traumatic event. The more intense or prolonged it is, the greater the likelihood of PTSD developing. It is also recognised that there are a number of other factors which can increase or reduce that likelihood.

The likelihood of PTSD developing is increased by:

- previous experiences of traumatic events;
- an emotionally unstable personality (neuroticism);
- any other significant life events (e.g. dismissal or redundancy, divorce, illness).

The likelihood of PTSD developing is reduced where:

- there is adequate social support, or there are good relations within the group, group cohesion and good leadership in a military unit;
- sound information and training is provided;
- problems are identified and advice or help sought at an early stage.

## **Treating PTSD**

A reliable diagnosis of PTSD can be made only through a diagnostic assessment by a qualified professional. During that diagnostic assessment, the professional will find out whether the symptoms are the result of the significant event or events and how much trouble or nuisance those symptoms are causing the person. The professional will also rule out the possibility of the symptoms being the result of a somatic condition, or the use of medication, drugs or alcohol.

Various methods are available for the treatment of PTSD, such as trauma-focused cognitive behavioural therapy and Eye Movement Desensitisation and Reprocessing (EMDR). The success of treatment depends on a host of factors (including the duration and complexity of the trauma and whether it is related to other psychosocial problems). There are various mental healthcare institutions within the National Care System for Veterans which can treat veterans with PTSD.

Much research is still being conducted into the origin, prevalence and treatment of PTSD. It should help people to continue to be able to rebuild their lives, or enable them to do so, after a traumatic experience.

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## **Further information**

This fact sheet provides general information. For further information about PTSD, go to the websites [www.veteraneninstituut.nl](http://www.veteraneninstituut.nl) and [www.veteranenloket.nl](http://www.veteranenloket.nl), or telephone us (088 334 00 50) or send us an email ([info@veteraneninstituut.nl](mailto:info@veteraneninstituut.nl)).

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