

Chapter 3 – RESILIENCE IN VETERANS: PSYCHOLOGICAL PROBLEMS OF COMBATANTS TRANSITIONING BACK INTO SOCIETY

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Drs. Aleksanin and Rybnikov stated that the media presents a distorted image of veterans and that the resulting psychological impact needs to be studied from different points of view. There are special forces units engaged in freeing hostages and counter-terrorism operations (including in the Northern Caucasus) and natural disaster operations. The interest is in studying psychological readiness and selection for these operations as well as taking a thorough look at the consequences of these operations, which is not being done in other studies. There is a need to rehabilitate and give special care to veterans of these operations; thus, the focus of their work is the study of psychological problems in order to develop therapy and remedies for these negative consequences.

They discussed a study they conducted with 178 participants, including counter-terrorism operations personnel and others. The combatants, males, aged 40 on average, had mostly served in the same unit. Of the 178 participants, 50 of them were controls who did not take part in counter-terrorism operations, but had served in the same unit and were otherwise identical to their counterparts. A special instrument developed by a psychiatrist in the military academy was used to assess the subjects' psychological state and personal qualities (e.g., general happiness with life). We sought to study those problems that prevent reintroduction into ordinary life. The differences between those who had counter-terrorism operational experience and the control group were significant. The study participants who were less satisfied with their everyday life (based on self-estimation of their psychological state) had higher (scores for) courage, anxiety, suspicion and lower (scores for) trust and calmness. In general the combatants were more likely to be dissatisfied with their life, consider their peers as better off, say they suffer from government injustices and tend to rely only on themselves. There were differences as well between the group that went on one mission in the Northern Caucasus and individuals who had gone multiple (up to seven) times. Surveys were conducted before and after operations. The number of missions was correlated with number of disorders and family problems (increased by a factor of three). Many servicemen leave the military for different reasons.

The statistics on suicides tell a similar story. In 1991, there were 185 suicides, in 2001 there were 251 suicides and in 2007 the number was 182. The Ministry of the Interior has reported more than 200 military suicides this year and, of those, most are young people under 40 years old and 25% are participants in the counter-terrorism operations in the Northern Caucasus. The rate of military suicides is lower than the national average (roughly 40,000 – 60,000), with 20 people of the 100,000 in the Ministry of Interior committing suicide annually. Nonetheless, it is clear that participation in armed conflict affects mental and physical health adversely.

Studies have shown that certain personality changes take place after combat. One such study looked at the personality changes occurring in personnel who had seen combat in the Northern Caucasus versus a control group who had not. The goal was to identify the properties of their personality that would ensure success and help to develop appropriate therapy/rehabilitation. The survey results showed decreased capability to adapt and decreased communications ability after combat based on the Scale for Assessing Coping Skills (SACS). Combatants (relative to controls) are reluctant to engage socially, are isolated socially, and demonstrate an aggressive coping strategy. Two focus groups were used to study the level of subjective control. The ex-combatants have problems with controlling behaviours, with family, social situations and physical health. Thirty percent of the individuals in the control group versus 95% of combatants showed problems. The ex-combatants were less communicative, less emotionally stable, suspicious, tense, and their level of self-control was lower. Post-deployment, those who had participated in

counter-terrorism operations were less emotionally resilient, demonstrated reduced motivation, and needed psychological rehabilitation.

Changes in coping by ex-combatants were measured before and after operations by a form of psychological therapy originally developed for Special Forces personnel by a psychiatrist at the military academy. Change in coping indicators was measured before and after mitigation (1 month mitigation period). Increases in coping related to family, communication and health were seen in the control group. 33% of the ex-combatants were not exposed to the (6 months long) mitigation/psychological therapy due to being too preoccupied or for family reasons. After 6 months, of those ex-combatants who didn't receive rehabilitation, 21% were disciplined. 20% retired for various reasons and 23% divorced. In the controls, these numbers were much lower. The study resulted in a recommendation to provide psychological support to ex-combatants. A comparison of the indicators for coping before and after the month long mitigation treatment showed an increase in self-control, family communication and health. While there is a mitigation system in place, one third of ex-combatants are not exposed to rehabilitation due to family or military duties. After six months, of those ex-combatants who did not participate in rehabilitation, 21% broke the law, 20% retired from the military for various reasons and 23% had family conflicts resulting in divorce. In contrast, those who participated in rehabilitation had dramatically lower rates.

3.1 DISCUSSION

(Krasnov) The latest figures on combatant suicides are 29 per 100,000. This level is not as high as it was 1994 when it was 39 – 42 and it is lower than the rate in Lithuania and Japan. In Lithuania, it is 49 per 100,000. This is not as high as 39, the level seen in 2004. It is in the area of 28 or 29 per 100,000 now.

What's your opinion on the number of accidents in law enforcement orders? Was there a decision to do a mass psychological survey prior to deployment? How efficient is this? Does it support the notion that that someone can appear one way before combat and another afterward? The law enforcement order has been in effect for ten years now. Our emphasis is on determining prospective and current incidences of psychological pathology. It is difficult to identify personality, motivation (e.g., motivations for enlisting) and other latent factors. It is a general social problem for society when candidates are only conditionally ready, but they are needed, and so conditionally ready individuals have to be taken into law enforcement or the military. Some social measures will have to be adopted. Competition is needed for enlistees, but law enforcement agencies didn't have a positive image (under socialism) and no one wants to enlist now.

Almost 25% of ex-combatants commit suicide? Are lie detectors used? How long do they train? No. I meant that among the personnel in the Interior Ministry, between 200 and 300 personnel commit suicide and, among those, 25% are ex-combatants. Psychologists in the Interior Ministry have lie detectors and use them when drafting individuals for military commissions, especially for officers. However, assessment with a lie detector takes time since a preliminary study is required; thus, it's not practical to study every candidate with lie detectors. For those identified as part of the risk group, lie detectors (and a more in-depth study) are used. In terms of the training period, after enlistment a candidate has a 3 – 6 month long internship. If an individual is part of the risk group, the training period is 6 months, if there are no psychological changes. If the candidate is predicted to be successful (low risk), the training period is 3 months followed by commissioning, issue of weapons and being declared ready for combat. A great number of troops retire after (a short period of) service. Initially only Special Forces took part in counter-terrorism operations. More than half of the Special Forces personnel took part in counter-terrorism operations in Chechnya and some had several tours of duty.