DISCUSSION GUIDE

LOVE after WAR

Saving Love, Saving Lives

A documentary film by **Dr. Mitchell Tepper**

www.loveafterwar.org

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This guide was developed by Dr. Mitchell Tepper, Ph.D., MPH, Ada Dee, PMHNP-BC, SANE-A, ACS, and Dr. Faith Rogow, InsightersEducation.com, with additional input from Mark Cunningham.

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We thank ....for making this guide possible.

From the Filmmaker

My journey to making Love After War began in 2006 with an invitation to present at the Coalition to Salute America's Heroes 2006 Road to Recovery Conference and Tribute for wounded Veterans and their families. At the time, headlines warned that failed intimate relationships were the leading cause of suicide in the military and a major research report concluded that married service members who return from deployment with a serious mental or physical disability experience more marital stress and divorce than their non-disabled peers. Yet, no one had addressed intimacy issues in Veterans' rehabilitation and conference participants were hungry for knowledge and support. As a Sexologist with a disability specializing in the area of sexuality and disability, I knew I could help.

Three years later I was invited to submit a chapter to an anthology, Hidden Battles on Unseen Fronts: Stories of American Soldiers with Traumatic Brain Injuries and PTSD. I was thinking of calling it "Making Love After Making War." I asked the editors to share all the soldiers' stories with me so I would have a solid basis for my chapter. Unfortunately, there were no accounts of relationships with happy endings. I ended up writing a chapter titled "The Battle for Love," but I knew that couldn't be the end of the story.

I had met Veteran couples over the years who have restored emotional closeness and physical intimacy despite significant physical and psychological challenges. I thought it was important to share their stories in order to offer realistic hope to the hundreds-of-thousands of single and partnered Veterans with PTSD, traumatic brain injury, and other catastrophic injuries who are still fighting the battle for love. I needed a way to bring their voices into the national conversation. Love After War is that vehicle.

Through the film, it's companion website, and people like you who view and discuss the issues, we can educate medical providers, support staff, military and public policy leaders, and of course, veterans, their intimate partners, and their families. Together we can serve as the nucleus of a community for those in need of help.

Dr. Mitchell Tepper,
Filmmaker, Love After War

The Film

In a series of inspiring stories, ***Love After War: Saving Love, Saving Lives*** (57 minutes) introduces viewers to veterans and their partners who candidly share how they are winning the battle to restore emotional closeness and physical intimacy after surviving catastrophic combat-related injuries. With contextual comments from experts in the field of sexuality and disability, viewers gain a deeper understanding and appreciation of the needs and experiences of these extraordinary heroes.

This documentary celebrates the courage and fortitude exhibited by these veterans and their partners – above and beyond what was needed for war. The peaks and valleys of each couple's revealing journey shows how a willingness to be vulnerable makes it possible to heal. It is a story of patriotism, bravery, sacrifice, true love, physical and emotional pain, altruism, coming home, and ultimately, happiness and satisfaction.

The People Featured in Love After War | Veterans and Their Partners

Army Sgt. 1st Class Aaron Causey, an explosives technician with 760th Explosive Ordnance Disposal Company, suffered multiple limb loss, extensive genital injuries, and TBI after stepping on an IED in Afghanistan. He was married to Kat Causey for 18 months when he was injured. They decided to pursue having a child using assistive reproductive technology before separating from the military in order to have their expenses covered. They now have a beautiful baby girl.

Tyler Wilson, a single 20-year-old Paratrooper serving with the US Army's 173rd Airborne Brigade, was shot multiple times during a firefight in southern Afghanistan resulting in spinal cord injury and lung damage. He is now 31, recently married to Crystal Wilson, a recreational therapist he met in a handcycle clinic. At the time of filming, they had a baby on the way with the help of IVF and many friends. Crystal has since given birth to a healthy baby boy.

People Featured in Love After War

CBRN (Chemical, Biological, Radiological, and Nuclear) specialist Manny Gonzalez was a single 20-year-old serving in Marine Wing Support Squadron 372 when he suffered second and third degree burns to 80 percent of his body including his face while rescuing a fellow Marine from a brush fire during a routine training exercise. It took him 16 years to summon the confidence to ask someone out on a date. He is now 40 years old, married for two years to Laura Gonzalez with two stepchildren and a 19-month-old son.

United States Army Airborne Casey Kimes is 100% disabled secondary to PTSD and severe TBI along with hearing loss and multiple orthopedic injuries. Tosombra (Tai) Kimes experienced military sexual trauma (MST). Tai and Casey's marriage was extremely strained after Casey's first 18-month deployment when he returned home with undiagnosed PTSD, especially after Casey mistreated their son. Eleven years later Casey's Facebook page is located at Tai and Casey's Love Shack.

Capt. Tim Hornik is blind as the result of getting shot through the head in Iraq. Coming back as a person with a disability instead of a strong, capable soldier, Tim took his anger and frustrations out on his wife, Cate Smith. Through sheer stubbornness on both of their parts, they made it through the darkness. The couple is now happily married with a beautiful 8-year-old child and another one on the way.

Experts
(in order of appearance)

Mitchell Tepper – Ph.D., M.P.H. and the filmmaker
Ishan Rogers – AASECT Certified Sex Therapist, Walter Reed National Military Medical Center-Bethesda
Col. (Ret) Elspeth Cameron Ritchie, M.D. – Former Army psychiatrist
Capt. Paul Gobourne – Walter Reed National Military Medical Center-Bethesda
Col. (ret) Robert Dean, M.D., Walter Reed National Military Medical Center-Bethesda
Kathryn Ellis – AASECT Certified Sexuality Counselor, Walter Reed National Military Medical Center-Bethesda
Terri L. Tanielian – Behavioral Scientist, RAND Corporation
Capt. Moira McGuire – AASECT Certified Sexuality Counselor, Walter Reed National Military Medical Center-Bethesda

Using This Guide

This guide includes materials, strategies, and discussion prompts for several different audiences. No single group is expected to use everything. In fact, for general audiences, often one or two questions is enough to jumpstart a vibrant conversation and the interests of participants will guide the discussion from there.

Discussion leaders will choose strategies and discussion prompts based on the needs of the audience and the goal of the discussion. Note that some prompts are open-ended while others are comprehension questions that require factual answers based on the film's content. The former are essential if the goal is to get people talking. The latter are appropriate for professional training workshops and classroom settings.

To help facilitators find appropriate prompts, questions that specifically apply to veterans or their partners appear in **blue**. Questions that specifically apply to health professionals are in **purple**.

Classroom Use

A class or professional development workshop is likely to have specific learning goals. In this case, the instructor might have students write responses to questions, and if time allows, share what they wrote with one another. Or written responses can be used as an assessment, especially if students are responding to comprehension questions.

Discussion prompts can also be used prior to viewing. Letting people know what they'll be asked in the follow-up discussion can help focus attention on the most important material for the class.

TARGET AUDIENCES and DISCUSSION GOALS

As you make decisions about discussion prompts, consider how your choices might help participants reach these goals:

General (Everyone)

- Open discussion about healthy sexuality for those that are serving and have served.
- Improve understanding about sexuality after an injury.
- Enhance the ability to have a positive sexual experience and encounter.
- Increase understanding regarding sexual difficulty or dysfunction that might occur after an injury or exposure to violence.
- Create a community of awareness, acceptance, and understanding.
- Decrease self-judgment and shame regarding sexual difficulty or dysfunction.

- Bring awareness to the ways that unhealthy sexual relations can undermine relationships and unhealthy relationships can undermine sexual relations.
- Model language that can improve communication about sexual health issues.

Injured and Wounded Veterans and Their Intimate Partners/Spouses

- Provide realistic hope for injured veterans based on success stories of role models.
- Provide insights to help those who are struggling with intimate relationships.
- Encourage married and committed couples to seek counseling before dissolution of relationships.
- Inspire wounded singles who want to establish a long-term committed relationship to acquire the skills and dispositions they need to date and create healthy intimacy.
- Motivate injured veterans to seek help instead of committing suicide over failed intimate relationships.

Medical & Mental Health Professionals and Students, Support Personnel, and Policy Makers

- Move medical and mental health professionals to address sexual health and intimacy issues.
- Encourage people who interact with injured and wounded veterans to make referrals to professional with specific training in sexual health issues.
- Encourage leaders to understand the importance of sexual health and to create the programs and budgets needed to provide sexual health services to injured and wounded veterans.

Discussion Prompts

Opening Prompts
These questions can help jumpstart a discussion.

- In a word (or short phrase) what's your initial reaction to the film?
- Did you see anything familiar? What do you have in common with the people (or a particular person) in the film?
- Was there a particular moment in the film that you found especially compelling or moving? What was it about the moment that resonated for you?

Because sexual health is a challenging topic, facilitators may also want to use the questions below to ease viewers into to the conversation. As participants discuss additional sections of the film, you might check in every now and then to see if they notice a positive change in their comfort level.

- During this discussion we'll be addressing sex, sexuality, and intimacy. Pause for a moment to assess your comfort level: Do you find it easy to talk about sexual health? Why or why not?
- What would make this discussion easier for you?
- Let's make sure we're all using words to mean the same thing. What does "sexuality" mean to you? How is it different from "sexual" or "sex"?
- In a few words or phrases, describe what a healthy sexual relationship might look like.

Closing Prompts
Sometimes it can be more difficult to bring closure to a discussion than to start it. Having a question in mind to help people synthesize what they've seen and heard can help. It can also ensure that the discussion wraps up on a tone that reinforces the positive message of the film that change is possible.

- One new thing I learned today is _____.
- Now that I know _____ I will _____ .
- What is one thing you saw (or learned from the discussion) that you wish everyone knew? How would lives improve if everyone knew it?
- The topic of this film is important because _____ .

Prompts By Film Segment

Meeting the Veterans (0:00 -3:27)
Meet Tyler, Aaron, Tim, Casey, Tosombra (Tai), and Manny as they each share an introduction of themselves, including how they were wounded.



- How did listening to each of the participant's brief introductions make you feel?
- When you heard Tosombra say, "and, he kept me there," what did you think she meant?
- A couple of people describe the system that is caring for them as silent about sexual health and intimacy issues. Why do you think comprehensive sexual health (including intimacy issues) isn't a part of routine care?
- What was your reaction to learning that failed intimate relationships continue to be the leading contributor to suicide in service members and veterans?
- Did you hear anything in the film that would explain why intimate relationships play such a central role in mental health outcomes?

Military Backgrounds (3:28-4:58)
Veterans share how they came to enlist.

- As was the case for several veterans in the film, people often enlist in their late teens or early twenties. How do you think this affects the ability to sustain healthy relationships through deployments or debilitating injuries?
- How do you think being sexually assaulted by a superior might influence views about a military service for people like Tosombra, who were initially gung-ho about the military?
- What did you notice about the various reasons people gave for joining the military? How might one's reason for enlisting influence their experience of serving?
- What were your reasons for volunteering to serve in the military?
- Identify at least one way your feelings about military service changed post injury (psycho logical or physical) and/or how your partner/family noticed changes in your behavior/per sonality after your service? How did this shape your self-image and how you view yourself in relationship?

Injuries and Their Impact (4:59 – 13:48)
Veterans describe the circumstances in which they were wounded, including wounds caused by military sexual assault and also moral injury.

- What is moral injury and how can it affect someone?
- In a few words or phrases, describe how moral injury has affected you or others with whom you served, or your partner(s).
- If you're a medical or support professional – how familiar are you with the concept of moral/spiritual injury? How does your knowledge compare to your familiarity with other types of injuries (e.g., physical, psychological, emotional).
- Ishan Rogers names military sexual trauma (MST) as akin to other "invisible" injuries of war. What does it feel like to hear it described that way?
- What about the culture of the military makes sexual trauma from a military sexual assault or harassment (MST) unique?
- How did leadership's message to Tosombra that she had to "learn how to play the military game" make her vulnerable to MST? What could a mentor who wanted her to succeed have said instead?
- What does the fact that women in the military are more likely to be sexually assaulted than men tell you about military and/or American culture?
- How have Tosombra's MST and Casey's PTSD complicated their relationship?
- How is MST like and unlike PTSD?
- What was Tosombra seeing and experiencing that led her to say Casey was a "monster"? What's the power of that label? How was Casey's abusive behavior linked to his initial unwill ingness to acknowledge or talk about his experiences?
- Casey says, "I had to be in charge. I had to let everybody know that I was the man of the house…" How might this need to exert control be linked to his injuries? How might it connect to cultural messages about manhood?

Relationship Backgrounds (13:49 – 19:05)

Veterans begin to share the story of how their injuries affected their relationships and also the tensions between being one's intimate partner and their caregiver.

- List feelings that someone might present with if suffering from PTSD. Why would anger be one of the few emotions one might see from PTSD?
- In the film, where do you see or hear examples of emotional numbness affecting a relation ship? Have there been times when you and your partner have felt disconnected?
- Describe why sleep is essential and how it can affect someone with PTSD.
- The film notes that PTSD and other health issues can make it especially difficult for return ing veterans to relate to people who haven't also served in combat. Has this been true for you or for veterans you know? Can you think of anything that helped veterans connect (or re-connect) with civilians in their lives?
- How did each individual's particular injuries affect their relationships, including relationships with children or extended family? Describe the ways that your relationships in your life (with partner, family, friends, or work) have been affected by your injury.
- How did you show up different sexually after your deployment/service? Did you see a change in how you felt toward your romantic partner?
- Tyler notes that, "sex is a very, very important thing in life for a 20-year-old." How does a veteran's age / life stage affect the impact of their injuries and their capacity to cope with the process of healing and learning new ways to be intimate?
- Aaron's wife Kat shared that they had not been married long before deployment. In what ways might a new marriage be vulnerable that wouldn't hold true for longer term marriages?
- How has your injury or your partner's injury affected the way you see yourself?
- What do you think Manny meant when he said, "I was my biggest enemy?" Why do you think physical therapy so much easier for him than therapy to address emotional or psycho logical aspects of healing? Is Manny's experience one you share?

Sexuality (19:06- 27:42)

Veterans share the circumstances of their first sexual experiences after recovering (at least partially) from their physical wounds.

- How can truly seeing someone, scars and all, be healing for that person and lead to a healthier relationship?
- Why would it be more validating for a partner to see and acknowledge a veteran's scars rather than saying they don't see the scars?
- Why is it important for veterans to know that they are not their disability? Why is that hard for so many people with disabilities?
- What is intimacy to you? Take a moment to write or think of a sentence or two. What are the sources of your ideas? Have they been shaped in any way by Hollywood portrayals of sexual relationships?

• Has your view of sexuality or intimacy been changed at all by the film or the discussion so far?

• Compare and contrast each character's first sexual experience after an injury. What feelings came forward when hearing about these first sexual experience?

• Did it surprise you that many had sexual experiences while still hospitalized and/or hooked up to equipment?

• List a few ways medications can be a barrier.

• When Tyler shared about using a needle on his penis, what feelings, thoughts, or images came forward in your mind?

• What is erectile dysfunction? How is it related to anxiety, PTSD, or other injuries or conditions that were shared in the film?

• What did you learn from the film about available treatments for erectile dysfunction?

• How is MST or PSTD a barrier to enjoying sexual relations?

• What did you learn from the film about how might one feel or react if triggered before or during sexual activity?

• Why might some people want a drink or two before sexual relations? List other ways that one could relax and get in the mood before sexual relations.

• How might combat experience or mental/physical injuries relate to conversations around fantasy, kink, BDSM, nonmonogamy for service members?

• How does deployment or prolonged lack of exposure to sexual opportunities impact service members upon returning to civilian life or coming home?

Sexuality Needs & Challenges, Plus Caregiving Issues (27:43 – 42:53)
Couples share ways that they have created intimacy, sexual and otherwise, in their relationship.

- Discuss ways sexual intimacy may need to be adapted for the disabled partner.
- What role did attitude play in couples' ability to successfully adapt?
- What sexual intimacy needs did the couples have that were not met?
- How did Tim's blindness affect his sexual desire? What does his experience tell you about the importance of body parts other than genitals to sexual health?
- When intimacy is defined as being more than just sex (or just intercourse), what other activities provide pleasure or connection?
- Were there any strategies or devices mentioned that were new to you? Anything you want to know more about? Where could you go for more information?
- What did you learn from the experiences of the couples about the importance of communication, humor, creativity, and a willingness to experiment to find sexual practices that work to meet each individual's needs?
- How / why can sexual arousal trigger PTSD?
- In what ways have you sought out care for any sexual need? If you haven't, what have been the barriers?
- Several couples said that no health professionals ever discussed sex with them. Do you agree with Dr. Tepper that patients are waiting for doctors to raise the issue and doctors are waiting for patients to raise the issue? What are the barriers to raising sexual health issues? Discuss ways that medical personnel could overcome those barriers to assist individuals in retaining a healthy sexual relationship after an injury.
- How can caregiving affect the sexual relationship?
- What can caregivers do to increase their emotional health?

Parenting (42:54 – 48:39)
Veterans share the challenges and successes of getting partners pregnant and parenting their children.

- Do you want to be a parent? Are there things you worry about in terms of how your disabilities might affect your ability to parent? Did anything that any of the couples say allay any of those fears?
- How can a disability make parenting harder?
- How did couples approach infertility issues?
- Discuss the increase of stress the couple can face when going through IVF or months to years of working to conceive a child.
- How did Tim's blindness directly affect his parenting in terms of challenges and successes? How about Casey's injuries?
- In what ways has your injury or partner's affected your/their parenting or relationship with your/their children.
- Kat says she doesn't ever want Aaron to feel emasculated. How would you define "emasculated"? Why is understanding emasculation important to helping veterans create healthy intimate relationships?

Summaries (48:40 – end)

Veterans reflect on what it has taken for them to recover their sexual health and establish healthy, loving, intimate relationships and offer advice to others struggling with intimacy after injury.

- Casey says, "the problem wasn't the problem, my perspective of it was. So I had to change my perspective." What perspectives did Casey start with that got in the way of strengthening his relationship with Tosombro?
- What role did shame play in Aaron's story? How about in the others' stories, or in your own story?
- Tosombra shares that prayer works for her. What roles, positive or negative, can religious faith play in the healing process? How has religion influenced your beliefs about sex, gender roles, and relationships?
- What were your major takeaways from each of the veterans' and partners' stories?
- The film advises veterans not to stop asking if their health provider doesn't initially address sex or intimacy issues? What responses have you gotten from health providers to requests for help with sexual health?
- What kind of questions should individuals seeking help be asking their healthcare providers? What questions do you have?
- What did you learn from the film about how people can support veterans in moving from survival (black/white or right/wrong) thinking into the nuanced world of relationship and how do you think this may relate to their sexual/intimate experiences in relationships?
- Where can service members seek help?
- What do you wish you had more training in and where might you find what you need?

Extending the Learning

These questions raise philosophical and practical issues related to the film but are not directly addressed.

- What does / would it feel like to be asked about your sexuality by a therapist or nurse?
- How can we support healthy sexuality for service members deployed or on active duty in barracks/training?
- Are there ways that common mindsets instilled by the military might interfere with accepting the nuances of healthy relationships? Are there strategies that might help service members shift from rigid survival thinking to a worldview that fosters healthy sexual/intimate experiences in relationships?
- Deployment can become a space where some cannot find privacy to masturbate, let alone have sex with others. In past wars, some have resorted to sex within the ranks or military sexual assault or other unethical sexual behavior with the local civilian population.

- How can the military accept service members as sexual beings and create conversations around sex in war instead of maintaining a sex-negative or sex-neutral culture?
- While service members in existing relationships or marriages are abroad, are there alternatives that the military might provide for sexual connection?
- Do you think it would be viable to have paid sex workers on base (who are given benefits, testing, support, etc.) as a release or an outlet to reduce the impact of isolation from connection? How might this alternative reduce suicide or other difficulties upon returning to civilian life with the transition from being sexually deprived to seeking relationship for single service members?

Action Steps

Finishing a discussion by planning action steps serves as an antidote to frustration, cynicism, or hopelessness.

Having to live with circumstances over which people have no control is a common stressor affecting mental health. In order not to repeat the pattern, if your audience includes veterans or their families, it is especially important to give event participants as much control as possible over what happens next.

To empower participants:

1. Start by brainstorming a list of possible actions.
2. Help the group (or individuals) to narrow the list and choose their focus.
3. Plan next steps.

Initial brainstorming can be done in couples, small groups, or with everyone together, and it can focus on either individual or collective actions.

If people are having trouble getting started, you might start by inviting participants to complete the following sentence:

"I will share what I learned today with _____."

"When I get back to work I will_____-___.

Keep in mind that for some participants, talking – especially speaking in public about sensitive issues – is, by itself, a powerful action step.

Special Review
for Medical and Mental Health Students or Professionals

These questions are recommended for college or university courses and professional programs offering CEUs. They could be used as discussion prompts or as an assessment.

1. **Identify at least five different sexual issues explored in the film.**
2. **List at least three possible intersections between diagnosis of traumatic brain injury and PTSD.**
3. **List three factors that contributed to the couples' sexual resilience.**
4. **List and discuss at least three strategies that the couples in the film used to regain sexual intimacy.**
5. **Identify ways that current medical care could harm or help patients experiencing sexual health or intimacy issues.**
6. **Describe two ways sexuality professionals can support individuals with injuries resulting from combat on their journey towards sexual resilience.**
7. **Discuss how a medical provider could assist in each case presented.**

Focusing on Aspects Unique to Military Experience:

1. **Identify military culture's aspects that should be considered when treating those that have served.**
2. **Discuss how military service affects the dependent or caregiver in relation to intimacy.**
3. **Identify how separation from the military may affect the client that could result in an increase of intimacy issues.**
4. Formulate two screening questions that you could ask to open up the discussion of sexuality with a service member?
5. How can we support veterans in redefining sex to reduce the focus on penis-vagina intercourse as the primary definition and how might this influence how they relate to sexuality post injury?
6. What sorts of support might LGBTQIA veterans need that is different from cis/heterosexual veterans?
7. How do childhood/adult attachment styles of service members relate to their quality of relationships or intimacy post service/injury? How do we help veterans to explore the difference between their military service and family/childhood upbringing as it relates to relational health?

FACILITATION TIPS

BEFORE THE EVENT

If it was easy to talk publicly about sexual health issues, you probably wouldn't need this film. But because it isn't, people are suffering who could be helped. As a facilitator, you can make a difference in people's lives by creating an atmosphere that encourages openness. This section provides tips on how to make that happen.

As a facilitator, your role is to shepherd a process that enables people to:

- feel comfortable
- share honestly and respectfully
- learn from one another
- stay on track
- use the available time in a purposeful manner
- work through any challenges that may arise.

Facilitators should avoid:

- telling people what they will experience, think, or feel. This almost always provokes resistance.
- providing answers to participants or interpreting the film for them.
- using jargon or language that might be heard as condescending or judgmental.
- making yourself the center of attention by responding to each comment or thanking people after they speak.
- asking your own questions (except for clarification) or making interpretive comments.
- other than, perhaps, a very brief introduction, speaking about your personal or profes sional background or content expertise.
- taking exclusive responsibility for the success of the conversation. If there's a concern about how the dialogue is unfolding, raise it matter-of-factly. If the concern is shared by the group, guide everyone to work together to figure out how to address it. If the group doesn't share your concern, move on.
- losing your cool. If you are having a hard time managing feelings, find the right spot in the agenda to take a break, go off by yourself to collect yourself, call on your resilience, remember your strengths, and remember your role.

Even the most experienced facilitators benefit by preparing themselves in advance. So, prior to the discussion:

Preview the film.
View Love After War and reflect on your own experiences and emotions around the issues it raises. That way you aren't trying to process your own raw reactions while you are also trying to engage others in a dialogue.

Choose discussion prompts.
If it isn't your own class or staff, find out who the audience is, review the discussion questions in this guide, and choose a handful that you think will be most useful. In particular, choose your opening and closing questions.

Decide what strategies you'll use to make people comfortable.
Many people, even medical professionals, are not comfortable talking about sex. It's not something that most people get a lot of practice doing, especially in public. Think about how you might acknowledge the lack of experience and let people know it's okay. Everyone's in the same boat. And take cues from the ways that people in the film speak. Let them be your models.

Anticipate potential glitches.
Plan your strategies for dealing with things that might derail the dialogue (e.g., offensive language, raised voices, a person who wants to dominate the time, people who interrupt while others are speaking, etc.). See the "Responding to Challenges" section for suggestions.

Educate yourself on the issues.
You don't need to be an expert on sexual health in order to lead a productive discussion, but it can be helpful to know important facts and be aware of common misconceptions. The Love After War website and the Resources section of this Guide are a good place to start to familiarize yourself with the issues if you aren't already well-versed in the film's approach to the topic.

Understand your role.
If you are a trainer or professor, you may want to re-define your role. In a film screening, think of the film as the teacher. Your job is to be a facilitator – to keep the conversation flowing and avoid people just offering the comments they think you want to hear.

Be prepared to deal with trauma reactions.

The film, while not graphic and generally uplifting in tone, does include accounts of traumatic events including accounts of battlefield injuries, experiences of sexual violence, abusive behavior, and the like. There may be a few people who experiences these accounts as triggers for reactions that go beyond discomfort or being upset.

If your audience includes veterans or survivors of sexual assault or domestic violence, the best strategy is to invite a professional experienced in dealing with trauma reactions to be present. This is especially important if you are not a professional counselor yourself. But even if you are an experienced professional, your responsibility as a facilitator will be to attend to the group, who will likely have their own reactions to seeing someone who has been triggered. You'll be able to do that job better if there is another person on hand who can walk someone out of the room and stay with them or sit beside someone in distress and help calm them, or, if needed, call for additional help.

DURING THE DISCUSSION

- Use your spoken language, body language, and tone to create a welcoming atmosphere where people feel comfortable expressing all sorts of views. Convey the feeling that "we're all in this together." Steer participants away from rhetoric that seeks to identify enemies or losers rather than work towards solutions.

- Explain your role. Be clear, concise, and transparent.

- Together with the group, briefly establish basic ground rules for the discussion. These are in tended to create safe space and keep the discussion on track. Rules would typically include things like speaking only for oneself and not generalize or presume to know how others feel (sentences that start with "I", not "we" or "everyone" or "people"), no yelling, no use of per-sonal put-downs, start by sharing your name the first time you speak, etc.

  As you establish guidelines, take care not to be seen as demanding "political correctness" or asking people to code switch from the routine way they speak. Help the group distin guish between language they may not like but can tolerate and "put-downs," which are off limits. Define what's off limits as language that makes someone so angry, hurt, or upset that they can no longer hear what the speaker is saying. It might be something as simple as some - one saying, "That's stupid." Or it could be a racial, sexual, or gender slur. The words are off limits not because they are politically incorrect or offensive, but because they actually block the open communication we're striving for.

  Note that words do not need to be spoken with malicious intent to be off-limits. Many people use humor is often used to mask or cope with uncomfortable situations and may jus-tify their language as just being a joke. If someone says something offensive in a joking way, don't overreact. Instead, calmly invite them to re-phrase without the slur or attack.

  Depending on your situation, rules might also include agreement that what is said remains confidential. Encourage people to speak with others who were not present about topics that came up, but without attaching names to who said what and without repeating any story that was shared in confidence.

  Invite people to add any other rules they think are essential and ask for some sign of agree-ment before moving on.

- Start things off by posing a question, but then be guided by the interests and needs of the group. As long as the conversation is more or less on topic, don't feel like you need to impose a structure or ask a list of pre-determined questions.

- Be sure to leave time for planning action steps.

Responding to Challenges

It's common for people to respond with strong emotions when they are asked to speak about things they hold dear, like family, religion, or experiences with addiction or death. As a facilitator, there are a range of strategies you can use to de-escalate if that emotional response overheats. Those strategies fall into two categories: prevention and response. Prevention strategies make it less likely that tensions will escalate in the first place. Responses are strategies to address tensions as they arise.

Prevention

Structure the discussion to provide everyone who wants to speak a chance to be heard. Depending on the size of your group, strategies might include using go-rounds (where each person takes a turn speaking), limiting opportunities to speak for a second or third time until everyone has had a first chance, and/or dividing the audience into small groups or pairs. You may also want to appoint a timekeeper and place time limits on speakers.

If your event has a particular purpose (e.g., encouraging participation in a local initiative), be sure that everyone understands the goal up front. If the discussion strays too far off topic, get things back on track by validating the importance of other concerns and then gently reminding speakers that the purpose of today's event is [fill in the blank]. Or politely ask the speaker to explain how what they are saying relates to the purpose. They may see a link that you don't and that can provide the group with valuable insight.

Be consistent about intervening when people stray from the group's Conversation Agreement or ground rules. If you let things go with one person, it will be much harder to be seen as fair if you redirect another later. If you need to intervene, gently interrupt with a reminder of the ground rules. If the speaker needs help, offer an alternative way of phrasing or engaging that's in keeping with the rules.

At the beginning of the discussion, remind people that they will be engaging in a dialogue, not a debate or defense. A debate is about staking out a position and trying to convince everyone else that you are right and they are wrong. A dialogue is about exchanging ideas in order to learn from one another. That means actively listening as well as talking. In summary, the discussion is about learning, not winning. Winning happens when everyone in the room walks away with new insight and a deeper understanding of the issues.

Remind people that when coping with sexual health issues, one strategy does not fit all. What works for you might not be the best strategy for someone else. So participants don't need to insist that "We all should..." in order to feel supported in the option(s) they choose.

You may want to appoint a "vibes watcher" (preferably an elder, clergy, or a respected community member) to keep an eye out for undue tension or trauma. Make sure everyone in the room can see that person. At the beginning of the discussion, explain that the job of the "vibes watcher" is to listen for raised voices or keep an eye out for people who are especially upset, and to put a brake on the discussion if it heads into a dangerous direction. If they spot a problem, they will (silently) stand up. That action means that everything else in the room immediately comes to a stop. Once there is silence, invite everyone to take a deep breath. If needed, ask the vibes watcher to explain why they stood and engage the group in a process to address the immediate issue. Or use the pause to re-start the dialogue.

Plan ahead to convene more than one meeting to address the topic. The prospect of having more time can alleviate a sense of urgency, so no one feels the need to say everything they are thinking before the end of the screening event.

RESPONSE

Take the floor.

Should people begin to argue or shout, the very first step is to call a time out. Once you have regained control of the room, choose an action, or combination of actions, that interrupt the energy without shutting down the conversation. For example:

- Acknowledge the depth of feeling and importance of the issue and pause the discussion to give everyone a chance to write down a one or two sentence response. Quick poll the group – do a go-'round giving everyone a chance to say something brief (or pass) before anyone else can speak

- Summarize the points of view of the major opponents. If they feel heard, they will feel less need to shout. Start with a phrase like, "Let me see if I understand..." If people are calm enough, you might ask those most engaged in the argument to summarize what they think the other person is saying.

- Transform the core issue under debate into a question and break into dyads or small groups to discuss that question. After several minutes, bring the group back together and ask for volunteers to share what came up for them in the breakout discussion.

- Remind the group that the purpose of dialogue is to increase understanding, not to win an argument. Or, remind the group that everyone in the room has good intentions and is trying to do their best. If the group has already identified common ground (e.g., we all want to protect our families; we all think life is precious; etc.), remind people of the views they share. Then ask if people feel ready to resume the discussion or if they want to take a short break.

Take a break.

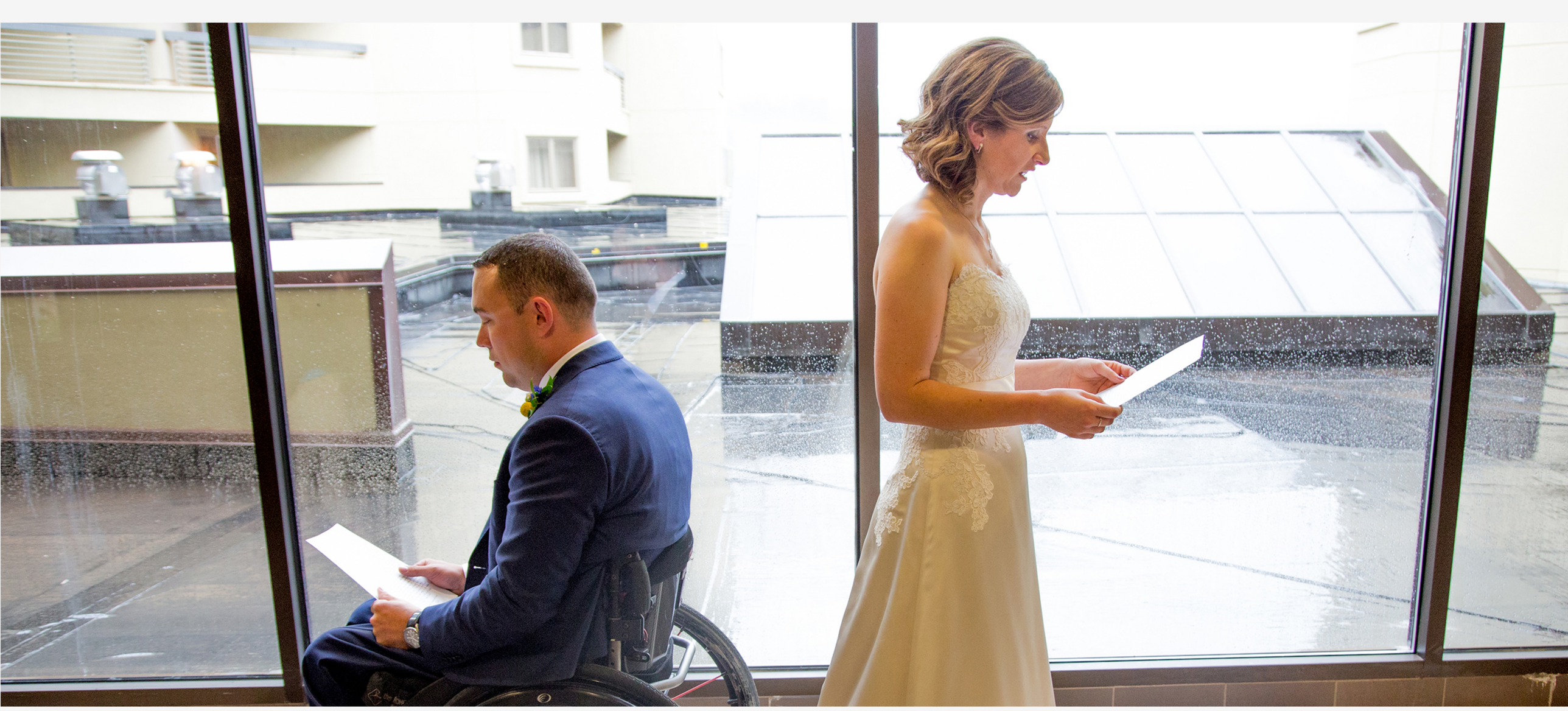
In instances where there has been a major blow up, change the energy in the room by interrupting it and giving people a few minutes to cool down and regain their composure. Depending on what has actually occurred, you may want to take additional steps:

- If someone appears to have hurt or offended another, pull those involved aside during the break. Work with them on examining the intention of what they said and check in with the offended party about whether that matched the effect that the speaking had on her/him. If there is a gap, work with both until the person/people offending can deliver their statement in an acceptable way.

- During the break, check in with people who are visibly upset. If someone is having a hard time controlling anger or grief or other strong feelings, speak to the person off to the side. Ask about the feeling, what sparked it, and what's helped them to move through it in the past. Explain that you want to ensure that their perspective is heard by others and that you want to work with them to shift their speaking to make that possible. Ask them how you can best support them when the group comes back together.

When you reconvene, re-start the discussion by acknowledging what happened, noting that it is evidence of just how very important and meaningful this conversation is. Let people know that intensity is normal when we dialogue about things we care about. Express appre- ciation for people's willingness to stay invested in the process. Depending on the situation, you may also want to take some time for:

- speakers who have offended or disrupted to apologize to the group
- allowing others in the group to share their experience of what happened.



Background Information

More than one million men and women who have served in the military since 9/11 have experienced traumatic brain injury, post-traumatic stress, or depression. And tens of thousands have incurred catastrophic physical disabilities that significantly affect sexual health. In addition, there are 1.1 million people who are providing care, including family members and partners to injured veterans who would benefit from information and support.

Despite the importance of sexual health to general health, the military and veterans services ecosystem is just waking up to the importance of addressing physical and emotional intimacy. Too often intimacy issues and problems with sexual functioning have been ignored or overlooked. But, as **Love After War** shows, with treatment and support, a fulfilling intimate life is possible despite disability.

The Wounds

Veterans' exhibit higher rates of some specific mental health disorders than the general population. Disorders and injuries that affect sexual health include:

- post traumatic stress (PTSD)
- major depressive disorder (MDD)
- traumatic brain injury (TBI)
- military sexual trauma (MST)
- sexual dysfunction (SD), including erectile dysfunction (ED)
- combat and other service-related physical injuries

(Source: Shepardson, et al., 2021)

Military sexual trauma (MST) affects up to 1 in 3 women veterans and 1 in 50 men veterans. 90% of the time, the assailant is another service member, often a superior. Junior enlisted women are at the highest risk of sexual assault.

(Sources: VA, 2021; Love After War)

Veterans with PTSD report increased rates of sexual dysfunction (SD) with an upwards SD rate of 88.6%.

(Sources: Letica-Crepulja, et al., 2019)

Research has found that veterans with PTSD are 6 times more likely to report experiencing symptoms of SD than peers without PTSD.

(Sources: Badour, Gros, Szafranski, & Acierno, 2015)

To the general public, ED is depicted as disease related to old age, but research indicates that more than a third of young military populations (aged 40 and under) report ED symptoms.

(Sources: Wilcox, Redmond, & Davis, 2015)

The Effects
Failed intimate relationships continue to be the leading contributor to suicide in service members and veterans.

Intimate wounds can leave veterans feeling unlovable.

MST (military sexual trauma) can manifest as PTSD.

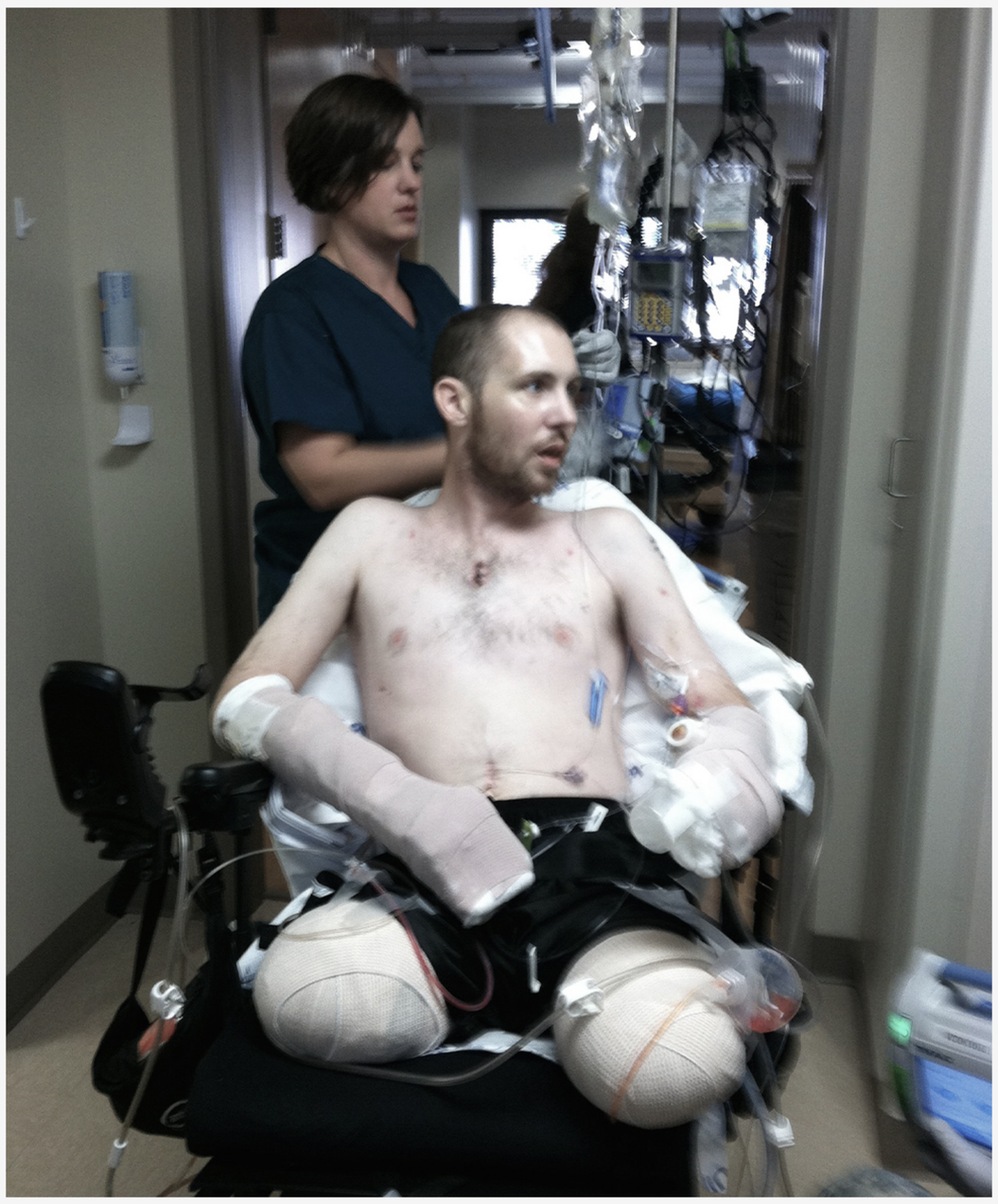
SD (sexual dysfunction) is linked to a decreased quality of life, increased emotional destress, increased health-care utilization, and decreased relationship satisfaction. These affect an individual's wellbeing and can affect the ability of a veteran to heal.
(Source: Badour, et al., 2014; Kimerling et al., 2016; Tepper, 2014)

People who return from deployment with a serious physical or mental disability bear a disproportionate burden of marital stress and divorce than their non-disabled counterparts.
(Source: : RAND, 2007)

PTSD, TBI, depression, and other psychological injuries of war affect intimacy and sexual health in several ways, including causing a feeling of disconnectedness, numbing, or avoidance (especially of people who haven't been in the theater of war with the veteran, which is often one's spouse or intimate partner).

Failed intimate relationships contribute significantly to suicide, intimate partner violence and child abuse, homelessness, and substance abuse.
(Source: RAND, 2008)

Healthy intimate relationships are protective against negative outcomes, add meaning to life, and contribute to a person's recovery from physical and psychological trauma.



Note: Where no specific reference is listed, the information is from the film or filmmaker.

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Resources

These resources can help you prepare to lead a discussion and/or provide you with recommendations to offer participants who need or want to learn more.

Online

LoveAfterWar.org
The official website of the film offers biographies of the filmmakers, information about screenings, and more.

New Day Films
For educational and community licensing https://www.newday.com/films/love-after-war-saing-love-saving-lives

Kinema
To host a screening go to https://kinema.com/films/love-after-war-saving-love-saving-lives-p0b6qz.

Kanopy
For library access go to https://www.kanopy.com/en/product/love-after-war

Books

From People Appearing in Love After War
Terri Tanielian and Lisa H. Jaycox, eds. Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery (RAND, 2008) https://www.rand.org/pubs/monographs/MG720.html
An award-winning monograph detailing a 2007-2008 study on post-traumatic stress disorder, major depression, and traumatic brain injury in veterans with recommendations on changes necessary to address their needs.

Elspeth Cameron Ritchie, ed. Intimacy Post-Injury: Combat Trauma and Sexual Health (Oxford, 2016) – This anthology explores a variety of strategies to mitigate the negative effects of many types of war wounds on intimacy, sexual functioning and fertility.

Kathryn Ellis and Caitlin Dennison. Sex and Intimacy for Wounded Veterans: A Guide to Embracing Change (Sager Group, 2015)
An illustrated position and device guide for people who have experienced limb loss or serious genital injury.

Additional Resources

Lee and Bob Woodruff. In an Instant: A Family's Journey of Love and Healing (Random House, 2007) – An autobiographical account of how journalist Bob Woodruff and his wife Lee held their lives and marriage together as they coped with the traumatic brain injury he suffered while embedded with U.S. troops in Iraq.

Drew A. Helmer, MD. Sex after Service: A Guide for Military Service Members, Veterans, and the People Who Love Them (Rowman & Littlefield, 2014) – An authoritative, straightforward medical resource on the ways that trauma and injury affect can affect sexual health and strategies and treatments that foster healing.

NOMINATION
Best Documentary Feature
Scorpiusfest
2021

WINNER
AWARD OF MERIT
IndieFEST
Film Awards

AWARD OF MERIT
Disability Issues
The Impact
DOCS Awards
2021

WINNER
Best
Documentary
THE MIAMI INTERNATIONAL CINEFEST
2021

OFFICIAL SELECTION
Sunscreen
Film Festival
2022

GOLD SELECTION
Feature Movie
World London
Film Festival
2021

LOVE after WAR

Saving Love, Saving Lives

The story of injured veterans and their romantic partners
who are winning the battle for love

A DOCUMENTARY FILM BY
DR. MITCHELL TEPPER

THE COLLABORATIVE
thefilmcollaborative.org

www.loveafterwar.org

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