Exposure to combat and traumatic events increases risk of violent offending among military personnel

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QUESTION

**Question:** Do deployment, combat history or postdeployment mental health problems impact on violent offending among military personnel?

**People:** Participants were randomly sampled in two phases. Phase 1: 17,689 personnel either trained and deployed in Iraq or trained but not deployed. Phase 2: 66,288 new recruits who may be deployed in Iraq were added to the sample, as well as 17,89 personnel deployed in Afghanistan. Special Forces personnel were excluded.


**Risk factors:** Sociodemographics, behaviour and experiences before joining the military (obtained from self-report questionnaires); deployment status (served in Iraq or Afghanistan since 2003); combat experience; exposure to traumatic events (adapted Combat Experience Scale); and mental health conditions. Mental health in the past month was assessed using set cut-off scores on the General Health Questionnaire-12 (GHQ-12), Post-traumatic Stress Disorder (PTSD) Checklist (PLC-C) and the WHO Alcohol Use Disorders Identification Test. Aggressive score was assessed using a validated measure at phase 2.

**Outcomes:** Offences, including cautions, reprimands, warnings and convictions. Offences were identified through linkage to the Ministry of Justice Police National Computer Database (PNC), and further classified according to legal descriptions.

METHODS

**Design:** Prospective cohort study.

**Follow-up period:** Participants were followed until death, first violent offence, or end of follow-up (July 2011).

**ABSTRACTED FROM**


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**MAIN RESULTS**

The study included 13,856 personnel (median age 37 years, 89.7% men) who completed questionnaires at either phase 1 or 2. 59% of whom were still in service at the end of follow-up. A total 8877 offences were committed by 15.7% of participants (n=2197; 97% men). The majority of these were violent offenders (n=1398; 10.1% of the whole sample), with almost a third of violent offenders (n=423; 3.1% of the whole sample) committing serious interpersonal violence (at least actual bodily harm). Drug or alcohol-related offences were committed by 6.4% of participants (n=891). Prevalence of violent offence fell with age (20.6% at age ≤30 vs 4.7% at age >45). Preservice violent offending was a strong predictor of future violent offending (hazard ratio 3.85, 95% CI 3.07 to 4.82, p<0.0001). Deployment did not increase the risk of violent offending compared with non-deployment. Combat roles were more associated with violent offences than non-combat roles (see table) as was increasing exposure to traumatic events. PTSD, alcohol misuse and high aggression scores were all associated with increased risk of violent offences (see web extra table).

**CONCLUSIONS**

Violent offending is the most common type of offence among military personnel, and is more common in those with premilitary history of violent offence, those serving in a combat role and those exposed to traumatic events. Alcohol misuse, aggression and PTSD symptoms are also associated and may be targets for evidence-based interventions.

**Notes:** Women were not included in the analysis beyond phase 1 as they are not deployed in combat roles.