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Noncombatant Military Personnel Not Immune to Combat Trauma, May Be at Elevated Risk for Developing Post-Traumatic Stress Disorder

DEERFIELD, IL—January 13, 2011—Noncombatant military personnel do not engage in direct combat with the enemy during war, but they still face trauma that elevates their risk for developing combat-related post-traumatic stress disorder (PTSD), new research shows.

The research, published in the *Journal of Traumatic Stress*, looked at active-duty U.S. Air Force members who had deployed to Iraq or Qatar in a noncombatant role. Individuals deployed to Iraq, a combat zone, were six times more likely to screen positive for PTSD compared to individuals deployed to Qatar, an area considered safe during the time of this study.

Researchers say their findings indicate that personnel serving in noncombatant support roles are not insulated from exposure to combat-related trauma; furthermore, noncombatants' trauma exposure may actually put them at greater risk of developing PTSD than their counterparts on the front lines. The research attributes this to combatants being specifically trained for combat situations, they may anticipate traumatic incidences occurring because of that training and they have the opportunity to "fight back" in battlefield situations.

Alan L. Peterson, Ph.D., head researcher for the study and a clinical health psychologist and professor in the Department of Psychiatry at the University of Texas Health Science Center at San Antonio, says that it is important to consider that while noncombatants are less likely to engage in direct contact with the enemy, they are still exposed to potentially traumatic events including mortar and rocket attacks, transporting and treating severely wounded soldiers, and processing human remains.

The study was based on self-reports from military personnel and did not include pre-deployment baseline measurements of PTSD or mental health functioning. Anonymity is often a factor believed to influence how service members report PTSD symptoms. Active-duty military might underreport symptoms on assessments out of concern that admitting to mental health symptoms might negatively impact their military career.

This research highlights the importance of mental health and PTSD screening for all military personnel who have deployed to a war zone, including those who did not serve in combat roles and are often overlooked.

(more)

This study is published in the December 2010 issue of the *Journal of Traumatic Stress*.

Alan L. Peterson Ph.D., is a clinical health psychologist and professor in the Department of Psychiatry at the University of Texas Health Science Center at San Antonio. Within the department, he also serves as the chief of the Division of Behavioral Medicine, the vice chair for Military Collaboration and the director of the STRONG STAR Multidisciplinary PTSD Research Consortium. He has extensive experience in conducting behavioral health research with military populations including tobacco cessation, weight management, chronic pain management and combat-related stress disorders. He retired from active duty service in the U.S. Air Force in 2006. He has been a principal investigator or co-investigator on over 20 federal research grants and contracts with a combined cumulative budget of over \$60 million.

[*The Journal of Traumatic Stress*](#) (JTS), the official publication for the International Society for Traumatic Stress Studies, is an interdisciplinary forum for the publication of peer-reviewed original papers on biopsychosocial aspects of trauma. Papers focus on theoretical formulations, research, treatment, prevention education/training, and legal and policy concerns. *Journal of Traumatic Stress* serves as a primary reference for professionals who study and treat people exposed to highly stressful and traumatic events (directly or through their occupational roles), such as war, disaster, accident, violence or abuse (criminal or familial), hostage-taking or life-threatening illness.

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