

Military Combat, Posttraumatic Stress Disorder, and Criminal Behavior in Vietnam Veterans

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Although data are inconclusive, popular perception has linked military combat, posttraumatic stress disorder (PTSD), and criminal behavior. This paper discusses the multifactorial elements of this association that include both conscious and unconscious parameters of psychologic functioning. Testimony on combat-related PTSD has been presented in the courtroom to support veterans' claims of not guilty by reason of insanity (NGRI) and diminished capacity and for consideration during judicial sentencing. Because there is a known connection between the degree of combat involvement and PTSD, verification through collateral sources of the veteran's report of combat experiences is an important component of forensic assessment. The DSM-III-defined diagnosis of PTSD and the presence of a dissociative state have particular relevance in NGRI determinations. In other aspects of the judicial process demonstration of the absolute presence or absence of PTSD is often irrelevant and should be replaced by efforts to establish plausible links between provable combat experiences and the circumstances of the crime.

There has been considerable speculation about the association between combat exposure and criminal behavior. Recently, it has been seen as one more disturbing indicator of the assimilation difficulties of Vietnam veterans. The association has been prevalent enough that

one author has asked whether or not the specter of Vietnam combat veterans with legal difficulties is a forensic problem, a psychiatric problem, or both.¹ In fact, no one knows for sure how many Vietnam veterans are incarcerated because a systematic detailed analysis of all state, federal, and county prison populations has not been done. Some say that Vietnam service veterans may actually be underrepresented as prison inmates in proportion to their representation in the overall population²; others imply overrepresentation.^{1,3,4}

Generally, Vietnam veterans in prison have experienced less prior socioeconomic deprivation, a commonly mentioned element in the development of

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criminal conduct, than have nonveterans. Based on a 1979 study of State of California inmates, veterans were more likely to be married and less likely to be in a minority group or to use drugs than were nonveterans.² A Bureau of Justice survey of all state prisoners disclosed that imprisoned veterans were better educated than were their nonveteran counterparts.⁵ Veterans are also less likely to have a prior history of juvenile or adult incarceration than were nonveterans and approximately 70 percent have had honorable discharges from the military.¹ Estimates of all incarcerated veterans have ranged from 45,000 to 125,000 at a given time.⁶ Varied estimates of their numbers have only fueled debate as to whether veterans' experiences in the Vietnam War are responsible for subsequent criminal behavior.

The putative relationship between combat-related posttraumatic stress disorder (PTSD) and criminal behavior has also been discussed.⁷⁻⁹ This association has a more restrictive focus because, by definition, it can only include combat veterans who meet criteria for PTSD as outlined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III). Since 1980, when PTSD officially became part of psychiatric diagnostic nomenclature, it has had a role in legal arguments against criminal responsibility. With a conservative estimate of 500,000 to 700,000 Vietnam veterans suffering from symptoms of PTSD,¹⁰ the potential impact to the forensic system is substantial.

All combat veterans who commit

crimes do not have PTSD and *vice versa*. Although criminality and violence have been associated with combat-related PTSD, they are not part of the diagnostic criteria and are not *prima facie* evidence for PTSD as some defense attorneys contend. Certainly, individuals may be negatively influenced by war experiences without meeting DSM-III criteria for PTSD. The purpose of this paper is to clarify the relationships among combat exposure in Vietnam, PTSD, and criminal behavior. In the next section we will briefly discuss the effects of the Vietnam war on personality development and on public perception of the returning veteran. Then we will examine the various overt and subtle links between combat exposure and criminal behavior using case material to illustrate our discussion. We will conclude with a short discussion of combat-related PTSD, PTSD assessment, and possible forensic options when a combat veteran, with or without symptoms of PTSD, commits a crime.

Effects of War on Personality Development

Most clinicians agree that prolonged trauma may profoundly affect a person's sense of identity. Wilson¹¹ takes the position that most Vietnam veterans, when exposed to the trauma of war, were at the age when young men begin to stabilize their basic personality structure in order to progress through the various roles of adulthood. Many affluent twentieth century cultures grant to youth at this time a "psychosocial moratorium" in which to explore oneself and in the process work out a more enduring iden-

tity. Our culture tends to allow an extended moratorium, often through the late twenties. The soldier in Vietnam was typically between the ages of 17 and 25, with the average age being about 20. Many Vietnam veterans have had great difficulty finding their "identity" and making the transition back to peacetime society. The Vietnam War was no moratorium.

In our experience many of the veterans who are most deeply affected by combat and by symptoms of PTSD had the highest personal standards before the war. These characteristics have been noted by other authors.¹² However, these individuals may be the perpetrators of postwar criminal acts. The acts themselves are ego alien. Unfortunately, in wartime, behavior that would otherwise be considered immoral or criminal is necessary and sanctioned. To accomplish this value transformation an individual must partially put aside humanitarian beliefs. Fear and grief, which are appropriate responses but not conducive to survival, must be controlled. As old values become distorted, expressions of fear are devalued and "split off" while aggression is idealized or, at least, tolerated.¹³

In Vietnam, where it was difficult to distinguish friend from foe, it became very hard for the soldier to maintain control of events occurring around him. The new reality was a drastic change from conventional society. Wilson¹¹ believes that such stress-producing events can lead to acceleration of individual maturation. In other words, the normal course of maturation and ego develop-

ment is quickened. Using an Eriksonian developmental model Wilson¹¹ posited that each of the adult stages of ego development moves into ascendancy prematurely. Therefore, the young adult becomes concerned not only with age-appropriate tasks such as identity, but also with later concerns such as intimacy, generativity, and integrity. One returning veteran expressed it well:

I'm a lot older now. . . . That's one of the most difficult adjustments: to reenter the world which you were conditioned to live in since childhood, but you've gone through an experience which taught you a level of existence that you could not have even imagined of yourself. You've found in yourself a capacity for compassion that you did not even believe existed. You've been hurt more deeply than you thought you could be hurt. You have given, in some cases, more than you ever thought you could give, to yourself even, let alone somebody else.^{14, p. 318}

Maximal personal flexibility is required to deal with such a rupture from normality. In a strict moral sense there is no way to adapt to warfare.

The Bad War

After the Tet offensive in 1968 the Vietnam War was considered a "bad war" by the American public and veterans who participated suffered various forms of stigmatization.¹⁵ Whereas some World War II veterans came home to joyous victory parades, Vietnam veterans returned in "defeat" and were more likely to witness antiwar marches and protests. Fleming¹⁶ contrasts the Vietnam War, a "frontier war" with World War II, a "national war." National wars are big wars that have had the ability to capture the public's patriotic imagina-

tion. The objective is victory. Frontier wars have been "dirty little wars," undeclared, restricted in scope, and fought over a prolonged period of time. The objective is denial of an enemy victory. Because of the limited military nature no collective public spirit is generated.

Many veterans felt that their efforts were unappreciated or even condemned by their fellow Americans. This was particularly traumatic because while in Vietnam they had idealized their homeland (their term for it was "the world"). Soldiers engaged in daily fantasy excursions of how wonderful life would be when they returned to the States.¹⁷ Instead, when the time arrived, many veterans had to deal with a less than accepting public and high rates of unemployment. A large survey has shown that the returning Vietnam combat veteran was more alienated, had significantly more problems in establishing intimate relationships, and had more employment problems than did his nonveteran peers.¹⁸ For black veterans, often familiar with the indignities of discrimination, the homecoming was particularly frustrating. As one put it:

[America] lied. They had us naive, young, dumb-ass niggers believin' that this war was for democracy and independence. . . . I can't speak for other minorities, but living in America in the eighties is a war for survival among black folks. And black vet'rans are being overlooked more than everybody. We can't find jobs because nobody trusts us. Because we killers. We crazy. We went away intelligent young men to do the job of American citizens. And once we did, we came back victims.^{19, p. 264}

All these problems have clear implications regarding criminal behavior. Wilson¹¹ concluded that more than any-

thing else the returning veteran needed social support and a positive welcome from his community to help "work through" the war experience while trying to establish his sense of identity. One veteran summed it up¹⁵: "Liberals hate us for killing and conservatives hate us for not killing enough" (p. 271).

Suggested Factors in the Etiology of Criminal Behavior

"CHUMPED" The peak birth year of the Vietnam veteran was 1947. It is probable that no generation in American history has had greater socioeconomic expectations.¹⁶ They grew up in a period of prosperity and increasing idealism. Even the disadvantaged and minorities had hope of social betterment. The Vietnam era brought social changes and an accompanying shift in values. Many veterans felt that they had been "chumped" (deceived) by their government and by society. The reversion to an opportunistic role during peacetime and the need to exploit others became partially a denial of their own victimization. In this way they appeared strong rather than victimized.¹³ Some veterans used this as an excuse to engage in criminal activity. In other words, I was "ripped off" . . . I will "rip off" in return. Here is one such report¹⁹:

I got drafted on November 22, 1966. I had been working for a book distributor and as a stock boy in some stores coming out of high school.

They told us when you go over in Vietnam, you gonna be face to face with Charlie, the Viet Cong. They were like animals, or something other than human. They ain't have no regard for life. They'd blow up little babies just to kill one GI. They wouldn't allow you to talk about

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them as if they were people. They told us they're not to be treated with any type of mercy. . . . That's what they engraved into you. That killer instinct. Just go away and do destruction.

Even the chaplains would turn the thing around in the Ten Commandments. They'd say, 'Thou shall not murder,' instead of 'Thou shall not kill.' Basically, you had a right to kill, to take and seize territory, or to protect lives of each other. Our conscience was not to bother us once we engaged in that kind of killing. As long as we didn't murder, it was like the chaplain would give you his blessings. But you knew all of that was murder anyway.

I got the Army Commendation Medal with V for valor. . . . We was heroes, but I didn't feel like it for long. You would see the racialism in the base-camp area. Like rednecks flying rebel flags from their jeeps. I would feel insulated, intimidated. The brothers they was calling quote unquote troublemakers, they would send to the fields. A lot of brothers who had supply clerk or cook MOS when they came over ended up in the field.

When I came home, I really got upset about the way my peers would relate to me. They called me a crazy nigger for going to the war. And I was still dealing with Vietnam in my head.

They killed Dr. King just before I came home. I felt used. . . . I had never did a criminal thing before. But I began to plan how we could commandeered and hijack the mail truck [to the Treasury Department]. Set up an ambush.

The next day we read in the Washington Post that we missed the bag with the million dollars. But it was the largest mail robbery in the history of the District of Columbia. And I was glad we got what we did.

It was January 16, 1970. They locked me up on \$500,000 bail. . . . I couldn't raise it. . . . [The judge] was wounded in World War II. And I don't think he liked me being a veteran doing what I did.

I still think of Vietnam. I come to realize really that the purpose of the war was something more than any of the men who were fighting realized at the time. It was like a power play. And the people in charge kept getting overcommitted, overextended, and just didn't know how to pull out. No matter how patriotic we

was fighting it, we was like cannon fodder. And I will always be thinkin' that way until the government shows me how we benefited from it. . . . War is prison, too (pp. 93-112).

It has been shown that responses to chronic victimization include difficulty in coping with anger and aggression toward others.²⁰ Wilson¹¹ describes this as an exploitative-opportunistic orientation whereby the victim subscribes to a distorted concept of "fair exchange" that emphasizes the gratification of personal needs at the expense of others. The first realization of victimization may have been the death of a buddy in Vietnam or a Dear John letter.^{21,22} Most veterans believe that the United States was overly submissive in the conduct of the war.

. . . we had the war beat until they started [the] pacification program. Don't shoot, unless shot upon. The government kept handicapping us one way or 'nother. I don't think America lost. I think they gave up. They surrendered.^{19, p. 264}

Power At times some combatants felt invincible in Vietnam: "When you have 60 men under you and can kill anyone you like, that's a great feeling of power. There's nothing like it."^{23, p. 62} In pursuit of that feeling in civilian life veterans have reverted to unlawful activity. In a discussion of the etiology of criminal conduct Fenichel²⁴ has concluded that the more power a person has the less he or she needs to justify his or her acts. In other words, an increase in self-esteem by the acquisition of power means a decrease in guilt feelings. This seems paradoxical but, in reality, may become a vicious cycle of power, necessitating the acquisition of more and more power and the consequent commitment of more and more crimes in order to maintain power. If the crimes

go unpunished there is further internal justification for their continuation.

Basically, I enjoyed Vietnam. It was the most vivid part of my life. I enjoyed the anarchy of it. You know, self-law. No one even bothered you. You know what it's like to walk down the road with twelve guys armed to the teeth and anybody who shoots at you is in trouble? You're living every minute. You're with the guys who really look after you. You can trust them. I missed that a lot when I got back to the states.

When I came back to America, I'll tell you a little secret. I was doing a lot of stick-ups. Because I wanted that thing. Stuff didn't bother me, like what happens if you get shot. Fuck that. I been shot. Being in trouble doesn't bother you. Big fucking deal. How bad can it be? . . . The guys I was working with were vets, too, really insane. There's a lot of sick crews out there, shotgun teams doing this stuff, and they're all former Marines like me. . . . Doing stick-ups was like being in Nam going on patrol. I had a reason for doing what I was doing, some sense of priorities. It gave me direction and a sense of being.

When you first come back there ain't a thing you can't do. If you want to be a millionaire, you can . . . When I first entered this society again, I felt superior to everybody. I did for five or six years until I had to go up for two.¹⁴, pp. 301-303

Guilt and Self-Punishment Past moral transgressions in combat, in particular, are subject to a good deal of painful recollection and absolution is difficult to achieve. The veteran may seek forgiveness through sacrifices and suffering. Wilson¹¹ sets forth two types of guilt. In survivor guilt the individual wonders why he lived when someone else died, whereas, in personal guilt he suffers a loss of self-esteem for committing acts inconsistent with his self-image. Some veterans feel that they need to render some form of retribution before they can forgive themselves.²⁵ In other

words, the conscience (superego) accepts suffering or good deeds as a currency by which its claims can be satisfied.²⁶ Yet these efforts often fail because they are attempts to appease a conscience that has become incapable of forgiveness. This pattern is instrumental in the development of chronic depression.²⁷ People who retain a strong sense of guilt are often "wrecked by any success."²⁴ This explains the inconsistency many veterans demonstrate. They throw away successes and seem to "snatch defeat from the jaws of victory." Often the symptoms become worse as the veteran becomes reassimilated to the normal mores of civilian life.

Dwight Johnson died one week from his 24th birthday, shot and killed as he tried to rob a grocery store a mile from his home. In Vietnam, Johnson had been a hero. His platoon of four M-48 tanks had been traveling down a road toward Dakto in the Central Highlands near the Cambodian border when it had been ambushed. Communist rockets had knocked out two of the tanks immediately and NVA foot soldiers had come out of the nearby woods to attack the two tanks still in operation. Johnson had ignored his own safety and had run through heavy crossfire to the burning tank to try to rescue those inside, however, the tank exploded. For 30 minutes afterwards, armed first with a 45 caliber pistol and then with a submachine gun, Johnson had hunted the Vietnamese on the ground, killing 5 to 20 enemy soldiers. At one point he had come face-to-face with a communist soldier who squeezed the trigger on his weapon aimed point-blank at Johnson. The enemy's gun misfired and Johnson killed him.

When Dwight Johnson returned to the United States he was awarded the Congressional Medal of Honor. He reentered the Army as a recruiter but was never comfortable with his new role. He began to suffer from depression that was diagnosed as being caused by "post-Vietnam adjustment problems."

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He did not confide in his mother or wife but entertained moral judgments about what had happened at Dakto. Why had he been ordered to switch tanks the night before? He thought about the Vietnamese with the gun that had jammed. Why had he been spared and not the others? He felt guilt about winning the nation's highest honor for the one time in his life when he had lost complete control of himself. He asked, "What would happen if I lost control of myself in Detroit and behaved like I did in Vietnam?" The grocery store robbery was the first time he had ever done anything wrong. Later his mother said, "Sometimes I wonder if Dwight tired of this life and needed someone else to pull the trigger."^{28, p. 16}

Veterans have committed crimes with the outright motivation of getting caught. They are often apprehended because their mistakes are consciously or unconsciously deliberate. Getting caught and punished partially atones for the crime and partially atones for guilt for past sins. By provoking punishment they relieve their guilt enough to be able to follow through with new offenses. The game of crime and punishment may continue interminably.²⁶

C.W. was in Vietnam from November 1970 through February 1971. By his own account he had been in a Marine platoon that had the highest kill rate of the enemy and the highest casualty rate during the Vietnam war. He had been involved in numerous episodes of extreme violence including mutilation and torture of suspected Viet Cong infiltrators. C.W. fought for approximately two months on the Dien Delta in an ambush patrol of about 15 men, before he was wounded in a mine explosion and evacuated in February of 1971. His unit had operated on high flatlands and had been a close-knit group of men who had been unified in their hatred of Viet Cong and their commitment to guerilla warfare.

Since returning, C.W. has experienced classic symptoms of PTSD, including nightmares that involve unsettling scenes from his experience in Vietnam. Sometimes, in the nightmares,

C.W. will be the victim of dismemberment or some other atrocity. He is extremely guilt-ridden and has described himself as a "dead man" who died spiritually in Vietnam and will go to hell when his physical person dies. As a result, he has had a total inability to be close to people. When he first arrived in Vietnam he asked for transfer to a unit that experienced plenty of "action" because he had wanted to be part of the war; however, now he regretfully admits that he began to enjoy the killing.

C.W. has been arrested and incarcerated on 17 different occasions for assault, aggravated assault, attempted murder, and car theft. He commits a crime, spends time in jail, is released, and commits another crime. After his last stay in the State Penitentiary, he decided that he had finally experienced enough confinement and could no longer tolerate being locked up. Since then, he has stayed away from people. He says that he has learned to control himself. Although he showed up for a Veterans Administration (VA) disability evaluation for PTSD he said that he does not want any financial remuneration.

Substance Abuse Drug and alcohol use and criminal activity have been long-term companions. In many instances the use of drugs or alcohol has been a primary or ancillary factor in criminal behavior. Drug use in Vietnam has been extensively surveyed. Stanton²⁹ found that while in Vietnam 50.1 percent of enlisted men reported using marijuana at least once, 16.2 percent used amphetamines, 11.6 percent used barbiturates, and 2.2 percent used heroin. Other authors have reported fairly heavy drug use in Vietnam.^{30, 31} Robins^{32, 33} 1971 survey of U.S. Army enlistees documents pre-war, wartime, and postwar use of opiates. Although addiction rates were relatively high in Vietnam, after the war addiction appeared to revert to the pre-war incidence. In contrast, regular and problem drinking declined in Vietnam,

but increased afterward to a level above preservice rates. Nace and associates³⁴ also concluded that Vietnam veterans were unlikely to follow a pattern of chronic heroin addiction after the war; however, as in Robins' survey, alcohol-related problems were fairly extensive, with 16 percent classified as problem drinkers in civilian life.

It appears that the use of drugs in Vietnam was primarily the result of a search for tension release.¹¹ Brende¹³ says that many soldiers medicated themselves to alleviate psychic pain, "depending on drugs and on each other in amazingly similar fashion" (p. 208). Other factors have included the availability of heroin at low cost, deterioration in morale after the 1968 Tet Offensive, curiosity, and rebellion.³⁰⁻³²

Laufer and associates³⁵ have demonstrated a significant correlation between the presence of PTSD, daily alcohol use, and, to some extent, marijuana use with a sample of 251 Vietnam veterans. Among State of California prison inmates, drugs have played a more important role in the lives of nonveterans than of veterans, but the reverse was true for alcohol.² Finally, analysis of data collected in a 1977 U.S. national epidemiologic study of substance abuse revealed that Vietnam veterans had substantially higher levels of alcohol consumption and binge drinking than did comparable groups of Vietnam "era" veterans with no Vietnam service, other veterans, and nonveterans.³⁶

The use of alcohol may be a habit acquired to relieve depression and boredom, overcome undesired feelings of fear and dependency, express rebellion,

or overcome inhibitions secondary to shame or guilt. The adverse consequences of drinking serve as an admirable form of self-punishment. Chronic consumption of alcohol and/or drugs, then, may be a coping mechanism during times of stress that later becomes a contributor to criminal activity.

A.C., a 30-year-old unemployed Vietnam veteran, was arrested and charged with the firearm murder of a man while both were attending an outdoor music festival. Witnesses described A.C. as having been quite intoxicated and argumentative prior to the killing. The victim had requested that the defendant leave the area and a verbal exchange escalated to a fist fight. The defendant then challenged the victim to a gun battle, drew his gun, and shot the other man through the chest.

The defense advanced the theory that the homicide was related to PTSD. A.C. said he was unable to recall the initial moments of the shooting. He thought that he had most likely experienced a "flashback" and the victim had changed into a Viet Cong.

A.C. enlisted in the Army at age 17 and spent six months in combat-related activities in Vietnam. During his time in Southeast Asia, he had become increasingly involved in the use of marijuana and sedative hypnotics. His tour of duty ended abruptly when he sustained shrapnel wounds and was evacuated to the United States.

After discharge from the military, A.C. gradually drifted to rural settings where he thought he would be more able to experience a free existence. He reported wandering about, staying in abandoned dwellings and at times experiencing flashbacks of his Vietnam experiences. He said he feared his violent impulses and recognized the threat he might represent to others. In spite of this, he continued to carry weapons. He also continued to use street drugs and alcohol; he said the drugs helped him to calm down; however, he also acknowledged that the drugs did tend to make him act more violently. During this period, A.C. began to have increasing legal difficulties, usually centering on alcohol-related offenses. He was granted service-connected disability for PTSD

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by the VA. However, he turned down multiple offers of treatment both for PTSD and substance abuse.

At the time of his trial A.C. plead NGRI. During the trial, it was established that A.C. had a long-standing pattern of substance abuse and was significantly intoxicated at the time of the offense. It also was substantiated through eyewitness testimony that the defendant had made some threatening statements directly toward the victim and others at the time of the shooting. He was found guilty of second-degree murder.³⁷

Sensation-Seeking Some authors have focused on other regressive behavior patterns in efforts to explain criminal behavior.⁷ Regression, both during and after combat, in general means diminished personal autonomy and more primitive modes of functioning. Regression is encouraged during military training as it fosters the surrender of individual autonomy to leaders and to the collective efforts of the military unit.³⁸ Regression during wartime also means the necessary emergence of basic survival behavior. Unfortunately, the combat experience fosters dehumanizing aspects of regression so that fighting for one's country may be replaced by fighting for the sake of fighting. As some Vietnam combatants increasingly adapted to their war experiences their regressions became more pathologically entrenched.²³ They may have enjoyed heightened prestige, power, and "self-realization" in Vietnam. They performed more meaningful roles (e.g., medic, squad leader) than they have been able to achieve in civilian life.

As a result, some have tried to recreate the excitement they once felt by seeking altercations or by engaging in events that provide dangerous, risky, and challeng-

ing activity (e.g., sky diving, flying, stunt diving, Russian roulette, etc.). Shatan⁴ calls this conduct "personal duels with death." Wilson⁷ says that this fulfills two unconscious aims. The behavior enhances the personal sense of being fully alive and defends against depression, and it may involve a form of repetition compulsion that serves to block the onset of intrusive experiences. He has found that these veterans only become symptomatic when blocked from physical activity. In this regard, says Wilson,⁷ the sensation-seeking enables the person to continue striving to master unconscious trauma by responding with self-initiated behavior that may lead to, or repeat, successful outcomes. In a psychological sense, the veteran is compulsively repeating life-death encounters and mastering them with survival skills. Such sensation-seeking is indiscriminate and may involve illegal activity. Wilson⁷ states that as veterans enter into the sensation-seeking syndrome they are more likely to commit a nonviolent criminal act.

In *United States v. Tindall*,³⁹ the defendant persuaded the judge and jury that at the time of his participation in drug smuggling, he had been suffering from PTSD. Specifically, he convinced the jury that the smuggling, which took him from Spain to Massachusetts, had been just another combat mission for which he was not criminally responsible. The defense asserted that his involvement in the scheme had been an act of compulsion induced by PTSD. Testimony elicited at the trial indicated that Tindall had been a fighter pilot in Vietnam, who had undergone several dangerous missions. Some of his former copilots testified as to his excessively excited state while flying. Upon returning to the United States, Tindall had moved to Florida, rented a home, and sprayed the ceiling so it reflected at night, hung his bed from the ceiling, and, in general, tried to

recreate his lifestyle in Vietnam. He and his roommates continuously watched films they had made while in Southeast Asia.

It was said that Tindall had an "action addiction."⁹ He started to do what he called "crazy things" such as taking LSD, diving into rivers and exploring underground caves. He rented airplanes and flew over the Everglades at a very low altitude to see if he could get a rush or thrill. Tindall had tried to obtain employment as a commercial pilot but had been turned down time and time again because he lacked the necessary air charter certificate. This certificate, issued only by the Federal Aviation Administration, had been repeatedly denied to Tindall, apparently because of his youth. Without this certificate, Tindall could not obtain employment as a charter pilot. Therefore, "when approached by his former commanding officer, Peter Krutschewski, with a plan to import hashish, Tindall saw only another mission to accomplish—another high—and he quickly assented. Tindall needed to live on the edge, and this was one way to fulfill the need."⁶

A federal jury found Tindall not legally responsible for his action during his participation in the smuggling scheme. He was found NGR1 in September 1980.

Lowered Standards for Military Induction During the Vietnam War military conscription was the subject of much heated debate. One solution was Project 100,000, also known as McNamara's 100,000, after the former Secretary of Defense. The United States military, by law, has certain minimal mental and physical requirements for entrance into the armed services. In 1966 Project 100,000 was formulated. Billed as a Great Society program, the project was ostensibly designed to rehabilitate the poor. The program lowered military standards for induction. It was argued that the young men who had previously failed to meet the armed services mental or physical requirements would be able to learn new skills, gain

self-confidence, profit from veterans' benefits, and generally enhance their prospects for the future, if they could enter the military. In the end, 354,000 men entered the military under the program. Forty-one percent were black and 40 percent were assigned to combat roles in Vietnam.⁴⁰ By lowering entry standards, the armed services dipped further into the nation's socioeconomic fabric. It has been shown that veterans from the most unstable family backgrounds have been more likely to incur symptoms suggesting PTSD after minimal stress in Vietnam (e.g., low combat exposure or no combat).⁴¹ Although systematic data are unavailable, some of these individuals had a criminal background and have undoubtedly contributed to veterans' postwar crime statistics.

Posttraumatic Stress Disorder

Although the term PTSD is a new one, the definition and the description of the disorder draw on earlier concepts of gross stress reaction and traumatic neurosis.⁴² The DSM-III criteria for PTSD have recently been investigated, and there is empirical support for the DSM-III definition.^{43,44} Other investigators, while in general validating DSM-III criteria, have also found evidence for additional specific features, for example, depression,⁴⁵ rage,⁴⁶ or an avoidant subtype.³⁵ Still others, arguing that it is false to separate particular facets from the nexus of postwar maladjustment, have advocated a much broader definition of PTSD to include such behavior patterns as nomadism, antisociality, and substance abuse.⁴⁷⁻⁴⁹ These latter, highly in-

clusive models lack empirical underpinnings. Despite moderate controversy about the particular symptoms of the syndrome, there are few, if any, who deny the occurrence of PTSD.

Exposure to combat in Vietnam or its consequences (e.g., field hospital nurses, graves registration workers) has been the factor most often demonstrated to correlate with postwar psychologic distress in clinical,^{50,51} compensation-seeking,⁵² and community samples.^{18,41,53} The civilian arrest rate among Vietnam veterans with heavy combat exposure has been shown to be three times the rate among veterans who experienced light combat or no combat at all.¹⁸ Other factors related to military service may also be associated with subsequent adjustment; for example, the individual's perception of the meaning of combat,^{54,55} the degree of personal responsibility for combat-related tragedies,⁵⁶ the general pattern of conduct during duty,⁵¹ and the mode of discharge after combat.⁵⁷ Participation in atrocities confers an especially high risk for PTSD.³⁵ Secondary avoidance mechanisms⁵⁸ and postwar family and social supports may influence symptoms of PTSD.^{57,59,60} The role of predisposing factors is controversial. Family instability during the veteran's early years is commonly identified in PTSD-positive VA psychiatric inpatients.⁶¹ Community studies of non-clinical samples either tend not to support this association⁵³ or to place significant qualifications upon it. For example, Boulanger⁴¹ has demonstrated that under the most stressful conditions (exposure to high levels of combat) family

background appears to have no bearing on the development of subsequent traumatic stress reactions. At less stressful levels, such as low exposure to combat or no combat, men from the most stable families remain relatively free of stress reactions whereas men from less stable family environments are more likely to develop symptoms suggesting PTSD.

Dissociative States A controversial relationship between criminal behavior and PTSD occurs when the crime is committed under the suspected auspices of a "dissociative state" or "flashback."⁷ This theoretical connection has been successfully advanced in several NGRI pleas for which defense attorneys have maintained that at the time of the criminal offense the veteran was in an altered state of consciousness (dissociative state) brought on by reliving or reenacting his Vietnam experiences and, therefore, could not appreciate the nature of his acts or conform his conduct to the requirements of the law. Such psychologic states typically feature impaired reality testing and unpremeditated behavior. When a dissociative state appears as a valid secondary manifestation of a DSM-III mental disorder (e.g., PTSD), the requirements for legal insanity may be met. In such circumstances, consideration of the dissociative state represents an intermediate step in deliberations over NGRI rather than a starting point. Most often a dissociative state is nonapplicable to the forensic setting because it is spurious or secondary to alcohol and/or drugs.

In some states there is an "unconsciousness" defense that comes under a

separate statute and does not necessarily presume insanity.⁶² Unconsciousness defenses have been applied to persons who are "not conscious" of their actions at the time of the crime because of psychomotor seizures, febrile delirium, and so forth. The theoretical basis for this is the contention that acts performed non-voluntarily do not satisfy minimal requirements for criminal activity. In practice, this sort of defense is very difficult to establish because the "unconscious" mental state is ephemeral and usually nonverifiable, and because of the clear potential for substantial secondary gain.

Criteria for diagnosis of unconscious flashbacks to war experiences in Vietnam veterans that have been suggested by Blank⁶³ include the following: (1) the flashback behavior is unpremeditated and sudden; (2) the flashback behavior is uncharacteristic of the individual; (3) there is a retrievable history of one or more intensely traumatic combat events that are reenacted in the flashback episode; (4) there may be amnesia for all or part of the episode; (5) the flashback behavior lacks current motivation; (6) the stimuli (triggers) for the flashback behavior may be current physical or environmental features that are reminiscent of original experiences in Vietnam; (7) the patient is mostly unaware of the specific ways he or she has repeated and reenacted war experiences; (8) the choice of victim may be fortuitous or accidental; and (9) the patient has, or has had, other symptoms of PTSD.

Shortly after midnight on August 22, 1977, Charles Heads shot and killed his sister-in-law's husband. On the day of the murder Heads, a

resident of Houston, Texas, had traveled to Shreveport, Louisiana, in search of his wife and three children, who had left the family home in Houston four days before. Heads had found his family at his sister-in-law's house. There had been a dispute; he had broken into the house and begun to fire his pistol down the bedroom hallway until he had run out of bullets. Heads then had run to his car, retrieved a rifle from the trunk, and returned, firing several blasts, one of which had struck his sister-in-law's husband in the eye, killing him. The trial in May of 1978 resulted in a verdict of guilty of first-degree murder. However, because the jury had been erroneously instructed, a new trial was granted on appeal.

In 1967, at age 19, Charles Heads had been with the first Marine Division in DaNang, South Vietnam. He had volunteered for the first reconnaissance battalion. In nine months in Vietnam he had gone on 38 patrols. Heads' Vietnam service came to an abrupt end when his sixteen-man patrol was ambushed and he, as the point man, was hit first, twice in the abdomen.

Heads had been evacuated back to the United States and was honorably discharged. Outwardly, he did a good job of putting Vietnam behind him. Only one time before the murder, during the stress of a brief separation from his wife, had Heads experienced a documented flashback or "dissociative-like" state. On that occasion, two years before the killing, he had vaulted onto the roof of his own house with rifle in hand, assuming an assault position and fired harmlessly for a few minutes into the tops of the trees in the neighborhood. Shortly afterwards, he had been himself again.

At the second trial the defendant's combat buddies were called to testify. They told the jury about the nature of guerrilla warfare in Vietnam and its effect on their lives. The testimony at trial also established that Charles Heads had no significant criminal history before or after Vietnam.

Expert psychiatric witnesses testified that when Heads' wife left with the children he lost his emotional support. He had reverted to a survival behavior that served him well at an earlier time. During the night of the shooting the setting had been reminiscent of Vietnam—warm, humid, ground fog, and a previous

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night's rain. After the crime Heads had not tried to run away but had been found wandering in a daze inside the house, the barrel of his weapon in one hand at his side.

After two weeks of trial testimony, a jury returned the verdict of NGRI. They concluded that Heads could not distinguish right from wrong during the shooting episode.^{64,65}

Factitious PTSD As we have suggested, PTSD itself is a difficult diagnosis to confirm. An individual may have certain symptoms implying PTSD, yet not have the disorder because many of the symptoms are nonspecific and can either reflect other psychiatric illnesses or be reactions to intervening stressors. Even the symptoms relevant to reexperiencing the stressful event can be fabricated. Ultimately, the absolute presence of criterion symptoms is not enough to establish the diagnosis, as the unique and important diagnostic feature of PTSD is the stressor itself. By definition, this must be severe enough to be outside the range of normal human experience, thus excluding stressors such as business losses, marital conflict or divorce, death of a loved one, and chronic illness. DSM-III recognizes that, although all victims of PTSD might not have normal personalities, the stressor must be of sufficient severity to invoke the symptoms in most normal people.⁶⁶ Other factors such as loss of job and personal rejection may intervene and lead the clinician to mistakenly assume that problems in living make up PTSD.

There are several reasons that a person might falsify or exaggerate a combat story. Monetary compensation from the VA⁵² and relief from criminal responsibility^{67,68} are two often-discussed motives.

In *Pard v. United States*,⁶⁷⁻⁶⁹ a civil action, the plaintiffs, Michael Pard, a Vietnam veteran, and Kerry Pard, his wife, alleged that the VA failed to diagnose and treat Pard for PTSD in 1979. The Pards claimed that because of this failure his mental state had deteriorated steadily, resulting in an attempt to kill his ex-wife and a shoot-out with police officers wherein Pard was wounded in the leg, hand, and head. The Pards made two claims against the United States totaling \$9.5 million. The claims sought compensation for the injuries and for loss of consortium with his wife.

Pard was originally charged with three counts of attempted murder, for which he entered a plea of NGRI. At the February 1980 criminal trial, the jury returned a verdict of not guilty by reason of mental disease or defect (PTSD) on two counts of attempted manslaughter and one count of attempted murder.

Pard's subsequent suit for damages against the U.S. Government and the VA went to trial in 1984. Because it was a civil proceeding, the insanity defense was not at issue. However, much of the testimony introduced by the government focused on Pard's diagnosis of PTSD because it was evident that if Pard did not have PTSD his civil lawsuit lacked validity.

Pard testified that during the 4.5 months in Vietnam he had survived several close brushes with death. He claimed that he had witnessed the death of four fellow crewmen and that his helicopter gunship registered more than 400 confirmed kills. He further claimed that once, when his gunship had been shot down, he had had to shoot three children at close range in self-defense. He alleged that his helicopter crew had rescued a general and that he had received the Distinguished Flying Cross for his part in the rescue. He also said that he had received a Bronze Star for valor.

In putative attempts to get help, Pard had seen several mental health workers between 1978 and 1981. All of these workers had failed to elicit any evidence from Pard that he had been troubled by combat-related nightmares or daytime reveries. In a symptom checklist at a public counseling clinic prepared by Pard on December 18, 1978, he had not checked the survey item entitled, "nightmares," nor made any reference to war-related phenomena. Furthermore, because of Pard's substantiated his-

tory of conflict with his ex-wife, the shooting seemed to represent motivated directional violence. He had threatened her life previously and had been briefly jailed for menacing her several months earlier. The shooting had been logically connected to past events and had been in response to a supposed provocation by Pard's ex-wife. Finally, no feature of the circumstances at the time of shooting had approximated the conditions of Pard's original experiences in Vietnam. Thus, there had been no evidence of a war-related trigger stimulus for the violent episode. Moreover, Pard could recall the details of the shooting with considerable specificity in the days after the event. Later he claimed amnesia for those details.

At the 1984 trial the government introduced testimony by three persons who served in Vietnam with Pard: his commanding officer, a pilot, and a fellow crew chief. Their testimony made it evident that Pard's helicopter was not a gunship but had been used for the administrative purposes of moving the commanding officer and his staff from place to place and for ferrying supplies. Members of the unit saw little, if any, combat. They had never been sent on missions to kill enemy, and had registered no confirmed kills. Testimony of his commanding officer demonstrated that no administratively assigned helicopter had ever been shot down during the time that Pard was in Vietnam, and that no incident took place in which Pard shot several children or any other Vietnamese people, civilian or military. Pard had not been wounded by enemy bullets but had been injured when his own machine gun malfunctioned and a piece of the gun lodged in his arm. None of the men from Pard's unit had heard of the incident in which the squad was supposed to have saved a general. Both Pard's personal military record (Army 201 file) and the testimony at the trial made it plain that the plaintiff had not received the Distinguished Flying Cross or the Bronze Star.

On June 20, 1984, in the United States District Court for Oregon, the judge ruled that Michael Pard did not suffer from PTSD and that the VA was not guilty of any of the negligent acts charged by the Pardes.

PTSD Assessment

The diagnosis of PTSD and concurrent disorders is facilitated by seeking

several varieties of information from multiple sources. Experienced clinicians have discovered that the tone of the veteran's combat description is a very sensitive indicator in helping to determine the presence or absence of PTSD. Typically, these descriptions are extremely vivid and highly detailed with a hyperamnesia of recall (increased retentiveness of memory). In PTSD disability examinations the clinician characteristically finds himself overwhelmed with an abundance of highly emotional material that is at the forefront of the veteran's memory awaiting stimulation. Indeed, clinicians have come to the conclusion that the overaccessibility of these memories is one of the pathologic configurations of the disorder. Examiners find themselves exhausted by the intensity of the interviews and accordingly the "burnout" rate of psychiatric examiners conducting frequent PTSD evaluations has been high.

Among all combat veterans, conscious recall of traumatic experiences varies. Horowitz⁷⁰ has described phasic denial and numbness in stress response syndromes. This may include amnesia (complete or partial), denial, personal inflexibility, and constriction of associations to the traumatic episode. These mechanisms represent a defensive effort to ward off the emotional reexperiencing of the unpleasant stressful event. Usually such attempts at inhibition alternate with unwanted intrusive recollections.

In some cases a veteran will describe his experiences in a somewhat mechanistic fashion. However, in these instances there is also a strong recollection of highly detailed material with much

visual, auditory, and tactile recall. Vietnam veterans with PTSD often feel profoundly guilty and angry at the same time and the elaboration of these feelings permeates and colors their language. Typically there is a very serious and anguished quality to these individuals. Even when they are antagonistic toward a psychiatric examiner, the depth of their feelings comes through. Another very common form of recall is dreams. It is not unusual for former combat soldiers to have some battle dreams. These are less intense than the vivid nightmares of war events with diaphoresis and severe apprehension reported by veterans with PTSD and verified by their spouses. Some even describe awakening in terror without recalling the dream itself.

Arnold⁷¹ has recently discussed psychosocial and military history-taking, and the cardinal features of PTSD, in a particularly useful manner. Acquisition of such information requires an empathic, often unstructured approach. However, other specialized, structured procedures may also be invaluable. "Walking the veteran through" his or her tour of duty—a chronologic review of military experience from basic training to discharge—may be illuminating to both veteran and investigating professional.⁷² Combat scales,^{18,73} more general stress scales,⁷⁴ and general diagnostic scales, such as the Structured Clinical Interview for DSM-III,⁷⁵ may be especially useful with patients who are imprecise or vague reporters, once good rapport has been established. The MMPI has proved useful to several workers in establishing the diagnosis

of PTSD,^{45,51,76} as have behavioral analyses⁷⁷ and physiologic measures of arousal induced selectively by combat-related stimuli.⁷⁸⁻⁸⁰ The clinician's willingness to make multiple diagnoses whenever justified, rather than insisting on a single diagnosis, may reduce Type 2 diagnostic errors.⁵²

It is known that PTSD can masquerade as another disorder (e.g., anxiety, affective, schizophrenic, dissociative, or personality disorder).^{71,81,82} Too often in our experience a clinician finding evidence for substance abuse, depression, or personality disorder fails to look further for less obvious signs of PTSD or else rules out the latter merely on "either/or" grounds despite awareness of PTSD signs in the case. This process also occurs in reverse when clinicians focus exclusively on PTSD. Peer review of preliminary diagnoses may improve validity.⁴³

Pard shares features commonly seen in individuals with factitious disorder including a long history of manipulative behavior, lying, and exaggeration. Such individuals often recount convoluted, grandiose stories using esoteric terminology that is difficult to understand or verify. Family dynamics, guilt about not having participated in combat, faulty self-esteem, and social labeling may contribute to factitious combat accounts.^{83,84} Some cases resemble the picture seen in extreme factitious medical disorders (Munchausen syndrome).⁸⁵ Various means may be used to recognize factitious PTSD. Veterans who have contradictory stories, who refuse help, or who clearly seek gain from their symptoms should be identified. Consul-

tation with a Vietnam Veterans Outreach Center (Vet Center) provides one method of indirect determination of authenticity. Vet Center counselors are familiar with the logistics of the war and with the geography and culture of Vietnam. They are often able to recognize the veteran who relates improbable and fanciful tales of combat.

In any thorough evaluation it is important to survey collateral sources (e.g., fellow combatants, squad leader) and to interview the veteran's spouse or relatives. Because there is a known association between the degree of combat involvement and PTSD,¹⁸ verification of the veteran's report of combat experience increases the probability that the veteran's subjective symptoms (e.g., insomnia, intrusive imagery, survival guilt) are also "real." Consequently, confirmation of the stressor through military records and eyewitness accounts becomes the only fundamental method of independent substantiation of the validity of the stressor, and, hence, the disorder. Unfortunately, personnel files are often nonrevealing. A veteran's unit history files (unit logs) or data from other members of the same unit are better resources.⁸⁶ Discharge papers (Form DD 214) indicate dates of military service and will note if a veteran has received Vietnam campaign medals. For definite verification, it may be necessary to obtain a DD 214 copy from the U.S. Department of Defense because of possible falsification of the veteran's own copy.

It is also important that independent and preexisting personality traits be considered. Because so many combat veterans encountered combat trauma at a

developmentally impressionable age, a number of workers believe that subsequent signs of personality disorder can represent either "exaggeration" of preexisting personality pathology^{47,87} or fixation of personality development at an adolescent level.¹¹ The general relationship of PTSD to personality disorder is not well understood.⁸⁸ Study of this question in Vietnam veterans has been hampered not only by the necessity for retrospective assessment, but also by the lack of measures that specify childhood or early adolescent precursors for adult personality disorders. The only exception is antisocial personality. A history of delinquency before military service may be important information in establishing antecedents of antisocial behavior. Ultimately, as Grant and Coons³⁷ have indicated, the psychiatrist must assess the actual events and circumstances that surrounded the alleged offense to determine how they might relate to the PTSD diagnosis itself.

The Combat Veteran at Trial

Establishing a valid link between PTSD and criminal behavior is an imposing task. At least two levels of causation have to be investigated: (1) causal connection between the traumatic stressor and psychiatric symptoms and (2) causal connection between psychiatric symptoms and the criminal act.⁸ Since DSM-III was introduced in 1980 defense attorneys have presented PTSD testimony to support claims of diminished capacity or insanity. PTSD arguments have also been used in efforts to influence judicial sentencing. Such testimony

has had variable success in the defense or mitigation of criminal charges.⁸

The relationship between PTSD and criminal behavior is usually the nub of expert opinion at trial. Testimony regarding the complainants' symptoms of PTSD as well as military history must have a valid factual base. Sometimes, however, the term PTSD is inappropriately used as a generic description of postwar adjustment problems. Clearly, individuals can be emotionally damaged by war experiences and not meet DSM-III criteria for PTSD. In those instances the presence or absence of the PTSD criterion may be irrelevant particularly when plea bargaining, diminished capacity, and sentencing considerations are at issue. Proof of the defendant's combat claims and a plausible link between the combat experiences and the behavior and circumstances of the crime are more important determinations.

In a previous paper⁶⁷ we argued that, although individuals with PTSD may have a broad range of functional impairment, it is only in the rare instances when their contact with reality is reduced, as in a dissociative state, that there may be a legitimate insanity defense. If the defendant has not experienced such a state, then even a valid manifestation of PTSD is not cause for a finding of NGRI because the defense is reduced to the argument that the defendant's behavior should be excused because it results from a previous traumatic event. This is considered deterministic reasoning, which is not accepted in law because it would do away with criminal liability.⁸⁹

In cases in which the insanity defense

is not appropriate, testimony regarding combat experiences may still be introduced in order to demonstrate reduction in criminal culpability.⁹ In *Commonwealth v. Mulcahy*,⁹⁰ a Marine veteran was charged with murdering a stranger at a bar in a dispute over a waitress. Mulcahy claimed he could not remember the incident. After watching a videotape of Mulcahy reliving the episode under hypnosis, the jury found the defendant guilty of involuntary manslaughter rather than of second-degree murder. The videotape segment included material specific to Mulcahy's experiences in Vietnam.

In jurisdictions that recognize other psychologic defenses, such as diminished capacity, the presence of PTSD and/or a verifiable history of heavy combat exposure has obvious importance. In some cases in which PTSD has been introduced, plea agreements between defense attorneys and prosecutors have resulted in charges being dropped or reduced. Milstein and Snyder⁹¹ note that such arrangements are far more likely to occur in cases in which there has not been injury to others. Brotherton⁶ described a case in which a Marine veteran named Coughlin carried a shotgun to a cemetery in Quincy, Massachusetts, where two of his Marine friends had been buried. When he began randomly shooting the gun the police were called and Coughlin was apprehended. No one had been injured. He was charged with violations of weapons laws. The court authorities were influenced by a psychologic evaluation that discussed Coughlin's "traumatic war neurosis" and did not press for prosecution. Sub-

sequently, Coughlin began psychiatric treatment concurrent with a two-year probation ordered by the court. After the probationary period ended, the superior court judge accepted the prosecutor's recommendation that all charges against Coughlin be dismissed.

Another negotiated settlement occurred in a case in which a guilt-ridden Vietnam veteran held hostages in a Maryland bank for several hours.⁹² Prior to the bank incident the veteran had made three suicide attempts. While in the bank he pointed a gun at himself and talked about suicide. He eventually surrendered to police, was taken into custody, and was tried. The first trial resulted in a conviction, but on appeal the conviction was reversed, and the defendant was found NGRI. The veteran then elected to plead guilty to the charges pursuant to a plea agreement with the prosecutor that contained an upper limit on a possible prison term and permitted the defense to petition for probation linked to appropriate treatment. The veteran was subsequently placed on probation and received treatment for PTSD.

Even if a defendant is found guilty or enters a guilty plea, the existence of PTSD or heavy combat exposure, if established, can have significant impact on the sentence imposed by the court. Reduced sentences may result when satisfactory treatment options are presented to the judge with some assurance that the patient is a suitable candidate for such intervention. Erlinder⁹ cites examples of PTSD treatment as an alternative to incarceration or as part of a reduced

sentence in cases involving tax evasion,⁹³ false imprisonment,⁹² drug offenses,⁹⁴ and assault.^{95,96} In *United States v. Burgess*⁹⁷ the defendant, Thomas Burgess, a Vietnam veteran, was convicted in U.S. District Court of conspiracy to distribute cocaine. He appealed on grounds that valuable testimony pertinent to his claim of NGRI due to PTSD was not introduced. The appeal was turned down, but Burgess was given a relatively light prison term in order to undergo treatment for PTSD.

Conclusions

The association between war experiences and criminal behavior is multifactorial including both conscious and unconscious parameters of psychologic functioning. We have shown how such behavior may directly stem from war experiences and relate to a variety of often interconnected psychodynamic conditions including: (1) retaliation for being victimized, (2) the omnipotent need to prove that crime may be committed without punishment, (3) an attempt to be punished so as to overcome feelings of guilt, (4) as the result of substance abuse, (5) as the result of the repetitive pursuit of dangerous or risky behavior (sensation seeking), (6) as the result of a prior history of criminal behavior (lowered armed services entrance standards).

Although the above determinations have value in the understanding of criminal conduct, they do not absolve the individual of legal responsibility for it. Testimony as to combat-related PTSD has been presented in criminal trials by

defense attorneys to support veterans' claims of NGRI and diminished capacity and for consideration during judicial sentencing. Such strategies have met with variable success. The DSM-III-defined diagnosis of PTSD and the presence of a dissociative state during a criminal act has particular relevance in NGRI determinations. In other aspects of the judicial process during criminal hearings involving combat veterans, demonstration of the absolute presence or absence of PTSD is often irrelevant and should be replaced by efforts to establish plausible links between provable combat experiences and the circumstances of the crime. Otherwise, lawyers and forensic psychiatrists will continue to stretch and pull the diagnosis of PTSD well beyond its original intent in order to argue a criminal defense.

Finally, it appears that the postwar problems of many Vietnam veterans (e.g., difficulty maintaining relationships, jobs, and a stable self-identity) have put them into a chronically underprivileged socioeconomic position. In 1979 one fourth of the veterans in prison were without a job at the time of arrest.⁵ Many others were only loosely attached to the job economy. In too many instances the result has been a lifestyle sustained by aggressive outbursts and/or self-defeating and risk-taking behavior that culminates in imprisonment.

The cost to society of having Vietnam veterans in prison is enormous. This is one more unfortunate aspect of the war that never ends. There have been efforts to counsel veterans while in prison.⁹⁸ With new awareness of the problem and

with freshly developing modalities of treatment, there is hope that many others will be helped before incarceration becomes necessary.

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