MEASURES

As part of section 4, participants were asked about a series of potentially traumatic experiences (e.g. discharging their weapon in direct combat; handling bodies; aiding the wounded and seeing personnel wounded or killed; experiencing landmine attacks; coming under mortar or artillery fire; or experiencing hostility from civilians). As part of sections 6 and 7, symptoms of common mental disorder were measured with the 12-item General Health Questionnaire (GHQ–12; Goldberg, 1972) which has established validity (Goldberg *et al*, 1997). Caseness was defined in individuals with a score of 4 or more on this measure. Symptoms of PTSD were measured with the 17-item National Center for PTSD Checklist (PCL–C; Blanchard *et al*, 1996). We defined caseness in individuals with a total score of 50 or greater (Weathers *et al*, 1993). We assessed fatigue with a 13-item fatigue scale (Chalder *et al*, 1993), with caseness defined as individuals scoring 4 or more. Alcohol consumption and harmful use was measured with the World Health Organization Alcohol Use Disorders Identification Test (AUDIT; Babor *et al*, 2001). Caseness for 'severe drinking' was defined as individuals with a total score of greater than 16. Physical symptoms were measured with a checklist of 53 symptoms similar to those used in our previous cohort study of Gulf War veterans. We assigned caseness as having multiple physical symptoms if 18 or more symptoms were endorsed, representing the top decile in the present sample. General well-being was assessed using the general health perception question of the Short Form 36-item questionnaire (SF–36; Ware & Sherbourne, 1992; McHorney *et al*, 1993). Participants were asked if they were a current smoker and if they had ever purposely harmed themselves before, during, or after their military career.

CHILDHOOD EXPOSURE AND LATER HEALTH OUTCOMES

There is good evidence that the quality of the family environment and whether children perceive that they are in a close family where they feel valued and have trusting relationships are important for later health (Werner & Smith, 1982; Cederblad *et al*, 1994; Enns *et al*, 2002). There is also robust evidence that witnessing physical violence between parents or caregivers or being a victim of physical violence is a risk factor for later psychiatric problems, including depression and PTSD (Engel *et al*, 1993; Zaidi & Foy, 1994). On the other hand, the literature suggests that even if parental support is inadequate, a positive relationship with another adult is protective (Rutter, 1979; Werner & Smith, 1982; Garmezy, 1985), even among those from deprived backgrounds. A history of externalising behaviours in childhood is associated with later psychological problems in the community (Robins, 1978; Loeber, 1982, 1991; Cottler *et al*, 1992; Loeber *et al*, 2000; Koenen *et al*, 2006) and veteran populations (Foy *et al*, 1987*a*,*b*; Green *et al*, 1990; King *et al*, 1996) and has been further demonstrated in a prospective birth cohort (Odgers *et al*, 2007).

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