

The Invisible Wounds of War: Recommendations for Recognizing and Assisting Veterans

In the Criminal Justice System

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ABSTRACT

The Invisible Wounds of War:

Recommendations for Recognizing and Assisting Veterans in the Criminal Justice System

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Statement of the Problem

Statistics are not readily available of how many offenders are veterans or the number of veterans on any given day incarcerated in a city or county jail. Looking at data by the Bureau of Justice Statistics from 2004, it was estimated that 1 in 10 inmates in jail had prior military experience. Extrapolating that data and applying it to prison estimates that approximately 200,000 veterans are likely behind bars on any given day. The numbers are due largely in part to unmet mental and physical health needs that these veterans do not receive once they have returned home from deployment or are discharged from service. The biggest concerns facing these veterans are the effects Post-Traumatic Stress Disorder, Traumatic Brain Injuries or other Polytrauma due to their time in a combat zone or what is also known as “theater”. They come home with these issues, and others, which can lead to homelessness, strained relationships, unemployment, and unmet mental health needs (Cavanaugh, 2011).

Methods of Approach

An analysis of secondary data from peer-reviewed journals and scholarly texts has been used to examine empirical and theoretical research in regards to the effects of post-deployment

behavior of combat veterans in the criminal justice system. Statistics have been evaluated from previously performed meta-analyses to show the after effects of combat and how deployment affects reintegration back home. Recommendations have been backed by empirical research and are grounded in theory including: Agnew's General Strain Theory, operant conditioning, and antisocial personality disorder. This study has been done to highlight the need for better communication between the Department of Veterans Affairs and the criminal justice system. Recommendations have been made in regards to future planning within the VA, Veterans Treatment Courts, law enforcement, and other agencies that are veteran-specific. All recommendations have been made to increase effectiveness of veteran identification and to ensure proper steps are taken to provide treatment and rehabilitation with a goal of long-term success in the veteran's communities.

Findings

Findings in this study have highlighted the negative effects of combat veterans returning home and the difficulty of all entities that work with veterans in regards to tracking and being aware of veteran status until after contact with the criminal justice system. Despite the advancement in services provided by the VA and the establishment of Veterans Treatment Courts to assist veterans, there is still more than can be done. Recommendations in this study focused on the VA, Veterans Treatment Courts, law enforcement, as well as veteran denotation, County Veteran Service Officers, and Veterans Initiative Programs. All recommendations made are geared towards a more successful partnership between all entities of the criminal justice system, veterans, and veteran service organizations.

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Section I – Introduction

Statement of the Problem

Some of the offenders involved in the criminal justice system are or were, members of the US Armed Forces. These men and women may be in active status, their contract has expired, or they are retired, and many of these men and women have served at least one tour in a combat zone or a hazardous duty zone. Statistics are not readily available on how many of the nation's current prison inmates are veterans and it is even harder to track veterans that are in and out of local jails. Data provided by the Bureau of Statistics from 2004, estimated that 1 in 10 inmates in jail had prior military experience, and extrapolation of that data once applied towards prison inmates had a figure of nearly 200,000 inmates with a military history.

Another issue closely related to the unknown numbers of veterans behind bars, is the unmet needs of their mental and physical health, especially for those who had been deployed and exposed to combat zones or hazardous duty zones on at least one occasion. Stock, Wagner, Paredes, Escamilla, and Carroll (2012) indicate that about 1/3 of returning military veterans battle mental health and addiction following deployment but are largely ignored by the military once their service is up. In 2008, the RAND Corporation conducted a study that showed that about 20% of the nation's newest veterans of the Iraq and Afghanistan wars are screening positive for Post-Traumatic Stress Disorder or depression and that those needs are going, largely, unmet (Tanielian, et al., 2008).

Purpose of Research

The purpose of this study is to examine the effects of combat trauma, such as PTSD and TBI, and how the experience of being in a combat zone is a possible precursor for interactions with the criminal justice system once veterans return home. This study will examine the brief

history of such issues and examine current treatment methods and provide recommendations for further treatment and possible long term success of justice-involved veterans.

Recommendations will be made to include tracking these populations in the criminal justice system and responding appropriately once they are in the system. The overall goal of this study will be to improve how veterans are tracked and treated in the criminal justice system. This will be accomplished by examining current methods in place such as the La Crosse Model from the City of La Crosse, Wisconsin, the use of the Crisis Intervention Team Model, and Veterans Initiatives. These recommendations and goals will surmise the significance of this study.

When a person makes the choice to join the armed forces, they are agreeing to assist the nation. Soldiers find they are being deployed and that these deployments are becoming longer and more frequent than perhaps they originally anticipated. With the advancement in technology and medicine there is a better understanding on the side effects of these deployments. These side effects can range from Post-Traumatic Stress Disorder to Traumatic Brain Injuries and/or Polytrauma. Military veterans come home with these issues due to the effects of combat and can be faced with homelessness, strained relationships, unemployment, and unmet mental health needs, just to name a few (Cavanaugh, 2011). Therefore, it is essential on the part of the criminal justice system to identify veterans and respond appropriately.

The Department of Veterans Affairs and Administration (VA) has been working on combating the effects of deployments and work with the veterans that have sought treatment and inquire about eligibility. Because the VA is an integral part in the treatment of veterans, this study will explore a possible relationship between the VA System and the criminal justice system to ensure that the physical and mental health needs are addressed. Another reason the two

components come together is to ensure veterans are not being looked at as another member of society with criminal tendencies and to drive home the fact that veterans who commit criminal acts may have a deeper underlying issue.

Method of Approach

The method of approach for information used in this study will be the use of qualitative and quantitative review of secondary sources. These sources will include, but are not limited to: accredited journals, textbooks, agency websites, government reports, and on-line documentation of sources from .gov and .org sites and other sites as deemed appropriate. Information will also be obtained through published documentation of trainings to include but not limited to: measures for determining treatment, training information used for local law enforcement education, and the relationship between the VA and the court systems.

Recommendations provided in this study will be backed by empirical research and grounded by the theories that attempt to explain justice-involved veterans. Theories applied in this study are: Agnew's General Strain Theory, which attempts to explain the behavior of veterans due to their combat experiences and exposure; Operant Conditioning, which attempts to explain the need for substance abuse as well as an explanation for behaviors that seem to be ingrained in veterans; and antisocial personality disorder, which attempts to explain a veterans failure to conform to society once they have returned from deployment or have discharged from the service.

Significance of Research

With the advancement in medicine, technology, and gear that active duty military veterans are now issued before deployment, we are seeing more of them return home from combat zones than in previous wars such as Vietnam (White et al., 2012). Despite the fact that

more active duty military personnel are making it back home, they may not always make it back the way they left. They are returning home and faced with dealing with the effects of combat, deployment, mental and physical health situations with little support from the military component they have parted from. It is these after-effects that are the pathway for veterans becoming involved in the criminal justice system. Therefore, contributions to the criminal justice field will be done through recommendations provided in this study on how to recognize and interact with veterans in the system at all levels. Through the proper identification of veterans and the establishment of a national tracking system, a significant contribution can be made towards recognizing justice-involved veterans and providing them with the treatment and direction they may need.

Limitations

The first limitation is in regards to statistics. Scurfield and Platoni (2013) provide the current data available stating that on any given day, 9.4% of those incarcerated are military veterans. National data has not been gathered and published since 2004, which was only one year after the deployment of troops to Iraq and Afghanistan (Stocks, Wagner, Paredes, Escamilla, & Carroll, 2012). Without these numbers, it is somewhat difficult to reflect on the impact of combat tours and criminality once veterans return back to the civilian world.

The next limitation comes from the reliance solely on secondary data and information that has already been published. In order to include first-hand accounts, approval from a human subject committee would need to have been sought prior to starting this study. Perhaps a future, more in-depth study will obtain the needed permission to include that information.

The final limitation is an incomplete understanding on the full effects of combat on veterans as they return. Each veteran is unique and has his or her own experiences different than

others that have also served and the effects of different circumstances can relate to the way the react once they are back stateside.

Section II. Literature Review

The following review is divided into four sections. The first section will look at the brief history of combat trauma, specifically Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and how the experience of combat is causing some veterans to become involved with the criminal justice system. The second section will look at crimes and arrests of veterans by discussing the demographics of justice-involved veterans, law enforcement contact, and crime statistics relevant to veterans. The third section will look at the court systems and veteran involvement. This will include a discussion on Veterans Treatment Courts, mentor programs, rehabilitation of treatment courts, and the SERV Act. The fourth section will briefly discuss the roll of the Department of Veterans Affairs and Administration as well as the America Recovery and Reinvestment Act. The final section will explore road blocks towards the rehabilitation of veterans. Road blocks noted are homelessness, the effects of the media, suicide, and the reluctance of some to obtain an other than honorable or a dishonorable discharge from service.

History of Combat Trauma

Perhaps Winston Churchill was not too far when he delivered this portion of a speech given in the throes of World War II, “Never, never, never believe any war will be smooth and easy, or that anyone who embarks on the strange voyage can measure the tides and hurricanes he will encounter. The statesman who yields to war fever must realize that once the signal is given, he is no longer the mast of policy but the slave of unforeseeable and uncontrollable events” (“Churchill on War”, n.d., para. 4). These events he discusses could very well pertain to the after effects that veterans experience in combat situations. Returning combat veterans with constellations of both seen and unseen injuries of combat are at an increased risk for interfacing

with the criminal justice system, a thought not often realized in the midst of deployments (Scurfield & Platoni, 2013).

Post-Traumatic Stress Disorder (PTSD). One of the biggest mental health factors that increasing numbers of deployed military personnel are coming home with is PTSD. PTSD is defined as an anxiety disorder in which fear and related symptoms continue long after being removed from the source of a traumatic event (Comer, 2013). Though not formally defined until 1980, PTSD is no stranger to the after effects of war. During the Civil War, it was known as “soldier’s heart” or a simple case of home sickness; during World War I, it was defined as “combat fatigue”; World War II called it “battle fatigue”; and, until it was defined following Vietnam, it was known as “post-Vietnam syndrome” (Olusanya, 2012). Despite the variety of names, the actions of veterans afflicted always appeared to be the same. Hendin and Haas (1984) highlight in their work several examples of significant stress, antisocial, and violent behaviors of combat veterans pre-dating the Vietnam War that have assisted in showing PTSD was prevalent before its formal definition. For instance, following the Civil War, many who fought found it difficult to channel the rage that stemmed from their survival needs during the war, leading to a noted increase in domestic violence cases (Handley-Cousins, 2014). Dr. John T. MacCurdy, who spent a great deal of time among returning soldiers in following WW I in 1918, spearhead a campaign to make military officials and others see that the actions and behaviors of returning veterans was more than just a mere case of home-sicknesses and that there were underlying factors that needed to be examined and expanded on (Hawthorne, 2009). Following the Vietnam War, there was also an increase in concerns in regards to the impact of military service and combat exposure in regards to increased risks for arrest and incarceration due to PTSD, substance abuse and other psychiatric disorders (Greenberg & Rosenheck, 2012). PTSD has been

noted to be the highest concern yet among the returning veterans from the most current conflicts in Iraq and Afghanistan due to longer deployments, more frequent deployments, and exposure to conflict resulting in more severe PTSD (Cavanaugh, 2011; Cooke, 2010). Adding to the effects of PTSD, soldiers from the Iraq and Afghanistan eras have also been noted to suffer from Traumatic Brain Injuries (TBI), something not really noted in past conflicts.

Traumatic Brain Injury (TBI). PTSD and TBI have simultaneously become known as the signature wounds of the Iraq and Afghanistan conflicts primarily due to the increased use of improvised explosive devices (IED's) (Tanielian et al., 2008). Scurfield and Platoni (2013) explain that TBI's lead to heightened stress levels that are often accompanied by depression and anxiety. Though medicine is not quite as advanced in this area, it has gained the attention of several different organizations besides the military, specifically the National Football League, because of the behaviors that are exhibited and attributed to trauma of the head and face. Tanielian et al. (2008) explain that as of October 2007, an estimated 320,000 veterans have reported a probable TBI. Knowing that 2007 was still in the early years of the conflicts in Iraq and Afghanistan; it can be assumed that hundreds of thousands have or can be expected to return with likewise symptoms (Tanielian et al., 2008)

Demographics, Law Enforcement, and Crime Data

The French sociologist, Augustin Hamon wrote a book in 1893 that stated the effects of war reverses the moral values of human beings and gives them an appetite for violence and accustoms them to the idea of resorting to violence in order to obtain realization (as cited in Abbott, 1977). Even back in 1893, it was evident that those returning home from war were not returning as the same person they were when they left and that they seemed more prone to react with violence versus dealing with conflict in a proactive way. Conklin (2010) states that the

increase in violent crime after the end of a war is because people see war as making violence legitimate. It has been noted that following any war, an increase in crime occurs, followed by an increase in incarceration of veterans has followed. Based off of statistics established in 2004, Scurfield and Platoni (2013) inform readers that on any given day, out of the 1.6 million inmates currently incarcerated in state and federal prisons, 9.4% are military veterans. Concurrently on any given day, 780,000 veterans are estimated to be behind bars in jails (Stocks, 2012). It is believed that the effects of combat are one of the biggest driving factors behind these numbers. Ranging from the effects of PTSD to TBI's, from multiple deployments, and witnessing the death of a comrade(s), America's military have always returned home and though the battle may be over to those who were a part of them, it is evident that new battles are fought long after they have left the battlefield (Scurfield & Platoni, 2013).

Demographics of Justice-Involved Veterans. Demographics of justice-involved veterans have been depicted similarly in all sources utilized for this study. Demographics show that justice-involved veterans are typically older, male, less racially diverse, often educated, and have or had full time employment. Out of all of the demographics noted within the different sources, one major point stands out, that all justice-involved veteran have reported suffering from a mental health condition (White et al., 2012).

One of the reasons behind the noted increase in incarcerated veterans has to do with the age of those at enlistment as well as their background. Through the different wars, it would seem that the United States has teetered tottered in regards to requirements during enlistment. The Civil War saw very young ages enlisted as opposed to those who fought during WWII, who tended to be older, perhaps better educated, and lived a better lifestyle (Greenberg & Rosenheck, 2012). Men who enlisted during Vietnam were often young; the average ages were between 17

and 25, and they were at a point in their life when they were beginning to stabilize their personality structure that would set the course of their behavior for the rest of their lives (Sparr et al., 1987). During the first Gulf War, Operation Desert Shield and Desert Storm, a report issued by the VA (2011) noted the average age of those deployed were between 35-44. The latest conflicts in Iraq and Afghanistan saw ages of OEF/OIF/OND veterans to be younger than previous conflicts with the average ages between 27-33 years of age (Tsai et al., 2012).

Greenberg and Rosenheck (2012) explain that the majority of veterans from WWII (and later Korea), were largely represented by those drawn from a lottery style program. Individuals selected to fight in the Vietnam War were not as exclusive and due to deferments and exemptions, it seemed that those who were better educated and financially well off, were able to avoid service, leaving the bulk of the fighting members coming from lower class homes and from those who were socioeconomically poorer (Greenberg & Rosenheck, 2012). Vietnam-era military personnel were disadvantaged youth, had possible criminal records before enlistment, and were poorly qualified, all instances that would lead to another reason behind higher incarceration rates of Vietnam veterans as opposed to veterans of other wars (Greenberg & Rosenheck, 2012). Bell et al. (2000) state that veterans of Operation Desert Storm and Desert Shield who were less educated and lower rank tended to be deployed at a higher rate than those with a college degree and were higher ranking. Fiedler et al. (2006) add that lower rank during this era was a surrogate for lower socio-economic status of military personnel as well. Finally, the Bureau of Labor Statistics (2010) state that veterans of Iraq and Afghanistan are more likely to have some college classes but no degree and were less likely to be high school dropouts, this is due to the fact that requirements for this era insisted on a high school diploma or GED at the time of enlistment. The National Center for Veterans Analysis and Statistics (2014) relates that

of the veterans from the most current conflicts, males tend to be below the poverty line, single, and have insurances where females tend to be above the poverty line, divorced, and uninsured.

Law enforcement contact. Veterans who return home with or without a current diagnosis of PTSD are at a higher risk of their behaviors leading to law enforcement involvement because neighbors or others who witness their behavior may have little to no knowledge and may become fearful when veterans return home (Scurfield & Platoni, 2013). This leads to the first step of a veteran coming into contact with the criminal justice system which is through police contact. According Etter, McCarthy, and Asken (2011), as of July 29, 2009, there were a total of 5,477 incidents reported to law enforcement for suicidal individuals, domestic altercations, homicides followed by suicides, bank robberies, and barricaded individuals and of that number, 6% of these incidents were committed by veterans or active-duty military personnel. Law enforcement who make contact with veterans for any reason need to keep in mind that not all wounds suffered during war time are visible and that in addition to PTSD, veterans may also exhibit feelings of alienation and isolations, guilt, fear, shame and an undefined sense of anger (Etter et al., 2011). This misunderstanding of law enforcement can become a danger to both the law enforcement officer as well as the veteran but the key to a successful interaction comes with an open line of communication with the veteran in a crisis and expressing a willingness to listen (Etter et al., 2011). Police play an important role in the identification of veterans because they are the ones most likely to make contact with someone who is mentally ill, homeless, or any type of scenario, making that identification easier (White et al., 2012). And in conclusion, although law enforcement officers and negotiators seek to assist our nation's honored warriors, they must also remember that veterans and active duty individuals still pose a change of extreme danger (Etter et al., 2011). But, through training and an increase in knowledge, attitude and skills about

veterans can increase the chances of successful interaction between law enforcement and veterans (Weaver, Joseph, Dongon, Fairweather, & Ruzek, 2012).

Crime Data. General statistical data in regards to veterans and arrests are below. Veterans are more likely to be arrested for a violent offense (30.3% compared to 19.6% nonveterans) and are more likely to report a mental health condition (White et al., 2012). Etter, McCarty, and Asken (2011) state that veterans with PTSD are two to three times more likely to commit intimate partner violence than veterans without PTSD. Blodgett, Fuh, Maisel, and Midboe (2013) provide statistical information in regards to the incarceration of veterans. For instance, they state that over 89% of current veterans in the criminal justice system have experienced combat trauma in some form, 39% of veterans in jails have screened positive for PTSD (Blodgett et al., 2013). Out of veterans in state prisons, 57% have committed a violent crime and 25% have committed a sexual assault while 46% in federal prisons are there for drug charges and 19% for violent offenses, it is only local jails where veteran statistics do not really stand out in regards to crimes committed (Blodgett et al., 2013).

Veterans that are arrested and enter the criminal justice system are more likely to have committed a violent offense and have used hard drugs such as heroin and crack cocaine (White et al., 2012). Drugs and alcohol have often been used by not only military veterans, but by any individual following a traumatic experience(s) as a coping mechanism. Sparr et al. (1987) elaborates that drug and alcohol use was the primary result of a tension release for Vietnam veterans following the war. However, in the wake of the increased use in drugs and alcohol as well as increased arrest and incarceration statistics, Greenberg and Rosenheck (2012) explain that in 1980, Congress mandated a zero-tolerance policy for illicit drug use in the service as well as requiring educational qualifications and aptitude testing to be considered for military service.

It was the increased use and misuse of drugs and alcohol that led to a noticeable increase in the arrest of Vietnam era veterans (Scurfield & Platoni, 2013). Scurfield and Platoni (2013) explain that because of the change in statutes in the 1970's which criminalized the extensive use of drugs and alcohol that these veterans relied became one of the more defining reasons behind increased arrests and incarcerations of veterans. As mentioned previously, per the information provided by Tsai et al. (2012), OEF and OIF veterans that were/are incarcerated are less likely to have a drug abuse or dependence issue that Vietnam veterans have. Even so, Blodgett et al. (2013) state that of the two-thirds of incarcerated veterans, unless treated, are at risk with a substances abuse disorder.

If current gathered statistics are any foretelling to the future of veterans in the criminal justice system, it is projected that over 40,000 veterans will deal with mental health issues that may prompt them to commit crime, and sometimes, those crimes may be violent in nature (Hawthorne, 2009). Even President Lincoln recognized the importance of treating America's veteran's as they returned home from war. In his speech, he delivered a sentenced that is now the motto of the Department of Veterans Affairs Health Care facilities and that line is, "To care for him who shall borne the battle and for his widow and his orphan"(Department of Veterans Affairs, n.d.). The VA has become one of the forerunners of care and treatment of military veterans, addressing their needs both mentally and physically, as well as in the courts room.

The Court System and Veterans

When it comes to sentencing veterans in a court room setting, it has been shown that courts in the United States have often shown more leniencies toward veterans on trial, as was evident in *Porter v. McCollum* (2009) (Lee, 2013). Likewise, it has been noted that with the ultimate sentencing decision in the hands of the judge, most judges have shown sympathy

towards veterans and insist that they should be treated differently (Lee, 2013). Yet despite lenient sentencing of veterans, the main issue of their criminogenic needs was not being addressed.

Given the increase in funding and political sensitivity of the issue, and emergence of specialized treatment courts known as VTC's have emerged across the United States. Veterans Treatment Courts provide rehabilitative treatment to combat veterans who suffer from brain injuries, mental disease and defect, or mental disorders such as PTSD, all resulting from service in a combat or hazardous duty zone (Cavanaugh, 2011).

Veterans Treatment Courts. VTC's have an understanding that routine criminal punishment will not satisfy the need to address the real reason why veterans engage in the criminal justice system and that these veterans are in need of programming that will provide a combination of intense supervision and early intervention in order to be successful in the long run in terms of rehabilitation (Hawkins, 2010). VTC's are modeled closely to drug treatment courts and juvenile courts due to the knowledge of what works and what has not worked with those courts in the past and present (Cavanaugh, 2011). VTC's work closely with the Department of Veteran's Affairs, as well as local veteran organizations, police agencies and mental health experts to provide the best rehabilitative treatment to veterans in line with their veteran benefits (Cavanaugh, 2011). Since the inception of VTC's, 7,724 veterans have been admitted and 3,883 are currently being monitored and treated within the courts and about 1/3 of this number have terminated for various reasons, 2/3 have been able to successful complete the program (McGuire, Clark, Blue-Howells, & Coe, 2013). According to the Office of National Drug Control Policy (2007), VTC's are modeled after drug courts and drug courts have a remarkable track record over the course of their history and in difficult economic conditions for State and local governments, VTC's and drug courts have proven to be a smart, cost-effective investment that

helps get offenders on the road to recovery and reducing recidivism rates. They do so by promoting sobriety, recovery and stability through a coordinate response involving aspects of drug courts, mental health courts, the Department of Veterans Affairs, the Veterans Benefit Administration, State Departments of Veterans Affairs, volunteer veteran mentors, and veterans family support organizations (Office of National Drug Control Policy, 2007). Drug courts and VTC's have been considered successful because they employ effective strategies aimed at reducing recidivism and criminal behavior of those involved in the courts and they provide an alternative to incarceration (Franco, 2010). Some of the success attributed to VTC's is through the use of mentor programs established within some of the current treatment courts.

Mentor programs. Establishing mentor programs has been noted to be a complicated yet worthwhile investment within VTC's because no other treatment court utilizes similar programs (McGuire et al., 2013). Mentors serve a variety of roles throughout the duration of involvement of veterans in the criminal justice system. Their roles may include, but are not limited to: coaching, facilitating, advising, sponsoring, and supporting the veterans they are paired with. Furthermore, they listen to the concerns of the veterans that they work with, they assist in finding resolutions, and they observe offenders work and provide feedback that is beneficial to the veteran (Cavanaugh, 2011). The perk of a mentorship for those in need is that the mentor has been in their shoes. In the case of mentors with the VTC's, they are all former combat veterans themselves, making it easier for them to relate with the justice-involved veterans (Cavanaugh, 2011).

Rehabilitation. Anchorage, Alaska is stated to be the beginning point for the idea of a separate court to treat veterans due to the fact that in 2004, four years before the start of the Buffalo Court, Anchorage took particular concern for veterans coming to court, segregated them

from other offenders and developed treatment programs specific to their mental health needs (Hawkins, 2010). In order to be allowed into the VTC, veterans must have been in combat, trained for violence, and have shown difficulty with reintegration into society (Cavanaugh, 2011). Once they have gained a position in a VTC, they are committed to a rigorous program that involves regular court visits, counseling, and random drug testing if deemed necessary (Cavanaugh, 2011). In regards to the success of the first actual VTC, from January 2008 through September 2009, 120 veterans have gone through the VTC in Buffalo, NY. Although only 18 successfully completed the entire program, success was noted with all 120 (Cavanaugh, 2011). As Cavanaugh (2011) notes, three-quarters of the 120 had gained employment, all 120 had attended their required treatments, there were no rearrests, all had found suitable living arrangements, and strained relationships that occurred before court involvement were being repaired. As a follow up to this initial group, as of 2011, there had been no recidivism noted among those who have completed the Buffalo program (*The Economist*, 2011).

Services, Education, and Rehabilitation for Veterans Act (SERV). SERV was enacted in 2008 and calls for the creation of diversion courts for the treatment of veterans and ensures that there is an appropriation of \$25 million annually that is put towards this act. This act allows the Attorney General to establish grants to states, state courts, local courts, units of local government, and Indian tribal governments to act directly or through agreements with other public or private entities to develop, implement and/or enhance veteran's treatment courts or expand operational drug courts to service veterans (S. 3379, 2008). Grants provided for this cause must effectively integrate substance abuse treatment, mental health treatment, mandatory drug testing, sanctions and incentives, and transitional services in a court supervised setting with

jurisdiction over nonviolent, substance-abusing offenders with prior service in the United States military (S. 3379, 2008).

Even though positive attitudes toward the military and those who served may impact the courts and their overall thoughts, feelings, and actions towards offenders who are veterans, it would seem that there is still not enough assistance available to assist all veterans, leaving some to face incarceration and the repercussions of the criminal actions (Wilson, Brodsky, Neal, & Cramer, 2011).

Impact of Incarceration

Similar to other offenders, when veterans come into contact with the criminal justice system, they hurt more than themselves. Those affected by their incarceration can include family, friends, and other combat veterans who were able to assimilate back into society following deployment. In regards to sentencing, it has been stated that veterans are reported to serve longer sentences than nonveterans, regardless of their offense, in any state of incarceration (Blodgett et al., 2013). Blodgett et al. (2013) provides data showing that in a state facility, the length of incarceration of a veteran is 147 months compared to a non-veterans 119 months, in a federal facility, the average incarceration time is 138 months for a veterans compared to 127 months of a non-veteran, and in local jails, veterans are incarcerated an average of 13 months to a non-veterans 12 months. A report published by the Drug Policy Alliance (2009) suggests that longer sentences are possibly due to the increased possibility of veterans dying from overdose or suicide upon discharge from prisons unless proper steps towards treatment is taken

Once a veteran comes into contact with the criminal justice system and faces incarceration for their crimes, their family is quickly thrown back into the state of rapid change and with that comes the physical and psychological implications faced in the process (Leskin,

n.d.). Deployment often brings out a sense of pride among communities as they send soldiers off to combat and support systems developed to assist the families of the deployed veteran. Yet when a soldier is facing incarceration, the reaction is polar opposite, marital disruption, parental-child relationships are affected and the outlook by, and sometime abandonment, of extended family and friends can occur (Scurfield & Platoni, 2013). Leskin (n.d.) points out that many programs for justice involved veterans do not include support programs for family members and children, making veterans and their families more at-risk to develop such issues as stated above. Leskin (n.d.) also continues on by stressing that veterans reach out to their VA representative to assist when the veteran is facing incarceration.

Scurfield and Platoni (2013) also discuss the animosity that some involved in the criminal justice may feel towards justice-involved veterans. They discuss the reason behind this is the fact that many veterans, both those who have served in combat and have not served in combat, go on to become correctional officers or take on other roles in the criminal justice field. This could possibly hinder a veteran from speaking up because of the shame and the fear they may have based off of that animosity.

The Department of Veterans Affairs

Facing reelection in the midst of the United States Civil War, President Lincoln gave his second inaugural address which included the line, “to care for him who shall have borne the battle and for his widow, and his orphan”, this phrase eventually became the motto of the Department of Veterans Affairs (U.S. Department of Veterans Affairs, n.d.) and Lincoln in his foresight, is given much of the credit for creating a system to care for those who served their country. The system was initially created to provide medical support following combat tours and other fields such as mental health, were not as well developed at the time. Following World War

If a noted increase of veterans in the criminal justice system lead to funding provided to the VA to assist in the treatment of veterans in hopes of keeping them away from the criminal justice system. VA hospitals and clinics have experience and expertise in working with veterans who are dealing with combat-related problems and these hospitals and clinics are at a greater advantage that they can access information for treatment, be provided funding as needed, and tap into resources on the national level that perhaps private doctors and hospitals cannot do (White et al., 2012). In order to ensure that the VA is providing the best services and treatment to veterans, money from different acts has been passed to ensure this treatment is possible such as the American Recovery and Reinvestment Act of 2009.

American Recovery and Reinvestment Act. In 2009, the American Recovery and Reinvestment Act provided nearly \$1.9 billion in funding to the VA to expand their facilities and treatment services to veterans to meet the large numbers of returning veterans and as an attempt to identify those individuals in need of mental health care (White et al., 2012). The Department of Veterans Affairs website (2013) explains that the American Recovery and Reinvestment Act was first signed in by President Obama in February of 2009 in the face of the country's economic crisis. While it provided a wealth of outlets to decrease those who did not have jobs, increase the profits of workers and other areas aimed at helping the economy recover, it also provided a wealth of assistance to veterans. The money that was provided to the VA went towards things such as building and improving medical and mental health facilities, improve the national cemeteries, provides a one-time payment to veterans and family members of \$250 for economic recovery assistance as well as other areas all with the intention of improving the service and care of veterans.

Road Blocks of Rehabilitation

Similar to the rest of society, not all veterans are quick to admit that they may have mental or physical health issues once they have returned home from combat. There are also other road blocks that may stand between them and rehabilitation, including homelessness, the effects of the media, suicidal tendencies and the thought of other than honorable or dishonorable discharges from the military.

Homeless veterans. According to the website for the Department of Veterans Affairs, homelessness is a side effect of veterans returning from deployment. This can put a hindrance in assistance with criminal justice issues because the time needs to be taken to identify veterans and then establish eligibility before being able to provide assistance in such areas as criminal justice involvement. Homelessness lacks the proper linkage to substance abuse and mental health treatment and it is noted among a study of homeless veterans, 24% have attempted suicide, 42% have harbored suicidal ideation, 45% are diagnosed as depressed, 41% had committed crimes in the last year, 27% committed nuisance offenses, and 40% had been in a psychiatric hospital prior to the study (Benda, Rodell & Rodell, 2003). Benda et al. (2003) state that homeless veterans with previous psychiatric inpatient treatment are 1.27 times more likely to become criminal. The Substance Abuse and Mental Health Administration website states that about 10% of the homeless in America are veterans and of that number, three out of four experience mental and/or substance use disorders and one-fifth of veterans who have sought treatment are homeless.

In 2009, President Barak Obama and the U.S. Department of Veterans Affairs Secretary Eric Shinseki announced a goal of ending homelessness among veterans with a target date of 2015 (U.S. Department of Justice Access to Justice Initiative, 2014). This has prompted all VA facilities to incorporate a Homeless Veterans Outreach Initiative to aid in the identification of

homeless veterans and provide assistance as needed (U.S. Department of Justice Access to Justice Initiative, 2014). Though there is no data yet available in regards to the VA meeting this goal, the website for the VA does state that between 2009 and 2013, there was a 23.49 percent reduction in the number of veterans that were classified as homeless and that in fiscal year 2014 (Department of Veterans Affairs, 2014). The definition of a homeless veteran that the VA follows can be found in the McKinney-Vento Homeless Assistance Act of 2009. This definition includes an individual who lacks a fixed, regular or adequate nighttime residence, their nighttime residence consists of public or private places not normally dedicated to regular sleeping accommodations, live in a supervised publicly or privately operated shelter, lives in a sheltered place not meant for human habitation, and someone who will imminently lose their housing, has no support networks and is unable to provide residence identification (H.R. 5417, 2000). The VA has vowed to dedicate \$1.4 billion of its resources towards specialized homeless programs (Department of Veterans Affairs, 2014). The U.S. Department of Justice Access to Justice Initiative (2014) states that four out of top ten needs of homeless veterans involve legal assistance in areas such as evictions and foreclosures, child support issues, warrants and/or fines, and restoring the driver's license. Benda, Rodell, and Rodell (2003) state that of the homeless veterans who sought assistance with the VA's Domiciliary Program, 24% attempted suicide, 42% had suicidal ideation, 45% were depressed, 41% had committed a crime, 27% had committed a nuisance offense, and 40% had been in a psychiatric hospital prior to the program beginning.

Negative effects of the media. Another issue that veterans face is the negative image that the media has projected on returning veterans. This makes them unwilling to admit they need help and seek out the assistance that they may need. The press has posted stories highlighting

the criminal behavior and incarceration of veterans who have served in the Middle East during the latest conflicts and wars that American has been involved with in Iraq and Afghanistan (Tsai et al., 2012). Yet despite the media and legislative attention that this issue is being given, there is little definitive research to assess the prevalence of veterans in jails and prison and little that discusses the extent to which their combat-related issues are at the basis of their incarceration (White et al., 2012).

Suicide and veterans. Suicide rates among returning veterans is concerning with veterans making up 20% of all suicides and at the beginning of 2012 (Stock et al., 2012). By the end of 2012, a total of 349 suicides from both active duty and veterans were reported with a possibility that there are still more that were not reported (Haiken, 2013). Bryan, Jennings, Jobs, and Bradley (2012) inform readers that since 2004, the number of suicides among veterans has surpassed the overall total of Americas who have committed suicide. The Substance Abuse and Mental Health Administration (SAMHSA, n.d.) website explains that approximately 22 veterans die by suicide every day and of that number, three out of five had a diagnosed mental health condition. Despite the number of veterans who are losing the fight to mental health, there are organizations that are striving to lower those numbers.

The VA for instance, has taken strides to help veterans who feel suicide is their only option and have a hotline they encourage veterans with mental and emotional issues to call when they feel the urge to harm themselves or others. They have created a suicide hotline where someone is available to talk to 24/7 (Department of Veterans Affairs, n.d.). The VA also partners with SAMHSA to also work through a National Action Alliance for Suicide Prevention which works closely, right now, with the National Guard Joint Force chaplains. It is a faith-based

program established and aimed at providing support to both veterans and family members in attempts to thwart off suicide (SAMHSA, n.d.).

Other than Honorable or Dishonorable Discharge. One final impact in providing assistance to veterans who deal with the effects of combat trauma both mentally and physically stems from their reluctance to speak up, afraid that if they do so, they would be discharged if they are still active, or they lose their Constitutional right to bear arms. When a returning service member has PTSD, it is easier for their command staff to criminalize the behavior and discharge the soldier without seeking treatment and combating the issue head on (Seamone, McGuire, Sreenivasan, Clark, Smee, & Dow, 2014). According to Seamone et al. (2014), a dishonorable discharge from the service could potentially bar the treatment that the veteran would be eligible for through the VA. Leskin (n.d.) goes on to describe why military personnel feel so strongly about a positive reputation during their career, reasons include: the unit military personnel are involved in is a close knit community and family; there is a strong sense of camaraderie because of what they go through: a sense of empathy, a sense to uphold the military standards such as duty, honor, loyalty; the prestige of being a veteran; and a sense of mission, a purpose in life.

Conclusion

The exposure to combat and the aftermath that veterans are faced with is not a new concept in military history. For as long as there have been wars, there have been the after effects of the returning survivors to reintegrate into a society after being taught to kill and defend themselves at all costs. The effects of these experiences are leaving veterans to return home with a plethora of issues such as PTSD, TBI, and other mental and physical health needs. These effects, in turn, lead to the involvement of veterans in the criminal justice system and others that are, in a sense, still unidentified and needing assistance. As Cavanaugh (2011) explains, war

related mental illnesses such as PTSD and TBI's are a direct consequence of the combat environment in which veterans are faced to live in for extended periods of time and, for some, several periods of time, and that treatment, not incarceration, is the only way to break the cycle of violent criminal behavior. However, as Etter, McCarthy, and Asken (2011) point out, the stigma that is attached to those who may face a psychiatric diagnosis following their service makes them reluctant to seek therapy to treat their condition before it leads to involvement in the criminal justice system. Hawthorne (2009) adds to this by that past statistics lead to a hypothesis that in the future, a projected 40,000 veterans will deal with mental health concerns and that may prompt those veterans to commit crime, some of which may be violent in nature, but by taking proper steps in assisting and treating those veterans, perhaps involvement in the criminal justice system can be decreased, if not eliminated.

Section III. Theoretical Framework

This section will look at three different areas, general strain theory, operant conditioning, and anti-social personality disorder that may assist in understanding why the path towards criminality may be followed once veterans have returned home. The application of all three theories will also be made in relation to the behavior and actions of veterans and why they are more inclined to commit crime.

Agnew's General Strain Theory

There are several different types of strain theories that look at how strain impacts crime. Agnew's (2006) version looks at strain occurring through three different outlets: 1) individuals may lose something they value, 2) individuals may be treated in an adverse or negative manner

by others and 3) individuals may be unable to achieve their goals they had set (Cullen & Agnew, 2011). Strain occurs when one or all of these conditions are “met”, leading the individual to react in any type of outlet, typically with violence. Cullen and Agnew (2011) tell readers that crime is an outlet that can help someone to reduce or escape from the strain they are under and the emotions that come with it, such as anger, depression, and so on. Agnew’s general strain theory of criminal behavior posits that individuals who are at a higher risk for antisocial conduct have been exposed to trauma and react negatively through anger and irritability among other symptoms and veterans diagnosed with PTSD fit into this category (Elbogen et al., 2012).

Application of theory to veterans. Conklin (2010) suggests that criminologists need to pay attention to the dimensions of strain in relation to its magnitude, recency, duration, and clustering of strainful events, which in the case of military veterans, could be the longer and more frequent deployments. Therefore, the experience of deployment and involvement in either combat or hazardous duty zones or both, could likewise justify the occurrence of all three types of strain as defined above. Reviewing the first point where strain may involve the loss of something that an individual values, like the loss of a friend, correlates strongly to veterans who have lost comrades during combat or perhaps in the aftermath of deployment, such as suicide. Olusanya (2012) relates that veterans who encounter traumatic events frequently (such as the loss of a comrade) habituate to the stimuli, such as violence. The second point discusses how individuals may be treated by others. This point was discussed earlier in regards to the media’s negative projection of veterans returning home from deployment and how deployment has affected their behavior and actions as they reintegrate back into society, often picturing them as more violent and unstable. Paternoster and Bachman (2001) discuss that most people desire status and respect in life and the same is true for those who join the military. The slogan to the

United States Marine Corp makes this idea very plain, “The few, the proud, the Marines”, and the military overall is not something everyone chooses as a life path and for those who do sign that dotted line, may feel a sense of respect should come along with it. The unpopularity of the Vietnam war and its veterans was discussed previously, which, as it was noted, led to an increase of substance abuse, followed by crime, to compensate for that negativity. The third point is how individuals may not be able to achieve set goals. This can be related to a frustration in the inability to effectively reintegrate into society after deployment. For military personnel in leadership positions, this could also relate to the inability to safely return all of their troops home alive.

Paternoster and Bachman (2001) state that strain makes people feel bad, angry, frustrated, anxious, and so on, all symptoms that can also be associated with PTSD. Following on the idea of PTSD, those who suffer from different types of strain can also become more angry or irritable on a regular basis if the levels are high enough (Paternoster & Bachman, 2001). As Cullen and Agnew (2011) add to this by stating that strains that occur in high magnitude are more likely to result in crime. These emotions exhibited to strain lead to individuals that are more likely to respond to strain through crime. These can include: 1) strain involves areas of life that the person considers important, 2) they have poor coping skills and resources, 3) there is little conventional social support, 4) if the costs of crime are low and 5) the individuals is disposed to crime (Paternoster & Bachman, 2001). As previously discussed, point one can be related to officers and non-commissioned officers (NCO's) who make it their duty to ensure all of their members return home alive, and that is not always the case. The second point is addressed and is being worked on through different organizations that are available to veterans such as the Department of Veterans Affairs, the Paralyzed Veterans of America, and American Legions. The third point

will be discussed in the recommendations section in regards to a conventional support system, which is applied through the use of mentors. The fourth point discusses the cost of crime being low and Paternoster and Bachman (2001) define this as something that falls to those who do not care about crime, are not going to be reprimanded for their action in the long run and view the chance of getting caught as minimal. An example of this may be in regards to drinking and driving. Perhaps a veteran has left a bar and drove home and knowing that he or she was not caught doing it, opens up a doorway to perhaps drinking more and driving longer distances and not worry about being caught. The final point discusses those who are disposed to crime, meaning that they suffer from a variety of factors such as irritability and impulsivity which can lead them to commit crime (Paternoster & Bachman, 2001). Perhaps it is the need for constant stimulation that comes as a side effect from PTSD that leads veterans down this path and eventually, to commit crime. When analyzing data compiled on veterans with PTSD and/or TBI, it was noted that there was a high rate of irritability which in turn led to an increased risk of criminal arrest after returning from deployment, which is characteristic to the general strain theory of criminal behavior (Elbogen et al., 2012).

Operant Conditioning

The term operant conditioning coined by B.F. Skinner in 1937 was an attempt to explain how behavior is affected by the environment (Staddon & Cerutti, 2003). Operant conditioning is essentially defined as being one step away from the better known classical conditioning (Pavlov's dogs) and relates to conditioned behaviors as well as responses (Giardino, 2009). One of the major points of operant conditioning comes in the form of choice, the decisions we make, how we make them, and when we make them, yet individuals only devote a limited space to it (Staddon & Cerutti, 2003). It is this choice and the fact that operant conditioning is controlled by

its consequences (Staddon & Cerutti, 2003) that leads behaviorists to argue that it may play a crucial role when looking at substance abuse issues (Comer, 2013). Comer (2013) enhances this idea by stating a temporary reduction of tension or rising of spirits that are provided through substance abuse is viewed as a rewarding effect to the user and may lead to the individual increasing their dosage with each use. Veterans are no different in this area. As stated previously, Vietnam veterans were the most likely to turn to the use and abuse of drugs and alcohol as a coping mechanism upon their return but it can also be used to explain other behaviors and actions that veterans follow through with on an almost daily basis.

Application of theory to veterans. An example of related behavior can be viewed by what is developed through nine weeks of basic combat training. These could be things such as quickly learning the proper way to shine the combat boots that are worn to avoid punishment for not having them done correctly (Giardino, 2009) or to keep their footlocker organized and locked in order to avoid its contents being thrown around their room. It is this type of conditioning that leads military to later become somewhat desensitized to killing someone in a combat situation by reinforcing the fact that they can be rewarded for killing the enemy (Giardino, 2009). Operant conditioning can also assist in explaining how a military veteran would chose to turn to drugs and alcohol as a coping mechanism once they have returned from deployment. Funder (2010) further adds that operant conditioning is when the subject learns to operate on its world in a way that would change it to their advantage, which can explain the use of drugs and alcohol to cope with the after effects of PTSD and other combat trauma. Blodgett et al. (2013) explains that there are two major disorders that affect justice involved veterans and they are antisocial personality disorder (which will be discussed later) and substance abuse disorder. Comer (2013) adds to this by stating that operant conditioning leads to a rewarding feeling and encourages the use of higher

doses each time in regards to drugs and alcohol. Funder (2010) explains that if the performed behavior is followed by a perceived good result (reinforcement) then the more likely that behavior will continue. Comer (2013) expands on this by stating cognitive-behavioral therapists believe people turn to substance abuse to self-medicate and higher rates of this abuse can be seen in those who suffer from anxiety, depression and other related problems. Cavanaugh (2011) also adds that heightened anxiety in veterans that suffer from PTSD can lead them to using drugs and alcohol for self-medicating or they will engage in sensation stimulating conduct to compensate for the numbness that they may be feeling from everything. Issues that can be traced back to PTSD and the effects of the exposure to combat situations that veterans may be faced with on deployments and the issue of multiple deployments only reinforces the negative behavior that develops in veterans which turns them to substance abuse to cope.

Antisocial Personality Disorder

The *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)* defines antisocial personality disorder as a pervasive pattern of disregard for, and violations of, the rights of others (Conklin, 2010). Conklin (2010) states that antisocial disorder can be a failure to conform to social norms, deceitfulness, manipulation, impulsivity, irritability, aggressiveness, disregard to self and others, many of these traits which are also evident in PTSD. In fact, Olusanya (2012) states that PTSD arising from combat and/or combat-related situations can mediate the relationship between later behavior and the development of antisocial personality disorder. Comer (2013) adds to the definition of antisocial personality disorder by stating that those who are afflicted by it cannot work a constant job, frequently and most likely quit right

away, they are careless with money, fail to pay off debts, are impulsive and take action without considering the consequences of those actions and are quick to start fights. Funder (2010) states that when someone is considered to have antisocial personality disorder, they can exhibit dangerous patterns which can include vandalism, harassment, theft and a variety of illegal activities such as burglary and drug dealing, just to name a few. Conklin (2010) states that it is hard to distinguish antisocial personality disorder in crimes that are committed when that crime is part of the definition and that because of differences by psychiatrists and psychologists, it can be hard to define accurately.

Application of theory to veterans. White et al. (2012) states that when the symptoms of combat-related trauma develop into antisocial personality disorder, it can draw the attention of the police which in turn may lead to arrest and incarceration. Many regard the effects of PTSD play a large role in justice-involved veterans and as Olusanya (2012) states, with PTSD symptoms evident in antisocial personality disorder, an increase in risk-taking and criminal conduct can occur. With veterans, anger is one of the salient psychological problems that stems from PTSD and can impeded treatment outcomes of those diagnosed with PTSD (Marshall et al., 2010). This anger can lead to individuals to have little regard for their safety and that of others who may be in their “way” (Comer, 2013).

In his research, Funder (2013) suggests that a strong link exists between antisocial personality disorder and low economic status. Bollinger, Riggs, Blake, and Ruzek (2000) state that Vietnam veterans with PTSD also have a history of antisocial personality disorder, alcohol abuse/dependence, substance abuse/dependence, Dysthymia, generalized anxiety disorder, major depressive episodes, obsessive-compulsive disorder, and panic disorder, just to name a few. This could possibly assist in explaining why higher rates of antisocial personality disorder are more

prevalent in both Vietnam veterans as well as veterans of the current conflicts in Iraq and Afghanistan veterans, because it has been noted that enlistees for these combat periods have come more prevalently from low socioeconomic status' than previous conflicts. When veterans chose to engage with antisocial disorders, it is imperative at that point that action is taken by respective individuals to reduce the risk of reoffending and to identify the antisocial behavior as fast as possible before more serious crimes are committed (Bjerke, 2009).

Conclusion

There are undoubtedly many different theories that can be applied toward the behavior of justice-involved veterans. Research has frequently related the emergence of PTSD in soldiers who were exposed to combat and combat-related or hazardous duty zones and its tie to antisocial personality disorder. In fact, several symptoms of antisocial personality disorder are the same that are seen in veterans diagnosed with PTSD. Comer (2013) states that only 2-3.5% of people in the U.S. have antisocial personality disorder, a number that seems very low when it is related to PTSD symptoms and the veterans that deal with it once they have returned home from deployment. Perhaps once more studies and understanding towards PTSD and subsequently antisocial personality disorder can be done; it may not be shocking if that percentage increases. As Wilson et al. (2011) points out, when a sizable number of veterans avoid seeking treatment for psychological symptoms, based on the above information and for other reasons perhaps not as well known or understood, the consequences can include but not limited to: damage to marriages and families, substance abuse, decrease in occupational and social functioning, risk of suicide, and an increase in illegal behavior.

Section IV. Recommendations

This study discusses why veterans returning home from combat and hazardous duty zones are more likely to interact with law enforcement and become involved in the criminal justice system as offenders as opposed to veterans who have not been deployed. In the past, courts were more likely to turn a blind eye when a veteran entered the court room and neglected the bigger picture of what caused that veteran to enter the system. Whether that overlook was based off the mental, physical, and/or psychological issues that veterans suffer from upon return from deployment. This section of the study will explore current options available to justice-involved veterans and provide recommendations for future success and rehabilitation of veterans involved in the criminal justice system. These recommendations are noted within the Department

of Veterans Affairs and the Veterans Treatment Courts. There are also other recommendations made that are currently utilized in some locations when it comes to identifying veterans within the population and how to further provide services they may be entitled to and in need of.

The Department of Veterans Affairs

The primary push behind the treatment of veterans is through treatment and services provided by the Department of Veterans Affairs, provided in hospitals and Community-Based Outpatient Clinics (CBOC's). Despite the prevalence of the VA, there are still several veterans who do not get the care and treatment owed to them because of lack of knowledge and a seeming lack of care towards the needs of veterans (Hawthorne, 2009). It is the lack of commitment to seriously addressing the mental, physical, and psychological needs of most veterans that leads them into the criminal justice system (Olusanya, 2012). Brought to national attention recently, it is no secret that the VA is oftentimes overburdened and perhaps understaffed when trying to meet the needs of all of the veterans in the United States seeking care. Hawthorne (2009) explains that because of this issue, veterans that were perhaps diagnosed with PTSD, never sought treatment or were not given the opportunity to treat their issues, leading them to channel that energy perhaps into criminal acts.

Mental Health Services. PTSD is not given as a diagnosis or a condition to every veteran that returns home, around 20% of returning veterans have significant symptoms of PTSD and other psychological disorders derived from deployment (Swords to Plowshares, 2011). Sharing similar symptoms and behaviors, veterans diagnosed with PTSD also have a higher tendency to be diagnosed with antisocial personality disorder (Bollinger et al., 2000). In a study conducted at an inpatient facility of 25 admitted veterans, nearly half (48%) met the criteria for a co-diagnosis of antisocial personality disorder and PTSD (Bollinger et al., 2000). When it comes

to addressing the needs of identified mental health behaviors in identified veterans, they are often referred to programs that have been established by the VA to provide treatment and resources.

Tanielian et al. (2008) explains that since the 1930's, the VA has provided care to veterans for mental health issues delivered in ambulatory settings, such as outpatient visits at the hospital or at the numerous CBOC's, all of which have specialized training to treat PTSD.

Tanielian et al. (2008) explains that an estimated 300,000 Iraq and Afghanistan veterans currently suffer from PTSD, major depression or other serious side effects accrued from their deployment(s). Leskin (n.d.) adds to this staggering number by stating an estimated 10-20% of veterans overall are impacted by psychological health issues, including PTSD, depression and anxiety. When it comes to addressing the mental health aspect of what veterans need to establish the underlying causes of criminality, inpatient and outpatient services are believed to be the most beneficial use in conjunction with the use of transitional living (such as group homes, vocational rehabilitation, etc.) in order to promote well-being and stave off mental health issues (Weaver et al., 2012). The VA offers not only mental and physical health services to veterans that are in need following their return from deployment, but for those veterans that become involved with the criminal justice system, through a social worker, who's title is the veterans justice outreach specialist. White et al. (2012) explain that all VA medical centers have a designated Veterans Justice Outreach Specialist for the each hospital that coordinates outreach appointments, conducts assessments and case management on veterans involved in the criminal justice system.

Veterans Justice Outreach Specialist. Veteran Justice Outreach (VJO) Specialists assist in four areas when veterans become involved in the criminal justices system and they are: 1) law enforcement and/or emergency services contact, 2) at initial detention and court hearings, 3) while in jail and when their time served is up, the VJO Specialist works through the Health Care

for Reentry of Veterans (HCRV) process to reintegrate into society from jail or prison. It is noted that 32-62% of veterans that are connected with through the HCRV are in need of mental health assistance, 38-66% are in need of substance abuse treatment and 52-60% are in need of some type of medical assistance (Blodgett et al., 2013). Despite all that the VA has been doing, there seems to still be a lack of commitment to seriously addressing criminality in veterans which is leading to incarceration. That is why the Department of Veterans Affairs has started to work with the courts to address these needs. Specialized Veterans Treatment Courts have been established and are utilized as an intervention measure to establish and remedy the effects of combat and justice involved veterans (Olusanya, 2012).

Conclusion of VA. The sole burden of assisting justice-involved veterans should not just fall on the shoulders of the Department of Veterans Affairs. Though the VA plays a large role in assisting veterans, further assistance in the rehabilitation of criminalistic activity is also assisted through the court systems and, in particular, the Veterans Treatment Courts.

Veterans Treatment Courts and Recommendations Towards Veterans

Until the 1950's, the court systems generally had a no-interference attitude when it came to dealing with veterans in the system (Cavanaugh, 2011). Through the years, that stance taken by the courts has taken a 180 degree turn and now courts have taken an interest into the well-being and treatment of veterans, especially those who served in a combat zone, as with the advancement of medicine and psychology, it is becoming more evident that the effects of combat has on veterans (Cavanaugh, 2011). Backed by the idea of Agnew's General Strain Theory, combat veterans returning home from deployment who have been diagnosed with PTSD or TBI are at higher risk of criminal justice involvement because the effects of both are linked to incarceration, antisocial behavior, and violence (Elbogen et al., 2012). Veterans with noted

PTSD or TBI have been noted to also have anger/irritability issues are more likely to have alcohol/drug misuse (operant conditioning), violence issues, and other variables, all leading to arrest and incarceration (Elbogen et al., 2012). It is suggested that courts and the personnel apply a positive attitude toward veterans with a deployment history which can impact a final ruling in regards to the thoughts, feelings, and actions of offenders who have prior military experience (Wilson et al., 2011).

Recommendations. One recommendation in the successful rehabilitation of veteran offenders is the involvement of their family in their treatment. It was noted earlier that the Buffalo Court includes family in the process of rehabilitating veterans, highlighting an importance in the role of family members because they are often the first line of success for veterans. Family plays a crucial role in the rehabilitation because they are the ones that are around the veteran the most and they are most familiar with the veteran (Cavanaugh, 2011). Recommendations should be made to all treatment courts that family is vital to success, providing there is no strain involved in the ties between the family and the veteran.

Another recommendation is the need for more programs within the United States. According to a map on the Justice For Vets website (n.d.), there are currently 35 out of 50 states that have at least one VTC addressing the needs of the veterans. There are a total of 168 courts, dockets, and tracks currently operating in these 35 states as well to try and meet the growing needs of justice-involved veterans (McGuire et al., 2013). Hawkins (2010) states that VTC's are more successful than sending the veteran through the regular process of the criminal justice system because they have an understanding that routine criminal punishment will not address the underlying problems that veterans have and that through early intervention and intensive supervision, long term success of these veterans may be possible.

Another recommendation is for the use of mentors within every VTC. Not all VTC's utilize mentors as an outlet toward the treatment of justice-involved veterans. First of all, justice involved veterans may not fully realize that their warrior status means something to those who have secured employment with the criminal justice system. In fact, many veterans join as correctional officers and in different roles throughout the Department of Corrections and put their skills they have learned and developed to work outside of the military. Some that chose the path as an employee of the criminal justice system may become disheartened by fellow veterans on the wrong side of the law and can exhibit animosity towards them, others take the opportunity to become involved in the life of that veteran and become mentors (Scurfield & Platoni, 2013).

Not all mentor programs are run the same. Some run as a separate entity from the court such as Ramsey County, Minnesota, servicing more towards the assistance of the County Veterans Service Officers as opposed to the courts. Mentor programs should be available for services to both the CVSO's as well as the courts because they play a crucial role with justice-involved veterans. One example that other programs could utilize when inquiring about the structure of their program is the one currently in place in Wisconsin. La Crosse County specifically, has taken an interest in veterans coming into the criminal justice system and has developed a two-tiered model to assist these veterans with their mentor program. The first tier of that model, known as the LaCrosse Model, is considered the most important and that is the Veteran Network and the Mentor Group is a subcomponent of this (Bjerke, 2009). The Veteran Network was created to operate independently of the criminal justice system by being based upon early identification of veterans who may be heading down the wrong path due to emotional or mental health issues that can result in police contact (Bjerke, 2009). This leads to the subcomponent Mentor Group, which the mentor encourages the veteran to address and potential

emotional or mental health issues he or she may have before it comes to an involvement in the criminal justice system (Bjerke, 2009).

Conclusion of VTC's. In closing, VTC's have an understanding that routine criminal punishment will not address the underlying problems that most veterans are afflicted by and that early intervention and intensive supervision is essential to long-term success of veterans (Hawkins, 2010). Many VTC's have formal relationships with federal, state, and local authorities that work together to successfully rehabilitate veterans and provide needed treatment programs and those that do not yet should consider it (Cavanaugh, 2011).

Law Enforcement

In order to obtain involvement in the court systems, veterans must first come into contact with law enforcement. With proper training and preparation, contact with law enforcement can be seen as a positive thing. Often times, law enforcement is the first line of identification for veterans, as also previously noted, due to their contact with homeless and mental health individuals (White et al., 2012). Law enforcement leaders and trainers, politicians, business leaders and the media have often expressed their concerns about returning veterans and their possible violent interactions they can have with law enforcement (Grossman, 2012) but with training, these types of situations can be managed, which leads to the recommendations for law enforcement.

Weaver et al. (2012) discusses a training known as the Crisis Intervention Team (CIT) model, which is an intensive training program designed to prepare law enforcement to manage all levels of crisis interventions necessary. The Chicago Police Department became the first law enforcement group to design and implement a 40-hour, veteran specific, training program that is based off of the ideal presented within the crisis intervention team model (Drug Policy Alliance,

2009). However, crisis situations involving veterans can often pose unique challenges to law enforcement in the sense that much of their training techniques can often heighten the anxiety state of veterans they are dealing with in situations (Weaver et al., 2012). The National Alliance on Mental Health (2014) states that CIT programs are designed to build a strong partnership between law enforcement, mental health providers, family members, and the individual on how to act and react to various situations. Furthermore, the CIT model aims to reduce the stigma and the need for future involvement within the criminal justice system by following two set goals: 1) to improve officer and consumer safety and 2) to redirect individuals with mental health needs out of the criminal justice system and into the health care system (Dupont, Cochran, & Pillsbury, 2007). It is the ideals that are set within the goals of the CIT that would make it a compatible training program to law enforcement departments when dealing with combat veterans. Interactions with veterans who have mental health needs could warrant the use of CIT model training to specifically cover veterans, and yet it has been noted that such training has received very little empirical investigation or attempts at standardization (Weaver et al., 2012).

Another recommendation in the training of law enforcement to address contact with veterans is currently in practice in La Crosse County, Wisconsin. The La Crosse Model is a training that has been in place since it was piloted in 2009 (Bjerke, 2009). Bjerke (2009) further explains that the City of La Crosse Police Department has been trained to inquire a suspect's possible military background at the time of arrest. If the suspect states that he or she is a veteran, their name will be referred to the County Veteran Service Officer (CVSO) who will verify this information and will then advise law enforcement how to further proceed with the veteran. The downfall to this program is that the CVSO is not available 24/7, often leaving reported veterans in jail until their status can be verified or back to the streets and lost into the perpetual black hole

(Bjerke, 2009). Overall, the La Crosse Veterans Network Initiative intends to ensure that all veterans are held accountable for their actions as well as their treatment and understand the risk for recidivism is reduced by properly treating any service connected emotional or mental health issue that afflicts the veteran and fuels atypical behavior (Bjerke, 2009).

VJO's employed through the VA, offer trainings to local law enforcement offices in regards to identifying and assisting veterans with mental health or other needs. Training provided from the VJO's to law enforcement cover areas such as how to approach veterans by establishing rapport and use active listening to areas they should avoid such as defensive body language to drawing a weapon and using threatening or intimidating behavior (E. Zapala, personal communication, September, 2014).

One final recommendation in regards to the assistance of law enforcement is the authorization of all 50 states plus U.S. territories to allow some type of denotation of veteran status on state identification cards. Other countries such as Canada, have passed legislation allowing any veteran to have access to an identification card that displays their service at any point in time to the Canadian Forces or Royal Canadian Mounted Police (Government of Canada, 2014). Guina (2014) explains that some state driver's licenses display a logo or code on driver's licenses of veterans as long as sufficient proof of service through the presentation of a DD214 is provided. Currently there are 44 states, plus Puerto Rico and Washington, D.C., that provide veterans designation with some of the remaining states pending legislation and implementation (Military Benefits, 2014). State lawmakers have also noted the benefit in using an identifier on a state identification as an assistance to law enforcement at the scene of an incident, to aid in the recognition that they are dealing with a veteran, especially if it concerns

PTSD or other mental health conditions, and assist law enforcement to better handle the situation (Shane, 2012). Even if law enforcement leaves a scene and has the potential offender in custody, once they are booked, it can be made known that the suspect is a veteran which could prompt contacting the correct individual(s) to assist with the justice-involve veteran (Brown, 2013).

In conclusion in regards to the recommendations of law enforcement: the assistance and treatment of justice involved veterans can be more successful as long as all of the stakeholders interested in the rehabilitation of veterans are equally invested and a willing to work hand in hand (Reuland & Cheney, 2005).

Other Recommendations

Other recommendations can be made to assist in easing the burden of both the unknown number of veterans in the criminal justice system currently and for those who are considered at risk due to mental health issues stemming from deployment(s). Other recommendations can include but not be limited to tracking systems in place by County Veteran Service Officers and Veterans Initiatives that are currently in effect in some states but not all.

Tracking by County Veterans Service Officers (CVSO). Every county of every state has at least one individual employed as a CVSO. The National Association of County Veterans Service Officers (2014) state in their mission statement that CVSO's will actively promote the rights of veterans and their dependents through a progressive legislative platform, work collaboratively with the VA and other nationally chartered organizations, to ensure that veteran receive the entitlements they deserve for the sacrifices they have endured. In regards to assisting with justice-involved veterans, the program currently in place with the City of La Crosse Police Department and the La Crosse County CVSO, is one that could be followed in every county. La Crosse County Wisconsin has designated a specific report that generates on a weekly basis to the

CVSO following any law enforcement contact made with veterans. This report is then compared to a database of veterans who are currently receiving VA benefits as opposed to those who are not yet established. When new veterans are noted on the report, a letter is sent out from the CVSO to the veteran encouraging them to contact the CVSO and set up a meeting (Bjerke, 2009). Blodgett et al. (2013) explain that 32-62 percent of veterans that are contacted by the county CVSO or a member of a veterans justice initiative program (discussed next) need mental health treatment, 38-66 percent need alcohol or other drugs of abuse treatment and 52-60 percent need medical treatment. Blodgett et al. (2013) also states that generated reports can assist with other VA benefits such as initiatives aimed at preventing and ending homelessness of veterans.

Veteran Initiative Programs. The following information has been obtained from the Wisconsin Court System in regards to various programs available to Wisconsin veterans. Currently in the State of Wisconsin, there is a program, known as the Wisconsin Veterans Intervention Program (WI-VIP), an initiative that joins the State Public Defenders Office and the Department of Corrections. This program is designed to identify veterans currently in an institution or on probation and parole to ensure they receive services due to them as veterans. (Wisconsin Court System, 2011). Likewise, Ramsey County in Minnesota also supports a Veterans Justice Initiative aimed at identifying and addressing lapses in the criminal justice system that veterans come into contact with and is a joint effort among city, state, federal, and community resources (“Veterans Court Track”, 2013). Despite the differences between Wisconsin and Minnesota, as well as the other fifty states, the goal remains the same of all initiatives. These goals include but are not limited to: increasing the likelihood of receiving VA services, case management and service coordination for medical, psychiatric, substance abuse,

PTSD, discharge upgrades, VA pensions and traditional housing, and to assist homeless veterans (Hammond, Cheney, & Pearsey, 2015).

Section V. Conclusion

Proactive assistance towards veterans has come a long way since first being mentioned in President Abraham Lincoln's second inaugural address in the midst of the Civil War. Past statistics have led to a hypothesis that in the future, a projected 40,000 veterans will have mental health issues, which left untreated and ignored, may lead to crime, some of which may be violent in nature (Hawthorne, 2009). Subsequent wars have seen an influx of veterans entering the criminal justice system following return from deployment, but it was not until following the Vietnam War that serious interest was taken into the driving factors behind the criminogenic behavior of veterans. Since the Vietnam War, a definitive definition of PTSD has been made and a correlation between PTSD and criminality has been given more attention. With the nations latest wars in Iraq and Afghanistan, an influx of Traumatic Brain Injuries have also been noted

and a link between PTSD and TBI's were soon established. These two major diagnoses, along with other mitigating factors have been noted in veterans who served in combat or hazardous duty zones in relation to their criminal behavior. It has been noted in this study that courts, at one point in time, felt more lenient towards veterans, excluding idea of treatment needed to combat recidivism which led to the creation and implementation of Veterans Treatment Courts. Modeled after the ideas behind Drug Treatment Courts and Juvenile Courts, VTC's have partnered with the Department of Veterans Affairs to provide treatment specific to the needs of each veteran who enters the program. Both entities, along with other various veteran agencies have become more proactive in identifying and addressing veterans and the mental, physical or psychological needs that have been developed as a result of deployment.

Findings in this study have highlighted the negative effects of combat veterans returning home and the difficulty of all entities that work with veterans in regards to tracking and being aware of veteran status until after contact with the criminal justice system. Despite the advancement in services provided by the VA and the establishment of Veterans Treatment Courts to assist veterans, there is still more than can be done. Recommendations in this study focused on the VA, Veterans Treatment Courts, law enforcement, and other recommendations, such as veteran denotation, County Veteran Service Officers, and Veterans Initiative Programs. All recommendations made are geared towards a more successful partnership between all entities of the criminal justice system, veterans, and veteran service organizations. In closing, the State of Wisconsin Department of Corrections Secretary Ed Wall (2014) states in his Veterans Day address that veterans bear the burden, wear the scars and carry the memories of defending the rights of others, efforts that have not come without sacrifice, and that we must remember when they return home that no effort too large and no distance is too far when it comes to caring for

the needs of our veterans and that we must carry our warriors where they cannot carry themselves, to make sure all of their needs are met because they sacrificed so much for us so we should put our shoulders to the grindstone of compassion and make the same resolution on their behalf that they have made for us.

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