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Do ask, do tell: an examination of veterans behind Bars.

Author's Note: Findings and conclusions reported in this article are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Both the military and corrections have learned that what they do not know can hurt them. This could not be truer than where the two systems intersect--veterans in the criminal justice system. While the military and the U.S. Department of Veterans Affairs (VA) are stepping up efforts to address the medical and mental health needs of past and present military personnel, corrections is doing its part as well. It is critical that criminal justice agencies "ask" whether an offender is a veteran; "tell" veterans that help is available for those involved in the criminal justice system; and collaborate with the VA and other agencies serving veterans to assure maximum access and service availability.

Historically, military personnel, law enforcement, first responders and other professions have been encouraged to "white knuckle" their way through traumatic events, addiction and other difficulties. Service members were not encouraged to ask for help to confront their demons nor offered assistance to do so. It could be argued that the Pentagon's controversial 15-year-old policy regarding sexual orientation known as "don't ask, don't tell" is analogous to the longer standing conspiracy of silence that has surrounded emotional disturbances and mental illness in the military and other professions. This silence among military personnel and veterans--frequently fostered by management and organizational culture--has not served military personnel, veterans, their families, communities, or the military and criminal justice systems well.

The military and the VA, however, have undergone a value change regarding the legitimacy and need to treat trauma and mental illness and are making greater efforts to identify and serve those in need of treatment. This might best be illustrated by the evolution in terminology for posttraumatic stress disorder (PTSD) (1): battle fatigue, shell shock, soldier's heart (Civil War), combat fatigue (World War I), gross stress reaction (World War II) and post-Vietnam syndrome. While some might argue the level of success achieved thus far, few would disagree that the armed services and the VA are seeking a paradigm shift. The criminal justice system, and corrections specifically, has a stake in the military and the VA's care and treatment of its current and former personnel because those whose needs are inadequately addressed may ultimately find their way into the criminal justice system.

There have been disturbing stories in the media of men and women returning from the wars in Afghanistan and Iraq with substance use issues, PTSD and high rates of suicide (Keteyian, 2007). Given that inmates are disproportionately burdened with substance use disorder and mental illness, and based on the corrections field's post-Vietnam experience, many wonder how soon it will be before the criminal justice system experiences a noticeable uptick in the number of veterans entering.

Criminality Prior to Military Service

The media have brought attention to crimes committed by veterans (Sontag and Alvarez, 2008), suggesting that criminal behavior might be a post-discharge byproduct of military service and war. Put another way, military service may be associated with future criminal behavior. While current research may shed light on the validity of this claim, much of the research to date does not highlight an important confounding factor: Veterans who have committed crimes may have had criminal records prior to their military service.

The number of waivers for criminal conduct granted to new recruits has increased significantly since 2003. The Pentagon reported that nearly one-quarter of military recruits in 2006 were given some

form of criminal record waiver and as many as 100,000 people have joined the military with a criminal record from 2003 through 2006 (Associated Press, 2007). Additionally, a study of military personnel from Iowa deployed to the Persian Gulf (Operation Desert Shield and Operation Desert Storm) found that 17.7 percent of the troops were incarcerated prior to active duty (Black et al., 2005). Another smaller study of Vietnam veterans also found that a history of anti-social behavior more likely explained later incarceration than did wartime service (Shaw, Churchill and Noyes, 1987).

A study of a small number of incarcerated Vietnam veterans found, among other things, that many came from less supportive family backgrounds and "began as poor prospects in terms of their social, economic, and interpersonal well-being" (Boivan, 1987). In other words, they were at risk for incarceration prior to military service. Furthermore, studies have shown that during the early phase-in of the All-Volunteer Force military, volunteers compared less favorably to civilians in socioeconomic status, intellectual-aptitude test scores, high school graduation and problems with substance abuse (Greenberg, Rosenheck and Desai, 2007).

This knowledge compels the question: Is military service to be blamed for the present criminality, was the individual predisposed to criminal conduct prior to induction into armed services or is it a combination thereof?

A Look at the Numbers

It is important to make clear that veterans constitute a small segment of the correctional population. Historically, it is rare that those on active duty in the military exceeded 1 percent of the U.S. population. And the number of those who have served in the military and become involved in the criminal justice system is even smaller.

It may be surprising for some to learn that while the number of incarcerated veterans has risen over time, the percentage of veterans in state and federal prisons has steadily declined during the past 30 years (Noonan and Mumola, 2007). The percentage of veterans in the country's general population also continues to decline.

The Bureau of Justice Statistics reported that 10 percent of state prison inmates in 2004 self-reported service in the U.S. military, down from 12 percent in 1997 and 20 percent in 1986. Note that the war in Afghanistan began Oct. 7, 2001, and the war in Iraq started March 20, 2003. Therefore, three years after the beginning of the Afghanistan war the number of incarcerated veterans increased, but the percentage of veterans in correctional facilities continued to decline. As a point of reference, female offenders made up 7 percent of state and federal prison inmates in 2005 (Harrison and Beck, 2006).

Surveys of inmates in federal institutions since 1991 reflect a similar decline in veterans. For example, an estimated 140,000 veterans were held in federal correctional facilities in 2004, down from 153,100 in 2000 (Noonan and Mumola, 2007). BJS' finding that the percentage of veterans in the correctional population continues to decline is also supported by a study conducted by researchers at Yale University. Using BJS' 1997 Survey of Inmates in State and Federal Correctional Facilities and the 2000 Decennial Census, researchers found that after the immediate post-Vietnam veteran peak, the risk for incarceration among all veteran racial and ethnic groups has declined (Greenberg et al., 2007).

Additionally, in 2004 male veterans had lower incarceration rates when compared with other men in the U.S. resident population. Among adult males, the incarceration rate of veterans (630 inmates per 100,000) was less than half of nonveterans (1,390 inmates per 100,000). BJS reasons that this lower rate is due in part to age differences since older men typically have lower incarceration rates. Most

male veterans (65 percent) were at least 55 years old in 2004, compared with 17 percent of nonveteran men (Noonan and Mumola, 2007).

As one would expect, Vietnam War-era veterans were the most common wartime veterans in both state (36 percent) and federal (39 percent) prisons. Veterans of the Iraq-Afghanistan era made up 4 percent of veterans in both state and federal prison. BJS reported that the average length of military service of veterans in prisons was about four years. Sixty-two percent of incarcerated veterans received an honorable discharge and 38 percent received various types of other discharges (Noonan and Mumola, 2007).

Given what is known about the historical lack of access and availability of mental health services for veterans, and the ramifications of untreated addiction and trauma over time, it may seem counterintuitive that the percentage of veterans in state and federal facilities has been declining. This is but one of a number of observations that do not seem to be consistent with media images, perceptions and best guesses concerning veterans involved in the criminal justice system.

Effect of Combat

Many logically assume that incarcerated veterans are likely to be the victims or casualties of war. As members of the military, they must have experienced the horrors of war, the trauma went untreated, addiction and/or mental illness resulted, and this set of circumstances propelled them into the criminal justice system. Surprisingly, research conducted thus far challenges this line of thought.

BJS reports that most veterans in state (54 percent) and federal (64 percent) prisons did serve during a wartime period; however, only a small percentage of those reported combat duty (20 percent of state inmates; 26 percent of federal; Noonan and Mumola, 2007). This finding is supported by a study of Iowa Gulf War National Guard and military reservists. In this study, combat was only modestly correlated with subsequent incarceration (Black et al., 2005). However, another study did find a correlation between combat exposure and subsequent incarceration (Yager, Laufer and Gallops, 1984).

Drug Use and Mental Illness

Veterans in state prison are less likely to report recent drug use than nonveterans (43 percent versus 58 percent, respectively). BJS reports that at the time of the offense, one-quarter of veterans and one-third of nonveterans reported being under the influence of drugs (Noonan and Mumola, 2007).

While veterans are less likely to be drug involved than nonveterans, they are more likely to report a mental health problem. The 2004 BJS survey reveals that veterans (30 percent) were more likely than nonveterans (24 percent) to report a recent history of mental health services, including an overnight stay in a hospital, use of a prescribed medication or treatment by a mental health professional (Noonan and Mumola, 2007). It is unclear whether greater uptake of services by the veteran population is an indicator of severity of illness or greater access to services due to veteran status.

Offense Type and Sentence Length

The BJS survey also reveals that veterans had shorter criminal records than nonveterans in state prison, but had longer prison sentences and were expected to serve more time in prison than nonveterans. Nearly one-third of veterans and one-fourth of nonveterans were first-time offenders. The average maximum sentence reported by veterans in state prison was more than two years longer (147 months) than that of nonveterans (119 months). And veterans expected to serve nearly

two years longer than nonveterans (112 months compared with 90 months; Noonan and Mumola, 2007).

More than half (57 percent) of veterans in state prison were serving time for a violent offense, including 15 percent for homicide and 23 percent for sexual assault, which includes rape. Among nonveterans, less than half (47 percent) were in state prison for a violent offense; one in five were held for homicide (12 percent) or sexual assault (9 percent; Noonan and Mumola, 2007).

As demonstrated by BJS, incarcerated veterans in 2004 were most likely honorably discharged Vietnam veterans who had not seen combat. Veterans were less likely to be incarcerated or to be drug involved than nonveterans. But incarcerated veterans were more likely than nonveterans to report a mental health problem and more likely to have recently used mental health care services. Veterans also were more likely to be first-time offenders, to be older, to have committed a violent offense, and to be sentenced and expecting to serve longer time than their nonveteran peers.

There are notable differences between the Vietnam War and the Afghanistan/Iraq wars--not the least of which are the "stop loss" extended deployments. While deployments are longer, the Department of Defense has mandated that all returning service members complete a post-deployment health assessment (Hoge, Auchterlonie and Milliken, 2006) to screen for medical and mental health problems. Additionally, resources dedicated to mental health and other transition services have increased significantly.

However, based on what is known about the criminal involvement of principally Vietnam veterans and given the similarities and differences in the dimensions of the Vietnam and Afghanistan/Iraq wars, it is difficult to forecast future implications for corrections.

Practice Implications

U.S. Department of Defense and the VA. The Department of Defense's role is to employ effective recruitment screening measures, medical and mental health care of its personnel, screening on release, and transitional services. The quality of all of these efforts will likely impact the future quality of life of the individual, his or her family, and the community. While the correlation between military service or combat exposure and future incarceration seems weak, there can be no argument that a relatively small number of individuals do find their way into the criminal justice system after separation from the armed forces. The VA also has a critical role in outreach, follow-up and aftercare for discharged disabled veterans. Effective screening, treatment and transitional services on the part of the Defense Department and the VA might reduce the probability of future criminal involvement.

Diversion at the front end. Fearing that the worst is yet to come, police, prosecutors and the courts have directed their attention to this special population. For example, Police Sgt. George Mason in Riverside, Calif., helped organize a multiagency training session on troubled veterans; the San Francisco Police Department's crisis intervention team has included veterans in its training curriculum; and Norfolk County, Mass., District Attorney William Keating held a summit with veterans groups, police departments and members of clergy to discuss resources available to returning veterans (Carroll, 2008).

In January 2008, after counting more than 300 veterans in local courts during the previous year, Judge Robert Russell, sitting in the Buffalo City (N.Y.) Court, initiated the country's first "veterans' court." This court is modeled after other treatment courts such as drug and mental health courts. The veterans' treatment court involves a two-year program of periodic court appearances, drug testing and counseling. Partnership with the local VA is considered key, as is a veterans-mentoring-veterans program. Other jurisdictions are considering replication (Thomason, 2008; Bermant, 2008).

Corrections response. In the aftermath of the Vietnam War, some correctional institutions had in-prison therapeutic communities or had support groups for veterans (Swetz, 1989). Since the percentage of veterans in the correctional population has declined, it is not known how many in-prison veteran-focused programs or groups continue to exist. However, correctional administrators are supporting the VA's reentry outreach efforts.

Reentry. Almost all offenders in penal institutions share at least one thing in common: They will be released one day. While release is the goal, the change they ultimately will face can be frightening. For most, there is fear as to whether one can ever "really go home again." The soon-to-be-released offender worries whether old relationships that have been changed by incarceration can be successfully navigated again, or whether gravitating back to the security of those old relationships is a bad idea altogether and should be avoided. Other obvious insecurities include housing, employment, transportation, debts, child support arrearages, societal technology changes, the constant pull of addictions and a general fear of failure. If this were not enough to test anyone's mettle, others face additional threats to readjustment such as chronic disease, psychiatric illness or infectious disease.

In the late 1990s, the VA's Health Care for Homeless Veterans staff began an outreach effort for incarcerated veterans. This was motivated by an overarching agency goal to broaden its veterans' enrollment, as well as the pursuit of another homelessness prevention strategy since there is a correlation between incarceration and homelessness. Initially, this appears to have been an ad hoc effort begun by staff recognizing the need in certain areas of the country. Later, it became a formalized agencywide effort (McGuire, 2007).

In August 2005, James McGuire, the VA's manager for homelessness prevention and incarcerated veterans, met with members of the Association of State Correctional Administrators (ASCA) to solicit their help in identifying incarcerated veterans and ensuring that they receive a state-specific resource guide developed by the VA. Information in these guides is a valuable tool for prerelease planning. (2) The state directors responded to the appeal by designating executive staff to work with the VA (McGuire, 2008).

Today, there are 32 individuals, known as health care for reentry specialists, (3) assigned to the 21 Veterans Integrated Service Networks (McGuire, 2008). (4) These specialists serve as the VA's point of contact for corrections and community-based service providers and for released or soon-to-be-released offenders in need of assistance. While the VA cannot provide in-prison medical services, it can provide in-reach services to incarcerated veterans, including prerelease medical assessments for disability determination purposes, referrals to medical and mental health or social services, employment and training information, housing assistance, substance abuse services, and short-term case management. The VA can assist veterans with reentry planning up to six months before release. With the support, of ASCA members, during the first eight months of fiscal year 2008 health care for reentry specialists completed reentry assessments with 3,000 veterans nationally, and 1,300 veterans were contacted in jails (McGuire, 2008).

There is modest evidence to suggest that in-reach services and motivational interviewing might be effective in linking jailed veterans to VA health care services. VA specialists are currently working in 342 state and federal prisons (McGuire, Rosenheck and Kasprow, 2003).

Veterans disability benefits. Some believe that eligibility for veterans' benefits and services is lost when one is incarcerated. In fact, veterans may be wary of disclosing veteran status for this reason. However, this is not generally the case, and veterans' benefits and services may prove to be a key element contributing to successful reentry. Incarcerated veterans should be identified and their

benefit status explained--preferably at intake.

McGuire estimates that approximately 80 percent of incarcerated veterans are likely to be eligible for veterans' services due to the following factors:

* Discharge statutes are not the final determination;

* Most veterans with general discharges under honorable conditions are also eligible for services; and

* Only the VA's benefit section can determine a veteran's eligibility and even some with dishonorable discharges can have them upgraded (McGuire, 2008).

The National Institute of Justice sponsored a study on incarceration status and federal disability entitlements (Conly, 2007). Veterans' benefits were reviewed in this study and are reported in great depth.

Incarcerated Veterans Transition Program. Post-release employment is also vital to reentry success. The Incarcerated Veterans Transition Program, managed by the U.S. Department of Labor's Veterans' Employment and Training Service, was designed to help incarcerated veterans who are released from a branch of military service other than dishonorably to reenter the work force. Veterans within 18 months of release from a participating correctional institution are eligible for the program.

The Incarcerated Veterans Transition Program did not provide direct service or funding to individual veterans, but was a source of programmatic grant funding to state and local work force investment boards, state and local public agencies, and nonprofit and for-profit organizations. Seven demonstration sites were selected and have been in operation for at least two years. Grant-supported services include job search and counseling activities, job preparation training, classroom training, job placement, and follow-up services.

Evaluation of this effort is under way. Currently, no new programmatic funds are available; however, Congress is considering whether to continue funding the program (McGuire, 2008).

The Goal Is Success

Successful reentry is the goal of corrections. Availability and access to social services may be critical to achieving a positive outcome for offenders. Veterans are among an elite few--those who have sacrificed and served in the military. There are benefits and services available for those who have found their way into the criminal justice system. Therefore, it behooves everyone in the system, particularly correctional staff, to ask whether an offender is a veteran and, if so, tell him or her what services are available.

ENDNOTES

(1) Post-traumatic stress disorder was not recognized as a treatable mental disorder by the American Psychiatric Association until Oct. 8, 1980.

(2) Electronic copies of the state-specific reentry guides can be accessed at wwwl.va.gov/homeless/page.cfm?pg=39.

(3) A list of the health care for reentry specialists, also known as integrated veterans reentry specialists, and their contact information can be found at wwwl.va.gov/homeless/page.cfm?pg=41.

(4) The VA divides the country up into service regions otherwise known as a Veterans Integrated Service Networks.

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