

## **Veterans in the Criminal Justice System and the Role of Social Work**

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*Veterans, particularly those who were involved in combat, experience difficulty readjusting to civilian life after deployment. Difficulties in adjustment postdeployment can contribute to involvement in the criminal justice system for some veterans. Interventions for veterans in the criminal justice system (e.g., veteran courts) are expanding as stakeholders become more aware of the risks that veterans face in corrections. The social work profession is especially suited to play a unique and critical role in veteran interventions through direct practice, advocacy, administration, and research. This article discusses the role of social work practice with veterans in corrections and the implications for the social work profession in veteran-related policy and research. This article includes an overview of the research on veterans in the criminal justice system, a discussion of one rapidly expanding intervention for veterans, and a focused discussion on the multiple roles for social workers in practice, policy, and research.*

Following the September 11, 2001 attack on the United States, approximately two million service members were deployed in support of Operations Enduring Freedom (OEF), Iraqi Freedom (OIF), and New Dawn (OND). Because of advances in military field medicine, combat-injured service members survive at much higher rates than in prior conflicts (Ling, Bandak, Armonda, Grant, & Ecklund, 2009). As veterans return home from deployment, there has been an increased awareness of the potential difficulties in readjusting to civilian life particularly for veterans exposed to combat (Magruder, & Yeager, 2009). An estimated 20% of veterans from recent wars report symptoms of post-traumatic stress disorder (PTSD), major depression, or traumatic brain injury

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(TBI; RAND Corporation, 2008). Many mental disorders including PTSD can co-occur with substance use problems and uncontrolled anger or aggression (Taft et al., 2007), which can contribute to criminal conduct.

Among community stakeholders, there is growing concern regarding veterans who come into contact with the criminal justice system. Mounting evidence suggests that veterans, particularly combat veterans, may be encountering the criminal justice system because of their unmet mental health needs (GAINS Center, 2008). Because of the rehabilitative needs of veterans in corrections and the growing awareness of the risks that veterans face when returning home from combat, stakeholders advocated for the development of specialized interventions to address the complex needs of this population. Veteran courts are one of the most rapidly expanding interventions for military veterans who encounter the criminal justice system.

Although there is growing awareness of the needs of veterans, there is scant literature on veterans in corrections particularly from social work scholars. The purpose of this article is to provide an overview of the literature regarding veterans in corrections by focusing on targeted interventions for social work practice and research. The article begins with a synthesis of the literature on veterans in the criminal justice system, including the prevalence, differential risks, and predictors of arrest among veterans. Then, the emergence of one rapidly expanding intervention, veteran courts, is discussed. Finally, the article concludes with a discussion on the multiple roles that social workers can play in practice and research with veterans who are in the criminal justice system and their families.

## VETERANS IN CORRECTIONS

### Prevalence

The United States ranks highest in the world in the number of individuals who reside in jail or prison. One out of every 100 adults in the United States is incarcerated, a nearly sevenfold increase since the 1970s (Holder, 2009). More recent estimates suggest that one out of every 34 adults in the United States are involved in the criminal justice system through community supervision (i.e., probation or parole), jail, or prison (Glaze & Parks, 2012). Among incarcerated individuals, approximately 140,000 veterans are in prison, more than half (57%) serving time for a violent offense, which is higher than their nonveteran counterparts (47%; Noonan & Mumola, 2007). There are no national statistics that estimate the total number of veterans under probation or parole.

### Factors Contributing to Veterans' Criminal Justice Involvement

Although there is existing research that attempts to discern the factors that cause or contribute to veterans' criminal justice involvement, the results are

mixed and inconclusive (Taylor, Parkes, Haw, & Jepson, 2012). Evidence suggests that veterans, particularly combat veterans, may be encountering the criminal justice system because of their unmet mental health needs (GAINS Center, 2008). Although there is no empirical support suggesting that mental illness causes criminal justice involvement, recent research does conclude that incarcerated veterans report more psychiatric and substance use problems prior to arrest (McGuire, Rosenheck, & Kaspro, 2003) and high rates of lifetime trauma (Saxon et al., 2001). Psychiatric disorders are also more common among incarcerated veterans in comparison to veterans in the community (Black et al., 2005).

Some scholars argue that individual characteristics of veterans, such as antisocial personality disorder and level of education, are more closely tied with arrest than military involvement (Greenberg & Rosenheck, 2009; Taylor et al., 2012). Primary risk factors of arrest for veterans include being male, minority, single, less educated, and young and having mental health problems (Greenberg & Rosenheck, 2009), which are similar to the risk factors for the general population (Bonta, Law, & Hanson, 1998). Although there is overlap in the predictors of arrest for veterans and the general population, there is sufficient evidence to suggest that veterans are at risk of mental health problems and difficulty in adjusting postdeployment, which uniquely contribute to coming into contact with the criminal justice system.

One of the most common mental health problems among veterans is PTSD. PTSD, an anxiety disorder occurring after exposure to a life-threatening event or injury during combat, is a major concern for veterans (Magruder & Yeager, 2009; Stimpson, Thomas, Weightman, Dunstan, & Lewis, 2003; U.S. Department of Veterans Affairs, 2012). PTSD is characterized by re-experiencing (e.g., re-occurring thoughts or dreams), avoidance and numbing (e.g., avoidance of thoughts or feelings of the traumatic event), and arousal symptoms (e.g., anger outbursts; American Psychiatric Association, 2013). It is estimated that nearly 20% of veterans from the most recent wars report symptoms of PTSD, major depression, or TBI (RAND Corporation, 2008). Posttraumatic stress disorder in veterans has been associated with being arrested upon returning from a combat deployment (Calhoun, Malesky, Bosworth, & Beckham, 2005) and can exacerbate veterans' ability to reintegrate into civilian society.

PTSD and TBI are comorbid, making the etiology of symptoms difficult to distinguish (Lew et al., 2009). An estimated 14% of veterans returning home from Afghanistan or Iraq had a brain injury that is associated with substance use, difficulty controlling anger, and general aggression, all of which could lead to criminal misconduct (Tanielian & Jaycox, 2008). This rate is likely an underestimate, as it only takes into account veterans who are accessing services. Prevalence of TBI is anticipated to double within five years after deployment (Hoge, Auchterlonie, & Milliken, 2006).

Given that many OEF/OIF/OND veterans are diagnosed with PTSD and TBI (Tanielian & Jaycox, 2008), it is plausible that these veterans are at an increased risk for criminal justice involvement. However, recent research using the Veteran Administration's Health Care for Reentry Veterans data found that OEF/OIF/OND veterans were less likely to be incarcerated in comparison to other veterans (Tsai, Rosenheck, Kaspro, & McGuire, 2013). It is important to note that these data are limited in generalizability as it only included people who were eligible for Health Care for Reentry Veterans services and excluded individuals serving longer sentences. Further, it only captured veterans who were in prison, not veterans who were on probation, parole, or in jail.

In addition to PTSD and TBI, veterans are also at risk of substance abuse. Previous research estimates that approximately one quarter of veterans in the community have a substance abuse or dependence diagnosis (Wagner et al., 2007; Walker, Howard, Lambert, & Suchinsky, 1994). Substance use often co-occurs with mental illness (Cuffel, 1996), particularly PTSD and TBI (Taft et al., 2007). High rates of substance abuse are consistently documented in the literature for the general population of people who encounter the criminal justice system (Fazel, Bains, & Doll, 2006; Peters, Greenbaum, Edens, Carter, & Ortiz, 1998). Similarly for veterans, one quarter of veterans who are in prison were using drugs and/or alcohol at the time of arrest, which suggests preventive services targeting substance use might lead to a decreased incarceration rate (Noonan and Mumola, 2007).

## HEALTH AND MENTAL HEALTH OF VETERANS IN THE CRIMINAL JUSTICE SYSTEM

Adults living in prison, both veterans and nonveterans, experience a range of chronic physical problems (i.e., arthritis and hypertension; Maruschak, 2008) and mental illness (e.g., mania and major depression; Glaze & James, 2006). Managing chronic health and mental health problems are a significant challenge for the correctional system, particularly as prisoners age (Mitka, 2004). Many prisons operate on limited budgets and are not equipped with the personnel or the finances to provide comprehensive healthcare services to prisoners. With the median age being 10 to 12 years older for incarcerated veterans than nonveterans (Blodgett, Fuh, Maisel, & Midboe, 2013), these older veterans have unique medical and rehabilitative service needs (Williams & Abroades, 2007).

Although additional research is needed to be conclusive, it appears that veterans in prison compared to nonveterans are at greater risk for a variety of negative outcomes. For example, veterans in prison are at a heightened risk of suicide while incarcerated and upon release (Frisman & Griffin-Fennell, 2009; Wortzel, Binswanger, Anderson, & Adler, 2009). In addition, felony convictions can interfere with finding and securing employment and may

have an impact on benefits for veterans and their families (Addlestone & Chaset, 2008), both of which can lead to poverty, making veterans even more vulnerable upon reentry to the community. Nationally, Greenberg and Rosenheck (2008) found that incarcerated veterans are at the greatest risk of homelessness upon release from prison.

Both veterans and nonveterans in prison are more likely to have PTSD than the general population (Saxon et al., 2001). Among people with PTSD, in particular, living in prison may retraumatize them (Sigafos, 1994) or influence them to revert to “combat mode” because of the vulnerabilities inherent in the prison environment (Cavanaugh, 2010). Veterans may also be at additional risk for PTSD symptoms because of some combination of premilitary factors (Elbogen et al., 2012) and traumatic military experiences (i.e., combat and military sexual trauma) that can be exacerbated by stress, poor treatment, or no treatment while in custody (Sigafos, 1994).

### Emergence of Veteran Courts

Over the past decade, stakeholders advocated for criminal justice-based programming and interventions that can reduce the risks veterans face when coming into contact with the law. There is also public acknowledgment that military veterans should be treated differently than civilians because of their voluntary subjectivity to potential violence, unease, and trauma for the protection of our country (Hawkins, 2010). One rapidly expanding intervention is veteran courts, which are also referred to as veteran treatment courts. Veteran courts were first established in 2004 in Anchorage, Alaska (Hawkins, 2010). Shortly after Anchorage’s veteran court emerged, Judge Robert Russell created a veteran court in Buffalo, NY, which has now become the model for veteran courts across the country (Office of National Drug Control Policy, 2010). There are over 150 veteran courts across the country and many more in the planning stages (see <http://www.justiceforvets.org/veterans-treatment-court-locations> for a current list of veteran courts in the United States).

Veteran courts are based on the mental health and drug treatment court models. These specialty or alternative courts were designed on the theoretical underpinnings of therapeutic jurisprudence (Winick & Wexler, 2003), which argues that the law and legal proceedings can act as a therapeutic agent by using the law to address the underlying causes of criminal involvement. The goal of specialty courts is to reduce criminal recidivism through the provision of treatment and services; intensive supervision and monitoring; and the use of rewards and sanctions for behavioral reinforcement.

### Veteran Court Model

In line with the specialty court model, veteran courts are voluntary programs that divert some veterans who have been arrested to a separate court docket.

Eligibility for veteran courts varies by jurisdiction. However, most veteran courts limit eligibility to veterans who are eligible for Veterans Administration benefits and charged with nonviolent, misdemeanor, or low-level felony charges (Hawkins, 2010). Because veteran courts are voluntary programs, eligible veterans have the right to opt into the program by agreeing to a signed contract that includes an agreement to treatment adherence; abstinence from drugs and alcohol; frequent reporting to probation and the judge; work for those veterans who are physically and mentally able; and compliance with behavioral requirements (e.g., no new arrests, conducting oneself with respect, following dress code and general rules, telling the truth; Russell, 2009).

Once an eligible veteran is accepted into the veteran court, he/she is diverted from the traditional court docket to the specialized docket. A team, including a judge, probation officer, caseworker, court administrator, veteran service representative, peer mentor, and treatment provider, provides the veteran with intensive, community-based treatment, rehabilitative services, and supervision (Hawkins, 2010; Russell, 2009). Ideally, there is continuity with this team from the time of initial treatment planning through program completion. The veteran court is designed to encourage the development of one-on-one relationships between participants and the judge and other team members through frequent court sessions, which can occur up to once per week. In these sessions, the judge speaks directly to participants rather than through attorneys. The veteran court team meets prior to court sessions to discuss each participant. The judge will discuss any successes or problems with treatment adherence and/or program compliance directly with participants before an audience of other veteran court participants (Hawkins, 2010).

Veterans Justice Outreach Specialists, often social workers, play an important role in developing treatment plans with the other veteran court team members and act as a liaison with the Veterans Administration. Treatment and services can include mental health and substance use treatment, employment services, access to computers, GED programming, and peer mentoring (Stiner, 2012). All veteran court participants are assigned a peer mentor who is also a veteran (Russell, 2009). Mentors provide support as participants navigate through the veteran court program. The length of veteran court participation varies from court to court, but typically ranges from one to two years (Hawkins, 2010).

As a component of monitoring, the veteran court team uses sanctions and rewards as incentives to either change behaviors or to continue with successful progression in treatment and/or probation, similar to other specialty courts (Russell, 2009). Sanctions are decided on by the veteran court team and given for noncompliance with program requirements (e.g., failure to participate in mandated services, probation violations, positive urine screens for substance use, lying to the staff, and being late or noncompliant with court orders). Sanctions given in other specialty treatment courts, which are also used in many veteran courts, can include requiring more services, modifying

treatment plans, increasing the frequency of reporting to caseworkers and probation officers, increasing monitoring through electronic devices, curfews, verbal warnings, written essays, jail, and termination from the program (Bazelon Center for Mental Health Law, 2003). Rewards are used as a reinforcement for positive behaviors for participants who adhere to treatment plans, remain sober, and comply with probation (Russell, 2009). Rewards include being called first in court, applause, verbal praise, public recognition of accomplishments, fewer court appearances, fewer drug screens, overnight passes to visit family, fewer restrictions, and ultimately graduation.

### Specialty Court Critiques

Although veteran courts are receiving much praise and support, in general, the specialty court model has been critiqued by advocacy groups. The Bazelon Center (2003) argued that one's due process and right to self-determination are violated by the sanctioning of nonadherence to treatment. Specifically, due process, or the legal right to formal legal proceedings, could be violated if court participants are required by the specialty court judge to comply with treatment and subsequently sanctioned to jail for noncompliance. Specialty court participants have not been sentenced to involuntary outpatient commitment. Rather, they have agreed to participate in a court-based program for treatment. Sentencing a person to involuntary treatment requires a separate trial to determine a person's mental capacity and capability to make treatment decisions; a need for a trial to determine mental capacity often makes a person ineligible for specialty court. All specialty court participants are required to be of sound mind prior to specialty court diversion. To reduce the risk of due process violation, treatment decisions should be made in collaboration with specialty court participants to promote self-determination in treatment decisions; however, the Bazelon Center (2003) questioned participant involvement in treatment-based decisions.

In addition, some courts are criticized for having vague written policies, including the requirements for successful completion or graduation (Bernstein & Seltzer, 2003; Erickson, Campbell, & Lamberti, 2006). Redlich, Hoover, Summers, and Steadman (2008) question participants' full understanding of the weight of a guilty plea in lieu of trial and what is required by postadjudication specialty courts. For example, some specialty court participants' length of supervision exceeds the period of punishment that accompanies usual processing in a traditional court (i.e., time spent in jail).

## IMPLICATIONS FOR SOCIAL WORK

In the 1980s, the criminal justice system became more punitive in managing crime (Garland, 2001). With this shift, efforts toward rehabilitating people in

the criminal justice system were replaced with longer sentences, retributive policies, and mass incarceration. In more recent years, new policies within the criminal justice system have emphasized the need for rehabilitative efforts for some populations (i.e., people with mental illnesses and/or addictions) by using the legal system as a therapeutic intervention (Wexler, 2000). Theory and practice frameworks inherent in social work education, like the ecological systems perspective and strengths-based approach, complement these recent rehabilitative shifts and bring a unique perspective to the criminal justice system, including an understanding of the interaction between people and their environment and use of strengths in recovery.

As described above, veterans are at risk of criminal justice involvement and at risk during incarceration for a variety of negative outcomes. Although it is likely that more interventions directed at veterans in corrections will emerge over the following years, one of the most prominent interventions for veterans today are veteran courts. Veteran court programs are part of a movement toward rehabilitative efforts rather than the more traditional retribution approach used in corrections. Expansion of treatment courts, particularly for veterans, is a priority for the United States Senate (Senate Committee on the Judiciary, 2011). Social workers, trained in assessing people within their environment, can help veteran courts better meet their goals of addressing the underlying contributors to criminal justice involvement. Specifically, social workers are able to develop multifaceted treatment plans that address both person-level contributors (i.e., substance abuse, untreated mental illness) and environmental-level contributors (i.e., unemployment, dysfunctional social networks, neighborhood triggers) to criminal justice involvement. More broadly, social workers are suited to assist veterans along the continuum of the criminal justice system (i.e., arrest, incarceration, parole, probation, and re-entry) through advocacy, outreach, education, and service linkage. In working with veterans in corrections, social workers have a unique opportunity to collaborate across disciplines and professions.

## Practice

There are opportunities for social work practice and intervention with veterans at multiple points along the criminal justice continuum. In veteran courts, social workers work either through the Veterans Administration or through community agencies to provide mental health evaluations, casework services, therapy, and/or advocacy for court participants. Social workers involved in veteran court programs play a dual role in that they are providers of services but also court liaisons who are required to update team members on their clients' adherence to and engagement in services. These reports, if poor, can result in court participants' receipt of sanctions. Social workers are thus required to balance their therapeutic work with clients and mandates from the court while still promoting social work values, such as one's right to



self-determination and confidentiality. Although this balance is challenging, social workers are encouraged to discuss the parameters of their relationship up front with clients who are involved in veteran court programs and, more broadly, corrections by delineating the limitations of confidentiality and describing requirements to provide status reports to the judge and/or probation officers (see Canada & Epperson, 2014).

In addition to playing a key role in veteran courts, social workers can assist veterans before they enter the criminal justice system through preventive efforts by helping veterans access services through outreach and education. This is critically important given the stigma for many service members (and likely veterans) to seek treatment for mental health problems (Ben-Zeev, Corrigan, Britt, & Langford, 2012). This stigma and reluctance to seek mental health treatment might be exacerbated by both providers' perceptions toward mental illness (Servais & Saunders, 2007) in military populations and general perceptions of the criminal justice system. Social workers in community settings should ask clients about military service status, combat exposure, trauma, and barriers to adjustment as part of initial evaluations to provide the most appropriate services. Given the risk for PTSD, TBI, and substance abuse among veterans, it is especially important that social workers assess for these disorders and provide or link individuals with the necessary services. A well-rounded assessment also includes an assessment of the veteran's strengths, including the possibility that one source of strength is his/her military experience (Coll, Weiss, & Metal, 2013). In addition, providers should proactively seek continuing education on military culture and remain aware that stigmatization might affect the therapeutic alliance.

Social workers may also work with families of veterans within corrections to provide resources, help navigate the criminal justice system, and assist with re-entry to the community after being incarcerated. As targeted intervention programs for veterans continue to emerge, social workers will need to play an active role as advocates to ensure veterans' rights are being upheld and that veterans have a full understanding of program requirements prior to participation in diversion programs.

## Policy

Given that veterans are at risk of developing PTSD and substance abuse problems that can lead to increased involvement with the criminal justice system, more specialized, preventative, and alternative sentencing interventions are needed. There are currently over 150 veteran courts, specialized veteran dockets, or veteran tracks in courts across the country (McGuire, Clark, Blue-Howells, & Coe, 2013). Veteran courts bridge multiple systems, including community-based programs that can provide viable rehabilitative services and can divert some veterans from incarceration and its subsequent consequences.

Veteran courts, however, are not universally available and therefore only a portion of military veterans are eligible for these specialized programs. In counties without veteran courts, veterans may be eligible for other specialty courts (e.g., mental health or drug treatment courts). Even in counties with veteran courts, not all veterans will be eligible to participate. As discussed above, eligibility for veteran courts varies by jurisdiction; however, most courts restrict participation to veterans with lower-level, nonviolent charges and require that veterans are service-eligible through the Veterans Administration (Hawkins, 2010). These policies may significantly limit the number of veterans that these courts serve. For example, veterans may be at a higher risk of committing charges classified as violent (Noonan & Mumola, 2007). In addition, military discharge status (e.g., dishonorable discharge) may impede certain individuals from receiving benefits for treatment-related services and thus ineligible for a veteran court. Discharge status can be petitioned, but there is no guarantee that the status can be altered. Advocacy is especially important in these cases when other than honorable discharges may be due to alcohol, drug, or mental health-related problems. Although veteran court eligibility criteria involve criminal law and economic implication, it is important that veteran court policies do not exclude those veterans most in need of treatment.

Social workers are both liaisons between the criminal justice and social service systems and providers of treatment within them. The National Association of Social Workers' partnership with the White House's *Joining Forces* (2012) positions social work as a leader in transitioning military veterans back to their communities after deployment and keeping them there. As the National Association of Social Workers and schools of social work continue to develop and implement programming to train community-based service providers and improve their understanding of veterans' reintegration experiences and military culture, they are well-advised to improve social work's readiness to work with military veterans in the criminal justice system.

## Research

Although there is a growing body of research on veterans in the criminal justice system, many unanswered questions remain. Interdisciplinary research on veterans is greatly needed to gain a better understanding of veterans' experiences in the criminal justice system and the factors contributing to criminal justice involvement, particularly those related to deployment and/or combat exposure. Interdisciplinary research allows for collaboration and mutual understanding from multiple viewpoints (e.g., law, medicine, and social work) to examine veterans within the criminal justice system from multiple vantage points. One of the vantage points that social work scholars bring to interdisciplinary teams is viewing veterans and the multiple systems they are embedded within (i.e., family, military, and criminal justice) as a

foundation for developing new and evaluating existing interventions. Interventions that address individual needs are essential; however, preventing criminal justice involvement and rehabilitation often require multifaceted intervention that both addresses individual and systemic needs.

Although interventions like veteran courts are rapidly expanding, a solid body of evidence on the effectiveness of these programs is lacking. To begin to test the effectiveness of interventions, research is needed to investigate the extent to which interventions for veterans are addressing their needs. Specialty court models are based on the ideology that therapeutic intervention is fundamental in addressing the underlying causes of criminal justice involvement. However, it is not yet clear why veterans are coming into contact with the criminal justice system and if those reasons are different from the general population. Once a clear understanding of the causes or contributors to veterans' criminal justice involvement has been established, the creation and validation of instruments to measure the effectiveness of veteran courts is needed. Use of validated instruments within veteran courts across the country is the first step in gaining understanding of the impact that targeted interventions are having on veterans and their criminal recidivism. As research on veterans in corrections continues to grow, it is also essential to examine variation among veteran experiences, including variation in veterans who served in different wars and exposure to combat, rather than drawing conclusions regarding veterans as a homogeneous group.

## CONCLUSION

There is a growing need for social work practitioners and researchers to engage with military veterans who have come into contact with the criminal justice system to provide needed services, link individuals and families with resources, contribute to the development of validated assessment instruments, and investigate effective interventions to prevent veterans' arrest and incarceration. Social workers can play critical roles in service provision, advocacy, and research that cross multiple systems involving veterans and their families. Interdisciplinary research is greatly needed to gain a better understanding of veterans' experiences in the criminal justice system and the factors contributing to criminal justice involvement, particularly those related to deployment and/or combat exposure. Using multiple perspectives (e.g., social work, law, and nursing) in research will promote the development of comprehensive assessment and intervention that are able to address the multifaceted challenges that many of our military veterans face. As new initiatives for veterans arise, like veteran courts, social workers have the opportunity to be at the forefront of implementation and evaluation to help prevent veterans from coming into contact with the criminal justice system and to assist veterans who have been arrested.

## REFERENCES

- Addlestone, D. F., & Chaset, A. (2008). Veterans in the criminal justice system. In Veterans for America (Ed.), *The American veterans and service members survival guide: How to cut through the bureaucracy and get what you need and are entitled to*. Retrieved from <http://www.nvlsp.org/images/products/survivalguide.pdf>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed). Washington, DC: American Psychiatric Publishing.
- Bazelton Center for Mental Health Law. (2003). Criminalization of people with mental illness: The role of mental courts in system reform. *Jail Suicide/Mental Health Update*, 12, 1–11.
- Ben-Zeev, D., Corrigan, P. W., Britt, T. W., & Langford, L. (2012). Stigma of mental illness and service use in the military. *Journal of Mental Health*, 21, 264–273.
- Bernstein, R., & Seltzer, T. (2003). The role of mental health courts in system reform. *University of the District of Columbia Law Review*, 7, 143–162.
- Black, D. W., Carney, C. P., Peloso, P. M., Woolson, R. F., Letuchy, E., & Doebbeling, B. N. (2005). Incarceration and veterans of the first Gulf War. *Military Medicine*, 170, 612–618.
- Blodgett, J. C., Fuh, I. L., Maisel, N. C., & Midboe, A. M. (2013). *A structured evidence review to identify treatment needs of justice-involved veterans and associated psychological interventions*. Washington, DC: U.S. Department of Veterans Affairs.
- Bonta, J., Law, M., & Hanson, K. (1998). The prediction of criminal and violent recidivism among mentally disordered offenders: A meta-analysis. *Psychological Bulletin*, 123, 123–142.
- Calhoun, P. S., Malesky, L. A., Bosworth, H. B., & Beckham, J. C. (2005). Severity of posttraumatic stress disorder and involvement with the criminal justice system. *Journal of Trauma Practice*, 3, 1–16.
- Canada, K. E. & Epperson, M. (2014). The working relationship and its association with outcomes among mental health court participants. *Community Mental Health Journal*. doi: 10.1007/s10597-014-9713-z
- Cavanaugh, J. M. (2010). Helping those who serve: Veterans treatment courts foster rehabilitation and reduce recidivism for offending combat veterans. *New England Law Review*, 45, 463–487.
- Coll, J. E., Weiss, E. L., & Metal, M. (2013). Military culture and diversity. In A. Rubin, E. L. Weiss, & J. E. Coll (Eds.), *Handbook of military social work* (pp. 21–36). Hoboken, NJ: John Wiley & Sons, Inc.
- Cuffel, B. (1996). Comorbid substance use disorder: Prevalence, patterns of use, and course. *New Directions for Mental Health Services*, 70, 93–105.
- Elbogen, E. B., Johnson, S. C., Newton, V. M., Straits-Troster, K., Vasterling, J. J., Wagner, H. R. (2012). Criminal justice involvement, trauma, and negative affect in Iraq and Afghanistan war era veterans. *Journal of Consulting and Clinical Psychology*, 80, 1097–1102.
- Erickson, S. K., Campbell, A., & Lamberti, S. (2006). Variations in mental health courts: Challenges, opportunities, and a call for caution. *Community Mental Health Journal*, 42, 335–344.
- Fazel, S., Bains, P., & Doll, H. (2006). Substance abuse and dependence in prisoners: A systematic review. *Addiction*, 101, 181–191.

- Frisman, L. K., & Griffin-Fennell, F. (2009). Commentary: Suicide and incarcerated veterans—Don't wait for the numbers. *Journal of the American Academy of Psychiatry & Law*, *37*, 92–94.
- GAINS Center. (2008). *Responding to the needs of justice-involved combat veterans with service-related trauma and mental health conditions*. Retrieved from [http://gainscenter.samhsa.gov/pdfs/veterans/CVTJS\\_Report.pdf](http://gainscenter.samhsa.gov/pdfs/veterans/CVTJS_Report.pdf)
- Garland, D. (2001). *The culture of control: crime and social order in contemporary society*. Chicago, IL: The University of Chicago Press.
- Glaze, L. E., & James, D. J. (2006). *Mental health problems of prison and jail inmates* (NCJ Publication No. 213600). Rockville, MD: U.S. Department of Justice.
- Glaze, L. E., & Parks, E. (2012). Correctional populations in the United States, 2011. *Bureau of Justice Statistics Bulletin* (NCJ 239972). Retrieved from <http://bjs.ojp.usdoj.gov/content/pub/pdf/cpus11.pdf>
- Greenberg, G. A., & Rosenheck, R. (2008). Jail incarceration, homelessness and mental health: A national study. *Psychiatric Services*, *59*, 170–177.
- Greenberg, G. A., & Rosenheck R. A. (2009). Mental health and other risk factors for jail incarceration among male veterans. *Psychiatric Quarterly*, *80*, 41–53.
- Hawkins, M. D. (2010). Coming home: Accommodating the special needs of military veterans to the criminal justice system. *Ohio State Journal of Criminal Law*, *7*, 563–573.
- Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of the American Medical Association*, *295*, 1023–1032.
- Holder, E. (2009). *Attorney General Eric Holder at the Vera Institute of Justice's third annual justice address*. Retrieved from <http://www.justice.gov/ag/speeches/2009/ag-speech-090709.html>
- Lew, H. L., Otis, J. D., Tun, C., Kerns, R. D., Clark, M. E., & Cifu, D. X. (2009). Prevalence of chronic pain, posttraumatic stress disorder and persistent postconcussive symptoms in OIF/OEF veterans: Polytrauma clinical triad. *Journal of Rehabilitation Research and Development*, *46*, 697–702.
- Ling, G., Bandak, F., Armonda, R., Grant, G., & Ecklund, J. (2009). Explosive blast neurotrauma. *Journal of Neurotrauma*, *26*, 815–825.
- Magrunder, K. M., & Yeager, D. E. (2009). The prevalence of PTSD across war eras and the effect of deployment on PTSD: A systematic review and meta-analysis. *Psychiatric Annals*, *39*, 778–788.
- Maruschak, L. M. (2008). *Medical problems of prisoners* (NCJ Publication No. 221740). Rockville, MD: U.S. Department of Justice.
- McGuire, J., Clark, S., Blue-Howells, J., & Coe, C. (2013). *An inventory of VA involvement in veteran courts, dockets, and tracks*. Retrieved from <http://www.justiceforvets.org/sites/default/files/files/An%20Inventory%20of%20VA%20involvement%20in%20Veterans%20Courts.pdf>
- McGuire, J., Rosenheck, R. A., & Kaspro, W. J. (2003). Health status, service use and costs among veterans receiving outreach services in jail or community settings. *Psychiatric Services*, *54*, 201–207.

- Mitka, M. (2004). Aging prisoners stressing health care system. *Journal of the American Medical Association*, *292*, 423–424.
- Noonan, M. E., & Mumola, C. J. (2007). Veterans in state and federal prison, 2004. *Bureau of Justice Statistics Special Report*. Washington, DC: U.S. Department of Justice.
- Office of National Drug Control Policy. (2010). *Fact sheet: Veterans treatment courts*. Washington, DC: Executive Office of the President. Retrieved from [http://www.whitehouse.gov/sites/default/files/ondcp/Fact\\_Sheets/veterans\\_treatment\\_courts\\_fact\\_sheet\\_12-13-10.pdf](http://www.whitehouse.gov/sites/default/files/ondcp/Fact_Sheets/veterans_treatment_courts_fact_sheet_12-13-10.pdf)
- Peters, R. H., Greenbaum, P. E., Edens, J. F., Carter, C. R., & Ortiz, M. M. (1998). Prevalence of DSM-IV substance abuse and dependence disorders among prison inmates. *The American Journal of Drug & Alcohol Abuse*, *24*, 573–587.
- RAND Corporation. (2008). *One in five Iraq and Afghanistan veterans suffer from PTSD or major depression*. Retrieved from [www.rand.org/news/press/2008/04/17.html](http://www.rand.org/news/press/2008/04/17.html)
- Redlich, A. D., Hoover, S., Summers, A., & Steadman, H. J. (2008). Enrollment in mental health courts: Voluntariness, knowingness, & adjudicative competence. *Law & Human Behavior*, *34*, 91–104.
- Russell, R. T. (2009). Veterans treatment court: A proactive approach. *New England Journal on Criminal & Civil Confinement*, *35*, 357–372.
- Saxon, A. J., Davis, T. M., Sloan, K. L., McKnight, K. M., McFall, M. E., & Kivlahan, D. R. (2001). Trauma, symptoms of posttraumatic stress disorder and associated problems among incarcerated veterans. *Psychiatric Services*, *52*, 959–964.
- Senate Committee on the Judiciary. (2011). *Drug and veterans treatment courts: Seeking cost-effective solutions for protecting public safety and reducing recidivism*. Washington, DC: Executive Office of the President. Retrieved from <http://www.judiciary.senate.gov/hearings/hearing.cfm?id=3d9031b47812de2592c3baeba6209f34>
- Servais, L. M., & Saunders, S. M. (2007). Clinical psychologists' perceptions of persons with mental illness. *Professional Psychology: Research and Practice*, *38*, 214–219.
- Sigafoos, C. E. (1994). A PTSD treatment program for combat (Vietnam) veterans in prison. *International Journal of Offender Therapy and Comparative Criminology*, *38*, 117–130.
- Stimpson, N. J., Thomas, H. V., Weightman, A. L., Dunstan, F., & Lewis, G. (2003). Psychiatric disorder in veterans of the Persian Gulf War of 1991. *British Journal of Psychiatry*, *182*, 391–403.
- Stiner, M. (2012). Veterans treatment courts and the U.S. Department of Labor. *Dispatch from the Front Lines*. Retrieved from [www.justiceforvets.org](http://www.justiceforvets.org)
- Tanielian, T., & Jaycox, L. (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery*. Santa Monica, CA: RAND.
- Taft, C. T., Kaloupek, D. G., Schumm, J., Marshall, A. D., Panuzio, J., King, D. W., & Keane, T. M. (2007). Posttraumatic stress disorder symptoms, physiological reactivity, alcohol problems and aggression among military veterans. *Journal of Abnormal Psychology*, *116*, 498–507.

- Taylor, J., Parkes, T., Haw, S., & Jepson, R. (2012). Military veterans with mental health problems: A protocol for systematic review to identify whether they have an additional risk of contact with the criminal justice systems compared with other veteran groups. *Systematic Reviews, 1*, 53–61.
- Tsai, J., Rosenheck, R. A., Kaspro, W. J., & McGuire, J. F. (2013). Risk of incarceration and other characteristics of Iraq and Afghanistan era veterans in state and federal prisons. *Psychiatric Services, 64*, 36–43.
- U.S. Department of Veterans Affairs. (2012). *National Center for PTSD*. Retrieved from <http://www.ptsd.va.gov/>.
- Wagner, T. H., Harris, K. M., Federman, B., Dai, L., Luna, Y., & Humphreys, K. (2007). Prevalence of substance use disorders among veterans and comparable nonveterans from the National Survey on Drug Use and Health. *Psychological Services, 4*, 149–157.
- Walker, R. D., Howard, M. O., Lambert, M. D., & Suchinsky, R. (1994). Psychiatric and medical comorbidities of veterans with substance use disorders. *Hospital & Community Psychiatry, 45*, 232–237.
- Wexler, D. (2000). Therapeutic jurisprudence: an overview. *Thomas M. Cooley Law Review, 17*, 125–134.
- The White House. (2012). *Joining forces*. Washington, DC: The White House, Office of the Vice President, Briefing Room. Retrieved from <http://www.whitehouse.gov/the-pressoffice/2012/07/25/americas-social-workers-join-dr-jill-biden-launch-social-work-and-servic>
- Williams, B., & Abraldes, R. (2007). Growing older: Challenges of prison and reentry for the aging population. In R. Greifinger (Ed.), *Public health behind bars* (pp. 56–72). New York, NY: Springer Science+Business Media.
- Winick, B. J., & Wexler, D. B. (Eds.). (2003). *Judging in a therapeutic key: Therapeutic jurisprudence and the courts*. Durham, NC: Carolina Academic Press.
- Wortzel, H. S., Binswanger, I. A., Anderson, C. A., & Adler, L. E. (2009). Suicide among incarcerated veterans. *Journal of the American Academy of Psychiatry & Law, 37*, 82–91.