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To What Extent are Appropriate Resources Provided to Veterans with Mental Illness to Prevent Contact with the Criminal Justice System?

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To What Extent are Appropriate Resources Provided to Veterans with Mental Illness to Prevent Contact with the Criminal Justice System?

A Thesis Presented

By

RILEY CHRISTINE DOYLE

MAY 2021

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To What Extent are Appropriate Resources Provided to Veterans with Mental Illness to Prevent Contact with the Criminal Justice System?

A Thesis Presented

By

RILEY CHRISTINE DOYLE

Submitted to the College of Graduate Studies

Bridgewater State University

Bridgewater, Massachusetts

In partial fulfillment of the requirements for the degree of

Master of Science

in Criminal Justice

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ABSTRACT

United States military veterans are a special population of men and women that have willingly sacrificed their lives to serve their country. They are perceived to be patriotic, honorable, strong, and disciplined people. Unfortunately, veterans are not exempt from committing criminal acts that land them in the criminal justice system. In fact, veterans are highly susceptible to developing mental illnesses and substance use disorders which can ultimately lead to criminal behavior. The purpose of this study was to examine to what extent available resources are provided to veterans to help them prevent contact with the criminal justice system. This study used a mixed methods approach to identify themes in quantitative survey responses which asked veteran respondents about their history with substance use, mental health disorders, and criminal involvement. Respondents provided information on treatment court participation and spoke on their experiences before, during, and after court participation. This study found mentorship and mental health counseling were effective resources for veterans. This study highlights potential barriers veterans face when seeking help. Future research and policy recommendations are discussed.

**Keywords:** veterans, co-occurring disorders, post-traumatic stress disorder, substance use, mental illness, comorbidity, criminal justice system, treatment availability
DEDICATION

This thesis is dedicated to my wonderful family, including my daughter, mother, father, brothers, and sister. Mickayla, my beautiful daughter, everything I do has been for you. You have endured countless days and nights of watching TV and becoming an independent little girl while your mother has been studying and working. You are wise beyond your years and have been supportive and understanding of the amount of time I have had to devote to school. My educational goals have impacted you more than anyone else and I look forward to spending more quality time with you now that I’m almost done with school, it has been a long nine years. You are the driving motivation behind the desire to further my education, and I didn’t only want this degree for myself, but I wanted it for you.

Completing my goals and master’s degree wouldn’t have been possible without my mother, Crisy. I can’t even begin to describe how much you have done for me. You were a single parent for many years, working long hours and going to college when I was young. Your motivation inspired me and you’re the one who showed me this was possible. You have been a second mother to Mickayla, you have helped me raise her while I have been chasing my dreams, you have taught me the meaning behind unconditional love and how to be a good parent. I couldn’t have done this without your love and support. This degree is as much yours as it is mine.

A father by choice and not by blood, my Dad, Don has impacted my life in many ways. My biological father left when I was young and when I was eleven years old this man came into my life, helped raise me, and adopted me so I had the same last name as everyone else. You have taught me how to be responsible, hardworking, and to strive for
more. You have always been a power of example for me. My Dad is a veteran and pushed me to join the Army, he even signed a waiver for me because I was only seventeen years old when I enlisted. Joining the Army changed my life and led me down a path I didn’t think was possible. I am where I am today because of you.

To my brothers, Matt and Jack, thank you for your love and support throughout the years. You are not only my brothers but my best friends. I was an only child for many years and prayed for a little brother, I lucked out and got two. I didn’t think it was possible to have such a strong bond with siblings until you came into my life. Matt, we have a bond so strong that it’s difficult to put into words, we are so similar and have both been through a lot of hardships in life, but we continue to persevere. I am so proud of you for pursuing your dreams to become a firefighter. Jack, you have helped me more then you know. You have sacrificed many nights with your friends to watch Mickayla for me. You and Mickayla are best friends and I love watching your relationship with her evolve. You are so incredibly talented, and I am eager to see where you go in life. I have been fortunate enough to have my brothers move in with me years ago and am so grateful for the opportunity to live together again. My sister, Caialinn, you are the most beautiful person I know, inside and out. You are so thoughtful and sweet. You make me want to become a better person and I am so proud of you. Caialinn was just accepted into numerous colleges and is pursuing her own dreams. Watching you grow up has been a blessing and I can’t wait to see what’s in store for you. Matt, Jack, Caialinn, and Mickayla, I hope I can be a role model for you guys and inspire you to achieve your goals. The four of you mean the world to me.
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I would like to thank Bridgewater State University. I graduated from Cape Cod Community College in 2013 and was accepted into BSU. This was a proud moment for me, and I knew I was on the right path. Initially, I planned on getting my bachelor’s degree and then transferring to another school that had a good criminal justice master’s program. I was so pleased and impressed by the professors at BSU and the school that I knew I had to stay. I vividly remember the day I received a letter in the mail stating I was accepted into the master’s program; it was an emotional moment for me. I have encountered many hardships in life and have a Traumatic Brain Injury, learning doesn’t come easily to me but with hard work, support from my teachers and the disability resources department, I have been able to excel in school, graduating Magna Cum Laude and getting accepted in the master’s program.

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INTRODUCTION

The term *veteran* is used to describe a special population of people who at one point served in the armed forces but are no longer enlisted. The United States armed forces consists of the Army, Marines, Coast Guard, Air Force, and Navy. There are an estimated 18,611,432 veterans of the United States armed forces according to the United States Census Bureau (2020). Of the 18,611,432 veterans, roughly 31.1% of them have had involvement in the criminal justice system, this number is disproportionate when compared to the 18% of justice-involved civilians (Timko, et al., 2015). Contact with the criminal justice system includes arrests, charges, court appearances, convictions, sentences, and incarceration. More than half of the veterans that are entangled in the criminal justice system have mental health problems, substance abuse problems, or a mixture of both (Richman, 2018). The term *co-occurring disorder* refers to the presence of more than one mental health condition, it commonly consists of a substance use disorder and one or more mental health disorders that occur at the same time (SAMHSA, 2020).

Veterans are an especially vulnerable population with unique characteristics. Some of them are exposed to trauma, have witnessed the deaths of their friends, have been injured in the line of duty, and have trouble adjusting to civilian life following their discharge from the armed forces. These circumstances, and others, have greatly contributed to the development of mental health disorders in veterans (Vaughan, 2019). Their mental health disorders lead them to maladaptive behaviors which can result in coming into contact with the criminal justice system. To fill the gaps in literature, this paper discusses the prevalence of mental illnesses in justice-involved veterans, current
treatment options, treatment limitations, and treatment recommendations. The central focus of this paper is to examine the resources, or lack thereof, provided to mentally ill veterans to avoid criminal justice involvement.
LITERATURE REVIEW

Prevalence of Mental Illnesses in Veterans

One out of every four veterans exhibit signs of mental illnesses (Public Policy Initiative, 2019). Pinals discusses a study in which a team of researchers surveyed 300,000 soldiers prior to deployment and then screened them again once they returned from the deployment (2010). The results of this study showed that six months after returning from a deployment 27%-35% of veterans reported symptoms of mental health disorders such as, posttraumatic stress disorder (PTSD), alcohol and substance use disorders, depression, and suicidal ideation (Pinals, 2010).

PTSD is a mental health disorder that stems from witnessing a traumatic event and is a common diagnosis among veterans. Some veterans are diagnosed with PTSD prior to entering the service and others develop PTSD while serving. Trivedi et al. (2015) conducted a study between 2010-2011 using data collected from 4,461,208 veterans enrolled in the Veteran’s Health Administration (VHA). Of these veterans, 1,147,022 were diagnosed with one or more mental health disorders and 9.3% of them were diagnosed with posttraumatic stress disorder. Chermack (2018) posits that PTSD symptoms may be conflated by substance use. Additionally, according to Fitzpatrick et al. (2020), PTSD and substance use disorders (SUD) commonly co-occur, and characteristics of both disorders are heightened by the severity of each individual disorder. Furthermore, PTSD is associated with negative outcomes such as, criminal sanctions and maladjustment to civilian life as well as linked with criminal justice involvement and interpersonal violence.
Alcohol use disorder (AUD) and substance use disorder (SUD) are both disorders that include the persistent use of substances, the compulsivity of use, and uncontrollable use. AUD and SUD are diagnosed in a relatively high percentage of veterans and are frequently used as a coping mechanism or form of self-medication for other co-occurring disorders. SUD is diagnosed in 8.3% of all veterans. Further, Trivedi et al. (2015) found that SUD accounts for over 20% of co-occurring mental health disorders in veterans.

Depression is a disorder characterized by feelings of sadness and can include a lack of joy in activities that were previously enjoyable to someone. Causes of depression can stem from sociological, psychological, and biological factors. Depression is the most common mental disorder and documented disability among veterans. Trivedi et al (2015) report 13.5% of veterans have been diagnosed with depression. Additionally, Trivedi et al. (2015) found that 33.2% of depressed veterans were also diagnosed with PTSD, highlighting the prevalence of coexisting disorders among service members.

United States military veterans are affected by higher rates of suicide and mental illnesses than civilians. Veterans tend to be a population of people that have difficulty asking for help which can lead to negative and sometimes fatal outcomes. Veterans may develop problematic relationships with their families and a lack of social bonds due to frequent relocations and deployments. Clemans (n.d.) suggests that suicidal ideation is present in 22% of people with TBIs. Furthermore, Clemans (n.d.) found that people with TBIs reported a higher frequency of suicide attempts. Morgan et al. (2018, p. 763) found that PTSD and traumatic brain injuries (TBI) are comorbid and that veterans have specific criminogenic needs due to factors including PTSD, TBI, and combat exposure. Clemans (n.d.) found people with traumatic brain injuries and suicidal ideation were at
higher risk of having co-morbid depression, anxiety, and PTSD. Lastly, veterans who have chronic physical pain and mental health disorders can experience a lack of sleep which can increase the rates of suicide. According to the National Council for Behavioral Health (2020), 22 veterans die every day from committing suicide and it’s the second leading cause of death in the military. The phenomenon of veteran suicide is a relatively new topic and warrants further research.

Veterans with co-occurring disorders have a significantly higher rate of arrests and criminal justice involvement than veterans without co-occurring disorders. Somaia Mohamed studied evaluation data on 3,422 veterans who were treated in urban and rural programs at the Veteran’s Health Administration in 2013, she found that veterans with dual diagnosis, also known as co-occurring disorders, had increased rates of violent crime and higher arrest rates (Mohamed, 2013). Furthermore, the number of veterans who are diagnosed with PTSD, substance use disorders, and depression are much higher than epidemiological study estimates of the general non-veteran population.

*Comorbidity and Substance Use Disorders*

Comorbidity refers to the presence of one or more disorders occurring in a person simultaneously or sequentially. Veterans with comorbid mental health disorders and substance use disorders who are involved in the criminal justice system are at higher risk for committing violent offenses and experience more medical problems. Mohamed (2013) found that 21% of all Veteran’s Administration (VA) patients suffered from a dual diagnosis and they experienced worse outcomes than the patients with a singular mental health disorder.
Serving in the military is a dangerous job. Historically, veterans have been injured during domestic trainings and overseas deployments. Veterans have high rates of opioid prescription misuse and are frequently prescribed pain killers during or after deployments for pain. Pouget et al. (2017) studied military veterans and opioid, alcohol, and benzodiazepine use by conducting in-depth interviews and administering surveys to veterans living in veterans-housing and treatment facilities. Pouget et al. (2017) found that most military veterans weren’t warned about the addictive nature of the pain killers in which they were being prescribed. These prescription pain killers tend to be the initial gateway drugs that ultimately lead to heroin use. Military veterans use pain killers to self-medicate the chemical imbalances in their brains that stem from mental illnesses. Furthermore, mental illnesses accompany 43% of veterans who experience chronic pain (Trivedi et al., 2015).

The prevalence of drinking alcohol in the military is an important consideration when discussing comorbidity. A large cohort of military members are young males in their early twenties. These males, along with some females and older soldiers, drink frequently to unwind after a long day. The military ascertains a culture of drinking and partying after duty hours. Alcohol is a depressant and excessive drinking over time can damage one’s brain and lead to other adverse outcomes. Soldiers may drink to cope with trauma or because they are depressed but alcohol tends to exacerbate depression. After becoming accustomed to drinking heavily on a regular basis, military members get out of the service and continue to drink. Eventually, some of them will develop alcohol use disorder.
Justice-Involved Veterans

There are a multitude of offenses committed by veterans and many reasons why veterans have disproportional contact with the criminal justice system. Its noteworthy that most veterans don’t enter the military as criminals with criminal records, as these are not desirable candidates for the Armed Forces. This suggests that the majority of veterans become criminals after their time in the service, with a small number of veterans being labeled criminals while still serving in the military. Mohamed (2013) found that upon intake to the VHA, 34.5% of veterans were arrested for violent offenses, 56.3% were arrested for non-violent offenses, and a mere 9.2% of veterans entered the VHA with no prior criminal justice involvement. A lot of soldiers who are justice-involved have substance use disorders and tend to self-medicate to ease their PTSD, depression, and anxiety symptoms (Pouget et al., 2017).

Mental health disorders are a major contributor to veterans who fall victim to the criminal justice system. Veterans experience many psychosocial issues and consequences. They don’t have a steady and consistent environment to live in. During deployments they are uprooted and removed from their houses and families which takes a toll on their familial relationships. They have difficulty relating and connecting to others, causing them to feel isolated, alone, and misunderstood. A lot of veterans suffer from mental illnesses and substance use disorders which affect their decisions. Jobs and skills that veterans acquired in the service may not be transferable to civilian life, this can cause them to have to start over from square one, go to college, and find a job. They face economic disadvantages such as, the inability to save up money while in the service as a result of the low wages they are paid while serving. They have difficulty transitioning to
civilian life which can cause an emotional upheaval for many veterans. Upon discharging, veterans lack the structured environment that they were accustomed to in the military. All of these abrupt changes can tempt veterans into engaging in criminal activity.

Combat experiences can shape outcomes for veterans who become involved in the justice system. Some soldiers have witnessed traumatic events, especially during deployments to Vietnam, Iraq, and Afghanistan. They witness violence and death. Some of them witness one or more of their comrades being killed and some of them had to kill someone else. These are not the types of events that are easy to forget or disregard. When transitioning to civilian life they are ill-equipped to deal with scenarios that may remind them of something that happened in combat. There have been a number of veterans that beat someone to death at a bar or killed someone during a flashback provoked by PTSD. The culture of violence in the military can also contribute to shaping negative outcomes for veterans. There is a lot of training and competition in the military and being tough is something that’s drilled into the head of soldiers on a daily basis. Terms like “man up” invoke the culture of violence and hardcore mentality that is then carried out into civilian life.

Chermack (2018) conducted a randomized controlled trial that included 839 participants in Midwestern veteran’s health systems. In this study he used self-administered surveys, conducted an hour-long screening, and interviewed the participants. Chermack (2018) focused on the types of crimes committed by patients in substance use programs, mental health programs, and dual diagnosis programs. Chermack (2018) found that 46.2% of all the participants were involved in violent or
non-violent legal charges, 23.5% reported a history of probation or parole, 19% had legal charges for assault, 14.2% of the veterans were charged with shoplifting and/or vandalism, 9% had weapons charges, 5.2% were in contempt of court, 3.2% were charged with robbery, 1% committed homicide, 0.4% were charged with rape, and 0.1% for arson. Furthermore, Chermack (2018) argues that veterans with substance use disorders are at an elevated risk of acquiring legal charges; and the author identifies a cyclical pattern between symptoms of PTSD predating substance use and substance use exacerbating PTSD.

Veterans account for 8% of people who are incarcerated (Timko, et al., 2020). However, incarceration only accounts for a small percentage of the number of veterans involved in the justice system and doesn’t include probation or parole. Most veterans who are incarcerated have had prior offenses and 43% of veterans who are incarcerated had four or more arrests throughout their lifetime, the mean number of prior arrests and involvement in the criminal justice system reported by the Veteran’s Justice Program (VJP) was eight prior offenses in 2012 (Timko et al., 2020). Chermack (2018) argues that the number of incarcerated veterans is cause for concern, especially since substance abuse warrants treatment, not sanctions, and substance use disorders are prevalent among the 181,500 veterans who are incarcerated annually. A study by Morgan et al. (2018) found the following:

Some reports indicate that veteran inmates are (1) more likely to report having been diagnosed with a mental health disorder; (2) more likely to be serving time for serious, violent offenses; (3) more likely to receive lengthier sentences,
including life sentences and death sentences, relative to the non-veteran inmate population. (p. 747).

Edelman & Benos (2018) posit that veterans treatment courts are achieving their goals of helping veterans receive treatment-oriented justice, they are helping veterans find redemption and heal with society. Unfortunately, not all veterans are able to avoid incarceration, veterans treatment courts don’t typically offer services to violent offenders. Edelman & Benos (2018) introduce us to the National Institute of Corrections (NIC) justice-involved veterans compendium project. This research studies veterans who are incarcerated and investigates how jails have been helping them by creating veteran-specific programming. The NIC took interest in the treatment of veterans and decided to implement treatment at all stages in the criminal justice system, not just veterans treatment courts. Barracks Behind Bars is a report on veteran specific housing units in jails across the country. In response to address the population of veterans who are constituting more and more of the jail population, the San Francisco Sheriff’s Office created the Community of Veterans Engaged in Restoration (COVER) pod in 2010. COVER looks at how change happens, and their theory of change is comprised of four stages. According to Edelman & Benos (2018, p. 22) stage 1 of the program recognizes that there is a real problem; stage 2 is to gain knowledge around the parameters of the problem; stage 3 shows that changes in attitude and motivation is possible; and stage 4 includes altering the behavior. The COVER program provides individual counseling to veterans and they utilize the classic restorative justice model to hold members accountable and provide victim and community restoration.
Veterans who served in combat zones are at a higher risk of developing PTSD than the general population. Furthermore, they are at higher risk for committing violent crimes and being incarcerated (Finlay et al., 2019). Atkin-Plunk & Sloas (2019) conducted a study using surveys to gage public opinion on justice-involved veterans in which non-veteran respondents agreed that veterans charged with non-violent crimes should be offered rehabilitation and not incarceration, yet one-third of veterans are in jail for non-violent offenses. 58% of male veterans in jail served in a combat zone (Finlay et al., 2019). Notably, male veterans make up a much smaller proportion of veterans who have mental health disorders, yet they are much more likely to receive violent charges (Chermack, 2018). Female veterans have a higher rate of mental illnesses and account for 10% of the United States military veterans (United States Department of Veterans Affairs, 2017) and according to Finlay et al., (2019) 38% of female military veterans in jail served in a combat zone.

Veterans face various social and economic problems such as homelessness. Homeless male veterans make up 20% of the homeless population; and female veterans account for 9% of all homeless veterans (National Coalition for Homeless Veterans, n.d.). Although housing and employment issues are major sources of homelessness, lack of healthcare is an important contributor as well. According to the National Coalition for Homeless Veterans (n.d.), 51% of homeless veterans have disabilities, 50% have serious mental illnesses, and 70% have substance use disorders. Homeless veterans with mental illnesses encounter difficulty with receiving treatment and getting prescriptions for desperately needed medications. Housing is especially difficult to secure after serving a prison sentence and background checks for employment make it difficult to find a job.
Additionally, some homeless veterans have medical conditions that affect their daily functioning and prevent them from attaining employment and a steady income.

**Veteran’s Treatment**

The Department of Veteran’s Affairs (VA) Veteran’s Benefits Administration (VBA) is the third largest federal disability program in the United States, receiving $177 billion dollars annually (Murdoch et al., 2019). The Veterans’ Health Administration (VHA) serves an estimated 35%-58% of justice-involved veterans and with co-occurring disorders (Finlay et al., 2019). Reducing the overall number of veterans involved in the criminal justice system has become a priority in recent years. This is largely due to the fact that such a high percentage of veterans exhibit signs and diagnoses of mental health disorders. Another contributing factor to the importance of reducing the number of justice-involved veterans is the high recidivism rates among veteran offenders. A large body of literature suggests that treatment for veterans who have substance use disorder and other mental health disorders reduces criminal activity (Timko, et al., 2020). Furthermore, veterans who received treatment were far less likely to have negative outcomes, they experienced lower arrest rates post-treatment and less legal problems. Additionally, veterans who receive treatment are far less likely to reoffend and acquire new charges.

**Therapeutic Jurisprudence**

Therapeutic jurisprudence is a term that is frequently found in studies on treatment courts. The term therapeutic jurisprudence was created by David Wexler and Bruce Winick in 1991. Therapeutic jurisprudence “seeks to sensitize legal policy makers
to a frequently ignored aspect of mental health law policy analysis-the therapeutic impact of legal rules and procedures-and to serve as a tool to frame a new and useful research agenda” (Wexler & Winick, 1991, p. 981). In short, therapeutic jurisprudence is a principal regarding the treatment of defendants in court that integrates the concepts of both mental health and criminal justice and encourages treatment in lieu of criminal sanctions. The basic concept of therapeutic jurisprudence is to problem-solve while still upholding the principals of the criminal justice system. There is a delicate balance to be sought when taking the therapeutic jurisprudence approach to treatment courts. Ray, Dollar, & Thames (2011) claim there are over 200 mental health courts and utilizing the principles of therapeutic jurisprudence is of great importance when attempting to reduce recidivism. Similarly, Ray, Dollar, & Thames (2011) suggest that reintegrative shaming theory is also an importance concept used to explain recidivism.

Wolfer & Roberts (2008) wrote about a study conducted by Senjo & Leip in which they applied the therapeutic jurisprudence component to a drug court in Broward County, Florida. Senjo & Leip used a sample of 100 drug court participants to assess the effect therapeutic jurisprudence had on program completion. They stated that therapeutic jurisprudence was treated as a theory but “lacks some of the basic underpinnings of a true theory-namely, it only weakly addresses why specific court characteristics may be beneficial to drug rehabilitation” (Wolfer & Roberts, 2008, p. 484). In short, they posit therapeutic jurisprudence functions as a structural model for the courts but provides no explanation or context for positive effects it has on drug treatment program graduates. Another interesting perspective Wolfer & Roberts (2008) wrote about was Braithwaite’s theory of reintegrative shaming. When applied to drug courts, the theory suggests that the
drug court participants face both stigmatized shaming and reintegrative shaming. Stigmatization shaming occurs when the participant falls victim to stigmatization and negative labeling upon their return to society, whereas, reintegrative shaming includes the participant facing initial stigmatization as a deviant or criminal person but is eventually welcomed back into society (Wolfer & Roberts, 2008). Miethe and colleagues conducted a study in Las Vegas where they used reintegrative shaming as a principle in studying outcomes for drug court participants, they found that non-drug court participants had lower rates of recidivism than drug court participants. Further, this study made observations that led them to believe participating in drug courts caused more stigmatization shaming as opposed to reintegrative shaming (Wolfer & Roberts, 2008).

Tangney, Stuewig, & Hafez (2011) sum it up well when discussing shaming theory. The authors state that stigmatization is individually focused. Further, there is a total lack of forgiveness, and emotional punishment that accompanies shaming. Reintegrative shaming according to Tangney, Stuewig, & Hafez (2011) is socially focused. While the behavior is frowned upon, the person can still be accepted back into society and given a second chance.

Veterans Treatment Courts

Veterans Treatment Courts (VTC) have become an increasingly popular program that assist and redirect justice-involved veterans. In 2008, Justice Robert Russell created the first VTC in Buffalo, New York (Pinals, 2010). In response to the increasing number of veterans with substance use and mental illness on court dockets, more veteran’s programs were being implemented across the United States. By the end of 2009, eight more veteran-focused treatment courts were operationalized, two in New York, three in
California, one in Oklahoma, one in Alaska, and one in Illinois (Russell, 2009). The main purposes of these courts are not to adjudicate and sentence veterans who have become involved in the criminal justice system but instead the courts seek to rehabilitate them. These courts aim to prevent future criminal behavior by addressing the veteran’s individual needs (Pinals, 2010). The courts factor in the veteran’s exposure to violence, PTSD, TBI, and alcohol/drug misuse (Atkins-Plunk & Sloas, 2019); and then come up with a collaborative plan to treat them. In these programs, criminal justice court staff and social workers work together to improve outcomes for veterans who are facing not only criminal justice involvement but mental health and substance use disorders. Veteran treatment courts help veterans recover from drug and alcohol addictions by mandating treatment, meeting with participants on a weekly basis, and holding them accountable by supervising them during their time with the treatment court (Mass.gov, 2020). The average length of time veterans spend in these court programs is 14 months for non-violent misdemeanor offenses and 18 months for felony offenses (U.S. Department of Veterans Affairs, 2017).

According to the United States Department of Veterans Affairs there were 461 veterans treatment courts in the United States in 2016 (National Center for State Courts, n.d.). Further demonstrating the rapid growth of veterans treatment courts, the 2016 census shows that 116 of those courts were created in 2015 alone (National Center for State Courts, n.d.). The U.S. Department of Veterans Affairs in collaboration with the Veterans Justice Programs (VJP) began collecting data annually from veterans treatment courts including drug, mental health, and criminal courts. 75.1% of the courts were separately designated veterans treatment courts and the remaining 24.9% were veterans...
dockets courts, out of the 24.9% veterans dockets courts 3.9% of these courts were for mental health, 5.2% were hybrid courts (mental health and substance abuse), 5.4% were criminal courts, and 10.4% were drug courts (U.S. Department of Veterans Affairs, 2017). County level jurisdiction for veterans’ treatment courts accounted for 53.6% of the courts and federal level jurisdiction accounted for only 2.2% (U.S. Department of Veterans Affairs, 2017). Gallagher (2016, p. i) suggests veterans treatment courts differ from regular courts because of the treatment of participants, mainly the offender is praised for their service to this country and the courts “have the ability to connect participants to a socially-esteemed identity.”

Positive and negative outcomes can be measured on a before and after basis. Using data from the Veterans Justice Outreach (VJO), Tsai et al (2018) collected information from 7,931 veterans who participated in a VTC between 2011-2015. Tsai et al (2018) focused on housing, employment, health, and VA benefits prior to participation in VTCs and then reexamined these factors post-completion. Their findings indicated there wasn’t a significant difference between veteran’s outcomes in treatment courts and civilian outcomes in treatment courts (Tsai, et al., 2018). However, Tsai et al (2018) found that veteran treatment graduates had lower recidivism rates than non-graduates. The research conducted by Tsai et al (2018) suggests that veterans who participated in treatment courts had more positive employment and housing outcomes and overall improved mental health status when compared to veterans who weren’t enrolled in treatment courts.
Successful Reentry

An important consideration in this study is conceptualizing the term *success.* Success can ultimately be determined by exploring recidivism. Completing a treatment court program in of itself doesn’t fit the criteria for success in this study. The determination of what constitutes success includes improvements in the veteran’s quality of life after participating in a treatment court. These factors include finding and maintaining employment, housing, and improvements in mental health conditions. Additionally, success is largely dependent on not reoffending. In Tsai et al.’s (2018) study they measure success by looking at rates of recidivism, housing, employment, and health.

Previous studies on drug court reentry and recidivism reveal inconsistencies in their findings. Fielding, Tye, Ogawa, Imam, and Long found drug courts had a positive impact on reducing recidivism during a study conducted in Los Angeles County, whereas a study conducted in Cincinnati by Listwan and his colleagues found drug court graduates were just as likely as non-program attendees to commit a crime (Wolfer & Roberts, 2008). An overwhelming issue among research on drug courts is the reliance on re-arrest rates when determining successful reentry. Studies only capture a partial picture, they rely on data that includes arrests, this can result in discrepancies in terms of deeming a participant “successful” because they haven’t been rearrested, but it excludes information on participants who have committed crimes without being caught.

Wolfer & Roberts (2008) conducted a study similar to this study on whether appropriate resources are provided to veterans with mental illnesses to prevent contact with the criminal justice system. They studied a drug court in Pennsylvania and seventy of its participants. The goal of the study was to focus on the participant’s point of view
instead of the staff members when assessing how effective the drug court was post-completion. Out of the seventy participants, the researchers were only able to collect information from twenty-six. The narrowing of the sample size occurred for a number of reasons. These reasons included participants not returning the researcher’s calls, participant phone numbers being disconnected, the death of a participant, participants moving, participants who were subsequently incarcerated, and some participants simply declining to participate. The researcher conducted 30-60-minute interviews with the remaining participants who were on average out of the program for two years. They identified characteristics such as, marital status, education, substance preference, criminal history, previous drug treatment, and employment. Wolfer & Roberts (2008) discovered that 17.1% of graduates were re-arrested, three of those graduates were in the 26-person sample. Interestingly, the researchers found that most participants thought drug courts were more demanding and they felt it didn’t feel voluntary when they were asked to compare drug court to regular treatment programs. Participants also expressed a desire to succeed in the drug court out of fear of being sent to jail for noncompliance. When asked about life after drug court the majority of participants reported positive outcomes that included a better quality of life overall (Wolfer & Roberts, 2008, p. 495). Most graduates accredited their success to the structure, accountability, and sternness of the drug court atmosphere.

Research Question

Are these courts and other resources provided to mentally ill veterans enough to prevent contact with the criminal justice system? I investigate this by surveying veterans. Furthermore, I investigate what actions led to the involvement in veterans’ treatment
courts and what their outcomes were. This research question is important because those who have served in the military have given a lot, they sacrifice time with their families, put themselves in harms way, and prioritize the needs of others over their own needs. People that have served in such honorable ways deserve treatment for substance use and mental health disorders. They deserve good medical care and respect. Lastly, they deserve second chances. If society and policymakers are unaware of whether the needs of veterans are being met, changes are unlikely to occur.
METHODOLOGY

Introduction

This is an exploratory study to investigate to what extent appropriate resources are provided to veterans with mental illness to prevent contact with the criminal justice system. The methodology on drug courts have multiple limitations. Previous research has not successfully established the effectiveness of treatment courts or the reoccurrence of criminal acts following veterans treatment court programs. Furthermore, there is a lack of research on the effectiveness of veterans treatment courts from the veteran’s perspective. An exception to this would be the aforementioned study conducted by Wolfer & Roberts. Wolfer & Roberts state one of those limitations is the lack of studies who follow participants past 18 months post-graduation (2008).

Mixed Methods

This study uses a mixed method approach to explore how effective treatment courts are, whether veterans experience successful reentry, and if the overall experience improves their quality of life, subsequently reducing interactions with the criminal justice system. To do this, this study asks respondents both closed ended and open-ended questions. Bachman & Schutt (2017) define mixed methods research as “research that combines qualitative and quantitative methods in an investigation of the same or related research question(s)” (p. 356). Qualitative and quantitative research methods are both effective measures of conducting research on their own but when combined they can strengthen a research project. When a researcher isn’t committed to one method, they have more flexibility and are able to balance the strengths and weaknesses of each
individual method. Using mixed methods, the researcher is able to be more precise and it gives them the ability to form a more complete picture of their findings.

Unfortunately, there are some drawbacks to utilizing mixed methods. For studies that include larger populations the mixed methods approach can take a considerable amount of time when conducting research and it can become quite costly. Finding a balance for mixed methods approaches can become problematic for researchers as they have to identify how to properly and most efficiently mix the qualitative and quantitative aspects of the study. Lastly, combining qualitative and quantitative data can pose difficulties when they provide conflicting results. Bachman & Schutt (2017) posit that mixed methods can provide considerable insights into an investigation; they introduce the concept of triangulation and define it as “the use of multiple methods to study one research question. Also used to mean the use of two or more different measures of the same variable” (p. 356). Further, triangulation allows the researcher to view the project from two perspectives.

This mixed methods design is especially important due to a lack of resources and participants. The explanatory design allows for pre and post-test data interpretation. This method is appropriate for the current study because there is difficulty identifying participants that fit the criteria for this study. There is also a narrowing impact on this study as a result on COVID-19. The original methodology which included finding participants from attending in person veterans treatment court sessions was no longer an option as most courts were shut down. This forced a significant portion of this study to be conducted remotely.
Unit of Analysis

In academic studies there is a unit that every researcher is interested in studying, often referred to as the unit of analysis. Bachman & Schutt (2017, p. 167) define unit of analysis as “The level of social life on which a research question is focused, such as individuals.” Although many researchers use individuals as their unit of analysis, the unit of analysis is not limited to an individual, it can be a group, a place, a town, a family, an institution, etc. The unit of analysis is the focus of a study and the lays the framework for the researcher who is interested in studying a specific unit. In sum, it is the central focus of a research question. In this study the unit of analysis could debatably be treatment courts or veterans. The unit of analysis I chose for this study is veteran treatment courts.

Flier

The flier (see appendix B) for this study contains a picture of a veteran kneeling in a graveyard surrounded by American flags. The solemn look on the soldier’s face and posture depicts the troubles veterans with mental illnesses and substance use disorders face every day. Underneath the picture in red color the flier states “Veterans Needed!” This was intended to draw attention to the sample element. To appeal to the comradery of veterans I disclosed that I’m a veteran and was in need of support from fellow veterans. I stressed that veteran input is important and could help other veterans who are suffering from mental health and substance use disorders. Underneath that I posted the link that guides the viewer to the Qualtrics site that contains the survey and on the bottom left side of the flier I placed the QR Code for the survey for the potential respondent’s convenience.
Sample

Bachman & Schutt (2017, p. 116) define a sample as “A subset of elements from the larger population.” The task of sampling all veterans for this study isn’t tenable, instead the sample will be a smaller subset of veterans generalized to the larger population of veterans, with each individual veteran labeled an element. I used a nonprobability sampling method, defined by Bachman & Schutt (2017, p. 122) as “sampling methods in which the probability of selection of population elements is unknown.” Using this method, the exact number of elements is unknown, and I cannot be certain that its representative of the total veteran population, as this is the case in the majority of exploratory studies. The type of nonprobability sampling I used was purposive sampling. Each veteran is selected purposefully, they were targeted for this study because of their unique background. Furthermore, veterans participating in this study were asked if they had any involvement in treatment courts, further targeting a specific genre of respondents. Maxfield & Babbie (2017, p. 436) define purposive samples as “A type of nonprobability sample in which you select the units to be observed on the basis of your own judgment about which ones will be best suited to your research purpose.”

The sample was obtained by emailing and posting an electronic flyer to elicit responses to the survey. The flier was posted on various social media sites with veterans as the target group and emailed to agencies and listers that serve the veterans population. Examples of social media sites include Facebook, LinkedIn, and Twitter. The flier was posted on online internet forums including Quora and Reddit and online forum discussion boards such as, Prevail and Feedspot. Lastly, acquaintances of mine and state and town
representatives with extensive veteran networks emailed the flier which includes the survey link to their fellow veteran friends via email. There was an element of snowball sampling. Maxfield & Babbie (2017, p. 224) define snowball sampling as a “type of nonprobability sampling that closely resembles the available-subjects approach.” Snowball sampling includes “identifying a single subject or small number of subjects and then asking the subject(s) to identify others like him who may be willing to participate in a study” (Maxfield & Babbie, 2017, p. 224). In this instance, the snowball sampling occurred as I was initiating contact with officials seeking advice and requesting information for other agencies or people they know who fit the criteria for this study. Maxfield & Babbie (2017) relay information to their readers regarding snowball sampling and its advantages and disadvantages. An advantage of this type of sampling is that it aids researchers in locating a specific population of people that are difficult to sample using more traditional sampling methods. One disadvantage is that it can haphazardly elicit responses from people that are actively engaged in the criminal justice system. Subsequently, anyone who is currently involved with the criminal justice system is disqualified from this study.

The goal was to receive fifty responses from the target population. Refer to appendix B to view a copy of the flier that was posted and emailed. The broad posting and reposting of the flier on social media sites and chat rooms didn’t yield many responses and out of those responses very few veterans had participated in a specialty court. This led me down another path. I emailed and called 116 Veteran’s Justice Officers (VJOs), Probation Officers, Judges, and Veterans Treatment Court personnel from all over the United States. This led to a large boost in survey responses. Although the
increased survey response was necessitated, it did cause an oversampling of Veterans Treatment Court graduates as the VJOs, Probation Officers, Judges, and Veterans Treatment Court personnel sent out the survey specifically to their program graduates.

Data Collection and Survey

The survey (see appendix C) that was distributed to veterans was created on Qualtrics. Qualtrics provides a researcher with the tools they need to create an online survey and is a widely popular site utilized by students, teachers, and researchers. The site not only gives you the tools you need to create a survey, but they also analyze data based off survey responses. The distributed flier included the link and QR code to the Qualtrics survey for qualifying veterans to take. Once the participant clicked the Qualtrics survey link they were prompted to read a consent for taking the survey and they were notified via the informed consent that this is an anonymous survey. The consent briefly notified them of what to expect from the survey. The veterans will know immediately if the survey applies to them and they can choose whether or not to proceed after reading the consent. The Bridgewater State University Institutional Review Board (IRB) has approved this study. Please see appendix A for a copy of the IRB approval letter.

The survey consists of open-ended questions, closed ended questions, and forced choice responses to gather as much information as possible. The full survey is located in appendix C. The survey contains basic demographic questions and asks veterans about their experiences before, during, and after participating in a treatment court. The beginning of the survey establishes some basic demographic information such as, age, gender, and veteran status. The survey asked questions about any participation in
treatment programs and encounters with the criminal justice system. One of the questions asked about current legal status, if a veteran is currently involved in the criminal justice system and selected that as an answer Qualtrics automatically routed them to the end of the survey and thanked them for their time. Respondents were also asked about their current living situation, homelessness, education status, disability status, and employment. Then the participants were asked to answer questions about substance use or mental health disorders. These questions are not only based off a diagnosis but the veteran’s perception and opinion on whether they have a problem that has not been addressed or treated. The survey then asked about the veteran’s health and wellness. They were promoted to answer questions about their participation in specialty courts, arrests, incarcerations, and drug and alcohol use. Veterans were asked about their quality of life, satisfaction, and about their overall experience participating in the specialty court. They answered questions about their life after the treatment programs, stigma, and shaming. As the survey comes to an end, veterans were asked more in-depth open-ended questions about their substance use and mental health. The veterans were asked about their behaviors, how they paid their bills, participation in treatment programs, and stress. The survey ends with an “after” section that asked respondents to describe their life post-treatment and whether or not they found the courts to be helpful.

Analytic Strategy

After respondents completed the surveys, the quantitative results were downloaded into the Statistical Package for Social Sciences (SPSS) software for analysis. SPSS is statistical software commonly used to analyze survey data. All data collected, including the qualitative responses were downloaded from Qualtrics into Excel for
thematic coding of the open-ended responses. Close ended questions were cleaned and analyzed using SPSS to investigate the research questions. The open-ended questions were treated as qualitative data and coded for themes.

*Personal Connection*

I am an Iraq war Army veteran. During my time in the service, I grew close to my fellow comrades. I was active duty, and I watched a plethora of veterans struggle with alcohol use disorder over the years. Most of it was exacerbated by the culture of drinking that accompanies the military lifestyle and bonding culture. I witnessed the progression of AUD and how it negatively affected many soldiers. Some soldiers got DUIs, were arrested, and some were dishonorably discharged as a direct result of their disorder. Furthermore, upon returning from Iraq the dispositions of many soldiers changed. A staggering number of soldiers needed mental health counseling and psychiatric care. PTSD was running rampant through my battalion upon our transition back to the United States. A lot of soldiers leaned on alcohol and drugs to cope with their deteriorating mental health. We were all put through mental health testing when we returned from Iraq, this was also when I was first diagnosed with PTSD. Like many others I also leaned on drinking as a means of dealing with my PTSD. Drinking lessened the rapid thoughts and paranoia I experienced. Drinking also made it easier for me to fall asleep, as I struggled with insomnia. Over the next few years, even after I got out of the service, multiple friends of mine committed suicide, all of which were diagnosed with mental health disorders. It was when I needed help and saw my comrades needed help that I started wondering what resources were available to us veterans to combat mental health and substance use disorders.
RESULTS

This study set out to investigate to what extent resources are provided to veterans with mental illness to prevent contact with the criminal justice system. Thematic coding of open-ended responses and analyzing quantitative data of close ended and forced choice responses were performed to explore whether or not courts and other resources are provided to mentally ill veterans to prevent contact with the criminal justice system and what barriers may exist for treatment. The results section includes demographic characteristics of veterans who took the survey. The results section also includes a section of the number of years participants served the military, housing and employment improvements, and family/relationship improvements. In investigating the research question three major themes emerged from the survey: the prevalence of interactions with the criminal justice system and substance use and mental health, the court participant's experience before, during (with the inclusion of mentorship), and after court, and awareness and beliefs of specialty court (with the inclusion of stigma). Each theme contains subcategories that appeared to overlap and could be grouped together succinctly.

Demographics

One-hundred people completed the survey, however, at the point of consent two people opted to exit the survey leaving a sample of 98 veterans. Table 4 reports the demographics of these 98 veterans in which 84 were men and 13 were women. Results from twelve respondents were isolated who had participated in a treatment court and refer to them as treatment court participants, the remainder of the sample reported no treatment court participation therefore we refer to as non-treatment court participants (see table 4).
Survey respondents were asked to provide their age in which the mean age was 44.58 years old with a standard deviation of 12.32 for non-treatment court participants and 43.91 years with a standard deviation of 12.80 for respondents who did attend a veterans treatment court. A t-test was performed to determine if the age mean for each group was significantly different. There was not a statistically significant difference between the groups as the p-value was .862 (see Table 1).

**Table 1.** Mean Age Independent Samples T-Test

<table>
<thead>
<tr>
<th>T-Test Results</th>
<th>Non-Treatment Court</th>
<th>Treatment Court</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, M (SD)</td>
<td>44.58 (12.32)</td>
<td>43.91 (12.80)</td>
</tr>
<tr>
<td>t</td>
<td>.174</td>
<td></td>
</tr>
<tr>
<td>df</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td>p-value</td>
<td>.862</td>
<td></td>
</tr>
</tbody>
</table>

Respondents were asked if they served in the National Guard, Reserves, Active Duty and were given an option to select “other.” For non-treatment court veterans 12 were National Guard, 6 were Reserves, 63 were Active Duty, and 4 respondents chose other. Respondents who chose *other* indicated they served in two of the aforementioned service statuses. For veterans treatment court participants, 10 served active duty and 2 selected *other*. An independent samples t-test was run and there was not a statistically significant difference in the years since veterans were discharged from the service, the p-value was .505 (see Table 2).
Table 2. Years Since Discharge from Service Independent Samples T-Test

<table>
<thead>
<tr>
<th>T-Test Results</th>
<th>Non-Treatment Court</th>
<th>Treatment Court</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years Since Service, $M$ (SD)</td>
<td>14.41 (11.24)</td>
<td>17.29 (13.79)</td>
</tr>
<tr>
<td>$t$</td>
<td>.685</td>
<td></td>
</tr>
<tr>
<td>df</td>
<td>13.54</td>
<td></td>
</tr>
<tr>
<td>p-value</td>
<td>.505</td>
<td></td>
</tr>
</tbody>
</table>

Respondents were asked how many years it has been since they were discharged from the service. The average years since discharged from the service was 14.41 years with a standard deviation of 11.24 for non-treatment court participants; for treatment court participants the average number of years since exiting the military was 17.29 years with a standard deviation of 13.79.

*Years in Service*

An independent samples t-test was conducted to compare years of service between treatment participants and non-treatment participants, results showed there was a statistically significant difference in the number of years non-treatment participants and treatment court participants served in the military with a p-value of .006 (see Table 3). Treatment court participants who went through a veterans treatment court have statistically significant less years in the service. Treatment court participants served an average of 6.125 years in the service with a standard deviation of 2.84; and non-treatment court participants served an average of 9.65 years with a standard deviation of 7.67 (see Table 3).
Table 3. Years in Service Independent Samples T-Test

<table>
<thead>
<tr>
<th>T-Test Results</th>
<th>Non-Treatment Court</th>
<th>Treatment Court</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years in Service, $M$ (SD)</td>
<td>9.65 (7.67)</td>
<td>6.12 (2.84)</td>
</tr>
<tr>
<td>$t$</td>
<td>2.897</td>
<td></td>
</tr>
<tr>
<td>df</td>
<td>43.50</td>
<td></td>
</tr>
<tr>
<td>p-value</td>
<td>.006</td>
<td></td>
</tr>
</tbody>
</table>

This was an interesting finding. It’s possible that some treatment participants may not have completed the typical four years of enlistment in the military, as one respondent only completed one year, and another respondent completed two years. This could have been a direct result of their drug and/or alcohol use and possible dishonorable discharge from the service. Furthermore, participants may have served less years in service due to deteriorating mental health conditions after returning home from a deployment. Veterans aren’t likely to seek help for mental health disorders and substance use disorders while they are currently serving in the military because of fear of consequences and the lack of confidentiality. This can lead to veterans internalizing problems that need to be addressed and can further lead to worsening symptoms that could result in a discharge from the military.

Table 4 shows additional descriptive statistics for this study. Non-treatment court respondents who didn’t receive a GED or Highschool diploma account for 2.7%, 16.2% received a GED or Highschool diploma, 16.2% attended some college, 16.2% hold an associate degree, 21.6% hold a bachelor’s degree, and 27% hold a master’s degree or higher. Treatment participants who received a high school diploma or GED account for
16.7%, 8.3% reported attending some college, 50% hold a bachelor’s degree, and 25% obtained a master’s degree.

Respondents were offered a list of options to select that best fits their employment status, for non-treatment court survey respondents 16.8% were disabled, 6.9% were retired, 4% were students, 83.8% were employed, 3% were looking for a job, 4% were planning on returning to school, and 2% were receiving unemployment benefits. For court participants, 58.3% were disabled, 8.3% were retired, 8.3% were students, 58.3% were employed, and 8.3% were looking for a job (see Table 4: Respondent Demographics).
Table 4. Respondent Demographics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Non-Treatment (%)</th>
<th>Treatment Court n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, $M$ (SD)</td>
<td>44.58 (12.32)</td>
<td>43.91 (12.80)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>73 (72.3)</td>
<td>11 (91.6)</td>
</tr>
<tr>
<td>Female</td>
<td>12 (11.9)</td>
<td>1 (8.3)</td>
</tr>
<tr>
<td>Missing</td>
<td>16 (15.8)</td>
<td>0</td>
</tr>
<tr>
<td>Service Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Guard</td>
<td>12 (11.9)</td>
<td>0</td>
</tr>
<tr>
<td>Reserves</td>
<td>6 (5.9)</td>
<td>0</td>
</tr>
<tr>
<td>Active Duty</td>
<td>63 (62.4)</td>
<td>10 (83.3)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (4)</td>
<td>2 (16.6)</td>
</tr>
<tr>
<td>Years of Service, $M$ (SD)</td>
<td>9.65 (7.67)</td>
<td>6.12 (2.84)</td>
</tr>
<tr>
<td>Years Since Served, $M$ (SD)</td>
<td>14.41 (11.24)</td>
<td>17.29 (13.79)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Highschool/GED</td>
<td>1 (2.7)</td>
<td>0</td>
</tr>
<tr>
<td>Highschool/GED</td>
<td>6 (16.2)</td>
<td>2 (16.7)</td>
</tr>
<tr>
<td>Some College</td>
<td>6 (16.2)</td>
<td>1 (8.3)</td>
</tr>
<tr>
<td>Associates</td>
<td>6 (16.2)</td>
<td>0</td>
</tr>
<tr>
<td>Bachelors</td>
<td>8 (21.6)</td>
<td>6 (50)</td>
</tr>
<tr>
<td>Masters or Above</td>
<td>10 (27)</td>
<td>3 (25)</td>
</tr>
<tr>
<td>Missing</td>
<td>52</td>
<td>0</td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled</td>
<td>17 (16.8)</td>
<td>7 (58.3)</td>
</tr>
<tr>
<td>Retired</td>
<td>7 (6.9)</td>
<td>1 (8.3)</td>
</tr>
<tr>
<td>Student</td>
<td>4 (4)</td>
<td>1 (8.3)</td>
</tr>
<tr>
<td>Employed</td>
<td>31 (83.8)</td>
<td>7 (58.3)</td>
</tr>
<tr>
<td>Looking for a Job</td>
<td>3 (3)</td>
<td>1 (8.3)</td>
</tr>
<tr>
<td>Receiving Unemployment</td>
<td>2 (2)</td>
<td>0</td>
</tr>
<tr>
<td>Plan to Return to School</td>
<td>4 (4)</td>
<td>0</td>
</tr>
</tbody>
</table>
Housing and Employment

Results from the survey show the majority of veterans are employed but employment rates for non-treatment participants are higher than treatment court participants. Tsai et al (2018) conducted a study on 7,391 veterans who completed a veterans treatment court, they found that veterans treatment court participants had low rates of employment and after completing the court only 28% of the veterans obtained employment. Since treatment court participants have higher rates of substance abuse and mental health disorders there is a correlation between increased substance use leading to decreased employment among participants. Tsai et al (2018) posit low rates of employment can be associated with difficulty finding jobs due to a criminal record. A study by Humensky, Jordan, Stroupe, & Hynes (2013) found that veterans who were unemployed were twice as likely as veterans who were employed to have a substance use disorder. Furthermore, Humensky, Jordan, Stroupe, & Hynes (2013) found that veterans who experienced co-occurring disorders had even more difficulty of obtaining employment.

Treatment court participants’ rates of employment and safe and affordable housing differed from participation before the court and after the court. After completing the veterans treatment court the problems they reported regarding finding a job and safe and affordable housing improved. The problems veterans reported following treatment court participation included a return to drugs and alcohol and worsening mental health symptoms, but rates of housing and employment appeared stable. One veteran reported the frequency of court appearances made obtaining full time employment difficult. When veterans were commenting on their life satisfaction, they mentioned having a good job
and one of the respondents stated he has HUD-vash, which is a service provided to veterans who suffer from mental health disorders to help pay their housing bills. Veterans tend to have better outcomes when they utilize the resources the VA provides them but veterans in this study either didn’t utilize the resources prior to criminal justice interventions or were unaware of the services available to them. Taylor et al (2020) believe veterans have scarce resources outside of the VA and participants in their study stated the VA is inept in their ability to care for soldiers so they decide to not utilize resources provided by the VA due to the lack of faith in their abilities. Distrust in the VA may lead to underutilizing resources. However, once veterans are aware of the variety of non-medical resources such as, the G.I. Bill and Veteran Readiness and Employment (VR&E) they can utilize these resources to go back to school, find employment, and advance their careers. The VR&E is a program that helps service-connected disabled veterans find jobs and receive vocational training. The Department of Veterans Affairs (2010) published results of the National Survey of Veterans from 2010 on their website, the survey asked veterans if they were utilizing their vocational rehabilitation services, of those who said no 32.3% of respondents said they didn’t know how to apply or get benefits and 12% of respondents said it was too much trouble to apply for benefits.

This study found that five treatment court participants reported problems finding safe and affordable housing prior to participating in the court, only three selected they had problems finding safe and affordable housing while in the court, and just two veterans selected they had problems finding safe and affordable housing after the treatment court. This downward slope is a positive sign that as they remain in the structured treatment court environment, they are being introduced to services that help
them or they could also be refraining from using drugs and alcohol and getting help for their mental health disorders which would improve their productivity outcomes. Akin to my study, Tsai et al (2018) found that after completing a veterans treatment court, 10% of these veterans were in their own housing, a large percentage of veterans who entered the program homeless obtained housing, 39% of veterans who didn’t have housing obtained their own housing upon exiting the court. In our study, a multitude of treatment court respondents indicated they were homeless prior to attending treatment court. No veterans indicated they were homeless after attending treatment court. There is a possibility these participants were introduced and set up with HUD-vash. The United States Department of Veteran’s Affairs assists homeless veterans by providing them with housing assistance through the Department of Housing and Urban Development-VA Supportive Housing (HUD-vash), according to the VA, by 2015 this program allocated more than 78,000 vouchers to veterans across the country (U.S. Department of Veteran’s Affairs, 2019).

To compare results of participants who received disability payments we ran a crosstabulation in SPSS to differentiate between non-treatment participants and treatment court participants. The results showed 70.3% of non-treatment participants received VA disability payments and 83.3% of treatment court participants received VA disability payments (see Table 5). A Chi-square analysis was not performed to determine if these group differences were statistically significant because of low cell counts observed in the crosstab table.
**Table 5. Disability Payments**

<table>
<thead>
<tr>
<th>Receive Disability Payments</th>
<th>Non-Treatment (%)</th>
<th>Treatment Court n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>26 (70.3)</td>
<td>10 (83.3)</td>
</tr>
<tr>
<td>No</td>
<td>9 (24.3)</td>
<td>2 (16.7)</td>
</tr>
<tr>
<td>In the Process of Filing</td>
<td>2 (5.4)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>
Themes

The following section outlines 3 themes found in the survey responses. The first theme is the prevalence of interactions with the criminal justice system, this theme focuses on responses that contain information on criminal justice involvement and current legal status, two sub-themes included are substance use disorders and mental health disorders. The second theme I have identified is court participant experience, this theme includes information provided by the respondents about problems they have identified before, during, and after their court participation, a portion of this theme includes mentorship during the court experience. The final theme is on the awareness and beliefs of specialty courts, which includes a section on stigma.

Prevalence of Interactions with the Criminal Justice System

The first theme identified was the prevalence of interactions with the criminal justice system and substance use and mental health disorders. The full sample of veterans were asked if they had current involvement in the criminal justice system which includes probation, parole, and pending court cases. Forty-seven veterans reported currently being under the supervision of the criminal justice system, which disqualified them from proceeding in the survey. However, overall, of the 95 veterans who responded to this question 28.42% were on probation, 1.05% were on parole, and 20% had pending cases (see Table 6). Comparatively, Timko et al (2020) conducted a study on male veterans at the VA in an inpatient addiction treatment program where they found 85% had one lifetime criminal charge and 58% had three or more charges. Timko et al (2020) also found that justice-involved veterans had higher rates of mental health disorders in comparison to other veterans. In a study on co-occurring disorders Timko et al (2020)
discovered that upon intake to a dual diagnosis outpatient facility 9.2% had no arrest history, 56.3% had been arrested for non-violent offenses, and 34.5% were arrested for violent offenses.

Table 6. Current Legal Status

<table>
<thead>
<tr>
<th>Status Type</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently on Probation</td>
<td>27 (28.42)</td>
</tr>
<tr>
<td>Currently on Parole</td>
<td>1 (1.05)</td>
</tr>
<tr>
<td>Pending Court Cases</td>
<td>19 (20)</td>
</tr>
<tr>
<td>Under No Criminal Justice Supervision</td>
<td>48 (50.53)</td>
</tr>
</tbody>
</table>

Substance use may be related to contact with the criminal justice system. In total, 77.38% of respondents reported having interactions with the criminal justice system, meaning the vast majority of participants have been arrested, appeared in court, have been on probation/parole, or have been incarcerated (see Table 7).

Table 7. Ever had Interactions with the Criminal Justice System

<table>
<thead>
<tr>
<th>Ever had Interactions</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>65 (77.38)</td>
</tr>
<tr>
<td>No</td>
<td>19 (22.62)</td>
</tr>
</tbody>
</table>

Substance Use Disorders

Of all the respondents, roughly half of the non-treatment participants and treatment court participants in the survey reported they either have a substance use
disorder, they had a substance use disorder, or they might have a substance use disorder. Specific to alcohol, 36.36% reported they had a drinking problem (see Table 8).

**Table 8.** Ever had a Problem with Alcohol

<table>
<thead>
<tr>
<th>Problem with Alcohol</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16 (36.36)</td>
</tr>
<tr>
<td>No</td>
<td>28 (63.64)</td>
</tr>
</tbody>
</table>

A smaller number of veterans reported their family members would consider them to have a problem with substance use. This potentially shows they are good at covering up their substance use disorder or their families could be naive to identifying the signs and symptoms of substance use. One veteran reported attending substance use classes prior to entering the service. When asked if they pursued alcohol or drug treatment after exiting the military, a resounding 26.09% of veterans responded yes (see Table 9).

**Table 9.** Ever Pursued Alcohol/Drug Treatment after the Military

<table>
<thead>
<tr>
<th>Pursued Treatment</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>12 (26.09)</td>
</tr>
<tr>
<td>No</td>
<td>34 (73.91)</td>
</tr>
</tbody>
</table>

There was a difference among answers between non-treatment participants and treatment court participants when they were asked if they considered themselves to have an issue with substance use. For non-treatment participants, 13.5% of respondents reported they considered themselves to have issues with substance use, 10.8% responded *maybe*, 59.9% denied having issues with substance use, 13.5% said they had issues in the
past but not currently, and 2.7% preferred not to answer. For treatment court participants, 50% reported they considered themselves to have issues with substance use, 8.3% reported no issues with substance use, and 41.7% reported having issues in the past but not currently (see Table 10: Issues with Substance Use).

This study found a significant number of veterans had issues with substance use. Previous studies among veterans conducted by the National Institute of Drug Abuse have shown the same. A study conducted by the National Institute on Drug Abuse (NIDA, 2019) found that 11% of veterans who enter the Veteran’s Health Administration meet criteria for a substance use disorder diagnosis, furthermore those veterans meet the criteria for co-occurring disorders that typically include PTSD, depression, and anxiety. My study mirrors these results as veterans commonly noted they had diagnoses of PTSD, depression, and anxiety. According to the National Center for Biotechnology Information (2016)

*The general effects of self-stigma and the “why try” effect maybe be diminished by interventions that target individuals with behavioral disorders, such interventions would focus on promoting self-esteem and self-efficacy; empowerment through peer support, mentoring, and education to dispel myths and increase social and coping skills; and education to encourage treatment engagement. (p. 12)*
Table 10. Issues with Substance Use

<table>
<thead>
<tr>
<th>Substance Use Issues</th>
<th>Non-Treatment (%)</th>
<th>Treatment Court n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5 (13.5)</td>
<td>6 (50)</td>
</tr>
<tr>
<td>Maybe</td>
<td>4 (10.8)</td>
<td>0</td>
</tr>
<tr>
<td>No</td>
<td>22 (59.5)</td>
<td>1 (8.3)</td>
</tr>
<tr>
<td>In the Past, but not Currently</td>
<td>5 (13.5)</td>
<td>5 (41.7)</td>
</tr>
<tr>
<td>Prefer not to Answer</td>
<td>1 (2.7)</td>
<td>0</td>
</tr>
</tbody>
</table>

Norman et al, (2018) found a significant number of veterans experience co-occurring disorders. They examined data from the National Health and Resilience in Veterans Study and found 20.3% of veterans with alcohol use disorder were diagnosed with PTSD, veterans who have alcohol use disorder were more likely to have major depressive disorder, generalized anxiety disorder, and suicidal ideation. Military veterans are more likely to witness trauma resulting in PTSD which can then lead to self-medicating to cope with symptoms of PTSD. Veterans are also likely to be prescribed medication for anxiety and panic disorders that can lead to dependence. Substance use is considered a mental health disorder and combined they are considered co-occurring disorders, which is related to the next sub-theme.

Mental Health Disorders

Only 33.34% of veterans denied having a mental health disorder and of those, 16.67% weren’t confident in their responses, endorsing they probably didn’t have a mental health disorder (see Table 11: Consider Yourself to have a Mental Health Disorder).
Table 11. Consider Yourself to have a Mental Health Disorder

<table>
<thead>
<tr>
<th>Mental Health Disorder</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely yes</td>
<td>17 (35.42)</td>
</tr>
<tr>
<td>Probably yes</td>
<td>9 (18.75)</td>
</tr>
<tr>
<td>Might or might not</td>
<td>6 (12.50)</td>
</tr>
<tr>
<td>Probably not</td>
<td>8 (16.67)</td>
</tr>
<tr>
<td>Definitely not</td>
<td>8 (16.67)</td>
</tr>
</tbody>
</table>

Respondents were asked to write in what diagnoses they had. The most common response was post-traumatic stress disorder. Other diagnoses included, anxiety, depression, adjustment disorder, generalized anxiety disorder, bipolar, TBI, chemical dependency, major depressive order, and ADHD. One respondent was very specific in their response and wrote they were diagnosed with benzo use disorder which is characterized by the addiction to and overuse of benzodiazepines which are frequently prescribed for anxiety disorders. To gauge where the mental health disorders were stemming from, we asked participants if they were diagnosed with mental health disorders or if they were medicated for a mental health disorder prior to entering the service, in which all but one veteran answered no too. One veteran disclosed, “I believe I saw a social worker or psychologist when I was 5 or 6 years old for anger problems.” A total of twenty-five veterans, or 54.35% said they pursued counseling, psychiatric care, and other mental health related services after leaving the military, twenty-one veterans denied pursuing mental health related services (see Table 12: Ever Pursued Mental Health Related Services After Leaving Military).
Table 12. Ever Pursued Mental Health Related Services After Leaving Military

<table>
<thead>
<tr>
<th>Pursued Mental Health Services</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25 (54.35)</td>
</tr>
<tr>
<td>No</td>
<td>21 (45.65)</td>
</tr>
</tbody>
</table>

The National Alliance on Mental Illness (n.d.) reports the three most common mental health diagnoses in veterans is PTSD and that veterans have PTSD at a rate fifteen times higher than civilians. NAMI (n.d.) lists depression and TBI as two of the most common mental health disorders veterans face during or following their service, further, NAMI reports the rates of depression in veterans is five times higher than civilians. Hankin, et al (1999) conducted a longitudinal study on male veterans and found that over one-third of veterans met the criteria at a Boston VA outpatient clinic for a mental health disorder, including 31% for depression, 20% for PTSD, and 12% for alcohol use disorder. Hankin et al (1999) found that out of 856 participants, 68% reported receiving some form of mental health treatment and out of the 32% that didn’t pursue treatment they fit the criteria for a mental health disorder. Similar to the findings of Hankin et al (1999) this study found that veterans suffer from PTSD, depression, and alcohol use disorder; however, Hankin et al did not look at all mental health disorders and substance use disorders, they focused on solely PTSD, depression, and alcohol use disorder. Furthermore, the Hankin et al (1999) study was gender specific. This study takes a broader approach to include multiple facets of various mental illnesses including substance use disorder, alcohol use disorder, and co-occurring disorders. This study includes males and females.
Court Participant Experience

To gain a better understanding of how effective specialty court was for participants a number of questions were asked about the time before, during, and after the respondent’s time in the court. The sample for these questions is limited to twelve respondents. At various points in the survey respondents were asked to answer questions about a specific time period, these were marked by three headers, Please answer the following questions about your life BEFORE entering into a specialty court, Please answer the following questions about your experience with the specialty court you were involved with last, and Please answer the following questions about yourself, currently. The second theme is centered around the experiences of the treatment court participant before, during, and after they participated in the court. This section involves the twelve respondents that indicated they participated in a specialty court and doesn’t include all survey respondents.

Experience Prior to Treatment Court

The most common problems veterans reported prior to entering treatment court was staying away from family members and friends that engaged in committing crimes and substance use. They also commented on experiencing difficulty obtaining employment, housing, and paying off probation and/or court fees. Surprisingly, the percentages of veterans who claimed they had a hard time finding mental health care was only 7.14% (see Table 13: Problems Experienced Prior to Treatment Court).
Table 13. Problems Experienced Prior to Treatment Court

<table>
<thead>
<tr>
<th>Problems Experienced</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems Finding a Job</td>
<td>5 (17.86)</td>
</tr>
<tr>
<td>Problems Finding Reliable Transportation</td>
<td>3 (10.71)</td>
</tr>
<tr>
<td>Problems Finding Affordable/Safe Housing</td>
<td>5 (17.86)</td>
</tr>
<tr>
<td>Problems Paying Probation/Court Fees</td>
<td>4 (14.29)</td>
</tr>
<tr>
<td>Problems Finding Mental Health Care</td>
<td>2 (7.14)</td>
</tr>
<tr>
<td>Problems Finding Healthcare</td>
<td>1 (3.57)</td>
</tr>
<tr>
<td>Problems Staying Away from Friends Engaged in Crimes/Drugs</td>
<td>8 (28.57)</td>
</tr>
</tbody>
</table>

The veterans provided a wide range of responses as to what they think contributed to these problems. The responses included, military experiences, deployment, addiction, mental health, no family, lack of taking medications, lack of resources and support, and difficulty transitioning to civilian life. Prior to entering the court most of the veterans lived in an apartment, rented a house, or were in an unstable living environment. Quite a few veterans stated they worked government jobs and other veterans attended school using their G.I Bills. The G.I. bill gives veterans a monthly stipend to allow for them to focus on school, if they are a full-time student, they typically get paid enough money to allow them to be financially stable enough to pay their bills without having to work. The most frequent problems veterans reported that they experienced prior to treatment court were staying away from family and friends who are engaged in crime or using drugs. A study by Easterly (2017) found that veterans who experience strained family ties are more apt to engage in criminal behavior. It’s common for someone who is struggling to seek out others who are suffering from the same problems and this has a relatability
factor to it. Veterans are around like-minded people when they are serving and when they are discharged, they lack a certain bond that they can find among other drug users and people with mental health disorders, this allows them not to feel isolated and alone. Veterans can often feel like the “black sheep” and that they can only fit in and be accepted by others who have issues akin to their own.

Roughly half of the full sample of veterans reported they had never been arrested; the number of arrests varied from one to twenty-five arrests for the remaining veterans. For the treatment court participants some veterans experienced arrests prior to entering specialty court. Veterans described their relationships with family and friends in a number of ways. Some of them simply wrote, good, great, bad, and okay. Others wrote more descriptively, “horrible, I burned all my bridges” and “strained due to drugs and alcohol.” A study conducted by the Veteran’s Affairs (2015) explains veterans have difficulty readjusting to civilian life for a few reasons, first being that when veterans are absent from their family’s lives their families may have created new routines that don’t include them. Secondly, veterans have difficulty connecting to people who aren’t veterans, they believe civilians don’t understand what they have been through in the service. This can also be true for substance-using veterans, they may believe family members that aren’t addicted to drugs and alcohol or that don’t have mental health disorders can have trouble relating to them and understanding them. The responses to the questions about relationships with family members showed significant improvement after participating in treatment court. Some of the respondents reported they didn’t handle stressful situations well, they turned to alcohol and drugs to cope, this is common among veterans and civilians. Drugs and alcohol have historically been known to be used as a
means of self-medicating and coping mechanisms. Those who handled stress better did it by exercising, counseling, and self-care. Self-care is a vital component in recovering from addiction and is crucial in minimizing life stressors and learning to manage triggers and serves as a great tool for abstaining from substances and avoiding a regression. The National Alliance on Mental Illness (n.d.) stresses the importance of maintaining a strong mind and a strong body and how it’s essential for a veteran’s recovery.

*Experience During Treatment Court*

Veterans were offered a wide range of treatment while participating in veterans treatment courts. They were offered substance use treatment, dual diagnosis programs, other inpatient treatment, classes, drug testing, mandatory AA or NA meetings, counseling, intensive monitoring, and mentorship. They were supervised by probation officers, Scram ankle monitors, random testing, monthly meetings, and courts. They report collaborative efforts between the VA, criminal justice officials, and lawyers. During treatment court veterans were offered services such as, mental health counseling, housing services, transportation services, employment, healthcare, and obtaining VA benefits (see Table 14: Services Provided to Veterans During Specialty Court).
Veterans were asked to write in what services were most beneficial to them and this was where some of the unexpected responses came in. Veterans indicated mentors and caring support were the most effective. Some veterans who responded shared about counseling and mental health services and how they were effective in treating their mental health and substance use disorders.

Veterans shared about finding check-ins to be helpful, these check-ins often are made by probation officers and social workers. One veteran commented about finding frequent court appearances helpful and in terms of accountability the court appearances gave veterans something to do and somewhere to go, similar to the military structure they were used to for so long. One veteran shared about finding community events helpful. This is most likely due to a sense of community comradery that they may be lacking since their exit from the service. Most of the positive responses were clinically geared or involved interpersonal connections and one-on-one attention such as, mental health

<table>
<thead>
<tr>
<th>Services Provided by the Court</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Counseling</td>
<td>14 (29.17)</td>
</tr>
<tr>
<td>Housing Services</td>
<td>3 (6.25)</td>
</tr>
<tr>
<td>Transportation Services</td>
<td>2 (4.17)</td>
</tr>
<tr>
<td>Employment Services</td>
<td>2 (4.17)</td>
</tr>
<tr>
<td>Healthcare Services</td>
<td>5 (10.42)</td>
</tr>
<tr>
<td>Assistance with Food/Food Stamps</td>
<td>3 (6.25)</td>
</tr>
<tr>
<td>Assistance Obtaining VA Benefits</td>
<td>8 (16.67)</td>
</tr>
<tr>
<td>Assistance Obtaining Other Government Benefits</td>
<td>3 (6.25)</td>
</tr>
</tbody>
</table>

Table 14. Services Provided to Veterans During Specialty Court
counseling, cognitive behavioral therapy, and doctor visits. The overwhelming majority of veterans said the structure of the courts helped them make positive life changes, a lot of them touched upon key words such as, routine, accountability, and structure.

*I was treated with respect. I was able to address the court/judge of my progress.*

*Speak about the gains and struggles of my personal life. There was more understanding than judgement. In regular court nobody knows you or the life you've lead. In Vet court there was genuine concern! The solution wasn't to send you to jail immediately!*

**Mentorship During Treatment Court**

This study is the first study where multiple respondents reported mentorship as an effective resource in their recovery. Respondents weren’t specifically asked about mentorship at any point during the survey but included it in their qualitative responses. Due to a lack of literature on mentorship as a tool in veterans treatment courts I was unaware this was a resource provided to veterans with mental illnesses to prevent contact with the criminal justice system. In the general population of reentering citizens, a study by Sells, et al (2020) discusses peer mentorship and community reentry, they conducted a randomized control trial to investigate the effect of peer mentorship on recidivism and they found that people who received mentorship had lower rates of recidivism. Sells, et al (2020) claim mentorship remains largely understudied.

When researching reentry and mentorship there is a large body of literature on juvenile studies but very few on adults involved in the criminal justice system. Abrams, Mizel, & Nguyen (2014) conducted a systematic review study in which they investigated
the impact on mentoring programs to help juveniles transition back into the community, they found that the efficacy of mentorship remains largely unknown. Furthermore, they found that very little information has been disseminated on the use of mentoring in reentry programs. The goal of mentorship is to service justice-involved people by providing them with support and encouragement. Bouffard, Bergseth, & Ford (2009) conducted a study on sixty-three justice-involved juveniles in Clay County, Minnesota where they incorporated mentorship as a major element in treatment planning for the youth transitioning back into society. They refer to these mentors as transitional coordinators and similar to treatment courts, they work in conjunction with probation officers to provide continuity of care. Juveniles are provided with services that include transportation to 12-step meetings, bowling, spending one-on-one time with clients, and other activities. Bouffard, Bergseth, & Ford (2009) found these enhanced services to be effective when evaluating outcomes, juveniles who were offered these services had significantly lower rates of recidivism and positive drug tests. It’s often said in the substance abuse field that connection is the opposite of addiction, mentors are able to connect with the clients and help improve their odds of success. This can be akin to the relationship between a sponsor and a sponsee in a 12-step fellowship, the sponsor is there to teach their sponsee about the 12-steps and how to recover, they take their sponsee under their wing and teach them how to be successful in working the program of Alcoholics Anonymous or Narcotic’s Anonymous to assist them in abstaining from returning to substance and alcohol use. In the substance use field, a new trend started emerging, this is referred to as recovery coaching or recovery management. The coaches basically function as a mentor and assist their client overcome a multitude of barriers to
recovery such as, lack of transportation, sober support networks, and lack of knowledge surrounding support groups. These coaches bring their clients to 12-step meetings, introduce them to people in the community, bring them to community events, drive them to court dates and doctors’ appointments, meet with them on a weekly basis, and are available to clients by phone twenty-four hours a day. Given that limited research seems to indicate that mentorship has positive outcomes for juveniles (Bouffard, Bergseth, & Ford, 2009), adult reentry (Sells et al., 2020), and the veterans in this study, mentorship may be a not widely known resource, but it could be a viable option that further research should investigate.

*Experience After Treatment Court*

Veterans were asked how satisfied they are with how their life is going in which the vast majority responded positively. Responses that were leaning towards the negative side were *decent, I struggle with relationships in my life, and work takes me away from my family, friends, and hobbies*. One veteran said *I’m buying a home instead of living on a couch*. Another respondent described his life satisfaction saying:

*I lost a lot for a single mistake. Job and financial security. But I have everything I need. I have my children back in my life. I’m able to be a dad again and lead by example.*

Survey participants were again asked what problems they are experiencing after treatment court. When asked this question prior to entering specialty court the number one answer was staying away from family or friends that are engaged in committing crimes and drug use, after completing specialty court this answer was the least selected
one, and only comprised of 7.69% (see Table 15). The biggest hurdle veterans face is remaining drug and alcohol free, 46.15% indicate they have experienced this problem since leaving their last specialty court. Just over 30% of veterans report that have found it difficult to find a job and 15.38% report difficulty in finding a safe place to live. Respondents were asked whether they believe they are where they are today because of their participation in specialty court, all said yes except for one. They commented on how the courts kept them on track and reintegrated them back into society. One veteran answered:

Yes, because before Vet Court I was just a name attached to a police report. Nobody knew my true character. In Vet court there was a genuine concern for my mental health and what caused it! I was more seen for my past achievements than my biggest mistake!

Table 15. Problems Experienced Since Exiting Specialty Court

<table>
<thead>
<tr>
<th>Problems Experienced</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems Finding a Job</td>
<td>4 (30.77)</td>
</tr>
<tr>
<td>Problems Finding Affordable/Safe Housing</td>
<td>2 (15.38)</td>
</tr>
<tr>
<td>Problems Paying Probation/Court Fees</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Problems Staying Drug Free</td>
<td>1 (7.69)</td>
</tr>
<tr>
<td>Problems Staying Alcohol Free</td>
<td>5 (38.46)</td>
</tr>
<tr>
<td>Problems Finding Mental Health Care</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Problems Finding Healthcare</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Problems Finding Reliable Transportation</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Problems Staying Away from Friends Engaged in Crimes/Drugs</td>
<td>1 (7.69)</td>
</tr>
</tbody>
</table>
Respondents were asked again about how they felt their relationships are with their families since they completed the specialty court. One stated his family is dysfunctional, so the relationship is unstable. Other respondents said they are supportive, healing, distanced, outstanding, strained, okay, and a few simply said good. Respondents shared their thoughts about the pandemic messing up their relationships, feeling guarded, and having difficulty connecting to people. They also shared about their family’s restored faith in them, stability, and happiness. Overall, veterans reported higher satisfaction and improved relationships with family members after participating in veterans treatment court.

When asked what problems they experienced prior to treatment court, eight veterans stated they experienced problems staying away from family and friends who were engaged in criminal activity or drugs, after treatment court the number dropped down to one veteran who stated he had problems staying away from family and friends who engaged in crime or used drugs. The Florida Supreme Court Task Force (2014) report veterans aren’t overrepresented in the justice system when compared to the rest of the general population, but indicate they are overrepresented when it comes to substance use, alcohol use, and violence and conflict. All of these factors can influence relationships with veterans and their family members. People make the decision to join the military for various reasons, in the past people joined the military as an alternative to serving a sentence, judges would give a younger adult the option to turn around their lives and get away from the crime, drugs, and alcohol that may have landed them in court. Others join the military in an attempt to save themselves from a less than desirable situation such as, being raised in a disadvantaged household or wanting to have a
different life for themselves than the lives of their parents who they may view as addicts or criminals. When a soldier gets out of the military, they are likely to move back home and find themselves exactly where they were prior to enlisting. They may have trouble connecting with other people, namely new people, so they may return to what feels safe and known to them regardless of whether or not that puts them in an unsafe situation.

Treatment court participants had better outcomes in terms of employment and housing following treatment court, prior to participating in the court five veterans said they had problems finding employment and five veterans said they had problems finding housing. After participating in treatment court, four veterans reported problems finding employment and only two veterans reported problems finding safe and affordable housing. The Veteran’s Affairs (2015) study provides an explanation for veterans having difficulty finding employment, they explain some veterans have joined the military at a young age and have never had to apply for a job before, build a resume, or interview for a position. Furthermore, the Veteran’s Affairs (2015) article states veterans may have a hard time translating their job or specialty in the military into civilian employment. Additionally, the Veteran’s Affairs (2015) provides readers with an explanation as to why veterans may have difficulty obtaining housing, they have been provided housing throughout their time in the military without having to make any decisions themselves, in civilian life they are responsible for finding their own housing and may lack the initiative or become overwhelmed with the choices they have available to them.
Awareness and Beliefs of Specialty Courts

Awareness and beliefs of specialty courts emerged as a third category. For awareness and beliefs of specialty courts, we wanted to know if veterans heard about specialty courts and if they did, how do they feel about them.

Awareness

One of the most jarring discoveries in this study was the lack of knowledge of veterans treatment courts. Less than half of the veterans who took the survey ever heard of veterans treatment courts (see Table 16).

Table 16. Ever Heard of Veterans Treatment Court

<table>
<thead>
<tr>
<th>Heard of VTC</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>65 (41.67)</td>
</tr>
<tr>
<td>No</td>
<td>35 (58.33)</td>
</tr>
</tbody>
</table>

One-third of respondents heard of drug courts and one-fifth of respondents heard of mental health courts. Considering the targeted sample for this study was veterans it was surprising that such a low number of veterans heard of courts specifically designed to help them. Since the creation of the first veterans treatment court in 2008, the veterans treatment courts have been growing rapidly. Data from the United States Department of Veterans Affairs shows there were 461 veterans treatment courts by 2016 in the United States (National Center for State Courts, n.d.). A 2019 study conducted by Jaafari (2019) found there are over 500 counties that have veterans treatment courts.
Furthermore, Jaafari (2019) explains that veterans treatment courts are scarce in rural areas and states that rural areas are in dire need of these specialty courts. Additionally, according to the National Center for States Courts (n.d.) nine states have no veterans treatment courts and some states only have one court which poses transportation and travel difficulties for veterans interested in attending the treatment court. Over 500 veterans treatment courts sounds like a high number but in all reality on a nationwide level and for the number of veterans who struggle with mental health disorders and substance use, this is not a high number at all. Veterans face difficulty as it is with transportation and financial barriers to treatment, traveling long distance on a frequent basis to court isn’t feasible for most. If the courts were able to provide transportation this may result in better outcomes for veterans and higher rates of VTC participation.

The research shows that a number of veterans are unaware of all of the resources that are at their disposal. Out of the 98 responses, only 41.67% of veterans had ever heard of veterans treatment courts (see Table 15: Ever Heard of Veterans Treatment Court). Out of these 98 veterans, thirteen of the respondents reported they have participated in a specialty court. Twelve respondents participated in veterans treatment courts and one respondent participated in another specialty court. Veterans who participated in treatment courts gave positive feedback on their experiences.

**Beliefs of Specialty Courts**

Respondents were asked various questions relating to stigma. They were asked in their own opinion if they thought people who participate in treatment courts face stigma, the answers didn’t vary significantly, 40.63% responded yes, the remainder was almost
split evenly between no and unsure (see Table 17: Beliefs about Treatment Court Participants Facing Stigma).

**Table 17. Beliefs about Treatment Court Participants Facing Stigma**

<table>
<thead>
<tr>
<th>Face Stigma after Exiting Courts</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13 (40.63)</td>
</tr>
<tr>
<td>No</td>
<td>10 (31.25)</td>
</tr>
<tr>
<td>Unsure</td>
<td>9 (28.13)</td>
</tr>
</tbody>
</table>

Consequently, 41.18% of respondents believe people who participate in specialty courts are negatively labelled upon their return to society. Out of the full sample of veterans who answered this question, 29.41% of veterans believe participants are welcomed back into society after finishing the specialty court endorsing:

> *It shows progress, it shows they can complete something and change, there is no conviction on their record, and we live in a time where most are given a second chance at turning their lives around.*

Out of the 11.76% that said no, their reasons were as follows:

> *The stigma of substance abuse will follow that person for a long time.*  
> *Trust between family and friends needs to build back up, stigma, people judge, and the stigma of being involved with criminal justice remains* (see Table 18: Beliefs about Treatment Court Participants being Negatively Labelled).
Table 18. Beliefs about Treatment Court Participants being Negatively Labelled

<table>
<thead>
<tr>
<th>Negatively Labelled</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14 (41.18)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>11 (32.35)</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>9 (26.47)</td>
<td></td>
</tr>
</tbody>
</table>

We asked respondents if they thought specialty courts were beneficial to participants and the overwhelming majority selected yes. Respondents believe specialty courts should be offered to veterans who suffer from substance use and mental health. The answers included a broad range of responses, a lot of them wrote about the importance of second chances, proper rehabilitation, the one size fits all approach doesn’t work, it could prevent incarceration, and one respondent said:

*Because in most cases of the people I know who have gone through the program a majority of them had underlining untreated mental health issue. Because the mental health issues went untreated, they turn to drugs and alcohol which cause them to get in to trouble with the law.*
The majority of veterans in this study believe veterans face stigma after participating in treatment court and only roughly one-third of veterans believed treatment court participants are welcomed back into society. This mirrors a study conducted by Ahlin & Douds (2020) where they found that veterans believe the veteran treatment court process and participating in the courts leads to stigma and retaliation. Furthermore, almost half of the respondents believe veterans are negatively labelled upon their return to society after exiting a treatment court. Ahlin & Douds (2020) found that veterans believe participation in specialty courts shows they are dishonoring their branch of service, making them less likely to participate in the program. The beliefs of veterans who thought participants were welcomed back into society are aligned with the rehabilitative model of criminal justice. We are confident if these same questions were asked ten years ago the answers would be significantly different. The beliefs of stigma associated with treatment court participants and negative labels would’ve been much higher. The movement towards implementing the rehabilitative model in criminal justice and the gravitation towards a cultural shift in combatting stigma could have contributed to the beliefs of these veterans. Over time, more people are seeing alcoholics and addicts as having a disease and not a moral deficiency. The word stigma is often paired with people who have substance use and mental health disorders, and criminals.

Stigma and Substance Use Disorders

Interestingly, veterans’ responses showed they felt stigmatized as a substance user but not for the crime they committed. When the topic of stigma came up it was primarily associated with their drug use, not mental health disorders and crimes they committed.
Tsai et al (2018) found that 60% of individuals that were rearrested after completing treatment court tested positive for drugs in their urinalysis. Veterans are accepted into treatment courts in response to committing a crime that made them applicable candidates for the program, yet they commented on their drug use and stigma faced as a drug user. The National Center for Biotechnology Information’s (2016) study on stigma of mental health disorders and substance use found that the public perceived people with substance use disorders as more dangerous and unpredictable than of those who have schizophrenia and other mental health disorders. The National Center for Biotechnology Information (2016) found that media portrayals of substance users play a factor in public perception, they depict substance users as having untreated disorders that lead them to commit crimes instead of focusing on the rehabilitation of substance users, this results in increased negative stereotyping against users. Furthermore, the National Center for Biotechnology Information’s study (2016) discusses how institutional policies treat substance use disorders as criminal issues as opposed to health concerns. Stigma is rooted in not only the lack of public knowledge about substance use disorders, but also in a lack of knowledge surrounding mental health disorders.

**Stigma and Mental Health Disorders**

Although veterans sparingly associated mental health disorders with stigma, some of them did comment on it. Respondents wrote about mental health disorders frequently in the survey nonetheless, but in terms of stigma they centralized the theme on substance use disorders. The National Center for Biotechnology Information (2016) conducted a study on stigma of mental health disorders and substance use in which they discussed the stereotypes of dangerousness and unpredictability. They posit that society perceives
people with mental health disorders as dangerous and violent. We question if there is something different in veterans that make them not want to admit they have a substance use disorder or mental health disorder. As discussed earlier in this paper, veterans can fall victim to the male bravado and culture of toughness. Veterans aren’t known for showing weaknesses and perceive mental health disorders and substance use disorders are a sign of being weak-minded. In the addiction field it’s commonly said that one needs to surrender to the disease of addiction to recover from it and surrendering isn’t something soldiers do lightly. It’s difficult for anyone to ask for help, but especially difficult for veterans. On a more positive note, veterans who do seek help have unlimited resources provided by the VA. Serving in the military comes with countless benefits. Veterans are given free healthcare for life, their healthcare isn’t dependent on employment, and they get free prescriptions. Therefore, veterans have a different level of access than the rest of the general population. These factors could change the structure of the veterans treatment courts because when they enter the courts many of them have already sought help for their mental health disorders. Lastly, comradery plays a role in seeking help. The VA offers group therapy and individual therapy to veterans. Group therapy is effective because the veterans are surrounded by other veterans who struggle with mental health disorders. This allows them to relate to one another and not feel so alone.
CONCLUSION

The study’s aim was to investigate whether appropriate resources are provided to veterans with mental illnesses to avoid interactions with the criminal justice system. Although I cannot generalize my results to the entire veteran population, I can comment on the experience of the twelve veterans who participated in veterans treatment courts. The lives of the twelve respondents who participated in the veterans treatment courts have improved as a result of participating in the courts. The evidence suggests treatment courts are an effective resource for veterans and we have found good evidence on what was specifically helpful to the treatment participants in this study. A mixed-methods approach was utilized to investigate the research question. The sample was drawn from across the country, it’s important to note that the sample was widespread, so the responses were not limited to the efficacy of just one court or one region.

In an effort to show whether veterans have sufficient resources available to them to prevent contact with the criminal justice system this study showed trends in housing and employment, years in service, the effectiveness of treatment courts, mentorship as an emerging resource, and stigma. Additionally, this discussion includes comments on correspondence and future research.

This study found that five treatment court participants reported problems finding safe and affordable housing prior to participating in the court, only three selected they had problems finding safe and affordable housing while in the court, and just two veterans selected they had problems finding safe and affordable housing after the treatment court. This downward slope is a positive sign that as they remain in the structured treatment court environment, they are being introduced to services that help
them or they could also be refraining from using drugs and alcohol and getting help for their mental health disorders which would improve their productivity outcomes. Akin to my study, Tsai et al (2018) found that after completing a veterans treatment court, 10% of these veterans were in their own housing, a large percentage of veterans who entered the program homeless obtained housing, 39% of veterans who didn’t have housing obtained their own housing upon exiting the court. In our study, a multitude of treatment court respondents indicated they were homeless prior to attending treatment court. No veterans indicated they were homeless after attending treatment court. There is a possibility these participants were introduced and set up with HUD-vash. The United States Department of Veteran’s Affairs assists homeless veterans by providing them with housing assistance through the Department of Housing and Urban Development-VA Supportive Housing (HUD-vash), according to the VA, by 2015 this program allocated more than 78,000 vouchers to veterans across the country (U.S. Department of Veteran’s Affairs, 2019).

Effectiveness of Treatment Courts

Treatment courts appear to be an effective approach to combatting substance use disorders and mental health disorders that many veterans experience. This can be determined by the veteran’s self-reports of improved quality of life and life satisfaction. Veterans reported improvement in relationships with family and friends, obtaining housing and employment, and improved mental health symptoms. Some veterans reported continued abstinence from drugs and alcohol and gave credit to the treatment court for assisting them in maintaining sobriety. Similarly, Tsai et al (2018) found that veterans treatment courts had the potential to reduce veteran’s interactions with the criminal justice system. Additionally, Tsai et al (2018) found that veterans who
participated in veterans treatment courts had an overall improvement in their quality of life and mental health twelve months are exiting the VTC.

Correspondence

I was overwhelmed with gratitude when I was receiving the responses from veterans and from professionals in the field that were willing to pass my survey on and help me with my thesis. The comradery of veterans is second to none, day by day I started receiving responses, kind words, and words of encouragement from people who received my emails. Not only did these people help me, but they also offered me support. Treatment court professionals and veterans, I’ve never met started sending me articles and videos, offering me advice, and passing my information on to others.

Policy Recommendations

Accessibility of the courts is problematic. Edwards, Hinojosa, & Hassan (2019) found that 12% of veterans treatment courts require the veterans to have combat experience to participate in the courts, and they believe this is especially problematic because of the changing nature of warfare. Edwards, Hinojosa, & Hassan (2019) also found that 40% of VTCs disqualify veterans who were dishonorably discharged from the service. This is unfortunate because a number of veterans are dishonorably discharged because of poor conduct resulting from issues with mental health and substance use. Further, veterans who commit violent crimes are excluded from participating in VTCs and violent crimes can often occur when a veteran has flashbacks or PTSD episodes that cause them to harm someone else. Edwards, Hinojosa, & Hassan (2019) found that veterans treatment courts are available in forty-five states. This makes veterans treatment
court inaccessible to a number of veterans. Further, veterans treatment courts are disproportionately found in urban areas, Jaafari (2019) reports they may be needed most in rural areas and some veterans have to travel hundreds of miles to participate in the VTCs. This leads to problems with accessibility and policy recommendations include expanding the accessibility of veterans treatment courts to more states and rural areas.

**Future Research**

Future research can investigate veterans in a longitudinal manner. To properly access whether resources are effective it would benefit researchers to follow the progress of veterans for an extended period of time, two years or more should be a sufficient amount of time to determine their success in terms of recidivism, a return to drugs and alcohol, and deteriorating or stable mental health. Research would be able to access the success of veterans better if they were able to include veterans that are still involved in the criminal justice system, as half of the veterans were disqualified from this study due to current legal involvement, including pending court cases, probation, or parole. Veterans treatment courts should look at the positive responses and success rates of veterans who were provided mentorship as this appears to be an effective resource.

**Limitations**

This study has several limitations. This study was intended to study veterans who have attended any specialty courts but after a lack of survey responses from postings on social media sites and chat rooms I had to contact VJOs, probation officers, judges, and workers at Veterans Treatment Courts. This led to an oversampling of survey respondents that attended veterans treatment courts. As a result of the oversampling, I am only able to
speak to the experience of veterans in Veterans Treatment Courts as opposed to veterans in all specialty courts. Furthermore, this study had a small sample size, 98 veterans filled out the survey. 47 veterans were routed to the end of the survey after they selected answers that revealed they were still under supervision of the criminal justice system. These 47 veterans were on probation, parole, or had pending charges. Johnson (2013) has shown that a representative sample size increases precision and credibility for studies. Ruling out veterans who are under supervision of the criminal justice system made this study more difficult when considering the population of respondents this study seeks out. We are studying veterans who have substance use and mental health disorders, and these disorders are closely related to crime committing. Additionally, the target population are veterans who have committed crimes in the past that led them to treatment court participation, it’s not far-fetched to assume lengths of probation are long enough to keep veterans still under the supervision of the criminal justice system two years later. Future studies should request approval to study people under the supervision of the criminal justice system. The sample size could’ve been expanded if the researcher was able to incentivize survey respondents with a gift card drawing or cash offer for filling out the survey. Patrick et al., (2013) explain that survey responses have been historically declining in recent years, and this increases the need for monetary incentives, endorsing, “monetary incentives are an effective tool for increasing survey response across a variety of modes.” Furthermore, Murdoch et al., (2014) conducted a randomized control trial on veterans and healthcare in which they discovered veterans who were offered the higher incentive of $20 versus $10 were far more likely to participate in the survey. The goal
was to receive fifty survey responses, and this goal was almost doubled; however, the number of veterans who participated in treatment courts was very low.

Surveys themselves, have many limitations. Respondents may not be inclined to provide honest answers. This especially rings true in this survey due to the nature of the personal questions which were asked. Denial plays a factor here. Veterans are a population of people that don’t like to admit they need help or have weaknesses which they can perceive substance use disorders and mental health disorders to be. It can be difficult for veterans to convey honest feelings and emotions, and without face-to-face interaction, capturing emotional responses can become problematic. This qualitative method allowed for inconsistencies in self-reporting. Information provided by veterans was not corroborated and relied solely on honest responses. Researchers such as, Timothy P. Johnson question the effectiveness of surveys for reliable and valid collection for substance use data. According to Johnson (2015, p. 1136) “self-administered web questionnaires can be assumed to produce fewer social desirability demands than do interviewer-assisted modes of data collection, there is much we still do not know about the quality of web-based survey data collection.” Furthermore, Krebs et al., (2020) claim that self-report data can be problematic because of biases such as recall and social desirability. Another limitation would be unanswered questions and a lack of qualitative data. This study ended up with an excess of quantitative data and minimal qualitative data which is interesting considering it was a mixed methods approach.

Lastly, conducting this study on a virtual only basis posed limitations. The originally methodology included not only the survey, but face-to-face interviews with veterans who completed or participated in a treatment court. As a result of COVID-19 the
courts were closed for the entire data collection portion of this thesis, eliminating the ability to conduct more in-depth interviews with participants. Furthermore, due to COVID-19 this survey was not able to be distributed to people in person at the Veteran’s Affairs locations that I intended to visit in an attempt to include people in the survey that weren’t tech-savvy. Pairing face-to-face qualitative interviewing and field work along with the qualitative survey would’ve yielded better results. The elimination of face-to-face interviews caused the survey to become lengthy. Opening the survey and seeing there were 74 questions deterred a few respondents from completing the survey. A survey of this magnitude took time to fill out and not everyone had the willingness to do so. Its common knowledge when embarking upon research that includes survey methods that survey respondents tend to lose interest when filling out long surveys. The open-ended questions yielded more data in the beginning of the survey and respondents had shorter and less thorough responses towards the end of the survey.

I aim to fill some of the gaps in the literature regarding veterans who are involved in the criminal justice system as a result of mental health disorders. Drawing attention to this matter is instrumental in creating more veterans’ treatment courts to help a larger portion of justice-involved veterans. The movement towards treatment courts began in the 1980s in response to the growing crack cocaine epidemic resulting in the inundation of drug-related court cases. These courts haven’t been around for an extended period of time, but they have gained momentum over the years, especially in response to the current opioid epidemic. This study has found that treatment court participants’ quality of life improved after their participation in the court. The study also found evidence of mentorship as a key factor in the veteran’s success. Veterans are a special population and
possess atypical needs that require specific treatment and attention. Veteran treatment courts have become instrumental in preserving and rebuilding the lives of many veterans all across the United States. When soldiers sign that dotted line and choose to protect our life, liberty, and freedom they deserve to have a chance to reintegrate back into society. Having the opportunity to attend a veterans treatment court rather than being subjected to incarceration or other punitive sanctions is fundamental to both the veteran, the community, and the larger population.
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December 29, 2020

Dr. Jennifer Hartsfield
Associate Professor, Criminal Justice
Maxwell Library, Room 311C

Re: IRB Approval Letter – Case #2021051

Dear Jennifer,

This approval letter is to inform you that the Institutional Review Board (IRB) has approved (expedited) your research project entitled, “Veterans’ Use of Specialty Courts.”

The approval for your study is active for a period of one (1) year, expiring December 29, 2021.

You are expected to adhere to the procedures as outlined in your proposal. Any changes in procedures, protocol, or the consent form will require the approval of the IRB. You are also expected to notify the IRB immediately in the event of injury to, or any problem with, the subject(s) participating in the study.

You have primary responsibility for protecting the rights and welfare of human research subjects and for complying with the provisions of the Institutional Review Board. Please share this approval with your co-PI, Riley Doyle. Thank you, and good luck with your project.

Sincerely,

[Signature]

Elizabeth R. Spievak, IRB Chair
APPENDIX B: FLIER
Veterans Needed!

I’M A VETERAN DOING MY GRADUATE THESIS WORK AND I’M ASKING YOU TO PARTICIPATE IN MY SURVEY. IF YOU ARE A VETERAN, PLEASE TAKE A FEW MINUTES TO FILL OUT THIS SURVEY. THIS WILL ASSIST WITH A GRADUATE STUDY ON MENTAL HEALTH AND TREATMENT RESOURCES AVAILABLE TO VETERANS.

YOUR INPUT IS IMPORTANT AND CAN HELP OTHER VETERANS WHO SUFFER FROM MENTAL HEALTH AND SUBSTANCE USE. PLEASE HELP THIS VETERAN HELP OTHER VETERANS.

PLEASE CLICK ON THIS LINK TO START THE SURVEY...

https://bridgewa21.qualtrics.com/iso/preview/SV_8bGAd4AGA5pByM0r7QnCHL=preview&Q_SurveyVersion=D=current

You may also use this QR code to access the survey

APPENDIX C: SURVEY
Veterans with Mental Illness

Researcher: Riley Doyle, Department of Criminal Justice, Bridgewater State University

Hello, I am Riley Doyle, and I am a student at Bridgewater State University. I am doing research to see if appropriate resources are provided to veterans who have mental illnesses and how the various resources can prevent contact with the criminal justice system.

You are invited to participate in a survey about veterans and mental health disorders. If you decide to participate in this study, your participation will involve answering multiple choice questions and providing brief responses to certain questions. Although you may not personally benefit, this study is important to science/society because it brings attention to the special needs of veterans and brings awareness to available treatment resources. Aside from some slight discomfort that you may experience from answering personal questions, there are no foreseeable risks, and you may refuse to answer particular questions or withdraw from this study at any time. Your confidentiality will be kept to the degree permitted by the technology being used.

If you agree to participate, please click on the link below to continue to the survey. You will have the option to refuse to answer individual questions and may change your mind and leave the study at any time without penalty.

Any questions regarding the conduct of the project, questions pertaining to your rights as a research subject, or research related to injury, should be brought to the attention of the IRB Administrator at (508) 531-1242.

Any questions about the conduct of this research project should be brought to the attention of the principal investigator: Dr. Jennifer Hartsfield, 508-531-2718
Are you a veteran of the United States armed forces?

- Yes
- No — Qualtrics routes to end of survey
- Not applicable
- I currently serve in the United States armed forces

When you were in the military what was your status?

- National Guard
- Reserves
- Active Duty
- Other

How many years did you serve in the military?

___________ years

How many years has it been since you have been out of the military?

___________ years

What is your gender?

- Male
- Female
- Other — (Write in)
- Prefer not to answer

What is your age?

_______ years old

Have you ever heard of the following (check all that apply):

- Veteran's Treatment Court
- Drug Courts
- Mental Health Courts
- None of the above
- Not Sure
Have you had any interactions with the criminal justice system? (Including arrests, court appearances, probation/parole, incarceration)

- Yes
- No
- Prefer not to answer

Do any of the following apply to you (check all that apply)

- I am currently on probation → routes to end of survey
- I am currently on parole → routes to end of survey
- I have pending court cases → routes to end of survey
- None of the above, I am not currently under supervision of the criminal justice system, and I do not have pending charges.

Which of the following best describes your current living situation?

- I rent my own place
- I own my own place
- I stay with roommates
- I am living with parents
- I am living with family other than parents
- I am living with a friend
- I have a temporary living situation
- I am staying in a hotel
- I am staying in a shelter
- Other, explain:

Do you receive VA disability payments?

- Yes
- No
- Currently in the process of filing for benefits
- Not Sure

Have you used any educational benefits? (i.e., G.I. Bill or Vocation Rehab)

- Yes
- No
• Currently in the process of filing for benefits
• Not Sure

Are you currently enrolled in school?

• Yes
• No

What is your highest level of education?

• Not a Highschool/GED graduate
• Highschool/GED graduate
• Some college
• Associates degree
• Bachelor’s degree
• Master’s degree or above

Are you currently employed?

• Yes
• No
• Not Sure

I am currently… (Please check all that apply):

• Disabled
• Retired
• A full-time student
• A part time student
• Employed full time or 40+ hours a week
• Employed part time or per diem
• Looking for a job
• Receiving unemployment benefits
• Planning on returning to school
• None of the above

Do you consider yourself to have issues with substance use?
Would your family members or friends say you have issues with substance use?
- Yes
- Maybe
- No
- In the past but not currently
- Prefer not to answer

Do you consider yourself to have a mental health disorder?
- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

Have you ever been diagnosed with a mental health disorder by a professional?
- Yes; What is that diagnosis? (write in)
- No
- Not Sure
- Prefer not to answer

Do you consider yourself to be in good physical health?
- Definitely Yes
- Probably Yes
- Possibly
- Probably not
- Definitely not

Do you consider yourself to be physically fit?
- Definitely Yes
- Probably Yes
- Possibly
- Probably not
- Definitely not

Have you ever been a participant in any of the following (check all that apply):
- Veteran's Treatment Court
- Drug Court
- Mental Health Court
- Other Specialty Court
Have you graduated from one or more of the specialty courts listed above?

- Yes
- No
- Currently in one of the programs listed above → take to end of survey
- Prefer not to answer

If yes: Since your exit from one of the specialty courts listed above have you experienced any of the following (check all that apply):

- Rearrest
- Incarceration
- Parole/Probation violations
- A return to drugs or alcohol
- Worsening mental health symptoms
- None of the above

Were you diagnosed with a mental health disorder prior to entering military service? If so, at what age and what was the diagnosis?

Were you prescribed medications for a mental health disorder prior to entering the service?

- Yes
- No
- Prefer not to answer
- Don’t remember

If you weren’t diagnosed with a mental health disorder prior to entering the service, do you think you had one that was undetected? Yes or no

Did you ever pursue counseling, psychiatric care, psychiatric hospitalizations, or any other mental health related services prior to entering the service? Please explain:
Please answer the following questions about your life BEFORE entering into a specialty court.

Did you have problem with drinking alcohol? Yes or No

   IF YES, at what age did drinking alcohol become a problem?

Did you have problem with illegal drugs? Yes or No

   If Yes, at what age did illegal drug use become a problem?

Which of the following problems did you experience prior to being referred to specialty court? check all that apply

   ____ Problems finding a job

   ____ Problems finding reliable transportation

   ____ Problems finding an affordable and safe place to live

   ____ Problems paying probation fees or court costs

   ____ Problems finding mental health care

   ____ Problems finding health care

   ____ Problems staying away from friends or family who were engaging in crimes or drug use

What do you think contributed to these problems? Please explain.
Where did you live before entering specialty court? How hard was it to get, and keep housing? Explain.

Where did you work? Did you work full time? Did your job or jobs pay all the bills? Please explain:

How many times do you think you were arrested before being placed in a specialty court program?

Did you go to any type of drug or alcohol rehabilitation or treatment before the specialty court? Please explain:

How were your relationships with friends and family?

How did you handle stressful situations?

How would you describe your overall quality of life?
Did you ever pursue any type of drug or alcohol treatment after leaving the military? Yes or No

Did you ever pursue counseling, psychiatric care, psychiatric hospitalizations, or any other mental health related services after leaving the military? Yes or No

Is there anything else you would like to tell us about the time period after service and before entering specialty court?

**Please answer the following questions about your experience with the specialty court you were involved with last.**

What type of specialty court did you attend?

- Veteran's Treatment Court
- Drug Courts
- Mental Health Courts
- Other: ___________ (write in)

How much time elapsed (in years, months, etc.) since exiting the service and participating in your first specialty court?

What type of drug and/or alcohol treatment was ordered for you to do?
How did the court monitor your participation in this treatment?

How did this treatment differ from any treatment you may have received prior to court?

How would you rate the effectiveness of the court ordered substance abuse treatment?

- Very effective
- Effective
- Somewhat effective
- Not effective-had zero impact on my use of drugs or alcohol

What do you think would make court ordered treatment better?

Which of the following services were provided to you by the court? Choose all that apply

- Mental Health Counseling
- Housing services
- Transportation services
- Employment services
- Health care services
- Assistance with obtaining food or food stamps
- Assistance obtaining VA benefits
- Assistance with obtaining social security benefits, TANIF, or other government benefit.
- Other___________

Which services were most beneficial to you at the time? Why?

Did the structure of the court (rules, meetings, ceremonies, testing, etc.) help to make positive life changes? Why or why not?
What aspect of the court was least helpful to you? Why?

In hindsight, would you participate in specialty court again or would you serve your traditional sentence? Why?

Please answer the following questions about yourself, currently.

How satisfied are you with how your life is going?

Please elaborate on your satisfaction/dissatisfaction with how your life is going now.

Do you think your participation in specialty court was a factor in where you are in life today? Why or why not? Please explain.

How are your relationships with friends and family currently?

How would you rate your quality of life since exiting the most recent specialty court participation?

• Better
• The Same
• Worse
• Unsure
Why do you say this?: (write in)

Which of the following problems have you experienced since graduating from specialty court? check all that apply

___ Problems finding a job

___ Problems finding an affordable and safe place to live

___ Problems paying probation fees or court costs

___ Problems staying drug free

___ Problems staying alcohol free

___ Problems finding mental health care

___ Problems finding health care

___ Problems finding reliable transportation

___ Problems staying away from friends or family who were engaging in crimes or drug use

Do you consider your experience with the specialty court to be a positive one?

• Definitely yes
• Probably yes
• Unsure
• Probably not
• Definitely not

Please explain why: (write in)
Do you believe people who participate in specialty courts face stigma?

- Yes
- No
- Unsure

Do you believe people who participate in specialty courts are negatively labelled upon their return to society?

- Yes
- No
- Unsure

Do you believe people who participate in specialty courts are welcomed back into society after exiting the program?

- Yes, why:
- No, why:
- Unsure

Do you believe specialty courts are beneficial to participants?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

Do you know anyone who has been a participant in a specialty court?

- Yes
- No
- Not sure

Do you believe specialty courts should be offered to veteran’s who suffers from substance abuse or mental health disorders?

- Yes, why:
- Maybe, why:
- No, why:

End of Survey: Thank you for taking the time to complete this survey. Your responses will be kept confidential.