

A Qualitative Study of Rural Veterans Treatment Court:

Participant Lived Experiences and Perspectives

A Dissertation

Presented to

the Faculty of the Graduate School

of Millersville University of Pennsylvania

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Social Work

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April 2020

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Abstract of the Dissertation

A Qualitative Study of Rural Veterans Treatment Court (VTC):

Participant Lived Experiences and Perspectives

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In the United States, military veterans reside in penal institutions and are engaged in legal and civil court cases at federal, state, and county levels. Their Criminal Justice System (CJS) and court involvement is the national problem and a salient public concern. Military veterans constitute an important subgroup of the court and CJS and as such represent a vulnerable, at-risk, and marginalized group that needs better understood. The study is a purposive exploration of the lived experiences and perspectives of the participants to comprehend their Veteran Treatment Court (VTC) perceptions in making sense of their justice-involvement. The study utilized photo-elicitation interviews (PEI) and interpretive phenomenological analysis (IPA) methods to examine and describe subjective life experiences, perspectives of VTC participation, and exploration of the phenomenon. The results of the 10 participant interviews reveal their life narrative, justice-involvement, and perceptions of the VTC program. Five themes and four sub-themes emerged from the data analysis. The study concludes with a discussion, implications for practice, and future direction for research.

Signature of Investigator: Bradley J. Schaffer

Date: 04/13/2020

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Dedication

This study is dedicated to all of the current servicepersons, the one percent that serve and those seven percent that have served and discharged their obligation, foreign or domestic, in all military branches, reserve and National Guard components of the United States of America.

Acknowledgements

Primarily, I need to acknowledge my family, triplet children Benjamin (Navy), Nicholas (Army) and Sarah (aspiring Social Worker), the memory of my siblings Timothy (Navy), Brian (Marines) and Jason, friends and colleagues for your support in my quest to serve and better understand our military veterans, especially those justice-involved. Next, I need to recognize Dave Roberts, retired Army Colonel and Corrections Counselor. You were an inspiration to me and helped me realize through these words that I had the potential to change: “Brad, you’re still a good person.” This decisive moment of truth set me on a sustained path, which is not over as my veteran-centric mission continues in the spirit of paying it forward and penance (24601).

Further, I salute Judge Daniel Wallace, Mercer County Veterans Treatment Court and Army Captain, Persian Gulf War; Jennifer Kaylor-Richardson, Veterans Court Coordinator and Navy Veteran; Mark Atterholt, Community Corrections; the court team, mentors, and the ten VTC participants who volunteered for this study. All of you reinvigorated the momentum and support not only for this study but also several related courses along the way.

Last, I am grateful to Dr. Karen Rice, Committee Chair and members, Dr. Heather Girvin and Dr. Edward Hanna for your guidance, patience, direction, and support in my endeavor with this study. The encouragement, bonding, and friendships developed in our cohort model are stellar. The DSW has afforded me a vision and foundation for pedagogy social work practice to develop military veteran curriculum and education to better prepare students for the field.

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Chapter 1: Introduction

Statement of the Problem

In the United States, involvement with the Criminal Justice System (CJS) poses a significant social and public health burden that affects both men and women. Military veterans reside in penal institutions and are engaged in criminal legal and civil court cases at federal, state, and county levels. Military veterans are not disproportionately represented in the criminal justice system, but incarcerated veterans have higher rates of mental illness and substance abuse than non-veterans (Clark, McGuire, & Blue-Howells, 2010). Military veterans constitute an important subgroup of the court and CJS and as such, represent a vulnerable, at-risk, and marginalized group that needs better understood. Their CJS and Veteran Treatment Court (VTC) involvement is a problem and a salient public concern. This qualitative research study is one way to examine and explore the population.

Background

For nearly two decades, the United States military has been engaged in a Global War on Terrorism (GWOT) since the tragedy of September 11, 2001. As this newer generation of GWOT veterans reintegrate back to civilian life, the transition for many is a major readjustment and reunification. The public expresses gratitude for their individual and collective patriotic service, which is a marked distinction from predecessors like Vietnam. Because of their service, they are eligible to access earned U.S. Department of Veterans Affairs (VA) federal, state, and county benefits; employment rights; programs; events; privileges; and resources. As the veteran

population returns from war, the need for understanding the impact and intervening to address visible or invisible issues is a reintegration challenge. Globally, increasing acts of terrorism, both foreign and domestic, cyber aggression, geopolitical sabotage, enduring instabilities and tensions in China, Middle East, North Korea, Russia, Syria, and South America will unfortunately keep American forces and our allies engaged in a state of preparedness and combat operation readiness for the unforeseeable future.

From World War II, Korean War, Vietnam War, Persian Gulf War (PGW) through the GWOT, there are nearly 22 million veterans in America today (U.S. Government Accounting Office, 2016). The 22 million veterans represent about 7 percent of the U.S. population and nearly 3 million have served in the current GWOT conflict (U.S. Government Accounting Office, 2016). The largest group of veterans are PGW (Bialik, 2017) followed by Vietnam, Korean, and WWII. Towards the end of the Vietnam War, in 1973 the conscripted (involuntary) draft era ended and changed to a non-conscript voluntary and selective service (Desilver, 2019). Only 1 percent of Americans, both enlisted and officers, have taken the oath to serve, sacrifice, and protect over the 2 decades since the inception of Operation Iraqi Freedom (OIF) in 2000 and Operation Enduring Freedom (OEF) in 2003 (Jenkins & Godges, 2011).

The U.S. Department of Defense (DOD) comprises four active duty branches (Army, Navy, Air Force, and Marines), reserve components for each, and state National Guard (Army and Air) units. The Coast Guard branch is aligned under the U.S. Department of Homeland Security (DHS) and has a reserve component. A reserve or National Guard component is a back-up to the active duty branches. Serving in the military and related work differs from the civilian

world in mission, rank, hierarchy, and structure. Active duty service is the equivalent of a full-time employee while reserves (back-up component to active duty) and National Guard are part-time in the civilian sector. The total strength of active duty, reserves, and National Guard exceeds 2.3 million (U.S. Department of Defense, 2017). The difference is that active duty is full-time versus the reserve and National Guard, which is part-time. The bulk of the armed forces are enlisted (83 percent) and officers (17 percent). The five branches aggregate strength total 1,344,398: 468, 597 Army, 325,658 Navy, 323,169 Air Force, 184,940 Marines, and 42,052 Coast Guard (U.S. Department of Defense, 2017). By strength, the Army represents about 38 percent; the Navy and Air Force are comparable at about 25 percent, followed by the Marines and Coast Guard (Parker, Cillaffo, & Stepler, 2017). The military is a unique social, cultural, and diverse environment that maintains a hierarchy, morals, codes, values, and standards that are instilled in each branch whether active, reserve, or National Guard.

Historically and institutionally, the American military represents generations of shared attitudes, behaviors, values, and goals that characterize the respective branches and embolden across centuries. In 1775, the Continental Congress established the Army, which is the oldest and largest branch of the armed forces (Pratt, 2015). The Army motto, “This We’ll Defend” comprises an Active component and two reserve components, the Army National Guard, and the Army Reserves. The Navy motto, “Semper Fortis (Always Strong or Always Courageous)” was founded in 1775 and is the second largest branch of service (Cutler, 2012). The Navy has a reserve component and plays a key support role in air power and transporting Marines to areas of conflict. The Marines motto, “Semper Fidelis – Always Faithful” originally organized as the

Continental Marines in 1775 and was reestablished as the United States Marine Corps by Congress in 1798 (Rowell, 2015). The Marines are the smallest force under the DOD. Next, the Air Force motto, “Aim High - Fly-Fight-Win” is the youngest branch, established in 1947 (Smith, 2014). The Air Force comprises an active component and two reserve components, the Air Force Reserve, and the Air National Guard. Last, the Coast Guard motto, “Semper Paratus - Always Ready” protects the U.S. coasts and operates under the auspices of the U.S. Department of Homeland Security and has reserves (Marciniak, 2015).

From active duty to the reservist and National Guard, service to America may leave an imprint upon military men and women. The indelible mark may reflect identity and visible or invisible problems. The military experience is all encompassing, providing structure, relationships, and work to its members. The military comprises three general categories of rank that include Enlisted, Warrant Officers, and Commissioned Officers according to the Substance Abuse and Mental Health Services Administration (SAMSHA, 2010). Enlisted service members account for most military personnel. First, enlisted personnel perform duties based upon occupational training and responsibilities increase with each rank level. When an enlisted person attains the rank level of noncommissioned officer (NCO), the leadership example and responsibility is significant. Second, a Warrant Officer is a subject matter expert and a status above enlisted but in their primary specialty (e.g., aircraft or helicopter pilot). Last, commissioned officers have a bachelor’s minimum and advanced education (SAMSHA, 2010).

Probably one of the most significant features of military life is the sense of camaraderie and close-knit network of support whether on a base, unit, post, ship, or community. A typical

day varies dependent upon duty station location, branch, unit, rank, occupation, and training. All days are ceremonious, ritualistic customs, symbolism, allegiance, and mission oriented. The day commences at the sound of reveille where the U.S. flag is flown and saluted followed by squaring away one's living quarters, exercise, muster, and reporting to the assigned duty area. The end of the day is a period of retreat, preparedness for the next, and retirement of the flag.

Over the last decade, the military down sized and the demographic changed. About 66 percent of the active military personnel are 30 years of age or younger. The military demographics are males, representing the majorities (84 percent), women (16 percent), married (53 percent), married with children (34 percent), and single parents (4 percent) (U.S. Department of Defense, 2017). Many changes have transpired concerning combat roles and registration for selective service. The military has continued to scale down and evolved, becoming more racially and ethnically diverse. The majorities are white and over 45 percent identify as a racial group: 30 percent African American, Asian, or other and 15 percent as Hispanics (U.S. Department of Defense, 2017). Over 52 percent of enlisted personnel have a high school diploma or equivalent while nearly 18 percent have attended college (U.S. Department of Defense, 2017).

Since the GWOT, there is continued reliance upon reserve and National Guardsman deployed to combat zones, disasters, and emergencies (Lüsted, 2015). The demographics of 815,116 reserve and National Guard include: enlisted (85 percent) and officers (15 percent), age 25 or younger, gender - 159,749 (20 percent) female reserve and 655,367 (80 percent) male reservists. The majority (74 percent) are white, black (16 percent), and other (U.S. Department of Defense, 2017). The Navy reserve has 42 percent of enlisted racial minority, which is the highest

while the Coast Guard minority reservists are officers representing 33 percent. Most reservist members (97 percent) hold a high school diploma and a significant minority have attended college and 24 percent earned a bachelor's degree. Overall, 44 percent of reservists are married, 49 percent single, and 40 percent have dependents (U.S. Department of Defense, 2017).

The propensity and motivating forces for men and women to enlist in the U.S. Armed Forces varies for every enlisted recruit and officer, but there are some common themes (Segal, Segal, & Bachman, 1998). The propensity and motivations are multi-factorial and include but are not limited to conscription and non-draft, family, tradition, patriotism, education, economic, immigrant to naturalized citizenship, purpose driven, benefits, personal, legal alternate, and world travel (Woodruff, Kelty, & Segal, 2006). Unfortunately, a small minority may have nefarious and predatory intentions, criminal and sexual in nature (Kennard, 2012).

Entry into the military begins with pre-contemplation, willingness to serve, sacrifice, and the decision. Then, the recruitment gauntlet of meeting standards of age, citizenship, education, Armed Services Vocational Aptitude Battery (ASVAB) medical, mental, physical fitness, citizenship or immigrant status, and legal and moral character begins (U.S. Government Accounting Office, 1999). The recruit's ASVAB score drives which military occupational specialty (MOS) an enlistee will enter. In boot camp, the recruit or officer candidate is stripped of the civilian uniform then a transformation and indoctrination process into their respective branch. After boot camp then the enlistee enters their MOS training program.

Each military branch respectively has its own primary mission, symbolism, rituals, customs, norms, and core values. Due to the demands of military training, members adopt

attitudes of strength, unity, self-reliance, resolute to protect, leave no one veteran behind, mission, mentoring, and team orientated (McFarling, D'Angelo, Drain, Gibbs, & Olmstead, 2011). However, for a variety of factors, some enlistees or officer candidates just do not meet the measure or standards of service. The veteran identity is a socialization process that forms in a socio-historical, generational, and life context. There is no known unified theory of veteran identity. Military socio-culture is engrained, embraced, and the identity serves as a social anchor to build upon through life pathways and pursuits. From basic training, the enlistee is transformed from a civilian in the Army to a soldier, in the Air Force to an airman, in the Navy to a sailor, in the Marine Corps to a marine, and in the Coast Guard to a guardian. No matter what branch of service, the experience molds a person for life. Veterans are widely known for telling their military narrative of time, place, context, lessons, remorse, struggles, and triumphs (McNassar, 2016). Some offer spirited conversation and humor within and between branches or units while others discourse on service based upon betrayal, discrimination, trauma, disillusionment, type of discharge, and so forth.

Discharged veterans account for about 7 percent of the U.S. population (U.S. Government Accounting Office, 2016). The transition from military to civilian life varies by service era, deployments, stressors, and occupation that impact readjustment to society. The subsequent benefits earned are exclusive to veteran status, identity, health care, burial, life insurance, economics, home loan guarantee, educational level, employment preferences, and marketplace incentives not available to civilians (Hawkins, 2009). According to the U.S. Census Bureau (2017), discharged veterans served in the Persian Gulf War (PGW) (40 percent), were

males (91 percent), females (9 percent); had some college education (37 percent), earned a bachelor degree or beyond (29 percent); were employed (77 percent), were unemployed (4 percent), had a disability (30 percent), and were at the poverty level of below (7 percent). The majorities of veterans complete their periods of service, reenlist, or muster out unproblematic, and reintegrate successfully into the civilian world and home communities whilst a minority encounter readjustment challenges. There is little research that examines successful transition versus the readjustment challenges of military personnel from active, reserve, or National Guard service. Veterans encounter a host of economic, employment, family, personal, housing, legal, mental health, and substance abuse problems (U.S. Government Accounting Office, 2014).

The Veteran Identity

When a serviceperson separates from active duty, reserves, or National Guard, they become a “veteran” and this is documented on U.S. Department of Defense (DOD) form DD-214, which is a vital record. Many citizens, professionals, students, and even veterans themselves report difficulty defining a “veteran.” The term is a status and identity of “a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable” (Scott, 2012, p.1). The person’s discharge is recorded on the DOD form 214 and a characterization of their respective period of service (COS) and the key to unlocking the entitlements, benefits, and privileges thereof. The COS in hierarchy are honorable, under honorable conditions, other than honorable, bad conduct, dishonorable, and uncharacterized separation (Scott, 2012). The pinnacle COS is an honorable discharge that opens the gate for full benefits whereas a general discharge only provides for medical benefits and

eliminates home loan, employment perks, and education benefits. The COS disciplinary and punitive discharges of less than honorable through dishonorable are termed “bad paper” and reduce the likelihood of being eligible for VA benefits and entitlements (Tayyeb & Greenburg, 2017). The COS merely defines a period of a veteran’s military experience and may factor in their life trajectory and pathways.

The military discharge and transition are rife with difficulties and challenges for some veterans (U.S. Government Accounting Office, 2016). To provide career transition and support services, the DOD initiated the Transitional Assistance Program (TAP) (U.S. Government Accounting Office, 2017). TAP offers the separating serviceperson counseling and an individualized transition plan (ITP) to enhance and streamline the transfer to the civilian world. The ITP focuses on employment, education, and vocational preparedness to the civilian marketplace. According to the U.S. Government Accounting Office (GAO) report (2014), the role of the DOD and subsequent military branches is to prepare serviceperson to transition to civilian life and the role of the VA is to assist in the readjustment process. The VA coordinates myriad programs for the veteran’s overall well-being, stability, and security.

In addition to the DOD and VA, the Departments of Labor (DOL), Health and Human Services (HHS), Agriculture, Education, State, Small Business Administration (SBA) and Treasury also offer military-to-veteran programs, services and resources to their spouses and/or dependents (U.S. Government Accounting Office, 2019b). The GAO (2019b) identified and inventoried 45 programs, initiatives, and grants that facilitate transitional services to servicepersons, veterans, and dependents that bridge and reduce gaps in services. Once informed

about resources, the onus is upon the veteran to seek help, but the majorities of these agencies provide targeted outreach (e.g., direct, web, mailing, etc.) to engage.

A veteran that receives a general discharge typically had a uniform code of military justice (UCMJ), misconduct or punishment (non-judicial), and court-martials recorded on the person's DD-214 form. The UCMJ is a code of laws that governs discipline and sanctions applicable to service members of all branches from lowest to the highest echelon (Mason, 2013). A veteran with "bad paper" had a UCMJ misconduct sanction or court martial and dependent upon the offense, a period of military confinement. UCMJ related discharge affects benefits and stigma. The confounder is that civilian crimes committed during military service are not included in the annual DOD misconduct or confinement reporting. The caveat is that the type of discharge is a determinant factor for related federal, state, or county level benefit eligibility (U.S. Department of Veterans Affairs, 2018). Under UMCJ, like civilian courts, defendants have a right to counsel, due process, and appeal. Once separated from service, the person can apply for a discharge upgrade (Mason, 2013). The upgrade is a process and represents another form of battle for benefits and justice.

After a veteran discharges from the military and becomes part of the 7 percent of Americans that have served, they transition home, but some are successful while others struggle for normalcy and have readjustment problems (U.S. Government Accounting Office, 2016). The problems may include substance abuse, behavioral health, family, economic, and social issues that may lead to involvement in the CJS. These psychosocial problems and criminogenic factors elevate the risk among the veteran population, which may contribute to their justice-involvement

(Knudsen & Wingenfeld, 2016). Within the CJS, veterans represent an estimated 10 percent of the population (Tsai et al., 2013) and remain a steadfast national and societal concern. The penal system of American corrections provides direct and/or contracted medical, diagnostic, psychological, substance abuse, vocational, and social services to the general inmate population. However, these penal systems do not provide specialized treatment services to inmate veterans who suffer from post-traumatic stress disorder (PTSD), military sexual trauma (MST), traumatic brain injury (TBI), and/or substance abuse problems unless contracted with the VA or non-VA agencies. This may suggest that the CJS incarceration does not respond well to the needs of male and female veterans (Timko, et al., 2014). Thus, no provision of these specialized veteran-related services (PTSD, MST, TBI and substance abuse) may be illegal, display penal treatment apathy, bias, injustice and not comply with the Americans with Disabilities Act (ADA) (U.S. Department of Justice, 2017). As such, the fields of social work and the law have tackled and continue to advocate for these reasonable changes.

Justice-Involved Veterans

Military veterans in the CJS are “Justice-Involved Veterans (JIV).” The term is defined as a veteran who is (1) arrested by local law enforcement who can be appropriately diverted from arrest into treatment; (2) incarcerated in a local jail, and who either has a pending trial or is serving a sentence after a conviction; or (3) involved in adjudication or monitoring by a court (U.S. Government Accounting Office, 2016, p. 9). JIV generally have several legal needs: (a) summary, misdemeanor, traffic, criminal charges, or fines; (b) civil matters; (c) legal counsel;

and/or (d) federal, state, or county level benefits (Lynch, 2009). The CJS classifies and categories offenses based upon maladaptive behaviors that need corrected.

Veterans constitute a smaller subgroup in the CJS population. As a group, veterans are unique and represent a vulnerable, at-risk, and marginalized group. While military veterans are not disproportionately represented in the CJS, their rates of incarceration are higher as well as the rates of mental illness and substance abuse compared to that of non-veterans (Clark, McGuire, & Blue-Howells, 2010). Substance abuse problems are the single largest predictor of crime and recidivism (Elbogen, et.al., 2012). Furthermore, both post-deployments and military separation discharge, many JIV become reunited or more often acquainted with the institutions of corrections and CJS court dockets.

A quarter of veterans in prison (25 percent) and less than a third of veterans in jail (31 percent) reported that they had been in combat while in the military (Bureau of Justice Statistics Report, 2015). The majorities are males and dearth known about female veterans in the CJS. Veterans represent a sub-group in the CJS system, are unique in some needs, vulnerable, high risk, and marginalized (Elbogen et al., 2012). The rates of incarceration for veterans are higher as well as the rates of mental illness and substance abuse compared to that of non-veterans (Clark, McGuire, & Blue-Howells, 2010). Further, in comparison to their non-veteran counterparts, incarcerated veterans: 1) are older, more educated, and Caucasian, 2) have higher rates of violent and sexual felonies, 3) tend to victimize females and children, 4) are prone to violent and public disorder offenses, 5) have lower drug and property offenses, 6) are often first time offenses, 7) have lower recidivism rates, 8) have higher rates of partner violence, 9) have increased risk of

suicide, and 10) have a history of a traumatic event (from childhood to military), (Bureau of Justice Statistics, 2015; Noonan & Mumola, 2008; Rosenthal & McGuire, 2013; Timko, et al, 2014)

Generally, the central source of incarceration statistics is the Department of Justice (DOJ) Bureau of Justice Statistics (BJS) survey generated every decade. In 2011–12, 181,500 were incarcerated, 99 percent males and 1 percent females. In prison, 131,500 veterans were incarcerated (8 percent of the total prison population) and 50,000 (7 percent of the total jail population) were in jail. This represents a 6 percent decrease from the number of veterans incarcerated in prison in 2004 (8,500 fewer inmates) and a 25 percent decrease from the number of veterans in jail in 2004 (16,500 fewer inmates). An estimated 35 percent of veterans are in prison for a violent sexual offense (Bureau of Justice Statistics Report, 2015), an increase from 23 percent (Noonan & Mumola, 2007). Further, 39 percent who served in the Vietnam War are in prison, 38 percent served in Operation Enduring Freedom (OEF)-Operation Iraqi Freedom (OIF). A greater percentage of veterans (64 percent) are sentenced for violent offenses (homicide, aggravated assault, sex, and domestic violence). An estimated 43 percent of veterans had four or more prior arrests. Veterans have higher arrests for a violent offense when under the influence of cocaine and opiates (White, Mulvey, Fox, & Choate, 2012). More than 77 percent of incarcerated veterans received honorable or under honorable military discharges (Bureau of Justice Statistics Report, 2015). From 2001 to 2012, veterans discharged during OEF-OIF represented 13 percent of veterans in prison and 25 percent of veterans in jail. Many veterans then find themselves in medical, mental health, substance abuse, and intimate partner violence

programs as well as episodes of homelessness and unemployment. About half of all veterans in prison (48 percent) and jail (55 percent) were informed by a professional that they had a mental disorder. Incarcerated veterans who saw combat (60 percent in prison and 67 percent in jail) were more likely to have been told they had a mental disorder (Bureau of Justice Statistics Report, 2015).

According to the Bureau of Justice Statistics (BJS) report (Noonan & Mumola, 2008), male veterans were incarcerated at less than half the rate of adult male non-veterans and female veterans even less (Noonan & Mumola, 2008). The BJS estimated that veterans represented 400,000 (9.3%) probationers, 75,000 (9.1%) parolees, 72,600 (9.3%) jailed, 136,800 prisoners, 703,000 correctional in custody, and over 1 million arrestees (Noonan & Mumola, 2008). Some veterans are arrested and convicted for a myriad of criminal and civil offenses in the chasm between entry into military service and the eventual return to the civilian sector. Their criminal behavior may be related to combat, battle readiness, training, exposure, deployments, maladaptive coping, behavior, and/or decision-making with an eventual return to community and civilian lifestyle. Combat veterans with PTSD have been linked to crimes (Anderson, Geier, & Cahill, 2016) and nearly fourteen percent of GWOT veterans have PTSD (Dursa, Reinhard, Barth, & Schneiderman, 2014). The numbers and needs of JIV in the CJS have reduced based upon the BJS (2015) report, but OIF-OEF and GWOT numbers are steadily increasing. Last, aside from criminal offenses little is known about their civil veteran legal cases.

Next, the GWOT also raised concerns about immigration and U.S. border security. Immigrants that serve honorably in the U.S. military are eligible to apply for citizenship. From

2013-18, 46,835 (86 percent) of all applications were approved (GAO, 2019a). According to U.S. Government Accounting Office (2019a), 78 veterans were deported, 26 (30 percent) received an honorable discharge, 26 (30 percent) received general discharge, 13 (15 percent) received other than honorable discharge, eight (9 percent) received an uncharacterized discharge, three (3 percent) received a bad conduct discharge, and two (2 percent) received a dishonorable discharge. Of these, the deportation for criminal convictions included aggravated assault (78 percent), non-aggravated felony (22 percent), drug-related offense (32 percent), sexual abuse with minors (24 percent), homicide or attempted homicide (30 percent), theft (23 percent), and weapons or firearms violations (13 percent) (U.S. Government Accounting Office, 2019a). In addition to presenting problems, a period of incarceration and court involvement are traumatic, disturbing events and potential risk factors that may lead to relapse, criminal recidivism, or other problems like homelessness (Cho, 2008). Crime and episodes of homelessness may be bi-directional relationship (Cho, 2008) and a vicious cycle.

According to GAO (2016), JIV ($n = 9,528$) served in 2015 by the VJO were male (95 percent), between the ages of 18-44, white (64 percent), black (24 percent), divorced (35 percent), never married (27 percent), attended college (45 percent), were active in the Army (57 percent), were in the reserve (3 percent), were in the National Guard (6 percent), served in the GWOT (43 percent), were unemployed (33 percent), were retired or disabled (75 percent), served in combat and had psycho-social problems such as PTSD, suffered from mental health (66 percent), suffered substance abuse (70 percent), and were homeless (40 percent). The GAO (2016) profiles the JIV problems and types of offenses (Table 1.1).

Table 1.1. *Criminal Offense Categories*

Offense Categories	Percentage	Number
1. Violent Offense (example: murder, manslaughter, assault, sexual assault, including rape or child molestation, robbery, or other violent offense).	26.9	2,437
2. Property Offense (example: burglary, breaking & entering, larceny, motor vehicle threat, fraud, stole property, arson, shoplifting, vandalism, other property offense)	15.9	1,438
3. Drug Offense (example: possession, trafficking, other drug offense)	21.8	1,971
4. Public Order Offense (example: weapons offense, prostitution, public intoxication, disorderly conduct, child support, DWI, other public order offense).	32.5	2,944
5. Probation/parole violation.	12.6	1,145
6. Other/unspecified.	11.0	993

As is apparent in Table 1.1, there are distinctive veteran offense profiles with increased psycho-social problems, which provides further justification for an alternative treatment. In the United States, military veteran involvement with the CJS is a salient concern for the public, servicepersons, veterans, and their families. Due to military training and skills, veterans may produce emotionally charged responses to police and the behavior converts to acts of aggression, impulsivity, arrest, CJS involvement, and conflict with law enforcement (many who are also veterans) and in the community (Elbogen, et al., 2012). Often these responses are exacerbated when there are medical and mental health wounds of PTSD, Military Sexual Trauma (MST), anxiety, depression, insomnia, Traumatic Brain Injury (TBI), substance abuse, family conflict, poverty, homelessness, unemployment, coping and impaired judgement with other underlying

stressors. Military service may perpetuate crime during or post-discharge (Culp, Youstin, Englander, & Lynch, 2013).

The Veteran Treatment Court Model

One remedy for military veterans developed over the last decade is the Veterans Treatment Courts (VTC) model. The VTC is a derivative of the drug court model formed as a corrective approach to address veteran legal and treatment problems. In 2004, two Judges identified an influx of veterans in their courtrooms and formed a specialty docket and volunteered to take an auspicious step (Hawkins, 2010), conceptualizing the first VTC in Anchorage, Alaska. Then in 2008, Judge Robert Russell started the most prominent and widely known model of VTC in Buffalo, NY. Since 2010, the number of VTCs nationwide grew from 65 to 360 (U.S. Government Accounting Office, 2016) and currently there are 465 VTCs (Flatley, et al, 2017). VTCs are present across several jurisdiction levels: federal, state, county, region, and city (Flatley, et al., 2017). The VTC growth trend has been in existence over a decade and flourished throughout the U.S. and internationally (e.g., Britain, Australia, etc.). The military service, experiences, bonds, culture, socialization, symbolism, and identity are evident in the VTC programmatic structure.

The VTC core mission mirrors active service in the motto of “leave no veteran behind” in the form of treatment, intervention, and support services (McCormick-Goodhart, 2013). Most VTC admission criteria are specific to veterans who are eligible for VA services (Clark & Blue-Howells, 2010) but this varies by jurisdiction. The VTC is a therapeutic jurisprudence (TJ) approach centered on behavioral change and challenging the traditional roles of judges, courts,

social workers, jail corrections, and law enforcement in forging collaborations, diversion programs, and tiered court progressive sanctions. Veteran participation is a legal plea negotiation and voluntary. VTCs vary in acceptance criterion: pre-conviction, only verified VA eligible, some non-VA, guilty plea, and/or post-convictions (Smee, et al, 2013). Participants are aware of the rules, program components, and sanctions, and are informed they have a legal right to withdraw and divert back to the traditional court (Poythress, et al., 2002).

The VTC program is a three-fold structure: 1) legal – VTC program completion can result in charges, fines, and/costs being reduced or expunged; 2) treatment – the veteran completes a VA and/or community intervention program; and 3) individual – cognitive and behavioral change results in stabilization, increased bio-psychosocial functioning and reclamation of the veteran identity. Violations of legal, treatment, and program rules can be met with sanctions. Judicial sanctions in VTC are progressive, team inclusive, applied by the Judge and a medium for treatment and change (Swartz, Wilder, Swanson, Van Dorn, & Robbins, 2010). However, sanctions and incentives are tied to VTC program compliance and need to be perceived as positive by the participant. The sanction is a consequence and perceived as negative by the participant. Sanctions and incentives are progressive, based upon therapeutic jurisprudence, and applied equitably.

There exists a pervasive and deep-rooted public support for serviceperson and discharged military veterans. The VTC model has proliferated nationwide with support at all levels. However, the VTC also has pundits and critics. According to Seamone (2019), some of these are a sense of: a) preferential and specialized treatment, b) absence of a victim's impact, c) legal hall

pass on behavior, d) diversion to a drug or mental health court, and e) promotion of the “wacko myth” usually based upon whether the veteran served in combat and suffers from PTSD. There is a legal concern about inconsistency with the 14th Amendment to the U.S. Constitution of the veteran status, the requirement to enter a guilty plea, forfeiture of rights, due process safeguards, and the response to partner violence cases in the VTC model (Schaller, 2012). Nonetheless, the VTC model continues to grow at the federal, state, county, and local levels.

Relevance to Social Work

A cornerstone of the VTC is the role of the Forensic Social Worker (FSW) on the court team to provide direct service and intervene with veterans in the aftermath of criminal behavior, develop preventative measures, ameliorate recidivism, respond to substance abuse relapse, and provide resource supports for healthier pro-social pathways. The FSW is a liaison and conduit for direct service but also provides accurate veteran treatment and progress updates to the team (Maschi & Leibowitz, 2017). There is a VA social worker assigned to every VTC, but that role is not exclusive. The VA social worker is part of the Veterans Justice Outreach (VJO) program. The VJO aligned under a broader VA mental health or homeless structure. The role of the VJO is to identify, assess, engage, intervene, and provide linkage to JIV (U.S. Government Accounting Office, 2016). Other community social workers are also involved in VTC that provide mental health, substance abuse, and other valuable social services.

According to the National Organization of Forensic Social Work (NOFSW, 2019), Forensic Social Work (FSW) is the application of social work to questions and issues relating to law and legal systems. The FSW specialty transcends clinics and psychiatric hospitals for

criminal defendants evaluated and treated on issues of competency and responsibility. A broader definition of FSW includes practice related to legal issues and litigation, both criminal and civil. FSW also includes child custody issues, involving separation, divorce, neglect, termination of parental rights, implications of child and spouse abuse, juvenile and adult justice services, corrections, probation, parole, and mandated treatment (Maschi, Bradley, & Ward, 2009). Arguably, there is no greater clash of ideologies, approaches, and challenges to our social work values and ethics than the intersection of helping in the context of the CJS. Social workers help, intervene, provide treatment, advocate, and support while the CJS is adversarial and punitive (Maschi & Leibowitz, 2018).

The FSW meets with judges, magistrates, court officials, state and local law enforcement, correctional administrators, parole, probation, and staff on a regular basis to design and/or maintain appropriate policies and procedures required for each setting. The FSW attends and facilitates CJS trainings relevant to working with JIV, high-risk populations and community, seeking or maintaining membership on relevant boards, councils, and task forces. The FSW collaborates with other social workers, and clinicians to support engagement in care for veterans recently discharged from correctional institutions. The FSW conducts justice-related education to the VTC, multi-disciplinary professionals, and community and graduate students for field experiential and service-based learning.

The FSW conducts targeted outreach to JIV and identifies veteran candidates for participation in treatment court programs, including VTC. The outreach may also include field interviews, assessments, and referrals for veterans contacted in community settings, courts,

and/or prior to release in jails or prisons. The FSW clinically assesses JIV using generalist intervention, advanced practice skills, insight, and experience to interpret data, identifies viable treatment options, risk factors, acuity, and the need for services. JIV have frequent and severe crises; lack family or an adequate community support network, self-monitoring, treatment compliance; or have significant deficits in coping skills and require continuing professional psychosocial support. The FSW establishes relationships with correctional medical, mental health and substance treatment, and counseling personnel.

The FSW provides comprehensive case management for veterans in VTC, collaborates with Judges, magistrates, county probation officers, prosecutors, public defenders, defense counsel, and parole officers as appropriate to develop a post-release plan and/or community-based TJ alternatives to incarceration. As a vital member of the VTC, the FSW utilizes evidence-based treatment models appropriate to the JIV, like Cognitive-Behavior Therapy (CBT), Motivational Interviewing (MI), Moral Reconciliation Therapy (MRT), and Safety at Home (SAH). The FSW also provides advocacy and resources to enhance problem-solving and coping skills. Many JIV suffer from behavioral health and substance abuse problems, which are predictors of justice-involvement (Elbogen, et.al. 2012; Finlay et al, 2019; GAO, 2016; Snowden, et al, 2017).

As part of the VTC team, the FSW develops a treatment plan for each participant with target goals and measurable objectives based on the assessment and identification of substance abuse, mental health, and other needs. The FSW provides the VTC team accurate and timely clinical reports on physical health, partner/family, behavior, substance abuse, employment, economics, housing, needs, and resources. Routinely, the FSW encourages and reinforces

adaptive coping with attitudes and impulses associated with recidivism risk. An approach to working with JIV is person-centered and utilized to intervene in various veteran situations (Collingwood, et. al., 2008). The person-centered approach is implemented throughout the clinical and case management services through ensuring that the veterans recognize that there is always hope and that they have control and decision-making capacity (Thornton & Lucas, 2011).

Thus, the need and demand for social workers to work with military veterans will continue to grow. The current GWOT and discharged veteran populations need and deserve social workers that are culturally competent and prepared to intervene. There has been a plethora of graduate military veteran's curriculum, certificates, specialization, and continuing education efforts targeted towards preparedness in serving this population (CSWE, 2018; NASW, 2012). In addition, the national growth and trend of VTCs, Magistrate Veteran Diversion Programs, and penal veteran-inmate units offer a rich base for field based, service learning, and practice environments to intervene and are paramount to the general social work profession and the FSW specialty area.

Theoretical Framework

Patterns identified in the literature suggest that storytelling and identity are integral components of the veteran's experience. McNassar (2016) reports that veterans find meaning and comradery in the retelling of their life narratives. McNassar (2016) explains that identity is an integral part of military ethos, training, and service. These components suggest that a theoretical framework that incorporates both constructs is best suited to explore veterans' post-service involvement in crime and VTC. With respect to this study, life course and identity theories are

used to examine the phenomenon, the veteran’s reality and identity, as well as to then interpret the participant’s cumulative experiences and perceptions of their current VTC status.

Table 1.2 *Theoretical Framework*

Epistemology	Theoretical	Life Course Theory	Identity Theory
Objectivism (meaningful data minus context or researcher’s role)	Critical Inquiry & Interpretive Analysis	Examines human cognition, behavior, events, positive or negative trajectories, distinguishes influences and corrective turning points across time patterns of life.	Focuses on perceptions of belonging, commonality, interactions, purpose, cognition, emotion, behavior, and values in relation to self-identity and society.
Subjectivism (interaction between the researcher and subjects)			

Note. Adapted from: (Alwin, 2012; Chickering & Reisser, 1993; Creswell, & Poth, 2017).

Life Course Theory

The Life Course Theory was pioneered in the early 1920s but did not fully mature until the 1980s (Mortimer & Shanahan, 2003). Our life pathways have roots in rearing, personal, family, social, legal, economic, educational, citizenship for immigrants in a quest for optimal pursuits, liberty, and happiness. The pathways and passages occur across cultures, major positive and negative life transitions, generational, may be linear, historical events, societal turbulence and circumstances that flow from military to civilian life. MacLean and Elder (2007) examined marital status, family, health, socioeconomic attainment, gender, race, and crime in relation to military service and found that historical context impacted the experiences negatively and positively. A veteran’s life course is a process characterized by age, behavior, experiential changes, positive and negative consequences, learning, actions and activities across years, systems, cultures, and institutions. In recent years, life course theory has gained momentum for

studying human cognition, behavior, development, linkage to and desistance from criminal offending with veterans and non-veterans (Messer, Patten, & Candela, 2016).

Life course is also termed life cycle, span, stages, perspective, paradigm, and transition (Alwin, 2012) within the social and behavioral science disciplines. According to Alwin (2012), there are five interpretations of human life course: 1) timing and age; 2) stages; 3) events, transitions, and trajectory (up/down); 4) human development; and 5) influences. Entry into the military is a career pathway. This path may be rooted in individual, patriotic, family, social, legal, economic, educational, citizenship for immigrants as well as other ideals and pursuits. The pathway has also been referred to as “the road of life” (Bowen & Martin, 2011) with military service being a “road less traveled” for most Americans. The military road is steered by the warrior ethos and identification with the ideals of self-reliance, strength-based and cohesion, which are assets but become roadblocks for help-seeking (Bowen & Martin, 2011).

Life course theory parallels the structure of military service, envisioning life as a series of transitions and changes in status. Like life theory, military service can involve positive or negative trajectory. The military service is intended to promote positive trajectory, but a minority follow a path that needs corrective personnel and have negative trajectories. The intent of this research is to attain an understanding of that small group. This research explores veterans’ experiences and perceptions that led to their justice-involvement.

Identity Theory

In 1969, in the aftermath of his World War II (WWII) Army service, Arthur W. Chickering, a School Psychologist, conducted research experiments in college curriculum and

developed his groundbreaking work on education, psychosocial development, and identity of students in higher education settings (Lasky, 2019). Influenced by the work of Erik Erickson and James Marcia, Chickering proposed seven vectors of identity where the utmost values are the individual self and society (Reisser, 1995). According to Erickson, a pinnacle of identity forms in the adolescence stage and culminates through the adult timespan, which may include military service. The vector aggregate predicated upon the foundation of Erickson's fifth stage of development, which is identity achievement versus confusion. The term vector describes a spiral progressive development of growth and tasks rather than a linear sequence of stages (Liversage, Naudé, & Botha, 2018).

The seven vectors were revised and reordered into sequential steps in the student-learning experiences: competence, emotions, and autonomy toward interdependence, mature interpersonal relationships, establishing identity, purpose, and integrity (Chickering & Reisser, 1993; Foubert, Nixon, Sisson, & Barnes, 2005; Reiser, 1995) and relate to six aspects of higher education learning environment. The six aspects are clarity and consistency of objectives; institutional size; curriculum, teaching, and evaluation; residence halls arrangements; faculty and administration; and friends, groups, and student culture (Chickering, 1969). The theory developed by Chickering provided a comprehensive model for identity formation and influence that promotes a dialogue for understanding the academic experience (Liversage, Naudé, & Botha, 2018). The Chickering model established to examine and understand student learning and development, identity infusion versus diffusion in academia, campus sub-populations and others, as well as offers potency and portability to examine other populations such as JIV or those in VTC. Next,

according to Reiser, four of the vectors are highly applicable to veterans in higher education settings: 1) managing emotions (negative impulse and coping to positivity of hope, confidence, inspiring), 2) moving through autonomy (regiment and structure, then disconnection and search for belonging) towards independence, 3) developing purpose (career, direction, interpersonal, priorities, and may need counseling), and 4) establishing identity (moving toward positive sense of self, stability, and awareness) (DiRamio & Jarvis 2011).

In 1978, social identity theory developed by Tajfel and Turner purported that people are motivated and endeavor to achieve and sustain positive social identification as individuals and group membership (Brown & Capozza, 2000). Individual identity is then magnified by the factors of centrality, affect, and linkage to groups (Cameron, 2004). According to Tajfel and Turner (1979), social identity is the person's self-concept premised upon his/her status and interpretation of positive or negative group and cognitive-emotional attachment. People identify group quality attributes and characteristics that are attractive and reject others not embraced. There are three strategies that serve to strengthen the self-concept of identity: exit, pass, and voice (Tajfel & Turner, 1979). The exit involves rejecting, distancing, devaluing, and leaving the group. Next, the pass strategy is where the individual is unsatisfied, not recognized, and experiences diminished connectedness to the group and leaves. Last, the voice strategy is a unified group purpose and value for the greater good. In the voice, the group image and awareness are elevated for social change, cause, and action (Tajfel & Turner, 1979).

In a study of military servicepersons, utilizing the warrior identity scale (WIS), the findings revealed that identity strongly related to post-deployment adjustment and psychosocial

health (Lancaster, Kintzle, & Castro, 2018). The transition to civilian life affects and influences the individual's civilian assimilation and the concept of social identity. If the veteran perceives being marginalized, vulnerable, or oppressed, then maladaptive coping, attitude, cognition, emotional, and behavioral challenges may occur and set the stage for negative coping and consequences. Socialization in the military culture begins on the gamut of basic training, occupation, assigned unit, and morphs into bonds, cohesion, camaraderie, and the resultant identity formation (Lancaster, Kintzle, & Castro, 2018).

The military veteran's social identity includes past military experiences and present-day civilian status. A positive in-group membership is hinged to perceptions of belonging, commonality, interactions, purpose, conflicts, or other factors. Negative group attachment may cause the veteran to disengage and the coping strategy is to seek another group. The negativity is based on unsatisfied perceptions, interactions, attraction, or commitment to the group. When a military service member is on active duty they are in a majority, but when discharged and hence a civilian, they become part of a minority. In other words, while active, the status is high, whereas as a civilian, the status perceived is low. The transition for the military veteran to the civilian sector is a battle for reintegration and a war of identities.

Veteran identity may be understood then as the degree to which the serviceperson adopts, internalizes, values, and reflects that persona. The identity therein can be a protective factor as well. In a study on veteran role identity using modified grounded theory, veterans were more likely than non-veterans to discuss themes of normal, mindset, optimism, stigma, and active in treatment (Firmin, Luther, Lysaker, & Salyers, 2016). Identity as a veteran produced protective

factors against stigma and positive attitude toward treatment, and hope for change (Firmin, Luther, Lysaker, & Salyers, 2016). For many veterans, this identity transfers from military service to the civilian sector and needs reconciled or it becomes a problematic identity war (Lancaster, Kintzle, & Castro, 2018). In another study (Smith & True, 2014), the contrast between the war of identities from serviceperson to civilian caused adverse mental health from the hierarchical and obedient structure of the military to the autonomy of civilian life. The veteran may not embrace the status or heroism regardless of service contributions thereby reducing inhibitions and increasing potential risks of anti-social thinking and behavior (Feinstein, 2013).

The reclamation of a civilian versus military identity is non-linear, mediated, reconciled, and amplified by VTC rehabilitation, recovery, support, and engagement. VTC participation and interaction affords many of the same ideals, values, and bonds embodied in the military and a mechanism for reclamation, redemption, and identity reconciliation. The JIV is challenged to accept and reconcile multiple identities (veteran, civilian, addict, ex-felon, etc.) or reject the realities that span pre-military, military, and veteran status. This is magnified by legal, addiction, behavioral, emotional identification and regulation, diagnosis (PTSD, MST, and TBI), traumas, stigmas, and stressors.

Though ample research has explored the links among veteran service, criminality, and CJS involvement, none has adopted life course theory and identity theory as its theoretical framework. The combination of these theories aligns with a cornerstone of military service—identity—and provides a strategic advantage for data collection, as it encourages the sharing of

narratives. Combined, these two theories provide a structure that fosters the collection and interpretation of rich, subjective data regarding veterans' lived experiences and perspectives of their criminal justice involvement.

Chapter 2: Literature Review

There is a robust and sizeable body of quantitative research within the literature in the helping professions of medicine, law, psychology, criminology, sociology, social work and nursing that examined the nexus between military service and criminal behavior. A dearth of qualitative Photo Elicitation Interview (PEI) and Interpretative Phenomenological Analysis (IPA) research studies exist that focuses on the relationship between pre-service delinquency, active military service, crime, incarceration, and Veterans Treatment Court (VTC). The study of Justice-Involved Veterans (JIV) in the Criminal Justice System (CJS) is not a nascent phenomenon. Historically, JIV research has been explored during the aftermath of prior wars, but peacetime study is minimal. The experiences of veterans have been modestly studied but understudied in examining VTCs, especially in rural areas.

In synthesizing the key concepts, themes, and findings of several other studies, the nexus between CJS and VTC are configured around Post Traumatic Stress Disorder (PTSD), mental health, deployments, Traumatic Brain Injury (TBI), substance abuse, military sexual trauma (MST) problems, stigmas and stressors that occur in or were cultivated in military environments and understood as factors that increase the likelihood of criminal offending, which underscores that wars end but the battle reverberates by spillover into homelife. The magnitude of the VTC participant's psychosocial problems and their criminogenic needs fully identified. The relationship between military service and crime is evident in the social, military, and behavioral sciences literature.

The qualitative study occurred in rural Mercer County, Court of Common Pleas, Pennsylvania. The concept of rurality is broad, diverse, and defined in the categories of absolute, relative, socioeconomic, and measured by rural and non-rural geographic lines and U.S. Census data (Daley, 2015). For the social work professional, practice in rural settings requires generalist foundation; adaptability; innovation; autonomy; and knowledge of the community, culture, and resources (Daley, 2015). Over 400,000 rural veterans served in the GWOT (Holder, 2017). Veterans in rural settings have barriers to accessing medical and behavioral care due to distance, transportation, limited services, and lack of resources (Holder, 2017).

In a study of 13 participant VTC perceptions and a connection between legalities and military service, five central themes were identified with regards to the court program and three with respect to the latter (Herzog, Ferdik, Scott, Denney, & Conklin, 2019). The VTC thematic perceptions were: 1) second chance, social support and mentors, advocacy, stability, and alternatives; and 2) the relationship to military service (direct or in-directly), substance abuse and traumas, and military training (Herzog et al, 2019). In another qualitative VTC study conducted, the goal was an in-depth understanding of mid-western participants (Gallagher, Nordberg, & Gallagher, 2016). The study's central questions: 1) How do participants of a VTC view the program, in regards to the most helpful aspects that support them in graduating from the program; and 2) how can the program be more helpful in supporting them in graduating from the program? Subsequently, three themes emerged regarding treatment: 1) care and accountability, 2) non-mental health stigma, and 3) health care system displeasure (Gallagher, Nordberg, & Gallagher, 2016).

Using a phenomenological methodology of JIV, the researcher (Watson, 2016) conducted a study of veterans' perceptions of VTC and their interactions with the court treatment team. Although a different focus than the present study, Watson (2016) used constructionist inquiry and IPA that yielded the following four themes: 1) non-adversarial, 2) support through veteran status and camaraderie, 3) perception of effort and personal responsibility, and 4) veteran identity. The study results reveal VTC parallel some non-VTC problem-solving courts but that participant stigma regarding substance abuse and systems may anchor progress without necessary supports. One qualitative PEI study ($n = 20$) using semi-structured interviews studied homeless veterans medical, mental health, and consumer experiences at a VA hospital (Rodriguez, et al., 2018). The majority had favorable care experiences and verbalized feelings and frustrations. The PEI and demographics did not factor in legal status.

The perception of treatment alliance and program support is essential for cognitive and behavioral changes (Bailly, Taïeb, Baubet, & Reyre, 2018). In a PEI study ($n=20$), homeless and substance abuse veterans were provided digital cameras to capture perceptions of health status, treatment, recovery, social, and barriers to successful outcomes (Sestito, Rodriguez, Saba, Conley, Mitchell, & Gordon, 2017). In another PEI study ($n=30$) of homeless veterans, the four phase design, regulatory, ethics, pitfalls, and challenges were explored while ensuring human subject protocols and artfully balancing the study aim to elicit health system perspective and experiences (Mitchell, Hedayati, Rodriguez, Gordon, Broyles, True, & Conley, 2016).

In a United Kingdom prison study (Banks & Albertson, 2018) the researcher interviewed fifteen veterans about pre-enlisting, military, post-service life experiences, offending, and

substance abuse. The study focused on four narratives, which revealed that criminal offending might stem from personal decision-making and not just from combat or military conditioning. The themes that emerged were civilian transition, reduced community, comradery, and financial challenges (Banks & Albertson, 2018). In another qualitative study, eleven inmates were interviewed to explore the experiences of incarceration spanning pre-military to post-service using a grounded theory. The goal is a bridge between military service and their antisocial behavior (Sankaram, 2014). The results were that almost all participants came to experience a sense of disconnection from society that involved experiences of reintegration difficulties, minimal support, sense of injustice, and military identity, that occurred after active duty (Sankaram, 2014). These experiences and perception may suggest underlying cognitive, emotional, behavioral maladaptive patterns, and reactions (Currier, Farnsworth, Drescher, McDermott, Sims, & Albright, 2018). The patterns and reactions may have roots in pre-service, active duty, or reserves and then spillover into civilian life.

Douds, Ahlin, Howard, and Stigerwalt (2017) conducted qualitative interviews of 17 Pennsylvania VTCs and 6 shared dimensions were identified to meet the psycho-social needs of the veterans in their region: 1) identifying eligible participants, 2) eligibility requirements, 3) team composition and team meetings, 4) program tracks for different clients, 5) client tracking and data, and (6) veteran mentors. As part of the study, the author has included a 57-item semi-structured question interview of the role of the VTC Veterans Justice Outreach (VJO) social worker. As a key stakeholder of the VTC team, the VJO interviews focused on demographics,

methods of client identification, eligibility, legal status, program details, treatment plans, oversight, progress, and prior research (Douds, Ahlin, Howard, & Stigerwalt, 2017).

In a study of two jail diversion programs, Larsen (2015) examined a drug court and a VTC with the addition of a Veterans Justice Outreach (VJO) specialist. First, in the analysis of veterans in drug court, veterans had significantly more severe lifetime drug histories than did their non-veteran peers. In the second VTC study, veterans were assessed on measures of psychopathology, substance abuse, and employment problems and interviewed regarding their trauma history and program experience, Combat Post-traumatic Stress Disorder (PTSD), non-combat trauma, depression, and substance abuse. VTC participation was associated with reductions in mental health symptoms, drug abuse severity, and employment problems.

In addition, there were eight criterions for program eligibility: a) military discharge status, b) combat experience, c) treatment needs and available treatment options, d) relationship between military service and offense, e) current offense type, f) criminal history, g) victim input, and h) plea requirements (Douds, Ahlin, Howard, & Stigerwalt, 2017). The VTC has evolved a solution to divert participants to treatment as alternative to imprisonment. Based on a 2017 national survey (n = 1,000) that examined overall public support for rehabilitation as a goal of corrections revealed that Americans support treatment and rehabilitation vs. a traditional punitive approach (Thielo, Cullen, Burton, Moon, & Burton, 2019).

In a study during WWI, military service was a viable option in the courtroom to divert and fill the enlisted ranks (Rusche & Kirchheimer, 1939). In another prison study, 70 percent of the veterans already had criminal histories prior to enlistment and post-discharge simply retreat

anti-social behaviors. Most of these men honorably discharged from military service while about 30 percent had Uniform Code of Military Justice (UCMJ) legal issues. Towards the end of WWII, a study conducted of arrests that occurred in New York City, NY (n=16,681) by veterans and non-veterans arrested for crimes against person, larceny, burglary, and robbery were reviewed. Of the total, an estimated four percent (n = 674) were veterans. An estimated 500,000 servicepersons returned to New York City (Willbach,1948).

One seminal study (Lunden, 1952), examined several penal institutions in two states and discovered that in: 1) Mississippi there were 5,599 (33 percent) veterans incarcerated between 1947-49 that had served during World Wars I and II; 52 percent in Wisconsin had served during WWII and 47 percent and 25 percent in Iowa prisons. Lunden identified the average age of these veterans as 24 and determined that age is a determinant factor in the commission of crime. Lunden asserted that in addition to age, pre-service conduct is a factor. Interestingly, Lunden went on to interview all the prison Wardens about military service and relationship to crime but the incarcerated veterans as well. First, all the Wardens except one dismissed the notion the inmate veteran's crime was attributed to military service. Second, Lunden asked the veterans "In your judgement do you think your experience in the armed forces in any way can be connected with the offense which you committed?" The participants responded: "Yes" 27 percent, "No" 63 percent and "Undecided" 10 percent (Lunden, 1952, p. 770). Last, many of the inmate veterans wanted to re-enlist when released to cleanse their criminal records while others wanted vocational, disability, and reentry help.

In another study (Sampson & Laub, 1996), the effect of the military service on the transition to adulthood and the inherent changes from WWII in the role of the military in the lives of teens to young adults was examined. The study showed how the current military is career, and family oriented, molds men and women to be more responsible because of the stability, structure, discipline, and orderliness (Sampson & Laub, 1996). The positive changes of stability and structure may cause desistance from crime. Hakeem (1946) studied (n=125) the notion that military training is an attribute and casual factor of criminality. The cohort divided into two groups: 1) property crimes and 2) victims. His method was a review of prison files of first-time offenders that were identified as veterans, criminal history, and limited data from the branch of service (misconduct, dates of service, and discharge type). He challenged the notion that training a person to kill, be aggressive, and hate makes a serviceperson susceptible to criminal offending especially when coping with crisis. Under this premise brings into question the level of culpability for the crime. The results were that 68 percent had a prior criminal record and 32 percent did not (Hakeem, 1946) and concluded that his research failed to prove a relationship between military training and criminal offending. In Waller's (1944) view, many war veterans become alienated and disconnected from the civilian world, complicated by mental issues and lack of occupational trade, and become criminals.

Further, in a study by Gleuck (1950) who examined juvenile delinquent youth during the Great Depression. Gleuck found that juveniles who entered the military and deployed to war did as well as the non-delinquents in desisting from criminal behavior. However, in another study by Bouffard (2005), juveniles who served in the military continue to recidivate criminally after

release from prison. A minority of veterans enter the military with juvenile or early adult misdemeanors and/or felonies, which need moral waiver approval. This entry may serve as turning or corrective point and disrupts prior criminal thinking and behavior opening the gate to a conventional pro-social life while others put this pattern on pause or in a dormant status for an undetermined period.

The war in Vietnam was unpopular, political, an era when conscription ceased and, in the aftermath, corrections witnessed an influx of veterans. In 1966, the U.S. Department of Defense (DoD) implemented Project 100,000, which offered individuals an opportunity to serve voluntarily (Hsiao, 1989). Some of those recruits were previously rejected for military service based upon mental and physical standards. The goal of the Project was to qualify 100,000 annually. The initial results were that 50 percent failed the physical and another 30 percent failed the educational exam. DoD revised and lowered the standards called the “New Standards Men.” The Project recruited 354,000 men, 67 percent entered the Army and over ninety percent were able to enlist based upon lowered mental standards. Nearly 95 percent completed basic training (Hsiao, 1989). The soldiers were assigned to various occupations: 37 percent combat and 63 percent trade skills. During the tour, 13 percent received non-judicial misconduct punishment and 3 percent were court martialed while the remainder completed their service period. In 1972, the DoD purged the program in the wake of all volunteer forces, which ended conscription. In another study, the researchers determined that criminal behavior may directly stem from wartime experiences and may be related to many psychodynamic conditions including retaliation for being victimized, the omnipotent need to prove that crime may be committed without

punishment, an attempt to overcome feelings of guilt, substance abuse, risky or dangerous behavior-seeking, prior history of criminal behavior, and lowered entrance standards (Sparr, Reaves, & Atkinson, 1987).

Kulka (1990) examined Vietnam veterans with PTSD and found that 46 percent who were arrested were jailed at least once and 11 percent convicted of a felony. In a study of Vietnam veterans, Coker and Rosenheck (2014) found that PTSD, behavioral health, and substance dependence were diagnoses most present and in retrospect, “if” the penal system had offered specialized treatment service this may have altered trajectory of recidivism. Several other Vietnam Veteran studies (Beckman et al., 1998; Resnick, et al., 1989; Yager, et al., 1984) of combat exposure and arrest, convictions, and crime show an association between PTSD and propensity towards anti-social behaviors and partner violence. In another study, Chan (2018) examined the relationship between the independent variables of PTSD, substance dependence, exposure to combat, and violent crime (dependent variable) and found the variables (independent) as predictors of violent crime. In a post-study follow-up after 1-year, military men had a lower rate of recidivism (Hoyt, Wray, & Rielage, 2014). IPV (intimate partner violence) intervention programs are not effective for all abusers and problem-solving courts present another viable option (Hoyt, et al., 2014). In a mid-western study, researchers utilized the 36 item criminal thinking scale (CTS) to examine how or if military veterans and civilian IPV offenders differed on six CTS subscales of justification, power orientation, cold heartedness, criminal rationalization, personal irresponsibility, and entitlement (Stacer & Solinas-Saunders,

2018). The CTS analysis revealed that arrest and risk rates of veterans versus civilians were lower.

In a study (n=1,100) of inmate veterans and non-veterans, veterans were significantly less likely to opt for community sanctions in lieu of incarceration (May, et al., 2016). In another IPV study (n=6) of incarcerated former armed service soldiers, the following themes emerged – army baptized, them and us, and battle mindset (Unwin Winder, 2018). The results revealed ex-servicemen viewed themselves against other inmates as separate but not as different. The offender programs and intervention deemed appropriate for both groups but highlighted a need to form prison groups of veterans to access services and supports as developed in American corrections (Unwin Winder, 2018).

According to Black and colleagues (2005) in a study (n=4,886) of pre-911 Persian Gulf War (PGW) veterans from Iowa, 23 percent had at least one prior episode of incarceration, 14 percent had a legal episode before deployment, and 8 percent post-deployment. Those that had prior incarceration periods had higher psychiatric, medical, and health care utilization, which suggests an indicator for substance abuse and anti-social behaviors (Black, et al., 2005), which may hinder unit cohesion and discipline. Next, the concept of court diversion and alternative to divert military services is historical from WWI to the current GWOT. There are many stories about Judges and civilians being court-ordered to military service when in fact no such authority exists. During WWI to Vietnam wars, people involved in the court system may have been strongly advised by the Judge or counsel that enlistment may be an alternative to sanctions. Diversion to military service requires a waiver (moral or medical), reviews, and clearances. In a

study of 8,943 soldiers granted a waiver, it was inconclusive if the misconducts were associated with the behavior (Gallaway, et al., 2013). Last, all military branches have their own waiver policy, processes, and procedures.

In 1952, President Harry Truman created the Uniform Code of Military Justice (UCMJ) Public Law (81-506). The UCMJ is a code of laws that governs discipline and sanctions applicable to service members of all branches from lowest to the highest echelon (U.S. Congressional Research Service, 2016). Under the UCMJ, there are four methods of disposing of cases involving service members' offenses: general, special, summary courts-martial, and disciplinary punishment (U.S. Congressional Research Service, 2016). General courts-martial and special courts-martial, which may impose substantial penalties, resemble judicial proceedings, nearly always presided over by lawyer judges, with lawyer counsel for both sides (U.S. Government Accounting Office Report, 1999). The UCMJ is the legal arm for disciplinary action of misconducts and court martial, but does not include civilian legal incidents.

In 1990, during the first Persian Gulf War ex-felons halted from obtaining legal waivers, some of which were members of gangs, neo-Nazi, and hate groups (Kennard, 2012). Many war crimes and atrocities attributed to relaxed enlistment postures and policies as prior wars have seen. As the Vietnam War was not popular with the American public there was discussion about the draft and sentiment waned about OEF, OIF, and GWOT. Thus, as with Vietnam, in the mid-2000, the Army and Marines were not meeting their enlistment quota, so standards were again relaxed and legal waivers were provided under the guise of a second chance (Kennard, 2012).

In a study (n=20,746) of U.S. Marines by Booth-Kewley and colleagues (2010) examined the results of a life history questionnaire completed by recruits that all eventually deployed to a combat zone. The strongest predictors of behavior were bad conduct discharges, demotions in rank, psychiatric diagnosis (PTSD), and age of deployment. The Marines in the study with psychiatric diagnosis were nine times more likely to be discharged for behavioral misconduct problems (Booth-Kewley, et al., 2010). Veterans in the CJS often refer to feelings of isolation, disconnection, and stigma of a criminal record, loss of structure, purpose, and direction.

In 2012, the U.S. Department of the Army released the 2020 Report, which builds upon the Health Promotion, Risk Reduction, and Suicide Prevention Report of 2010. The report highlights the need for revamping and addressing soldier misconducts, discipline, accountability, gaps, policies, and solutions (U.S. Department of the Army, 2012). In the report, there were 78,262 offenses (2,811 violent felonies, 28,289 non-violent felonies, and 47,162 misdemeanors) committed. Upon further analysis, the felonies included homicide (5 percent), sex crimes (47 percent), and aggravated assault (33 percent). For non-violent felonies, 33 percent were related to substance abuse and misdemeanors, 47 percent were traffic violations, and 11 percent were assault and battery (U.S. Department of the Army, 2012). Military misconduct misdemeanors are non-judicial punishment (NJP) and generally handled by unit commanders. Further, to fill ranks and provide young Americans opportunities, the Army provided moral waivers. Those waived for substance abuse had a higher incidence of criminal offenses and 2-3 times more likely to commit felony offenses of “aggravated assault, failure to obey, and desertion, and NJP

misdemeanor offenses of Absent Without Official Leave (AWOL), Driving Under Influence (DUI), assault and battery, and family abuse” (U.S. Department of the Army, 2012, p. 152).

In 2016, the UCMJ was updated as a result of the passage of the Military Justice Act, which enhanced the definition of adultery, intimate partner and sexual violence perpetrators, and implemented safeguards for victims. As part of the Act, intimate partner violence will now be a punishable crime under the UCMJ, which was previously prosecuted under assault. The U.S. Department of Defense military confinement (incarceration) system, the U.S. Disciplinary Barracks (USDB), and tri-tiered based upon sentence, length, geography, and treatment programming (Haasenritter, 2003). According to the U.S. Department of Defense, Annual Confinement Report (2015), six USDB facilities house those convicted and charged with military crimes. In 2015 report, of the 825 who were confined, 53 (6 percent) were officers, 772 (94 percent) were enlisted personnel, 101 (12 percent) were members of the Air Force, 613 (74 percent) were part of the Army, 42 (5 percent) were Marines, 67 (8 percent) were members of the Navy, and 2 were part of the Coast Guard. The categories of criminal offense included 1) violent (murder, manslaughter, kidnapping, robbery and assault): 162 (20 percent), 2) sexual (rape/adult, rape/child, other): 454 (55 percent), 3) property (burglary, theft, auto, arson, fraud, forgery): 29 (3.5 percent), 4) drug (possession, trafficking): 26 (3 percent), and 5) public order (weapons, DUI): 71 (9 percent). In comparing the confinement report with the Bureau of Justice Statistics (2015), the two highest offense categories were 1) sexual (55 percent USDB vs. 35 percent BJS) and 2) violent (20 percent USDB vs. 64 percent BJS).

The majority of JIV served in combat and had psycho-social problems such as physical health, PTSD, mental health (66 percent), substance abuse (70 percent), and homeless (40 percent) (Finlay et al, 2019; Snowden, et al, 2017; GAO, 2016). In addition to presenting problems, a period of incarceration and court involvement are traumatic disturbing events and potential risk factors that may lead to or influence relapse, criminal recidivism, or other problems like homelessness (Blue-Howells, Timko, Clark, & Finlay, 2018; Cho, 2008). In addressing these problems and risk factors, the principles of trauma-informed care (TIC) including safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment (voice and choice), culture, gender, and historical issues (SAMHSA, 2014) are part of the VTC affect. In a study of existing literature (n=191) of JIV, the majorities focused on mental health and addiction and scant on physical health and medical care delivery (Finlay, Owens, Taylor, Nash, Capdarest-Arest, Rosenthal, & Blue-Howells, 2019). The limited knowledge of JIV health status then presents a gap in both literature and research.

Next, services to mitigate risk factors for recidivism in JIV and those participating in VTC are unknown. In a qualitative study (n=63) of interviews with Veterans Justice Outreach (VJO) the risk–need–responsivity (RNR) model of offender rehabilitation was explored (Blonigen, Rodriguez, Manfredi, Britt, Nevedal, Finlay, & Timko, 2017). The VJO staff utilized the RNR model and identified several risk factors: substance abuse, lack of positive school, employment, family, marital, and lack of prosocial lifestyle (Blonigen, et al, 2017). Other risk factors targeting antisocial influences for criminal involvement and recidivism were not present.

The study identified VTC and diversion as solutions to address risk, but recidivism is a gap that needs a more comprehensive strategy for practice (Blonigen, et al., 2017).

Veteran Justice Programs and Units

Within the VA healthcare system, the Veteran Justice Program (VJP) oversees these justice-related programs and services: Veterans Justice Outreach (VJO) and Health Care for Reentry Veterans (HC-RV). These programs were created to address the problems of JIV. Social Workers in the programs perform FSW but VA does not classify it as such. First, the VJO program, which began in 2009, is part of the VA's homeless prevention umbrella. The VJO ensures that eligible JIV have timely access to VA mental health and substance abuse services and programs, services, and benefits. The VJO does work with non-eligible veterans as well on a short-term basis. Second, the HCRV program, which began in 2007 was designed to address the community re-entry needs of incarcerated veterans in state and federal prison. Both the VJO and HCRV play a major forensic liaison role between the court, VA, and non-VA systems (Canada, Peters, & Easter, 2018). Each of the 152 VA medical centers nationwide has designated a facility based VJO and most have an HCRV or a hybrid. In addition to clinical services, the VJO and HCRV utilize Evidence Based Practices (EBP) like motivational interviewing (MI), cognitive behavioral therapy (CBT), harm reduction, housing first (HF) model, moral injury (MI), moral reconnection therapy (MRT), and so forth (Canada, Peters, & Easter, 2018).

Third, Veterans Service Units (VSU) (also called reentry pods) have recently re-emerged with prominence in federal and state prisons as well as some county jails (Seamone, 2019).

These innovations have origins in the 1990s and are designed for prerelease, restorative, and

reentry purposes (Rosenthal & McGuire, 2013). Offender programs, like VTC and prison groups of veterans ensure access to services and supports as developed in American corrections (Trojano, et al., 2017; Unwin & Winder, 2018). Typically, a veteran is assessed by a corrections counselor and then referred to the VJO or HCRV social worker. The VJO and HCRV serve as a conduit between the veteran offender, community partners, VA, and the state Department of Military and Veterans Affairs. The social worker communicates in person, by phone, and by mail with various community, state, and VA representatives to assure that the veteran inmates are linked with the available and necessary resources they will need in order to succeed in the community upon release from prison. Many veterans exit incarceration and become a client on the caseload of a state parole agent or county probation officer.

In addition, the VSU will assist the inmates with obtaining duplicate PA driver's licenses, PA non-driver's photo identification, and duplicate Social Security cards. The Social Worker will also serve in a support role on the unit, helping to organize and facilitate VSU workshops when appropriate. The VSU program length varies from 6 to 18 months depending on needs such as health, medical, PTSD, domestic violence, TBI, anxiety disorders, depression, substance abuse, General Equivalency Degree (GED), vocational and social services linkages to bridge the correction-to-release bridge and enhance reintegration (Rosenthal & McGuire, 2013). The VSU strives to improve life skills, prevents homelessness, offer peer support, mentoring, and a seamless transitioning to community resources. Separate from the VSU, most penal institutions also have organized veterans support groups. These groups vary in structure, often have targeted community service, and some rear and train dogs under the tutelage of a corrections officer.

Problem-solving Courts

According to Strong, Rantala, and Kyckelhahn (2016), there are 3,052 U.S. problem-solving courts. The history of these courts dates to 1989 in Dade County, FL with a dual focus - legal sanction and addiction treatment (Roberts, Phillips, Bordelon & Seif, 2014). Generally, these courts are composed of Judge, Prosecutor, Public Defender or Private Counsel, treatment providers, probation officer, social workers, and case managers but this varies by jurisdiction. The most common forms of problem-solving (also called accountability) courts are drug and mental health.

Drug courts have helped reduce recidivism rates for offenders who complete the program compared to those who do not (Messer, Patten, & Candela, 2016). A client's history of repeat substance abuse, lack of effective coping skills, and healthy supports, is at imminent risk of recidivism if the client does not engage in rehabilitation services (Kuehn & Ridener, 2016). Within these courts, the social worker's role in problem-solving courts, as a professional and as part of a judicial team in rehabilitation effectiveness and in sanctioning process is understudied. The social worker plays a crucial role herein through direct service, assessment, treatment, intervention, team and case planning, as well as helping participants change their behavior, cognition, and overall functioning.

Although the origin of problem-solving courts is from the U.S., there are also growing trends internationally in the countries of Australia, Canada, England, New Zealand, Norway, Scotland, and Wales (Centre for Justice Innovation, 2015). In both the U.S. and other countries, there are additional problem-solving courts: drug, Driving Under Influence (DUI), Homeless,

Mental Health/Behavioral Health, Family, Fatherhood, Domestic Violence, Homeless, Juvenile, Human Trafficking, Prostitution, Community, Reentry, and Veterans Courts are all part of the court umbrella. Next, according to the Center for Court Innovation (2010), there are six principles required for problem-solving courts effectiveness: 1) information flow and training, 2) community engagement, 3) collaboration and trust, 4) individualized judicial linkages, 5) offender accountability, and 6) outcome evaluation and continuous improvement.

The basic concept behind problem-solving courts is to break the repeating cycle of criminal behavior and divert those charged, if amenable, directly into court treatment vs. incarceration (Heaps, et al., 2009). Veterans charged with summary offenses or misdemeanors voluntarily diverted from jail and/or had sentences suspended in lieu of a psychiatric and/or substance abuse treatment option. The central factor for incarceration and recidivism of veterans is substance dependence (Beckerman & Fontana, 1989). The veteran may not embrace the status or heroism regardless of service contributions thereby reducing inhibitions and increasing potential risks of anti-social thinking and behavior (Feinstein, 2013).

Perceptions of VTC

As an alternative to incarceration, JIVs are diverted to VTC problem-solving courts. The diversion alternative to VTC offers a path to treatment and a motivating supportive environment, which results in improved PTSD and substance abuse outcomes (Slattery, Dugger, Lamb, & Williams, 2013). The veteran needs to be VA eligible, complete an assessment, sign releases of information, and agree to the VTC program. Participation is voluntary, urinalysis screening is mandatory, and non-compliance may result in sanctions (NADCP, 2012). The legal motivation is

a treatment vs. incarceration amplified by the veteran's charges reduced, dismissed, or traditional court sanctions waived if the veteran complies with appropriate treatment and services. In addition, veterans receive services, linkages to education, employment, housing, peer, and mentor supports. Mentoring in VTC is a valuable component of VTC and although not clinical, the relationship builds trust, support, and increases treatment compliance (Douds & Hummer, 2019). The role and impact of VTC mentoring is another aspect not represented in the literature.

In Pennsylvania, the first problem-solving drug court started in Philadelphia in 1997. Since then, the state has expanded to DUI, mental health, juvenile drug, VTC, Magistrate veteran diversion, and other specialty courts (Lowry, 2019). Throughout Pennsylvania, there are more of these courts in urban vs. rural counties. The successes, failures, and outcomes of VTC are scantily examined. The VTC recidivism and re-arrest of veterans are vastly understudied. In one study, a group of VTC participants who recidivated was compared to the re-arrest rates of veterans serving on probation and it was discovered that VTC participants identified with lower criminogenic factors and lower recidivism rates than veteran probationers (Hartley & Baldwin, 2019).

Within each county there are several factors to consider when initiating a VTC, which are penal overcrowding; target population for the problem; and numbers of those who are or have mental health, substance abuse, unemployed, poverty, and homeless (Troxell & Frenzel, 2011). In 2006, the Supreme Court, Administrative Office of Pennsylvania (AOPC) officially recognized these courts by appointing a coordinator and an advisory committee. The AOPC advisory committee and the National Center for State Courts established a set of performance

measures to monitor VTC progress, goals, and outcomes (Cheesman, 2015). The development of these measures is cutting-edge, logical, and prudent for the future direction of VTC. The VTC environment affords many ideals, values, and bonds embodied in the military and a mechanism for reclamation and self-redemption. VTC treatment monitoring and participant engagement may reduce substance dependence, relapses, negative social behaviors, recidivism, as well as increase overall health functioning and program outcomes (Knudsen & Wingefeld, 2016; Yerramsetti, Simons, Coonan, & Stolar, 2017).

Many military men, and increasingly women, are returning home with challenges as a result of their time in service. If left untreated their challenges and wounds may contribute to their involvement in the CJS. Nonetheless, veterans are a sustained sub-group of our jails, prisons, courts, and community release supervision. The magnitude of the JIV problems and criminogenic factors need fully understood. The nexus between CJS and VTC have found that PTSD, mental health, deployments, TBI, substance abuse, IPV, and traumas occurred in or were cultivated in both civilian and military environments. These factors may increase the likelihood or result in the relapse, recidivism, and criminal offending that spill over into the civilian world. The VTC may then decrease the likelihood of these factors occurring as the environment is conducive for individual change and growth. Clearly, military veterans constitute an important subgroup of the CJS and VTC population and as such represent a vulnerable, at-risk, marginalized, and oppressed group that needs studied and further researched.

Despite the significant amount of research that broadly addresses the experiences of veterans, important gaps persist, and some are addressed by the present study. Of significance is

this study's inclusion of members of marginalized populations, including females and veterans residing in rural areas. This study's adoption of a social justice perspective and its exploration of the role of the social worker add to its unique contributions. Most relevant in terms of methodology is this researcher's use of qualitative strategies, including in-depth interviews of veterans. As part of the qualitative methodology, this researcher adopts a phenomenological approach, using PEI to explore veterans' perceptions of self and their larger life "stories." This study advances rural VTC knowledge and provides a scholarly contribution to the field of Social Work.

Chapter 3: Methodology

The study aim is a purposive exploration of the lived experiences and perspectives of the participants to comprehend their Veterans Treatment Court (VTC) status to making sense of their life experiences that led to justice-involvement. The study utilized photo-elicitation interviews (PEI) and interpretive phenomenological analysis (IPA) methods to demonstrate, understand, interpret, and analyze the veteran's perspective and experience, the why and how of the nexus of military service and crime, patterns, categories, thematic representation in relation to the phenomenon of interest. PEI and IPA methods are not predictive but explore the participant narrative of the lived experience, so no explicit hypothesis was formulated. Phenomenology begins with assumptions that identify the deeper conceptual meaning, perceptions, situations, and conditions surrounding subjective experiences and problems of the participants being studied (Padgett, 2017). The major components of qualitative research are epistemology, theoretical framework, methodology, and methods (see, Table 3.1). In a qualitative study, the researcher strives to understand the subject's experiences in an objective way while controlling for bias. The goal is to achieve a deeper human understanding than what may be available through quantitative research measures.

Epistemology is the cognition of how we acquire knowledge for what we seek through qualitative inquiry and in relation to a theory (Padgett, 2017). The researcher is the instrument steered by the research questions, methods, and the culmination of the interview results, which are applied in the subject's natural setting (Creswell, & Poth, 2017; Padgett, 2017). In qualitative research a hypothesis or theory is not traditionally formulated, tested, or measured a priori, but

rather generated from the semi-structured interview responses, observations, data collection, description, and analysis (Creswell & Poth, 2017; Padgett, 2017). There are no variables or theories tested in qualitative study like quantitative research. The study framework (Table 3.1) are key concepts derived from the theories and methods and applied to the interpretation of the data collection, coding, organization, management, and analysis.

Table 3.1: *Methodology Framework*

Design	Participants	Data Collection	Data Analysis
Phenomenological (PEI & IPA)	Homogeneous Sample (n=10)	Setting: Rural VTC Gatekeeper	QDAS NVivo Pro 12.6 Content Analysis of Audio transcripts
	6 males, 4 females,	Recruitment & Selection	Memos, field notes divided into 2 levels of coding to examine, and constantly compared: Level 1 - identify initial themes, codes, frequency, patterns, categories, and clusters. Level 2 – Themes are a cluster of primary codes, frequency and patterns that fit together
	All Caucasian	Procedure	
	Avg age 41.7	Informed Consent	
		Photo Visual	
		Questionnaire	
		Semi-structured Interviews	
		Observations	
		Field Notes	
		Audio Recordings	
		Codebook	
		Minimize bias; ethical	
		Validation	
		Trustworthiness	
		Bracketing, Researcher Stance Reflective Journal	

Note. Adapted from: Creswell, & Poth, 2017; Padgett, 2017.

The PEI and IPA methods identify the essence of the participant's subjective experiences and are instrumental in capturing the life transitions of veterans in the Criminal Justice System (CJS) and VTC. According to Miner-Romanoff (2012) to obtain a holistic account of the subjective understanding of participants, detailed knowledge and experience, phenomenology is an appropriate methodology. In IPA research, the qualitative researcher explores the shared experiences of a group of individuals to gain a deeper understanding of the phenomenon of interest (Creswell & Poth, 2018; Padgett, 2017).

Using PEI and IPA methods allowed the researcher to elicit aspects of military life arriving at the juncture of then, in-between, etc, and the now in a naturally flowing conversation. Padgett (2017) describes the concepts of flexibility (cognitive-behavioral & unpredictability) and reflexivity (critical self-analysis), but self-disclosure is important. Many veterans want to know that there is commonality and genuine regard. The researcher needs to consider what to share in the give-and-take, which builds trust, rapport, and promotes more dialogue. The researcher also may develop a scripted response that is consistent with all participants. Phenomenology is the exploration of the personal human experience through inductive, bottom-up, descriptive, in-depth critical inquiry and understanding (Ritzer & Stepnisky, 2019). Qualitative research seeks to obtain and better comprehend cognition and behavior and what lies behind the rationale and decision-making regarding participant life events.

PEI is a visual qualitative method that stimulates a participant's narrative to explore the research questions (Rose, 2014). The participants take an active and collaborative role in articulating thoughts and feelings to describing the visual images. The interpretation of visual

images centers on three key critical approaches: 1) are serious and reflect beyond social context; 2) think about the social conditions, conflict, and culture in relation to the image; and 3) reflect on how the researcher in global context critically analyzes images (Rose, 2014). PEI is more participant versus researcher driven with attentive prompts and cues.

Setting

The study took place in a rural VTC program located in Pennsylvania. The study was coordinated through networking and collaboration with the Veterans Treatment Court (VTC) Judge and the VTC Coordinator who also served as the gatekeeper. The VTC Judge provided a letter of support for the study. This researcher's Institution's IRB reviewed and approved the research study. The VTC Judge and the Coordinator recommended the interviews occur in the VTC annex office building in a secure and private room on the 2nd floor to ensure confidentiality. The setting was efficient and ideal as the interviews occurred on the VTC session days, which are held twice per month.

Sample

At the inception, 12 veterans in the VTC program expressed interest in the study. All participants had current criminal, civil, and/or adjudicated legal (case resolved) cases within the rural jurisdiction of the County Court of Common Pleas, Pennsylvania. The final sample comprised six Caucasian male and four Caucasian female military veterans participating in the VTC program. Purposeful sampling is the primary strategy found in qualitative study (Padgett, 2017). This sampling strategy has been shown to maximize perspective on the research problem

and phenomenon being examined (Creswell & Poth, 2018). In total, the sample size comprised a purposive homogeneous sample of 10 VTC participants in this study.

Procedure

The procedure for the study unfolded as follows: 1) met and networked with the VTC coordinator and gatekeeper, 2) attended the VTC court team meeting (e.g. Judge, coordinator, assistant district attorney, public defender, county intensive community programmer, mental health, substance abuse, social work, county veterans affairs director, mentor coordinator, state parole and applicable service providers) for study purpose and support, 3) attended a VTC court session wherein all active participants were present to explain the purpose of the study, 4) met with any interested VTC participants, 5) provided informational study letter, socio-demographic form and the interview questions for transparency, 6) reviewed the VTC participant workbook and 7) attended a VTC mentor training all to fully comprehend the program as the researcher.

Participants

The inclusion criteria were military veterans who provided a military photo(s) of service, described the picture, and were currently participating in the rural VTC program. All participants had current criminal or civil legal charges, or both that fall within the court jurisdiction and are a veteran of the Army, Navy, Marines, Air Force or Coast Guard, including the National Guard or Reserves. Non-veterans and VTC participants who do not meet any of the inclusion criteria were excluded. The study criteria help set boundaries for eligibility, recruitment, and the research aim (Padgett, 2017).

The strategy for recruitment and selection of the interview participants began with the

VTC Coordinator gatekeeper for purposeful, coordinated, time management and collaborative access the interviewees. After completing the informed consent (Appendix 1) and providing a military photo(s) each interested participant was provided an introductory letter (Appendix 2), a brief socio-demographic questionnaire (Appendix 3), including basic descriptive information (e.g., age, gender, race, education), military and civilian; mental health, substance abuse and homeless experiences; and then completed the semi-structured interview (Appendix 4) to ascertain the participant experiences before, during, and after military service to include VTC status and criminal history. Thereafter, through the assistance of the VTC Coordinator, the eligible participants identified and scheduled accordingly. I met with those interested individually to explain the study, my role as researcher, the time involved, confidentiality, planned use of data, and that participation was voluntary and they were free to choose withdrawing at any time. A key part is the establishment of trust and rapport with the participants. During this stage (1-4 above) I asked if the participants had any questions or concerns. All study participants consented to participate in the research and to have the interview responses audio-recorded for later transcription and analysis.

The participants in this study (n=10) are all military veterans participating in a rural VTC. To conduct the interviews, the researcher identified candidates who were in phases 1-4 and the aftercare phase of the VTC program. All participants in this study had volunteered to participate and were not compensated. As a benefit for participation, the subjects had 10 community services hours credited towards VTC program requirement of 100 hours of community services

as approved by the VTC Judge. The informed consent was provided prior to collecting data. The consent was reviewed, discussed, signed, dated, and copy provided to each participant.

Data Collection

The data collection occurred in two stages. In the first stage, the socio-demographic questionnaire (Appendix 4) of the participants was completed, initially recorded in MS-excel, and later converted to the Statistical Package for the Social Sciences (SPSS) program. The variable categories included: age, gender, marital status, race, education, crime history (juvenile, adult, military, post-service), current legal, probation/parole status, branch of military, era of service, combat/non-combat, deployments, discharge, length of time in VTC, phase (1-4) and aftercare phase, sanctions, and psycho-social problems.

Next, for stage two, I conducted in-depth semi-structured interviews (Appendix 5) beginning with the following:

Central Semi-Structured Interview Questions:

1. Describe this photo(s) of you in military uniform.
2. Tell me about your military service.
3. What about your life after military discharge?
4. Describe your experience of participating in VTC.
5. In what way, if any, has the VTC court been helpful or unhelpful?

For the data collection of the semi-structured interviews the researcher utilized NCH software's (www.nch.com) record sound pad to capture the audio for all participants in MP3 format. All MP3 audio recordings were then uploaded to the NVivo Pro 12.6 qualitative data

analysis software (QDAS) program. The NVivo Pro 12.6 QDAS program transcribed the MP3 to word files verbatim to create visuals of cases, establish initial themes, relationships, and patterns. All interviews lasted between 1-2 hours and occurred at the VTC office building or an agreed upon location as a contingency. In collecting the data, some distress, emotional harm, and unforeseeable risks may include discussing a veteran's military service, photo(s), and especially where trauma (combat, sexual, non-combat) had occurred. Some discomfort did arise in the narrative about participant involvement with the CJS where PTSD from combat or MST has transpired. The participant was provided emotional support and made aware of VTC and community resources available. The researcher sought to do no harm, discomfort, or burden and provided community and educational resources for federal, state, and county level behavioral health, substance abuse, and crisis contacts for participants. At the conclusion of each interview, participants were again asked if they had anything additional to share and thanked for volunteering in the study. The data collected were stored in a password-protected program, secured, and remains in the possession of the researcher.

According to Padgett (2017), PEI usually is a one-to-one participant driven mechanism to elicit memories and feelings using photo visuals. The veteran will reminisce and storyline of photos of their military entry, boot camp, training, vocation, and deployments. The photo and visual depict a story that led to a fuller narrative and understanding of the participant and community and can stimulate individual, societal, and political wheels to change (Wang, 1999). The photo visual may be the gateway to more dialogue, offer a deeper meaning about their service and a connection to present time, place, and circumstance. The photo narrative is

opportune to a fuller understanding of military enlistment to criminal offending because both PEI and IPA can provide the avenue for veterans to reflect and describe their viewpoint of military service through pictures, experiences, transformation, narratives, and insight into the phenomenon (True, Rigg, & Butler, 2015).

Data Analysis

According to Rose (2016), there are four stages of PEI content analysis: 1) identify the photo visual with the research questions in mind, 2) create categories for coding, 3) code the images, and 4) analyze the results (Rose, 2016). Open coding intensifies the researcher's focus on the data and away from prior notions or concepts (Padgett, 2017). The researcher utilized open coding and constant comparison of the data. Open coding leads to axial coding and categorizing to explain the core phenomenon (Creswell, & Poth, 2017). The breakdown of the interview data into parts led to further query from the original transcript narrative to interpretative meanings. In review of the data transcripts, the researcher listened to the audio recording with the transcriptions to check for accuracy, removed identifiable information, read, and reread line-by-line, assigning codes, constant comparison, labels, notes, both e-version and printed hard-copies, during the data analysis process.

The NVivo Pro 12.6 (version) QDAS program was utilized to analyze the results. NVivo categorizes, codes, analyzes, organizes, interprets, and maps, to capture the deeper meanings of the composite experiences represented in the interviews. The data management by the researcher consisted of two levels of coding. Level one consisted of line by line coding, open coding, memoing, and field notes divided into parts, examined, and compared to identify initial themes,

codes, and minimize bias. The study embraced the QDAS seven steps of constant comparison, content analysis, keyword, word count, domain, taxonomic, and componential (Leech & Onweugbuzie, 2011). In level two the data were sorted to define primary codes, frequencies, patterns, and themes that emerged and fit together in clustered categories. The researcher remained vigilant and mindful of the research aim. The researcher wrote field notes immediately following the completion of each interview. This was reviewed and decisions made during the analytic process to assist in identification of themes and codes. Then, the codebook (Appendix 5) was created, identifying the codes, definitions, and themes that emerged and quotes from the participants that support the themes.

In qualitative research, there are six ways to open doors and discover these themes and patterns: 1) frequency, 2) magnitude, 3) structure, 4), processes, 5) causes, and 6) consequences in relation to the core research questions (Rubin & Babbie, 2017). The files were organized for each semi-structured interview by content, relationships, nodes, words, themes, and general field notes. The data driven analysis involved listening again to the audio files, immersion, reading, and reviewing the interview transcripts line-by-line, notating, identifying initial themes, clustering of themes, cross-matching the meanings, categorizing, open coding, and re-reading the transcripts prior to finalizing the themes identified.

There are six strategies to enhance rigor and trustworthiness of the data: 1) prolonged engagement, 2) Triangulation – corroboration from at least two sources, 3) peer debriefing support (PDS), 4) negative case analysis for deviant, 5) member checking, and 6) audit trail (Rubin & Babbie, 2017). PDS will enhance the researcher’s perspective, reflexivity, and biases

(Padgett, 2017). A researcher can utilize PDS and member checking for feedback, consultation, insights, constructive suggestions, and rigor. First, during the interview the researcher clarified any questions or concerns and confirmed through member checking each participant understood the scope of the study. Second, once the interviews were transcribed from audio, the researcher used member checking with the participant for their review to validate the transcript accuracy. The participants were provided printed copies of their transcripts to review. The participants were asked to review, expand, and clarify their interview transcripts to obtain their subjective truths. Herein, minimal input was received from the participants who primarily related to spelling and word errors in the NVivo QDAS program. The member checking augmented the review to assess transcript accuracy, emerging, and final categorization of the study results, which enhanced overall credibility, ensured validity, believability, and trust, which are the foundations of qualitative research (Creswell & Poth, 2018; Padgett, 2017). Minimal feedback was received from the participants after their review of the transcript. Both member checking and PDS underscore the important goal of engaging the participants in furthering the emic collaborative discourse. As the researcher, I sought to understand and assemble the meaning of the interactions between and veterans, their service, their subjective life experiences, problems, and perspectives of the VTC program.

Bracketing

According to Creswell and Poth (2018), bracketing is essential in qualitative study. To maintain clarity and avoid researcher bias I maintained a reflective journal during the study to capture my thoughts, feelings, and attitude, avoid bias, remain non-judgemental, and adhere to

ethical research conduct in accordance with the Millersville University Institutional Review Board (IRB). In the interview process, where appropriate, I did share the following: military service, being a veteran, period of incarceration, parole, stigma of a criminal record, and related life struggles and successes. Self-disclosure is an important way to build trust, but needs balanced to avoid bias (Padgett, 2017). The researcher ensured minimal risk through the following sequence of steps: 1) informed consent; 2) openness, honesty and transparency; 3) a member checking review of transcripts with participants; 4) full disclosure to VTC team, especially behavioral health and substance abuse providers; 6) completed the IRB/CITI training; 7) maintained a reflective journal for bracketing and controlling for bias and 8) inclusion of Millersville University IRB and researcher telephone and email contact information on the Informed Consent Form. This study adhered to the ethical guidelines and procedures outlined by the Millersville University IRB.

Researcher Stance

The researcher's stance and strategy guided the research aim and central interview questions. In reflection and positionality, I am a person, student, researcher, military veteran, male, Caucasian, educated, Irish German, social work practitioner who possesses a personal inside-out perspective of criminal justice involvement and inherent struggles. The researcher is honest, shared discretely but did not seek gratification, and remained vigilant and maintained study integrity. Many veterans want to know if there is any commonality with the researcher, which may lead to rapport and a fuller discourse in the process.

In my former social work role, the complexities and challenges of the traditional and problem-solving court system and CJS are clinically and administratively comprehended. I do not understand or connect to all their participant experiences or psychosocial problems. In reflecting the study phenomenon of interest, I need to be cognizant of gender, race, and class (Gibson & Abrams, 2003) and acknowledge the differences between the participants and researcher as well as the similarities and connectedness to build engagement and rapport. I am a Marine Corps veteran (1976-82) and honorably discharged. I am very familiar with the dynamics and complexities of substance abuse, Post-Traumatic Stress Disorder (PTSD), trauma, being homeless, the vicious cycle of relapse and criminal recidivism on a professional level.

Personally, I have an inside-out perspective having served 5 years in Pennsylvania Department of Corrections (1983-88) as well as state parole. For instance, about opiate overdoses/deaths – I have attended an abnormal number of veteran funerals and buried three of my own siblings (two of whom were Marine and Navy veterans). In another vein, many of these veterans were incarcerated, and this is a traumatic experience. I have been to a plethora of correctional settings, and the majority of which do not have veteran programs and services other than people like my prior veteran's justice outreach (VJO) role in Pennsylvania, Ohio, Kentucky, and Indiana, to visit. To maintain clarity and avoid researcher bias, I maintained a reflective journal during the study to capture my thoughts, feelings, and attitudes. I avoided bias by remaining non-judgmental and adhering to ethical research conduct. During the interviews, where appropriate, I did share with the interviewees the following about myself: military service,

being a veteran, period of incarceration, parole, stigma of a criminal record, relevant life struggles and successes.

The qualitative methods evoked thoughts and feelings of events, situations, and circumstances through photo(s) and discourse where the participant may have suffered trauma. The associated risks of participation in the study are deemed minimal and no one than what a person daily but are possible. The researcher is trained in trauma-informed care, motivational interviewing, and cognitive-behavioral therapy. Many of the participants are currently or have been through programs related to behavioral health, trauma, medical, substance abuse, familial, incarceration, or homelessness problems.

Chapter 4: Results

Through photo elicitation interviews (PEI) and interpretative phenomenological analysis (IPA), my research intent was to comprehend the lived experiences and make sense of how the participants understood their lived life events and perceptions of the Veteran Treatment Court (VTC) program. Themes that emerged through data analysis reflect dimensions of identity and align with identity and life course theories (see, Table 4.1). The narratives shared by veterans as they told their life stories revealed five explanatory major and minor themes that provide context for veterans' perceptions of their movement from "patriot" to "criminal." Data from narratives also provided examples of VTC strategies that proved helpful to veterans who were struggling to understand, reconcile, reintegrate, and reclaim their sense of self. The interviews revealed unique experiences, uncovering themes, patterns, and commonalities as well as differences in their military service and array of criminal charges, mainly drug use and public disorder. The interviews began with the participants describing and reflecting upon their military photo visual, which evoked thoughts, feelings, meaning, and life path that empowers their story. The participants shared reasons and influences of why they volunteered to enlist. Military occupation and deployments spanned service type, discharge type, arrests, and crimes to VTC involvement and perceptions thereof.

Table 4.1 *Themes and Sub-Themes*

Applicable Theory	Themes	Frequency	Clustering
Identity Theory	1. Patriotism	10	Pride, proud, honor, courage, dignity, ideals, tradition & values
	2. Purposeful	10	Service, sacrifice, duty, comradery, benefits and legacy.
	3. Warring Identities	9	Addict, criminal and/or veteran status; confusion and diffusion.
	4. Reconciliation	9	Betrayal, shame, guilt, remorse, repent and redemption.
	5. Positivity	10	Treatment, recovery, desire, hope, optimism and change for future.
Applicable Theory	Sub-Themes	Frequency	Clustering
Life Course Theory	1. Betrayal	3	Sexual harassment, assault, shame, dissociation, secretive, blindness and need for justice.
	2. Spillover	5	Maladaptive cognition-behaviors cultivated in the military (sexual, IPV, substance abuse and crime).
	3. Stigma	5	An emotional, psychological or social mark associated with crime, military service, addiction or condition that hinders growth.
	4. Traumas	4	Other than PTSD, MST; childhood, incarceration, kidnapping, torture and victimization.

The data coding and analysis provided description, context, and condition for interpretation of individual and aggregate experiences and perspectives. The Quality Data Analysis Software (QDAS) program was utilized to analyze the data, the narratives, field notes, memos, the researcher’s journal, and the participant’s emotions and non-verbal cues, which

yielded five major and four minor themes. All major themes are applicable to all participants whereas the minor themes only applied to a few. These themes and sub-themes provide a sense of the participants' understanding of the "how and what" their lived experiences and perceptions are in relation to the phenomena. The results of each participant's interview story of lived life events, experiences, and VTC perceptions that emerged are summarized in Table 4.1 and then explicated, below.

Explication of Themes

As noted above in Table 4.1, the major themes (patriotism, purposeful, warring identities, reconciliation, and positivity) emerged from the collective interviews. These major themes align directly with identity theory and are explicated, below.

Theme 1: Patriotism

The first theme is categorized as patriotism and clustered in references of pride, proud, honor, courage, dignity, ideals, tradition, and values. Patriotism then is a quality that the public embraces about servicepersons and discharged veterans. In the case of participant HERC:

"I was conditioned in chaos, born to serve and defend." HERC is a 32 year old, male, single, Caucasian, who enlisted in the Air Force at age 18. HERC had his 1st adult arrest at age 22; 3 arrests in his lifetime (violent and public disorder offenses). He had 1 UCMJ charge for disrespect of senior enlisted, general discharge, served 6 years, was in combat, deployed twice to Iraq, GWOT veteran, and is in phase 3 of the VTC program.

"In the photo I was a private, first class United States Air Force at the time. I had just returned from my first deployment in Iraq for eleven months. Pretty solid ribbon rack for a yellow ranking airman. There is a lot of pride in that picture for sure. I think I can make a real testimony out of my situation because that was kind of the pinnacle of my military

career cause there too. In addition, you hit that peak and I went downhill in a hurry not too far after that. I value character quality all the above. Paul the apostle said, perseverance builds character. So, I know that might sound contradictory considering I am in a veteran's treatment program, but I think my story is going to have a happy ending."

HERC explained some of his life experiences. "I grew up in a severely physically abusive household at the hands of my stepfather and ran away from home at age 16." HERC did not do well in school, but was a good athlete in the sports of football and boxing. He admits when there is conflict his response is flight or fight. HERC emphasized, "his childhood programming made him." He is now affiliated with a nonprofit organization that does rescue missions for countries to rescue children out of sex and labor slavery. He enlisted in the Air Force security services and after 911 and his conviction, "this will never happen again within the confines of my abilities that only me." HERC says the only thing that ever really bothered him about the military is "maybe you have four stripes on your arm, and I have three. You get to treat me borderline however, you want. And I have a little bit of an old school mentality like we can go back, build and figure this out." HERC also explained there were numerous situations, especially in combat, where he was not confident that the person leading the charge should have been. HERC verbalized a positive perception that VTC legal is related to military service.

Theme 2: Purposeful

The second theme is purposeful, which clustered together service, sacrifice, duty, comradery, benefits, and legacy. The act of enlisting is purposeful, and the reasons varied by participant. In the case of participant TG's purpose: "My pride and patriotism carry me." TG is a 70 year old, male, married, Caucasian who enlisted in the Marines at age 17 and served 6 years.

He later served in the U.S. Coast Guard for 2.5 years. His 1st arrest was at the age of 19 for underage drinking; he had 3 lifetime arrests (public disorders). He was a combat Vietnam veteran, received 1 non-UCMJ, received general discharge from the Marines and honorable discharge from the Coast Guard, served 2 deployments (Japan & Vietnam), and is in the aftercare phase of the VTC program.

“I believe this photo is boot camp. And we get your helmet in the court with a smile. You could hear a Marine not smiling. Besides that, you cannot see a reason to smile again. That is the only picture I have. I got this man; mother got it from my grandmother. My grandmother passed away. It is the only picture I have now. That is about all I can tell you about things here. We were lined up in terms like a schoolteacher, right. So that is about it. I was in a radar and Hoorah. Yeah. My youth and inexperience in the eyes, bewildering. I’m a patriot and proud to have served.”

TG talked about his story of enlisting at age 17 but he could not go to Vietnam until he was 18. He was stationed in Okinawa, Japan for 2 months and worked as a jet mechanic. Once he turned 18, he was shipped to Vietnam and worked as a mechanic. He reports constant mortar and rocket attacks on the base and suffers from PTSD. He says he only fired his weapon once. “Rockets just scared me terribly.” CM says he was motivated to enlist because a local friend had gone to Vietnam and died there. CM says he drank alcohol a lot and has suffered many legal, social, and personal consequences. He emphasized that he was once sober for nine years without treatment or AA. “Short-term fixes don’t give long-term results.”

Next, in the case of participant HB’s purpose, her service spanned 34 years of military service. “The military broke me out of my shell.” HB is a 62 year old female, divorced, Caucasian, enlisted in the Air Force at age 20, served 4 years, and then re-enlisted 10 years later in the U.S. Army reserves for 30 years. Her 1st arrest was at age 54 (DUI – public order offense)

and had 2 lifetime arrests (both DUI's). She is a PGW and GWOT veteran, was deployed to Kuwait, received honorable discharge, and is in phase 2 of the VTC program.

HB "My stepmother found this picture in her wallet! The photo is from basic training taken at basic training at the Lackland Air Force Base, San Antonio, Texas. It was one of the best decisions I ever made in my life and I made that call on my own without talking to my parents. I just went and did it. However, a teacher at school influenced a girlfriend and me. He was a 20-year Air Force veteran. Therefore, he talked about the Air Force and he talked about the military a lot. And so that's what influenced me and my girlfriend to join."

HB articulated her life experiences and says she was sort of a "loner" growing up. Her mother died at age 33 in 1969, and her father remarried, and the family increased from three to seven siblings. HB says her Dad was a heavy drinker but stopped when he remarried. HB talked about a difficult relationship with her stepmother, which spanned her life until she divorced and "then we got closer." HB worked in administration, clerical and supply in the military. HB says that she started to drink alcohol increasingly after her divorce in 2013, which led to DUIs and her participation in VTC. HB says her legalities are negatively related to her military service.

Theme 3: Warring Identities

The third theme is warring identities. The theme clustered addict, alcoholic, criminal, and/or veteran and yielded confusion and diffusion. Several of the participants described their veteran versus civilian identity while others struggled with the identity of an addict versus criminal. The veteran identity is a socialization process that forms in a socio-historical, generational and life context. There is no known unified theory of veteran identity. The socio-culture engrained and embraced and the identity that ensues, serves as a social anchor to build

upon through life pathways and pursuits. This becomes a battle and a war of identities as stated in the case of BS.

“I’m two people – a criminal and an addict.” BS is a 30 year old, male, divorced, Caucasian, homeless individual who enlisted in the Marines at age 20. His first arrest was as a juvenile at age 16 & 17 (underage drinking and marijuana). He obtained both legal and drug waivers to enlist to be a field radio operator (later became armored vehicle mechanic). His 1st adult arrest was at age 20, and he had 4 lifetime arrests (drug and public disorder), 1 non-UCMJ and 1 UCMJ court martial. He served four years in the Marines, was discharged other than honorable (OTH), served during the Global War on Terror (GWOT) era, and is in the aftercare phase of the VTC program. BS is on a last chance VTC contract. He has been in the VTC program for four years and the program length is two years. BS has had 20 VTC sanctions for positive urine screens and sundry other program violations.

“The photo is when I was at boot camp in my Marine Corps Dress at Parris Island, South Carolina. The picture makes me feel proud, very proud. I mean, I was nervous, scared on same time that day. But seeing me in there seems like a lifetime ago. I loved the Marine Corps. There are times now that I wish I could go back and do it again where I would not be so cocky and so arrogant break that I made the mistakes I did while I was in. I feel a great sense of pride. I was in the Marine Corps.”

BS detailed his life experiences through story of substance abuse, negative peer, and social influences pre-service, during, and after the military. BS explained that he excelled in the Marines the 1st 2 years and was injured during a training exercise, was prescribed pain pills, got addicted and sought, bought, and sold heroin. BS talked about the sub-culture of drugs and crime in the service and that those in the enlisted ranks about his corporal status sought him out for heroin. He talked about the difficult transition leaving the marines and transition to civilian life.

His illegal activities and substance use led to periods of jail time and now VTC involvement. BS talked about the struggle of identities between viewing himself as both a criminal and an addict. His perception of VTC: “The Judge is very fair and cares.” The VTC program “has helpful more than words can express. “There is a brotherhood, pride, heritage and tradition here, like being in the military.”

Theme 4: Reconciliation

The fourth theme was reconciliation and clustered together institutional betrayal, shame, guilt, remorse, repent, and redemption. JD – “I wish I would have reported and not been afraid.” In the case of JD who is a 31 year old, female, divorced, Caucasian, enlisted in the Army at age 17, her 1st arrest was at age 21 for a DUI. She had three lifetime arrests (all DUI’s – public disorder) and 1 non-UCMJ (alcohol related). She served four years in the Army active duty, was honorably discharged, has been in the Army reserves for 10 years, served during the GWOT era, and is in phase 1 of the VTC program. Participant JD stated:

“The photo was taken by one of my annual trainings early on in my career. It is me and a few other soldiers walking at Fort Indiantown Gap, PA. The photo is peaceful photo, shows unity. We are walking away, and I feel like that is rather where I am at now. Even though this has taken a long time ago, I am just kind of walking away from the military. It was taken when the army was still fun for me and before I had any negative experiences and was before I was assaulted. Everything had been a good experience up until then. In addition, like the soul, it was negative, but then a lot came from that. This assault did occur on the military installation, Fort Pickett, Virginia. I did not report because I was just afraid, and I do not think anybody would believe me. The assaulter was my first line leader, but he was the unit victim advocate for sexual assault, and he made threats to keep me quiet.”

JD is currently exiting the Army after 14 years. “I always wanted to join but now I just want it to end. I wanted to be part of something bigger than myself.” JD also explained that she

is a recruiter for the Army and has not shared her story with female recruits. However, she has informed all females that if there is any harassment or assault to report it immediately despite consequences.

JD talked about her experiences of sexual assault, military system betrayal, secretive, sedation, coping through use of alcohol, lack of trust, guilt, sorrow, remorse about her DUI, stigma, and sense of male domination in the military and VTC program. JD verbalized a positive perception that VTC legal is related to military service. JD explained that she hid her sexual assault for 11 years and used alcohol to sedate and cope. She did not seek help until her third DUI.

Theme 5: Positivity

The theme of positivity clustered through treatment, recovery, desire, hope, optimism, and change for the future. DW stated “I’m ashamed of my substance abuse, but not my recovery strides.” DW is a 31 year old, male, single, Caucasian who enlisted in the Army at age 19. His 1st arrest was at age 16 (drug and public order offenses). He obtained legal and drug waiver to enlist. His 1st adult arrest was at age 18 for underage drinking. He had three adult lifetime arrests (property and drug offenses), one UCMJ and had two weeks unpaid and two weeks barracks restriction, and spent four years in prison for burglaries. He was in combat, deployed to Iraq, honorably discharged, and is in phase 2 of the VTC program. His VTC program is part of his 4-year prison sentence and a condition of his release.

“The photo is of me and some of my buddies from my unit. We were on a Chinook helicopter leaving here from Bagram Air Base and we made one stop at Forward Operating Base (FOB). Then we went from there to FOB GA days, which was where then I was stationed at its Impact Your Province on the border of Pakistan. It is like

where you see those training videos of the terrorists climbing across the monkey bars. Like just below where the movie Lone Survivor would have taken place. So, we are you're on the border of Pakistan and this is us all excited and happy, getting ready to go in, not know or going in for what we are doing, just knowing we're going OK. About 20 people on each one and then you have all your bags and rucksacks piled down through the center. In addition, everybody is on wall seats sitting in there, tail gunner on the back, a gunner on each side, dory by the front of the cockpit, just watching my little time while I was flying over the mountains. We are all a bunch of 18, 19, 20-year-old kids about to go into a war zone and know what we are getting into. It is mostly just like good feelings, its anticipation and excitement. You know, you are going to do what you are trained to do”.

DW voiced his life experiences and said, “I can remember my mom coming in and telling me that a local person was killed in Iraq and because I just really didn't think that, like somebody from Jamestown, Pennsylvania, would be killed in a war going on halfway around the world. I enlisted in the Army infantry and knew I was going to go see how terrible people could be to people and know that I was going to actually get the experience, what real fear is!” DW emphasized that warriors are a celebrated part of many cultures and that we hear about them is this glorious part but do not hear about the “misery” that they personally go through. “Therefore, many kids lived very close to us in town. In addition, there was a small group of us that we were all big in those playing outside and stuff yet and just athletes.”

“My military experiences did affect later crimes. Coping with the PTSD is probably the number one reason why I started to use drugs the way I did. Fed my drug habit. I could not sleep, so I could not sleep. I could not go around people. Heroin gave me the ability to do both. Even I would still have nightmares I could sleep through. I did not care about going around people because if I was on heroin, I was not half the time anyways. In addition, I am so relaxed and care about being around people, you know, versus if I were sober, I could not be around anybody

because I scared about everybody. Therefore, I am trying to get sober repeatedly and could not do it. Then eventually I just ended up going to I was starting to get back into the VA and I started to rather realize that there are some things going on there. Well, I committed crimes which would define me as being a criminal. I am not evil like some criminals are, right. Some people commit crime because they have a true sense of evil in them that makes them want to hurt people. I commit a crime because I wanted to hurt anybody. I am disgusted by what I did. It makes me sick at night and it still hurts me to think about what I've done to the families that I affected by the crimes that I committed, because I know that I have ninety thousand dollars in restitution that only covers the items that were taken.”

Explication of Sub-Themes

As explained in Table 4.1, the minor themes (betrayal, spillover, stigmas, and traumas) emerged from the collective voice of the participants. Adherence to a life course theory timeline allowed veterans to consider long spans of time with considerable detail. From their stories emerged context that helped to explain the identify dimensions described above. Their explanations are grouped in minor sub-themes, below.

Sub-Theme 1: Betrayal

This sub-theme clustered through reports of sexual harassment, assault, shame, dissociation, secretive and blindness, and need for justice. According to Katz (2016), a betrayal is a traumatic sexual harassment and/or assault event(s) that transpired in military service and results in dissociation (blindness), interpersonal, and/or psychosocial problems. The Veterans Administration (VA) classifies a betrayal as military sexual trauma (MST) and uses the term to

refer to sexual assault or repeated, threatening sexual harassment that occurred while the veteran was serving in the military (Katz, 2016).

KBP stated, “I was so ashamed of my military service and discharge.” KBP is a 33 year old, female, single, Caucasian who enlisted at age 23 in the U.S. Air Force to be a medic. Her 1st adult arrest at age 31 was for a Driving under the Influence (DUI – public disorder) of alcohol charge. She served 10 months on active duty during the Persian Gulf era, was honorably discharged, and is in the aftercare phase of the VTC program and will complete in May 2020.

“I think that this photo definitely represents a turning point in my life. Like the person in that picture, I mean, it is clearly me. But it is not who I am anymore like that. It is not as that was mean before. What you see in me now is not the same person at all. In this one, this picture was taken, I was very optimistic person and I still can be. But I mean, my friends that I had cartoon characters in my head because I would walk around singing songs. I had a lyric for everything. I was just a different person back then”.

KBPs experiences are detailed here: Sexual assault, military system betrayal, secretive, sedation, and coping by alcohol, lack of trust, guilt, sorrow, remorse about her DUI, stigma, sense of male domination in military and VTC. KBP verbalized a positive perception that VTC legal is related to military service. KBP explained that the connection is that she was ashamed of her service discharge and MST. She used alcohol to sedate and cope for years. She did not seek help until her DUI.

Sub-Theme 2: Spillover

According to Bradley (2007), the premise is that interactions are unbalanced when there is rigidly structured environment (military life) then spillover may occur in terms of time, space, and energy, and behavior is generally negative (e.g., IPV, sexual assault, etc.). As an intervention, Strength at Home (SAH) is an EBP intervention that targets anger, aggression,

and IPV perpetrated by military veteran offenders and is a clinical utility for VTC (Hayes, et al., 2015). The program can increase social, behavioral, and health coping and outcomes while decreasing anger, aggression, and maladies (Blonigen, et al., 2018; Zalta, 2015).

CM: “I was very happy and proud to serve.” CM is a 46 year old, male, married, Caucasian who enlisted in the Army at age 19. His 1st arrest was at age 24. He had four lifetime arrests (violent, assaults, domestic partner abuse and public order offenses), served seven years in the Army, had one deployment (Germany), and is in the aftercare phase of the VTC program. He had one sanction in VTC for simple assault and concurrently served six months of Mercer parole to remain in the program.

“That photo was taken and I’m pretty positive it was at Fort Hood when I came back from Korea. It was a new I.D. card. They were going to start trying to hand out everybody, but I think they pretty much went back on it for some reason. That is the only one that I have had. I mean because my grandma has most of the other ones in my mother. I was in the military and happy and proud and happy. I was gung-ho and I was alone. And looking at that photo like then versus where the person you are today. I am still a proud Person. I still take care of, you know, the way I look, the way I feel my clothes. I do not like anything nerdy. And I’m real Obsessive-Compulsive Disorder.”

CM voiced his experience and influences: “My dad left when I was two. My sister was four. We grew up at my grandmother’s house with my mom and my grandfather, but he left when we were like 10. I grew up around mainly women and I guess that why I respect them more. I take pride in yourself, you know, showing respect, you know, of, like I would say, and being around military bases, you can tell the difference between the civilians, you know, go the Veteran of Foreign Wars (VFW) or legions and, you know, being with other veterans. Everybody’s proud and everybody respects each other, shows respect to each other.” CM verbalized a negative perception that VTC legal is related to military service.

CM talked about his pride in serving and difficulty transitioning from military to civilian life. CM talked about his life struggle with alcohol and anger. He says that when he drinks, “I become another person.” Although reared by women he has had episodes of IPV in the past. CM has over a year of sobriety now and has married within the last year. CM attends AA and has a home group and sponsor for support.

Sub-Theme 3: Stigma

This sub-theme represents an emotional, psychological, or social mark associated with their crime, military service, addiction, or mental health condition. CHL reported, “I decide to go with it because I wasn’t going to lose my license.” CHL is a 52 year old, male, divorced, Caucasian who enlisted in the Air Force at age 19. He served three years. His 1st arrest was at age 27. He had five lifetime arrests (all alcohol public disorder) and one UCMJ (alcohol offense). He was honorably discharged and is in the aftercare phase of the VTC program.

“It’s a graduation photo from the Air Force when I graduated from Flight 138, basic training. When I look at this photo, I would say it is a photo of a young man that wanted to serve his country, and that is what he did. I have high regard and respect for all service members and women. I have gotten a chance to meet many different people that come from backgrounds, races, and social aspects of life. In addition, I believe it made me more rounded. It made me more open to the world as a young man.”

CHL talked about growing up doing well in high school, involved in sports, music, and mechanics. He talked about the death of his older brother during high school who was also a musician. “I became a missile technician and was able to adapt to the service. At first, I did not really like the whole I do not have to be, you know, doing things a certain way or anything like that. But I learned that I could not change that, and I had to deal with that and everything like that kind of part in life and the way certain things in life did.” CHL talked about the employment

benefits of being a veteran – people like to hire us “due to discipline and respect.” He also talked about a marriage that lasted for six years but ended in part to drinking alcohol. “I wouldn’t say I drank excessively, but probably more than your average person.” He expressed a negative view that his legal relates to his military service.

Sub-Theme 4: Trauma

In this sub-theme, participants reported traumas other than PTSD and MST. These traumas included events rooted in childhood, incarceration, kidnapping, torture, and victimization. “Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMSHA, 2014).

Amber reported, “I’m able to show that to my children so they can do things and accomplish things, set goals in life so that you can.” Amber is a 41 year old, female, single, Caucasian who enlisted in the Marines at age 17. Her 1st arrest was at 16 (property and public order offenses). She obtained legal and medical waiver to enlist. Her 1st adult arrest was at age 37. She had two lifetime arrests (property offenses), was UCMJ court martial (drug offense), received other than honorable discharge, served during the GWOT era, and is in phase 3 of the VTC program.

“This photo was taken in boot camp in Parris Island, South Carolina. Moreover, I just remember that day we were working out. I always show that one my kids. Moreover, I love the best about me in the military. The photo makes me proud. In addition, you know, to be able to join the service, complete boot camp. You know, that is a hard thing to do. It

was not easy on the Marine Corps boot camp and to do that and graduate. All right. I remember getting to the parade.”

Amber detailed her life experiences: “I was a teenager in high school. A lot of cheerleading football games. Therefore, I was very outgoing and had a lot of social bonds and friends. So, a lot of positive influence.” She said her biological father was a negative influence. She calls her stepfather, my father. She described her father as an alcoholic. He would just show up at times or just call and not be there for years. “I met him when I was seven and then he disappeared again. Therefore, that was kind of a negative influence, but I learned to accept it as the years went on.” Amber was injured in basic training at Parris Island, South Carolina. Afterward, she attended but did not complete Marine combat training. During this time, she was sexually assaulted. A decade after discharge, Amber verbalized that while residing in Florida she was kidnapped and tortured for six months until she escaped.

Amber has had two VTC sanctions for relapse in the program and verbalized a negative perception that VTC legal is related to her military service. Amber talked about her perception of VTC by saying that in the beginning she was a little bit scared because you must talk in front of a judge and read papers. She perceives this is a little intimidating at first “but once you got there, like the first time I read, it was very nervous. Nevertheless, as the time progressed, you must see the judges very nice. In addition, the people were there like; ‘I am your side to help you’. VTC is like a form of therapy and it is a more relaxed environment. In addition, I thought it was at first, you know, it is still formal, but you know, they are very nice, and they are to help you. Therefore, if you into trouble I am going in the penalty box, you know, is a lot better than being on probation.”

In exploring the helpfulness of the VTC program, participants reported the primary treatments available included substance abuse (SA), Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), mental health, Moral Reconciliation Therapy (MRT), Safety @ Home (SAH), anger, Traumatic Brain Injury (TBI), group, and medical. The recovery supports were peer mentor (PM), Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Celebrate Recovery (CR), and Women's Group (WG). All the participants voiced positive regard for the helpfulness of the VTC program but specifically the Judge, VCC, Social Worker, and peer mentor (see, Table 4.2).

From military service to current VTC status, their life course paths differed. In VTC, the JIV's challenge is to accept, reconcile, or reject the realities that span military and discharge veteran status. The VTC program provides an environment and atmosphere conducive to reshape maladaptive criminogenic thinking, prevent relapse, and criminal recidivism. Thus, the intervention potency and realities help shape self-perception, instill confidence, and foster an attitude toward treatment, recovery, openness to help, and positivity towards their future and change.

Perceptions of VTC Helpfulness

HERC provided his perception of VTC helpfulness: "I know at first I was really apprehensive. I just was not quite on board. I was a little bit better because I was not sure if I belonged here. Ultimately, Brad, I mean that the morning after my arrest, I sat in front of a judge that told me I could be looking at 10 years of state prison for assaulting a police officer. The more and more time I spent with VTC and the more I've got to know people that the more

phenomenal I think this program is. It really gives people a second chance. That is some it is a terrifying experience to be in front of a judge or to be locked down and it is traumatic. The Judge has credibility as he has walked the walk.”

TG’s perception of VTC: “The Judge is a veteran; he understands and gives respect back.” TG affirms that the VCC, Social Worker, and mentor have all helped and are “true team.. HB’s VTC perception of helping was, “I think Veterans Court is absolutely great. The VTC gives you a chance to hopefully straighten your life out, you know, to maybe get you back on the right track, or if you if you're a substance abuser or an alcoholic, kind of might have you . If you have not identified with that, I think it helps you identify with that, because you must go to Alcoholics Anonymous (AA). However, for me, I think it was God, I think just intervened. And people that aren't in the military don't understand that bond. They just don't know, it's like their own family in their own community!”

JD’s perception of VTC’s helpfulness was, “The Judge is emotionally invested and cares. The program has been very helpful and provides for my possibilities for change and beyond. I have a strong veteran identity.” JD emphasized that one thing to change in the program is to have people return who have graduated to share their challenges and triumphs.

DW articulated his perception of VTC program as very helpful and the Judge is very fair and lenient. “It makes it easier for me to connect to him because we have that bond. In addition, that is just a common bond that all veterans share. You know, whatever branch service you are in, just knowing some other person was a veteran automatically connects us in a way that other people just do not understand. Last, I think if there was a way to just maybe create just a little bit

more of connection with amongst the veterans in the group. Each veteran in the room is important because it creates compassion for each other.”

KBPs perception of VTC’s helpfulness was, “I was a nervous wreck and the Judge intimidates me. The VTC program is very helpful; like a family, comradery, team, renewal and hope. The Judge, Veterans Court Coordinator (VCC), VTC team, Social Worker and Mentor are helpful; except I do not connect with the Social Worker in that she is not a veteran.”

CMs perception of VTC’s helpfulness was, “The Judge is a spectacular person. He is very fair, does what he must do, and people keep screwing up cannot blame him for their problems. They know the rules and it’s their fault if they keep messing up.” CM talked about the SAH and how that has helped him with anger and domestic issues. In addition to the Judge, CM emphasized that the Social Worker and his mentor have been superb. CHL’s view of VTC is “teamwork, helpfulness, caring, support and learning that alcohol is a problem and life can be different without it.”

Amber is thankful for VTC and being able to be sanctioned. The VTC helped her get drug treatment rehabilitation. “So, they have been very helpful, supportive, and very thankful for them. You have to be accountable for your actions and you get upset for a second.”

Table 4.2 *Summary of Treatment, Recovery and Notable Quotes of VTC Helpfulness*

Participant	Treatment	Recovery Supports	Notable Quotes of Helpfulness
KBP	SA, PTSD, MST, MRT, Group, Medical	WG	“The VTC program is very helpful; like a family, comradery, team, renewal and hope”.
BS	SA, PTSD, MH, Anger, MRT, TBI, Group, Medical	AA, NA	“The VTC program has helpful more than words can express”. “There is a brotherhood, pride, heritage and tradition here, like being in the military”.
JD	SA, PTSD, MST, Grp, Medical	AA, WG	“The Judge is emotionally invested and cares”.
CM	SA, PTSD, MH, Anger, SAH, MRT, TBI, Group, Medical	AA	“The Judge is a spectacular person and he is very fair”.
TG	SA, MH, Group, Medical	AA, CR	“The Judge is a veteran; he understands and gives respect back”. TG affirms that the VCC, Social Worker and mentor have all helped and are true team”.
Herc	PTSD, MH, TBI, Anger, MRT, Group, Medical	CR	“VTC is a phenomenal program, gives people a second chance and the Judge has credibility as he has walked the walk”.
Amber	PTSD, MH, MST, MRT, Grp, Medical	AA, NA, CR	“VTC is like a form of therapy and it is a more relaxed environment”.
DW	SA, PTSD, MH, TBI, MRT, Grp, Medical	AA, NA	“VTC is very helpful and the Judge is very fair and lenient. It makes it easier for me to connect to him because we have that bond”.
HB	SA, Group, Medical	AA	“VTC is absolutely great”. Gives you a chance to hopefully straighten your life out, you know, to maybe get you back on the right track”.
CHL	SA, Group, Medical	AA	“VTC is teamwork, helpfulness, caring and support”

Tables (4.3 – 4.8) shows the socio-demographic and military descriptive data sample (n=10). The average age was 43 (*SD*14.3). There were 6 males and 4 females, all were Caucasian, 40 percent were single, and 40 percent were divorced. The average age of enlistment was 19 (*SD*1.81), a majority served during the PGW and GWOT Air Force and Army era, 40 percent were in combat, 40 percent were deployed, and 80 percent were honorably discharged.

Table 4.3 *Socio-demographics & Military Service*

Socio-demographics & Military Service	<i>M</i>	<i>SD</i>
Age	42.8	14.3
Age Enlisted	18.8	1.81
	Frequency	Percent
Combat	4	40.0
Non-combat	6	60.0
Deployed	4	40.0
Non-deployed	6	60.0

Table 4.4 *Gender*

Gender	Frequency	Percent
Males	6	60.0
Females	4	40.0

Table 4.5 *Marital Status*

Marital Status	Frequency	Percent
Single	4	40.0
Married	2	20.0
Divorced	4	40.0

Table 4.6 *Branch of Service*

Branch of Service	Frequency	Percent
Army	3	30.0
USMC	2	20.0
USMC & Coast Guard	1	10.0
Air Force	4	40.0

Table 4.7 *Era of Service*

Era of Service	Frequency	Percent
Post-Vietnam	2	20.0
Persian Gulf	2	20.0
GWOT	5	50.0
Vietnam	1	10.0

Table 4.8 *Discharge Type*

Discharge Type	Frequency	Percent
Honorable	7	70.0
General	1	10.0
Other Than Honorable	2	20.0

Tables (4.9 – 4.10) provide participant legal history and VTC program status. Thirty percent had juvenile record and 30 percent obtained a moral waiver to enlist. The average age of first adult arrest was 25, with average of 3 adult lifetime arrests, 50 percent UCMJ, 30 percent non-UCMJ. Two were court martialled and discharged other than honorably (OTH). Despite the OTH discharge, these two had military service-related injuries and are therefore eligible for the VTC program (Mercer County VTC Participant Workbook, 2014). Seventy percent reported a positive perception that their present VTC legal relates to their period of military service. Interestingly, the two participants who received an OTH discharge had a juvenile record and obtained a moral waiver to enlist. The current VTC phase average was 3 and on average, 40 percent had judicial sanctions for violation of program rules (e.g., relapse; new crime; assignments; non-attendance in court, AA, NA meetings; treatment non-compliance, community service arrears; etc.).

Table 4.9 *Legal History to VTC Program*

Legal History to VTC Program	Frequency	Percent
Juvenile	3	30.0
Moral Waiver	3	30.0
Uniform Code of Military Justice (UCMJ)	5	50.0
Non-UCMJ	3	30.0
Parole/Probation	2	20.0
VTC Sanctions	4	40.0

Table 4.10 *Current Offense Type*

Current Offense Type	Frequency	Percent
Violent Offense	1	10.0
Property Offense	2	20.0
Property & Public Disorder	1	10.0
Public Disorder Offense	6	60.0

Chapter 5: Discussion

This qualitative study is an important step in exploring and filling critical gaps in the knowledgebase about the lived experiences and perceptions of rural Veterans Treatment Court (VTC) participants. Guided by a theoretical framework of life course and identity theories, this researcher utilized photo elicitation interviews (PEI) and interpretative phenomenological analysis (IPA) to gather data that reflects veterans perceptions of their lived experiences as enlisted men and women, veterans, civilians, and individuals involved in the criminal justice system (CJS). The life course narratives provided by participants included common themes related to identity, identity conflict, and their perceptions of the helpfulness of VTC.

The creation of an identity that reconciles civilian and military statuses seems to be fostered by VTC. The integration and return to a whole self are facilitated by the rehabilitation, recovery, support, and engagement offered by the VTC. The VTC utilizes strategies that align with veteran's military experience. VTC participation and interaction affords many of the same ideals, values, and bonds embodied in the military and a mechanism for reclamation, redemption, and identity reconciliation. The JIV then is challenged to accept and reconcile multiple identities (veteran, civilian, addict, ex-felon, etc.), confusion, diffusion, or rejection of the realities that span pre-military, military, and veteran status. This is magnified by legal, addiction, behavioral, emotional identification, and regulation, diagnosis (PTSD, MST, and TBI), traumas, stigmas, and stressors. The veteran's identity reconciliation and realities may positively shape self-perception, instill confidence, and foster an attitude toward treatment, recovery, openness to help, and positivity towards change.

Themes and Sub-Themes

The study interviews yielded themes and sub-themes that allowed for a better comprehension of the lived experiences and perspective of their involvement and the VTC program. All interviews started with the participant presenting a photo visual of their military service in their respective branches. The interviewee voiced a reflective narrative to their visual, associated values, and characteristics. The photos were primarily snapshots of a boot camp graduation, trade school, training exercise, or deployment. Five themes and four sub-themes emerged in the semi-structured interviews. The major themes that emerged: 1) patriotism, 2) purposeful, 3) warring identities, 4) reconciliation, and 5) positivity while the minor themes: 1) betrayal, 2) spillover, 3) stigma, and 4) traumas. The themes created a composite identity, with patriotism being its centerpiece. The sub-themes are counterpoints to the composite identity, explaining veterans' perceptions of the stressors, problems, and traumas that led to criminal justice involvement.

The strength of the patriotism finding is validated in the literature (Alwin, 2012; Forrest & Hay, 2011; Katz, 2012). According to the Pew Research Center (2019) servicepersons and veterans are more disciplined, patriotic, loyal, strong work ethic, and are diversely tolerant than those who have not served. Over seventy percent of adults in the report (2019) say "patriotic" better describes people who have served in the military. The propensity to enlist in the U.S. Armed Forces varies for every person but some common motivations include family, tradition, patriot, education, economic, immigrant to naturalized citizenship, purpose driven, benefits, personal, legal alternate, and world travel (Segal, M, Segal, D. & Bachman, 1998; Woodruff,

Kelty, & Segal, M, 2006). All interviewees reported positive or negative influences and motivating forces that steered them to volunteer for the purpose of military servitude. The positive influences and forces voiced stemmed from family, role models (family, teachers, coaches), social (peers and associates), and opportunity while negative influences and roles were PTSD, TBI, substance abuse, legalities, MST, trauma, asocial, and emotional. None of the participants except one served during a conscription (draft) era.

The sub-themes identified in this study are also validated in the literature (Beder, 2017; Blonigen, Cucciare, & Timko, 2018; Feinstein, 2015; Gawande, 2004; Martin, 2017; Rieckoff, Schliefer & McCarthy, 2012). Often, persons are trapped; decisions become clouded then with substance abuse, egregious behavior, poor coping, stressors, and myopic impulse control (Forrest & Hay, 2011). People may proceed down the path of self-defeat, destruction, action, and negativity (Allen & Bosta, 1981). For the military veteran, entrance into the military is a positive life event, which increases self-control, emotional control and regulation, and crime desistance (Forrest & Hay, 2011). An important contribution of the present study is that it uses themes from collected data to reveal connections between identity, trauma and problems, and the role of VTC. Though patriots, veterans in this study reported conflicted identities and were aware that instances of betrayal, “bad” behavior, stigma, and trauma amplified internal identity conflicts and may have prompted criminal justice involvement. The VTC, by harking back to veterans’ military experiences, offered opportunities for identity reconciliation and reclamation.

Bridging the Nexus to Theory

As reported by Payne (2014), theories offer mapping to explain and predict human behaviors and events and provide meaning and insight to understand a client's problems. In examining the phenomenon, identity theory helped composite the major themes while life course theory connected to the minor themes. Life course is a contextual, process-oriented, dynamic approach that focuses on social and historical factors with a personal biography (Alwin, 2012; Elder, et al., 2006). The ten study participants' life course pathways spanned personal, family, social, legal, economic, educational, and military service. The participants ranged from Vietnam, post-Vietnam peacetime, PGW, through the GWOT. Their life course is characterized by age ($M = 41.7$, $SD = 14.3$), behavior, experiential changes, positive and negative consequences, learning, actions, and activities across systems, cultures, and institutions (marital, education, military and corrections). Their individual and aggregate life experiences occurred across major positive and negative life transitions, generations, events, societal, and circumstances that flow from military to civilian life.

Pursuant to Sampson and Laub (1996), military service is a pathway to opportunities, advantages, career, identity, transformation, adulthood, and stability. A period of service may delay or reverse negative life course for a person due to military structure and stability. However, the participant's life pathway descriptions were a mix of positive and negative life influences that formed along their life course continuum and led to VTC participation. According to Messer, Patten, and Candela (2016), life course theory has gained momentum for studying human cognition, behavior, development, linkage to, and desistance from criminal offending with

veterans and non-veterans. This path may be rooted in individual, patriotic, family, social, legal, economic, educational, citizenship for immigrants, as well as other ideals and pursuits. The military path is a road lesser traveled by the general American populace. The road is steered by the warrior ethos and identification with the ideals of self-reliance, strength-based, and cohesion, which are assets, but become roadblocks for help-seeking (Bowen & Martin, 2011).

Military service promotes the positive trajectory and prospects of our servicepersons, but a minority of active duty or discharged personnel have negative trajectories. Veterans may have a juvenile, pre-service, service, or post-service criminal offense history. The positivity of service may translate into desistance from crime or the reverse. The military can be a turning point or corrective action as purported by life course theory. The stability, structure, attachments, and commitments may ameliorate, hinder, eliminate, and help explain or predict variance in veteran offending. Examining a veteran's life turning points, both positive and negative, enhances understanding of the phenomenon and related issues. Life course theory helps understand veteran cognition, behavior, and desistance from criminal offending. VTC participation then is a pathway and provides an opportune turning point in concert with treatment, intervention, rehabilitation, and corrective action.

Next, identity theory developed by Chickering provides a comprehensive model for identity formation, influences, holistic, and promotes a dialogue for understanding the academic experience (Liversage, Naudé, & Botha, 2018). The Chickering model was established to examine and understand student learning, development, identity infusion versus diffusion in academia, campus sub-populations, and others. Next, according to Reiser (1995), four of the

Chickering's vectors are highly applicable to veterans in higher education settings: 1) managing emotions (negative impulse and coping to positivity of hope, confidence, inspiring), 2) moving through autonomy (regiment and structure, then disconnection and search for belonging) towards independence, 3) developing purpose (career, direction, interpersonal, priorities and may need counseling), and 4) establishing identity (moving toward positive sense of self, stability, and awareness). Although primarily developed for higher education, the psychosocial identity theory has direct applicability to the VTC population that need to change maladaptive coping, cognition, emotion, behavior, and values in relation to self-identity and society. The Chickering model and vectors partially parallels and supports the VTC treatment and recovery objectives and may serve to enhance the reconciliation of JIV coherent identity (Beder, 2017) and reality. The model offers potency and portability to examine other populations, like JIV or those in VTC and may be suited to further understand the veteran's unique perspectives, experiences, stressors, and problems.

For the military veteran, social identity and development reflects experiences to present day civilian status on a continuum of time, place, affect, transitions, roles, and timing in relation to life events. The military veteran to the civilian sector is a battle for integration and a war of identity. Veteran identity may be understood then as the degree to which the serviceperson adopts, internalizes values, reflects that persona, and is a protective factor. There is no known unified theory of veteran identity. Since the GWOT began, the societal norm has been to thank current servicepersons and veterans for their service. In a study by Mecurio (2019), thanking servicepersons and veterans evokes a range of feelings and reactions that either support or detract

the veteran identity. The hinge is the lack of shared public perception, meaning, and understanding of military service by civilians. This ritual of public gratitude may lead to social distancing, alienation, and hinder reintegration (Mecurio, 2019). Societal gratitude for their service may either enhance or hamper identity, belonging, and mutual understanding. Society then plays an important role in the war of identity and community reintegration.

Perception of VTC Helpfulness

The participants in the study all reported a positive perception of VTC treatment and helpfulness, voiced optimism for improved quality of life, and hope for their futures. The attraction to VTC is military-centric, veteran status, legal plea, treatment, and recovery. The participants also verbalized a willingness to volunteer for the study, in part because the examination is inclusive to this group. All the participants have substance abuse, majorities have mental health and trauma diagnosis or histories that span their life courses. As a group, the participants verbalized positive regard for their VTC program and team as a whole. Then they specifically highlighted the Judge, Veterans Court Coordinator (VCC), Social Worker, and their mentor as being helpful in their treatment, recovery, insight, and change.

First, the participants talked about the Judge's role as team leader, veteran, enforcer, his compassion, patience, and positive regard. The Judge applies progressive judicial sanctions when there is a program violation. The Judge is an Army West Point graduate who served in the Persian Gulf War (PGW) as a tank captain. Next, the VCC (gatekeeper) is the central figure for the Judge and team in tracking of phases, assignments, urinalysis, and community service. The VCC served in the Navy as a yeoman. Like the Judge, the VCC was viewed in high regard.

Third, the social worker is the VA Veterans Justice Outreach (VJO) and facilitates all forms of Evidenced-based treatment (EBT) for the participants, coordinates all other services and provides timely treatment summaries on behalf of the VA to the VTC team. All interviewees except one voiced that the social worker is helpful and effective. Last, one interviewee focused on an emotional disconnection due to the social worker not being a veteran. The participant's voices illustrate that VTC team perceptions of caring, trust, and safety are empowering and matter.

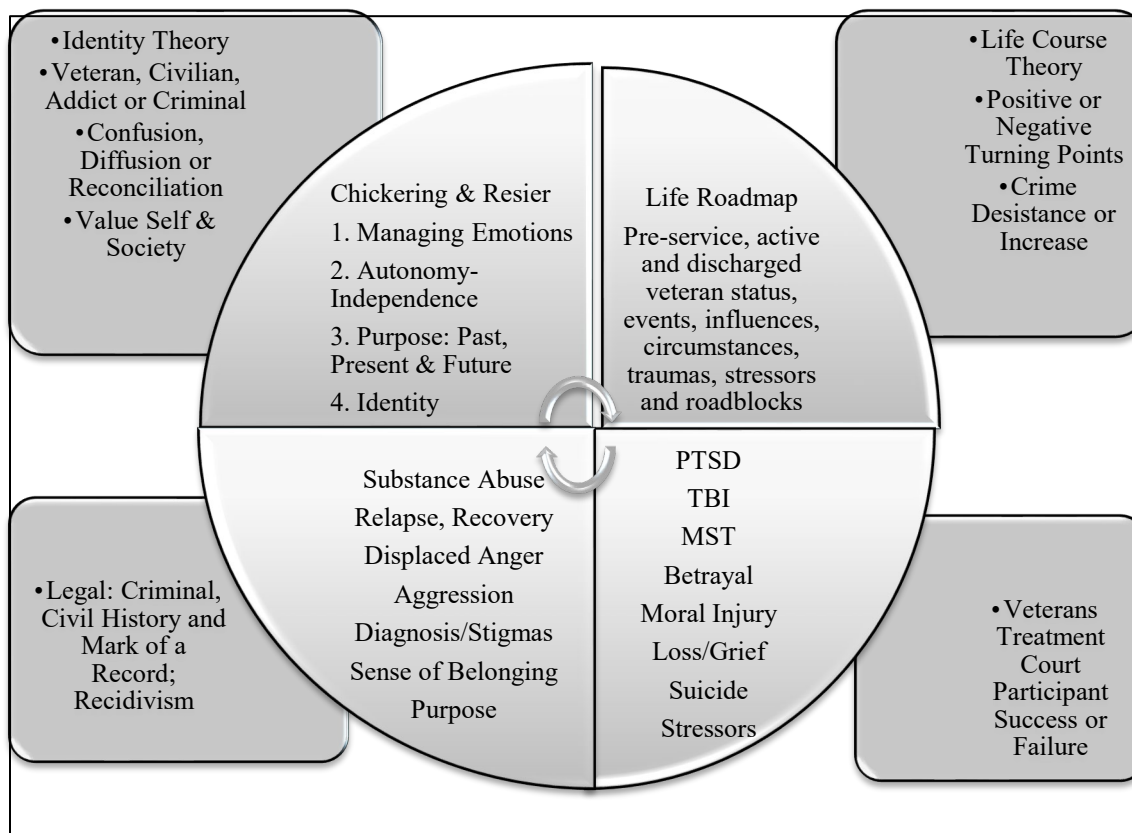
Moreover, the VTC affords EBP treatment and multiple interventions are available at VA and Mercer County, Pennsylvania. One EBP established through their perceptions and collective stories is the VTC judicial trauma-informed care (TIC) approach. Larsen's study (2015) findings highlight the necessity for TIC in treating VTC combat and non-combat participants. The participants' trauma histories included PTSD, MST, and TBI but also uncovered other traumas in the sub-themes. Trauma is defined as exposure to "actual or threatened death, serious injury, or sexual violence" subjectively, witnessing indirect effect on close family or friends or repeated exposure (American Psychiatric Association, 2013, p. 271). The findings also suggest that a VTC team trained in TIC has potency for treating traumas and associated symptoms (Larsen, 2015; SAMSHA, 2014). Last, each VTC veteran is assigned a mentor. A mentor is also a veteran and serves in a supportive and non-clinical role. Mentors are unique to VTC and not offered in other problem-solving or traditional courts. All veterans were unanimous that their mentor is valued, helpful, engaging, trusting, and reliable. Finally, all veterans agreed that it is optimal that all VTC team staff be veterans. As a group, the veterans verbalized exceptions for the social worker not being a veteran, which echo acceptance, engagement, effectiveness, and rapport.

Legality and the Nexus to Military Service

The link, bridge, and nexus between military service and crime are not nascent and explored historically in prior wars and peacetime. This exploration and examination have not utilized photo visuals. Seventy percent of the participants reported a positive perception that their current VTC legality relates to military service. Beginning with the visual photos the study explored the narrative of lived experiences, juvenile delinquency (30 percent), UMCJ (70 percent), non-UMCJ (30 percent), post-service crimes (100 percent), psychosocial problems, and perception of VTC helpfulness.

The results do not support a direct relationship between military service and crime. However, there is a pattern between their legal status and military service that carried over to civilian life. Some veterans have difficulty unlearning the survival techniques, substance abuse, maladaptive coping, behavior, or socialization learned after their discharge. Their PTSD, mental health, MST, TBI, substance abuse, and maladaptive coping all of which may increase engagement in crime, mediates in the VTC program through treatment and recovery supports. The link, bridge, and nexus between lived experiences, crime, and military service remain a complicated issue and needs further exploration. Therefore, an illustrative roadmap of justice-involvement is provided below (Figure 5.1) and is based upon PEI, IPA, current findings, theories, participant psychosocial problems, and narratives. The illustration depicts the complexity of military service across the civilian chasm to justice-involvement through the mediums of photo visuals and voices that unveiled a greater understanding for the participants, the researcher, and the VTC program.

Figure 5.1 *Illustration: Roadmap of Military Service to Justice-Involvement*



The cumulative findings have generated the following hypotheses:

Null hypothesis H₀: There is no correlation between participants lived experiences, legal status, and military service.

Alternate H₁: There is a correlation between the participants lived experience, legal Status, and military service.

Null hypothesis H₁: There is no correlation between legal status and military service where PTSD, MST, TBI, Substance Abuse, and/or asocial maladaptive behaviors have spilled over from military to the civilian environment.

Alternate H₂: There is a correlation between legal status and military service where PTSD, MST, TBI, Substance Abuse, and/or asocial maladaptive behaviors have spilled over from military to the civilian environment.

Limitations

The study has a few limitations that warrant consideration. First, the purposive homogeneous sample of data collected is reflective of one rural county VTC program. Given the study's rural geographic location and population, the generalizability of the findings to other rural or urban judicial jurisdictions with VTC in other parts of the United States remains unknown. Second, the study utilized PEI and IPA methods. IPA is a method found in several veteran-related studies, but PEI has not been applied to examine rural nor urban VTC programs. Third, the study focused exclusively on a sample of VTC participants who were all Caucasian. Last, the extent to which the results are generalizable to other justice-involved veterans (JIV) in penal institutions, parole, probation, civil cases, or non-JIV is also unknown.

Implications

The study findings have several important implications for the social work profession. First, the study findings generated thematic insight into the lived experiences, perspectives, and related perceptions of VTC program helpfulness. The composite themes represent strengths and resilience across a veteran's life and identity reclamation. The counterpoint sub-themes represent problems and stressors that need addressed and left untreated may undermine VTC helpfulness. These findings also widen and deepen a previous unexamined gap of knowledge of risk, problems, and protective factors that contributed to their life course, identity struggle, and justice-involvement. In the professional field of social work, practitioners in all areas and specialties must remain current and well-informed regarding literature and research that advances their knowledgebase. Both the National Association of Social Workers (NASW, 2017)

Code of Ethics (5.02) and the Council on Social Work Education (CSWE, 2015) competency (4) emphasize the need for all practice areas to keep abreast of and engaged in relevant literature and apply emerging research knowledge. The research findings contribute to that literature and advance the knowledgebase for the field of social work helping and doing with JIV in rural VTC.

Second, the findings have transferability to the field through social work leadership, pedagogy, education, practice, theory, and future research. Social work leaders have been instrumental and supportive to ensure military veteran curriculum and cultural competence are included in practice areas (CSWE, 2018; NASW, 2012; Rubin, Weiss, & Coll, 2013). A social work educator or provider that strategically incorporates the utility of the photo visual, themes, and perceptions of VTC helpfulness would be more effective in increasing well-being and reducing maladaptive thinking and behavior. The gap of knowledge attained by the findings will enhance social work direct service, treatment planning, and intervention with veterans in the aftermath of criminal behavior, to prevent or reduce recidivism, responsiveness to mental health problems, substance abuse, relapse, and develop resource supports.

Third, comprehension of the military veteran culture, language, lived experience, perspectives, and perceptions, after all, are a mutual need for the participants and the researcher and the knowledge attained – liberating. The identity as a veteran is a shared experience of life storytelling and is a restoration via veteran-civilian discourse producing representations of the veteran capable of assimilation. The veterans' photo visuals and voices not only help them as individuals, but their experiences are shared group identity. Veteran identity may be understood then as the degree to which the serviceperson adopts, internalizes, values, and reflects that

persona. Veterans utilize their military experiences and identity as a context for treatment in addressing issues related to mental health, substance abuse, justice-involvement, etc. Social work educators, researchers, practitioners, and students need to be mindful of this context and photo visual as a vehicle for intervention, identity reconciliation, and societal assimilation.

Last, the application of the findings advances the role of social work intervention and effectiveness to address JIV psychosocial needs, coordination of care, and treatment approaches that empower veterans in VTC to engage and improve their quality of life. The results suggest that their visual narrative, lived events, identity, themes, and VTC perceptions of helpfulness fosters life altering positive momentum for sustainable change. The social work practitioner and VTC program may enhance effectiveness through inclusion of a photo. The VTC and veteran's creed are to leave no one behind. Likewise, the social work profession needs to sustain the momentum, by leaving no practitioner nor student behind in preparedness to better serve those that have served and sacrificed for America (Rubin, Weiss, & Coll, 2013).

Future Research

There are several future research directions to consider. First, the sample is comprised of all Caucasians so the inclusion of non-Caucasian subjects as well may enrich a diverse understanding of lived experiences and perspectives. Second, female servicepersons in VTC are an understudied populace. An examination would be beneficial to explore VTC PEI with females only to obtain gender-specific view of justice-involvement. Third, participants in the study ranged from the Vietnam to GWOT generation. An examination of generational influences may reveal influences that led to enlisting and crime. Third, replicate the study to another rural or

urban VTC and examine the findings and implications. Fourth, the participant's sense of VTC helpfulness in this study revealed positivity towards the program but did not specifically focus on the treatment and interventions. The VTC treatment provided by the social worker included multi-interventions (e.g., substance abuse, MRT and SAH). Understanding the participant's perceptions of these interventions and their efficacy warrants attention. Fifth, an examination of criminal recidivism rates and related judicial sanctions, lengths of stay, and unsuccessful discharges from the VTC may improve program potency. Last, peer mentors are a vital aspect of the VTC program. A study on VTC peer mentors who are all veterans and their motivational mission to serve other veterans and help may shed further light on veteran identity.

Conclusion

The findings from this qualitative research study provides insight and understanding into the lived experiences and perspectives of veterans currently participating in a rural VTC program. The study is the only known research that examines participants utilizing the PEI and IPA methods and the theoretical framework of identity and life course. The findings provide a broader knowledge about the JIV life experiences, their perceptions, and veteran identity. The major themes created a composite identity, with patriotism being its centerpiece whilst life course theory the minor themes are counterpoints that underscore and explain the veterans' perceptions of the stressors, problems, and traumas that led to criminal offenses and their VTC program involvement. The concept of identity was central to the study discourse and reflected in the VTC program structure, interactions, and culture, and is an integral cohesive quality represented in their collective experience and voice. Moreover, throughout the research process it

became crystal clear that the veterans were not only enthusiastic to volunteer for the study but voiced a genuineness that their story of justice-involvement would also help other veterans and the overall VTC program. This provides significant weight to the notion of “leaving no veteran behind,” which accentuates identity that are pillars represented in military culture and the VTC program.

The results suggest that VTC participation produces life altering positive momentum for sustainable change are predicated upon treatment, supports, and prosocial living. The VTC plays a crucial role and the provision of social work case management to provide every veteran served through treatment, intervention, prevention, stabilization, and support for optimal well-being recovery that reduces the likelihood of further justice-involvement. In conclusion, understanding the veteran’s voiced experiences, perspectives of justice-involvement, and needs benefit the field of social work, better inform the profession, students, practitioners, other helping disciplines, servicepersons, veterans, and the rural VTC programs.

Abbreviations

AA	Alcoholics Anonymous
AOPC	Administrative Office of Pennsylvania
ASVAB	Armed Services Vocational Aptitude Battery
CR	Celebrate Recovery
CJS	Criminal Justice System
COS	Character of Service
CR	Celebrate Recovery
DHS	Department of Homeland Security
DOD	Department of Defense
DOL	Department of Labor
FOD	Forward Operating Base
GWOT	Global War on Terror
HC-RV	Health Care for Reentry Veterans
HHS	Health & Human Services
IPV	Intimate Partner Violence
ITP	Individualized Transition Plan
JIV	Justice-Involved Veteran
MC	Member Checking
MVDP	Magistrate Veteran Diversion Program
MST	Military Sexual Trauma

MRT	Moral Reconation Therapy
NA	Narcotics Anonymous
NJP	Non-Judicial Punishment
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
PGW	Persian Gulf War
PP	Probation/Parole
PTSD	Post-Traumatic Stress
RNR	Risk, Needs and Responsivity
QDAS	Quality Data Analysis Software
SAH	Safety at Home
TAP	Transition Assistance Program
TBI	Traumatic Brain Injury
TJ	Therapeutic Jurisprudence
USDB	United States Disciplinary Barracks
VA	Department of Veterans Affairs
VCC	Veteran Court Coordinator
VJO	Veterans Justice Outreach
VSU	Veterans Service Unit
VTC	Veterans Treatment Court
WG	Women's Group

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APPENDIX 1 – Informed Consent Form

Hello,

I am a doctoral candidate in social work at Millersville University. As part of my degree, I am required to complete a research project and write a dissertation. This form tells more about the project and invites you to participate.

Thank you,

Bradley J. Schaffer, School of Social Work, P.O. Box 1002, Millersville, PA 17551-0302
email: bjschaff@millersville.edu

Title

A Qualitative Study of Rural Veterans Treatment Court (VTC): Participant Lived Experiences and Perspectives

Purpose

In the U.S., many veterans are incarcerated or involved in the criminal justice system. It is not clear why this happens. This study hopes to answer that question and determine how veterans can be better assisted.

Participation

In this study, you will be asked to describe important events in your life including how and why you believe they happened. You will be asked to complete a questionnaire, provide a picture of yourself, and describe the person in the picture.

Your participation in this study is voluntary. If you decide to participate, you will be asked to sign this consent form. All of the information you provide will be kept confidential. You can withdraw from this research or stop answering questions whenever you want without giving a reason and without any consequences. Your relationship with the VTC and me will not be affected by your decisions or the information you provide in this study.

Study Procedures

There are two parts to this study. First, you will be asked to provide a photo taken during your service period. Next, you will be asked to complete a questionnaire about your age, background, military service, and involvement with the VTC. The questionnaire should take 10-15 minutes to complete. Second, I will interview you – I will ask about your photo, your experiences as a service member and as a veteran, and your involvement in the criminal justice system and VTC. I will audio record the interview so that I can refer back to what you say to write my project/dissertation. The interview will take place in a private room at the VTC or at another mutually agreed location. The interview should take less than two hours. I will return your photo at the end of the interview.

Risks

The risks to you from participating are minimal. If you experience any distress during or after the interview, please let me know. I can refer you to therapists and counselors who available at the VTC. We will work to find someone who will be able to help you immediately.

Benefits

This research may help social workers who have limited experience working with veterans understand the experiences that veterans have. This research may also help improve the services offered by the VTC, Including counseling and case management.

Confidentiality

Your name will **not** be collected on the questionnaire or during the interview. I will ask for or assign you a pseudonym (a fake name) and this will be the only name associated with your information. This consent form is the only place where your name will be recorded. The questionnaire and interview will be kept in a locked file cabinet for three years then destroyed per federal regulations. I am the only person who will have access to the locked filing cabinet with your information.

Questions

If you have questions about this study, or you experience negative effects, you may contact me, Bradley Schaffer, at bjschaff@millersville.edu or my advisor, Dr. Karen Rice at Karen.rice@millersville.edu. If you have questions or concerns regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the investigator, please contact Dr. René Muñoz, Director of the Millersville University Institutional Review Board at (717) 871-4457.

Please complete and sign below:

1. YES ___ No ___ I have read this consent or had it read to me
2. YES ___ No ___ I have had all of my questions about the study answered to my satisfaction.
3. YES ___ No ___ I give permission to be audio recorded
4. YES ___ No ___ I have been given a copy of this consent form
5. YES ___ No ___ I agree to participate in this research.

Participant Name: _____

Participant Signature: _____

Date: _____

APPENDIX 2 – Informational Letter

MILLERSVILLE UNIVERSITY
School of Social Work
P.O. Box 1002
Millersville, PA 17551-0302

Dear Veteran, greetings!

My name is Bradley Schaffer and I am a doctoral social work (DSW) candidate at Millersville University, School of Social Work. I'm conducting a qualitative research study here in Mercer Veterans Treatment Court (VTC) and will interview military veterans that volunteer about their experiences in the service, in the military and civilian legal justice system and who, like you, have agreed to treatment and services through the program. If you agree to participate, provide a military photo of your service period, review and sign the consent form, I will interview and audio record you at the VTC court office in a private room on the 2nd floor or a mutually agreed upon location. The interview will take approximately 2 hours. The interview will inquire about your photo(s), experiences as a military veteran, your involvement in the CJS and VTC.

With your permission, I will contact you afterwards to provide you with an opportunity to review the information of your interview to ensure that your responses have been recorded accurately and that my interpretations fit your experiences. Again, the purpose of this study is to examine the photo(s), and your experiences and perspectives. I want to know and understand how veterans make sense of their experiences with the CJS and VTC and how their prior military service influences this experience. The findings will be reported as part of my research study; the results published and will be available to you. Thank you for volunteering and for your service.

Respectfully,

Bradley J. Schaffer, LMSW, BCD, FSW

APPENDIX 3 – Questionnaire and Socio-demographics

Pseudonym: _____

1. Age: _____
2. Gender: Female Male Other _____
3. Marital Status: Single Married Separated Divorced Widowed
4. Ethnicity/Race: African American Caucasian Other _____
5. What age did you enlist in the military? _____
6. What age were you 1st arrested for anything? _____ Juvenile _____ Adult _____
Please specify: _____
7. Did you obtain a moral waiver (legal) to enlist? No Yes If, yes what for?

8. How many adult arrests lifetime? _____ Uniform Code Military Justice (UCMJ) No
 Yes non-UCMJ (civilian legal – during service) No Yes
If yes, specify: _____
9. Current VTC charge? _____ Probation/Parole? No Yes
10. Do you perceive your VTC participation relates to your military service?
 No Yes Not Sure Explain: _____
11. In what branch(s) of military service did you serve? Army Navy Marines
Air Force Coast Guard
Reserves and/or National Guard (NG) #year's active ____, reserve ____, NG ____
12. Era of service? Korean Vietnam Post-Vietnam Persian Gulf Global War
on Terrorism (GWOT)

13. Did you ever receive hostile or friendly fire in a combat zone? No Yes

No. of Deployments ____ Where? _____

14. Type of Military Discharge? Honorable General Other than Honorable Bad

Conduct Dishonorable

15. How long have you been enrolled in VTC? _____ years _____ months Phase # ____ (1-

4) Aftercare No Yes

16. Have you had any sanctions in VTC? No Yes If yes, specify:

17. What types of treatment are you now involved as part of VTC?

18. Are you involved in a form of recovery as part of VTC (AA/NA/NAMI/Celebrate Recovery)?

No Yes If yes, which? _____

APPENDIX 4 – Semi-Structured Central Interview Questions

1. Describe the photo(s) of you in military uniform.
2. Tell me about your military service.
3. What about your life after military discharge?
4. Describe your experience of participating in VTC.
5. In what way, if any, has the VTC court been helpful or unhelpful?

Is there anything else not talked about that you think is important to share?

APPENDIX 5 – Study Node/Code Definitions

Node/Code	Definition
1. Betrayal	Traumatic sexual harassment and/or assault event(s) that transpired in military service and results in dissociation (blindness), interpersonal, psychosocial problems. Forms: institutional and leadership betrayal (Katz, 2016).
2. Comradery	A sense of close, tight knit bond, strength, reliance, unity, and connectedness.
3. Cultural Spillover	The premise is that interactions are unbalanced, when there is rigidly structured environment (military life) then spillover may occur in terms of time, space, energy, and behavior is generally negative (e.g. IPV, sexual assault, etc.) (Bradley, 2007).
4. Forensic Social Work	The application of social work to questions and issues relating to law and legal systems and social work practice which in any way is related to legal issues and litigation, both criminal and civil.
5. Homelessness	The term "homeless" or "homeless individual or homeless person" includes: 1) an individual who lacks a fixed, regular, and adequate nighttime residence; and 2) an individual who has a primary nighttime residence that is: a. supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); b. an institution that provides a temporary residence for individuals intended to be institutionalized; or c. public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings."
6. Identity Theory	Identity forms early, is progressive and accumulates across the lifespan. Linked to emotional, cognitive, behavioral, social belonging, purpose of self and stability.
7. Incarcerate	A legal act of imprisonment in a correctional jail or prison setting.
8. Intimate Partner Violence	The term IPV describes “physical, sexual, or psychological harm or stalking behavior by a current or former partner that occurs on a continuum of frequency and severity ranging from emotional abuse to chronic, severe battering or even death. It can occur in heterosexual or same-sex relationships and does not require sexual intimacy or cohabitation” (Centers for Disease Control, 2012).
9. Justice Involved Veteran	Justice-Involved Veteran (JIV): a veteran who is (1) arrested by local law enforcement who can be appropriately diverted from arrest into treatment; (2) incarcerated in a local jail, and who either has a pending trial or is serving a sentence after a conviction; or (3) involved in adjudication or monitoring by a court (U.S. Government Accounting Office, 2016).
10. Life Course Theory	Life pathway based on time, events, trajectories, and transitions where people make a choice influenced by opportunities or constraints (MacLean & Elder, 2007).
11. Military Sexual Trauma	Military sexual trauma (MST) is betrayal trauma and a term that the Department of Veterans Affairs uses to refer to sexual assault or repeated, threatening sexual harassment that occurred while the Veteran was in serving in the military.

12. Reconciliation	An interpersonal process wherein the person accepts responsibility about what happened, reflects, expresses hurt, displays remorse, insight, and reestablishes trust, change and hope for the future.
13. Reintegration	A process for military service members through transition, readjustment and coping, and community integration who may experience a variety of stress-related disorders and challenges.
14. Patriotic	A sense pride, feeling of love, devotion, and sense of attachment to a homeland and alliance with other citizens who share the same sentiment. This attachment can be a combination of many different feelings relating to one's own homeland, including ethnic, cultural, political, or historical aspects.
15. Positivity	The presence of optimism, substance, condition, or gateway to betterment.
16. Post-Traumatic Stress Disorder	Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that can occur after a person has experienced a traumatic event.
17. Purposeful	A determined, intentional, goal-focused, driven, and resolute motivation.
18. Sanction	A VTC sanction, discussed as a team and approved by a Judge, parole or probation official. Progressive steps in problem-solving programs like VTC; incarceration (1-7 days or a weekend), halfway house, e-monitoring (ankle bracelet), intensive supervision, day reporting, community service, court assigned essay, etc.
19. Sequential Intercept Model (SIM)	The SIM points are a sequence of intercept junctures along the CJS continuum that yield targeted strategic filters from a veteran's arrest to community release (Munetz & Griffin, 2006) and are pivotal for engagement, intervention, diversion, and treatment services. There are 5 key intercept filters: 1). law enforcement/emergency services, 2) booking/initial magisterial/court hearings, 3) jails/courts, 4) reentry and 5) community corrections/support.
20. Substance Use Disorder (SUD)	Substance Use Disorder is a misuse or addiction to alcohol and drugs that affects health, mental health, social, relationship, employment, and legal problems.
21. Uniform Code of Military Justice	Judicial and non-judicial punishment as prescribed by the Uniform Code of Military Justice (UCMJ), the federal laws enacted by Congress to establish rules and procedures in governance of the United States military (Congressional Research Service, 2016).
22. Veteran	The term <i>veteran</i> (from Latin word <i>vetus</i> meaning "old") is defined as a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable" 38 U.S.C. § 101(2); 38 C.F.R. § 3.1(d) (Szymendera, 2016).
23. Veteran Treatment Court	A Veteran Treatment Court (VTC) is a hybrid of drug, mental health courts (Clark, McGuire & Blue-Howells, 2010), and therapeutic judicial, multi-phase tiered programs through which military veteran criminal offenders are provided with intensive treatment and case services.

APPENDIX 6 – National Association Drug Court Professionals (NADCP) Ten Key Components

The Mercer VTC adopted the Ten Key Components designed and utilized by Buffalo, NY Veteran Treatment Court (VTC). Buffalo implemented the first VTC model, and most, if not all, others, are designed (Russell, 2009). Mercer like the Buffalo VTC modified the essential tenements of the ten key components (U.S. Department of Justice, 1997).

Key Component #1: VTC will integrate alcohol treatment, drug treatment, and mental health services with justice system case processing

VTC promotes sobriety, recovery, and stability through a coordinated response to veteran's dependency on alcohol, drugs, and/or management of any mental health issues. Realization of these goals requires a team approach. This approach includes the cooperation and collaboration of the traditional partners found in drug treatment courts and mental health treatment courts with the addition of the VA/VJO, veterans and veterans family support organizations, and veteran volunteer mentors.

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights

To facilitate the veterans' progress in treatment, the prosecutor and defense counsel shed their traditional adversarial courtroom relationship and work together as a team. Once a veteran is accepted into the treatment court program, the team's focus is on the veteran's recovery and law-abiding behavior—not on the merits of the underlying case.

Key Component #3: Eligible participants are identified early and promptly placed in the VTC program

Early identification of veterans entering the criminal justice system is an integral part of the process of placement in the VTC. Arrest can be a traumatic event in a person's life. It creates an immediate crisis and can compel recognition of inappropriate behavior into the open, making denial by the veteran of the need for treatment difficult.

Key Component #4: VTC provide access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services

While primarily concerned with criminal activity, drug and alcohol use, and mental illness, the VTC team also considers co-occurring problems such as primary medical problems, transmittable diseases, homelessness, basic educational deficits, unemployment and poor job preparation, spouse and family troubles—especially domestic violence—and the ongoing effects of combat-related trauma. Veteran peer mentors are essential to the VTC team. Ongoing veteran peer mentors' interaction with the VTC participants is essential. Their active, supportive relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior.

Key Component #5: Abstinence is monitored by frequent drug and alcohol testing

Frequent court-ordered drug testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress.

Key Component #6: A coordinated strategy governs Veterans Court responses to participants' compliance

A veteran's progress through the treatment court experience is measured by his or her compliance with the treatment regimen. VTC rewards cooperation and sanctions noncompliance. VTC establish a coordinated strategy to continuing drug use and other noncompliant behavior, including a continuum of graduated responses

Key Component #7: Ongoing judicial interaction with each Veteran is essential

The Judge is the leader of the VTC team. This active, supervising relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to veterans that someone in authority cares about them and is closely watching what they do.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness

Management and monitoring systems provide timely and accurate information about program progress. Program monitoring provides oversight and periodic measurements of the program's performance against its stated goals and objectives. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify program.

Key Component #9: Continuing interdisciplinary education promotes effective Veterans Court planning, implementation, and operations

All VTC team members should be involved in education and training. Interdisciplinary education exposes criminal justice officials to veteran treatment issues, and VA, veteran

volunteer mentors, and treatment staff to criminal justice issues. It also develops shared understandings of the values, goals, and operating procedures of both the veteran administration, treatment, and the justice system components. Education and training programs help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice, VA, veteran volunteer mentors, and treatment personnel, and promote a spirit of commitment and collaboration.

Key Component #10: Forging partnerships among VTC, VA, public agencies, and community-based organizations generates local support and enhances effectiveness

Because of its unique position in the criminal justice system, VTC is well suited to develop coalitions among private community-based organizations, public criminal justice agencies, the VA/VJO, veterans and veterans' families support organizations, and drug & alcohol and mental health treatment delivery systems. Forming such coalitions expands the continuum of services available to VTC participants and informs the community about concepts. The VTC fosters system wide involvement through its commitment to share responsibility and participation of program partners.

APPENDIX 7 – Letter of Support



Judges' Chambers
Daniel P. Wallace
Mercer County Veterans Treatment Court
Mercer County
Mercer, Pennsylvania 16137
(724) 662-5800 Extension 2523

August 29, 2019

MILLERSVILLE UNIVERSITY
School of Social Work
P.O. Box 1002
Millersville, PA 17551-0302

Dear Mr. Bradley Schaffer,

I acknowledge that in partial fulfillment of your Doctoral Social Work (DSW) pursuit through Millersville University, School of Social Work that you intend on conducting a qualitative research study with the participating military veterans in the Mercer Veterans Treatment Court (VTC) program, Mercer, Pennsylvania titled: *A Qualitative Study of Rural Veterans Treatment Court Participant Lived Experiences and Perspectives*.

As the Judge of the Mercer VTC I hereby grant you access to the participants and support your pursuit of a DSW in the study outlined. Further, as part of participating in your study, I agree to allow the participants that volunteer and complete the study to be credited 10 hours toward their required community service in the VTC program.

Daniel P. Wallace, Judge

Copy:

Dr. Karen Rice, Chair, School of Social Work, Millersville University