

SYSTEMS STATS

North Carolina Criminal Justice Analysis Center

Governor's Crime Commission

The Prevalence of Current and Former Military Personnel in North Carolina Jails

September 2013 projections indicate there are currently 769,000 United States military veterans residing within the borders of North Carolina. Approximately three-fourths of these individuals are considered wartime veterans — in other words, they actively served during a period of conflict. Almost 162,000 veterans are under the age of 44, with roughly 95 percent (154,000) of this group being classified as wartime veterans (U.S. Department of Veterans Affairs, 2013).

Throughout the nation, literature hints at a growing prevalence of United States active and former military coming into contact with the criminal justice system. Many researchers claim military veterans are at an increased risk for involvement with the criminal justice system; though the presence of these brave men and women is oftentimes unrecognized by authorities who come into contact with them. Furthermore, studies have examined the emotional toll placed on soldiers during combat, with lingering effects on both physical and mental health, and its linkage to an increased risk of incarceration for this group. (Sayer, Rettmann, Carlson, Bernardy, Sigford, Hamblen, & Friedman, 2009; Elbogen, Johnson, Newton, Straits-Troster, Vasterling, Wagner, & Beckham, 2012).

Untreated mental health and substance abuse issues among veterans

Literature illustrates the impact of war on the mental health of United States military veterans. Although always a problem, it was not prominently measured until recently. Tanielian, Jaycox, Marshall, Schell, and Burnam (2008) estimate that due to the Iraq and Afghanistan wars, over 300,000 veterans, or about 18 percent of those returning home, have been affected by post-traumatic stress disorder (PTSD) or major depression. Of even greater concern, it has



North Carolina is home to a number of major military bases and Coast Guard stations.

been estimated that less than half of the veterans experiencing PTSD report it or seek treatment (White, Mulvey, Fox, & Choate, 2011). Furthermore, it has been shown that PTSD can have a delayed impact in over one-third of cases, foreshadowing an even greater impact of the disorder (Tanielian et al., 2008). Reports from the Veterans Affairs Office of Public Health and Environmental Hazards indicate that 48 percent of veterans seeking Veterans Affairs (VA) treatment between fiscal years 2002 and 2009 received a possible diagnosis of a mental disorder (McMichael, 2011).

A similar study by Saxon, Davis, Sloan, McKnight, McFall, and Kivlahan (2001) claims that PTSD is linked to incarceration, substance abuse, violent behaviors and even homelessness. Others have shown that the single greatest indication that a veteran will be incarcerated is substance abuse (Jacobson, Ryan,

Hooper, Smith, Amoroso, Boyko, Gackstetter, Wells, & Bell, 2008; Drug Policy Alliance, 2009). Some have suggested that veterans are at an increased risk of substance abuse due to the physical and mental wounds of war in which affected veterans attempt self-treatment through the use of non-prescribed medication, alcohol, and illicit drugs (Jacobson et al., 2008; Drug Policy Alliance, 2009); however, literature is limited. The Institute of Medicine (2010) claims difficulty in measuring the number of veterans suffering from substance abuse and its associated impacts, as cases involving persons with a dishonorable discharge are usually exempt from studies.

A great concern remains the lack of treatment sought and received by all veterans. Too often the lack of proper treatment leads to an increase in illicit behavior which in turn leads to arrest. The United States Department of Veterans Affairs offers a great deal of programs aimed at treating veterans for PTSD, Traumatic Brain Injury (TBI), depression, and substance abuse. While these programs are in place, studies estimate that only half of suffering veterans seek treatment (Rosenheck, Banks, Pandiani, & Hoff, 2000; Saxon et al., 2001; Tanielian et al., 2008). Moreover, Worzel, Blatchford, Conner, Adler, and Binswanger (2012) observed that veterans receiving some form of VA benefits were associated with a reduced risk of death in comparison to those veterans who did not. It appears that access to care mitigates these risks during early post-release. Unfortunately, Worzel et al. (2012) fail to report any relationships regarding the amount and types of VA benefits received.

The (known) prevalence of incarcerated veterans

Nationally, one of the main concerns involving the prevalence of veterans in the criminal justice system is the lack of jurisdictions that inquire about military experience for those taken into custody. As a result, the amount of veterans who reside in local jails and prisons is largely unknown. McGuire, Panuzio, & Taft (2013) suggest that in order to address this concern, an intake form should be completed during booking that would capture specifics about past military experience. Complicating the situation, oftentimes veterans and active duty personnel hide their service from law enforcement in fear of potential



The Vietnam Veteran's Memorial located at the State Capitol Building recognizes the 206,000 men and women of North Carolina who served in Vietnam. (N.C. Department of Cultural Resources, 2013).

repercussions (Equal Justice Foundation, 2011).

A handful of studies have examined the risk factors for veterans being incarcerated, the number of incarcerated veterans, and the crimes committed by veterans. It is estimated that veterans consist of just over 10 percent of all arrests nationwide; among arrested veterans, approximately 20 percent report past exposure to combat (Greenberg et al., 2007, Drug Policy Alliance, 2009). In terms of incarceration, roughly 223,000 veterans were incarcerated in state and federal prisons in 2007 (Noonan & Mumola, 2007; Center for Mental Health Services National GAINS Center, 2008). Of veterans incarcerated in federal prisons, 46 percent were sentenced due to drug convictions, whereas 57 percent of veterans in state penitentiaries were serving time for violent crimes (Wortzel et al., 2009).

In Travis County, Texas, a survey of inmates in the Fall of 2008 showed that veterans represented about 4 percent of bookings during a 90-day period. While the majority (95 percent) of inmates booked into the jail were male, the age distribution was fairly widespread. Of the 458 veteran arrestees, roughly one-fifth (18 percent) indicated they served in Iraq or Afghanistan and 13 percent had served in Vietnam. In terms of discharge type, 86 percent of veterans received an Honorable, General Honorable or Medical discharge, while nine percent received a less than honorable discharge. Substance-abuse related charges (driving while impaired, possession,

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delivery, public intoxication and vehicular manslaughter) comprised over one-third (34 percent) of charges filed and were particularly prevalent among those age 20-29. About one-third of veterans within the sample were arrested two or more times during the 90-day survey period. Lastly, one of the most revealing facts provided was that in an average month, just under one-half (47 percent) of arrested veterans could still qualify

for referral to the VA for evaluation and services, coupled with 65 percent of arrested veterans reported that they had never obtained VA services prior to being arrested (Travis County Veterans Intervention Project, 2009).

A separate survey of 100 inmates in the Alameda County, California jail system revealed that veterans experience a higher level of mental health issues compared to the overall general population. Specifically, 64 percent of veterans surveyed reported having some form of mental illness, while 75 percent claimed to have a substance abuse problem. Among the 14 post-9/11 veteran inmates, only 2 had accessed VA healthcare and education services. Seven reported having mental health problems, mostly PTSD, while nine had ongoing issues with drug and/or alcohol abuse. An assessment of veteran inmates' eligibility for alternative sentencing under California law revealed that of the 100 veterans interviewed, 35 would qualify (California Veterans Legal Task Force, 2012).

What information is being collected concerning arrestees with military service in North Carolina?

In June 2013, the Criminal Justice Analysis Center in the Governor's Crime Commission (GCC) surveyed all jail administrators throughout the state to inquire about what specific information regarding military service was collected upon booking and intake of arrestees. In addition, the survey inquired about how information is collected, when it is collected, if and how the information is verified, and whether respondents would be willing to partner with the

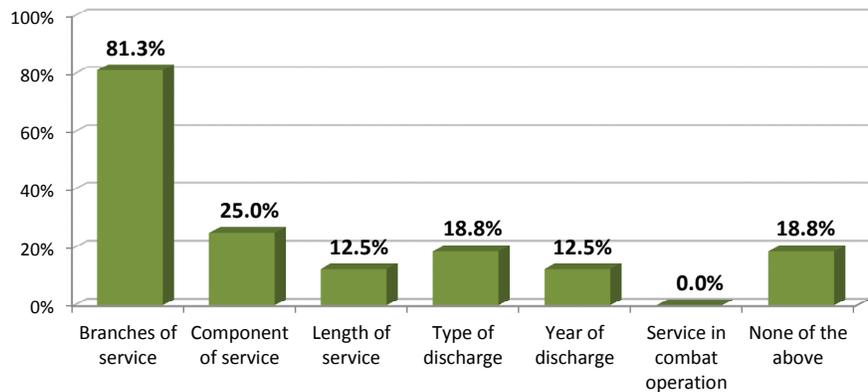


Figure 1: Information gathered by N.C. jails that inquire about military service of booked individuals (n=16).

GCC in the collection of future data. Ninety-three jail administrators were identified by the North Carolina Jail Administrators' Association's online detention facility directory and sent a survey invitation via the email address listed in the directory. Each of the survey recipients were informed that their responses would be reported in an aggregate manner and that individual agencies would not be identified. The response collection period lasted three weeks and occurred between mid-June 2013 and early-July 2013. A follow-up phone call was made to non-responding facilities in an effort to boost the survey's response rate and to ensure proper delivery.

Responses were received from just over one-half (50.5 percent) of survey recipients. In total, responding agencies comprised 55.7 percent of the statewide average daily population (ADP) for county jails. Of the survey's 47 responses, 16 detention facilities (34 percent) claimed to collect information concerning veteran status of inmates. Of these 16 facilities, 13 (81.3 percent) claimed to collect information regarding branch of service (Army, Navy, Marines, Air Force, Coast Guard), while four facilities (25 percent) inquire about type of service (active duty, reserve, National Guard), three facilities (18.8 percent) inquire about type of discharge (honorable, medical, bad conduct, etc.), and only two (12.5 percent) gather information on length of service or year of discharge. During follow-up phone conversations, it was discovered that three facilities which originally claimed to collect information did not actually collect specific information, and only inquired about whether the arrestee is a veteran. None

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of the respondents inquired about whether the arrestee had ever served in combat operations, although just over one-half (53.8 percent) of respondents did inquire about service-related injuries. Of the 13 facilities that collect data regarding an arrestee's prior or current service, only four (30.8 percent) routinely verify whether provided information is accurate.

When asked about the reasons for collecting data on arrestees' military service during follow-up phone conversations with jail administrators, three facilities implied that a Veterans Justice Outreach (VJO) Specialist requested their facility to identify booked veterans and active military. According to those three respondents, the VJO Specialist has been monitoring these data for about 12-18 months. As the Department of Veterans Affairs (VA) is committed to preventing incarceration and reducing recidivism among veterans, the Veterans Justice Outreach (VJO) Program was developed. As part of the VJO Program's focus, specialists have been focused on developing communication with jails to identify veterans who are incarcerated and engaging veterans in available services upon release.

Other reasons respondents provided ranged from local judicial interest in implementing a veterans treatment court, to their jail management system (JMS) being able to capture information on military service such as branch (i.e., Army, Navy, Marines, Air Force, Coast Guard) or component of service (i.e., active duty, Reserves, National Guard). All in all, after follow-up conversations, only seven respondents indicated the ability to provide aggregated counts of veterans and those currently serving; however,

only four were able to provide information within a relatively short turnaround. Not surprisingly, with various JMS software being used by jails across the state, the data were unique in what information was readily accessible for sharing. A handful of responding facilities had the ability to simply run a report pertaining to a specific field (e.g., branch of service) on those booked within their systems during a specific time period, while others had to sort through hand-written notes in a paper version related to either individual inmate files or a main booking log. Lastly, it became obvious during the study that data regarding veterans status has been recorded by facilities for varying amounts of time. Therefore, the time period of data provided to the CJAC ranges from a few months to several years.

A county detention facility in the Piedmont area indicated that 72 veterans had been booked between May 10, 2013 and July 30, 2013. That particular facility was unable to provide additional information other than the arrestee had indicated being a veteran when asked by the booking officer of the jail. While a specific field for veteran status was not available within the facility's JMS, data was recorded by a denotation of "veteran" in the notes section of the JMS for each arrestee.

In the eastern part of the state, a detention facility provided information on 293 (unduplicated) arrestees booked between May 1, 2013 and July 31, 2013. Of those, 11 (3.8 percent) were identified as veterans. According to the jail administrator for that facility, of identified veteran arrestees, a large portion were discharged from the service for medical reasons. Almost half of the veterans booked were arrested either for assault on a female (n=3) or for violating a protective order (n=2).

Another detention facility in the Piedmont region of the state was able to provide specific data regarding branch of service and date of discharge on arrestees booked between January 1, 2013 and August 5, 2013. During that time period, 166 booked individuals (unduplicated) were identified as serving in the military at one point in time. Of those, 74 (44.6 percent) had served in the Army, 31 (18.7 percent) had served in the Marine Corps, 27 (16.3 percent) had served in the Navy, 17 (10.2 percent) had served in the Army National Guard, 15 (9 percent) had served

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in the Air Force, one (0.6 percent) had served in the Coast Guard, and one (0.6 percent) had served in the Reserve.¹ While the discharge date was either unknown or had not yet occurred for 75 (45.2 percent) individuals within the cohort, there was quite a bit of variation in terms of the date of discharge from service.

Finally, of all jails providing specific data on this population, one Piedmont detention facility was able to provide five years' worth of data. Over the span of August 1, 2008 through August 12, 2013, 857 (unduplicated) individuals were booked claiming past or current military service. Of those, almost half (46.8 percent) indicated service in the Army, while the remainder indicated having served in the Navy (16.1 percent), Marine Corps (14.8 percent), Air Force (9.2 percent), Army National Guard (6.7 percent), Reserve in one of the five US Armed Forces' branches (4.6 percent), and Coast Guard (0.9 percent). The specific branch was not recorded for eight (0.9 percent) of the booked veterans. The facility was also able to provide a breakdown of military status for these individuals booked within the five year period. Based on these data, without accounting for offense charges, a large majority (83.4 percent) appear to be eligible for VA services.

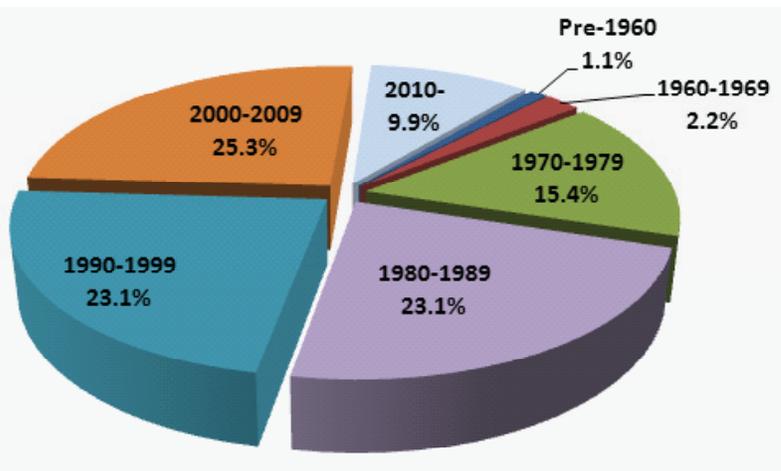


Figure 2: Year of discharge for veterans booked in CY 2013 in a sample N.C. detention facility

Veterans treatment courts across the nation and their promising (yet early) results

Veterans treatment courts are currently the most widely used alternative sentencing method for justice-involved veterans in the country. In *An Act To Establish Veterans Treatment Courts* (2011), the State of Maine's legislature defined a veterans treatment court as "a specialized sentencing docket in select criminal cases in which the defendant is a veteran or member of the United States Armed Forces to enable veterans agencies and social services agencies to provide treatment for that defendant. The court does not provide treatment but contracts or collaborates with experienced and expert treatment providers." These problem-solving courts were created based on the drug court model and seek to address the treatment necessities of criminal justice involved veterans. Veterans treatment courts allow jurisdictions to serve a large segment of the justice-involved veteran population by treating them in specialized courts as opposed to criminal courts (Russell, 2010). Using these courts has proved to advance the treatment of military veterans while aiming to reduce the risk of recidivism. According to an inventory collected by McGuire et al. (2013), as of early 2013, there are over 160 veterans treatment courts throughout the country. Roughly half of states have at least one operational court, yet none exist in North Carolina.²

The first and most prominent veterans treatment court began in Buffalo, New York in 2008 where a

Table 1: Military status of veterans booked between August 2008-August 2013 for a sample responding detention facility

Military Status	Number Booked	Percent of Total
Active Duty	51	6.0%
Inactive Duty	51	6.0%
Reserve	17	2.0%
Honorable Discharge	567	66.2%
Dishonorable	42	4.9%
Less than Honorable	83	9.7%
Retired	46	5.4%
TOTAL	857	

¹Information was not available as to which specific branch (Army, Navy, USMC, Air Force, Coast Guard) of Reserve the individual had served in.

² As of August 16, 2013.

judicially supervised court docket was implemented to strike a balance between the need to treat a veteran suffering from a mental disorder or substance abuse, coupled with the need to protect the community (Russell, 2010). The court has adopted a slightly modified version of the ten drug court key components (U.S. Department of Justice, 1997) and utilizes a court system comprised of veterans, veteran healthcare workers, veteran mentors, and a therapeutic environment to maximize the court's effectiveness.

A study by Holbrook and Anderson (2011) illustrates the different sets of criteria used in the veterans treatment courts throughout the country. The most prominent criteria used to determine if a veteran is eligible for the specialized court include whether a prospective participant is eligible for VA benefits, has a treatable behavioral condition, and finally, the type of offense the veteran is being charged with. According to the review by Holbrook and Anderson (2011) as of January 28, 2013, 71 percent of veterans courts do not require veterans to be eligible for VA benefits. Thirty-six percent of veterans treatment courts require veterans to have a treatable behavioral condition, for example substance abuse or PTSD. Lastly, 93 percent of courts limit participants based on the type of offense the veteran is being charged with. The majority of veterans' courts hear both misdemeanor (86 percent) and felony (79 percent) cases, though most courts appeared to base eligibility for felony-level offenses on offense severity (Holbrook & Anderson, 2011).

Because the concept of veterans treatment courts is fairly new, literature outlining the success of these programs is rather scarce. In order to measure success, a veterans treatment court in the Fourth Judicial District of Minnesota set goals for veterans who entered in the program. Success was measured by court completion/graduation and recidivism. During the first six months after entry into veterans treatment court, 83 percent (n=97) of participants had committed fewer offenses than during the six months prior to entry. In fact, in the 24 months after being accepted into the program, 72 percent (n=21) of participants had committed fewer crimes in comparison to the 24 months prior to admission (Caron, 2013).



Literature shows that military personnel returning from war face a heightened risk of mental health issues, suicide, and substance abuse, which increases their likelihood for involvement with the criminal justice system (Sayer et al., 2009; Elbogen et al., 2012; Saxon et al., 2001; Drug Policy Alliance, 2009)



Other notable goals of the specialized court include promoting participant sobriety, improving life stability, and improving social support connections. In these three respects, veterans improved dramatically with court treatment. Upon entering the program, 85 percent of participants report substance abuse problems. Following graduation, that reported percentage decreased to less than 56 percent. Although these results are limited and should be analyzed with caution, it is evident that the advance of program goals has great potential to effectively treat justice-involved veterans (Caron, 2013).

An effort to combat the problem in North Carolina

In 2009, the state of North Carolina received a five-year grant, in the amount of \$1.77 million, from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMSHA). As a result, the state implemented a jail diversion and trauma recovery

pilot project in Mecklenburg County, entitled Operation Recovery. The project seeks to support local implementation and statewide expansion of trauma-integrated jail diversion programs, with hopes of reaching the growing number of individuals with PTSD and trauma-related disorders involved in the justice system, with a priority towards veterans (B. Kurtz, personal communication, August 15, 2013). Recognizing the numerous opportunities within the criminal justice system for linkage to services for those in need, the Sequential Intercept Model was defined by Munetz and Griffin (2006) to provide a conceptual framework for communities to organize targeted strategies for justice-involved individuals with mental illness. The Mecklenburg County jail diversion program falls somewhere within the middle of the Sequential Intercept Model as it seeks to provide community-based treatment as an alternative to incarceration.

The SAMHSA grant has helped establish a trauma-informed system of services and treatment of trauma that includes a service system that is welcoming to veterans and understands military culture and needs, and a range of jail diversion services to intercept people afflicted by trauma (particularly veterans) and get them treatment in the community when appropriate and with little risk to public safety. Additionally, the VJO Specialist out of Salisbury is collocated in Mecklenburg County for two to three days per week.

During the life of the project, 78 total diversions have occurred, including 45 occurring between October 1, 2012 and July 31, 2013 (B. Kurtz, personal communication, August 15, 2013).

Conclusion

Literature shows that military personnel returning from war face a heightened risk of mental health issues, suicide, and substance abuse, which increases their likelihood for involvement with the criminal justice system (Sayer et al., 2009; Elbogen et al., 2012; Saxon et al., 2001; Drug Policy Alliance, 2009). However, law enforcement, detention facilities, and even the courts seldom recognize a defendant's

history of military service to our country. Although results are not abundant by any means, literature has provided a foundation for building systems that assist and treat justice-involved veterans. As previously outlined, efforts are taking place across the nation to aid in the complex rehabilitative and treatment needs of veterans while seeking to reduce recidivism among this at-risk population. Monitoring data from these efforts should be continued as the need for such projects will be ever growing in the near future. Furthermore, to aid in the identification of this population in jails across the state, local sheriff's offices should encourage their jails to systematically collect information regarding an inmate's prior or current military service.

Going forward, the GCC hopes to partner with either county detention facilities or local magistrates who are willing to collect data on this population in the future. At the time of this document, it has yet to be determined which method will be used for data collection to aid in planning purposes. It is anticipated that future research will expand on the types of data provided in this document and can hopefully provide clarity on the actual prevalence of current and former military personnel specific to North Carolina.

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This project was supported by Grant No. 2012-BJ-CX-K002 awarded by the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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The Governor's Crime Commission was established in 1977 by the North Carolina General Assembly under G.S. 143B-479. Its primary duty is "to be the chief advisory body to the Governor and the Secretary of the Department of Public Safety for the development and implementation of criminal justice policy." The Crime Commission is always open to comments and suggestions from the public as well as criminal justice officials. Please contact us and let us know your thoughts and feelings on the information contained in this publication or on any other criminal justice issue of concern to you.

<p>Pat McCrory Governor</p> <p>Senator Tom Apodaca N.C. General Assembly</p> <p>Michael D. Barnes Charlotte City Council</p> <p>Judge Athena Brooks District Court Judge</p> <p>Steven Cogburn Clerk of Superior Court, Buncombe County</p> <p>Emily Ericksen Youth Member</p> <p>James Gorham, Executive Officer Department of Public Safety Division of Juvenile Justice</p> <p>Representative D. Craig Horn N.C. General Assembly</p> <p>Sheriff James L. Knight Edgecombe County Sheriff's Office</p> <p>Gregory McLeod, Director N.C. State Bureau of Investigation</p> <p>Representative Timothy K. Moore N.C. General Assembly</p> <p>Chief Justice Sarah E. Parker North Carolina Supreme Court</p> <p>Aurelia Sands-Belle, Executive Director Durham Crisis Response Center</p> <p>Judge John W. Smith, Director Administrative Office of the Courts</p> <p>J. Keith Stone Private Citizen</p>	<p>Christopher E. Swecker, Chair Governor's Crime Commission</p> <p>Dr. June Atkinson, Superintendent Department of Public Instruction</p> <p>James Blanton Defense Attorney</p> <p>Senator Harry Brown N.C. General Assembly</p> <p>Attorney General Roy Cooper Department of Justice</p> <p>Mayor James K. Festerman City of Reidsville</p> <p>David Hardesty Director of Juvenile Facilities Department of Public Safety</p> <p>Fred "Chip" Hughes Commissioner, Town of Trent Woods</p> <p>Chief Steven C. Lewis Beaufort Police Department</p> <p>Gail Mills Durham Rescue Mission</p> <p>Chief Patricia D. Norris Winston-Salem State University Police & Public Safety</p> <p>Commissioner Anne Precythe Department of Public Safety Division of Adult Correction</p> <p>Judge Douglas B. Sasser Superior Court Judge</p> <p>George Soloman Department of Public Safety Division of Prisons, Adult Correction</p>	<p>Secretary Frank L. Perry Department of Public Safety</p> <p>Sheriff B.J. Barnes Guilford County Sheriff's Office</p> <p>Chief Christopher Blue Chapel Hill Police Department</p> <p>Sheriff Alan Cloninger Gaston County Sheriff's Office</p> <p>Devin Davis Youth Member</p> <p>James D. Gaither, Jr. District Attorney</p> <p>Sheriff Donnie Harrison Wake County Sheriff's Office</p> <p>Jean R. Irvin Private Juvenile Justice Program</p> <p>Ivan D. McLaughlin Private Citizen</p> <p>Chief Rodney Monroe Charlotte-Mecklenburg Police Department</p> <p>Judge Ali Paksoy District Court Judge</p> <p>Sharon Sadler Clerk of Superior Court, Hyde County</p> <p>Sergeant Crystal O'Neal-Sharpe Graham Police Department</p> <p>Representative Sarah Stevens N.C. General Assembly</p> <p>Secretary Alana Wos, M.D. Department of Health & Human Services</p>
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Commission Members as of September 30, 2013

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A Publication of the
Governor's Crime Commission
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