JOURNAL OF VETERANS STUDIES

Veteran's Treatment Courts: will More be Necessary Now that the 20-Year War on Terror has Concluded for US Soldiers?

COLLECTION:
9/11, POST-9/11, AND THE FUTURE OF VETERANS STUDIES

RESEARCH

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VIRGINIA TECH PUBLISHING

ABSTRACT

Senator John Kerry noted that September 11th was the worst day that we, as a nation, had ever seen; however, it served to unite us. For the families of the 2,977 victims, it was a day of immeasurable and unimaginable loss. For first responders, it was a living nightmare they willingly chose to return to for days, weeks, and months following the attacks so that the families impacted could have some measure of closure. Many of these experienced subsequent physical and mental health illnesses due to what they were exposed to. For others, it was a call to arms. A call to action and to begin serving something bigger than themselves. It was a call to enlist in the US military. It is reported that immediately following the September 11th attacks, over 180,000 American citizens enlisted in active-duty military with some claiming the events of 9/11 were the driving force behind their decision. The military reported that 1 year after 9/11 there were just over 1.4 million active-duty military personnel in the Army, Navy, Marine Corps, and Air Force combined. Since the beginning of the American military involvement in the Iraq and Afghanistan wars in 2001, it is estimated that approximately 1.9 US military personnel were deployed in 3 million missions lasting at least 30 days. Over 7,000 servicemembers have been killed, in post-9/11 wars, with thousands more sustaining critical life-changing injuries, including loss of limbs, traumatic brain injuries and the invisible injuries of posttraumatic stress disorder. This work consists of a content analysis, specifically focusing on the establishment and ongoing need of Veteran's Treatment Courts (VTC), a specialty court established in 2008, as a direct response to a growing number of veterans, appearing on court dockets, who were addicted to drugs, alcohol, or suffering from undiagnosed/untreated mental illness due to exposure to traumatic events while on military deployment. Today there are 400 VTC across the country, but more of these courts and significantly more funding and resources are needed to address the invisible wounds and impact of a 20-year war. This article examines the literature in existence related to VTCs, including their missions, strategies,

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KEYWORDS:
Veteran Treatment Courts; specialty courts; posttraumatic stress disorder; War on Terror; Afghanistan War; Iraq War

TO CITE THIS ARTICLE:
Craddock, T. B. (2022). Veteran's Treatment Courts: will More be Necessary Now that the 20-Year War on Terror has Concluded for US Soldiers? *Journal of Veterans Studies,* 8(2), pp. 8–20. DOI: https://doi.org/10.21061/jvs.v8i2.359

and recidivism success rates. It also examines where these VTCs are in relation to US military installations that experienced deployments, and the resources that are available and accessible to those veterans who agree to enter these diversion programs. Finally, it discusses any noted gaps in where VTCs should be and currently are not as well as the potential for deleterious outcomes for veterans who have honorably served their country and have either fallen through the system's cracks or live in an underserved area of the country. These are wounded warriors that, absent being exposed to traumatic events in a war zone, may never have entered the criminal justice system.

> Greater love has no one than this, than to lay down one's life for his friends.
>
> —John 15:13

Senator John Kerry noted that September 11th was the worst day that the United States (US) had ever seen; however, citizens put aside their differences and stood united, perhaps at a level not seen since US soldiers returned home from World War II. American flags flew in urban streets and rural towns with citizens sending the message that the US was injured but continued to stand resolute. At a 20-year remembrance of the September 11th terrorist attacks, Dr. Grace Telesco (2021), who was at the time serving as a Lieutenant in the New York Police Department, called attention to the importance of remembering not only the losses suffered because of the attacks on September 11th, but also the losses suffered by the families of service members who carried out the war on terror in the days, weeks, months, and years following the acts of terrorism. These consequences included not only the loss of life, but also soldiers returning home changed, and were sometimes unrecognizable shells of their former selves due to traumatic brain injury or Posttraumatic Stress Disorder (PTSD). Ehlers and Clark (2000) noted that PTSD was classified as an anxiety disorder where the problem, in part, was due to the memory of an event that had already happened. The symptoms could manifest in the form of irritability or angry outbursts, emotional numbing, flashbacks and nightmares, difficulty concentrating, and if left untreated could result in the loss of job, family members, home, and other tangible and intangible things. Soldiers, like first responders, are trained to rush towards danger when others are running away. Volunteering to serve a country that was wounded but resolute, showed both love and empathy which, Telesco (2021) noted, were the ingredients that proved to be the beginning of the healing process for all first responders, families, and friends that lost loved ones on that fateful day.

With many soldiers attempting to return to civilian life, data has shown that many of these individuals are suffering from some form of combat or deployment related mental health issues that may not have been identified, diagnosed, or treated. This is resulting in increased instances of veterans entering the criminal justice system. This work will consist of a content analysis, specifically focusing on the need for further establishing or expanding Veterans Treatment Courts (VTCs), a problem-solving court, specifically for veterans, with an understanding of the experiences military veterans are faced with when deployed into areas of conflict and the problems that can occur when this unique population attempts to transition from military to civilian life. It will examine the literature on the efficacy of this problem-solving court, strategies in working with this unique population, and success rates. It will also examine the number of military instillations, veteran population, which states have implemented VTCs and their criteria for eligibility. Additionally, this work will discuss potential deleterious outcomes for veterans who have honorably served their country and have either fallen through the system's cracks or, more importantly, live in an underserved area of the country. It will also discuss what experts are saying needs to occur for additional VTC programs to be established and/or grown in these underserved areas. These are wounded warriors who have become involved in the criminal justice system because of the traumatic events they experienced in the service of their country. Finally, the research areas we will be examining include whether the currently established VTCs are showing efficacy and what limitations and/or barriers these courts are experiencing that are negatively impacting the veteran's ability to complete treatment without re-offending.

BACKGROUND

VTC, a hybrid mental health and drug court that specializes in treating military veterans, was the brainchild of the Honorable Robert Russell who, at the time, was the

presiding judge of the Buffalo, N.Y. Drug and Mental Courts. Russell noticed a growing number of veterans appearing before him suffering from some form of substance abuse and/or mental health issues (Executive Office of the President, 2010). The underlying premise to this endeavor was that US citizens owed military veterans a debt. Creating a special problem-solving court that aimed to address the challenges—particularly substance abuse and psychological health issues—which were a direct result of their military experience, was a way to repay that debt. The goal of this newly created problem-solving court, according to Baldwin and Rukus (2015) was to "address the underlying causes and correlates of a veteran's criminality (e.g., mental illness, lasting effects of trauma, substance abuse) to reintegrate and restore the veteran to society and reduce or eliminate future contact with the criminal justice system" (p. 183). In 2010, a Justice Department survey of prison inmates found that approximately 60% of the 140,000 veterans housed in state and federal prisons were struggling with co-occurring disorders, including substance abuse and undiagnosed/untreated mental health disorders (Executive Office of the President, 2010). Additionally, in 2020 there were over 37,000 veterans across the US without stable housing. This was, in part, due to a substance use disorder or mental health crises. The primary goal of VTCs was to address those issues (Baldwin, 2015; Shane, 2021).

Modeled after drug courts, VTCs are a collaborative effort that brings together a workgroup consisting of a judge, prosecutor, defense attorney, probation officer, Veterans Justice Outreach Coordinator (VJO), treatment providers, VTC coordinator, and, in many jurisdictions, a peer mentor. Baldwin and Rukus (2015) noted that "it is the inclusion of the military community as a stakeholder that makes the VTC unique" (p. 193). Participation in this program is based on meeting eligibility criteria that includes the veteran accepting the offer of entry into the program, which will include participation in treatments and programs the workgroup deems necessary (Baldwin & Rukus, 2015). The court does not give veterans a "get out of jail free" card, but rather offers them an opportunity to receive intensive counseling, treatment, and to accept responsibility for their actions.

Armstrong (2016) wrote, of the VTCs in Alaska, that offender accountability was one of the unique components that sets these therapeutic courts apart from other traditional courts. Similarly, personal accountability is one of the characteristics taught and reenforced early in the military training process. What is important to note, and a criticism of this court, is that the veteran must plead guilty and complete the program (that is a year or more) voluntarily. This often takes much longer than a jail sentence and becomes a barrier for those who work or are required to travel a substantial distance for services (Russell, 2009). The mission of VTCs, noted Holstead (2011), is to "promote sobriety, recovery, and stability through a coordinated response that involves cooperation and collaboration with the traditional partners found in drug and mental health courts" (n.p.). Through successful completion of the program, many veterans have had their charged reduced and/or dismissed (National Center for PTSD, 2010). This number only represents a small portion of the men and women who answered the call to action following the attacks of September 11, 2001.

For many of them, it was an opportunity to begin (and in some cases reaffirm) serving something greater than themselves, something prior generations of military personnel have done. They had no way of predicting how they Immediately following the attacks on September 11th, over 180,000 American citizens enlisted in active-duty military with some claiming the terrorist events were the driving force behind their decision (DiSimone, 2021; Wentling, 2021). The military reported that 1-year post-9/11 there were just over 1.4 million active-duty military personnel in the Army, Navy, Marine Corps, and Air Force combined (Coleman, n.d.). Historically, the military has attempted to adhere to a 1:2 ratio dwell time to allow military personnel time at home between deployments into areas of conflict. This would, in theory, provide service members with time with family as well as a mental and physical break from combat.

Research shows that there is a correlation between multiple deployments and the mental health crisis many veterans are experiencing. Bonds et al. (2010) noted that by the end of 2010, approximately 2.1 million service members had been deployed an average of 1.7 times with 57% deploying once, 27% twice, 10% three times, and 6% four or more times. Further, over 7,000 servicemembers had been killed in post-9/11 wars, with thousands more sustaining critical life-changing injuries, including loss of limbs, traumatic brain injuries, and the invisible injuries associated with PTSD. MacGregor et al. (2014) noted that as multiple deployments likely become the norm for future military operations, for personnel with the maximum amount of reported combat exposure, longer dwell times would reduce the odds of a mental health referral and would be the proactive approach against combat related psychological outcomes. In response, the US Department of Defense announced a policy revision, effective November 2021, that will mandate a standardized 1:3 deployment-to-dwell ratio (Myers, 2021).

It was decades after American troops returned from Vietnam that the mental health community openly acknowledged that soldiers deployed into war zones were

emotionally traumatized by the violent events they had witnessed, experienced, and or participated in while actively serving. As a result of this trauma, they needed mental health services that, among other things, helped them develop coping skills that would be critical in allowing them the opportunity for a normalized quality of life. After years of research, planning, and debate, the most recent version of *the Diagnostic and Statistical Manual of Mental Disorders*, the DSM-5, revised how PTSD was defined. It was removed from the anxiety disorder category, in part, because of the multiple emotions associated with PTSD (i.e., guilt, shame, and anger). It was subsequently placed in a new category, appropriately named "Trauma and Stressor-related Disorders," with a focus being on disorders as they relate to adverse events (Pai et al., 2017). It was further noted, "this diagnostic category is distinctive among psychiatric disorders in the requirement of exposure to a stressful event as a precondition" (Pai et al., 2017 p. 2). This is significant and relevant to veterans because it encapsulates the symptoms they experience, often daily, over the course of their deployment(s) as well as once they return home and attempt to reintegrate back into civilian life.

In March of 2021, I recorded interviews with African American veterans on the topic of patriotism. One veteran was US Army retired Major General Rodney Anderson. In speaking with him, he shared what he referred to as the warrior's ethos: "I will never leave a fallen comrade" (Craddock, 2021, p. 29). While the context was referring to leaving a fallen comrade on the battlefield, the same principle can be applied to the veterans who have experienced difficulties in making the transition back to civilian life due to injuries (either physical or emotional) sustained while in the service of their country, and now find themselves in the complex cogs of the criminal justice system machine. Major General Anderson talked about values and benchmarks associated with being a member of the US military, noting that the Army, where he served, is about teamwork, but also about loyalty, duty, respect, selfless service, honor, integrity, and personal courage (Craddock, 2021). To this, accountability can also be included as a subsection to integrity, which is what makes veterans treatment courts (VTC) a unique and balanced approach for this specific population.

While I have not personally served in the military, I have the utmost respect and admiration for those who answered the call to serve their country. What I have experienced, however, is a front-row seat, as a family law paralegal, to the collateral damage that the invisible wounds of war inflict when an emotionally wounded veteran attempts, on their own, to make the transition into civilian life. The impact, in some cases, was the breakdown of the family unit due to symptoms of PTSD. Returning soldiers witnessed the atrocities of war, and their nightmares followed them home. This is supported by Ehlers and Clark (2000) who note:

> PTSD becomes persistent when individuals process the trauma in a way that leads to a sense of serious, current threat. The sense of threat arises as a consequence of: (1) excessively negative appraisals of the trauma and/or its sequelae and (2) a disturbance of autobiographical memory characterized by poor elaboration and contextualization, strong associative memory and strong perceptual priming (p. 319).

This could include the veteran lashing out at those closest to them through explosive anger, including acts of domestic violence and the onset of substance abuse to quiet the demons in their head. Brooks (2015) noted,

> the victims of PTSD often feel morally tainted by their experiences, unable to recover confidence in their own goodness, trapped in a sort of spiritual solitary confinement, looking back on the real world from beyond the barrier of what happened. (para. 9).

These are the very things veterans studies scholars, such as myself, are trying to bring to light; to show that veterans are suffering, and through that suffering there is pain, both physical and psychological, and anger. That anger has the potential to lead to interactions with the criminal justice system. Access to VTCs has the potential to serve as a lifeline and a second chance for these individuals.

LITERATURE REVIEW

The Center of Behavioral Health Statistics and Quality (2012) noted that nearly half of the substance abuse treatment admissions among veterans between the age of 21 and 39 involved the abuse of alcohol. Substance Abuse and Mental Health Services Administration (SAMHSA) noted similar findings in 2015, finding that as of 2013 there were approximately 62,000 veterans admitted for substance abuse treatment in a non-Veterans Affairs (VA) facility, with the most common substance abuse among veterans (just over 65%) being alcohol, followed by heroin (10.7%), and cocaine (6.2%) (Substance Abuse and Mental Health Services Administration, 2015; see also Baldwin, 2015). If left undiagnosed or untreated, the results could include the loss of not only everything the veteran finds to be most important to them (i.e., family, friends, and tangible belongings), but also their own sense of self-worth. Additionally, Bronson et al. (2015) reported that from

2001 until 2012, "veterans discharged during Operation Enduring Freedom [OEF], Operation Iraqi Freedom [OIF], and Operation New Dawn accounted for 13% of veterans in prison and 25% of veterans in jail" (p. 1). Meyer (2017) noted that research shows a direct correlation between military personnel exposed to combat trauma during OIF and OEF and the numbers of mental disorders, substance abuse, and criminal behavior.

Findings from the Watson Institute's (2021) study on the cost of war noted that both the economic and human costs of the wars would likely continue for decades because some of the peripheral costs, including the cost of care for US veterans, would not peak for several more years. They further noted that the 20-year war in Afghanistan had been "complex and horrific and unsuccessful" (n.p.). Of the estimated 8 trillion dollars of the war, they attributed just over 2 trillion would be needed for the future care of military veterans. Further, while there has been substantial growth in the number of VTCs since their initial inception in 2008, they have yet to separate and distinguish themselves from drug courts from which many of their key components were derived.

Nearly all research that has been conducted includes the Ten Key Components of Veterans Treatment Courts (Justice for Vets, 2017) that were a slight modification from the key components of drug courts, a publication put out by the US Department of Justice. The tenants include:

- Veterans Treatment Court integrate alcohol, drug treatment, and mental health services with justice system case processing.
- Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
- Eligible participants are identified early and promptly placed in the Veterans Treatment Court program.
- Veterans Treatment Court provide access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services.
- Abstinence is monitored by frequent alcohol and other drug testing.
- A coordinated strategy governs Veterans Treatment Court responses to participants' compliance.
- Ongoing judicial interaction with each veteran is essential.
- Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operations.
- Forging partnerships among Veterans Treatment Court, Veterans Administration, public agencies, and community-based organizations generates local support and enhances Veteran Treatment Court effectiveness. (Justice for Vets, 2017, see also Armstrong, 2016, Holstead, 2011; Knudsen & Wingenfeld, 2014; Meyer, 2017; Tsai et al., 2018)

Holstead (2011) noted that according to results from programs up until 2011, the National Association of Drug Court Professionals indicated that 70% of veteran defendants who started a treatment program completed it. Additionally, it was reported that 75% of those had not reoffended for at least 2 years.

Subsequently, the Pew Research Center (2011) conducted research on the military-civilian gap in the post-9/11 era. Completed at what would be the mid-point of the 20-year war in Afghanistan, they surveyed approximately 2,000 veterans and asked them questions from a range of topics including patriotism, the efficiency of the military and modern military tactics, sacrifice, burden sharing, and the best way to fight terrorism (Pew Research Center, 2011). What they found was that nearly all the veterans (96%) that were on active duty in the post-9/11 era were proud of their service and thought that their time in the military taught them about collaborative work with a team, helped them with maturity, and helped to build their self-confidence. Nearly half of the veterans surveyed also expressed difficulty in transitioning back to civilian life, including experiencing strains on family relationships, outbursts of anger, and feeling times where they didn't care about anything.

Additionally, they noted that nearly 40% of the surveyed veterans self-reported that they believed they suffered from PTSD with the most prevalent being from those who experienced combat deployments. Just over half of the veterans surveyed indicated they experienced an emotionally traumatic experience while on deployment, and of those, the majority reported still reliving them through either flashbacks or nightmares (Pew Research Center, 2011). Veterans, however, are not convinced that civilians completely grasp the level of sacrifice military personnel make when deploying into a combat zone. Admiral Mike Mullen (2011), when addressing the graduating class at West Point noted, "I fear they do not know us. I fear they do not comprehend the full weight of the burden we carry or the price we pay when we return from battle" (n.p.).

Knudsen and Wingenfeld (2014) examined the efficacy of a specialized docket for veterans in a large urban pretrial service center. There were 86 veteran participants who had been charged with both misdemeanors and felonies. Interviews at intervals of baseline, 6 and 12 months were used to determine program efficacy including recidivism,

psychiatric symptoms, quality of life, and recovery (Knudsen & Wingenfeld, 2014). The results showed that participants who followed the prescribed treatment plans reported significant improvements in their PTSD symptoms, emotional wellbeing, improvement in relationships, social connectedness, and sleep patterns (Knudsen & Wingenfeld, 2014).

Baldwin (2015) examined the results from the first national survey of VTCs, focusing on policy, structure, and procedure through the lens of restorative justice. She noted that PTSD often has a delayed onset and can surface months to years after the traumatic exposure. This, according to Baldwin and Rukus (2015), serves to increase the difficulty of proving that it is combat related. It was also noted that VTCs have not met the threshold of restorative justice due, in part, to the ideal that restorative justice involves both the victim and the accused. In some VTCs the victim is not included as a stakeholder in the process.

In 2016 American University's Justice Program's Office School of Public Affairs published survey results on behalf of the Bureau of Justice Assistance (BJA) Court Technical Assistance Project. The survey was distributed to all adult drug courts in existence in the US as of March 2015, with the purpose of identifying VTCs in operation either independently or within drug courts. Their goal was to capture features of the existing VTC programs, including participant demographics, criteria for eligibility, any implementation issues being experienced, and available services being provided (American University Justice Program, 2016). Unfortunately, what they reported was that most VTC programs were unable to provide precise statistics and related data. The completed surveys found that VTCs were following the recommendations regarding length of program and treatment phases. They also noted that programs reported to developing relationships with various stakeholders to better serve the program participants and to identify alternate funding sources. They further reported that nearly one-third of the programs indicated they were not providing legal representation for participants, which was identified as a key component of VTC, and many were not utilizing medication assisted treatment (MAT) for the participants with an identified/diagnosed substance abuse. The results from the survey highlighted the need for a more specialized training regarding the existence of co-occurring disorders as well as the chronic nature of these diseases including the critical need for aftercare support (American University Justice Program, 2016). These could be something like Alcoholics Anonymous (A.A.) or Narcotics Anonymous (N.A.), where participants know once they complete the prescribed program and "graduate" they will have a support system that can further assist them with daily living and long-term success.

A longitudinal examination of VTCs focusing on their characteristics and eligibility criteria was conducted on existing courts in 2012 ($N = 173$), 2013 ($N = 266$), and 2014 ($N = 351$). Utilizing data collected by the US Department of Veterans Affairs' Veterans Justice Program, they found that the mean age of participants was between 22 to 24 years of age, and they spent between 10 to 14 months in court for misdemeanor offenses and 18 to 19 months for felony offenses (Timko et al., 2016). Of particular interest was that there seemed to be no program standardization, with many jurisdictions being at the county level. Less than two-thirds had the mentoring component, a component found particularly successful in other research; and those with the mentoring program had a higher participant census than those without it. It was noted, as with previous research, that mentors were primarily made up of volunteers, many of which were either former combat veterans, retired military personnel, or previous participants who had successfully completed the program.

A subsequent study specifically examining the preliminary performance indicators of early VTCs in Kentucky showed that various rehabilitation programs (depending on the specific diagnosis), services and service referrals, and participant accountability were all critical to participant success (Shannon et al., 2017). A study completed the following year by Tsai et al. (2018) focused on VTC participants—specifically those who benefit and those who recidivate. The authors noted that participants with drug or alcohol abuse diagnosis were more likely to recidivate. Given the data provided by SAMSHA (2015), these findings are not surprising. Additionally, the study concluded that those who suffered from a substance abuse often struggled after program completion, reiterating the research provided by the American University Justice Program's (2016) findings showing the importance of aftercare programs.

Douds et al. (2017) also noted a lack of scholarly research on how VTCs are structured, which makes it difficult to determine common components across the country. To address this gap they examined the VTCs across Pennsylvania and identified areas of commonality among their 17 therapeutic veteran's courts and among VTCs across the country. They noted that the VTCs in Pennsylvania follow the same therapeutic model as other problem-solving courts with a team approach that include two additional stakeholders unique to veteran's courts: a VJO and a mentor representative who is typically a veteran volunteer. One of the issues noted was the point in which veteran status identification was made. While it would be most beneficial to the veteran if they self-identified at the initial stages of the arrest process, this does not always occur, and at times, veteran status does not become

known until the detention stage. It was noted, however, that in some Pennsylvania jurisdictions, police intake forms completed at the initial booking, do ask about prior military service. It would be most beneficial for the veteran if this were to become a standardized practice across all law enforcement jurisdictions.

This need was echoed by Baldwin et al. (2018), whose research focused on veteran-identification procedures, noting that "positive outcomes found in specialized courts might be due to targeting and admission procedures or selection bias rather than the intervention program" (p. 13). Traditional specialized courts, according to their research, target populations based on specific characteristics including offense types. This is not as easily discernable for targeting VTC participants due to veteran status not typically found in criminal justice data. This requires VTCs to develop procedures of identifying military status of offenders to create a potential participation pool. Their research indicated the five identifiers of potential VTC clients were discovered through police and corrections: VJOs, defense counsel, and through the defendant self-identifying their military service. The reluctance of the veteran to self-identify was noted to be a major barrier.

Jaafari (2019) reported that while more than 3,000 counties have established therapeutic courts for substance abuse and mental illness, VTCs have lagged due to a lack of financial support, instead having to depend on volunteers from judges, prosecutors, defense attorneys, mental health specialists, and peer mentors. Quoting a volunteer VTC judge in Iowa, he noted "it's got to be a labor of love" (n.p.). He also noted that formal research on VTC efficacy is scarce due, in part, to the age and number as compared to the longer running specialty therapeutic courts. Of interest was that Jaafari (2019) noted the lack of VTC in some areas, primarily rural, which either excludes veterans from participation in a program (due to residency requirements) or requires them to travel hundreds of miles, and the restrictions some VTC place on the type of criminal offenses they will allow into therapeutic programs. Some only allow in misdemeanors or misdemeanors and only certain types of felony charges. These are significant barriers to veterans having the ability to receive proper treatment.

Herzog et al. (2019) conducted a qualitative study on veteran participant perceptions of VTCs, including their experience with the judge and other courtroom members as well as the relationship between their military service and subsequent criminal activity. From their study, they identified five unique themes:

- An overall positive view of the court personnel
- Transparent and personable experience
- Veteran judge with a shared military-related traumatic experience
- A connection between their military service/exposure and subsequent crime
- Substance abuse resulting from the trauma experienced

Herzog et al. (2019) shared anecdotical remarks from participants including: "so, I think that [his military service] was like the match that lit everything off for me" (p. 86); "you're not just a piece of paper, you are a person" (p. 85); and "I just feel it's a little more structured too … structured to what the individual is having problems with" (p. 85).

Herzog et al. (2019) developed a conceptual model of VTC finding that the traumatic experience from their military deployments led to maladaptive coping, addiction, crime, and interactions with the criminal justice system. Their study concluded that VTCs impact each of these, and through social support, the previously mentioned transparent and personable experiences among veterans, and actual resource advocates (i.e., the VTC judge with his own military combat-related trauma), helped veteran participants by both stabilizing the maladaptive forces they were fighting, and by providing them a second chance at having a good quality of life.

Finally, in comparing the treatment needs of participants with co-occurring substance abuse and mental health disorders in both drug and VTCs in Massachusetts, Clary et al. (2020) found that those participating in drug courts experienced more lifetime history of illicit drug use and participants in VTCs experienced more trauma, chronic medical problems, and suffered from more severe acute behavioral health symptoms. These findings were not surprising and served to reinforce prior research findings showing the importance of specialty court management especially pertaining to treatment planning, program referrals, and ensuring service needs can be met. It was further noted that VTCs do not typically deliver either mental health or substance abuse treatment, but rather depend on the VA to provide these specialized services. It becomes an issue for the private sector service providers when the participant is not eligible for VA services due to their discharge status.

METHODOLOGY, LIMITATIONS, AND CONTENT ANALYSIS

The US Department of Veterans Affairs (2021) indicated that as of November 2020, VJO specialists were serving in over 600 VTCs and other veteran-focused court programs across the US. This number has increased significantly

over the 461 they reported serving as of June 2016. The role of the VJO is to serve as a member of the treatment team in VTCs, to assist veterans in navigating through VA treatment services that are available to them in their geographic locations, as well as assisting them with issues related to homelessness and/or disability determinations so that these participants can begin receiving benefits they are entitled to. These will aid in both their treatment and long-term outlooks. Unlike other members serving on the VTC treatment team, these individuals do not advocate for specific treatments or target dates, but rather assist the veteran with ancillary services.

Daly et al. (1997) noted that a thematic analysis focuses on examining themes or patterns within data and can be used to analyze most types of qualitative data, including primary and secondary sources. This work searched each state's governmental website for information pertaining to VTCs to ascertain which states explicitly indicated they had implemented at least one specialty therapeutic court for veterans, the number of VTC each state indicated they had as of the date of the internet search, the number of military instillations that each state indicated were in existence at the date of the internet search, the approximate veteran population of each state as indicated by the VA, and any eligibility requirements that were explicitly stated. These will be briefly discussed; additionally, a comprehensive chart outlining each of these items for each state in the US has been provided and identified as Table 1 (below).

Allen (2017) found that primary limitations of a content analysis are that it is very time consuming, is subject to increased error, is often devoid of a theoretical base, or attempts too liberally to draw meaningful inferences about relationships and impacts implied to a study. In Allen's (2017) study, the limitation was on the accuracy of the data collected from each state's governmental website pertaining to VTCs. There were no explicitly stated references as to how often any of the websites were updated or when the last update occurred. With the everchanging number of local court jurisdictions choosing to implement VTCs or the number of veterans who are entering into the criminal justice system due to combat-related mental health issues, this could potentially be a significant limitation that could cause the underreporting of the actual number of VTCs in existence in each state. As of December 18, 2021, the data contained in Table 1 is what was reported on each state's governmental website regarding VTCs.

On the website for the National Center for State Courts (n.d.), a nonprofit organization, state court links to each of the 32 states with VTCs are provided. With this as a starting point, I visited the state websites for all 50 US states to determine if they specifically indicated they had VTC(s), their locations, and their eligibility requirements. After conducting a review of the websites from each state in the US, I found that 3 states in the US did not currently indicate having a VTC: Connecticut, Delaware, and Vermont. The remaining states offered anywhere from 1 to 33 VTCs. For perspective, Table 1 (below) also includes the number of military bases and veteran population, although the veteran population includes all veterans, regardless of time of service or combat exposure. For the sake of brevity, only the top 10 states with the highest veteran population as of 2020 have been listed in Table 1. A complete list of every state in the US is included as Appendix 1.

With the number of WWII veterans waning, the assumption can be made that many of the veterans remaining and indicated in both Table 1 and Appendix 1, are either veterans of the Korean War, Vietnam War (who also significantly suffered from PTSD due to combat-related trauma), or are from the War on Terror (of which this work has primarily focused on). Finally, any eligibility requirements found on each state's websites were listed. Some only require active/prior military service, some only accept misdemeanor charges, some had geographic requirements within certain county jurisdictions, and others were more liberal with their requirements allowing in both misdemeanor and felony charges.

DISCUSSION

H.R.886 (2021), the Veterans Treatment Court Act, was introduced in the US House of Representatives by Charlie Crist. It was signed into law by former President Donald Trump on August 8, 2020, and provided resources, by way of grants and technical resources to state, local, and tribal jurisdictions that had an interest in either starting or expanding VTC programs (Gerald & Mackey, 2020). The government is beginning to recognize that military personnel, who have been honorably serving their country during times of conflict, may be suffering the invisible wounds of war. But does the legislation go far enough?

The BJA Drug Court Technical Assistance Project's 2015 survey results (American University, 2016) noted that most VTC programs did not have information readily available to provide precise and accurate statistical data. Additionally, it was reported that nearly one-third of the programs responding to the survey indicated they did not provide legal representation for veteran participants, which is included under the key components of VTCs and were not utilizing medication assisted treatment for participants diagnosed with substance abuse disorders. Finally, they reported the need for additional intensive training for practitioners with a focus on servicing veteran participants who had co-occurring disorders, and that while intensive

STATE	# VTC*	#MILITARY BASES**	VETERAN POPULATION***	ELIGIBILITY REQUIREMENTS*
California	32	33	1,574,531	*All military branches including reserves and the National Guard. *Eligibility requirements vary by county, but most accept certain types of felony or misdemeanor cases. *Require participants to plead guilty in a criminal case and be experiencing Post Traumatic Stress Disorders (PTSD), Traumatic Brain Injuries (TBI), Military Sexual Trauma (MST), substance or other diagnosed disorders, *Agree to participate in a 15–18-month program.
Texas	11	15	1,453,450	*Requires either active-duty status or an honorable discharge.
Florida	31	21	1,440,338	*A person who served in the active military, naval, or air service and who was discharged or released there from under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the US Department of Veterans Affairs on individuals discharged or released with other than honorable discharges.
Pennsylvania	25	4	759,474	*Either a current member in good standing of any branch of the military, including the National Guard or Reserves, or is a former member of any branch of the military, including the National Guard or Reserves who was not dishonorably discharged and/or received a bad conduct discharge. *Form DD214 must be provided as soon as possible, but in no event longer than thirty (30) days. *Eligible for benefits through the VA but is not mandated to qualify for VA benefits * Must meet one of the following clinical criteria: PTSD (Post-Traumatic Stress Disorder), TBI (Traumatic Brain Injury), MST (Military Sexual Trauma), Drug/ Alcohol Addiction, and other Axis I diagnoses that may include Major Depression, Bipolar Disorder, Schizophrenia, Schizoaffective Disorder, or a psychological and/or substance abuse problem(s) requiring treatment/support.
Ohio	28	2	709,287	*Must have received an Honorable or General (Under Honorable Conditions) discharge from the US Military Services *Must have drug or alcohol use, PTSD, traumatic brain injury, or other physical/ mental condition that was a significant factor in the commission of their offense.

Table 1 Data for the top five states in the US with highest veteran population as of 2020.

Note: * National Center for State Courts (2020). ** Military Bases (2018). *** US Department of Veterans Affairs (2021).

treatment while in the program is paramount, of equal importance is to provide long-term aftercare support, in the form of alumni groups.

As previously stated, one of the limitations of conducting a content analysis is that I had to rely on secondary information. This research took the form of internet searches from individual state governmental websites, specifically looking for VTCs and their criteria for veteran eligibility. While VTCs in existence may be offering some or all the deficiencies identified in the American University Justice Program, 2016 survey results, they are not explicitly stated. This, too, would fall under the limitations of conducting a content analysis, because without directly contacting and/or surveying VTC personnel, there is no unequivocal way of knowing if these are being addressed. The Veteran Treatment Court Act of 2019, while providing grants and technical assistance, does not address the fact that many VTCs in existence operate primarily with volunteer staff, who are already donating their time and may lack the additional time, resources, or understanding of how to apply for the grants.

Failing to act on the deficiencies noted in the American University Justice Program, 2016 survey results will lead to deleterious outcomes for veterans who are already in crisis. If veteran participants are not offered legal representation, they are left to maneuver through the complexities criminal justice system alone. Our legal system is not a simple self-service process and individuals, especially those already in crisis, left to attempt to maneuver on their own often find themselves lost and end up falling through the system cracks. This goes against the warrior's ethos of never leaving a soldier behind. Stephanie Savell, co-director of the Costs of War Project through Brown University (Savell et al., 2021) noted, "twenty years from now, we'll still be reckoning with the high societal costs of the Afghanistan and Iraq wars—long after U.S. forces are gone" (n.p.). We still do not know the extent of the invisible wounds inflicted on the soldiers returning from combat areas of Afghanistan and Iraq. In some cases, it is only through an interaction with the criminal justice system that the extent of their suffering is identified, and an appropriate diagnosis and treatment can be made. It is only through liberal

eligibility requirements that a veteran can begin to receive the treatment they need and more than deserve. If state VTCs severely restrict who they allow into their treatment programs (i.e., only allowing in misdemeanors or only serving specific geographic areas), it almost ensures that veterans in need of service fall through the cracks, which could exacerbate their conditions.

CONCLUSION

The research examined from the literature review indicates that, at a minimum, some VTCs in existence are showing short-term efficacy. More longitudinal national research would be beneficial in determining the efficacy beyond the 24-month marker. The 2016 American University Justice Program's Office School of Public Affairs survey results contained items of concern, including the fact that there was no central reporting repository that could aid in determining program efficacy. It was also reported that nearly one-third of the programs that responded to the survey indicated that participants were not provided with legal representation, which was a key component for VTCs. Published findings from the 2016 American University Justice Program's study also indicated that more specialized training was needed for practitioners to be able to interact effectively with veterans experiencing co-occurring disorders and for the importance of aftercare support. Study replication of the American University Justice Program would be beneficial to determine if these items have been addressed, as they would be relevant to future positive outcomes of VTCs nationwide. The limitations or barriers current VTCs are experiencing include having service providers who can meet the needs of participants, having eligibility requirements that vary from state to state and, in some cases, jurisdiction to jurisdiction; how to capture potential participant pools early in their interactions with the criminal justice system; and ensuring that at least some members of the workgroup have military experience so that veteran participants feel understood.

In March 2022, at the Academy of Criminal Justice Sciences' annual conference, one of the roundtable discussions was the future of VTCs, where they are now and where they will need to be in the future, especially to meet the needs of the veterans who fought in the 20-year war in Afghanistan as mental or physical symptoms of their combat-related trauma begin to manifest. While there was consensus that we've come far since the 2008 program launch, some of the program barriers discussed included: a lack of service resources, especially in rural areas where the closest VA facility is 100 miles away; the lack of program awareness by veterans; the lack of early eligibility identification by the initial personnel in the criminal justice system; the lack of an early risk assessment tool; and the issue that eligibility requirements are determined by state or local governmental entities and are not standardized at the federal level (Witt et al., 2022).

For VTCs to continue to develop and grow, needs assessments must be conducted in jurisdictions where VTCs are being considered. It would be futile and potentially detrimental to attempt to implement a VTC if there were not viable treatment programs either administered directly by the VA or via private VA contracted center practitioners available. Additionally, Witt et al. (2022), discussed the importance of having members of the workgroup that had past military experience. This supported the research of Baldwin and Rukus (2015), who noted veteran participants interviewed indicated the importance of having members of the courtroom workgroup with prior military experience because they would understand the military culture and may, themselves, have experienced a combat deployment.

The issues raised by Timko et al. (2016) pertaining to the lack of eligibility standardization as well as the inclusion of peer mentors in the workgroup were also discussed. Eligibility requirements, however, are set by each state legislature and not by the federal government. Program eligibility standardization could be proposed, but it would be up to the individual states and/or jurisdictions whether to adopt them. Peer mentors could be an integral part of the treatment team; however, it was agreed that previous program graduates should be able to demonstrate a minimum of 24 months of sobriety and compliance before they are allowed to serve as a program peer mentor. The rational was that helping current program participants involved hearing about and recounting traumatic events experienced during combat deployments, which could be emotionally harmful to both the participant and the peer mentor if they were still struggling.

Witt et al. (2022) indicated that they had all experienced a problem with how to make veterans entering the criminal justice system aware that there was a diversion program option potentially available to them. The solution presented by the discussants was to post information about the program on social media pages and place signages at jails and courthouses ensuring veterans who had been detained were aware of the program. The VTC in Las Vegas had implemented that approach and indicated that it had been the turning point to their program growth. The final discussions revolved around ensuring that programs had a strategic plan for continuing to operate beyond being funded by grants, and the need for more research to show program efficacy across the US that would add to the limited amount currently in existence. It's been 14 years since the program inception, yet there is limited data on the long-term impact on treatment and recidivism.

There is a saying Maya Angelou is credited with that tells us we should do the best we can until we know better, and when we know better, we should do better. We, as a country, failed the veterans returning from decades of conflict. At the time there wasn't the amount of research showing the impact of combat-related trauma on military personnel. Thousands returned to unsupportive citizens and a systemic failure on the part of the federal government, specifically the VA. Some veterans were unable to cope with the transition back to civilian life. Many suffered alone. Now that we as a country know better, we have a moral obligation to do better for the men and women who put their lives on the line in the service of our country, and now need not a "get out of jail free" card, but rather an opportunity to accept accountability for their actions, receive treatment for the illness that caused them to be in the position they find themselves in, and a second chance to pick up the pieces of their shattered lives, and learn how to live with their new normal.

ADDITIONAL FILE

The additional file for this article can be found as follows:

- **Appendix 1.** Breakdown by state of veteran population, military bases, VTCs and eligibility requirements. DOI: https://doi.org/10.21061/jvs.v8i2.359.s1

COMPETING INTERESTS

The author has no competing interests to declare.

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TO CITE THIS ARTICLE:
Craddock, T. B. (2022). Veteran's Treatment Courts: will More be Necessary Now that the 20-Year War on Terror has Concluded for US Soldiers? *Journal of Veterans Studies*, 8(2), pp. 8–20. DOI: https://doi.org/10.21061/jvs.v8i2.359

Submitted: 09 June 2022 **Accepted:** 09 June 2022 **Published:** 25 July 2022