The needs of ex-service personnel in the criminal justice system: a rapid evidence assessment

Clare Lyne and Daniel Packham
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Contents

List of tables

1. Summary

This report presents findings from a rapid evidence assessment (REA) of the current evidence base on the needs of ex-service personnel in the criminal justice system (CJS), the provisions that are available to them, and evidence on what works in rehabilitating this group of offenders. This report is expected to be useful for Community Rehabilitation Companies, the National Probation Service, Prisons, third sector organisations and others working with offenders in addressing the needs and promoting desistance in this group.

1.1 Background

In the past five years, ex-service personnel in the CJS have been subject to increased media attention (Howard League, 2011; Fossey, 2010; Jarvis, 2014). In January 2014, an Independent Review was commissioned to investigate the rehabilitation needs of ex-Armed Services personnel convicted of criminal offences and given a custodial or community sentence (Phillips, 2014). The review aims to identify the reasons ex-service personnel end up in the CJS, to look at the support provided to them and how that support can be improved. The Ministry of Justice (MoJ) has produced two reports to inform the review; this REA, and a summary report (Kelly, 2014) which presents estimates on the number of ex-service personnel in the CJS and their needs from two surveys of offenders subject to probation supervision and in prison.

1.2 Approach

An REA takes a systematic approach to searching for and assessing literature. Literature is only included in the REA if it meets certain criteria which are laid out at the start, and the findings and evidence from these literature sources are considered in answering each research question with regard to the quality of the evidence. An REA differs from a full systematic review as it is completed in a shorter timeframe, which means that the review of the literature is likely to be more focused.

In this report, quality of evidence was grouped as summarised in Box A.

Box A: Strength of evidence ratings

In this report, ratings are given to indicate the strength of the evidence for each topic or need, rather than for each study individually. This results in three categories:

- **limited** – only one study which provided evidence on the topic, or the evidence was from two methodologically weak studies;
- **mixed** – more than one study which provides evidence on the topic, but the findings are contradictory; and
- **moderate** – several studies of lower methodological quality which suggest similar findings.

The methodological quality of the studies within each category can vary, and this is considered and discussed in the presentation of findings. There were no higher ratings given than moderate. This is due to the scarcity of research in this area.

1.3 Key findings

The evidence was generally quite limited, and findings should be used with caution as studies often had small sample sizes or were from international contexts which are not necessarily transferable to the UK.

What are the needs of UK ex-service personnel in the CJS?

There was generally limited evidence on the needs of UK[1] ex-service personnel in the CJS.[2] There was **moderate** evidence to suggest that ex-service personnel have the following profile of needs:

- *Mental health needs* – moderate evidence suggests ex-service personnel had similar levels of reported general mental health problems to other prisoners. However, there were differences found for specific mental health problems:
    - *Depression and suicide* – moderate evidence suggests ex-service personnel were more likely to report feeling depressed or suicidal than other prisoners, and high numbers (42%) reported self harm or attempted suicide.
    - *Post Traumatic Stress Disorder (PTSD)* – moderate evidence suggests PTSD is a problem for ex-service personnel, and those with PTSD were more likely

[1] The REA sought to include evidence from any constituent country of the UK. However, only literature from England and Wales was found that met the inclusion criteria of the REA.

[2] The term 'ex-service personnel in the CJS' is used throughout the report when referring to ex-service personnel in prison or subject to probation supervision, and does not cover those on licence or given other disposals such as a fine.

to be involved with the CJS than those who do not have PTSD. No evidence compared the prevalence of PTSD in ex-service personnel to others in the CJS.

  - *Adjustment and identity issues*[3] – moderate evidence suggests these are a problem for ex-service personnel in the CJS, with high numbers (47–71% of ex-service personnel) reporting these issues.

- *Alcohol misuse needs* – moderate evidence suggests alcohol misuse is a need for ex-service personnel in the CJS, but this may be at similar levels to others in the CJS.
- *Drug misuse needs* – moderate evidence suggests that ex-service personnel were less likely to report drug use compared to other prisoners.

There was **mixed** evidence on the following needs of ex-service personnel in the CJS:

- *Physical health needs* – mixed evidence suggests that ex-service personnel may have greater physical health problems and disability than other prisoners, but had similar levels of these problems as others subject to probation supervision.
- *Accommodation needs* – mixed evidence suggests that ex-service personnel were less likely to report accommodation needs[4] compared with other prisoners, but had similar levels of this need as others subject to probation supervision.
- *Financial needs* – mixed evidence suggests that some ex-service personnel may have a need in this area, such as managing finances, but they were less likely to have this need compared to other prisoners.

There was **limited** evidence on the following need:

- *Education needs* – limited evidence suggests that ex-service personnel may be more likely to have qualifications than other offenders in prison, and lower educational levels were predictive of violent offending for this group.

What are the needs of US ex-service personnel in the CJS?

There was more evidence on the needs of US ex-service personnel in the CJS compared with the amount of evidence from the UK. There was **moderate** evidence to suggest US ex-service personnel had the following needs:

- *Accommodation needs* – moderate evidence suggests ex-service personnel in the CJS have similar levels of accommodation need as others in the CJS.

[3] Evidence in the REA suggests that ex-service personnel in the CJS suffer from social isolation, have problems adjusting to life outside the military, and have conflicting identities.
[4] An accommodation need includes insecure or temporary accommodation and homelessness.

- *Education needs* – moderate evidence suggests ex-service personnel generally have higher qualifications than others in the CJS, indicating that they were less likely to have education needs than others in the CJS.

There was **mixed** evidence on the following needs:

- *Mental health needs* – mixed evidence suggests that ex-service personnel in the US may have similar levels of mental health needs, or were more likely to have mental health needs, than other prisoners.
    - *PTSD* – mixed evidence suggests that ex-service personnel had similar levels of PTSD as other prisoners, and that those with PTSD were more likely to have other issues such as greater use of alcohol than ex-service personnel without PTSD.
- *Drugs misuse needs* – mixed evidence suggests that ex-service personnel may be less likely to have, or have similar levels of, drug misuse needs as other prisoners.

Finally, there was **limited** evidence on the following needs for US ex-service personnel:

- *Alcohol misuse needs* – limited evidence suggests that ex-service personnel may have similar levels of alcohol misuse needs as other prisoners.
- *Physical health needs* – limited evidence suggests that ex-service personnel may have similar levels of physical health needs as other prisoners.

What are the provisions available for ex-service personnel in the CJS?

Although there was evidence of numerous charities providing support to ex-service personnel in general, the REA found limited evidence of existing provisions specifically for UK ex-service personnel in the CJS. Literature included in the REA provided evidence of the following provisions, although this literature often did not include evidence on their effectiveness:

- *Veterans in Custody Support Officer (VICS)* – This is an initiative run in prisons whereby a member of staff is appointed to identify and support ex-service personnel by signposting them to services. Evidence suggests the initiative lacks consistency across the prison estate, is not mandatory and has no designated funding.
- *National charitable support* – Evidence was found of a range of charitable support available to ex-service personnel which those in the CJS appear eligible to apply for. However, evidence suggests a low awareness of this support among ex-service personnel and a reluctance to seek help.
- *Local charitable support* – Limited evidence was found of local charitable services devised specifically for ex-service personnel in CJS. However, evidence was found that

those in the CJS are eligible for local charitable services directed at all ex-service personnel.

- *Mentoring* – Limited evidence was found of mentoring support: a project was being run for ex-service personnel in the CJS in North West England, offering support with a variety of issues. Results from a small-scale evaluation of this project tentatively suggest it has the potential to lead to reduced re-offending, although more robust evaluation is required before firmer conclusions can be made.

What works in rehabilitating ex-service personnel? International evidence

Evidence on what works in rehabilitating ex-service personnel was only found from the US. Although caution is needed when attempting to draw conclusions from evidence on US ex-service personnel to the UK context, moderate evidence was found relating to the following areas:

- *Veterans Treatment Courts (VTCs)* – Moderate evidence suggests that VTCs can be effective in reducing re-offending and providing effective support to improve mental health and reduce substance misuse.

Limited evidence was found for the following rehabilitative provisions:

- *Health care* – Limited evidence suggests that outreach services could be effective in connecting ex-service personnel in the CJS to health care services.
- *Mental health* – Limited evidence suggests that providing mental health services to ex-service personnel in the CJS might have the potential to reduce re-offending. However, there is mixed evidence that specialist veteran treatment services may be more, or less, effective than state-run services in reducing re-offending.
- *Substance misuse treatment* – Limited evidence suggests that providing motivational feedback and encouragement to substance-using ex-service personnel prior to release from prison could increase their engagement with treatment services once they return to the community.
- *Employment assistance services* – Limited evidence suggests that providing ex-service personnel who have been released from prison with structured, standardised group-based employment assistance could increase employment levels.

Conclusions and implications

- *Needs* – The limited evidence on the needs of UK ex-service personnel in the criminal justice system suggested that in general the type of needs are broadly similar to those of the general offending population in the CJS, though prevalence of need may vary. Further research could help to develop a more robust evidence base on the needs of ex-

service personnel in the criminal justice system in the UK. Moderate evidence suggested that PTSD and adjustment and identity issues[5] were problems for some ex-service personnel, and that this group may have greater levels of need than others in alcohol misuse and depression. Moderate evidence also suggested that ex-service personnel had similar levels of general mental health problems, and were less likely to have a drug need, than the general prison population. There was mixed evidence suggesting that levels of physical health problems and disability might also be higher among ex-service personnel. Continuing to ensure that the alcohol misuse and mental health needs of ex-service personnel in the CJS are assessed may assist in providing appropriate support where required.

- *Provisions* – There were limited examples of existing provisions specifically for ex-service personnel in the CJS, e.g. the VICS initiative. However it is likely that some local provisions were not identified by the REA as there was limited research and evaluation of such initiatives. Expanding existing provisions as well as increasing awareness of and improving access to these provisions could provide further support to ex-service personnel in the CJS. The REA did not consider how ex-service personnel respond to rehabilitative provisions currently used for all offenders in prisons and under probation supervision generally.
- *What works* – There was limited international evidence on the rehabilitation of ex-service personnel but some moderate evidence that VTCs may reduce re-offending. There was also limited evidence that providing motivational feedback, outreach services and mental health services might reduce re-offending. However, much care is needed when attempting to apply US evidence to the UK context, as differences in jurisdictions and populations make the transfer of evidence problematic. Further research could build on this US evidence and help to develop a more robust evidence base on the needs of UK ex-service personnel in the CJS.

[5] Such as social isolation, problems in adjusting to life outside the military and having conflicting identities.

2. Introduction

2.1 Context

In the past five years, ex-service personnel in the criminal justice system (CJS) have been subject to increased media attention, partly due to recent conflicts in Iraq and Afghanistan which involved large deployments of British troops (Howard League, 2011; Fossey, 2010; Jarvis, 2014). In January 2014, an Independent Review was commissioned to investigate the rehabilitation needs of ex-Armed Services personnel convicted of criminal offences and given a custodial or community sentence (Phillips, 2014). The review aimed to identify the reasons for ex-Service personnel ending up in the CJS, to look at the support provided to them and how that support can be improved. The Ministry of Justice has produced two reports which informed the independent review:

- This report, which seeks to assess and summarise the current evidence base on the needs of ex-service personnel in the CJS, the provisions that are available to them, and evidence on what works in rehabilitating this group of offenders; and
- A summary report which presents estimates on the number of ex-service personnel in the CJS and their needs from two surveys of offenders subject to probation supervision and in prison (Kelly, 2014).

2.2 Background

There were 159,630 Regular Forces personnel in the UK on 1st April 2014 (Ministry of Defence, 2014). The majority of the Regular Forces were male (90%) and over half (51%) were between the ages of 18 and 29. Of personnel joining the Regular Forces during the 12 months prior to 1st April 2014, 41% were under 20 years old.

The number of ex-service personnel in the UK is not recorded centrally, but estimates have suggested that there are approximately 3.8 million ex-service personnel in England, equating to 9.1% of the population[6] (Office for National Statistics, 2009) and 4.8 million in the UK (Royal British Legion, 2005). The Ministry of Defence's Defence Analytical Services and Advice (DASA) estimated that, in the 12 months prior to 30th September 2010, 18,240 service personnel left the regular forces (DASA, 2010a). The support to transition into civilian life that service personnel receive when they leave is detailed in the Armed Forces Covenant

[6] This estimate did not take into account ex-service personnel in Wales, or reservists.

(Ministry of Defence, 2011), and the majority of service personnel transition successfully into civilian life (Howard League, 2011).

Some research has found that armed forces personnel are more likely to come from socially disadvantaged backgrounds and have low educational attainment (House of Commons, 2005). For example, Gee (2007) found that the standards for literacy and numeracy in army recruits were the same as those expected for a seven year old. These individuals who have low educational attainment and socially disadvantaged backgrounds may already be at risk of offending and imprisonment relative to those from less socially disadvantage backgrounds and with higher levels of education (Howard League, 2011).

Some evidence has found that those in the armed forces are more likely to have risk factors for offending. Fear *et al.* (2010) found that 20% of serving service personnel had a common mental health problem[7] and that 4% had probable Post Traumatic Stress Disorder (PTSD). Research suggests that alcohol misuse is common in service personnel, and continues to be an important feature of military life (Howard League, 2011); for example Hacker-Hughes *et al*. (2008) found that alcohol plays a significant role in 'decompression', which is the period of leave given to service personnel following deployment. Research by Fear *et al.* (2007) found that service personnel have significantly higher levels of alcohol consumption than the general population. Thirteen per cent of service personnel were found to have alcohol misuse issues and deployment to Iraq or Afghanistan was significantly associated with subsequent alcohol misuse (Fear *et al*., 2007).

The number of ex-service personnel in the CJS is not centrally recorded; however there have been various studies which estimate the number of ex-service personnel in the CJS. The most reliable estimates are from the data linking project between the Ministry of Defence and the Ministry of Justice, which estimated that, as at 6th November 2009, 3.4% of those subject to probation supervision[8] and 3.5% of those in prison were ex-service personnel (Defence Analytical Services and Advice [DASA], 2010b, 2010c). The DASA figures, although the most reliable estimate of the number of ex-service personnel in the CJS, do not take into account reservists and are a snapshot picture based on one date. Analysis of an MoJ survey of prisoners (completed between 2001 and 2004) and of an MoJ survey of offenders serving

[7] The General Health Questionnaire (GHQ-12) (Goldberg & Williams, 1988) was used, which is designed to detect individuals with a diagnosable psychiatric disorder (Goldberg & Hillier, 1979).
[8] The types of supervision included were Community Orders, Suspended Sentence Orders and Post-release Supervisions.

community sentences between 2009 and 2010 (Kelly, 2014) found that the proportion of offenders in prison or subject to probation supervision, who were ex-service personnel, was 5% of both survey samples. HMIP (2014a) found that 7% of prisoners who took part in the prisoners' surveys[9] between 2012 and 2013 identified themselves as ex-service personnel, and that 6% of male and 1% of female prisoners identified themselves as ex-service personnel in the prisoner surveys carried out between 2013 and 2014 (HMIP, 2014b). Other estimates range as high as 9% of the prison population (NAPO, 2008). However, the range of estimates are based on studies using different methodologies, each with their own limitations; for example the NAPO (2008) estimate is extrapolated from surveys completed in a small number of prisons and so may not be representative of the whole prison estate.

A 2010 study (DASA, 2010c) estimated that almost all (99.6%) ex-service personnel in prison were male, and over half (51%) were over 45 years old. Ex-service personnel in prison are more likely to be serving their first custodial sentence and serving longer sentences than the general prison population (HMIP, 2014a; Kelly, 2014) which may be due to differences in offence type (more likely to be in prison for sexual offences, DASA, 2010c). The most common offence type that ex-service personnel in prison have committed is violence against the person (33%), followed by sexual offences (25%) (DASA, 2010c).

2.3 Approach

An REA takes a systematic approach to searching for and assessing literature. Literature is only included in the REA if it meets certain criteria which are laid out at the start, and the findings and evidence from these literature sources are considered in answering each research question. An REA[10] differs from a full systematic review as it is completed in a shorter timeframe, which means that the review of the literature is likely to be more focused.

The research questions were devised to be in line with the terms of reference for the review (Phillips, 2014):

1. What are the rehabilitative needs of UK ex-service personnel[11] convicted of criminal offences and sentenced to a custodial or community sentence?[12]

[9] Those prisoners surveyed by HMIP included Foreign National offenders and prisoners on remand.
[10] The Government Social Research guidance contains more information on completing an REA: http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment/how-to-do-a-rea
[11] In the UK, the Government defines a veteran as anyone who has served more than one day in any of the three branches of the armed forces (Howard League, 2011). In the United States a 'veteran' must have served at least 180 days of active duty prior to September 1980, and cannot have been dishonourably discharged. After

2. What are the rehabilitative needs of US ex-service personnel convicted of criminal offences and sentenced to a custodial or community sentence?
3. What current rehabilitation provision is available to ex-service personnel in the UK convicted of a criminal offence and sentenced to a custodial or community sentence?
4. What rehabilitative provisions have been shown to be effective internationally in rehabilitating ex-service personnel who have been charged with a criminal offence?

A series of search terms were devised for each of the research questions, which were formed into search strings used to conduct the literature searches. For each of these research questions, inclusion and exclusion criteria were devised. This included country of origin[13] and publication date of the research (from 2000 onwards; see Appendix A for more information). These then informed the search and the assessment process of the literature (for example, search strings, and the details of the databases which were searched). Only published literature was included in the REA, due to resource and time constraints. Articles were assessed against the inclusion criteria and for methodological rigour. Due to the scarcity of research in the area, it was decided not to exclude methodologically weaker articles. Instead the quality of the methodology is considered and discussed in the presentation of findings, particularly in chapter seven.

For each section, ratings are given to indicate the strength of the evidence. A rating of 'limited' evidence indicates that there was only one study which provided evidence on the topic, or the evidence was from two methodologically weak studies. 'Mixed' evidence signifies that there is more than one study which provides evidence on the topic, but the findings are contradictory, and 'moderate' denotes topics where there are several studies of lower methodological quality which suggest similar findings. There were no higher ratings given than moderate. This is due to the scarcity of robust research in this area.

In addition, references included in evidence submitted to the independent review, for example by academics and organisations working with ex-service personnel, were

September 1980, the veteran must have served at least 24 months and be subject to the same condition. Throughout this report, the term 'ex-service personnel' is used, rather than 'veteran', as it removes some of the ambiguity around the term 'veteran' (HMIP, 2014a).

[12] Although the Ministry of Justice covers only England and Wales, as Scotland and Northern Ireland have devolved powers in this jurisdiction, research questions 1 and 3 considered UK ex-service personnel within the CJS of any constituent country of the UK

[13] The country of origin that was an inclusion criterion differed for the research questions; for research questions one and three the country of origin was the UK, and for research questions two and four the country of origin included: Albania, Austria, Australia, Belgium, Bulgaria, Canada, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Turkey, UK, USA.

considered for inclusion in the REA using the same inclusion criteria as set out above. Five of the articles in evidence submitted to the review had already been captured in the REA, and three further articles from evidence submitted to the review were included in the REA (Table A2 in Appendix A highlights which studies these were).

2.4 Search results

In total, 768 abstracts of papers were identified in the literature searches. After these had been assessed against the inclusion criteria, 133 full papers were requested. The full articles were assessed against the inclusion criteria (see Appendix A), resulting in a total of 32 articles for inclusion in the REA. Although the MoJ summary report of the needs of ex-service personnel in the CJS (Kelly, 2014) had not been published at the time of conducting the REA, and was therefore not found in the literature searches, the findings from that report have also been included in this report as they add useful evidence about the needs of UK ex-service personnel in the CJS, and met the inclusion criteria. The inclusion of the summary report meant the total number of papers included in the REA was 33.

After assessing all the articles the first research question, which was originally only concerned with UK ex-service personnel, was split into two research questions: one on UK ex-service personnel and one on US ex-service personnel, as very little literature was found on the needs of UK ex-service personnel in the CJS. There are differences between the UK and the US which make it difficult to draw comparisons between the two countries, for example in the demographic make-up of society and in the ways in which social welfare and medical care are available and are administered. With a lack of universal health care and relatively limited other welfare services, the US operates a separate Veterans Agency which operates bespoke provision across a range of services. In contrast, ex-service personnel in the UK have access to state-provided universal services.

There are also differences in the two countries' ex-service personnel populations, with the US having a substantially higher number of older ex-service personnel who have been exposed to combat, following use of the draft during the Vietnam War (Noonan and Mumola, 2007). Furthermore, there are substantial differences in the two countries' criminal justice systems, with the US's division of misdemeanour crimes and felonies, state courts and federal courts and the penal system's division of county jails, state prisons and federal prisons, as well as the higher rates of imprisonment for relatively minor crimes. For these reasons, any comparisons of the needs of ex-service personnel in the UK and US are limited and should be made with caution.

Despite these differences, the decision was made to include literature from the US as very little literature was found on the needs of UK ex-service personnel in the CJS, and including research on the needs of US ex-service personnel would provide a fuller picture. However, as outlined above, there are limitations to how transferable the findings are in both chapter 4 and chapter 6.

A further 16 articles were referenced and referred to in this report as part of background information. These articles did not necessarily meet the inclusion criteria, but were considered helpful in aiding understanding of the issue at hand.

All of the articles that were included in the REA are listed and briefly described in Appendix A, and the key articles are described in more detail in Appendix B.

2.5 Limitations

There are some limitations to this REA:

- Unpublished literature was not included due to resource and time constraints.
- Due to the scarcity of research in the area, methodologically weak research has been included. However, the quality of the methodology is considered and discussed in the presentation of findings.
- The REA sought to include evidence on what works in rehabilitating ex-service personnel from a range of countries. However, no literature that met the inclusion criteria was found other than that from the US, where a relatively large amount of research has been conducted into ex-service personnel in the CJS.
- The majority of available evidence looks at ex-service personnel in prison, rather than subject to probation supervision.
- The REA does not include evidence on ex-service personnel who have come into contact with the police but are not convicted, or those who are subject to other disposals such as fines.

2.6 Structure of the report

The remainder of the report is structured as follows: chapter 3 discusses the needs of UK ex-service personnel in the CJS, and chapter 4 discusses the needs of US ex-service personnel in the CJS. Chapter 5 presents provisions available for UK ex-service personnel in the CJS, and chapter 6 considers international evidence on what works in reducing re-offending. Chapter 7 discusses conclusions and the implications of the REA.

3. Needs of UK ex-service personnel in the criminal justice system

The evidence on the needs of ex-service personnel in the CJS was generally quite limited, and findings should be used with caution as studies often had small sample sizes, or did not compare the prevalence of a need in ex-service personnel in the CJS to other populations.

Research by the Howard League (2011) and Her Majesty's Inspectorate of Prisons (HMIP, 2014a) suggests that the needs of ex-armed service personnel in prison are broadly similar to those of the general prison population, and HMIP (2014a) stresses that there is a high level of need among all prisoners. Some of the needs of ex-service personnel identified in this report are not particular to this group, and may also apply to other offenders. However, there are some differences in the level and type of need between ex-service personnel and others in the CJS.

A fuller summary of key articles providing evidence on the needs of UK ex-service personnel is given in Appendix B. Table 4.2 in chapter 4 provides an overview of the needs of UK ex-service personnel in the CJS. Table 3.1, below, lists all the papers included and discussed in this chapter, and gives a brief description of them[14].

[14] Full references for all of the literature referred to can be found at the end of the report.

Table 3.1: Brief description of papers included in chapter 3

Papers included	Brief description
Brookes *et al.* (2010)	Describes the therapeutic community for ex-service personnel in HMP Grendon and provides limited information on an undisclosed number of ex-service personnel's needs from assessments.
Howard League (2011)	The inquiry considers literature, consults with practitioners, ministers and academics and carries out 29 semi-structured interviews with ex-service personnel from three prisons.
HMIP (2014)	Summarises the survey findings concerning 318 ex-service personnel in prisons during HMIP's inspections between 2012 and 2013. Provides information on numbers and needs of ex-service personnel, and the provisions available to them.
Kelly (2014)	Summary paper produced by the MoJ in order to inform the review. Reports findings on the number and needs of ex-service personnel from a survey of 4,898 prisoners from 74 different prisons, 232 of whom identified themselves as having served in the armed forces (2001–2004) and 2,595 offenders subject to probation supervision, 151 of whom identified themselves as ex-service personnel (2009–2010).
MacDonald (2014)	Report by probation officer looking at ex-service personnel subject to probation supervision using administrative data (n=146) and interviews with 38 ex-service personnel in Durham Tees Valley Probation Trust.
MacManus *et al*. (2013)	A cohort study which carries out surveys and describes offending of 13,856 service personnel from 2003 to 2011, and considers what predicts violent offending in this group.
Murray (2014)	A short discussion article, highlighting that ex-service personnel may be viewed as high risk due to their background and that they have conflicting social identities.

3.1 Mental health needs

Moderate evidence suggests that ex-service personnel are not more likely to have general mental health needs than the general prison population. HMIP (2014a; see Appendix B for a summary of this study) found no differences between the proportion of ex-service personnel[15] who reported mental health problems on arrival to prison (15%) and current mental health or emotional well-being problems at the time of the survey (26%) and the general prison population. In a survey of offenders subject to probation supervision, similar

[15] HMIP 2014a found that 318 out of the 4,731 prisoners they surveyed identified themselves as ex-service personnel. Therefore, the HMIP findings on ex-service personnel are based on this sample size.

levels of ex-service personnel[16] had a Mental Health Treatment Requirement as part of their sentence and reported having a mental health condition as others subject to probation supervision (Kelly, 2014; see Appendix B for a summary of this study). However, HMIP (2014a) did find some differences in reported prevalence of specific mental health problems between ex-service personnel and the general prison population; see below for further discussion. MacManus *et al.* (2013; see Appendix B for a summary of this study) found that mental health needs were strongly linked to violent offending in a large sample of serving and ex-service personnel.

Depression and suicide

Moderate evidence suggests that ex-service personnel may be more likely than the general prison population to feel depressed or suicidal. For example, HMIP (2014a) found that 18% of ex-service personnel reported feeling depressed or suicidal compared with 14% of the general prison population. Similarly, Brookes *et al.* (2010) found that a small sample of ex-service personnel in HMP Grendon[17] had elevated scores on a depression assessment tool compared with the general prison population. Among a small sample of ex-service personnel who had received custodial or community sentences, 42% were recorded in OASys[18] as having tried to commit suicide or self harm (MacDonald, 2014; see Appendix B for a summary of this study). However, in a sample of offenders subject to probation supervision, similar levels of ex-service personnel reported having depression as others subject to probation supervision (Kelly, 2014). It is possible that this may indicate a higher level of need in those ex-service personnel in prison, which may reflect the relative severity of their offences, and the inherent differences between those subject to probation supervision and those in prison.

Post Traumatic Stress Disorder (PTSD)

PTSD is a mental health disorder which may develop when a person has been exposed to a stressful event, such as sexual assault or warfare (American Psychiatric Association, 2013).

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[16] Kelly (2014) found that 151 out of the 2,595 offenders subject to Community Orders they surveyed who agreed to linking their data identified themselves as ex-service personnel. Therefore, the Kelly (2014) findings on ex-service personnel subject to probation supervision are based on this sample size.

[17] HMP Grendon is a Category B prison which contains six different therapeutic communities, and houses prisoners who have more disturbed and acute mental health problems than the general prison population (Shine and Newton, 2000).

[18] OASys is a national risk assessment and management system used and developed by the prison and probation services of England and Wales to assist Offender Managers with offender management. Not all offenders are assessed as NOMS guidance defines criteria for eligibility based primarily on the offender's tier (Moore, 2009). Offenders are assigned to one of four tiers during their management by the National Offender Management Service, based on a number of factors including their risk of re-offending and risk of serious harm, to identify the level of resource to direct to an offender.

Due to the link between combat and PTSD, PTSD tends to be the focus of media discussions on the issue of successful transition from military to civilian life (Howard League, 2011; see Appendix B for a summary of this report). Moderate evidence suggests that PTSD may be a problem for some ex-service personnel in the CJS, but no research was found comparing levels with general prison or probation populations. Brookes *et al.* (2010) found that ex-service personnel in prison had high scores on a traumatic stress assessment tool. MacManus *et al*. (2013) found that clinical levels of PTSD in deployed service personnel were strongly linked to violent offending and that the risk of violent offending increased with the severity of PTSD symptoms. In a small study of ex-service personnel sentenced to custodial or community sentences, 26% of those interviewed reported suffering from PTSD, the majority of whom were diagnosed (85%), and the remaining 15% were self-assessed as having PTSD (MacDonald, 2014).

The Howard League (2010c) concluded that although PTSD may be a problem for ex-service personnel, this is not as common as alcohol abuse or depression. As evidence does not compare the prevalence of PTSD in ex-service personnel in the CJS to other populations, it is not possible to conclude that ex-service personnel have higher levels than others in the CJS.

Combat role

Taking part in active combat is something that is particular to ex-service personnel, and has been linked to PTSD. There was limited evidence to suggest that whether ex-service personnel took part in active combat is linked to violent offending. MacManus *et al.* (2013) suggest that deployment to Iraq or Afghanistan in a combat role was associated with increased risk of violent offending compared to those who had been deployed in a non-combat role. This remained the case even when pre-military violent offending, and other variables such as age and educational level were controlled for. Furthermore, for those service personnel who were deployed, exposure to two or more traumatic events was associated with a significantly greater risk of violent re-offending, even after adjustment for factors such as age and educational attainment.[19]

Aggressive behaviour

Limited evidence suggests that high levels of self-reported aggressive behaviour over the past month were strongly linked to violent offending in both ex and current service personnel

[19] The full list of variables that were controlled for in this analysis were: age, level of education, pre-service violent offending, rank, service, engagement status and service status.

who had been deployed[20] (MacManus *et al.*, 2013). It has previously been suggested that combat experiences might affect an individual's propensity to violent behaviour (Grossman and Siddle, 1999).

Adjustment and identity issues

There was moderate evidence to suggest that adjustment disorders and identity issues were a need of ex-service personnel in the CJS. For example, Howard League (2011) found that social isolation was frequently experienced after leaving the armed services by the small sample of ex-service personnel in prison that they interviewed. Other research found that 71% of a small number of ex-service personnel sentenced to custodial or community sentences interviewed felt that they had had problems adjusting to life outside the military (MacDonald, 2014). This research also found that over half of ex-service personnel (59%) did not feel part of the civilian community and almost half (47%) did not feel part of the military community. Of those ex-service personnel who had experienced problems adjusting, 53% felt part of the military but not civilian community, and 42% did not feel part of either community.

Additionally, MacDonald (2014) highlighted that for some ex-service personnel, as well as not feeling part of the civilian or military community, they also felt they had another identity: that of an offender. Murray (2014) suggests that ex-service personnel in the CJS have conflicting identities; one positive as ex-service personnel, and the other the negative identity of being an offender.

Personality disorder

Limited evidence from one study suggests that personality disorder has been diagnosed in some ex-service personnel in the CJS, but the evidence does not compare the prevalence to other groups. Six ex-service personnel sentenced to custodial or community sentences had been diagnosed with personality disorder (MacDonald, 2014).

3.2 Substance misuse needs

Alcohol misuse

Moderate evidence suggests that alcohol misuse may be a need for ex-service personnel in the CJS, but there was conflicting evidence on whether they were more likely to have this

[20] The study started in 2003 and participants' offences were followed up until 2011. Service personnel in this study had been deployed either to Iraq or Afghanistan (53% of the total sample had been deployed to either by the end of follow-up).

need, or whether similar levels of ex-service personnel and others in prison had an alcohol misuse need. Howard League (2011) found that alcohol was a factor that featured in a wide range of offences especially in violent offences, including murder, and is the most common problem to cause physical and mental health problems among ex-service personnel in prison. The report finds that alcohol remains an important feature of military life, and is linked to mental health problems among ex-service personnel. Brookes *et al.* (2010) report that ex-service personnel in HMP Grendon had elevated scores on an assessment tool for alcohol problems. MacManus *et al.* (2013) found that alcohol misuse was strongly linked with violent offending in deployed service personnel, even after controlling for factors such as whether the service personnel had a combat or non-combat role.[21] In a sample of offenders in prison, ex-service personnel[22] were more likely to report having an alcohol problem before their conviction (26%) compared with the general prison population (18%), and more likely to have had alcohol treatment while in prison (41% of ex-service personnel compared with 27% of the general prison population) (Kelly, 2014). However, HMIP (2014a) found that similar levels of ex-service personnel reported problems with alcohol on arrival to prison as the general prison population (17%).

In a sample of offenders subject to probation supervision, there was no difference in the proportion of ex-service personnel who reported needing help with alcohol misuse, discussing alcohol with their Probation Officer, and received alcohol treatment as part of their sentence compared to others subject to probation supervision (Kelly, 2014).

Drug misuse

There was moderate evidence on drug misuse needs for ex-service personnel in the CJS. HMIP (2014a) found that ex-service personnel were less likely to report problems with drugs on arrival to prison (11%) than the general prison population (24%). Similarly, Kelly (2014) found that in a sample of offenders in prison, ex-service personnel were less likely to report having a drug misuse problem than other offenders (22% compared with 43%), and were less likely to report receiving drug treatment whilst in custody (16% of ex-service personnel compared with 31% of other prisoners). However, in a sample of offenders subject to probation supervision, similar levels of ex-service personnel reported needing help with drug misuse and had drug treatment as part of their sentence.

[21] The full list of variables that were controlled for in this analysis were: deployment role (combat or non-combat), age, level of education, pre-service violent offending, rank, service, engagement status and service status.

[22] Kelly (2014) found that 232 out of the 4,666 offenders subject to Community Orders they surveyed identified themselves as ex-service personnel. Therefore, the Kelly (2014) findings on ex-service personnel in prison are based on this sample size.

3.3 Physical health needs

There was mixed evidence on the proportion of ex-service personnel having a physical health need. HMIP (2014a) found that a higher proportion of ex-service personnel reported having a physical health problem (24%) and disability (34%) than the proportion of the general prison population reporting these issues (13% and 19% respectively). However, in a sample of offenders subject to probation supervision, similar levels of ex-service personnel reported having a physical health problem or disability as other offenders (14% in both groups) (Kelly, 2014).

3.4 Accommodation/housing needs

There was mixed evidence on the housing needs of ex-service personnel in the CJS. HMIP (2014a) suggested that ex-service personnel were less likely to report having housing needs on arrival into prison (11%) than the general prison population (14%), whereas Kelly (2014) found that similar levels of ex-service personnel had a housing need[23] as others subject to probation supervision. Furthermore, ex-service personnel were more likely than other offenders subject to probation supervision to live in hostels or other temporary accommodation (12% compared with 3%) (Kelly, 2014). There were no significant differences between ex-service personnel and the general prison population in where they lived before their sentence, and the majority of offenders lived in owned or rented accommodation (Kelly, 2014).

3.5 Financial needs

There was mixed evidence on the financial needs of ex-service personnel in the CJS. The Howard League (2011) identified financial problems as one of the most common issues mentioned by ex-service personnel, although it was less frequently mentioned than alcohol or social isolation. This study found that, as financial matters are taken care of by the armed forces, upon leaving that sheltered environment, money management proved difficult for many. However, HMIP (2014a) found that ex-service personnel were less likely than the general prison population to report problems around finances (13% compared with 15%). This suggests that although financial needs may be a problem for some ex-service personnel in the CJS, it may not be a greater need than that experienced by others in the CJS.

[23] This was based on both scored OASys needs and self-reported accommodation type, which was split into 'stable', consisting of privately owned or rented accommodation, or 'unstable', consisting of those who were homeless or living in hostels.

3.6 Education needs

There was limited evidence on whether ex-service personnel in the CJS had an education need. MacManus *et al.* (2013) found that the educational level of serving and ex-service personnel was significantly associated with violent offending, with those achieving higher levels of education less likely to commit this offence type.[24] In a sample of offenders in prison, ex-service personnel were more likely to have qualifications than other offenders in prison (Kelly, 2014). This suggests that although there is a link between educational level and violent offending in ex-service personnel, ex-service personnel are more likely to have qualifications than others in prison. The link between education level and offending may not be specific to ex-service personnel; those with lower levels of education may be at increased risk of offending and imprisonment (Howard League, 2011).

3.7 Employment needs

There was mixed evidence on the employment needs of ex-service personnel. In a sample of offenders subject to probation supervision, similar levels of ex-service personnel were in paid work the previous week as other offenders. However, in a sample of offenders in prison, ex-service personnel were more likely than other prisoners to have been employed in the four weeks before custody (41% compared with 26%); been in stable employment, for example had the role for more than 12 months (62% of ex-service personnel who were employed compared with 40% of the employed general prison population) and be returning to the same job after custody (21% compared with 15%) (Kelly, 2014).

[24] This is not specific to ex-service personnel; those in the general population with low educational attainment may be at risk of offending and imprisonment (Howard League, 2011).

4. Needs of US ex-service personnel in the criminal justice system

More research has been carried out into the needs of ex-service personnel in the CJS in the US than there has been in the UK. There appear to be both similarities and differences in the needs of ex-service personnel in these countries. However, there are limitations to how transferable the findings from the US are to those in the UK, and any comparisons should be made with caution. Key articles providing evidence on the needs of US ex-service personnel are summarised in Appendix B, and Table 4.3 provides an overview of the needs of US ex-service personnel in the CJS. Table 4.1, below, lists all the papers included and discussed in this chapter, and gives a brief description of them.

Table 4.1: Brief description of papers included in chapter 4

Papers included	Brief description
Black *et al*.(2005)	Reports the findings from structured interviews with a random sample of 4,886 ex-service personnel and uses a control group of non-deployed veterans to assess incarceration levels in both groups.
Coker and Rosenheck (2014)	Presents findings from 31,707 ex-service personnel who had intensive PTSD treatment between 1993 and 2011, and their CJS involvement.
Greenberg and Rosenheck (2012)	Reports findings from a large sample survey of 6,982 US prisoners, comparing ex-service personnel to other prisoners.
Kopera-Frye *et al*.(2013)	Reports findings of a structured programme for older prisoners, comparing ex-service personnel on the programme to other prisoners on the programme (n=111).
Noonan and Mumola (2007)	Bureau of Justice Statistics report provides information on numbers, demographics and needs of an unknown number of US ex-service personnel in prison.
Saxon *et al*. (2001)	Investigates trauma, PTSD symptoms and treatment history in a sample (n=129) of incarcerated ex-service personnel.
Tejani *et al*. (2013)	Presents findings on whether past incarceration affects veterans' ability to obtain housing by analysing a sample of 14,557.
Tsai and Rosenheck (2013a)	Reports findings looking at childhood predictors of criminal justice among a sample of ex-service personnel (n=1,161).
Tsai and Rosenheck (2013b)	Reports findings from a sample of homeless ex-service personnel (n=1,160) and looks at factors that predict CJS involvement in this group.
Williams *et al*. (2010)	Reports the findings of a study to assess health status and risk of homelessness in older prisoners, comparing veterans with non-veterans (n=360).

4.1 Mental health needs

There was mixed evidence on mental health needs for US ex-service personnel in the CJS. Some studies have found that ex-service personnel are more likely to have a mental health need; for example Greenberg and Rosenheck (2012) found that ex-service personnel in prison were more likely than other prisoners to report having received a mental illness diagnosis in the past year.

However, there has also been research which found no difference in the levels of mental health need between ex-service personnel in the CJS and other prisoners, such as Williams *et al.* (2010). Similarly, in a small sample of older prisoners enrolled on a structured programme, Kopera-Frye *et al.* (2013) found that there were no differences between ex-service personnel and other prisoners in the level of psychological symptoms. However, both Williams *et al.* (2010) and Kopera-Frye *et al.* (2013) used smaller samples than that of Greenberg and Rosenheck (2012), and focused on older prisoners, which may explain the difference between the findings.

Noonan and Mumola (2007; see Appendix B for a summary of this study) also report that similar levels of ex-service personnel reported ever having had a mental health problem as the general prison population, but ex-service personnel were more likely to report a history of use of mental health services, such as mental health treatment (30%) than the general prison population (24%). Furthermore, Greenberg and Rosenheck (2012) found that ex-service personnel were more likely to report spending at least one night in a mental hospital and having received professional counselling in the year before arrest or since being in prison, suggesting that ex-service personnel are more likely to use mental health services than other prisoners. In the UK, moderate evidence suggested that ex-service personnel were as likely to report general mental health problems as others in the CJS.

Conduct disorder

Conduct disorder is a childhood disorder characterised by repeatedly breaking rules and social norms, and violating the rights of others (American Psychiatric Association, 2013). Limited evidence from the US suggests that conduct disorder score significantly predicted duration of prison sentence, number of criminal charges and convictions in a large sample of ex-service personnel enrolled on a housing programme, after socio-demographic variables and other mental health diagnoses were controlled for[25] (Tsai and Rosenheck, 2013a).

[25] The full list of variables that were controlled for in this analysis were: age, gender, married, education, race, mental health diagnosis of psychotic disorder, mood disorder, personality disorder, post traumatic stress

However, as this research does not compare the prevalence of conduct disorder in ex-service personnel to other populations, it is not possible to conclude that ex-service personnel have higher levels than others in the CJS, or that this finding is specific to ex-service personnel. No papers were found that had looked into conduct disorder for UK ex-service personnel in the CJS.

PTSD

There was mixed evidence on the prevalence of PTSD in US ex-service personnel in the CJS. Unlike in UK research, the level of PTSD in ex-service personnel in the CJS was compared to others in the CJS. Some studies reported higher levels of PTSD among ex-service personnel in the CJS; for example Black *et al.* (2005) found that, in a large sample of ex-service personnel, those who were incarcerated had higher rates of PTSD than ex-service personnel who were not incarcerated. However, Williams *et al.* (2010) found that similar levels of ex-service personnel had PTSD as the general prison population, and Tsai and Rosenheck (2013b) found that, for ex-service personnel enrolled on a housing programme, whether ex-service personnel had PTSD or not did not predict involvement in the CJS.

One study of a small sample of ex-service personnel in prison found that 87% reported at least one traumatic lifetime event, and 39% screened positively for PTSD on a clinical diagnosis tool (Saxon *et al.*,2001). This is higher than the proportion of ex-service personnel in the UK who reported having PTSD, but this may be due to a number of reasons.[26] Furthermore, compared with those who did not screen positively for PTSD, those ex-service personnel were more likely to report a number of issues, such as greater lifetime use of alcohol, heroin and cocaine, reported more psychiatric hospitalisations, and were more likely to have a chronic medical condition.[27] This study (Saxon *et al.*, 2001) suggests that those ex-service personnel in the CJS with PTSD may also experience other mental health and alcohol misuse issues more than those who do not have PTSD.

Combat role

There was moderate evidence from the US on combat role or participation in combat. The research seemed to suggest that those ex-service personnel who had experienced combat

disorder, adjustment disorder/other, alcohol abuse/dependency, drug abuse/dependency, other disorder, and dual diagnosis.

[26] The UK sample included ex-service personnel who were subject to probation supervision as well as those who were in prison, and the UK and USA use different tools to screen for PTSD (Howard League, 2011).

[27] Ex-service personnel with PTSD experienced significantly more traumatic life events, were less likely to have been in regular employment before imprisonment and were in worse physical health. Psychiatric symptoms that were reported by those who screened positively for PTSD included: depression, anxiety, hallucinations, problems remembering or concentrating, violent behaviour, suicidal thoughts, suicide attempts, and all of these were at significantly higher levels than those who did not screen positively for PTSD.

were more likely to be imprisoned than those who did not experience combat, which is similar to evidence from UK ex-service personnel. Black *et al.* (2005) found that participation in combat predicted subsequent imprisonment, even after controlling for factors such as age and mental health.[28] Williams *et al.* (2010) found that ex-service personnel who took part in active combat were more likely to report PTSD than ex-service personnel who did not take part in active combat (24% compared with 7%). Coker and Rosenheck (2014) found that, in a large sample of ex-service personnel who had intensive treatment for PTSD, those who observed or participated in atrocities were more likely to be imprisoned. One study found that 19% of ex-service personnel in prison had been exposed to combat (Saxon *et al.*, 2001). However, exposure to combat was not the trauma that was most closely associated with PTSD; these were witnessing death or injury and witnessing something bad happening to someone else. However, seeing death or something bad happening to someone else could happen during combat. Evidence suggests that ex-service personnel who had an active combat role were more likely to be imprisoned than those who did not.

4.2 Substance misuse needs

Alcohol misuse

There was mixed evidence on the extent of alcohol misuse in US ex-service personnel. Black *et al.* (2005) found that ex-service personnel who were incarcerated had higher rates of alcohol abuse than ex-service personnel who were not incarcerated, but Williams *et al.* (2010) found that similar levels of ex-service personnel had an alcohol misuse need as the general prison population. Greenberg and Rosenheck (2012) found that there were no differences between the proportion of ex-service personnel and other prisoners reporting substance abuse issues. This is similar to research from the UK.

Drug misuse

There was mixed evidence on the drug misuse needs of US ex-service personnel in the CJS. Noonan and Mumola (2007) found that ex-service personnel were less likely to be under the influence of drugs at the time of arrest (25%) compared with other prisoners (33%) and they were less likely to report recent drug use (43% compared with 58%). This is similar to what was found in the UK, where ex-service personnel were less likely to report problems relating to drugs. However, Williams *et al.* (2010) found that similar levels of US ex-service personnel

[28] The full list of variables that were controlled for in this analysis were: age, gender, branch of military service and rank, education, active duty status, ever seen a mental health professional, illegal street drug use, 1 or 2 pre-existing medical conditions, and antisocial traits of getting even and smashing things.

used drugs as other prisoners; approximately 25% of both groups had a score indicative of drug dependency on a screening tool. Greenberg and Rosenheck (2012) found that there were no differences between the proportion of ex-service personnel and other prisoners reporting substance abuse issues.

4.3 Physical health needs

There was limited evidence on the physical health of US ex-service personnel in the CJS. In a small sample of older prisoners, Williams *et al.* (2010) found that ex-service personnel in prison were as likely as the general prison population to report medical conditions. This contrasts with the evidence on the needs of UK ex-service personnel in prison, which suggested that they may have greater levels of physical health needs, including disability, than other prisoners, but that ex-service personnel subject to probation supervision are as likely to have physical health problems as others subject to probation supervision.

4.4 Accommodation/housing needs

Moderate evidence on the housing or accommodation needs of US ex-service personnel in the CJS suggests that they do not seem to have greater levels of accommodation need than other prisoners (e.g. Williams *et al.*, 2010). Tejani *et al.* (2013) also found that ex-service personnel in the CJS are equally able to obtain housing through supported programmes as ex-service personnel not in the CJS. This is similar to the findings for UK ex-service personnel.

4.5 Education needs

There was moderate evidence from the US that ex-service personnel were more likely to have higher levels of education than others in the CJS. Williams *et al.* (2010) and Greenberg and Rosenheck (2012) found that ex-service personnel were more likely to have a high school qualification than other prisoners. Coker and Rosenheck (2014) found that, in a sample of ex-service personnel who had intensive treatment for PTSD, as their years of education increased, their risk of incarceration decreased. Evidence from the UK similarly found that those ex-service personnel who had lower levels of education were more likely to commit violent offences, and were also more likely to have qualifications than other prisoners.

4.6 Employment needs

There is limited evidence from the US on employment needs. One study (Coker and Rosenheck, 2014) found that, in a sample of ex-service personnel who had intensive treatment for PTSD, those who had a recent employment history were less likely to be incarcerated than those who did not. This is similar to evidence from the UK.

In summary, evidence from both the UK and the US suggests that ex-service personnel have similar needs to other offenders, although there are some differences in prevalence (for example ex-service personnel may have a greater level of need in alcohol misuse, depression and physical health and disability and lower levels of need in the areas of housing and drug use). There are also differences in the needs of ex-service personnel from the UK and ex-service personnel from the US (for example US ex-service personnel in prison may have lower levels of need in physical health than UK ex-service personnel). Tables 4.2 and 4.3 below summarise the evidence from the UK and US respectively on the main needs of ex-service personnel in the CJS.

Table 4.2: The needs of UK ex-service personnel in the criminal justice system

Mental health	Adjustment and identity issues	PTSD	Depression	Alcohol	Drugs	Physical health	Accommodation	Financial	Education	Employment
Moderate evidence suggests **similar levels** of ex-service personnel had mental health problems as the general prison population and mental health problems in ex-service personnel are linked to violent offending.	**Moderate evidence** suggests ex-service personnel may have difficulties adjusting to civilian life and identity issues.	**Moderate evidence** suggests ex-service personnel may have **high levels of traumatic stress** and that PTSD in ex-service personnel is linked with violent offending.	**Moderate evidence** suggests ex-service personnel were **more likely** to report feeling depressed and **score highly** on depression screening tools.	**Moderate evidence** suggests that alcohol may be a need for ex-service personnel in the CJS, but there was **mixed evidence** on whether they were as likely or more likely to have an alcohol misuse need than other offenders.	**Moderate evidence** suggests ex-service personnel were **less likely** to report having problems relating to drugs than the general prison population.	**Mixed evidence** suggests ex-service personnel were **more likely** to report having both a physical health problem and disability than the general prison population but as likely to report these problems as others subject to probation supervision.	**Mixed evidence** suggests ex-service personnel were **less likely** to report having housing needs on arrival into prison than the general prison population, but as likely to report this need as others subject to probation supervision.	**Mixed evidence** suggests ex-service personnel were **less likely** than the general prison population to report financial problems, but this is one of the **most common issues** mentioned by ex-service personnel.	**Limited evidence** suggests ex-service personnel were **more likely** to have qualifications than other offenders in prison, and ex-service personnel with higher education levels were **less likely** to commit a violent offence.	**Mixed evidence** suggests similar levels of ex-service personnel were in paid work as other offenders subject to probation supervision, but ex-service personnel in prison were **more likely** than other prisoners to have been employed before custody.

Table 4.3: The needs of US ex-service personnel in the criminal justice system

Mental health	Adjustment and identity issues	PTSD	Depression	Alcohol	Drugs	Physical health	Accommod -ation	Financial	Education	Employment
Mixed evidence suggests ex-service personnel were **more likely** to report mental health problems, or there are **no differences,** but are **more likely** to report having treatment.	**No evidence** found on adjustment and identity issues in US ex-service personnel in the CJS.	**Mixed evidence** suggests **similar levels** of ex-service personnel had PTSD as other prisoners, and those with PTSD were more likely to have issues such as greater use of alcohol than ex-service personnel without PTSD.	**No evidence** found on depression in US ex-service personnel in the CJS.	**Limited evidence** suggests **similar levels** of ex-service personnel reported alcohol needs as the general prison population.	**Mixed evidence** suggests ex-service personnel were **less likely** to be under the influence of drugs at arrest or **similar levels** used drugs as other prisoners.	**Limited evidence** suggests **similar levels** of ex-service personnel reported having a medical condition as the general prison population.	**Moderate evidence** suggests ex-service personnel have **similar levels** of housing need to prisoners and are as able to obtain housing through programme as ex-service personnel not in the CJS.	**No evidence** found on financial needs in US ex-service personnel in the CJS.	**Moderate evidence** suggests ex-service personnel were **more likely** to have higher levels of education than others in the CJS. prisoners.	**Limited evidence** suggests that ex-service personnel in the CJS in the US do not seem to have employment needs.

5. Provisions for UK ex-service personnel in the criminal justice system

There was limited evidence in the literature of provisions available specifically for UK ex-service personnel in the CJS. Available provision that was found seemed to vary across different geographical areas, with many services existing at a local level rather than on a national basis. It is likely, however, that there are local provisions which have not been researched and therefore were not identified in the literature search.

Much of the charitable support available to ex-service personnel more generally appears to be available to those in contact with the CJS, although evidence suggests that many may not be fully aware of the range of charitable support available to them (Howard League, 2011). Similarly, a Ministry of Justice survey of prisoners (Kelly, 2014) found that, at the time of the survey, for those offenders who received help in securing accommodation, 45% of both ex-service personnel and the general prison population did not think they had received enough help. Additionally, 39% of ex-service personnel who did not receive help would have liked help with securing accommodation. The REA identified four types of provision specifically for ex-service personnel in the CJS: the Veterans in Custody Support (VICS) initiative; charitable provision, administered at the local and national level; a mentoring programme; and prison Therapeutic Communities.

Key papers providing evidence on the provisions available to UK ex-service personnel in the CJS are summarised in Appendix B. Table 5.1 lists all the papers included and discussed in this chapter, and gives a brief description of them.

Table 5.1: Brief description of papers included in chapter 5

Papers included	Brief descriptions
Finnegan *et al.* (2012)	Presents findings on four projects which involve mentoring, one of which worked in Cheshire Probation Trust to assist former armed forces personnel in contact with CJS.
Fossey (2010)	Reviews the literature on the needs of ex-service personnel and briefly describes the Veterans in Custody Officer Scheme.
Greenwood (2012)	Provides a brief overview of the Veterans in Custody Officer Scheme.
Howard League (2011)	The inquiry considers literature, consults with practitioners, ministers and academics and carries out 29 semi-structured interviews with ex-service personnel from three prisons.
HMIP (2014)	Summarises the findings concerning ex-service personnel in prisons during HMIP's inspections of 35 prisons between 2012 and 2013. Provides information on numbers and needs of ex-service personnel (n=4,731), and the provisions available to them.
NACRO (2010)	Produced by third sector bodies and government departments to provide a collaborative approach to working with ex-service personnel in prison and probation.
MacDonald (2014)	Describes the provisions that are available for ex-service personnel in Durham Tees Valley Probation Trust.
Ministry of Defence (2011)	The Armed Forces Covenant outlines the support that ex-service personnel are entitled to, and briefly discusses the Veterans in Custody Support Officer role.
Slattery *et al.* (2013)	Presents results of pilot study of a small number (n= 83) of ex-service personnel with PTSD and/or TBI who took part in a Veterans Treatment Court.

5.1 Veterans in Custody Support (VICS) scheme

A Veterans in Custody Support (VICS) initiative, operated by the National Offender Management Service (NOMS), exists in many, but not all, prisons in England and Wales. The Armed Forces Covenant Interim Report (Ministry of Defence, 2011; see Appendix B for a summary) states that this initiative is run in 120 of the 147 prisons in England and Wales. However, HMIP (2014a) notes that there is no definitive figure for the number of prisons running the initiative and that the VICS scheme is not mandatory, is not centrally commissioned and has no designated funding. Under this initiative prison establishments appoint a member of staff to identify ex-service personnel within their prison and signpost them to the help and support provided by ex-service charities. Although there were no published evaluations of the VICS initiative, the Howard League report (2011) described it as being successful in connecting ex-service personnel in prison with support and advice services and argued for it to be rolled out across the prison estate. HMIP (2014a) reported a lack of consistency in the running of the scheme, with some VICS Officers (VICSO) not given

allocated time to spend on their work with ex-service personnel. MacDonald (2014) reported that VICS staff regularly do their work with ex-service personnel in their own time and do not receive any specific training for the role.

5.2 National charities

There is evidence of a wide range of charitable support available to ex-service personnel in the criminal justice system. The Howard League report (2011) detailed over 2,100 charities dedicated to ex-service personnel. Although the majority of these are not tailored specifically to those in the CJS, ex-service personnel in prison and subject to probation supervision are eligible to access most of the services on offer. NACRO (2010) and HMIP (2014a) (see Appendix B for summaries of these reports) noted that some of the larger national charities such as SSAFA,[29] the Royal British Legion and Combat Stress provide support to veterans in prison and their families. Brookes *et al.* (2010) described such a partnership at HMP Springhill, where ex-service personnel are given an opportunity to meet with a SSAFA or Royal British Legion case worker to address issues such as self-confidence and self-esteem, as well as to obtain housing and financial assistance on their release from prison. There are also some charities set up specifically to provide for ex-service personnel in prison. NACRO (2010) detailed the Prison In-Reach initiative which aims to ensure that all ex-service personnel either in prison or subject to probation supervision, their families and the resettlement services, are fully aware of the range of charitable support available to them.[30]

The Howard League report (2011) found that few ex-service prisoners seemed to be aware of the charities available to them and how to access their services. The report found that this was made worse by difficulties in identifying ex-service personnel in prison and in signposting them to services. The Howard League report (2011) also found that many of those who are aware of the charitable support available do not realise that they are eligible for support, and where they do there is often a reluctance to ask for help. They also found that the vast array of small charities can cause confusion for ex-service personnel in need of support. The HMIP report on ex-service personnel (HMIP, 2014a) noted that ex-service personnel were less likely than the general prison population to say they knew who to contact for help on release from prison. The report suggested the need for a national strategy to better coordinate the identification of ex-service personnel in prison and link them to the charitable support available to them.

[29] Formerly known as the Soldiers', Sailors' and Airmen's Families Association.
[30] No evidence was found in the REA of national charitable support available to ex-service personnel subject to probation supervision. However, it is likely that those subject to probation supervision have access to a similar level of support as other ex-service personnel in the CJS.

5.3 Local charitable support

There was limited evidence of local charitable services devised specifically for ex-service personnel in the CJS. However, there is evidence that, as with national charities, ex-service personnel in the CJS are eligible for locally run charitable services directed at ex-service personnel more generally. For example, a Veterans Contact Point was established in Warwickshire as a gateway service to signpost and refer ex-service personnel to support services most suited to their needs. Bates and Yentumi-Orofori (2013) found that the Veterans Contact Point was effective in providing services to veterans and that it was used by those who had previously been arrested, had been under probation supervision or had been in prison.

5.4 Mentoring

There was limited evidence of mentoring initiatives. One example, run by the Cheshire Probation Trust, provided ex-service personnel in the criminal justice system with support across a variety of issues to aid with reintegration and reduce re-offending. Finnegan *et al*. (2012) conducted an evaluation of this programme (using quantitative data as well as qualitative interviews and focus groups) and suggested that mentoring could improve well-being and employment and reduce re-offending, and be particularly effective with groups that have a clear self-identity, such as ex-service personnel. However, they caution against drawing firm conclusions, as the evaluation had a very small sample (N=14, 7 mentees and 7 mentors) and no further supporting evidence was found.

5.5 Therapeutic communities

There was limited evidence suggesting that Therapeutic Communities (TCs), already established in some prisons, may be effective in addressing the needs of ex-service personnel in prison. Brookes *et al.* (2010) describe six TCs operating at HMP Grendon which offer treatment environments in which issues such as anti-social, violent and deviant sexual behaviour, or poor social and interpersonal skills and distorted thinking, can be addressed. Brookes *et al.* (2010) detail the success of HMP Grendon's TC in improving psychological well-being and reducing re-offending for offenders generally, and describe a support group set up for ex-service personnel in the TCs to provide support and information to ex-service personnel and to help their families. Brookes *et al.* (2010) suggested that Grendon TC environment is an appropriate setting for the treatment of ex-service personnel in prison, and provide qualitative evidence from ex-service personnel who have benefited from the TC at Grendon. Further research is needed before being able to confirm that this approach is effective with ex-service personnel.

6. What works in rehabilitating ex-service personnel? International evidence

The REA sought to include evidence on what works in rehabilitating ex-service personnel from a range of countries. However, relevant evidence was only identified from the US, where a relatively large amount of research has been conducted into ex-service personnel in the CJS. Despite this there was limited research that evaluated the effectiveness of rehabilitation provisions.

As discussed in chapters 4 and 5, the evidence indicates that the numbers of, and needs of, UK ex-service personnel in the CJS differ from those of the US. Additionally, there are differences between the UK and US criminal justice systems, such as the division of state and federal courts and prisons and the greater use of incarceration for lower level offences, which mean they are not directly comparable. Care should be taken when considering the use of evidence from the US to draw conclusions on what might work for UK ex-service personnel. Key references providing evidence on what works in rehabilitating ex-service personnel are summarised in Appendix B, and Table 6.1 provides an overview of what works in rehabilitating US ex-service personnel in the CJS.

Key papers providing evidence on what works in rehabilitating ex-service personnel internationally are summarised in Appendix B. Table 6.1 lists all the papers included and discussed in this chapter, and gives a brief description of them.

Table 6.1: Brief description of papers included in chapter 6

Papers included	Brief descriptions
Caron (2013)	Reports findings from a two-year review of the Fourth District Veterans Court for a small sample (n=131) of ex-service personnel, but did not use a comparison group.
Davis *et al*. (2003)	Presents findings from a randomised control trial (n=73) on whether providing motivational feedback to substance-using incarcerated ex-service personnel increases their contact with treatment clinics.
Jacobs *et al.* (2010)	Discusses Veterans Treatment Courts, the criticisms that have been made of these courts, and recidivism rates amongst 120 participants, but provides no details of the methodology used to calculate the figures.
LePage *et al*. (2011)	Study evaluates the effectiveness of three methods of assistance with finding employment for previously incarcerated ex-service personnel, using a sample of 69 unemployed persons, opportunistically allocated to each treatment.
McGuire *et al.* (2003)	Study compares two groups of ex-service personnel who were contacted by outreach workers: ex-service personnel in jail (n=1,676) and homeless ex-service personnel in the community (n=6,560), but did not use a matched pairs design.
Pandiani *et al.* (2010)	Compared CJS involvement of ex-service personnel receiving mental health care from Veterans Health Administration (n=1,640) to those receiving it from Department of Mental Health (n=693) in a matched design.
Russell (2009)	Report written by the judge who founded the first Veterans Treatment Court. Presents recidivism rates of 15 participants but provides no details on methodology used to calculate the figures.

6.1 Veterans Treatment Courts (VTC)

There was moderate evidence on the effectiveness of Veterans Treatment Courts (VTCs) from four studies. Two studies report findings from a veterans court in New York but do not provide details of the methodology used, and two others report the findings evaluating VTCs from elsewhere in the US.

Background to VTCs

VTCs were founded in the US where there are currently over 100 operating across the country (Slattery *et al.* 2013; see Appendix B for a summary of this study). Originally modelled on specialist drug courts, VTCs take a problem-solving approach to addressing a veteran's offending by offering support with issues such as substance misuse and mental health, with the aim of preventing re-offending, rather than taking a traditional approach of simple punishment. This approach is based on claims by advocates that veterans have unique needs which are not met by the traditional criminal courts, such as PTSD resulting from operational deployments. Most courts exclude those who have committed violent offences and the courts have faced criticism of cherry-picking those offenders who may be less problematic to rehabilitate (Jacobs *et al.* 2010).

Evidence on VTC in New York

Russell (2009; see Appendix B for a summary of this study) reported no incidences of re-offending for 15 people who completed the VTC-directed programme in Buffalo, New York within a year of the VTC opening. However, the small number of participants who had completed the programme by this point and the lack of detail on the method for this study makes it difficult to comment on whether these results are reliable. No detail is provided on how participants were selected for the programme; two participants were expelled from the programme (and two voluntarily withdrew), for reasons not stated, and were not included in the final re-offending rates. Furthermore, carrying out a study one year after the programme commenced (rather than after the programme was completed) may not have given a long enough period to properly assess re-offending, as VTC-directed programmes can take upwards of one year to complete.[31]

Jacobs *et al*. (2010) also reported no incidences of re-offending for the Buffalo VTC for the first two years of the court operating, but provided no detail on the methodology used for this report. Jacobs *et al*. (2010) discuss criticism levelled at VTCs for selecting only those cases where the offender is at a low risk of re-offending in order to keep re-offending rates down, but do not conclude whether or not this is valid criticism.

Other VTCs

Slattery *et al.* (2013; see Appendix B for a summary of this study) present the results of the participation of ex-service personnel with PTSD or Traumatic Brain Injury (TBI) in a pilot VTC in Colorado. This study found that participation did not significantly improve unstable housing or unemployment but did improve mental health, for example PTSD, and reduced suicide risk and substance misuse. Participants also reported declines in their use of alcohol and illegal drugs and recorded a significant improvement in social functioning scores after six months in the programme. However, the study used a small sample (83 programme participants), all of whom agreed to take part in the evaluation, leading to a risk of selection bias.[32] Additionally, the study used no control group of veterans who did not participate in the programme, which makes it difficult to conclude whether the findings for those who participated in the pilot differed from veterans who did not.

[31] For adult offenders, proven re-offending in Ministry of Justice studies is typically defined as any offence committed in a 12-month period that received a court conviction or caution in that 12 months or within a further six-month waiting period to allow any prosecutions to reach a conclusion.

[32] Whereby those who actively volunteer to participate in the study might be those more actively engaged with the programme in general and so more likely to have successful outcomes than those who did not volunteer to participate.

A review of the Fourth Judicial District Veterans Court in Minnesota reported findings from its first two years of operation. It found that, during the first six months of entry into the programme, 83% of participants committed fewer offences than in the six months prior to entry and that the majority of them did not commit new offences while in the programme. However, without a control group, it is difficult to say whether this differs from those who did not participate in the VTC programme (Caron, 2013; see Appendix B for a summary of this study).

Overall, methodological weaknesses, in particular small sample sizes, mean it is not possible to draw firm conclusions on whether VTCs are effective.

6.2 Health treatment services

Two studies looked at the effectiveness of interventions concerned with the health of ex-service personnel in the CJS; one considered access to general health care services and the other assessed the effects of mental health care provision on future re-offending.

General health

There is limited evidence to suggest that US ex-service personnel in the CJS can benefit from outreach services that connect them to health care services they might not otherwise have accessed. Only one study looked at the health care of ex-service personnel in the CJS by studying ex-service personnel who were contacted by outreach workers, comparing ex-service personnel in prison and ex-service personnel who were homeless in the community (McGuire *et al.* 2003). The study found that imprisoned ex-servicemen used fewer medical services than those in the community, but that this seemed to increase following contact with an outreach worker. It concluded that specialised outreach services appear to be fairly effective in linking imprisoned ex-service personnel to veteran health care services.

However, although the study noted differences in the characteristics of the two groups, such as higher social stability,[33] fewer medical problems and lower substance use in the incarcerated ex-service personnel, it did not use an experimental design to control for these differences. Therefore, firm conclusions cannot be drawn. Furthermore, the different health care systems in place in the UK and US mean that the relevance of this study to the UK context may be somewhat limited; people in the UK have equal access to cost-free health care regardless of veteran status while US ex-service personnel are entitled to cost-free

[33] Social stability measurements were taken from marital status, financial status, employment status and homelessness.

health care services through the Veterans Administration whereas most other people are required to pay for medical services privately.

Mental health

There was limited evidence of what works in the treatment of mental health for ex-service personnel in the CJS. One study was found which compared ex-service personnel involvement with the CJS before and after receiving community-based mental health services using a sample of 2,333 ex-service personnel (Pandiani *et al.* 2010). It considered two different health care services, those run by the Veterans Health Administration and those run by a state Department of Mental Health.

This study found that providing mental health care services to ex-service personnel previously involved with the criminal justice system can lead to reductions in re-offending. However, it found that specialist mental health services for ex-service personnel were not always more effective, and could be less effective, than general state-run services. Ex-service personnel who were treated for mental health conditions by a state Department of Mental Health service were less likely to be subsequently charged with a criminal offence following treatment (43% reduction) than those treated by a Veterans Health Administration service (17% reduction) (Pandiani *et al.* 2010).

The study did find that specialist services for ex-service personnel could be more effective than state-run services where veterans had co-occurring mental health and substance misuse disorders. With this group it found that those treated by a Veterans Health Administration had a 33% reduction in criminal charging after treatment while those treated by a state Department of Mental Health had a 48% increase in criminal charging (Pandiani *et al.* 2010). However, in this study no details were provided of how ex-service personnel came to be in each treatment service and the sample was not matched on key characteristics, so the differences observed may be due to differences between the treatment and comparison group.

6.3 Substance misuse treatment

One study on substance misuse treatment was found; this provides evidence that giving motivational feedback to substance-using ex-service personnel prior to their release from prison could increase engagement with treatment services on their release back into the community. This study used a randomised control trial (RCT) to compare the outcomes of substance-using ex-service personnel who were provided with motivational feedback and

encouragement with those who were not. In using an RCT design, the study was able to minimise any differences in the characteristics of participants in each of the two groups, eliminate selection bias and provide more reliable findings.

The study found that those who received motivational feedback were significantly more likely than those who did not to schedule appointments at treatment clinics (67% compared with 41%) and that those who received feedback were more likely to remain in treatment beyond 90 days (31% compared with 14%) (Davis *et al.* 2003).

6.4 Employment assistance services

Limited evidence from one study on employment assistance suggested that formerly imprisoned ex-service personnel could benefit from employment assistance delivered through structured, standardised group programmes led by vocational staff (LePage *et al.* 2011). This study allocated formerly imprisoned ex-service personnel to three different types of employment assistance: a basic vocational service providing advice and assistance; a basic vocational service plus a self-study vocational manual designed specifically for formerly incarcerated ex-service personnel; and group sessions led by vocational staff using the vocational manual. Those assigned to the group sessions performed substantially better than the other two groups; three months later 24% of them were in employment, compared to 0% of those provided with only a basic vocational service and 3% of those provided with the basic vocational service plus the manual.

This study did not include a control group who received no employment assistance, and participants were assigned to a group based on which week they signed up for employment assistance. This could possibly account for some of the differences between the groups and makes it difficult to draw firm conclusions. However, the findings do provide limited evidence that ex-service personnel could benefit from employment assistance delivered in a group format.

Table 6.2: What works in rehabilitating ex-service personnel in the US

Veterans Treatment Courts (VTCs)	Physical health	Mental health	Substance misuse	Employment assistance
Moderate evidence suggests **VTCs** may have positive effects on rehabilitating U.S. ex-service personnel in the CJS.	**Limited evidence** suggests contact with **outreach workers** can increase imprisoned US ex-service personnel's contact with health care services.	**Limited evidence** suggests **providing mental health care services** to US ex-service personnel previously involved with the CJS can lead to reductions in re-offending.	**Limited evidence** suggests providing **motivational feedback** to substance-using ex-service personnel prior to release from prison could increase engagement with treatment services on release back into the community.	**Limited evidence** suggests ex-service personnel may benefit from **group-based employment seeking assistance**.

7. Conclusions and implications

The amount of evidence included in this REA is limited and often drawn from studies and reports that use small sample sizes and less robust methodologies. As a result, the conclusions presented here are indicative only and should be treated with caution.

The limited evidence available on the needs of UK ex-service personnel in the criminal justice system suggested that needs are broadly similar to those of other offenders in the CJS and do not differ substantially from those of other offenders. The majority of evidence available was concerned with those in prison rather than those subject to probation supervision. Further research could help to develop a more robust evidence base on the needs of ex-service personnel in the criminal justice system in the UK.

Moderate evidence suggested that ex-service personnel may have higher levels of alcohol misuse and lower levels of drug use, while there was mixed evidence suggesting that ex-service personnel had lower levels of housing needs and were more likely to report physical health problems and disability. There was also moderate evidence that some mental health conditions, such as PTSD, depression and suicide, and adjustment and identity issues,[34] are also needs among ex-service personnel in the CJS, and that these issues may prevent some from feeling part of the civilian community and from developing a civilian identity. Alcohol use was suggested to be a common feature of military life (Howard League, 2011) and has been linked to mental health, particularly PTSD, and violent offending. Continuing to ensure that the alcohol misuse and mental health needs of ex-service personnel in the CJS are assessed may assist in providing appropriate support where required.

There was limited evidence of existing provisions available specifically to support ex-service personnel in the CJS, although it is likely that there are local provisions currently operating which were not identified by the REA. Those provisions that are available may not currently be used to their full potential, for example the VICS scheme currently run by NOMS, and could be expanded to provide support to more ex-service personnel. However, this REA did not consider existing provisions currently available in the CJS for offenders more generally which are based on addressing individually assessed risks and needs. Enhanced opportunities to address the needs of ex-service personnel through innovative, tailored provisions might soon be afforded by the new Community Rehabilitation Companies. Ex-service personnel in the CJS appear to be eligible for a wide array of charitable support

[34] Such as social isolation, problems in adjusting to life outside of the military and having conflicting identities.

which is available to ex-service personnel more generally outside of the CJS. However, ex-service personnel seem not to be fully aware of the range of available provisions and not to recognise their eligibility for such services. Ex-service personnel in the CJS might benefit from programmes aimed to increase awareness of available provisions amongst ex-service personnel and to improve access to them. However, it is suggested that there is also a reluctance among ex-service personnel to seek help.

There was little international evidence on what works in the rehabilitation of ex-service personnel in the CJS and the research that was available had methodological weaknesses, such as small sample sizes and lack of suitable comparison groups, which prevents firm conclusions from being made. Nevertheless, there was moderate evidence from the US that VTCs might reduce re-offending, and limited evidence that providing outreach services, motivational feedback and mental health services might reduce re-offending in ex-service personnel. There was also limited evidence that providing motivational feedback and encouragement can increase engagement with substance misuse treatment and that providing group-based employment assistance can increase employment. However, care is needed when attempting to apply this evidence to the context of the UK, due to the differences in jurisdictions and populations which make the international transfer of evidence problematic. Finally, further research could help to develop a more robust evidence base on the needs of ex-service personnel in the criminal justice system in the UK, and could build on evidence from the US of possible effective interventions that could be applied successfully in the UK context.

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Appendix A
Methodology

This REA took a systematic approach to searching for and assessing literature. Literature was only included in the REA if it met certain criteria which were laid out at the start, and the findings and evidence from this literature were considered in answering each research question. The quality of the evidence was considered and discussed in the report, and, for each section, given a rating indicating the strength of the evidence. The REA differs from a full systematic review; it was completed in a shorter timeframe which means that the review of the literature is more focused and less comprehensive than a systematic review.

The databases which were searched for articles were:

Proquest Search Platform. To include: ASSIA, EconLit, ERIC, National Criminal Justice Reference Service Abs, PAIS Archive, PAIS International, PILOTS Database, Social Services Abs, Sociological Abs
EBSCO Search Platform. To include: Criminal Justice Abstracts with full text, PsycARTICLES, PsycINFO, SocINFO, SocINDEX.
Google Scholar. To include academic and non-academic documents not held on EBSCO or Proquest.

Once the search terms had been defined, they were turned into search strings. An example of one of the search strings that was used to search for articles for the first research question is:
Needs OR accommodation AND former service personnel AND custody OR probation.

The full list of search strings used is available on request; please contact: mojanalyticalservices@justice.gsi.gov.uk

The inclusion criteria for the REA, and each of the research questions, are detailed in Table A1.

Table A1: The inclusion criteria for articles in the REA

Inclusion criteria	Justification
Year 2000 onwards	Due to restrictions on time and resources. Period of increased interest in veteran welfare during period of prolonged UK (and allied) deployment in overseas conflicts. A preliminary investigation was conducted which revealed no important studies pertinent to veterans in the CJS that were published before 2000. The cut-off of 2000 was used as this period covers more recent conflicts such as Iraq and Afghanistan, and coincided with the recent increase in interest in veterans in the CJS.
Published articles	Due to restricted resources and timeframe.
English language only	Due to restricted resources.
UK-based documents only for research questions 1 and 3.	Questions 1 & 3 are only concerned with the UK.
US documents for research question 2.	Question 2 is only concerned with the US.
For research question 3: Albania, Austria, Australia, Belgium, Bulgaria, Canada, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Turkey, UK, US.	Clearly defined list. Militaries work together and have experienced similar recent deployments. Have similar organisational structures and practices. Countries generally comparable.
Only academic publications, government publications or third sector publications	To include academic, government, charity, NGO materials.
Research question 3: Original methodological quality. Quantitative studies rated 2 and upwards on the Maryland scale – excluding those rated 1 (correlation only studies). However this was later revised to include all articles regardless of methodological quality, and to discuss and comment on the methodology of reports as necessary in the report. Qualitative studies will also be included.	In order to include only methodologically robust studies. Revised due to the scarcity of research in this area.
For research question 3, outcome measures, including the: Re-offending type, severity, frequency Employment, training and/or education Substance misuse (inc. alcohol) Mental health and cognitive therapy Other criminogenic factors, e.g. anger management, mentoring and life coaching.	To ensure inclusion of a wide range of possible positive outcomes from different types of rehabilitation provision.

In total, 768 abstracts of articles were identified in the literature searches. After these had been assessed against the inclusion criteria, 133 full articles were requested. The full articles were then assessed against the inclusion criteria (Table A1), and after this was completed, a total of 32 articles were included in the REA. Although the summary report produced by the Ministry of Justice had not been published at the time of conducting the REA, and was therefore not found in the literature searches, the findings from this report have been included in the REA as they add useful evidence about the needs of UK ex-service personnel in the CJS, and met the inclusion criteria of the REA. The inclusion of the summary report meant the total number of articles included in the REA was 33. The full list of studies included in the REA are shown in Table A2 alongside a brief description of the study. Studies which were included from the written evidence submitted to the review are indicated with an asterisk.

Table A2. Brief description of each report included for each sub-question

Research Question	Papers included	Brief description
1. What are the rehabilitative needs of UK ex-service personnel convicted of criminal offences and sentenced to a custodial or community sentence?		
	Brookes *et al.* (2010)	Describes the therapeutic community for ex-service personnel in HMP Grendon and provides limited information on an undisclosed number of ex-service personnel's needs from assessments.
	Howard League (2011)	The inquiry considers literature, consults with practitioners, ministers and academics and carries out 29 semi-structured interviews with ex-service personnel from 3 prisons.
	HMIP (2014)	Summarises the survey findings concerning 318 ex-service personnel in prisons during HMIP's inspections between 2012 and 2013. Provides information on numbers and needs of ex-service personnel, and the provisions available to them.
	Kelly (2014)	Summary paper produced by the MoJ in order to inform the review. Reports findings on the number and needs of ex-service personnel from a survey of 4,898 prisoners from 74 different prisons, 232 of whom identified themselves as having served in the armed forces (2001–2004) and 2,595 offenders subject to probation supervision, 151 of whom identified themselves as ex-service personnel (2009–2010).
	MacDonald (2014)*	Report by probation officer looking at ex-service personnel subject to probation supervision using administrative data (n=146) and interviews with 38 ex-service personnel in Durham Tees Valley Probation Trust.
	MacManus *et al.* (2013)*	A cohort study which carries out surveys and describes offending of 13,856 service personnel from 2003 to 2011, and considers what predicts violent offending in this group.

Research Question	Papers included	Brief description
2. What are the rehabilitative needs of US ex-service personnel convicted of criminal offences and sentenced to a custodial or community sentence?	Black *et al.* (2005)	Reports the findings from structured interviews with a random sample of 4,886 ex-service personnel and uses a control group of non-deployed veterans to assess incarceration levels in both groups.
	Coker and Rosenheck (2014)	Presents findings from 31,707 ex-service personnel who had intensive PTSD treatment between 1993 and 2011, and their CJS involvement.
	Greenberg and Rosenheck (2012)	Reports findings from a large sample survey of 6,982 US prisoners, comparing ex-service personnel to other prisoners.
	Kopera-Frye *et al.* (2013)	Reports findings of a structured programme for older prisoners, comparing ex-service personnel on the programme to other prisoners on the programme (n=111).
	Noonan and Mumola (2007)	Bureau of Justice Statistics report provides information on numbers, demographics and needs of an unknown number of US ex-service personnel in prison.
	Saxon *et al.* (2001)	Investigates trauma, PTSD symptoms and treatment history in a sample (n=129) of incarcerated ex-service personnel.
	Tejani *et al.* (2013)	Presents findings on whether past incarceration affects veterans' ability to obtain housing by analysing a sample of 14,557.
	Tsai and Rosenheck (2013a)	Reports findings looking at childhood predictors of criminal justice among a sample of ex-service personnel (n=1,161).
	Tsai and Rosenheck (2013b)	Reports findings from a sample of homeless ex-service personnel (n=1,160) and looks at factors that predict CJS involvement in this group.

Research Question	Papers included	Brief description
	Williams *et al.* (2010)	Reports the findings of a study to assess health status and risk of homelessness in older prisoners, comparing veterans with non-veterans (n=360).
3. What current rehabilitation provision is available to ex-service personnel convicted of a criminal offence and sentenced to a custodial or community sentence?	Finnegan *et al.* (2012)	Presents findings on four projects which involve mentoring, one of which took place in Cheshire Probation Trust to assist former armed forces personnel in contact with CJS.
	Fossey (2010)	Reviews the literature around the needs of ex-service personnel and briefly describes the Veterans in Custody Officer Scheme.
	Greenwood (2012)	Provides a brief overview of the Veterans in Custody Officer Scheme.
	Howard League (2011)	The inquiry considers literature, consults with practitioners, ministers and academics and carries out 29 semi-structured interviews with ex-service personnel from 3 prisons.
	HMIP (2014)	Summarises the findings concerning ex-service personnel in prisons during HMIP's inspections of 35 prisons between 2012 and 2013. Provides information on numbers and needs of ex-service personnel (n=4,731), and the provisions available to them.
	NACRO (2010)	Produced by third sector bodies and government departments to provide a collaborative approach to working with ex-service personnel in prison and probation.
	MacDonald (2014)	Describes the provisions that are available for ex-service personnel in Durham Tees Valley Probation Trust.
	Ministry of Defence (2011)	The Armed Forces Covenant outlines the support that ex-service personnel are entitled to, and briefly discusses the Veterans in Custody Support Officer role.
	Slattery *et al.* (2013)	Presents results of pilot study of a small number (n= 83) of ex-service personnel with PTSD and/or TBI who took part in a Veterans Treatment Court.

Research Question	Papers included	Brief description
4. What rehabilitative provisions have been shown to be effective internationally in rehabilitating ex-service personnel who have been charged with criminal offences?	Caron (2013)	Reports findings from a two-year review of the Fourth District Veterans Court for a small sample (n=131) of ex-service personnel, but did not use a comparison group.
	Davis *et al.* (2003)	Presents findings from a randomised control trial (n=73) on whether providing motivational feedback to substance-using incarcerated ex-service personnel increases their contact with treatment clinics.
	Jacobs *et al.* (2010)*	Discusses Veterans Treatment Courts, the criticisms that have been made of these courts, and recidivism rates amongst 120 participants, but provides no details of the methodology used to calculate the figures.
	LePage *et al.* (2011)	Study evaluates the effectiveness of three methods of assistance with finding employment for previously incarcerated ex-service personnel, using a sample of 69 unemployed persons, opportunistically allocated to each treatment.
	McGuire *et al.* (2003)	Study compares two groups of ex-service personnel who were contacted by outreach workers: ex-service personnel in jail (n=1,676) and homeless ex-service personnel in the community (n=6,560), but did not use a matched pairs design.
	Pandiani *et al.* (2010)	Compared CJS involvement of ex-service personnel receiving mental health care from Veterans Health Administration (n=1,640) to those receiving it from Department of Mental Health (n=693) in a matched design.
	Russell (2009)	Report written by the judge who founded the first Veterans Treatment Court. Presents recidivism rates of 15 participants but provides no details on methodology used to calculate the figures.

Appendix B
Key documents

This appendix provides a summary of the key articles that feature in this REA, and that relate to ex-service personnel more generally.

Key documents – ex-service personnel

NACRO (2010) – A guide to working with veterans in custody

This report serves as a guide to those working with ex-service personnel in prison. It gives an overview of the armed forces, including some of the reasons for joining and the military regime, before discussing the discharge and resettlement process and issues that ex-service personnel can face during this process. The report goes on to describe the Prison in Reach group which aims to ensure that all ex-service personnel in prison and their families are aware of charitable support that is available to them. It also discusses the VICS initiative which seeks to identify ex-service personnel within the prison population and link them with support provided by service charities, such as SSAFA and the Royal British Legion. The document gives an overview of the current basic services available to those working with ex-service personnel in prison.

Armed Forces Covenant Interim Report (Ministry of Defence, 2011)

The Armed Forces Covenant sets out the support that members of the armed forces and their families can expect, including health care and education for their children. The Armed Forces Covenant is not a legal document, but the key principles were made law as part of the Armed Forces Act 2011. The Armed Forces Act 2011 requires the Defence Secretary to report every year on the Government's progress in implementing the Armed Forces Covenant. There are also Armed Forces Community Covenants which complement the Armed Forces Covenant, at a local level, and aim to encourage local communities to support the armed forces community.

Key documents – UK ex-service personnel in the CJS

Defence Analytical Services and Advice (DASA) (2010) – *Estimating the proportion of prisoners and probationers in England and Wales*

DASA published two studies, one estimating the proportion of prisoners who are ex-service personnel (3.5%) and the proportion of offenders subject to probation supervision who are ex-service personnel (3%). Both were carried out through a matching exercise with the

Ministry of Justice using administrative data. The study looking at ex-service personnel in prison provided additional details of the characteristics of ex-service personnel in prison; 99.6% were male, 22% began their sentence within five years of leaving the military and over half (51%) were over 45 years old. The study found that male ex-service personnel between ages 18 and 54 were 43% less likely to be in prison than the general population. It found that ex-service personnel were less likely to be in prison than the general population for all types of offences except sexual offences, for which they were more likely to be in prison, and that the most common offence types were violent (31% of those in prison) and sexual offences (25% of those in prison). However, these findings are based on a snapshot of the prison population taken on one day in late 2009, which might not present an accurate picture of the typical population of ex-service personnel in prison.

Howard League (2011) – *Report of the Inquiry into Former Armed Service Personnel in Prison*

This report presents the findings of a review into ex-service personnel in prison. It summarises the debate around estimating the number of ex-service personnel in prison and notes that they are less likely than the general population to be imprisoned. Drawing on 29 qualitative interviews with serving prisoners, it discusses the needs of ex-service personnel in prison and notes that many recruits into the military are drawn from lower socio-economic backgrounds with associated higher risks of offending but makes the case for the military acting as a protective factor against offending in many cases. The majority of ex-service personnel who were interviewed by the review were not early service-leavers, had not left for disciplinary reasons, had not experienced homelessness and had offended later in life, and there was no evidence of widespread PTSD. The most cited factors of all interviewees were social isolation and exclusion, alcohol misuse and financial problems. The report does emphasise that the drivers to offending by ex-service personnel are much the same as for other offenders. It highlights that a wide range of provision is available for ex-service personnel but that they are generally unaware of this provision and do not recognise their own eligibility.

Kelly (2014) – *The needs of ex-service personnel in the Criminal Justice System: Evidence from two surveys*

This report presents findings on ex-service personnel from two surveys; the Offender Management Community Cohort Study (OMCCS) and the Prison Resettlement Survey (PRS). The OMCCS surveyed a representative sample of 2,919 adult offenders who started Community Orders between October 2009 and December 2010. The PRS were conducted in 2001, 2003 and 2004 and surveyed prisoners shortly before their release to examine the prison population's resettlement needs. Data were collected on the requirements and

characteristics of the prison population – 4,898 prisoners were interviewed from 74 different prisons. Ex-service personnel made up 5% of both survey samples, and were more likely to be male, white and older on average than offenders who have not served in the armed forces. Ex-service personnel were more likely to have committed sexual offences and less likely to have committed acquisitive offences, and were more likely to have been in full-time, paid employment prior to their custodial sentence. Ex-service personnel in prison were less likely to have drug misuse problems than the offenders who have not served in the armed forces, and more likely to have alcohol misuse problems and be in treatment. There were no significant differences in substance misuse for offenders subject to probation supervision.

HMIP (2014a) ***People in prison: Ex-service personnel***

This report explores findings concerning ex-service personnel in prisons. Survey data from prisoner surveys carried out in 35 prisons (n=4,731) between 2012 and 2013 during HMIP's prison inspections are presented. Seven per cent of prisoners identified themselves as ex-service personnel. Ex-service personnel were more likely to be serving their first prison sentence, and serving longer sentences than other prisoners. Findings suggest that ex-service personnel in the CJS are likely to have high levels of need in common with the general prison population. Ex-service personnel were more likely than the general prison population to report: feeling depressed or suicidal on arrival into prison, and physical health problems and disability. Ex-service personnel were as likely as the general prison population to report mental health problems, and alcohol needs, and were less likely to report issues around drugs, housing and finances than the general prison population. In September 2014, HMIP produced a supplementary paper which found that 6% of male and 1% of female prisoners identified themselves as ex-service personnel in the prisoner surveys carried out between 2013 and 2014.

MacDonald (2014) ***An exploration of the Veteran Cohort within Durham Tees Valley Probation Trust. Managing military identity within the Criminal Justice System, ideas for the future…***

This report presents data from ex-service personnel sentenced to custodial and community sentences. Data were gathered from administrative records for 141 ex-service personnel, providing information on their characteristics such as age, needs, and whether they had PTSD. Semi-structured interviews were carried out with a further 51 ex-service personnel, who had been identified by their offender manager or veteran champion in their location. The interview covered their military history, connection with the civilian and military community, mental health issues and adjustment problems. The results indicate high levels of adjustment and identity problems; the majority of those interviewed reported adjustment issues on leaving forces, and there was a high prevalence of suicide attempts.

MacManus *et al* (2013) 'Violent offending by UK military personnel deployed to Iraq and Afghanistan: a data linkage cohort study'

Provides findings from a longitudinal study (from 2003–2011) of a large, randomly selected sample (n=13,856) of service personnel who were all actively serving at the time of recruitment into the study. The sample is representative of the armed forces. Participants answered a questionnaire at two phases, and 58% of those who answered the questionnaire at phase one answered it at phase two. The questionnaires asked about experiences during deployment, mental health, including PTSD, and alcohol misuse, and aggressive behaviour measures. 15.7% of service personnel had committed an offence over their lifetime so far, and the most common offence type was violent offending. The factors that predicted violent offending are: sex, age, rank and pre-service offending. Deployment in a combat role was associated with an increased risk of violent offending compared to having a non-combat role. For those service personnel who had been deployed, mental health and behaviour problems, alcohol misuse, PTSD and aggressive behaviour were predictive of violent offending. Men in the military were less likely to re-offend than men in the general population aged between 18 and 52 years.

Key documents – US ex-service personnel in the CJS

Noonan and Mumola (2007) 'Veterans in state and federal prison, 2004'

This report provides statistics on the number of ex-service personnel in both federal and state prisons in the US in 2004, and their characteristics. Ten per cent of those in prison in 2004 were ex-service personnel, and these ex-service personnel were almost all male (99%). The report found that the rate of imprisonment of ex-service personnel is less than half that of the general population. The authors suggest that this is partly due to age differences since older men typically have lower incarceration rates, and the majority of male ex-service personnel (65%) were at least 55 years old in 2004, compared to 17% of males who were not ex-service personnel. The most common offence type for ex-service personnel to have committed was a violent offence (57%), and this was higher than the general prison population, 47% of whom were in prison for a violent offence. The report also presents findings from interviews with prisoners, and found that ex-service personnel were less likely to report recent drug use, were as likely to report mental health problems and more likely to report using mental health services than other prisoners.

Key documents – What works

Robert T. Russell (2009) *Veterans Treatment Courts Developing Throughout the Nation*

This article sets out an argument in favour of using Veterans Treatment Courts (VTCs) to address the offending of US ex-service personnel in the CJS. The argument is based on the reported effectiveness of the drug courts and mental health courts model in the US and is written by a court judge who founded the first VTC in Buffalo, New York. The author claims a 0% recidivism rate for the Buffalo Court participants; however, this figure is drawn from a small sample (n=15), no source is given for the data informing this figure and there does not appear to have been at least a 12-month period allowed in which to measure re-offending. Furthermore, a number of people are reported to have withdrawn from (n=2) or been expelled from (n=2) the programme, without details of reasons why. These factors make it difficult to assess the reliability of the figures given and to draw any firm conclusions from the article's findings.

Slattery *et al* (2013) 'Catch, treat and release: Veteran Treatment Courts address the challenges of returning home'

This article reports the findings of a pilot VTC in Colorado. It describes the functioning of VTCs before presenting the results of the participation of ex-service personnel with PTSD or Traumatic Brain Injury (TBI) (n=83) over a period of three years. Using three interviews, conducted at baseline, six-month and 12-month intervals, the study found that participation in the VTC did improve mental health conditions, e.g. PTSD, and reduce suicide risk and substance misuse. The number of participants meeting clinical criteria for diagnosis of PTSD reduced from 80% at baseline, to 67% after 6 months and 58% after 12 months. The VTC was not found to significantly improve unstable housing or unemployment but did significantly improve social functioning between baseline and six months. At the time of the article's publication, 32% of VTC participants had completed the programme and 11% had failed. Recidivism for those who failed was 11% while the recidivism rate for those who completed the programme (n=10), measured at one year following completion, was 0%. With such small sample numbers, no details on the nature and level of offences, and the fact that the study used no control group of ex-service personnel who did not participate in the programme, it is difficult to draw firm conclusions from this study.

Caron (2013) *Fourth Judicial District veterans Court – Two year review*

This report presents findings from a process evaluation of the first two years of a veterans Court in Minnesota, USA. The number of ex-service personnel who entered the programme over the two-year period was relatively small (n=131), and only 41 ex-service personnel had graduated from the programme after two years. The report presents characteristics of those

who entered Veterans Court; 97% were male and 66% were white and the most common offence types were driving while impaired followed by domestic offences. The report also presents findings of a pre-post analysis of ex-service personnel in this programme; ex-service personnel are compared to themselves before entry into the programme on a variety of measures. This analysis found that for the first six months after entry into Veterans Court, 83% of participants commit fewer offences than during the six months just prior to entry. This pattern maintains over the two years, although there are fewer ex-service personnel who have been in the programme for two years. The conclusions that can be drawn from this report are limited due to the small sample size, type of analysis that was carried out, and lack of any comparison group. A full evaluation with an appropriate comparison group will be conducted and published.