

## Risk of Incarceration and Other Characteristics of Iraq and Afghanistan Era Veterans in State and Federal Prisons

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### RESEARCH HIGHLIGHTS:

- In this study, the first to compare incarceration rates of OEF/OIF/OND veterans against the general veteran population, OEF/OIF/OND veterans were found to be less than half as likely as veterans from other eras to be incarcerated, even when controlling for race and gender.
- Compared to veterans from other eras, OEF/OIF/OND veterans were more likely to be incarcerated for shorter sentences, less likely to be homeless, less likely to have a serious medical or substance abuse problem and three times more likely to have combat-related PTSD.
- OEF/OIF/OND veterans were more likely to have used Department of Veterans Affairs (VA) services in the past six months, demonstrating the importance of VA programs in addressing health issues and vocational challenges. The Health Care for Reentry Veterans (HCRV) program clearly can serve a purpose in helping incarcerated OEF/OIF/OND veterans plan for treatment upon release.

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### ABSTRACT:

**Objective:** The Health Care for Reentry Veterans (HCRV) program provides Veterans Health Administration outreach services to veterans incarcerated in state and federal prisons. This study used HCRV data to compare risk of incarceration of veterans of Operations Enduring Freedom (OEF), Iraqi Freedom (OIF), and New Dawn (OND) and other veterans and to identify socio-demographic and clinical characteristics of incarcerated veterans of OEF/OIF/OND.

**Methods:** Administrative national data were analyzed for 30,968 incarcerated veterans, including 1,201 OEF/OIF/OND veterans, contacted from October 2007 to April 2011. Odds ratios were calculated comparing the risk of incarceration among OEF/OIF/OND and other veterans in the HCRV sample and in a weighted sample of non-incarcerated veterans from the 2010 National Survey of Veterans. Stepwise logistic regressions of HCRV data examined characteristics of incarcerated veterans independently associated with OEF/OIF/OND service.

**Results:** Regardless of ethnicity or age, OEF/OIF/OND veterans were less than half as likely as other veterans to be incarcerated and constituted only 3.9% of the incarcerated veterans. Compared with other incarcerated veterans, OEF/OIF/OND veterans were younger, were more likely to be married, were more likely to report combat exposure, expected a shorter incarceration, were 26% less likely to have a diagnosis of drug abuse or dependence, and were three times more likely to have combat-related post-traumatic stress disorder (PTSD).

**Conclusions:** OEF/OIF/OND veterans appeared to be at lower risk of incarceration than veterans of other service eras, but those who were incarcerated had higher rates of PTSD. Efforts to link these veterans to mental health services upon their release are warranted.”

## Implications

### FOR PRACTICE

The results of this study show a positive trend in the decline of incarceration rates for veterans, as OEF/OIF/OND veterans were less likely to be incarcerated compared to veterans from other eras. In addition, OEF/OIF/OND veterans were less likely to be homeless, less likely to have a serious medical or substance abuse problem, and if incarcerated, had shorter sentences compared to veterans from other eras. The many programs and organizations assisting re-integrating veterans appear to be preventing veterans from incarceration; however, clinicians and community advocates for veterans can still improve upon the quality of services that veterans receive. Veterans from the OEF/OIF/OND conflicts were three times as likely as other era veterans to report combat-related PTSD, and therefore are in need of additional screenings and treatment options for mental health issues. Improving mental health services and support for veterans and their families can facilitate reintegration after deployment, and may reduce the risk of incarceration. Families and community advocates should continue to support veterans in accessing services to improve their physical health, mental health and vocational outcomes, as the results of this study demonstrate the important role of these services in reducing the risk of incarceration for veterans from recent conflicts.

### FOR POLICY

Policy makers should focus on improving the availability of services that improve outcomes for incarcerated veterans. Since the OEF/OIF/OND veterans in this study were more likely to have used VA services in the past six months, VA administrators should work with correctional facilities to identify veterans among their prison population so that programs like HCRV can provide outreach. Veterans diagnosed with PTSD will need to have continued access to treatment upon release, and should be enrolled in continuing rehabilitation programs with a mental health care component upon release. Although their rates of alcohol abuse and dependence were lower than those veterans from previous eras, many of the OEF/OIF/OND veterans in this study still reported alcohol abuse and dependence at the time of their arrest. Many of the OEF/OIF/OND veterans also reported unemployment and no income at the time of their incarceration. Policy makers should work with VA administrators to fund accessible and effective programming aimed at reducing alcohol abuse, increasing vocational training and increasing educational opportunities for veterans, which will in turn reduce their risk factors for incarceration.

### FOR FUTURE RESEARCH

In future studies, researchers should use standardized diagnostic measures to assess PTSD diagnosis among veterans, as this study relied on information from self-reports and HCRV specialists for the presence of PTSD. Researchers should also examine the importance of various forms of PTSD in determining risks of incarceration, including PTSD from physical or sexual abuse and other forms of non-combat related PTSD. Future research endeavors can also focus on the implementation of PTSD treatment services for the OEF/OIF/OND incarcerated veteran population, including the success rate of various programs aimed at rehabilitation and reentry, comparisons between veteran and civilian populations with PTSD and variations in outcomes by gender and geographic area. Researchers should also examine the rehabilitation process for veterans in the HCRV program longitudinally, from initial participation in the program through the transfer into VA services upon release, and consequent vocational and health outcomes. Overall, future research should expand upon current findings to further identify which types of programs and protective factors best reduce the risk of incarceration among veterans.

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