

A NATIONAL SURVEY OF VETERANS TREATMENT COURT ACTORS

by

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Master of Arts at George Mason University

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## LIST OF ABBREVIATIONS

Traumatic Brain Injury .....	TBI
Post-traumatic stress disorder .....	PTSD
Veterans Treatment Court.....	VTC
Veterans Affairs .....	VA
Veterans Justice Outreach Specialist .....	VJO
Intimate Partner Violence .....	IPV
Alcohol Use Disorder .....	AUD
National Institute of Alcohol Abuse and Alcoholism.....	NIAAA
National Institute of Mental Health .....	NIMH
Driving Under the Influence .....	DUI
Involuntary Manslaughter .....	IM
Analysis of Variance.....	ANOVA

## **ABSTRACT**

### **A NATIONAL SURVEY OF VETERANS TREATMENT COURT ACTORS**

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Over 400 Veterans Treatments Courts (VTCs) have been implemented in the U.S. in the past 10 years (Flatley, Clark, Rosenthal, & Blue-Howells, 2017). During this time controversies surrounding VTCs have emerged (Yerramsetti, Simons, Connan & Stolar, 2017). For example, some VTCs exclude veterans who have committed violent offenses, which has sparked debate (Cartwright, 2011; Kravetz, 2012). Another controversy surrounds requiring a direct relationship between a veteran's charges and mental health diagnosis (Yerramsetti et al., 2017). This aim of this thesis was to examine VTC actors' perceptions of these two controversial issues via a national survey. VTC judges, coordinators, and Veterans Justice Outreach specialists were presented with two randomly assigned hypothetical clients in a 2 (Crime type: involuntary manslaughter and domestic violence) x 2 (Diagnosis: post-traumatic stress disorder and alcohol use disorder) within-subjects' factorial design and asked for their perceptions of hypothetical clients' eligibility for VTC. Participants were also asked their perceptions of

controversial VTC issues and to describe the current practices of the VTCs they work with. Results indicated that participants were supportive of the domestic violence client's participation in VTC, regardless of diagnosis, however most participants were not supportive of the involuntary manslaughter clients' participation in VTC. Implications future research and policy are discussed.

## **CHAPTER ONE: INTRODUCTION**

When reintegrating back into society military veterans face many challenges, such as relating to individuals who have not served in the military, reconnecting with family and friends, returning to a job, and adjusting to life without a clear chain of command (i.e., fixed structure) and to a different pace of work and life (Veterans Affairs Mental Health Services, no date). These reentry challenges can also be confounded by a veterans' experiences of war, mental health issues, and alcohol dependency (Brown, 2011). Increased difficulty reintegrating back into society and untreated mental health and substance abuse also puts veterans at a heightened risk for criminal justice involvement (Brown, 2011). For example, veterans with traumatic brain injuries (TBI) or post-traumatic stress disorder (PTSD) who report coinciding anger/irritability are at an increased risk for arrest and criminal justice involvement (Elbogen et al., 2012). To help serve criminally charged veterans with symptoms of mental health disorders, cognitive impairments, and/or substance abuse problems, Veterans Treatment Courts (VTCs), a relatively new type of problem-solving court, were established.

VTCs were modeled after both Drug and Mental Health Courts and act as an alternative to the traditional court model for eligible veterans (National Center for State Courts, no date). As an alternative to incarceration, veterans in VTC programs are connected to treatment services, required to attend regular status hearings, routinely drug

tested, and connected to a volunteer veteran mentor for the duration of the program (National Center for State Courts, no date). VTCs have expanded at a rapid rate since their creation in 2008 (Flatley, Clark, Rosenthal, & Blue-Howells, 2017), though, no standard structure for the courts has been established (Cartwright, 2011). In fact, one VTC Judge was described as being allowed to set up his VTC “any way he wanted” (American Bar Association, 2017). Inconsistency in the structure and procedures of VTCs has contributed to several controversies surrounding these specialty courts (Yerramsetti, Simons, Connan & Stolar, 2017). The aim of this thesis is to better understand perceptions surrounding controversial VTC issues from the actors directly involved with these specialty courts. Whereas some past research has addressed the practices and outcomes of VTCs (Erickson Jr., 2016; Johnson et al., 2016; Shannon et al., 2016; Tsai, Finlay, Flatley, Kasprow & Clark, 2017; Tsai, Flatley, Kasprow, Clark & Finley, 2017), to my knowledge, no research has addressed perceptions of controversial VTC issues.

## **CHAPTER TWO: LITERATURE REVIEW**

The first VTC in the United States was created by Judge Robert Russel in 2008. Judge Russel created the Buffalo, New York VTC with a mission to “successfully habilitate veterans by diverting them from the traditional criminal justice system and providing them with the tools they need in order to lead a productive and law-abiding lifestyle” ([www.buffaloveteranscourt.org](http://www.buffaloveteranscourt.org)). Judge Russel created the first VTC by building upon his experiences presiding over both Drug Treatment and Mental Health Courts; consequently, VTCs share many characteristics with these specialty courts (Russel, 2015). There are now over 400 VTCs across the United States (Flatley et al., 2017) and VTCs can be classified as their own separate court, or as veterans docket in a drug court, mental health court, or traditional criminal court (Johnson et al., 2016). Like other specialty courts, research has found that both the structure and function of these specialty courts varies (Baldwin, 2015; Douds et al., 2017; Erickson, 2017; Johnson et al., 2016).

Johnson et al. (2016) conducted a national inventory of VTCs in the United States and found that court procedures and veterans’ eligibility requirements can vary significantly by jurisdiction. Eligibility requirements considered by the courts can include military discharge status (e.g., honorable vs. dishonorable), military-related mental health conditions, combat experience, criminal history, prior participation in specialty courts,

and the relationship between a veteran's criminal charge and military service (American University, 2016; Flatley et al., 2017). The crime committed by the veteran can also be taken into consideration when determining eligibility, with many courts making a distinction between violent and non-violent offenses (Flatley et al., 2017). Further, Douds et al. (2017) conducted a state assessment of VTCs in Pennsylvania and found that even in the same state a standard structure did not exist for the courts. For example, while none of the VTCs assessed in Pennsylvania (N=17) accepted sexual assault charges, four courts accepted murder charges on a case-by-case basis.

Despite a lack of standardization, there are several characteristics that many VTCs in the United States share. VTCs are comprised of an interdisciplinary team that usually includes a VTC judge, a VTC coordinator, a prosecutor, a defense attorney, a representative from the Veterans Affairs (VA) care network (i.e., a Veterans Justice Outreach Specialist), probation officer(s), treatment provider(s), case manager(s) and volunteer veteran mentors (American University, 2016; Johnson et al., 2016). American University (2016) conducted a national survey of 129 VTCs, across 41 states, and found that the Judge and VTC coordinator are the actors that most frequently attend court meetings. Additionally, the survey identified the Veterans Justice Outreach specialist (VJOs) as present at over 85% of court meetings. The VJO is an important actor to consider when thinking about VTCs as they serve as a liaison between the treatment services provided by the Veterans Administration (VA) and the VTC. VTC Judges, coordinators, and VJOs are integral actors responsible for making decisions regarding the suitability of individual veterans for inclusion in this specialty court.

Additionally, VTCs, like Drug and Mental Health Courts, use a non-adversarial model and focus on treatment and recovery (National Institute of Justice, no date). In many cases when a veteran offender is referred to a VTC program, he/she must admit guilt before being admitted into the program and receiving treatment (Cartwright, 2011; Russell, 2015). The Buffalo VTC for example, requires veterans to plead guilty to their charges before being admitted into the program and upon successful completion of the program, the plea can be withdrawn and in some cases the charges will be dropped (Russell, 2015). Following the Drug Court model, VTC participants are also almost always connected with treatment services, required to attend regular status hearings, monitored and routinely drug tested, and administered both incentives and sanctions based on program behavior (National Institute of Justice, no date). Unique to VTCs however, is that participants in the program are also assigned volunteer veteran mentors for the duration of the program (Cartwright, 2011; Johnson et al., 2016; Russel, 2015). In contrast, Drug Treatment and Mental Health Courts rarely, if ever, utilize peer mentors (Lucas, 2017). The duration of the program is on average 14 months for misdemeanor defendants and 18 months for felony defendants (Flatley et al., 2017).

### **Controversial Issues**

Several controversies surround VTCs. One is whether such courts are needed at all. Yerramsetti, Simons, Connan and Stolar (2017) identify arguments that suggest a separate court for veterans is unjust as it provides preferential treatment to veterans, noting that any preferential administration of justice is inherently unjust. Additionally, Borsari, Conrad, Mastroleo and Tolou-Shams (2014) identify criticisms that suggest a



separate court for veterans is unwarranted and offers veterans undue special treatment as problem-solving courts already exist that could accommodate veterans.

Another controversy is whether veterans charged with violent crimes belong in community courts, such as VTCs, or should remain in traditional courts. According to the Bureau of Justice Statistics (2015), of those incarcerated in the United States from 2011-2012, 64% of veterans were sentenced for violent offenses, compared to 48% of non-veterans. The inconsistency of the inclusion of violent offenses in VTC however, has become controversial. For example, Kravetz (2012) argues that until the relationship between combat trauma and violence is studied further, violent offenses such as intimate partner violence (IPV), belong in traditional criminal courts. On the other hand, Cartwright (2011) argues that the exclusion of violent offenses leaves out many veterans whose crimes are most related to their combat experience. Further, McDonough (2016) suggests that the exclusion of violent offenses may be unwarranted after finding little differences between the clinical outcomes (e.g., on depression and risk of violence) of violent and nonviolent defendants in VTCs.

Additionally, for VTCs that do accept violent crimes there is debate surrounding which cases to allow into the VTC. For example, in Judge Lindley's VTC, the Orange County (California) Combat Veterans Court, the VTC team has to make decisions about which violent cases to include. As described in McCloskey (2010):

[Judge] Lindley's team recently debated two prospective violent cases. One involved a vet who had shaken a baby. 'I talked to him in custody for one and half hours,' Andrea Serafin, the VA coordinator, told the team. 'The severity of the

crime is what concerned me, and I wasn't able to make any kind of connection there with his combat experience.'... They did accept the other case, involving a veteran who had been shot in Iraq and was charged with domestic violence for dragging his wife out of the house by her ankles...

Moreover, in addition to the debate surrounding the inclusion of violent offenses generally, there is debate surrounding the inclusion of domestic violence<sup>1</sup> cases specifically. Flatley et al. (2017) found that while 61.9 % of VTCs consider all violent offenses, another 21.8% place specific restrictions on whether or not domestic violence cases are accepted. Of the 21.8% that place restrictions, 17.9% will only consider domestic violence cases, conversely 3.9% will accept violent offenses but prohibit domestic violence cases specifically. Domestic violence cases are especially controversial due to the proximity of the veteran offender and the victim. Concerns have been raised that VTCs may not be able to “successfully interrupt an escalating cycle of violence in the home” (Borsari et al., 2014, p. 195; Hawkins, 2010). Additional arguments against domestic violence inclusion in VTCs surround the concern that by offering IPV offenders an alternative to incarceration, the needs of veteran offenders are placed above those of their victims (Borsari et al., 2014; Holbrook, 2010; Kravetz, 2012).

In addition to criminal charge eligibility, another controversy around VTCs are the diagnostic eligibility. Specifically, there is debate over whether a nexus needs to exist between a veteran's diagnosis, military service, and criminal charge (Yerramsetti et al., 2017). Alcohol use disorder (AUD) and post-traumatic stress disorder (PTSD) are two of

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<sup>1</sup> Domestic violence and intimate partner violence (IPV) will be used synonymously throughout this paper.

the most common diagnoses seen in veterans enrolled in VTC programs (Tsai et al., 2018). The National Institute of Alcohol Abuse and Alcoholism (NIAAA) defines AUD as a “chronic relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using.” The NIAAA also reports that approximately 6.2% adults in the United States had AUD in 2015. However, Fuehrlein and colleagues (2016) report that over 40% of U.S. military veterans have a life-time history of AUD. Tsai and colleagues (2018) also found that over 50% of VTC participants were given a preliminary diagnosis of AUD nationally. Relatedly, a large number of Driving Under the Influence (DUI) cases also appear in VTCs (S. Moreno: Senior DDA, personal communication, September 23, 2016; Tsai et al., 2017). Among persons convicted of drunk driving, past research has found that over 80% of DUI offenders reported lifetime AUD (Lapham et al., 2006).

As of 2007 the President’s Commission on Care for America’s Returning Wounded Warriors reports that over 50,000 service members returning from Iraq and Afghanistan have been seen in Veterans Affairs Hospitals for symptoms of PTSD. Additionally, the U.S. Department of Veterans Affairs National Center for PTSD estimates 30% of Vietnam veterans experience PTSD in their lifetime, and 12% of Gulf War veterans and 11-20% of Operations Iraqi Freedom and Enduring Freedom veterans have PTSD in a given year. The four core symptoms of PTSD include re-experiencing (e.g., flashbacks), avoidance (e.g. avoiding crowds), arousal (e.g., angry outbursts), and negative changes in beliefs and feelings (e.g., negative thoughts about the world) (National Institute of Mental Health (NIMH); U.S. Department of Veterans Affairs

National Center for PTSD). The NIMH also notes that to be considered as meeting the diagnosis for PTSD, the symptoms must be severe enough to interfere with work or relationships and last more than one month.

One way in which PTSD has been linked to affecting relationships among men with military backgrounds is in the form of domestic violence (Hoyt, Wray & Rielage, 2014; Marshall, Panuzio & Taft, 2005). Hoyt, Wray, and Rielage (2014) compared the baseline assessments of court-referred intimate partner violence offenders with and without military backgrounds. Hoyt, Wray and Rielage (2014) found that offenders with military backgrounds and their partners reported greater levels of physical assault than offenders without military backgrounds. Additionally, the authors found that PTSD symptoms were positively associated with Intimate Partner Violence (IPV) perpetration among military members. Marshall, Panuzio and Taft (2005) also found PTSD to be correlate of IPV and report rates of IPV perpetration to be up to three times higher among military veterans than rates found for civilian samples. Thus, although domestic violence is a controversial eligibility criteria in VTCs, it also has a higher prevalence among veterans.

## **CHAPTER THREE: METHODS**

The purpose of the current study is to add to the research on VTCs and to better understand perceptions surrounding controversial VTC issues from the actors involved. VTC Judges, coordinators, and VJOs are involved in deciding which veterans are suitable for inclusion into the specialty court. Thus, understanding their perceptions surrounding what crimes and eligibility qualifications make veterans more or less suitable for the court will improve our understanding of how these courts operate, while also addressing controversial issues. Domestic violence and involuntary manslaughter as the result of driving under the influence were used as the violent crimes examined in the current study. Domestic violence cases specifically have spurred debate and VTCs appear to draw a line surrounding this specific violent crime (Kravetz, 2012; Tsai et al., 2017). Additionally, DUIs are one of the most common offenses seen in VTCs (Tsai et al., 2017), and the severity of the DUI was pushed to involuntary manslaughter in an attempt to examine how far support for the inclusion of violent crimes in VTCs will go.

### **Sampling**

The survey population was determined by compiling a list of Veterans Treatment Courts (VTCs) in the United States. That list was first created by combining VTC data extracted from the National Drug Court Resource Center's database on Drug Treatment Court Programs in the United States (N=313) and American University's (2016) Report

on Operational VTCs as of November 2016 (N=357). Many of the VTCs included in these two lists overlapped and any duplicate courts found were only counted once. Second, the list was then edited using information obtained from the National Center for State Courts, the Justice for Vets website, and a google search of VTCs by state and county. Finally, information obtained from 49 State Coordinators yielded a final list of 436 courts for the survey population. State Coordinator contact information was retrieved from the National Drug Court Resource Center's list of Drug Treatment Court Programs in the United States. Each State Coordinator was contacted and asked to review and edit a list I created of VTCs (including court actor contact information) in their state (see Appendix A). Flatley and colleagues (2017) reported a total of 461 VTCs in their Veterans Court Inventory, however the authors "use[d] a broader criterion<sup>2</sup> (to classify VTCs) than any organization" (Sean Clark, personal communication, December 20, 2017). The final list of VTCs created for the current study (N=436) was generated by building upon data obtained from various organizations (e.g., National Drug Court Resource Center, Justice for Vets), and therefore a VTC's inclusion in this study relied heavily upon the inclusion criteria established by the surveyed organizations.

From each of the 436 courts included in the sample, the unit of analysis was court actors who regularly attend staffings in VTCs. Specifically, Judges, VTC Coordinators, and VJOs were targeted for the survey. In order to obtain contact information, I conducted Google searches for VTCs by state and county, consulted a Veterans Affairs

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<sup>2</sup> Mr. Clark described the broader criterion as "basically, whether the court is making a sustained effort to cluster Veteran defendants together on a treatment court docket" compared to "courts that are officially recognized by their states as meeting their definition of a VTC".

list of VJOs, and communicated with State Coordinators by email or phone. These efforts resulted in email addresses for 342 Coordinators, 333 Judges, and 316 VJOs (total N=991) across the United States, representing 349 VTCs overall (80% of the final list), 43 states, and one U.S. territory (Guam).

### **Participants**

A total of 991 emails were sent. Of these, 186 were deemed ineligible for either being undeliverable (N=169) or sent to individuals not involved with VTCs (N=17); therefore, the final eligible sample included 805 court actors. As of August 2018, responses were received from 315 (39.1%) of the 805 court actors contacted. Of those responses, 31 either did not consent (N=7) or did not complete at least 20% of the survey (N=24). Twenty percent completion was used as the cut-off because at this point, none of the dependent measures were answered. Therefore, the final sample included 284 VTC actors. Of the 284 participants, 31 were VJOs, 114 were VTC Coordinators, 94 were Judges, 24 were other VTC actors (e.g., Prosecutors), and 21 did not report a job title. Responses were received from court actors in 39 of the 43 states surveyed<sup>3</sup> and from Guam. The majority of participants worked for one VTC (82.7%) and nearly half (48.6%) had prior specialty court experience. Additionally, the majority of participants did not have any military (63.4%) or combat (65.1%) experience (see Table 1).

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<sup>3</sup> No responses were received from court actors in Arkansas, Louisiana, Montana, and South Carolina.

**Table 1**  
*Participant information by VTC role*

		Coordinator (N=114)	Judge (N=94)	VJO (N=31)
Gender	$\chi(2) = 22.8^{**}$			
Male		42.6%	73.6%	37.9%
Female		57.4%	26.4%	62.1%
Number of Courts	$\chi(8) = 53.3^{**}$			
1		84.2%	93.6%	48.4%
2		8.8%	0%	12.95
3		1.8%	0%	12.9%
>3		4.4%	3.2%	25.8%
Not currently with a VTC		0.9%	3.2%	0%
Prior experience				
Specialty court experience*	$\chi(2) = 6.30^*$	60.6%	55.6%	34.5%
Military experience	$\chi(2) = 3.65$	31.2%	25.6%	13.8%
Combat experience	$\chi(4) = 53.3$	16.5%	6.7%	3.4%

Notes. Participants who responded “other” for job (N=24) were not included in this analysis. \* $p \leq 0.05$ ; \*\* $p \leq 0.001$

### **Study Design and Materials**

Participants were randomly presented two of four hypothetical cases in a 2 (Crime type: involuntary manslaughter (IM) and intimate partner violence (IPV)) x 2 (Diagnosis: AUD, PTSD) within-subjects’ factorial design. Each participant was assigned one hypothetical case from each crime type condition (i.e., IM/AUD or IM/PTSD and IPV/AUD or IPV/PTSD); however, the presentation order was randomized. Additionally, after each hypothetical case, an alternative scenario was assigned with the diagnosis switched from the one presented in the case (e.g., AUD to PTSD). Therefore, each



participant was presented with each condition in either the initial or the alternative scenario (see Appendix B for hypothetical case and scenario).

### **Hypothetical Case**

Four hypothetical case vignettes were used for this study. Two cases of potential VTC clients were presented, however the diagnosis assigned to the veteran in each case was manipulated to include either PTSD or AUD; thus, four vignettes were created. The first case described Daniel Harris, an Army veteran who was facing time for intimate partner violence. The details of this vignette were developed using two newspaper articles in which victims of domestic violence perpetrated by military veterans shared their experiences (Bannerman, 2010; Lawrence, 2016). The other case described former Marine, Andrew Thomas, who was facing time for involuntary manslaughter, which resulted from a car crash while driving under the influence of alcohol. As with the first vignette this one was also developed using two newspaper articles as the basis. Each newspaper article described a veteran with a criminal history of driving under the influence (DUI) violations seeking treatment in VTC for a new DUI arrest (Dvorak, 2016; Kroeker, 2016). In both hypothetical cases the potential client was a combat veteran who had been honorably discharged from the military. Additionally, an alternative scenario in which the potential client's diagnosis changed was attached to each hypothetical case. For example, if Daniel Harris' case involving intimate partner violence was presented with AUD as the diagnosis, the alternative scenario would read: Now imagine that Daniel Harris suffered from post-traumatic stress disorder (PTSD) instead of alcohol use disorder (AUD) (See Appendix B for alternative scenario).

## Survey Questionnaire

Survey items were designed to assess VTC actors' perceptions of the eligibility of the two hypothetical clients and their perceptions surrounding VTCs issues (e.g., what they believe the eligibility requirements for VTC should be) (see Appendix A for full survey). Survey items addressing the eligibility of the hypothetical clients and perceptions were the same for participants across conditions. Additional questions also addressed the current practices of the VTCs each actor works with. These questions differed slightly based on the number of VTCs each actor works with (see below).

*Eligibility of hypothetical clients.* Four questions addressed participants' perceived eligibility of each hypothetical client. For each of these questions participants were instructed to answer based on their own personal perceptions, regardless of their VTCs current practices. The first question asked participants if they believed that the veteran described should be allowed to participate in VTC instead of having his case tried in a traditional criminal court (yes/no). Participants were also asked in a free response question to describe why they did or did not believe the veteran should be allowed to participate in VTC. A coding scheme was developed for this question (see below). The last two questions asked participants to consider each veteran's case with a different diagnosis (i.e., alternative scenario). The first asked participants if their recommendation would stay the same or change in this alternative scenario. Participants were also asked in a free response question to describe why their recommendation would change or remain the same.

*Perceptions.* Nine questions addressed participants' perceptions of VTC issues, which were held constant across conditions. For each question participants were again instructed to answer based on their own personal perceptions, regardless of their VTCs' current practices. The first question asked participants to select which, if any, categories of violent crimes should be considered for inclusion in VTC. The list included: rape and sexual assault, robbery, simple assault, aggravated assault, murder, and other with a free response option. Participants were also asked to rate their level of agreement with four statements using a 7-point Likert type scale, where higher responses indicated greater agreement (1=Strongly Disagree, 7=Strongly Agree). The first stated "Treatment outcomes for violent and non-violent offenders in VTCs will be similar" and the second stated that "My community would be supportive of violent crimes being included in VTC."

The last two statements addressed eligibility requirements in VTCs. One stated "Combat experience is a necessary eligibility qualification for VTCs." The other that "A nexus should exist between military service and crimes committed by veterans, in order for the crime to be eligible for inclusion in VTC. That is, a clear and direct connection between the military service and the crime should be apparent for VTC eligibility." Additionally, these two statements were each followed by a free response question that asked participants to describe why they agreed or disagreed with the previous statement. Lastly, participants were asked if they believed a separate court is needed for veterans when other specialty courts already exist that could accommodate veterans (yes/no) and why or why not (free response).

*VTC practices.* At the start of the survey, participants were asked to select the number of VTCs they work with from a dropdown list (1 VTC, 2 VTCs, 3 VTCs, more than 3 VTCs). Based on this response, survey items were branched within the Qualtrics system determined by the number of VTCs each actor work with to allow participants to describe the current practices of up to three VTCs. If participants selected “more than 3 VTCs” they were instructed to select and describe the three VTCs they work with that were the least similar to each other. Responses were limited to three courts in order to keep the survey from becoming excessively long and repetitive for participants. Only 19 (6.7%) participants responded that they work with more than three VTCs. Participants were also asked their job title for the VTC by selecting from a provided list: Coordinator, Judge, VJO, or other, with a free response option. Only VTC Coordinators and Judges were asked to describe the current practices of the VTCs that they work with. VJOs primarily act as liaisons for several VTCs and thus it was not appropriate to ask them questions about VTC current practices. Thus, for these analyses, the sample size dropped to 253 participants. Regarding the current practices of the VTCs participants work with, the first question asked participants to describe how the decisions to accept individual veterans are made within their VTC(s). Participants were also asked if their VTC(s) accept persons charged with manslaughter (yes/no), aggravated assault (yes/no), domestic violence (yes/no), rape (yes/no), and robbery (yes/no). Additionally, participants were asked to select the eligibility requirements that their VTC(s) use from a provided list. The list included honorable discharge, combat experience, a nexus between current charge and military service, no prior violent convictions, veteran had to be in prior treatment,

veteran could not be in prior treatment, and other eligibility criteria with a free response option.

### **Demographics Questionnaire**

Several demographic questions were included in the questionnaire, including gender, and military and combat experience. In addition, two questions addressed participants' specialty court experience. First participants were asked when they became a part of their VTC(s) (month and year) and if they had any prior specialty court experience (yes/no). Finally, three questions were about the VTCs that participants work(ed) for themselves. Specifically, participants were asked when the VTC(s) began operation (month/year), and in which state the VTC(s) are located. Participants were also asked to choose a description that best described their VTC(s) from a provided list: 1) a track within a mental health court/docket, 2) a track within a drug court/docket, 3) its own separate court/docket, or 4) other with a free response option.

### **Procedure**

The procedures used to contact participants for this study align with the Dillman, Smyth, and Christian (2009) approach strategies of personalized and repeated contacts. Using the mail merge tool in Microsoft Word, each email sent to potential participants was personalized with individual names and included the names and contact information of those involved with the study. Additionally, potential participants were contacted multiple times in varying forms. Potential participants, from the list created of VTC actors (N=991), were first contacted via email and asked to share their VTC's guidelines and/or mission statements (to be used for future research). In the same email, potential

participants were also informed that they would be receiving an invitation in a few days to participate in a survey of VTC actors (see Appendix C). One week after the initial email was sent to potential participants the survey email was sent with an invitation to participate in the survey and included a link to the Qualtrics survey (see Appendix D). Additionally, two follow-up emails were sent out at two weeks and four weeks after the survey email was initially sent out. After the first follow-up email was sent (2 weeks later), 97 additional participants completed the survey and after the second follow-up email was sent (4 weeks from the initial email), 60 additional participants completed the survey (see Appendix E).

Once potential participants clicked on the link they were first asked to consent to participate in a survey regarding VTC practices. If consent was given, participants were then randomly assigned to read two of the four hypothetical cases. Randomization of case condition membership and presentation order was completed through the Qualtrics system. After reading each hypothetical case participants were also asked to consider an alternative scenario in which the diagnosis not included in the case assigned was presented. Participants then completed the survey and demographic questionnaire. Lastly, participants were thanked for their participation. Participation took on average, 38 minutes ( $SD = 51.68$ ) and compensation was not provided. George Mason University IRB approval was received prior to the administration of the survey.

### **Coding of Open-Ended Responses**

A general inductive approach was used for all qualitative data analysis (Thomas, 2006). Specifically, emergent or “open” coding was used, wherein the categories and

themes constructed were not created a priori. During the initial reading of the data the open-ended questions pertaining to why each hypothetical client should or should not be allowed to participate in a VTC were reviewed separately. For each question every response was read multiple times and I identified several themes for why Harris and Thomas should or should not be allowed to participate in a VTC. In particular 11 themes emerged for why Thomas should be allowed to participate, and 11 themes emerged for why Thomas should not be allowed to participate. Additionally, 8 themes emerged for why Harris should be allowed, and 8 themes also emerged for why Harris should not be allowed to participate. After the initial themes were developed a research assistant reviewed a sub-set of the data and after discussion, a coding frame was developed. The post-discussion coding frame included 9 categories for why Thomas should be allowed to participate and 11 categories for why he should not be allowed to participate. Additionally, the coding frame included 10 categories for why Harris should be allowed to participate and 8 categories for why Harris should not be allowed to participate. Using this coding frame both the research assistant and I coded 20% of the data for interrater reliability. Interrater reliability of 82% or higher was obtained and discrepancies were discussed until a consensus was reached. I then coded the remaining responses using the agreed upon coding frame. Responses could represent several categories, and were coded as such.

After every response was coded however, it became clear that many of the responses for why both Harris and Thomas should and should not be allowed to participate overlapped. I then decided to create one set of codes for why Harris and

Thomas should be allowed to participate and one set of codes for why they should not be allowed to participate, rather than have two sets of codes for each hypothetical client. Ultimately, I decided that it was more beneficial to only have two sets of codes for both hypothetical clients in order to make comparisons between the two clients. For why the hypothetical clients should be allowed to participate in a VTC program seven categories overlapped and the few categories that did not fit within these were re-coded as other. Each category that was re-coded to other occurred infrequently in the data. Examples of these categories include that there was no specific intent (2.8%) and that the wife's injuries were not too serious (3.5%). Additionally, for why the hypothetical client should not be allowed to participate four categories overlapped, three categories that pertained only to Thomas were kept in the final coding scheme, and some were re-coded as other. Examples of categories re-coded to other include that he is a public safety risk (4.8%) and that not enough information was provided (12%). Thus, the final coding frame was eight categories for why each hypothetical client should and eight categories for why each should not be allowed to participate in VTC. Three to eight categories are suggested as a final result of the general inductive coding process (Thomas, 2006).



## CHAPTER FOUR: RESULTS

First, preliminary analyses were conducted to determine if there were significant differences by participant characteristics and by scenario presentation order. Neither the eligibility of hypothetical clients nor participant perceptions (the two main dependent variables) were significantly related to: participant specialty court experience, participant military or combat experience, gender, VTC role (i.e., Judge, Coordinator, or VJO), the type and number of VTCs each actor worked with, or the order in which the scenarios were presented ( $p$ 's  $\geq .14$ ). Therefore, these eight factors are not discussed further.

### **Perceived Eligibility of Hypothetical Clients**

For the first hypothetical client (Harris: Intimate Partner Violence [IPV]) the majority of participants (90.4%) believed that Harris should be allowed to participate in a VTC program, regardless of his mental health diagnosis. A chi-square analysis was conducted with the mental health conditions (AUD and PTSD). Mental health disorder did not significantly impact perceptions of Harris' eligibility for VTC participation,  $\chi(1) = .187, p = .666, \phi = -.026$ . Among those in the AUD conditions, 89.6% stated that Harris should be allowed in a VTC program. Similarly, among those in the PTSD conditions, 91.2% also stated that Harris should be allowed in a VTC program. For the second hypothetical client (Thomas: Involuntary Manslaughter [IM]) there was much less support for VTC participation; overall, only 41.0% of participants believed that Thomas

should be allowed to participate in a VTC program. A chi-square analysis was also conducted on this measure by mental health condition. Results of the chi-square revealed that mental health disorder did not significantly impact perceptions of Thomas' eligibility for VTC participation,  $\chi(1) = .187, p = .641, \phi = .028$ . Among those in the AUD condition 39.6% stated that Thomas should be allowed in a VTC program, compared to 42.3% of participants in the PTSD condition.

While mental health disorder did not appear to be influential, the crime itself (IPV vs IM) clearly affected perceived eligibility. First, a t-Test was conducted between Harris (IPV) and Thomas (IM) when both had AUD. Results of the t-Test revealed that among participants in the AUD conditions, participant perceptions of eligibility for Harris and Thomas were significantly different,  $t(62) = -7.85, p = 0.001$ . Specifically, 90.9% stated that Harris should be allowed to participate in a VTC program, compared to 37.5% who supported Thomas' participation. A second t-Test was conducted when both Harris and Thomas had PTSD. Results revealed that among participants in the PTSD conditions, participant perceptions of eligibility for Harris and Thomas were significantly different,  $t(64) = -7.88, p = 0.001$ . Specifically, 97.0% stated that Harris should be allowed to participate in a VTC program, compared to 47.1% who supported Thomas' participation.

Two open-ended questions also asked participants to explain why they did or did not believe that each hypothetical client should be allowed to participate in a VTC program. Codes for each question were developed separately depending on whether participants did or did not believe that the hypothetical clients should be allowed to participate. Two-hundred and fifty-one participants (88.4%) answered the open-ended

question about Harris' (IPV) participation in VTC, and 254 participants (89.4%) answered the open-ended question about Thomas' (IM) participation. Answers for each question ranged from a few words to a paragraph of text and each response could represent multiple codes (see Table 2 for a breakdown). For those who believed the hypothetical clients should be allowed to participate in a VTC, eight themes emerged, and for those who did not believe that the hypothetical clients should be allowed to participate, another eight themes emerged (See Tables 3 and 4).

**Table 2**  
*Breakdown of responses represented by multiple codes for open-ended responses*

		Only One Code	Two Codes	Three Codes	Four Codes	Five Codes
Yes-Harris Should be Allowed (n=226)	N %	<b>93</b> <b>41.2%</b>	<b>85</b> <b>37.6%</b>	<b>40</b> <b>17.7%</b>	<b>7</b> <b>3.1%</b>	<b>1</b> <b>0.4%</b>
Yes-Thomas Should be Allowed (n=107)	N %	<b>45</b> <b>42.1%</b>	<b>45</b> <b>42.1%</b>	<b>13</b> <b>12.1%</b>	<b>3</b> <b>2.8%</b>	<b>1</b> <b>0.9%</b>
No-Harris Should not be Allowed (n=25)	N %	<b>15</b> <b>60.0%</b>	<b>8</b> <b>32.0%</b>	<b>1</b> <b>4.0%</b>	<b>1</b> <b>4.0%</b>	<b>0</b>
No-Thomas Should not be Allowed (n=147)	N %	<b>60</b> <b>40.8%</b>	<b>64</b> <b>43.5%</b>	<b>20</b> <b>13.6%</b>	<b>3</b> <b>2.1%</b>	<b>0</b>

The most common reasoning among participants who believed the hypothetical clients should be allowed to participate in a VTC program was that the client needs help/treatment (48.2% for Harris and 55.1% for Thomas). For example a participant who believed that Harris should be allowed to participate in a VTC program stated:

Daniel should be given the opportunity to apply for VTC due to the given circumstances that he is dealing with a substance abuse problem and/or a possible mental illness (PTSD, readjustment disorder, etc.). We would request further mental health assessments to determine his needs and a face-to-face interview to review potential risk with his participation. Overall, I strongly believe we would be capable of helping Daniel with his anger and substance use.

In addition to the clients' treatment needs, another theme that emerged from the data in support of the clients' VTC participation was related to the connection between the hypothetical clients' diagnoses and criminal charges. For example, one participant stated that "Most instances of family violence usually stem from a partner dealing with mental health issues and or substance abuse issues." This theme emerged more commonly in response to why Harris should be allowed to participate (24.3%) than for why Thomas should be allowed to participate (8.4%). Relatedly, the theme of a service connection also emerged in support of the clients' VTC participation. This theme also occurred slightly more frequently for Harris (18.6%) than for Thomas (16.8%) and examples include that "His issues are serious and related to his service" (Thomas) and that "It is apparent he is having 'side effects' of his 'battleground' experiences" (Harris).

**Table 3**

Rationales for why Harris and Thomas should be allowed to participate in VTC

	<b>Yes-Harris Should be Allowed (n = 226)</b>		<b>Yes-Thomas Should be Allowed (n = 107)</b>	
Code	Example	%	Example	%
Needs treatment/help/to address issues	To get the help he needs	48.2% N=109	His PTSD has not been addressed. Without treatment his self-medicating will continue	55.1% N=59
Connection between his diagnosis and charge	PTSD is the underlying cause of his behavior and needs to be treated	24.3% N=55	There appears to be a nexus between his PTSD and the charge	8.4% N=9
What VTC is for/designed for veterans	This is precisely the type of a case a VTC should take	23.0% N=52	VTC offers easy access to veteran centered evidence-based treatment, which ultimately helps the veteran AND the community	14.7% N=16
Conditional	Acceptance would, however, depend upon victim consent	20.4% N=46	I think it would be up to the victim's family	37.4% N=40
Service connected	His criminal conduct appears directly related to his military service and the nature of the crime itself	18.6% N=42	His issues are serious and related to his service	16.8% N=18
Mentioned recidivism/outcomes	Successful completion will reduce or eliminate future episodes of violence	17.7% N=40	If this veteran can get treatment, he is less of a danger to himself and the community in the future	15.9% N=17
Meets the criteria/answered based on current practices	Under our program policies, he would qualify	12.8% N=29	He meets the criteria of our state statute	13.1% N=14
Other	No death was involved and it does not appear injuries were serious	19.0% N=43	No intention to kill	16.8% N=18

Notes. Each response could receive multiple codes; therefore, percentages do not add up to 100%.

Interestingly, quite a few participants also stated that their support of the hypothetical clients' participation was conditional. This theme emerged in 20.4% of the responses for Harris' participation and 37.4% of the responses for Thomas' participation. Examples of this conditional support include: "Assuming the injuries to the victim were minimal and, especially, if the victim agrees, I would support this veteran for participation" (Harris) and "My yes is a qualified yes. While it is indisputable that Thomas would greatly benefit from participation in VTC the position of the county attorney and victim's family would weigh heavily" (Thomas). As indicated in this quote, concerns of victim support were also present in response to why the clients should not be allowed to participate in VTC (see below).

In response to why the clients should be allowed to participate in VTC the theme of recidivism also emerged in response to both Harris' (17.7%) and Thomas' (15.9%) participation. For example, one participant wrote:

Without the proper rehabilitation, Andrew will just continue the cycle of alcohol abuse, and may even get worse. Sentencing this individual might give the victim's family reparation but what about when this Vet gets out of prison? The cycle will continue and it could result in more lives lost.

Additionally, related to rehabilitation and correcting behavior, participants also stated that VTCs are precisely the type of place to where Harris' (23.0%) and Thomas' (14.7%) issues should be addressed. In Thomas' case for example, one participant stated that "VTC stands the best chance of resolving or containing the issues at root of the DUI

behavior. Traditional court lacks the intensive coordination needed to correct (not just punish) this tragic, dangerous pattern.”

Among those who did not believe the hypothetical clients should be allowed to participate, the most common reasoning was that the nature of the crime committed was too severe (44.0% for Harris and 75.5% for Thomas). In response to why Thomas should not be allowed to participate, for example, participants stated, “Thomas killed someone” and “Because of the death of the other person.” Another fairly common theme that emerged in both hypothetical cases was related to the clients’ qualifications for VTC (28% for Harris and 15.0% for Thomas). Examples of this type of response include “I believe Harris should not be allowed to participate in VTC because he does not have a service-related disorder such as PTSD” and “He should not because he already had a DUI on his record post military release.” Additionally, 16% of responses in Harris case and 11.6% of responses in Thomas case included stipulations under which their decision would be different. An example of one of these stipulations is included in the following example: “Typically such acts of violence would disqualify. However: 1. If issues are service related and 2. Spouse consents would allow.” With this example we again see VTC actor consideration of the victim in the veteran’s case.

**Table 4**

Rationales for why Harris and Thomas should not be allowed to participate in VTC

	<b>No-Harris Should not be Allowed (n = 25)</b>		<b>No-Thomas Should not be Allowed (n = 147)</b>	
Code	Example	%	Example	%
Crime is too serious/violent	Charged with a violent crime	44.0% N=11	His actions caused the life of another person	75.5% N=111
Related to his qualifications for VTC (e.g., diagnosis, criminal history)	The nexus between the crime and the military service is unclear	28.0% N=7	Thomas should not be allowed to participate in VTC- because of previous DUI status	15.0% N=22
No, unless under certain circumstances	If his treatment needs were significantly high, there is potential for the risk level requirement to be overridden	16.0% N=4	However, if the victim approved vets court, I would agree to it	11.6% N=17
Answered based on current practices/laws	In Buncombe County we do not allow DV (per our policy).	8.0% N=2	This case is not eligible under the criteria for the VTC I work in	30.6% N=45
Needs to be held responsible/must be consequences	N/A	N=0	Military service does not automatically excuse you from being held responsible for your actions	8.8% N=13
Concerns about public support/victim family support	N/A	N=0	I believe that community support of VTC could be jeopardized	6.8% N=10
He still needs treatment/recognizes he has an issue	N/A	N=0	I do believe that he should be able to access tx services to address his needs	14.3% N=21
Other	There is not enough information to provide a professional opinion	16.0% N=4	He should have sought treatment for his alcohol issue after the first encounter	12.9% N=19

Notes. Each response could receive multiple codes; therefore, percentages do not add up to 100%.



While those themes emerged in response to why each hypothetical client should not be allowed to participate, three themes emerged in response to only Thomas' case. The first theme that occurred only for Thomas had to do with responsibility and consequences and occurred in 8.8% of responses. For example, one participant stated:

He has had a prior DUI. He was aware of the consequences he could face by getting behind the wheel under the influence and he chose to do so on more than one occasion. He clearly did not gain anything from the first experience and now he has taken another individual's life. Being a veteran/combat veteran does not mean that he should not be held accountable for his actions.

Additionally, 6.8% of responses as to why Thomas should not be allowed to participate in VTC raised concerns about public support for VTCs and/or victim family support. An example that encompasses both public and victim family support is included below:

I do not know of any court program, which allows cases which have resulted in death. The opinions of victims are considered in many cases. The courts must be careful regarding public perception of the program as even one controversial case could compromise the entire program, thus hurting multiple Vets.”

The third theme that emerged in Thomas' case alone occurred in 14.3% of responses where participants felt that Thomas should not be allowed to participate in a VTC program but also recognized that he still has a treatment need. For example, one participant stated that “While I think that Thomas needs to receive help and support for his AUD, it's difficult to bring a case into a treatment court when a person has died.”

Only one theme emerged in response to both why the clients should and should not be allowed to participate in VTC. In both situations participants responded based on their VTC's current practices. For example, in response to why the client should be allowed to participate one participant simply stated that "This scenario would meet the criteria of our Veteran's Problem-Solving Court for eligibility." This type of response occurred in 12.8% of responses for Harris and 13.1% of responses for Thomas. Conversely, in response to why the client should not be allowed to participate another participant stated that "Violent criminal behavior is against our Veteran's Court Policy." This occurred much more frequently in response to Thomas' case (30.6%) than in response to Harris' case (8.0%).

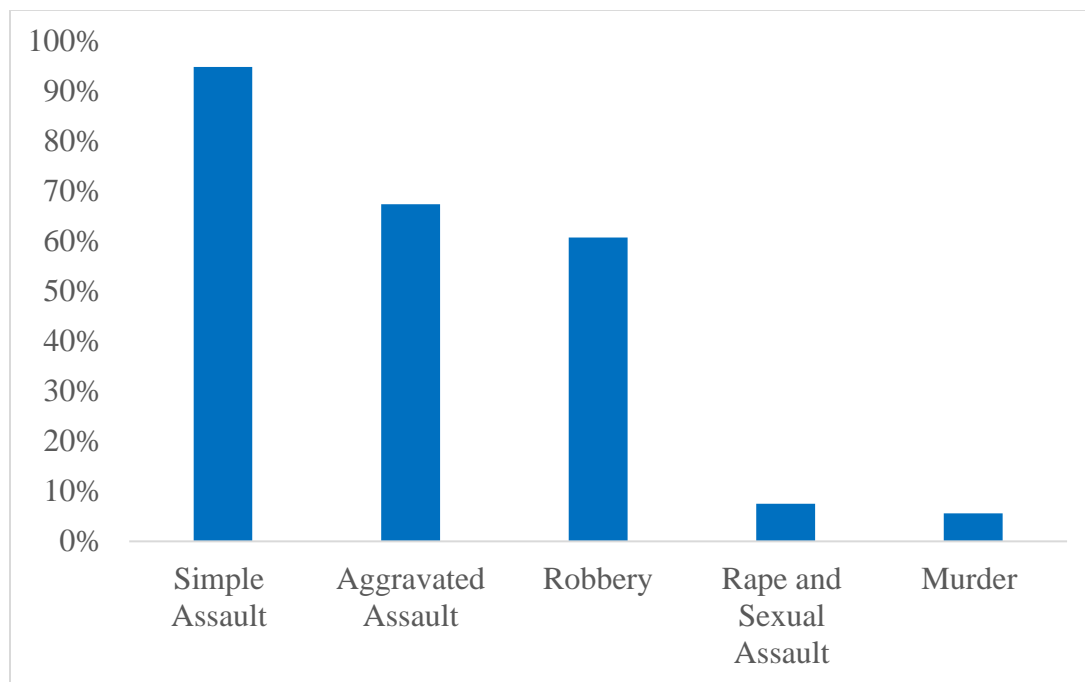
Finally, when asked if their eligibility decisions for each hypothetical client would stay the same or change if the client's diagnosis was switched from AUD to PTSD or vice versa, the vast majority of participants stated that their decision would stay the same. Past research has shown a link between driving under the influence (DUI) violations and AUD (Lapham et al., 2001) and between intimate partner violence (IPV) perpetration and PTSD (Hoyt, Wray & Rielage, 2014; Marshall, Panuzio & Taft, 2005). In Harris' case however, 94.5% stated that their decision would stay the same. Of the minority who changed their decision (N=15) in Harris' case, participants (N=8) who changed their decision from Harris being allowed to participate to Harris not being allowed to participate, originally read that Harris was diagnosed with PTSD. Conversely, five of the six participants who changed their decision from a no to a yes for Harris's participation, originally read that Harris was diagnosed with AUD. The most common reasoning for

the decision change (60.0%) was related to the connection between Harris' criminal charge and either his military service and/or mental health diagnosis. For example, one participant stated "A nexus between the crime and service is more likely." Additionally, in Thomas' case, 93.4% claimed that their decision would remain the same. Of those who changed their decision (N=18) in Thomas' case, eight of the nine participants who changed their decision from a no to a yes for Thomas's participation, originally read that Thomas was diagnosed with AUD. Additionally, six of the nine participants who changed their decision from a yes to a no, originally read that Thomas was diagnosed with PTSD. As in Harris' case the theme of a connection between the veteran's charge and military service/and or mental health diagnosis emerged as the most common reasoning for the decision change (47.1%). As a reminder, these scenarios were counterbalanced, and thus the presentation order of diagnosis cannot explain these results.

### **Perceptions of VTCs**

Participants also provided their perceptions of various issues related to VTCs (regardless of their VTCs current practices). For the first measure participants were asked to select which categories of violent crimes (if any) they believed should be included in VTCs. Simple assault received the most support from participants, with 94.8% (N=253) selecting this category for inclusion in VTCs. Aggravated assault (N=180) and robbery (N=162) received the next greatest support for inclusion from 67.4% and 60.7% of participants respectively. For rape and sexual assault 7.5% of participants (N=20) believed this category of violent crime should be included in VTCs. Similarly, for murder 5.6% of participants (N=15) selected this category for inclusion in VTCs (see Figure 1).

Participants were also asked to rate their level of agreement with various statements. For the statements that “my community would be supportive of violent crimes being included in VTCs”, “combat experience is a necessary eligibility qualification”, and “a nexus should exist between military service and crimes committed by veterans”, participants were more likely to disagree with these statements than to agree with them (see Table 5). Additionally, on average, participants neither agreed nor disagreed with the statement, “treatment outcomes for violent and non-violent offenders in VTCs will be similar.” Finally, the majority of participants 93.1% (N=244) stated that they believed a separate court is needed for veterans.



**Figure 1**  
*Perceptions of violent crimes inclusion*

**Table 5**  
*Perceptions*

Statement	M	SD
Treatment outcomes for violent offenders in VTCs will be similar	4.21	1.65
My community would be supportive of violent crimes being included in VTCs	3.75	1.66
Combat experience in a necessary eligibility qualification	1.88	1.47
A nexus should exist between military service and crimes committed by the veteran	3.03	1.99

### **Actual VTC Practices**

The majority of participants worked with only one VTC at the time of the survey (82.7%), therefore this analysis will only focus on the first VTC described by each participant. For violent crimes accepted in VTCs the majority of the VTCs described by participants allowed domestic violence cases (82.3%), while only 3.4% of the VTCs described accepted rape cases. Additionally, an honorable discharge (29%) and the requirement of a nexus between a criminal charge and military service (30%) were the most frequently reported eligibility requirements (see Table 6).

A chi-square analysis was conducted to examine the relationship between perceptions of Harris being allowed to participate in a VTC and whether or not a participant's VTC actually accepts domestic violence charges. Results of the chi-square were significant,  $\chi(1) = 15.62$ ,  $p = .001$ ,  $\phi = .273$ . Specifically, among those who stated they worked with a VTC that accepts domestic violence charges, 94.8% believed Harris should be allowed to participate in a VTC program, compared to 74.3%, who believed

that Harris should be allowed to participate and worked with a VTC that does not accept domestic violence charges. Additionally, a chi-square analysis was conducted to examine the relationship between perceptions of Thomas being allowed to participate in a VTC and whether or not a participant's VTC accepts involuntary manslaughter charges. Results of the chi-square were significant,  $\chi(1) = 29.73$ ,  $p = .001$ ,  $\phi = .386$ . Among those who stated that they work with a VTC that does not accept involuntary manslaughter charges, 68.6% believed that Thomas should not be allowed to participate in a VTC, compared to 22.7% who worked with a VTC that does accept involuntary manslaughter charges and believed Thomas should not be allowed to participate.

**Table 6**  
*VTC 1 current practices*

	N	%
<b>Violent Crimes Accepted by VTC</b>		
Manslaughter	18	10.1%
Involuntary manslaughter	40	22%
Aggravated assault	109	58%
Domestic violence	158	82.3%
Rape	6	3.4%
Robbery	98	41%
<b>Eligibility Requirements</b>		
Honorable discharge	58	29%
Combat experience	16	8%
Nexus between charge and military service	60	30%
No prior violent convictions	30	15%
Veteran had to be in prior treatment	1	0.5%
Veteran could not be in prior treatment	6	1.4%

## **CHAPTER FIVE: DISCUSSION**

VTCs offer eligible justice involved veterans an alternative to incarceration. In some cases, upon successful completion of the program, VTC participants are even able to have their charges dropped (Russell, 2015). Because these diversion opportunities are not afforded to every justice-involved individual however, and because there are no standard eligibility requirements across the courts, several controversies have emerged surrounding VTCs. The aim of this thesis was to examine VTC actors' perceptions of two of these controversial issues: [violent crime inclusion and client diagnostic eligibility requirements]. Judges, coordinators, and VJOs were presented with two hypothetical clients and asked their perceptions of each clients' suitability for participation in a VTC program. VTC actors were also asked their perceptions of VTC issues and asked to describe current practices of the VTCs they work with. In brief, I found that whereas mental health diagnosis did not have an impact on perceptions of client eligibility, violent criminal charge did.

### **Violent Crime Inclusion in VTCs**

The inclusion of violent crimes in VTCs is one of the most controversial issues related to these specialty courts. Domestic violence perpetration has been reported to be significantly higher among military veterans than the rates found for non-military populations, making it a topic of interest for courts specifically designed for veterans

(Marshall et al., 2005). Some argue that violent crimes, and domestic violence cases specifically, belong in traditional criminal courts (Kravetz, 2012), whereas others argue this excludes many veterans whose crimes are most related to their combat experience (Cartwright, 2011). The inclusion of domestic violence cases specifically, has raised concerns about placing a veteran offender's rights above that of his/her victim's (Borsari et al., 2014, p. 195; Hawkins, 2010). Additionally, because of the nature of domestic violence perpetration, concerns about VTCs ability to interrupt a cycle of violence in the home has also been raised (Holbrook, 2010; Kravetz, 2012).

Interestingly, I found that among the VTC actors surveyed, there was a general consensus surrounding Intimate Partner Violence (IPV) cases. The majority of participants (90.4%) believed that the hypothetical client with an IPV charge, should be allowed to participate in VTC. Most participants also indicated that they currently work with a VTC that accepts IPV cases (82.3%). While there does seem to be a consensus surrounding IPV inclusion, it is not without its stipulations. VTC participants are afforded the opportunity to receive treatment and, in many cases, avoid incarceration. One concern raised by VTC actors was that in violent criminal cases the needs of a veteran offender must be weighed against that of the victim. Approximately one-fifth of participants who supported Harris' participation in a VTC program noted that their support was conditional (e.g., the victim must consent). This conditional support, based on the victim's consent, corresponds with recommendations for specialty courts to consider victim consent as eligibility criteria (Holbrook & Anderson, 2011).



The support observed for the IPV case (Harris) being included in a VTC program was not observed with the IM case (Thomas), however. Most participants stated that they did not work with a VTC that accepts IM cases and fewer than half of participants believed that Thomas should be allowed to participate in a VTC program. The most common reasoning behind this decision being that the crime (IM) was too severe (e.g., the victim died). VTC actors made it fairly clear that crimes involving death do not belong in VTCs. This was reaffirmed when participants were asked to select which violent crimes they believed should be included in VTCs; less than 10% thought murder cases should be accepted in VTCs.

The judges, coordinators, and VJOs surveyed were also fairly clear about the inclusion of other violent crimes in VTCs. The inclusion of sex crimes was not supported by participants, nor were these crimes currently accepted in the VTCs they work with. Additionally, the majority of participants selected that simple assault (94.8%), aggravated assault (67.4%) and robbery (60.7%) should be considered for inclusion in VTCs. While there may be outside debate surrounding the inclusion of violent crimes in VTCs, based on these findings VTC actors seem to be in agreement about which categories of violent crimes should and should not be included in VTCs. Participants overall, however, were more likely to disagree with the statement that their community would be supportive of violent crimes being included in VTCs than to agree with it. This is an interesting finding, given that before VTCs are established in a community, it is suggested that the developers consider public opinion concerning how the courts will operate (Justice for Vets, n.d.; Points of Light, n.d.). Concerns of public support, while not one of the most

common reasons given for Thomas' case not being included in a VTC, was a concern raised by VTC actors.

### **Eligibility Requirements**

The eligibility requirement of a nexus between a veteran's military service, mental health diagnosis, and criminal charge has sparked some debate (Yerramsetti et al., 2017). The eligibility requirement of a nexus between a veteran's mental health diagnosis and criminal charge varies by jurisdiction however, and debate surrounds the necessity of requiring a nexus at all (Yerramsetti et al., 2017). Past studies have found a link between PTSD and IPV perpetration (Hoyt, Wray & Rielage, 2014; Marshall, Panuzio & Taft, 2005) and between AUD and driving under the influence offenses (Lapham et al., 2001). When client mental health diagnosis was manipulated in the current study however, it did not impact perceptions of VTC eligibility. Participants who read that Daniel Harris, charged with IPV, was diagnosed with AUD were just as likely to believe that he should be allowed to participate in a VTC as those who read that Harris was diagnosed with PTSD, a diagnosis which is commonly associated with veterans. Additionally, when participants were asked if their decision would remain the same or change if the client's mental health diagnosis was switched from AUD to PTSD and vice versa, most stated that their decision would remain the same.

When participants were asked their perceptions of this issue outright, the VTC court actors surveyed were more likely to disagree that a nexus is a necessary eligibility requirement than to agree with it. One thing to note, however, is that almost a quarter of those who believed Harris should be allowed to participate in VTC mentioned a

connection between his mental health diagnosis and current criminal charge.

Additionally, of those who did state their decision would change in Harris' and Thomas' case, the most common reasoning was related to the connection between the veteran's criminal charge and military service and/or mental health diagnosis. This may indicate that while most VTC actors do not believe a nexus is a necessary eligibility requirement for inclusion in a VTC program, the connection between a veteran's criminal charge and diagnosis may still be taken into consideration.

### **A Separate Court for Veterans**

Another notable issue surrounding VTCs is the argument that VTCs offer unfair preferential treatment to veterans (Yerramsetti et al., 2017). One of main reasonings behind this argument being that other specialty courts already exist that could accommodate veterans (Borsari, et al., 2014). When this question was posed to the VTC actors surveyed, an overwhelming majority stated that a separate court is needed for veterans even though other courts exist that could accommodate veterans. Many reasoned that VTCs are needed because they offer veterans, who are a unique population, a sense of comradery and structure that is not found in other specialty courts. These finding should be interpreted with some caution, given that the actors who were asked to rate the necessity of VTCs work directly with the courts. More research is needed on this issue; however, these findings do provide some insight into the value VTC actors see in these specialty courts.

### **Implications for Future Research**

The research questions asked in this thesis, which were largely descriptive, have led to more questions raised for future research. One surprising and almost counterintuitive finding from the current study is that the majority of VTC actors surveyed did not believe that a nexus needs to exist between military service, mental health diagnoses, and criminal charges in order for veterans to be eligible for VTC. This is a surprising finding given that in both Drug and Mental Health Courts offender eligibility is typically limited to those who have a connection between their diagnosis (drug addiction or mental health) and offense (Jones, 2013). This finding raises the question of whether it is veteran status alone that is the driving force behind eligibility for VTCs. Future research should explore the similarities and differences in eligibility requirements across specialty courts and delve deeper into the possibility of veteran status alone as the main predictor for eligibility. Additionally, if VTCs are designed to rehabilitate veterans and to ultimately reduce future recidivism, will participants whose crimes are not related to their mental health diagnoses benefit from the program? Future research should examine if differences exist in the outcomes of VTC participants whose crimes are related to their diagnoses and those whose crimes are not.

Another finding that led to more questions was that participants raised concerns of both public support and victim consent when making eligibility decision. Little is known however, about what extent these perspectives play into eligibility decisions. More research is needed to examine how victim consent and concerns of public safety impact decisions. A particular focus should also be placed on whether or not victim consent and

concerns of public support lead to disparate opportunities for similarly situated defendants.

### **Implications for Policy**

In addition to raising research questions, the present results also have implications for policy and VTC practice. Specialty courts, by design, are focused on a special class of individuals and because opportunities are afforded to individuals in specialty courts that are not afforded to every defendant in the criminal justice system, one of the most relevant issues for specialty courts becomes who is entitled to treatment (Casey, 2004). If specialty courts did not set standards for who is entitled to treatment, they would arguably lose legitimacy by affording special opportunities to those who do not fit within the special class of individuals they were designed to serve. Yet clear guidelines do not exist for these specialty courts. Veterans Treatment Courts, like other specialty courts, do not have a standard structure (Lurigio & Snowden, 2009). Without a standard structure the eligibility requirements vary considerably by jurisdiction and consequently a veteran who would be eligible for participation in one jurisdiction may not be in another. This begs the question of whether or not the current system provides a fair administration of justice? A standard set of eligibility requirements for VTCs would arguably make this system more equitable and legitimate if determinations of who is entitled to treatment did not vary by jurisdiction. Findings from the current study provide some insight into what those who work most closely with VTCs perceive those necessary eligibility requirements to be.

One finding from the current study that has raised concerns for policy related to standard eligibility requirements, however, is that some of the VTC actors surveyed noted taking public support into consideration when making case decisions. Additionally, it is suggested that, before VTCs are established in a community, the developers consider public opinion concerning how the courts will operate (Justice for Vets, n.d.; Points of Light, n.d.). The consideration of public support is a complex issue, however. On the one hand, VTCs are community courts and arguably the opinions of that community should be taken into consideration as veteran offenders enrolled in the program will be in the community rather than incarcerated. On the other hand, a potential problem with taking public support into consideration when making eligibility decisions, is the potential to unequally consider clients across communities. A standard set of eligibility requirements for the courts, however, could alleviate some of these issues. As these relatively young specialty courts continue to expand, the data collected here can provide valuable insight into future directions for these courts, their policies, and the veterans they serve.

### **Limitations**

Despite the important information gained, this study had several limitations. One limitation was that the co-occurrence of PTSD and AUD were not taken into account. The mental health diagnoses presented to participants (PTSD and AUD) can and do co-occur in military populations and by separating the two out into two mutually exclusive conditions, I may not have captured the full relationship between VTC eligibility and mental health diagnoses. A second limitation is that while the study uses a within subjects design the differences in the vignettes, namely the presence of a prior DUI charge in

Thomas' case, may explain some of the differences observed. Some participants noted Thomas' criminal history as an aggravating factor in their reasoning for not allowing his participation in VTC. Third, by focusing on judges, coordinators, and VJOs for the current study, I was only able to assess how some members, albeit key ones, of a VTC team perceive certain VTC issues. Finally, the current study had a response rate of 39.1% from those contacted for participation, which limits my ability to generalize to the population of VTC actors. A meta-analysis of online surveys however, revealed a 40% response rate, therefore the response rate obtained for the current study was about average for a web-based study (Cook, Heath, & Thompson, 2000).

## **CHAPTER SIX: CONCLUSION**

Since their implementation in 2008 several controversies have arisen surrounding VTCs. While there has been some outside debate surrounding these issues, to the authors' knowledge, no research has addressed how the actors who are involved with the courts actually view these issues. The finding of this study suggest that a general consensus exists across the judges, coordinators, and VJOs who work with these courts. In regard to the inclusion of violent crimes, the court actors surveyed generally supported the inclusion of intimate partner violence, simple assault, aggravated assault, and robbery cases in VTCs. Support for violent crime inclusion in VTCs however, was not found for sex crimes and those resulting in death. Additionally, the requirements of a nexus between a veteran's current criminal charge and mental health diagnosis and combat experience do not seem to be supported by VTC actors. This study was a first step toward addressing some of the controversial issues surrounding VTCs and provides insight into how those who work most closely with the courts perceive these issues.



**APPENDIX A- STATE COORDINATOR EMAIL**

Dear \_\_\_\_\_,

My name is Samantha Luna and I am a doctoral student at George Mason University in the Dept. of Criminology, Law and Society. My advisor, Dr. Allison Redlich, is cc'd here. My thesis will be on Veterans Treatment Courts (VTCs), and I very much would like to survey the coordinators and Judges from all known VTCs.

I am writing to see if you would be willing to send me information, so I can complete my thesis project. I would be very appreciative as I am finding it quite difficult to obtain contact information for the courts. I need the following:

1. A list of the Veterans Treatment Courts in \_\_\_\_\_,
2. Contact information for the court coordinator for each VTC in \_\_,
3. Contact information for the Judge for each VTC in \_\_

Below is the information I have been able to obtain on my own: If any of the information that I have is incorrect, please provide updated information. I've pasted below and attached a document.

Court	Coordinator	Judge

Thank you very much for your time and consideration. Please let me know if you have any questions. I look forward to hearing from you.

Sincerely,  
Samantha Luna

## APPENDIX B- SURVEY

1. How many Veterans Treatment Courts (VTCs) do you work with?

\_\_\_\_ 1

\_\_\_\_ 2

\_\_\_\_ 3

\_\_\_\_ More than 3

2. If more than 3. Please select the exact number of VTCs you work with.

Participants can select 1-20 from a dropdown list.

**You will now read a series of descriptions of potential Veterans Treatment Court (VTC) clients and be asked to determine if you think these Veterans should be allowed to participate in the VTC under a variety of circumstances. Please answer regardless of your Veterans Treatment Court's current practices but rather based on your personal beliefs.**

### **Hypothetical Case #1:**

Daniel Harris is a veteran of battlegrounds in Iraq and Afghanistan and was honorably discharged from the Army in 2016. Harris was diagnosed with **Condition A: alcohol use disorder (AUD)** **Condition B: post-traumatic stress disorder (PTSD)** after his release from the military. Now at 31 years old he is facing jail time for **intimate partner violence** against his spouse. Since his return from active duty Harris' wife reports that there have been incidents of anger that have made her fearful in which Harris punched walls and kicked doors. According to his wife the incidence in which Harris is being charged is the first incidence of physical abuse against her. During this incidence she reports that Harris choked her in their home.

3. Do you think Harris should be allowed to participate in VTC instead of having his case appear in a traditional criminal court?

\_\_\_\_ Yes

\_\_\_\_ No

4. Why do you believe that Harris should or should not be allowed to participate in VTC?

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**Alternative Scenario:**

5. Now imagine that Daniel Harris suffered from **Condition A: post-traumatic stress disorder (PTSD) instead of alcohol use disorder (AUD)** **Condition B: alcohol use disorder (AUD) instead of post-traumatic stress disorder (PTSD)**. Would your recommendation for Veterans Treatment Court participation remain the same or change?

Same

Change

6. Why would your recommendation change or stay the same?

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**Hypothetical Case #2:**

Andrew Thomas was honorably discharged from the Marines in 2016 and is a combat veteran. Thomas was diagnosed with **Condition C: post-traumatic stress disorder (PTSD)** **Condition D: alcohol use disorder (AUD)** after his discharge from active duty. Thomas, who already had a Driving Under the Influence violation on his record since his release from active duty, is now in custody for **involuntary manslaughter**. While driving under the influence with a blood alcohol concentration (BAC) of 0.15, Thomas ran a red light and crashed into another car. The driver of the other vehicle died as a result of injuries sustained from the crash.

7. Do you think Thomas should be allowed to participate in VTC instead of having his case appear in a traditional criminal court?

\_\_\_ Yes                      \_\_\_ No

8. Why do you believe that Thomas should or should not be allowed to participate in VTC?

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**Alternative Scenario:**

9. Now imagine that Andrew Thomas suffered from **Condition C: alcohol use disorder (AUD) instead of post-traumatic stress disorder (PTSD)** **Condition D: post-traumatic stress disorder (PTSD) instead of alcohol use disorder (AUD)**. Would your recommendation for Veterans Treatment Court participation remain the same or change?

Same

Change

10. Why would your recommendation change or stay the same?

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**The next set of questions are about your perceptions. Please continue to answer the questions regardless of your Veterans Treatment Court's current practices but rather based on your personal beliefs.**

11. Which categories of violent crimes, if any, do you believe should be considered for INCLUSION in VTCs? Check all that you think should be eligible for VTCs.

\_\_\_ rape and sexual assault

\_\_\_ robbery

- \_\_\_ simple assault
- \_\_\_ aggravated assault
- \_\_\_ murder
- \_\_\_ other; please specify: \_\_\_\_\_

**Please rate you level of agreement with the following general statements using a scale from strongly agree to strongly disagree:**

12. Treatment outcomes for violent and non-violent offenders in VTCs will be similar.

1	2	3	4	5	6	7
Strongly			Neither Agree			Strongly
Disagree			nor Disagree			Agree

13. My community would be supportive of violent crimes being included in VTC.

1	2	3	4	5	6	7
Strongly			Neither Agree			Strongly
Disagree			nor Disagree			Agree

14. Combat experience is a necessary eligibility qualification for VTCs.

1	2	3	4	5	6	7
Strongly			Neither Agree			Strongly
Disagree			nor Disagree			Agree

15. Please explain why you agree or disagree, or neither agree nor disagree, that combat experience is a necessary eligibility qualification.

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16. A nexus should exist between military service and crimes committed by veterans, in order for the crime to be eligible for inclusion in VTC. That is, a clear and direct connection between the military service and the crime should be apparent for VTC eligibility.

1	2	3	4	5	6	7
Strongly			Neither Agree			Strongly
Disagree			nor Disagree			Agree

17. Please explain why you agree or disagree, or neither agree nor disagree with the previous statement.

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18. Do you believe a separate court is needed for veterans when other specialty courts already exist that could accommodate veterans?

Yes                       No

19. Please explain why you do or do not believe that a separate court is needed for veterans.

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20. What is your job title for the Veterans Treatment Court?

\_\_\_ Coordinator

\_\_\_ Judge

\_\_\_ Veterans Justice Outreach Specialist (VJO)

\_\_\_ other: please specify \_\_\_\_\_

**Please answer the remaining questions based on your own VTC's current practices.**

If participants work for more than one VTC they will be asked to answer questions 21-23 for each VTC they work with (up to three VTCs). If participants work with more than three VTCs they will be instructed:

**Earlier you indicated that you work with more than three VTCs. Next are some questions about the current practices of the VTCs you work with. For these questions, to the extent possible, please select and describe three VTCs you work with that are the LEAST similar to each other (for example, three VTCs that have different policies and/or eligibility criteria). Please use the same three VTCs for each question.**

21. Please briefly describe how the decisions to accept individual veterans' cases are made in your VTC.

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22. Does your VTC accept persons charged with violent crimes, such as manslaughter, aggravated assault, domestic violence, rape, or robbery?

Manslaughter: yes/no

Involuntary manslaughter: yes/no

Aggravated assault: yes/no

Domestic violence: yes/no

Rape: yes/no

Robbery: yes/no

23. Which of the following eligibility requirements does your VTC require? Check all that apply.

honorable discharge

combat experience

nexus between current charge and military service

no prior violent convictions

veteran had to be in prior treatment

veteran could not be in prior treatment

other eligibility criteria (if so please describe)

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## APPENDIX C- INITIAL EMAIL



*College of Humanities and Social Sciences*

*Department of Criminology, Law & Society*  
4400 University Drive 4F4 Fairfax, Virginia 22030  
Phone: 703-993-8183 Fax: 703-993-8316

Dear \_\_\_\_\_,

My name is Samantha Luna and I am a doctoral student at George Mason University in the Dept. of Criminology, Law and Society, working with Dr. Allison Redlich. I am writing to see if you would be willing to share a copy of your Veterans Treatment Court's guidelines and/or mission statement with me. This information would be greatly appreciated as I would very much like to learn more about how each Veterans Treatment Court operates.

I am also writing to see if you would be willing to participate in a brief online survey of Veterans Treatment Court actors that I will be sending in a few days. The survey is confidential and is expected to take about 10-15 minutes.

Thank you very much for your time and consideration. If you have any questions, please feel free to respond to this email.

Sincerely,

Samantha Luna  
[sluna2@gmu.edu](mailto:sluna2@gmu.edu)  
IRBNet number: 1201679-1

Allison D. Redlich, Ph.D.  
Professor  
[aredlich@gmu.edu](mailto:aredlich@gmu.edu)

## APPENDIX D- SURVEY EMAIL



*College of Humanities and Social Sciences*

*Department of Criminology, Law & Society*  
4400 University Drive 4F4 Fairfax, Virginia  
22030  
Phone: 703-993-8183 Fax: 703-993-8316

Dear Judge \_\_\_\_\_,

My name is Samantha Luna and I am a doctoral student at George Mason University in the Dept. of Criminology, Law and Society, working with Dr. Allison Redlich. I had contacted you a few days ago to let you know about a brief online survey I am conducting on Veterans Treatment Courts. I would very much appreciate your participation in this confidential survey, which is my thesis project.

The survey is expected to take about 10-15 minutes. If you agree to participate, you will read two brief descriptions of potential Veterans Treatment Court (VTC) clients and answer questions about your perceptions of issues related to VTCs.

To find out more about the survey and participate, please click on this link:  
[https://gmuchss.qualtrics.com/jfe/form/SV\\_8j0nayzYSajtsrz](https://gmuchss.qualtrics.com/jfe/form/SV_8j0nayzYSajtsrz)

Thank you very much for your time and consideration. If you have any questions, please feel free to respond to this email.

Sincerely,

Samantha Luna  
[sluna2@gmu.edu](mailto:sluna2@gmu.edu)  
IRBNet number: 1201679-1

Allison D. Redlich, Ph.D.  
Professor  
[aredlich@gmu.edu](mailto:aredlich@gmu.edu)

## APPENDIX E- FOLLOW-UP EMAIL



*College of Humanities and Social Sciences*

*Department of Criminology, Law & Society*  
4400 University Drive 4F4 Fairfax, Virginia 22030  
Phone: 703-993-8183 Fax: 703-993-8316

Dear \_\_\_\_\_,

*I contacted you a couple weeks ago about a survey on VTCs for my thesis project. I would really appreciate your help. If you have already completed the survey, please disregard this email and thank you for participating.*

My name is Samantha Luna and I am a doctoral student at George Mason University in the Dept. of Criminology, Law and Society, working with Dr. Allison Redlich. I would very much appreciate your participation in this confidential survey, which is my thesis project.

The survey is expected to take about 10-15 minutes. If you agree to participate, you will read two brief descriptions of potential Veterans Treatment Court (VTC) clients and answer questions about your perceptions of issues related to VTCs.

To find out more about the survey and participate, please click on this link:  
[https://gmuchss.qualtrics.com/jfe/form/SV\\_8j0nayzYSajtsrz](https://gmuchss.qualtrics.com/jfe/form/SV_8j0nayzYSajtsrz)

**\*\*If you have not done so already, I would also very much appreciate it if you would forward this email to the VTC Judge(s) you work with. My goal is to survey the court actors from every known VTC, however I am finding it difficult to obtain the contact information for VTC Judges.**

Thank you very much for your time and consideration. If you have any questions, please feel free to respond to this email.

Sincerely,  
Samantha Luna  
[sluna2@gmu.edu](mailto:sluna2@gmu.edu)  
IRBNet number: 1201679-1

Allison D. Redlich, Ph.D.  
Professor  
[aredlich@gmu.edu](mailto:aredlich@gmu.edu)

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doi:10.1002/bsl.2308

## **BIOGRAPHY**

Samantha Luna received her B.S. in Criminology with an emphasis in Forensic Behavioral Sciences from California State University, Fresno in 2017. She is currently enrolled in the Criminology, Law & Society Ph.D. program at George Mason University.