

Crime Victims' Institute

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**Narrative Victimization Experiences for Justice-Involved Military Veterans¹****Philip Mulvey, Ph.D.**

Military service has traditionally been viewed as a positive life-course endeavor for millions of young Americans leading to prosocial outcomes (Elder, 1986). Research studies on cohorts of veterans since the Vietnam era, however, have found that many veterans in the U.S. have a multitude of experiences that can lead to maladaptive outcomes across the life course. Recent examinations of negative life-course outcomes for veterans have illustrated that exposure to traumatic experiences can lead to elevated rates of mental health problems (Bryan et al., 2013), substance abuse issues (Bryan et al., 2015), sexual violence (Williams & Bernstein, 2011) and intimate partner violence (IPV) (Stamm, 2009). Research has also indicated that 8% to 10% of individuals involved in the justice system are veterans (Maruschak et al., 2021). To date, limited attention has focused on the victimization experiences of veterans, and how these experiences may play a role in shaping negative life-course trajectories after military service ends. This report highlights individual narratives of victimization from a sample of justice-involved veterans in their own voices, considering how these narratives vividly describe victimization experiences that may impact later negative life-course outcomes.

Literature Review**Military Service in the Life Course**

As part of his formative theoretical development in life-course theory, Elder (1986) explored how military service can specifically influence an individual's developmental trajectories by shaping their experiences and life-course stressors. Social scientists have posited that entry into the military conventionally resulted in a "knifing off" of the past (Caspi & Moffitt, 1993) that consequently could result in a "turning point" towards culturally approved prosocial behavior (Sampson & Laub, 1993) as well as beneficial exposure to diverse

experiences (Elder et al., 2003). Scholars note the military could promote the adoption of favored societal norms as it removes many opportunities for young adults to commit crime, while simultaneously providing the foundational components for an avid sense of duty and discipline (Bouffard & Laub, 2004). However, in consideration of life-course theory, historical context is believed to play a critically important role for unique birth cohorts of veterans (Elder, 1986). Prosocial and positive life-course outcomes for veterans have traditionally focused on cohorts serving during the 1940s and 1950s (e.g., Elder, 1986). Many later studies that have empirically examined veteran cohorts that involve later service (Vietnam and all volunteer forces to the present) have illustrated that military service may also impact individuals in a myriad of negative ways (e.g., Lanterman, 2022).

Military Service and Maladaptive Outcomes

Scholarship on veterans has highlighted a series of concerning maladaptive life-course outcomes for this group. One primary consideration has focused on the fact that veterans frequently have elevated rates of Post-Traumatic Stress Disorder (PTSD), anxiety disorders, depressive disorders, and other mental health issues (Seal et al., 2009; Trivedi et al., 2015). Likewise, as often discussed in mass media, and now considered a public health crisis, veterans are at increased risk for suicide and suicide attempts at alarming rates (U.S. Department of Veteran Affairs, 2022).

Furthermore, it is estimated that at least 1 in 10 veterans who seek out Veteran's Affairs (VA) healthcare have a diagnosable substance use disorder (Seal et al., 2012), and that veterans frequently abuse substances to self-medicate for underlying mental health issues (O'Brien et al., 2004). Other concerning behavioral outcomes for military veterans focus on the elevated rates of violence this population experiences. Violence in romantic

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relationships is a major problem as some research has found veterans to be twice as likely to engage in violence against an intimate partner in comparison to their non-veteran counterparts (Jordan et al., 1992).

A maladaptive outcome that has garnered growing attention for veterans in contemporary research is their risk of criminal justice system involvement and the impact that it has on their life course. The best estimates note that anywhere from 8% to 10% of all those incarcerated in the U.S. are veterans (Maruschak et al., 2021). Veterans may also experience incarceration in unique ways. Specific to the current report, A maladaptive outcome that has garnered growing attention for veterans in contemporary research is their risk of criminal justice system involvement and the impact that it has on their life course. The best estimates note that anywhere from 8% to 10% of all those incarcerated in the U.S. are veterans (Maruschak et al., 2021). Veterans may also experience incarceration in unique ways.

Specific to the current report, veterans who are incarcerated are significantly more likely to have substantial mental health problems in comparison to non-veteran incarcerated populations, and elevated rates of substance use disorder, in addition to trauma, aggression, and antisocial behavior, may lead to “provocative behaviors that increase the probability of their own victimization” (Logan & McNeely, 2023, p. 422). Also of note, despite veterans comprising a similar portion of the incarcerated population as they do in the general population, there are currently no national estimates on how many veterans are in community corrections (i.e., probation/parole) where they may be overrepresented and have unique mental and behavioral health needs (Lanterman, 2022).

Veteran Status and Victimization

In addition to the existing literature on maladaptive outcomes, research has indicated that there are a variety of ways in which service members may be subjected to victimization and trauma (e.g., wartime violence, sexual violence, and victimization experiences as part of the military institution). Specifically, trauma during military service is one way that mental health issues can be compounded by military involvement (Kessler et al., 2014). The most well-documented forms of victimization and trauma during military service are related to warfare. During times of conflict, the prevalence of violence increases, and as such, veterans often return home with

physical and mental wounds because of these experiences (Olenick et al., 2015).

Mental health problems, as well as physical health-related issues, have also been complicated by increased rates of Traumatic Brain Injury (TBI) found in veterans. The prevalence of TBI is substantially elevated in military veterans (Taylor et al., 2012). When co-occurring with mental health problems, TBI can be even more detrimental. The literature suggests that mental illness resulting during or after military service, or the effect of TBIs occurring during military service, can put a strain on reentry into civilian life (Hoge et al., 2004), burden relationships (Haselden et al., 2016), and increase veteran unemployment (Mechanic et al., 1994).

Rates of sexual assault have also garnered important attention in the military. Recent reports highlight that over 8% of female veterans and over 1% of male veterans experienced sexual violence in the previous year (Department of Defense, 2021). Of note, it is widely believed that, due to the code of silence in the military and the fear of reporting, these prevalence rates are significantly underreported and under-adjudicated when reported (e.g., see Lowman, 2015). Furthermore, recent attention in the media has considered the continued multifaceted problems with sexual assault and victimization that occur in the military (Myers, 2022; Myers, 2023). In one systematic review of justice involvement for veterans, Lanterman (2022) highlighted that several empirical studies have concluded those who experience sexual trauma in the military are at increased risk for a variety of maladaptive life-course outcomes.

Less investigated in the literature on veterans is the concept of moral injury and victimization. Moral injury was first developed in the consideration of Vietnam-era veterans and the lapse of moral values that are forced upon some veterans (Koenig & Zaben, 2021). Litz et al. (2009) and Jinkerson (2016) have argued that moral injury can create cognitive dissonance for a veteran because certain actions—specifically violate their moral code. As a result, this dissonance can create debilitating emotional responses, such as shame, anger, confusion, depression, spiritual conflict, suicidal and self-harm behaviors, anxiety, and other social and behavioral problems. An example of this internal conflict is a veteran who fails to report an officer who committed a war crime due to fear of retaliation.

Moral injury, like other forms of trauma, is correlated with higher rates of mental health problems (Koenig &

Zaben, 2021) and suicidal behavior in veterans (Bryan et al., 2015). Thus, it is apparent that the military complex in general, and the actions that veterans must perform, can function as traumatic experiences that are highly correlated with deleterious behavioral health outcomes after military service ends. Furthermore, each of these victimization experiences can also have cumulative effects. For example, Scoglio and colleagues (2019) found that veterans who had multiple victimization events (before or during military service) were more likely to experience adverse outcomes, such as higher rates of PTSD, than individuals who had fewer victimizations.

Current Focus

As discussed, the existing literature on veterans' experiences consistently demonstrates that military service can lead to negative life-course outcomes (e.g., depression, TBI, substance abuse, domestic violence, moral injury, etc.), and that these experiences can also be intensified by pre-service trauma. However, the existing literature has not yet presented these difficulties through a paradigm of victimization for veterans or how military service may compound the impact of such victimization events. The goal of the current report is to examine the victimization experiences of a specific group of veterans—those with substantial criminal justice system involvement—that occurred after their military service. This report presents the stories of a dynamic sample of veterans with histories of victimization to illustrate the association between victimization, military service, and maladaptive life-course outcomes in the narrative voices of the veterans themselves.

Methods

The current study pulls data from a larger National Institute of Justice (NIJ) grant that took place from 2016 through 2019, exploring the lives of justice-involved veterans. The study consisted of 10 pilot qualitative life-course interviews followed by 80 grant-funded qualitative life-course interviews for a total sample size of 90. The sampling strategy aimed to create a purposive availability sample of veterans who were demographically diverse in relation to military service era, branch of service, and criminal justice system involvement (i.e., probation, parole, incarcerated short-term in jail, or incarcerated longer-term in prison). Overall, of the 90 individuals interviewed, 30 (33.33%) were on probation at the time of the interview, 34 (37.8%) were on parole following incarceration, and 26 (28.9%) were neither on probation

nor parole, but at one point had been on probation or incarcerated following military service.

To complete life-course interviews with this sample of veterans, a few dozen service agencies across Illinois, including the Illinois Department of Corrections parole division (serving every county), as well as a sample of veteran agencies and social service providers throughout the state, assisted in recruitment. Employees at these agencies were asked to identify veterans on their caseloads who had been involved in the justice system. Staff then distributed flyers to veterans identified on their respective caseloads. Recruitment flyers were also displayed at participating agencies.

Participants who were interested in completing the study contacted research staff and were then administered semi-structured qualitative interviews about a series of events throughout the life course. These interviews were conducted in person and lasted anywhere from 1.5 to 4.5 hours. At the end of the interview, participants were given a \$20 gift card. All interviews were audio recorded and transcribed. Interviews were then coded in NVivo 14.

Analytical Strategy

Although the analysis of qualitative data is often considered an inductive endeavor, there are prominent examples in the field that have explored life-course interviews using both inductive and deductive methods (e.g., Maruna, 2001). A similar approach was taken in the current report with victimization experiences in the life course first being inductively identified as an area prominently considered by the justice-involved veterans in their narratives. After “narratives of victimization” emerged as being a significant consideration for the sample, interviews were then subsequently coded for specific deductive “types” of victimization experiences based on the variations discussed (e.g., examples of childhood victimization prior to military, sexual assault in the military, combat-related victimization, etc.).

These individualized narratives have a “venerable tradition” in the field of criminology so that individuals can tell their “own stories” as “antecedents to crime” (Presser, 2009, p.178). These narratives are centered on the lived experiences of individuals to capture their “own feelings and views and the meanings they give to their lives” (Richie, 1996, p. 27). In much the same way, narratives can also be considered in situating the stories of lived victimization to explore real-world examples and first-hand accounts of these unique experiences for vulnerable groups. As a result, the current report takes a

phenomenological approach seeking to “see a detailed description of how a number of individuals experience a specific phenomenon” (Creswell, 2016, p. 262). In the current report, this is explored by illustrating narrative examples of how a sample of justice-involved veterans experience different types of victimization at varying times in their life course using their own voices to do so.

Participant Profile

As displayed in Table 1, the current sample had an average of almost 49 years, with a considerable range (youngest participant was 25 and oldest 78). Most veterans were White (61.1%) and male (91.1%). Additionally, 48 (53.3%) served in the Army, 14 (15.6%) served in the Air Force, 13 (14.4%) served in the Marines, 13 (14.4%) served in the Navy, and 2 (2.2 %) served in multiple branches. The most prevalent military era in which veterans in the current sample served was the post-Vietnam era. Thirty-five (38.9%) served during the post-Vietnam era, which was conceptualized as service from 1975 until the start of the first Gulf War in 1990. Those who served during the Middle East conflicts of the Afghanistan and Iraq era (after 9/11/2001) make up the second-largest subsample with 23 (25.6%). An additional 18 veterans (20.0%) served during the first Gulf War through the 1990s, and 14 veterans (15.6%) served during the Vietnam era. Regarding criminal offense type, 32 veterans (35.6%) in the sample were most recently convicted for substance-related offenses, followed by 30 veterans (33.3%) convicted of property offenses, 16 veterans (17.8%) for violent offenses that were not of a sexual nature, and 12 veterans (13.3%) were convicted of sexual offenses. As illustrated in Figure 1, veterans in the current sample described victimization experiences before, during, and after military service.

Findings

Victimization Experiences Prior to Military Service

For several justice-involved veterans, experiences of victimization were prevalent well before joining the military, and in some instances, the military provided a believed escape from those environments rife with victimization. These veterans grew up in homes with family members engaged in significant violence, in neighborhoods with substantial violence, or experienced other traumatic experiences during childhood. One veteran (50s, Navy, 1980s service era) stated:

Well, I grew up on the [location]...It's one of the roughest parts of town...filled with gangs, drugs, violence...norm

for me to walk outside and somebody might have gotten shot, somebody might have gotten robbed, raped, somebody might have OD'd.

Another veteran (50s, Army, 1980s service era) detailed the experience of her mother “abandoning” her at a very early age to fend for herself:

I was abandoned at the age of seven by my mother while my dad was at National Guard camp. She said she was going to get pop and left my brother and I alone until my dad returned two weeks later. Then we didn't see her anymore...

Some justice-involved veterans also described enduring sexual assaults and violence as youths. One veteran (50s, Air Force, 1980s service era) disclosed in their interview:

My stepfather was a pedophile...he came into our lives when I was around 7... I think he was probably grooming me ... And that was when I was like 13, and then my mom didn't find out till a year later and then she took me out of the house.

Overall, it was evident within the coding of the interviews that the current sample had a multitude of victimization experiences before ever joining the military. Although victimization in childhood was not a universal experience, with some remembering quite positive experiences about their pre-military life, for numerous others, trauma and victimization (often multiple occurrences) influenced their life experiences. Furthermore, some who had endured these circumstances as children joined the military to escape victimizing environments they lived in, leave abusive familial relationships behind, or act as a “positive” avenue to express their aggressive tendencies or feelings of despair and anger from a multiplicity of trauma in their earlier lives.

Victimization Experiences in the Military: Mental Health and Illness

As discussed, it is widely acknowledged amongst researchers that many veterans leave the military with mental health problems because of experiences occurring during military service. In the current sample, over two-thirds of the veterans had a significant mental health problem at some point in their lives, and over 40 percent had symptoms of PTSD (several having an official DSM-5 diagnosis). Veterans described abundant examples of deleterious mental health outcomes because of victimization experiences in the military. For instance, one veteran (30s, Marines, Post 9/11 era) explained his

PTSD after sustaining near fatal injuries during an insurgent ambush in Iraq:

We ended up getting ambushed...I am standing on a vehicle...working in the vehicle...You can get on top of it and work...I look down and I got my own cable sticking out of my leg getting pulled off the vehicle [by enemy soldier]. Then time went by in the slowest motion. You know when you are at the dentist and you get your teeth cleaned, that's what it was like in my leg ... and I am holding it in...I remember my training, if you pull something out, you're going to bleed to death...He (enemy soldier) is trying to pull it out to kill me...I am struggling with him...because I was pinned like this (demonstrates) holding it in, and I ended up getting it out and I jammed my gun back into whatever... and then I woke up in (military hospital)...

like, "ow ow ow ow." I woke up and I'm like, what? ... She says I beat her up in my sleep...I don't remember it.

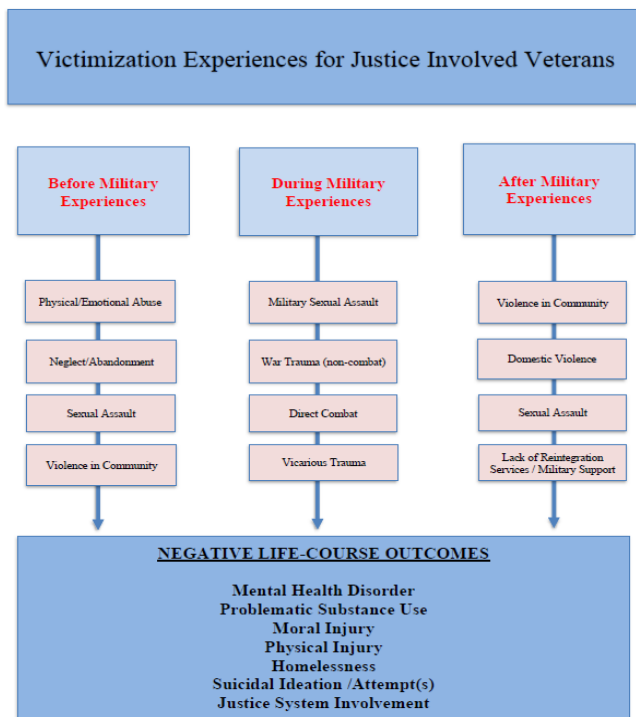
INT: So, you literally sleep with your hand covering your neck?

I still do it...Ever since we went out in the desert. I didn't want somebody to cut my throat in the middle of the night... there's been days [at a time] ... I didn't sleep.

Victimization Experiences in the Military: Suicidal Ideation and Behavior

Mental health problems for justice-involved veterans sometimes reached the point of suicidal ideation, or even suicide attempts. In the current sample, over 40% of justice-involved veterans had past suicidal behavior. One veteran participant (30s, Army National Guard, Post 9/11 era) stated that he was struggling with significant PTSD symptoms over the loss of his friend who had died in the military, while also suffering from severe symptoms of depression and desperate to leave Afghanistan. Eventually, he attempted suicide and was sent to a military psychiatric facility for a few days before returning to active duty. He explained, "Yeah, I just couldn't pull the trigger. I don't know why...must be a wimp at heart...it's a gruesome death."

Although some veterans disclosed suicidal tendencies while in the military, there were also veterans who attempted suicide upon discharge from the military. One veteran (40s, Marines, 1990s & Post 9/11 Eras) described his attempt with severe PTSD symptoms: "The only thing that stopped me was my brother. I didn't know he was at the house ... I didn't want to be found. I was drinking and crying a lot, and I went through a lot of bad experiences in my head." At a breaking point and overwhelmed by his seemingly never-ending symptoms, he very nearly killed himself to be released from the pain of all that he had endured in active combat in the military, a common behavior for many combat veterans in the sample.



Other veterans described several debilitating symptoms their psychological problems caused after military service. One veteran (40s, Marines, 1990s & Post 9/11 eras) described how he would have outbursts, struggling to be around others due to his mental health problems:

My wife has woken me up a couple of times, I've almost hit her...because I, at night, I cover my throat just in case someone tries to cut my throat at night. That's what we did (in the Marines). So, she grabbed my hand, and I grabbed her and turned it down, I'm still like half asleep and she's

Victimization Experiences in the Military: Sexual Assault/Sexual Violence

As discussed in mass media and previous academic research, sexual assault is a substantial problem in the military. In the current study, at least one man disclosed a sexual assault experience while serving, and although only eight justice-involved women veterans were interviewed, all eight women discussed histories of sexual violence, assault, or harassment in their lives, with most of those events occurring during military service. One

veteran (50s, Army, 1980s era) recounted how a commanding officer had sexually assaulted her:

I have military sexual trauma. [Assaulted by] a drill sergeant that wasn't my drill sergeant, but he was in the same company... I go to PTSD for that now...And I just actually turned in my claim against the military for that just this week because it just now at this stage...in counseling that I'm realizing how much that played a part in all the grand scheme of things.

Similarly, another veteran (30s, Army, Gulf War era) described how her mental health problems were a result of her sexual assault while serving in the Army:

I do have post-traumatic stress...I did get sexually attacked [while in the Army] and that's what got me...I had got attacked. And that's why I got out [left the military] ...Let me out. I'm done. I don't trust any of them. I can't feel comfortable so it's time to go.

In this situation, the veteran noted her entire life changed because of that victimization, and years later she still lived with flashbacks, hypervigilance, and major depression as a result.

Ultimately, each sexual assault that participants disclosed during their interviews included narrative discussion on how these victimization experiences impacted their life course in negative ways, whether through significant PTSD and depression as a result, loss of military service and jobs in the military because they chose to leave, or by impacting their ability to have prosocial relationships after the assaults occurred.

Victimization Experiences in the Military: Substance Use and Abuse

Many of the veterans in the current sample lived with significant substance abuse issues across their life course. One veteran (30, Army, Post 9/11 era) explored his significant substance use and how victimization experiences in the military impacted that use:

I drank the whole bottle and like I used to drink every day ... Stress. Stress and it just ... it's different. I do think the military changes people ... then you are knowing people that died and stuff...I mean that changes you...You can be talking to one person or just seeing them and then next thing...couple days later they die.

Yet another veteran (20s, Army, Post 9/11 era) also discussed how combat experience and injuries led to his opioid use while he was deployed in Afghanistan:

At that point was when that doctor was giving me pain medication while I was still over there, and I started using it very heavily...I got back, that continued. I wasn't dealing with it basically...I was a little too screwed up to notice... [The doctor] was giving Percocet over there and whenever I got back, I was on a fentanyl patch and Dilaudid. It was a lot of medication.

Perhaps this veteran (50s, Air Force, Gulf War Era) best conveyed the relationship with victimization experiences, trauma from combat, and substance use:

I was an alcoholic... Tried to [bury] my thoughts, bury my feelings in a bottle. Those are just temporary solutions. ...You're trying to repress those thoughts and you don't care what you're doing to yourself.

Victimization Experiences and Moral Injury

As discussed above, an emergent area of research focuses on moral injury. In the current sample, multiple veterans included narratives that could be considered aspects of moral injury because of tasks these individuals were required to complete while serving in the military. One veteran (50s, Navy, 1990s & Post 9/11 eras) explained:

It changed my life ... I seen people that I've killed, and it just haunts me... And I became a cold person...I'm just starting to get back [having] feelings.

Likewise, another veteran (30s, Army, Post 9/11 era) explained how his moral injuries began to develop through his disdain for the mission and the military:

*Well, I already felt like they didn't give a s*** ...I mean you're literally a G.I., you're literally a government issue. That's what you are. They will tell you are equal to a pair of Oakley sunglasses on the list...you're literally a government issue. There are thousands of you. You're replaceable.*

He went on in the interview to elaborate about his experiences leading to moral injury:

You just see some monstrous things. That's what I needed help to cope with was that aspect...The part that America don't know about ... If you were to go get help you were chastised...when I came home [I] couldn't stop drinking, wasn't going to work, just a hot mess.

Discussion

The narrative experiences in the lives of justice-involved veterans described in this report support prior research that has considered the ways in which victimization encounters can create adverse life-course outcomes. While there is no universal experience for veterans, many negative outcomes can occur because of being victimized in one form or another before or during military service. It is also essential to note that aspects of the U.S. military itself, and the work veterans are required to do while serving in the military, can be responsible (directly or indirectly) for these experiences.

The personal narratives of these justice-involved veterans reveal that it is imperative for this group to have access to services to help with their victimization experiences (especially during and after military service). For example, veterans have traditionally undergone no significant separation training from the military, and historically they have had limited to no service options around understanding individual trauma or trauma management. It is quite possible for the military to implement increased programming to reintegrate all veterans into civilian life, as well as to focus on the experiences of trauma, just as these individuals were integrated systematically into the military through basic training to learn how to be soldiers. The VA has incorporated Transition Assistance Programs (TAP) to assist the 250,000 service members who return to the public annually (U.S. Department of Veteran Affairs, n.d.). However, much more could be done in this area, and for longer periods of time, to adequately address mental health symptomology and well-being, including peer support to build civilian social support systems for cohorts of veterans, and increased assistance in navigating the aftermath of combat and war trauma. The system can take substantive steps to more holistically address the legion of potential difficulties veterans will face in multiple facets of their lives (especially for those with multiple deployments, military sexual harassment or assault, and combat experience), or simply for the complexities of returning to a normative civilian life.

Regrettably, veterans with negative life-course outcomes do not always receive the empathy, support, and services they need and deserve. For instance, when they genuinely struggle, including becoming justice-involved and/or incarcerated, the public may only view them as “offenders,” largely discounting the harrowing forms of victimization that serve as a catalyst for many of their problems. To truly support the troops, it is vital to be

willing to compassionately consider their lived experience even when their behavior is seen as antisocial and/or criminal. The advent of veterans’ programs in prisons, veterans’ behavioral health groups, and veterans’ problem-solving courts all appear to be steps in the right direction for policy considerations with justice-involved veterans. One example is the Texas Veterans Commission. Their programming outreach to justice-involved veterans is an important step in linking these veterans with holistic services after justice system contact and/or incarceration. Included in the services provided are access to licensed professional counselors familiar with veteran needs, veteran peer service coordinators to help justice-involved veterans receive services in the community, linkage sites to services for these veterans, website resources for individuals and families experiencing incarceration, relevant research articles about veteran treatment courts, and even a “guidebook” for veterans incarcerated in Texas (Texas Veterans Commission, n.d.). Not only do these programs provide much-needed information and resources for justice-involved veterans in Texas, but they also act to normalize justice system contact for veterans to the public by illustrating just how common it is for veterans to encounter the justice system, while also reducing the stigma for justice involvement for veterans. Furthermore, they illustrate public policy evidence of successful interventions/strategies for working with justice-involved veterans, which also assists in educating the public.

It is also paramount to continue to place a spotlight on suicide and the epidemic rates at which veterans die by suicide daily in the U.S. The VA has stated that there is no singular reason one takes their life, but instead this phenomenon is a complicated intricacy of risk factors that can include justice system involvement, combat experience, vicarious and direct trauma, and other victimizing experiences (U.S. Department of Veteran Affairs, n.d.). Despite efforts here in Texas to address this epidemic, veterans across the state remain at disproportionately high risk for suicide. Not only are veteran suicide rates higher than the public in Texas, but they are also higher than the national veteran suicide rates, having the third highest rates of suicide of veterans in the U.S. (accounting for roughly 8% of all veteran suicides nationwide) (Goodwin, 2022).

To help address this staggering problem, various programs have shown promise in Texas. Federal agencies have partnered with the city of Houston and the Houston VA to create The Harris County Mobile Veteran Crisis Outreach Team (MV-COT) to give immediate help to any

veteran experiencing crisis in Harris County. The initiative has focused on a variety of priorities, including increased screening for suicide among local veterans, increasing social connectedness and social networks among this group, and working to promote firearm safety/decreasing access to lethal means for veterans who are expressing suicidal ideation (Goodwin, 2022). The MV-COT also collaborates with law enforcement agencies, emergency responders, and other community partners to coordinate care to comprehensively respond to veteran crises.

Elsewhere in the state, the Texas Veterans App provides individuals with multiple mental health resources, crisis intervention hotlines (such as the National Veterans Crisis Line by calling 1-800-273-8255 and pressing 1), and VA benefits and eligibility (Veterans Crisis Line, n.d.). Additionally, the Texas Veterans Network is a peer support network of over 250 agencies throughout the state. It is designed to connect veterans around the state with a variety of resources, including mentor services with individuals who have experienced similar challenges in their lives, as well as community services, including programming for suicide risk and mental illness (Texas Veterans Network, n.d.). These services are also crucial to veterans because they offer technological lifelines, as so many veterans in crisis are in rural areas with fewer services to assist in dealing with past victimizations and traumas that may contribute to suicidal behavior. Policymakers and practitioners must also continue to explore services that can build social connectedness for veterans through veteran social groups, peer support networks, and opportunities for social cohesion with other veterans who have experienced victimizing experiences in their lives.

Finally, it is essential to fully consider that justice-involved veterans have entire life-course experiences independent of, but also have symbiotic relationships with, military service, and the public should be empathetic to these unique lived experiences. For instance, physical abuse prior to military service can aggravate and compound PTSD experiences based on additional trauma experienced in the military, in similar ways to how mental health problems developing in the military can influence post-military negative life-course experiences like violence in familial relationships, problematic substance use, moral injury, and/or justice system involvement. These life-course experiences do not occur in a vacuum but are multivariate and multicausal in

their influence on negative life-course outcomes and post-military victimization experiences. Ultimately, most “offenders” in these situations have been victimized and are victims themselves at some point. It is imperative to weigh those unique victimization experiences in compassionate policy formation, in comprehensive veteran health care, and in behavioral health interventions, making sure that services are person-centered and trauma-informed programming with veterans who have served our country, protected our freedoms (often at the peril of their own health and well-being), and to whom the public owes a vast amount of empathy and gratitude.

Table 1.

Select Participants Characteristics	
Number of Participants	N = 90
Age (years)	
Mean	48.8
Median	51.5
Range	25-78
Race/Ethnicity	
White	55 (61.1%)
Black	31 (34.4%)
Other	4 (4.4%)
Gender	
Male	82 (91.1%)
Female	8 (8.9%)
Military Branch	
Army	48 (53.3%)
Air Force	14 (15.6%)
Navy	13 (14.4%)
Marines	13 (14.4%)
Multiple Branches	2 (2.2%)
Military Era	
Vietnam	14 (15.5%)
Post-Vietnam	35 (38.9%)
Gulf War	18 (20.0%)
OEF/OIF	23 (25.6%)
Combat Experience	
None	59 (65.5%)
Limited	8 (8.9%)
Extensive	23 (25.6%)
Offense Type	
Property Offense	30 (33.3%)
Violent Offense	16 (17.8%)
Sexual Offense	12 (13.3%)
Substance Offense	32 (35.6%)
Criminal Justice Involvement	
Probation	30 (33.3%)
Parole	34 (37.8%)
No Current Involvement	26 (28.9%)

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