11-16-2020

Substance Use And Life-Course Narratives For Criminally Involved Veterans

Tyler J. Marcheschi
Illinois State University, tmarcheschi123@gmail.com

SUBSTANCE USE AND LIFE-COURSE NARRATIVES

FOR CRIMINALLY INVOLVED VETERANS

TYLER J. MARCHESCHI

107 Pages

Criminal justice involvement stemming from substance use is a common issue with which military veterans struggle. Research on substance use has indicated that a multitude of negative life-course outcomes can result for individuals who abuse substances. While prior research has studied the relationships between substance use and military veterans, there is little empirical analysis that focuses on the narrative accounts of veterans and their experiences with substance use. The goal of the current thesis is to expand on this topic by exploring how criminally involved veterans experience substance use and the perceived impact substance use has on the life-course according to their own narrative accounts. This thesis analyzed the interview content of a sample of 90 criminally involved veterans, utilizing qualitative secondary data analysis to explore the narrative accounts of substance use, before, during, and after military service.

Overall, by applying an inductive approach, results from this sample of criminally involved veterans revealed three key findings: (1) Substance use throughout the life-course was prevalent within this sample. Almost the entire sample of veterans reported a significant relationship with substances at some point throughout the life-course. veterans further discussed how their substance use typically increased during and/or after their military service. (2) Criminally involved veterans in the current sample considered how their substance use was closely associated with their criminal involvement, indicating they were involved in the criminal justice system for various reasons

stemming from their relationships with substance use. (3) Substance use was described by veterans interviewed as a behavior that led to negative emotional and socio-behavioral outcomes, with several veterans even indicating that substance use altered their life-course trajectories. Narrative accounts of substance use revealed that criminally involved veterans thought their substance use impacted important life-course areas like general health and well-being over time, employment, romantic relationships, homelessness, and even suicidal ideation/behavior. Given these findings, policy recommendations are considered on how to best assist criminally involved veterans with substance use issues.

KEYWORDS: Criminal Justice, Life-Course, Substance Use, Veterans

SUBSTANCE USE AND LIFE-COURSE NARRATIVES

FOR CRIMINALLY INVOLVED VETERANS

TYLER J. MARCHESCHI

A Thesis Submitted in Partial
Fulfillment of the Requirements
for the Degree of

MASTER OF SCIENCE

Department of Criminal Justice Sciences

ILLINOIS STATE UNIVERSITY

2020

SUBSTANCE USE AND LIFE-COURSE NARRATIVES

FOR CRIMINALLY INVOLVED VETERANS

TYLER J. MARCHESCHI

COMMITTEE MEMBERS:

Philip Mulvey, Chair

Brent Teasdale

Ralph Weisheit

ACKNOWLEDGMENTS

I would like to start off by thanking the members of my committee. The year 2020 has presented various issues for all aspects of everyday life, and I would just like to say to my committee, thank you for taking the extra time during a global pandemic to work with me. Dr. Brent Teasdale, and Dr. Ralph Weisheit, thank you for agreeing to serve as advisors on this thesis committee. Your feedback and insights aided greatly in my academic development. I would also like to thank Dr. Phil Mulvey for serving as my chairperson on this committee. You have been an outstanding mentor throughout the past couple of years, which has helped me grow as a student, and as a person. The dedication, drive, and passion you put towards your work are truly amazing and I am forever grateful for your guidance, and your willingness to work with me over the years. Without your guidance and mentorship, none of this would have been possible. To the rest of the Criminal Justice Sciences faculty, thank you for everything you have done for me. Every professor in this department has helped me grow as an individual in some form, and I am forever grateful for my time at Illinois State University.

I would also like to thank my family. Mom, Dad, and my sister Madison thank you for always supporting my decisions in life, and the guidance you have provided me to grow as a person. To my brother, Michael, thank you for inspiring me to obtain my Master's degree. If you did not go to graduate school, I am not sure if I would be here today writing a thesis. Thank you for always being there for me and being the person that I can always turn to for anything. I will always cherish your emotional support, advice, and perspectives.

T.J.M.

CONTENTS

CHAPTER I: INTRODUCTION

Statement of the Problem

The current thesis explores how experiences with substance use may impact the life-course for criminally involved veterans, as well as their perceptions of these experiences. The project examines how substance use among criminally involved veterans may impact social relationships, mental & physical health, criminal justice system experiences, and violent behaviors. Scholars have traditionally argued that military service can be an influential institution in an individual's life-course trajectory (Elder, 1986). It has been posited that military service can be a "knifing off" point, where past behaviors can be absolved (Caspi & Moffitt, 1993) and act as a "turning point" in which young adults are exposed to an environment that limits criminal behavior and brings structure and discipline into their lives (Bouffard & Laub, 2004; Sampson & Laub, 1993).

Military service also can be a beneficial experience by offering training in a specific skill set, providing hands-on experience, and educational opportunities provided by the G.I. Bill (Elder, 1986). As a result, veterans returning from service seek education or placement into the civilian job market where they could have greater opportunities at economic prosperity (Sampson & Laub, 1993). The positive life-course trajectories that result from military service for some, however, do not result for all veterans. Some return to their communities as civilians with experiences that lead to negative life-course outcomes – and thus subsequently impact a veteran's life-course trajectory. Included in these are the development or exacerbation of mental illness, violence, physical ailments, and issues with substances. Ultimately each of these can be associated with criminal justice system involvement (MacLean & Elder, 2007).

When veterans leave active service, they must readjust to an environment from which they had been removed during active duty. For example, reconnecting with friends and families can be difficult because new norms are often created for family and friends during a veteran's military service. As a result, the veteran has to adjust to these changes (Demers, 2011). Some returning veterans may come home with symptoms of mental illness or Traumatic Brain Injury (TBI), that can further put a strain on the process of reintegrating into the community (Hoge et al., 2004; Tanielian et al., 2008). Mental illness is one important outcome that can produce multiple negative life-course consequences for veterans. Research has indicated that having a mental illness is strongly associated with a reduced quality of life, a lack of productivity, and increased unemployment (Mechanic, McAlpine, Rosenfield, & Davis, 1994). Veterans with a mental illness can also face issues of readjusting to civilian life, which can put a strain on social relationships (Haselden, Piscitelli, & Dixon, 2016). Additionally, severe TBI can result in uncontrolled aggressive behaviors, violence, and impulsive behaviors (Blodgett, Fuh, Maisel, & Midboe, 2013). TBI can also disrupt everyday life, with research suggesting that TBI can lead to nightmares, triggering emotions, and anxiety (Hoge et al., 2008).

Of these maladaptive outcomes, substance use, abuse, and addiction stand out for many young people (and veterans) as a particularly important factor in the trajectory of one's life-course. For instance, Newcomb and Bentler (1988) suggested that those who use substances at an early age may bypass typical adolescent trajectories, resulting in engaging in adult roles prematurely, but without the development needed to succeed in these roles. When substance use is continued into adulthood, interactional theory suggests that it can disrupt familial relationships, career developments, and lead to being involved in criminal activity (Thornberry, 1987).

Specific to military service, substance use, and addiction among veterans has historically been an issue of concern (Kulka et al., 1990). Veterans who reintegrate into civilian life with an untreated substance use issue could display maladaptive behaviors. Substance abuse can have an influence on violent behavior and in self-destructive behavior. This can be seen through strained social relationships and destructive marriages in which veterans engage in behaviors such as intimate partner violence (Riggs, Byrne, Weathers, & Litz 1998). Furthermore, veterans who use substances also have higher rates of unhealthy behaviors such as smoking, overeating, and unsafe sex, which can contribute to additional physical health issues and mortality (Tanielian & Jaycox, 2008). Research has shown that veterans may turn to substance use to deal with the stresses of being deployed in a warzone environment, or to cope with traumatic events during and after deployment (Thomas et al., 2010). Additionally, since substance use in the military is somewhat of a cultural norm and is seen as acceptable behavior, it may lead individuals to try substances (Poehlman et al., 2011). Among veterans, alcohol use, and alcohol use disorders (AUD) are the most prevalent (SAMHSA, 2015). While the use of illicit drugs during military service has declined (Lin et al., 2017), the use of illicit drugs often increases when servicemembers return to civilian life, with marijuana being the most commonly used drug (Teeters, Lancaster, Brow, & Black, 2017). Veterans also face issues with prescription drugs such as opioids. The veterans Health Administration reported in 2009, the percent of veterans in the system receiving an opioid prescription increased from 17 percent in 2001 to 24 percent in 2009 (Teeters et al., 2017). Opioid overdoses among veterans receiving care from the Veterans Health Administration (VHA) have also increased – in 2016, the overdose rate was 21 percent compared to 14 percent in 2010 (Lin et al., 2019).

With reintegrating into a civilian lifestyle, and the stressors that a military environment may provide (e.g., combat exposure, deployment), veterans are placed at a higher risk of forming an addiction to substances which can act as a pathway into the criminal justice system (Straits-Tröster et al., 2011). Prior research on substance use and criminal behavior has been examined extensively over the past decades, indicating there is a substantial association between the use of substances and criminal justice involvement (Quinsey, Harris, Rice, & Cormier, 2006; Hoffman & Beck, 1985). It has also been shown that substance use during the commission of criminal offenses is prevalent among the veteran population and is one of the most significant predictors of incarceration for this demographic (Erickson, Rosenheck, & Desai, 2008).

While military service can result in negative physical, psychological, and social outcomes, returning veterans are also at risk of being involved in the criminal justice system. Being a veteran has shown to be associated with heightening the risk of criminal justice involvement (Elbogen et al., 2012). Scholars have noted that veterans make up a substantial number of individuals in prison or jail, as they are approximately ten percent of the incarcerated population (Bronson, 2015). Veterans within the criminal justice system also have extensive needs. Many incarcerated veterans have physical ailments, such as hypertension, diabetes, and hepatitis (Williams et al., 2010). While a majority of veterans are incarcerated for violent offenses, non-violent drug offenses make up about a quarter of offenses amongst veterans (Bronson, 2015), and a large number of incarcerated veterans meet the criteria for a substance use disorder (SUD) (Blodgett et al., 2013). If their substance abuse is untreated, veterans exiting prisons are at significant risk of fatally overdosing (Wortzel, Blatchford, Conner, Adler, & Binswagern, 2012). Veterans involved in the criminal justice system also face psychosocial problems such as homelessness, with thirty percent of incarcerated veterans reporting a history of homelessness (Tsai, Rosenheck, Kasprow, & McGuire,

2014). Housing can also be challenging to find after incarceration, especially for veterans with registered sex offenses, given the restrictions associated with their offense (veterans Affairs, 2015). Furthermore, finding employment can be difficult for veterans involved in the criminal justice system, due to legal restrictions on certain employment and from criminal background checks (Mcdonough, Blodgett, Midboe, & Blonigen, 2015).

While the most recent data indicates that veterans make up almost ten percent of all incarcerated individuals (Bronson, 2015), there is an overall lack of empirical analysis involving veterans in the criminal justice system as a whole. Concurrently, there are almost no data involving veterans living in the community, but on probation or parole. In response to the issues of the increasing number of veterans in community corrections, however, there has been the development and expansion of Veteran Treatment Courts (VTCs), which offer a range of community resources for justice-involved veterans on probation (Blodgett el al., 2013). Additionally, VTC programs address the specific challenges the veteran population faces, such as mental illness, TBI, and substance abuse, with the goal of diverting veterans from incarceration (Tsia, Flatley, Kasprow, Clark, & Finlay, 2016; Russell, 2009). If eligible for these programs, veterans facing criminal charges are sometimes provided the opportunity to have their charges dropped or receive a reduced sentence upon the completion of the VTC. While the impact that VTCs have on recidivism is still unclear, it has been demonstrated that VTC participants receive better housing, healthcare, and employment outcomes compared to criminally involved veterans who were not in a VTC program (Tsai et al., 2016). As a result of each of these important issues veterans may face after their military service, it is imperative that researchers and policymakers explore in greater detail how these individuals perceive the events that happen in their lives to better understand experiences of criminally involved veterans and how these experiences might help shape life-course outcomes.

Description and Purpose of Study

Overall, it is estimated that about one in ten military veterans have been diagnosed with a SUD, and veterans with a SUD diagnosis commonly meet the criteria for a mental illness such as, post-traumatic stress disorder, depression, or anxiety (Seal et al., 2012). While a majority of active servicemembers and veterans are not exposed to combat, those veterans who experience combat are at the highest risk of forming a SUD and are also three times more likely to receive a diagnosis of mental illness (Teeters et al., 2017). Khantzian (1985) has argued for the self-medication hypothesis in which substances are used by individuals to relieve psychological suffering. With veterans being an overrepresented population within the criminal justice system, and with a large number of incarcerated veterans meeting the criteria for a SUD, it is important to study how experiences with substances may alter veterans' life-course trajectories.

The goal of this thesis is to expand on the extant literature by exploring how criminally involved veterans experience substance use, and how they discuss the perceived impact of that substance use on their life-course outcomes. Additionally, this project also provides an important, yet largely absent perspective in the extant literature by exploring the individualized and specific narrative accounts of criminally involved veterans. To explore the experiences with substance use and the perceived impact it has on the life-course outcomes of criminally involved veterans, the current study conducted a secondary data analysis of 90 qualitative, semi-structured life-course interviews with criminally involved veterans in the Midwest (mostly Illinois) collected over a three-year span. The data are part of a larger National Institute of Justice research grant exploring the day-to-day experiences and life-course outcomes for criminally involved veterans. For this thesis, semi-structed interviews were conducted at various locations throughout Illinois (i.e., restaurants, parks, study rooms at local libraries) and include veterans from four branches of The

United States military (Army, Navy, Air Force, and Marines), as well as veterans from all military eras from Vietnam to the Operation Enduring Freedom / Operation Iraqi Freedom (OEF/OIF) era of today.

To collect the data, semi-structured interviews were conducted with participants about their life-course. The current thesis analyzes the content of those interviews with the criminally involved veterans, utilizing a grounded-theory inspired and qualitative thematic analysis to specifically explore how substance use may impact social relationships, criminal justice experiences, violent behavior, and aspects of mental health for criminally involved veterans. Veterans are critically impacted by issues related to substance use such as, mental illness, criminal justice involvement, physical ailments, homelessness, and suicidal ideation (Perl, 2013). As a result, it is crucial that researchers understand how the use of substances among the veteran population may impact their life-course outcomes. By doing so, policies can be better implemented to assist veterans in more successfully transitioning to civilian life when they return from service, as well as aid these individuals when they encounter negative life-course outcomes associated with problematic substance use.

CHAPTER II: LITERATURE REVIEW

Life-Course Perspective

A life-course theoretical approach seeks to understand what factors may shape an individual's development across the lifespan by exploring their structural, social, and cultural contexts (Hutchison, 2011). In the field of criminology, life-course theory specifically considers an individual's life events and developmental history that may influence future deviant behaviors or desistance from deviance. Key concepts within life-course theory include: 1.) Cohorts, a group of persons who were born during the same time period and experience similar social phenomena; 2.) Transitions, the changing of an individual's role or status; 3.) Trajectories, the individual's lifelong pattern of change or stability; 4.) Life Events, occurrences that bring change or produce life-changing effects; 5.) Turning Points, which can be life events or transitions that result in a shift in an individual's life course outcomes (Elder, Johnson, & Crosnoe, 2003). The time and place in which an individual is born are important due to the historical events which are occurring during that time period which can influence behaviors and/or decision making. According to life- course perspectives, throughout the lifespan, significant life events (e.g., professional employment, marriage, military service) often serve as specific *turning points,* which can lead to more permanent *transitions.* All these factors can influence the life-course trajectory which can lead individuals down unique *developmental pathways* (Elder, 1986; Sampson & Laub, 1996; Elder, Gimbel, & Ivie, 1991).

Historically life-course theorists have argued that military service served as a primary prosocial turning point for individuals (Elder, 1986; Elder, 1987; Laub & Sampson, 1993; Sampson & Laub, 1996). Joining the military can be seen as a "knifing off" point of one's past life (Caspi & Moffitt, 1993), and acts as a turning point in one's life by offering an opportunity to learn

and gain experience in a particular field (Elder, 1998). Additionally, when individuals join the military, they are removed from certain societal norms, such as delinquent behavior, which removes the opportunity for criminal offending (Bouffard & Laub, 2004). Reasons for joining the military at a younger age might include individuals who want to escape parental control, educational hardships, or because joining the military is a family tradition (Elder, 1987). Timing of enlistment into the military is crucial for post-military life-course outcomes; it has been shown that those who join the military at younger ages tend to have more negative life-course outcomes than those who join at older ages (Elder, 1987).

Positive and Negative Impacts of Military Service

Military service has the ability to impact veterans' social, psychological, and physical health, both in positive and negative ways (Settersten, 2006). Considering this notion, perhaps one of the largest prosocial outcomes of military service is the educational opportunity and occupational training, which translates into economic freedom in the civilian market for many veterans (Sampson & Laub, 1996). For instance, the G.I. Bill implemented after World War II granted educational and housing aid, which helped many returning veterans, especially those who prior to enlistment, came from disadvantaged backgrounds (Sampson & Laub, 1996). A large number of World War II veterans grew up during the Great Depression. For them receiving training during their military enlistment, as well as additional educational opportunities from the G.I. Bill, were significant pro-social developments in their lives, which in turn increased employment stability and economic prosperity (Xie, 1992). Joining the military can also provide veterans with an opportunity to broaden their cultural competencies by being exposed to people from different backgrounds and traveling to foreign countries (Elder, 1991). This can lead to veterans learning new languages and cultures, which may also expand their employment opportunities. There is also

an opportunity to gain leadership and managerial experience in the military, which may translate to a long-term career within the military, or to transferring those skills to obtain employment in the civilian market (Spiro et al., 2016).

While the military has shown to provide opportunities and experiences that can assist in a successful transition into civilian life, there also are several negative consequences that can derive from military service. One negative outcome associated with military service is increased divorce rates. Prior research has indicated that veterans are about one and a half times more likely to get a divorce than non-veterans (Pavalko & Elder, 1990). Veterans who experience combat are especially prone to this life-course outcome, which has shown to triple the odds of a relationship ending in divorce (Pavalko & Elder, 1990). Experiencing combat may also result in leaving some veterans emotionally unavailable or unable to transition into the family role. This is especially true for those veterans who develop a mental illness during their deployment. A study conducted by the Institute of Medicine (2010) reported that "the trauma of combat, high-stress environments, or simply being deployed to a theater of war can have immediate and long-term disruptive physical, psychological, and other consequences in those who are deployed to foreign soil and to their family members" (p. 39). Sayers, Farrow, Ross, & Oslin (2009) further noted that returning veterans who met the criteria for a mental illness reported that they felt like "guests" in their own homes and that they were unsure how to act appropriately to their "new" role as a family member. Developing a mental illness could also lead to a reduced quality of life (Zatzick et al., 1997), that is associated with veterans engaging in unhealthy habits such as smoking, poor diet, and a sedentary lifestyle (Zivin et al., 2012).

Upon entering the military, servicemembers are trained to become violent and proficient with weaponry, which could lead to issues with violent behavior when returning to civilian life.

Throughout military enlistment, individuals are exposed to aggressive or violent environments through basic training, military culture, and combat experiences (Moore & Barnett, 2013). Upon returning to civilian life, the learned behavior may translate into intimate partner violence, aggressive attitudes, and criminal behavior (Black et al., 2005). Combat experience has been shown to increase the risk of developing a mental illness, which may increase the chances of veterans engaging in violent behavior (Galloway et al., 2019). Combat experience may also leave veterans susceptible to developing a physical ailment. The Pew Research Center reported nearly one out of 10 veterans will receive a serious injury during their deployment, and physical injuries create additional obstacles for veterans when transitioning to civilian life (Newby et al., 2005).

Problematic Associations with Military Service

As Edler (1986) argued, and noted above, military service can have a tremendous impact on an individual's development and life-course outcomes. The military setting, that provides qualities such as discipline, structure, social responsibility, and forming cooperative relationships, can help the development of young people who join. Military service can also act as an avenue for those to escape a disadvantaged environment and receive job training and educational opportunities. However, the military also can act as a disruptive transition in an individual's life, which could negatively impact life-course outcomes. Sampson and Laub (1996) argued that the military interrupts one's existing social roles and teaches individuals how to be aggressive and violent with weapons, which could lead to negative behaviors later in the life-course. Additionally, depending on how individuals react to their own military experience, it could leave some veterans with adverse psychological, physiological, and social outcomes (Maclean & Elder, 2007; Setterson, 2006).

Negative Behavioral Outcomes

The military can be viewed as an institution that instills risky and violent behaviors in those who join (Weber, 1965). Throughout the entirety of one's military service, servicemembers are trained for and sometimes are exposed to situations in which they are taught to respond in violent manners to solve a conflict. When servicemembers are deployed, they are aware that their lives are in jeopardy, and they are ultimately putting everything at risk for the sake of military operations. High levels of physiological and psychological stress during deployment may affect an individual's limbic system of the brain, which may make it difficult for veterans to control specific behaviors (Killgore, et al., 2008).

Risky behavior can be defined as any behavior which is motived by a sensation or stimulation with high chances of a negative outcome (Magar, Phillips, & Hoise, 2008). Risky behaviors can increase the chances of negative consequences such as injury to self, as well as actions that can hurt others (Trimpop, 1994). Exposure to combat has been shown to have a tremendous influence on risky behavior among veterans. Joiner (2005) suggested that repeated exposure to fear-inducing situations, such as combat, can result in lower levels of fear and higher pain tolerance. Furthermore, this could lead to some veterans engaging in behaviors such as self-harm and violent behavior towards others (Joiner, 2005). Veterans exposed to combat environments may also participate in risky behavior to satisfy a need for an adrenaline rush, similar to what they felt when engaging in combat during their deployment (James, Strom, & Leskela, 2014). Additionally, combat experience is associated with mental health issues (Hoge et al., 2004), which in return can result in increased risky behavior in veterans post-deployment. Kilgore et al. (2008) found that soldiers who experienced heavy combat during their deployment reported more instances of engaging in risky behavior when returning to the community. Moreover, combat-

related stress and extended exposure to that environment may impact regions of the brain, and as a result, veterans may have a difficult time adjusting to living in a non-warzone climate when returning home (Kilgore et al., 2006). The level of combat intensity also plays an integral role in risk-taking behavior upon returning home. If individuals experienced killing enemies, facing life or death situations, or being responsible for the casualties of friendly forces or non-combatants, it could elevate the chances of engaging in behaviors, such as substance use and verbal and physical aggression towards others (Killgore et al., 2008). Intense levels of combat have also shown to be a contributing factor to an individual's perceived threshold of invincibility, which may lead to an increased propensity to engage in risky behavior (Killgore et al., 2008). Recent research has also indicated that being deployed to foreign countries without experiencing combat is associated with veterans engaging in risk-taking behavior when returning home (Thomsen, Stander, McWhorter, Raberhorst, & Milner, 2011). Risky behaviors could also affect mortality rates among veterans, with research indicating the rising levels of accidental deaths among combat veterans may be due to individuals purposefully engaging in risk behaviors for self-destructive purposes (Knapik, Marin, Grier, & Jones, 2009). Risky behavior can also be seen through the reckless use of substances. Kelley et al. (2012) suggested that military members who return from a combat zone had issues with controlling their alcohol intake and also engaged in reckless behaviors such as drinking and driving. Other risky behaviors can be seen as a failure to wear seatbelts in vehicles, not wearing a helmet while on a motorcycle, and speeding – all of which have shown to be factors that increase the mortality rates among veterans (Bell, Amoroso, Wegman, & Senier, 2001).

It is important to note, however, those who volunteer for military service may have already been engaging in risky behaviors prior to their military service. Thomsen et al. (2011) revealed that veterans had been involved in risky recreational activities, unprotected sex, substance use,

self-harm, and suicidal attempts before entering the service. Additionally, the rates of reported risky behavior pre- and post-deployment by combat veterans in Thomsen et al. (2011) were reported at similar rates, suggesting that those who volunteer for military service may already be susceptible to taking risks. Furthermore, combat experience may not impact those who engaged in risky behavior before joining the military. Zuckerman (1994) suggested those who take risks before entering the military may be well-suited to endure the stresses that come with deployment to a combat environment and see combat experience as being "heroic."

While the military can potentially influence risky behavior, it can also teach those who join in developing violent tendencies. Goffman (1961) stated that the goal of any total institution is resocialization, where personalities are manipulated by the environment instilled by the institution. Acting as a total institution, the process of resocialization in the military takes civilian recruits and trains them so they can operate as soldiers. Resocialization is completed through a two-part process. First, the institution will strip away independency and personal identities from its members. Then, the resocialization process systematically builds a new personality for individuals (Goffman, 1961). At the start of basic training, recruits are disconnected from society and placed into a new role with similar people under an organization that holds all the power. Part of the training in the military is providing recruits with a new sense of culture within the military, which is reinforced by explicitly setting out expectations in a system that promotes rewards and punishment for their behaviors (Roberts, Wood, & Caspi, 2008).

Basic training serves the purpose of militarizing recruits, which means they are trained to be used as a militarized force on the battlefield by becoming proficient with weaponry. The culture within the military can be described as a "hyper-masculine environment," including the promotion of aggression and dominance in situational training (Nicol, Charbonneau, & Boies, 2007).

Additionally, cultural spillover theory suggests that the more a subculture endorses violent behavior, the higher the chances are that individuals will see violence as a legitimate way to handle situations in different domains of life (Baron, Straus, & Jaffee, 1988).

Returning home from deployment with violent or aggressive attitudes has been studied since the end of World War I (Emsley, 2008). Violent behavior can act as a pathway into the criminal justice system for returning veterans, with a majority of incarcerated veterans doing time for sexual assaults and other violent offenses (Bronson, 2015). Violent behavior could develop through the military training and culture, but also could emerge from the environmental stressors from transitioning into civilian life once leaving a combat zone (Elbogen & Sullivan, 2013). Research has also shown that the effects of deployment and combat experience and the development of mental illness and substance use could lead to further violent behavior once returning to civilian life (Gallaway, Fink, & Millikan, 2013). Yager, Laufer, & Gallops (1984) found that some Vietnam veterans who experienced combat were also convicted of at least one violent crime within three years of returning home. The study also indicated that combat veterans who were convicted of a violent offense also reported high use of substances. Hellmuth, Stappenbeck, and Hoerster (2012) examined self-reported data of veterans who have been treated for mental health problems and found that about thirty-two percent reported at least one act of physical aggression in the past four months, and twenty-seven percent reported aggressive behavior with a lethal weapon. Additionally, Thomas et al., (2010) found that eighteen percent of the sample of recently discharged Army veterans reported getting into a physical altercation in the past month.

A prevalent violent behavior among the veteran population is interpersonal violence (IPV). Specifically, veterans with mental illness are particularly vulnerable to have issues with intimate

relationships when returning home (Card, 1987; Waysman, Mikulincer, Solomon, & Weisenberg, 1993). Individuals with a mental illness can have a hard time expressing themselves to their partners and may feel "emotionally numb," meaning there is a loss of interest in activities and a detachment from relationships (Johnson & Greenberg, 1994). Research also suggests that military-related trauma can result in aggressive behavior, violent outbursts, and an overall lack of control of emotions (Beckham, Feldman, Kirby, Herzberg, & Moore, 1997). As a result, these issues could place strains on a relationship, which leads to violence within the relationship (Carroll, Rueger, Foy, & Donahoe,1985). When looking at rates of reported IPV for veterans, the prevalence of IPV is significantly higher than that of the civilian population (Stamm, 2009). Research has also shown that veterans diagnosed with a mental illness are twice as likely to engage in verbal and physical arguments with their partners and three times as likely to experience multiple divorces (Jordan et al., 1992; Kulka et al., 1990). However, there is also evidence that individuals who exhibit violent tendencies may have experienced these attitudes pre-enlistment into the military. Therefore, it may be that the military attracts many individuals who are naturally prone to violence and aggression (Hiley-Young, Blake, Abueg, Rozynko, & Gusman, 1995). Banks & Albertson (2018) found that some individuals who joined the military stated they had violent tendencies or engaged in violent behavior throughout their adolescent development. Furthermore, these individuals viewed the military as an opportunity to reinforce their violent behaviors. In sum, research has provided evidence that selected veterans may be at a higher risk of developing risky and violent behaviors.

Negative Psychological and Physiological Outcomes

While joining the military could lead to the formation of risky and violent behavior, veterans also frequently leave the military with various psychological and physiological issues. Being in the military can lead to combat or traumatic experiences from which mental illness may

develop (Kessler et al., 2014). Mental illness not only affects an individual's mental well-being, but it can also have an effect on their overall quality of life (Klerman & Weissman, 1992). Reduced quality of life for veterans with a mental illness often correlates with a shorter life span, smoking cigarettes, using substances, and poor nutritional habits (Zivin et al., 2012). Mental illness is also an issue that active duty servicemembers frequently face. Among servicemembers deployed in the Middle East, it is estimated thirty percent have a mental illness (Institute of Medicine, 2013). Recent military operations in the Middle East have also attributed to the increased prevalence of mental illness among veterans, with the number of veterans with a mental illness increasing by 31 percent since 2004 (Bryan, McNaughton, & Osman, 2013). In 2010, the veterans Health Administration (VHA) implemented the Patient Aligned Care Teams (PACT) to increase the care for more than five million veterans with and without a mental illness. Trivedi et al. (2015) analyzed the data from PACT to pinpoint how many veterans could be diagnosed with mental illness. The study showed that approximately 1.15 million (1 in 5) veterans receiving care from PACT had been diagnosed with a mental illness, with depression (603,457) being the most prevalent, followed by PTSD (415,706), substance use disorders (370,840), and anxiety disorders (213,209).

Veterans with mental illness often have more than one diagnosis. The Institute of Medicine (2008) concluded that within the veteran population, PTSD is highly comorbid with generalized anxiety disorder and major depressive disorder. Kulka et al. (1990) found that among the 75 percent of veterans who had PTSD, 44 percent also had substance dependencies. Recently, among OIF and OEF veterans, Seal et al. (2009) found that 30 percent of the sample of 106,000 veterans had two mental-health diagnoses, and 33 percent had three or more. Additionally, Zivin et al. (2012) found that veterans with mental illness also suffer from a lower quality of life, finding that

mental illness was comorbid with physical health issues such as heart disease, hypertension, diabetes, cancer, and hepatitis C.

Problem gambling is another negative psychological outcome that could affect some veterans. Gambling was first introduced into the military in the 1930s where slot machines were placed in military clubs, but then removed in the 1950s due to the Anti-Slot Machine Act. Galloway et at., (2019) found in a sample of active duty military service members that roughly eight percent were problem gamblers, twice the rate of the general population (Welte, Barnes, Tidwell, Hoffman, & Wieczorek, 2015). Gambling has also been found to be a way to cope while being deployed overseas. Gambling can act as an avenue to escape from reality and can become a self-prescribed way of dealing with symptoms of depression, anxiety, and PTSD (Hall, 2013). Studies have also estimated that about one in every 10 military veterans has, or will develop, some form of gambling disorder in their lifetime (Westermeyer, Canive, Thuras, Oakeys, & Spring, 2013). Other research has indicated it may be as high as one in five (Hierholzer, Vu, & Mallijos, 2010). Problem gambling is especially high among veterans with co-occurring disorders. According to the National Council on Problem Gambling, about ten percent of all veterans receiving services from the VA were problem gamblers, and among those who have been hospitalized in an inpatient psychiatric unit, 40 percent met the criteria for problem gambling (NCPB, 2010).

Military veterans are also a population vulnerable to suicidal ideation. The psychological risk factors associated with suicide include mental illness, physical ailments, and substance use, all of which are prevalent among the veteran population (Heeringen, 2001; Simon, 2006). Although veterans make up roughly eight percent of the adult population in the United States, they consist of 14 percent of all deaths by suicide, with an average of 22 veteran suicides per day

(veterans Affairs, 2019). Between 2008-2017 there have been over 6,000 veteran suicides each year, and the suicide rate for veterans is about one and half times the rate for civilians (veterans Affairs, 2019). Veterans may also lack a social support system when returning to civilian life, as research has shown that those who feel isolated, lack a sense of purpose, have financial hardships, and divorce are strongly associated with suicidal ideation (Kerkhof & Arnesman, 2001). It has also been found that veterans who commit suicide or have suicidal ideations tend to have a mental illness, be homeless, lack social support, abuse substances, or experienced combat (Institute of Medicine, 2013). Additionally, research has indicated that the stresses of deployment, the embarrassment of failure, and combat experiences all can heighten the risk for developing PTSD, anxiety disorders, and SUDs – each linked to suicidal-related deaths among active-duty service members (Hoge et al., 2008; Tanielian & Jaycox, 2008).

Substance Use

As previously discussed, veterans are at a higher risk than the general population of experiencing poor social and psychological outcomes, including PTSD, depression, homelessness, suicide, and criminal justice involvement (SAMHSA, 2015). These issues can be further complicated when veterans have issues with substance use (Tanielian & Jaycox, 2008). Substance use among the veteran population is a pressing issue, given that approximately 1.5 million veterans have been diagnosed with a SUD (Teeters et al., 2017). It is possible that the stresses that come with military service and the military's unique culture could aid in the development of problematic substance use for veterans. Furthermore, veterans who have SUDs frequently also have issues with their physical and mental health, as well as an increased rate of suicidal ideation (Institute of Medicine, 2013). Substance use also can have dire effects on the loss of wages, societal

productivity, criminal justice costs, and healthcare costs. (DoJ, 2011; Bouchery et al., 2006; CDC, 2008).

Substance Use in the Military Population

Substance use and SUDs are prevalent issues among military veterans (Seal et al., 2011). For example, in a sample of veterans who sought out first-time treatment from the VA, nearly 11 percent met the criteria for a SUD. Additionally, veterans who use substances tended to be young, male, unemployed, and undereducated, with alcohol being the most used substance (Steal et al., 2011). Furthermore, veterans between the age range of 18 to 25 were shown to possess higher rates of substance abuse than the same age range in the civilian population (Teeters et al., 2017). Reasons for increased substance use among the veteran population may also be attributed to the environmental stressors which are related to military service, including deployment and combat experience (Cerda, Tracy, Ahem, & Galea, 2014). Specifically, combat experience has been found to be strongly correlated with substance abuse in the veteran population (Kelley et al., 2012). veterans who are deployed into a combat environment may experience situations that might involve death and other traumatic events. As a result of being in these environments, veterans may turn to substances to cope with their individual experiences, which could lead to the development of a SUD (Polusny et al., 2011). One study, looking at returning Army soldiers, found that those who had witnessed traumatic events from combat were more likely to screen positive for alcohol abuse (Wilk et al., 2010). Veterans may also leave the military with physical injuries, which can result in chronic pain. Some veterans may use substances to deal with pain from physical injuries; however, doing so can hinder effective pain management and could worsen the condition of the initial injury (Larson et al., 2007). The use of substance among the veteran population has also shown to result in negative behavioral outcomes that can impact themselves and/or others. Alcohol

use has shown to be a predictor of IPV, with veterans reporting high use of alcohol when verbally and physically fighting with their spouses (Bell, Harford, McCarroll, & Senier, 2004). Substance use has also shown to increase risky behaviors such as impaired driving, criminal offending and can also lead to poor job performance (Mattiko, Olmsted, Brown, & Bray, 2011).

To help understand the scope of the issue of substance use among military veterans, it is important to provide an overview of military policies and of how the military has historically treated substance use. Over the past few decades, there have been several policies implemented within the US military with the goal of preventing the development of SUDs. The Department of Defense (DoD) created a task force in 1967 to investigate alcohol, and other substance use within the military, and their findings led to The Controlled Substance Act of 1970 (DoD, 1970). With this, treatment was given to those who had a problem with substances, and the military would try to get those who needed treatment back into the service. Later, in the 1980s, the DoD updated their substance use policies, which turned its focus on the prevention of substance use, emphasizing the negative effects of substance use on military training and overall performance (DoD, 1986). Although these new policies continued educational awareness of the harms of substance use, there was a lack of resources for substance use treatment. Current DoD guidelines on substance use have a strong emphasis on restricting abusive drinking behaviors, with the core teachings being that substance abuse will hinder military performance (DoD, 2009).

While there are strict guidelines in the United States military in regard to illicit substance use, alcohol consumption, heavy drinking, and alcohol use disorders are somewhat common among active duty personnel (Bray et al., 2008). Alcohol use disorders are the most prevalent form of SUDs among active duty servicemembers (Kessler et al., 2014). Alcohol consumption in the military is used in social settings such as parties and events. However, it is also used in recreation

and for relieving stress (Ames & Cunradi, 2004). Since alcohol consumption is considered a social norm within the military culture (Ames, Duke, Moore, & Cunradi, 2009), it has led to inconsistent disciplinary actions on this matter. Data from the National Survey on Drug Use and Health discovered that within a one-month period, veterans had reported higher rates of alcohol consumption over their civilian counterparts as well as higher rates of heavy drinking (Wagner et al., 2007). Those who participate in heavy drinking or binge drinking are also associated with higher negative outcomes such as criminal justice involvement and job retention (Bridevaux, Bradley, Bryson, McDonell, & Fihn 2004). Additionally, this study also found that when the amount of time or intensity of combat increased, the rate of binge drinking and regular alcohol consumption also increased (Bray, Brown, & Williams, 2013). For veterans, alcohol use/abuse has shown to increase violent behavior, lead to poorer health outcomes, and death (Savarese et al., 2001).

The United States has recently seen an alarming increase of opioids use among the general population, and it is now on the rise within the veteran population specifically (Bray et al., 2009). Opioids are highly addictive substances (Kreek, 1996), which are being prescribed to veterans at high rates and are often used to treat physical injuries from their military service (Macey et al., 2011). The VA health care system increased the number of opioid prescriptions from 17 percent in 2001 to 24 percent in 2009. The average number of veterans in the VA health care system described as “chronic opioid users” increased from three percent in 2003 to four and a half percent in 2007 (Teeters et al., 2017). It has also been found that veterans with a mental illness are more likely to receive an opioid prescription, and veterans with PTSD receive higher dosages of opioids as well as extra refills (Seal et al., 2012).

Illicit drug use, excluding prescription drugs, within active duty military has drastically declined since the 1980s, where it was once at 28 percent but was only three percent in 2008 (Meadows et al., 2018). The largest use of illicit drugs could be seen during the Vietnam war (Kulka et al., 1990). Typically when people start using drugs, they start to use "softer" drugs such as marijuana, but due to the accessibility of heroin and opium in Vietnam, servicemembers resorted to the use of these illicit drugs to deal with the stresses of being in a warzone (Robins & Slobodyan, 2002). Many Vietnam veterans have experimented with illicit drugs during their deployment. For instance, Robins, Helzer, Hesselbrock, & Wish, (2010) reported that 85 percent of Vietnam veterans in their study had reported trying heroin at least one time during the war. As the United States military began to withdraw troops from Vietnam, it was estimated that over one thousand veterans returned a day, with a substantial amount of these individuals being drug dependent (Jaffe, 2010). At the height of the Vietnam war, President Nixon created the Special Action Office for Drug Abuse Prevention (SAODAP) in an effort to fight the war on drugs. This program also consisted of treatment plans of returning veterans from Vietnam who had developed a drug dependency. Treatment for returning veterans consisted of long-term hospitalization in "Narcotics Farms", and ultimately were found to be ineffective as about ninety percent of the veterans in these facilities relapsed after returning to civilian life (Helzer, 2010).

Co-Occurring Disorders

Substance abuse can also impact the mental health of the veteran population, with research indicating that SUDs are strongly associated with PTSD and depression (Flynn & Brown, 2008). When there is dual diagnosis with a mental health disorder and a substance use disorder, it is referred to as someone having a co-occurring disorder (SAMSHA, 2020). Adults who are diagnosed with a co-occurring disorder are at a higher risk of having social dysfunction,

incarceration, homelessness, and to live in poverty (O'Brien, 2004). Today an increased number of veterans have both a mental health disorder and substance-related issues.

Veterans also use substances to help cope with the negative symptoms of mental illness. Specifically, with PTSD, it has been found that individuals will cope with the symptoms of insomnia, paranoia, hypervigilance, and other symptoms by heavily using substances (O'Brien, 2004). However, this could also have adverse effects. Stecker et al. (2010) found that for veterans with PTSD, using substances to cope with the symptoms can hinder successful treatment in the future. Furthermore, psychiatric symptoms such as those associated with PTSD and depression can precede or intensify substance abuse and psychological distress as well as increase the craving for substances (Seal et al., 2011). Hoge et al. (2004) also found that soldiers returning from Iraq who reported symptoms of a mental health disorder also reported frequent use of alcohol. In general, PTSD typically has a high co-occurrence with other mental illnesses such as depression and SUDs (Mills, Teesson, Ross, & Peters, 2006). Studies have also shown that among men diagnosed with PTSD substance use is the most common comorbid condition and the second most common comorbid condition among women with PTSD (Hoge et al., 2007). Veterans who have been diagnosed with major depression have also shown signs of SUDs. Shen, Arkes, & Williams (2012) studied a sample of OEF/OIF veterans and discovered that being deployed overseas increased the risk of being diagnosed with a SUD and major depression, and that those with longer deployments also had higher rates of mental health issues and substance-related issues. Additionally, when looking at Vietnam veterans, which represents the largest cohort of U.S. veterans, it is estimated that 30 percent met the criteria for PTSD, and among those, 70 percent met the criteria for SUDs (Kulka et al., 1990). Throughout every veteran cohort the co-occurrence of mental illness and substance use problems has contributed to a decreased quality of life and

presented additional issues when returning to the general public from the military (Sayer et al., 2010).

Criminally Involved Veterans

Without question, empirical analysis has supported the notion that some veterans have problems with substance abuse, mental illness, violent behavior, and physical injuries after their military service. When reintegrating back into civilian life, some veterans also lack social support and have multiple problems stemming from their social relationships (Elbogen et al., 2012). Each of these problems, on their own, or in conjunction with other negative issues, may also influence violent or illegal behavior, ultimately acting as a pathway into the criminal justice system (Greenberg & Rosenheck, 2009).

Veterans are now an overrepresented population in jails and prisons (Bronson, 2015). The most common offenses among incarcerated veterans are violent sexual offenses (35 percent), other violent offenses (29 percent), drug offenses (14 percent), and property crimes (12 percent) (Bronson, 2015). Bronson (2015) further found that two-thirds of incarcerated veterans were discharged from military service between 1974 and 2000, with a majority serving in the U.S. Army (55 percent). Research on criminally involved veterans serving in the post 9/11 era indicates that about nine percent of all veterans serving in the Middle East have been arrested since returning home (Elbogen et al., 2012). Furthermore, the majority of incarcerated veterans did not serve in the military for an extended time, with almost half of them serving for less than three years (Bronson, 2015). It has also been shown that an individual's status or rank may affect their criminal justice involvement after leaving the military. Military officers are at lower odds than soldiers for being incarcerated or engaging in violent offending (Black et al., 2005). The era of service can also influence criminal justice involvement. For example, Noonan and Mumola (2004) found that

when comparing Vietnam, Gulf War, and OEF/OIF era veterans, those who served in the Vietnam era had the highest rates of incarceration. veterans who are involved in the criminal justice system often face issues with mental health and physical health. Nearly half of all incarcerated veterans in state and federal prisons had been told they had a mental illness or SUD (Finlay et al., 2015). Physical health issues such as hypertension, diabetes, and hepatitis are also prevalent among the incarcerated veterans population (Williams et al., 2010).

Despite these concerns for criminally involved veterans, evidence linking military service and criminal offending remains limited, and the pathways into the criminal justice system for veterans are complex. When joining the military, basic training teaches individuals how to resolve issues with violence and the use of weaponry. For returning veterans this could translate into using the techniques they learned during their service to solve problems as civilians (Castle & Hensley, 2002). Archer & Gartner (1976) created the violent veteran model to try to explain rising homicides rates after the Vietnam war. They argue that the training strategies used during basic training, such as classical and operant conditioning, role modeling, and dehumanization techniques, which are used to create fear and promote conformity, can emphasize negative behaviors like violence. Once their deployment is finished, returning veterans are not "de-programmed" and thus still have a military mindset when returning home (Archer & Gartner, 1976).

Additional explanations for why veterans may become criminally involved could be that those who volunteer to join the military were already engaged in criminal activity before entering the military. As a result, being in the military shielded them from engaging in criminal behavior until their enlistment was over. One of the strongest predictors of adult offending is juvenile offending (Nagin and Paternoster, 1991). Thus, individuals who were delinquent before the military may have a higher risk of criminal offending in adulthood. When looking at a World War

II-era cohort Laub and Sampson (1995) found a continuity in criminal behavior from childhood throughout adulthood. Additionally, pre-existing conditions such as PTSD have been linked with criminal justice involvement (MacManus et al., 2013), and people who choose to join the military tend to have faced more traumatic experiences growing up than the general public (Katon et al., 2015). Research has also shown that before entering the military, veterans may have faced traumatic experiences throughout their social development (e.g., child abuse, death of a family member, bullying), or have grown-up socially disadvantaged, both of which could aid in pre-military criminal offending (The Howard League, 2011). Therefore, the military could be attracting a specific demographic who may be looking to leave a disadvantaged environment and be around a prosocial environment, which they see as a way to turn their lives around. Still, when returning to civilian life, they may resort to previous criminal tendencies (Sampson & Laub, 1993).

Criminal behavior in veterans is sometimes due to the experience individuals face during their time in the service. For instance, Wainwright et al. (2016) found that criminal offending among veterans could be from traumatic experiences during military service, and by the development of physical ailments, mental illness, or SUDs stemming from their military service (Wainwright et al., 2016). Among physical injuries, Traumatic Brain Injury (TBI) has also shown to have a linkage between violent criminal offending, which can be caused by the symptoms of TBI, such as hypervigilance, irritability, and lack of social awareness (Williams et al., 2018). Studies have also shown that veterans with TBI are unable to think or problem solve at high levels, which can result in increased impulsivity and therefore lead to violent outbursts (Corrigan and Deutschle, 2008). Finally, and has been noted, individuals who join the military are at a higher risk than those who do not enter the military to become incarcerated (Culp et al., 2013).

Agnew's general strain theory of criminal behavior argues that people are at a higher risk for criminal behavior if they had been exposed to traumatic events and report a "negative effect" (Agnew & White, 1992). A "negative effect" to a stressful environment or a traumatic event has been shown to influence crimes involving substance use, sexual offending, and violence (Day, Howells, Heseltine, & Casey, 2003; Kroner, Forth, & Mills, 2005). This can apply to the veteran population, given that mental health is a crucial risk factor for veterans ending up incarcerated (Maclean & Elder, 2007). Stainbrook et al. (2016) found that among the veteran population in jail, 58 percent of men, and 38 percent of women, had been deployed into a combat zone at some point during their military service. PTSD often stems from combat exposure, which accounts for a majority of traumatic events that veterans experience during enlistment (Killgore et al., 2010). The symptomology of PTSD (i.e., anger, anxiety, irritability) can possibly lead to violent behavior among veterans. Elbogen et al. (2012) found that veterans with PTSD had higher arrest rates commonly reported feeling angry and/or more irritable than veterans who were arrested less. Furthermore, there is also a substantial linkage between PTSD, interpersonal violence, and violent offending, which can lead to criminal justice involvement (Hoyt et al., 2014).

To deal with the intertwined issues criminally involved veterans face (e.g., mental illness, substance use, homelessness), the most recent innovation within the criminal justice system is VTCs for veterans who are criminally involved but living in the community. VTCs are specialized courts that largely mirror other specialized court systems such as drug courts and mental health courts (Tsia et al., 2017). The goal of VTCs is to divert veterans from traditional incarceration methods to other channels of correctional supervision and help veterans receive treatment or services they need. Many veterans who are enrolled in VTCs face issues with substance abuse, mental illness, and homelessness, and VTCs try to help veterans address these issues (Baldwin,

2015). This is achieved by providing veterans with an opportunity to receive mental health or substance use treatment, as well as housing services. By doing this, VTCs attempt to address any underlying conditions that may be affecting their criminal behavior (Baldwin, 2015).

Criminally Involved Veterans & Substance Use

Research on substance use and criminal offending has been well documented, illustrating a strong relationship between increased substance use and increased illegal behavior (Quinsey et al., 2006; Bartels et al., 1991; Hoffman & Beck, 1985). Research has also noted that substance use is common among individuals who are arrested (Valdez, Kaplan, & Curtis, 2007). Thousands of veterans have returned to the community from military service with PTSD, TBI, and other injuries, which can lead to the development of substance use, fatal overdoses, homelessness, and suicide (Hoge et al., 2004; Tanielian et al., 2008; Grieget et al., 2006; Petrakis et al., 2011). Without these substance-related issues being appropriately addressed, they have also contributed to veterans ending up in the criminal justice system (Erickson et al., 2008). Furthermore, prior research has also illustrated a substantial relationship between substance use and most criminal behavior (Bennett & Holloway, 2005; Kouri, Pope, Powell, Oliva, & Campbell, 1997).

In 2011, there were approximately 181,000 veterans in federal and state prisons, which makes up approximately 10 percent of the incarcerated population in the United States (Bronson, 2015). Additionally, research has shown that substance use was one of the most significant contributing factors to veterans' incarceration (Erickson et al., 2008). While the veteran population is already at risk for being involved with the criminal justice system (Elbogen et al., 2012), incarcerated veterans are also more likely to have problematic substance use or be diagnosed with a SUD (Saxon et al., 2001; Black et al., 2005). It has been noted that about 46 percent of veterans in federal prisons are there on drug charges, and 61 percent of all incarcerated veterans met the

criteria for a SUD (Greenberg & Rosenheck, 2012). Another predictive factor for incarceration among the veteran population is mental illness. Specifically, PTSD, which has been shown to increase one's risk of being incarcerated (Greenberg & Rosenheck, 2012), and veterans who have PTSD have also reported higher uses of substances than those without PTSD (Saxon et al., 2001). Social issues such as homelessness or suffering from a mental illness, are other issues which could lead to criminal justice involvement, which are both highly associated with addiction and a SUD diagnosis (Donley et al., 2012). Substance use issues can also have a tremendous effect on veterans that are dishonorably discharged from military service. It is estimated that 38 percent of veterans in state prisons have been dishonorably discharged. As a result, they are disqualified from receiving VA benefits; this could lead them to be highly vulnerable to overdosing or committing suicide after their release from correctional facilities due to the lack of access to treatment (Noonan & Mumola, 2004).

Overall, many veterans returning to civilian life face substantially problematic life-course issues that are associated with increased criminal justice system involvement. Research also indicates that veterans receive longer sentences and recidivate quicker than their civilian counterparts, which can make their reintegration back into civilian life even more difficult (Saxon et al., 2001). It has also been discovered that the use of substances may affect a veteran's risk of recidivism. To explain, Blonigen et al. (2016) found that veterans within the criminal justice system who also struggled with addiction, or had been diagnosed with a SUD, recidivated more quickly than veterans who did not have issues with substances. Having an untreated drug addiction while incarcerated theoretically may lead to additional problems once veterans reenter the community after incarceration.

Current Focus

As previously discussed, in the United States it is estimated that about 10 percent of incarcerated individuals have served in the military at some point in their lives (Bronson, 2015). Additionally, the use of substances is an important factor in their incarceration status (Erickson et al., 2008). As prior scholarship has noted, joining the military can be seen as an important institution that serves as a turning point to shape the life-course of those who join. Historically, military service has been considered an opportunity to assist individuals in advancing their lives in positive ways by providing training, education, and hands-on experience for when they return to civilian life (Elder, 1986). Transitioning out of the military can be hard for those who lack social support from their friends, family, or social institutions. While many veterans return to their civilian lives without difficulties after their service, some, however, have much poorer life-course outcomes, including mental illness, physical injuries, violent tendencies, problems with substance use and abuse, and criminal behavior (Corrigan & Cole, 2008; Grieger et al., 2008).

The existing literature on negative life-course outcomes of veterans typically focuses on the development of mental illness, physical injures, learned behaviors, and problematic behaviors that can be developed through the military culture, enlistment, and deployment into a combat environment. While the use of substances among veterans has been studied in detail, along with the co-occurrence of mental illness and other comorbid conditions such as substance abuse, there remains a gap in the literature about how veterans view their own problematic substance use and how they discuss their experiences with substances from their own viewpoints. The current thesis expands on this critically overlooked topic by examining the in-depth analysis of ninety life-course interviews with criminally involved veterans. Ultimately, this thesis examines how the experiences

with substance use may impact the life-course outcomes for this sample from the points of view of the veterans experiencing it.

CHAPTER III: METHODOLOGY

Setting & Sampling

The current thesis is based on a qualitative secondary data analysis of 90 semi-structured interviews with criminally involved veterans over a three-year span. It uses data collected as part of a National Institute of Justice research project, which explored the lives of criminally involved veterans. One goal in sampling was to find a demographically diverse purposive availability sample of military veterans throughout the state, across geographic regions (urban and rural), and across modern military service eras – but also who had all been involved in the criminal justice system. To participate in the original study, criminally involved veterans must have met criteria in which they (1) served in the United States military for any amount of time[1], and (2) had been involved in the criminal justice system at some point but were currently living in the community. Meeting the second criteria for being involved in the criminal justice system required that a veteran must have been arrested at least one time in their life. The goal in sampling was to have a purposive availability sample of veterans living in the community who were able to speak at length about criminal justice system involvement in varying aspects. Overall, of the 90 individuals interviewed in the original project, 30 were currently on probation, 34 were currently on parole, and 26 had been previously criminally involved but were not currently on probation or parole.

The overwhelming majority of the data for the current project were collected in the state of Illinois.[2] During this same time span, there were over 700,000 military veterans living in Illinois, making up approximately three and a half percent of the living veteran population. Regions that

[1] In the current study veteran is defined as anyone who enlisted in the military and went to basic training regardless of their type of discharge from the military (e.g., honorable, other than honorable, dishonorable etc.)
[2] Four veteran participants were interviewed in neighboring midwestern states that lived close to the Illinois border or accessed veteran services in Illinois but lived full-time in one of these neighboring states.

were chosen in the original sample were to be based within a 150-mile driving radius from the campus of Illinois State University. As data collection continued, this 150-mile rule was eliminated in an attempt to interview more veterans in a larger geographic radius, as well as more veterans who were currently on parole specifically.

The research team originally contacted potential probation agencies in Illinois to gauge interest in participating in the project as well as the Illinois Department of Corrections' parole division and various veterans agencies across the state who showed initial interest. The research team then met with partnering criminal justice and veterans Affairs agencies to explain the project in full. After, research staff provided recruitment flyers for the study to participating criminal justice and veterans assistance agencies. Community agency staff and community corrections officers would distribute flyers to criminally involved veterans on their respective caseloads and/or hang research flyers in their offices. veterans who were interested in the study would then call the Principal Investigator of the project, discuss specific details and set up a time and place to conduct an in-person interview. The semi-structured life-course interviews were normally scheduled in a semi-private space, which allowed the veterans to feel comfortable and speak freely on personal matters while also remaining in a public space (e.g., private study rooms at libraries, private picnic tables at parks, university offices). In rare instances, interviews were conducted in the place of residence of the veterans, which included private homes, VA housing, or long-term treatment facilities.

Participant Profile

As presented in Table 1, out of the sample of the 90 criminally involved veterans, a majority were White (61.1 percent) and male (91.1 percent). Additionally, 48 (53.3 percent) served in the Army, 14 (15.6 percent) served in the Airforce, 13 (14.4 percent) served in the Marines, 13 (14.4

percent) served in the Navy, and 2 (2.2 percent) served in multiple branches of the military. The most prevalent military era in which veterans in the current sample served was the Post-Vietnam era. Thirty-five (38.9 percent) served during the Post-Vietnam era, which was coded as being from 1975 until the start of the Gulf War in 1990. Those who served during Middle East conflicts of the OEF/OIF era (after 9/11/2001) make up the second-largest era for this sample with 23 (25.6 percent). An additional 18 veterans (20.0 percent) served during the first Gulf War era of the 1990s, and 14 veterans (15.6 percent) served during the Vietnam war. Additionally, 57 veterans interviewed did not experience combat, 23 veterans in the sample reported extensive combat experience, and eight reported having some (albeit limited) combat experience.

Data Collection

Intensive semi-structured qualitative interviews were used as the method for data collection. Before the interviews took place, all participants were fully consented to complete the interview and to be audio recorded. Interviews ranged from one hour to 4.5 hours in length. The interviews were structured in a way that would explore several facets of the veterans' lives. The questions asked during the interviews focused on 1.) Daily life activities, current living situations, marital status, key demographic questions; 2.) Experiences in childhood; 3.) Early-onset delinquency, relationships with their friends and family, educational experiences, and substance use; 4.) Military service, narrative accounts of service, reasons for joining the military, branch of service and length of service, narratives about disciplinary infractions in the military, combat experiences, mental health issues, and substance use in the military; 5.) Mental health/substance use/abuse and suicidal ideation throughout the life-course; 6.) Experiences with romantic relationships and the narrative accounts of the overall quality those relationships including violence; 7.) Criminal justice involvement with questions asking about their criminal record, their

time under correctional supervision, and overall experiences with police, probation, and parole officers; 8.) Introspective questions to close out the interview where participants were asked to look back at overall military experience, criminal justice system involvement, and life-course decisions.

The volume of response in each of the areas of focus varied based on the life-course experiences of each individual veteran, in addition to their willingness to be forthcoming about specific experiences. Additionally, follow up questions were asked based on the initial responses of participants. After the interviews concluded, each participant received a $25 gift card as a thank you for their time. Each interview was audio-recorded, transcribed by the research team, and reviewed in full for complete accuracy. The transcripts were reviewed a final time to ensure the anonymity of the participants were maintained, and any potentially identifying demographic or location information was redacted.

Overview of Qualitative Interviewing

The nature of qualitative research explores social phenomena as experienced by individuals through the systematic collection, organization, and interpretation of content resulting from conversation (Malterued, 2001). Qualitative research designs are often appropriate when a new field of study is being investigated, or when a research is attempting to discover and/or theorize a prominent issue on a given topic of inquiry (Corbin & Strauss, 2008). Traditional methods of qualitative research designs include case studies, longitudinal studies, participant observations, focus groups, and intensive interviewing (Creswell, 2016). Qualitative interviews are widely used in social science research and explore the experiences of individuals to develop an understanding of the meaning an individual gives for their experiences (Tong, Sainsbury & Craig, 2007). Using qualitative interviews as a research design has multiple benefits. Bauman et al. (2002) suggested,

by using qualitative interviews, we create tools to explore the texture of everyday life, to understand the experiences of research participants, and to understand how social institutions operate.

Atkinson and Silverman (1997) argued that interviews are an important tool in research because they allow us to understand how individuals view themselves and the world. In qualitative research designs, the researchers are the sole instrument of collecting data (Creswell, 2016). As a result, the role a researcher plays may impact the quality of the research. Making strong statements, body language, and a host of other interviewer behavior could potentially impact responses, as well as having strong personal feelings or biases could distort how the researcher processes the information provided (Rubin & Rubin, 2005).

Qualitative interviewing is the most commonly used tool for data collection within qualitative research designs (Sandelowski, 2002). According to Bauman (2002), all qualitative interviews contain three core features 1.) The exchange of dialogue between two or more participants; 2.) A thematic or narrative approach used by the researcher but is fluid to change over the course of the interview; 3.) The researcher bringing a perspective of knowledge and context on the interview topic, and meanings and understandings are created through interaction, where knowledge is constructed or reconstructed. While this method of research cannot fully explain or reflect the social atmosphere, it can allow for the emergence of people's social experiences and world views, which can provide explanations for social phenomenon (Miller and Glassner, 2011).

Grounded Theory and Analysis

The data collected in the current study was inspired by a grounded theory approach. This type of approach has the intention of developing new concepts and theories of a social phenomenon

that are “grounded” in the viewpoints of the participants (Strauss & Corbin, 1998). Essentially, grounded theory is an inductive approach in research methods allowing for the development of original findings that are tied to the data. This approach allows researchers to consider circumstances and societal factors in the lives of their participants when developing theories on the areas of interest.

This method was originally introduced by Glaser and Strauss (1967), who felt that traditional theories did not apply to, or were not appropriate to all participants in research studies. Rather than researchers beginning a project with a preconceived theory, the theories would be “grounded” or emerge from the data by the actions and interactions from the participants (Strauss & Corbin, 1998). A key component to allow the emergence of data is “constant comparison”, where data collection and analysis is in a constant cycle of being compared with each other (Gerhardt, 1989). This works by collecting data in large sets and comparing each set with all data collected or data collected in previous studies. After comparing different sets of data, it can allow for themes to emerge that help summarize a social phenomenon, and in return, theory can be generated for that dataset.

As the current thesis is a secondary data analysis of a previously completed qualitative study, it would be misleading to assume that there are no predetermined hypotheses for this project. The literature previously discussed provided initial statements on how substance use may impact the lives of veterans in multiple facets of their lives. For this reason, the current study proposes to use a *grounded inspired* approach with thematic content emerging from the qualitative data. During the analysis, I propose to construct themes from the veterans’ narrative accounts with a constant qualitative comparative analysis approach.

By utilizing this inductive approach, a researcher is able to create their own methodical approach to handle questions as the study develops. Charmaz (2006) has promoted a constructivist grounded theory, which assumes that collected data and theories are not discovered but are rather constructed by the researcher due to their interactions with their participants. The constructivist grounded theory approach recognizes that the researcher is an important part in the research process. The researcher must be reflexive about their position in relation to the research question and to the participants (Charmaz, 2008). In this way, the researcher must be aware that their own contributions lead to the construction of meanings throughout the research process. Malterud (2001) described how a researchers reflexivity may impact a study as "A researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions" (p. 483-484).

Regarding my own reflexivity in the current study, I do not have any relationships with people who have served in the military. However, I have known people close to me in my life that have died from substance use. By having witnessed the collateral consequences that substance use can have on individuals, families, and loved ones, it has made it easier for me to empathize with this population. I personally have never had issues with substance use, nor have I had any involvement within the criminal justice system. Therefore, I have no firsthand knowledge of the harsh realities and experiences of the participants in the current study. My reflexivity was maintained by writing memos throughout the analysis of the qualitative interviews, and I reflected on these thoughts with the guidance of my thesis advisor. Writing memos serves the purpose of documenting new ideas or insights and also reactions about the analysis of the content being studied (Charmaz, 2008), which helped me maintain my objectivity throughout the study.

In the current thesis, the construction of thematic content of the sample of veterans will be developed through a constant comparative analysis of the qualitative interviews. To complete the analysis of the dataset of 90 qualitative interviews, the project will use the qualitative computer software NVivo (version 12.0) to code, organize, and analyze each interview. This software allows researchers to create categorical coding through the use of "nodes", which organizes the coded data in a way that helps identify thematic content throughout the dataset. Each individual code will represent themes emerging from the data and allow for the extended consideration of how substance use may impact the lives of this sample of criminally involved veterans. NVivo also allows researchers to draw relationships between each code that is created and allows for the organization of the dataset based on demographic data. The process of coding began by reading through each of the interviews, which led to the development of a set of codes. Multiple rounds of coding were performed on each participant interview, which allowed for the development of new themes and led to the revision of the original hypotheses based on the constant comparative approach to analysis.

CHAPTER IV: FINDINGS

Narrative Substance Use Across the Life-Course

Pre-Military Substance Use

A comprehensive examination of the criminally involved veterans in the current sample revealed convincingly that many veterans had substantial relationships with substance use across the life-course. Overall, out of the 90 participants, all but one veteran, (98.9 percent) endorsed having a relationship with substance use in some capacity at different points in their life-course interviews.[3] Throughout the interviews, veterans discussed their substance use throughout various points in time, which typically included substance use pre-military, during the military, and post-military. Pre-military substance use was reported by 73 (81.1 percent) of veterans in the sample. Most typically, participants described experiences with substance by drinking alcohol or using marijuana on occasion with their friends as a part of the normative high school experience. For example, Willie R. (29, Marines, OEF/OIF era) discussed his pre-military substance use as part of what he saw as normal teenage behavior:

> I started, I think I had my first wine cooler. Me and my buddies stole one of his mom's when I was probably like 14, 15, 16. Marijuana I smoked in high school, pretty much socially. I never bought it for myself. It was always, "oh okay, you guys are doing this, I guess I'll do it too." Kind of to fit in, feel accepted, that kind of thing. Umm, after high school, I would buy marijuana myself. Smoke it myself, umm smoke it with people and I enjoyed it. Gave me a good head high. Umm, underage drinking. Umm, in high school, you know, maybe once a month on a Friday night, I'd go over to a party and drink. But, it was never, I only drank until I started to feel it, like started to get a head change and then I'm like, okay that's enough.

Similar to Willie's pre-military substance use, Bradley K. (62, Army, Vietnam era) explained that his experiences with substance use before the military started when he was in high

[3] For this thesis, "substance use" was determined by asking the veteran to generally describe their average use of substances at different points in time. A single instance of use or experimentation was not conceptualized to be "substance use" in the current thesis. Instead, the veteran needed to endorse, at a minimum, what they would consider to be more than use on a single occasion: e.g., "daily", "weekly", "socially" etc.

school. During this time, he would drink alcohol with his friends but indicated that it was never excessive. There were other individuals, however, who engaged in frequent substance use before their military service, and/or used illicit drugs. For example, Caleb C. (30, Army, OEF/OIF era) reported during his interview that his crack smoking was quite frequent before enlisting for military service:

> Friend of mine just introduced me to it, just kind of liked it. From nineteen to twenty, I started getting even heavier into [crack] and when I moved to [location], it was all around, so I was doing lots and lots and lots of it, like basically almost an eight-ball a day. Which is a lot. Eventually, it started giving me really bad headaches, and one day, I woke up and I was damn near blind.

Similarly, Kolton D. (54, Navy, OEF/OIF era) described his relationship with substances before the military as something more than just "adolescent experimentation." Kolton D. stated that he started to smoke marijuana at the beginning of high school, and later in his high school career, he began to use LSD and cocaine. Kolton D. noted that he continued to use these drugs almost every weekend before joining the military.

Substance Use During Military Service

Narratives of substance use during military service were also quite prevalent among the veterans interviewed. At least 65 criminally involved veterans (72.2 percent) reported substance use during their military service.[4] Discussions of substance use in the military were commonly described as increasing during this time, as opposed to general use that occurred for many prior to joining the military. Garrison A. (31, Army, OEF/OIF era) stated that he had used substances before the military but did not view his substance use as a problem. He mentioned in the interview how his substance use increased in the military:

[4] The author was unable to determine (based on analysis of field notes and interview material) the substance use of 7 veterans during their military service.

> Oh yeah. There was a point in time where we were drinking six or seven days a week and we were going out five days a week even though we had to be up at five, we would all master how to wake up and run two miles on that shit.

When looking at the narrative substance use among the veterans interviewed, 48 (53.3 percent) reported that their substance use increased during their military service. For instance, when asked about her substance use during military service, Whitney L. (54, Army, Post-Vietnam era), responded, "Oh yeah, that's where I learned how to do cocaine." Similarly, Adam R. (58, Army, Post-Vietnam era) who reported not using any substances before entering the military, stated during his interview that he began smoking marijuana and using cocaine in the military, where he would use cocaine almost "daily."

In the interviews criminally involved veterans also provided narrative accounts of their substance use in the military in which some discussed it as a "cultural norm" of military service. In these instances, veterans reported that individuals would use substances with fellow servicemembers, and occasionally, their commanding officers would turn a blind eye to it, or even promote substance use in social settings (e.g., military ceremonies and parties). Travis M. (42, Marines, Gulf War era) stated that his commanding officer would have parties once a month where substance use was present. Edison D. (52, Multiple Branches, OEF/OIF era) described the military as "a commonplace for your peers and your supervisors to drink with you." He further elaborated that the military, "either teaches you how to fight or how to drink." For some, substances may have also been commonly used to deal with boredom during long stretches on military bases. For example, Henry W. (57, Air Force, Post-Vietnam era) described his experiences with substances in the military as somewhat of a "cultural norm" during his military experience:

> Oh, yeah. When I was there, pretty much when alcohol was introduced as a full-time thing and even the commander's ball while you were still in uniform, they'd serve pitchers of beer. Everybody would go home and get drunk. This was at a military function and then every weekend there'd be beer bashes and barbecues. Every day after work, we'd get together and drink. I worked third shift and we'd be partying all night long if it wasn't…and in the mornings, we'd hit the bowling alley, drink beer there. You know, they serve beer at 7 o'clock in the morning and it just, more or less, everything revolved around alcohol for quite a few years.

Max A. (30, Marines, OEF/OIF era) also reported a culture of substance use in his military experience. He noted that he actually joined the military to try and stop using cocaine, as well as to better his life, but instead when he got there, he found out that it was easy to get away with using drugs:

> Yeah someone once told me here in <location> before I joined, they're like "why you joining?" [participant responded] "To quit doing cocaine", and he said, "man anywhere you go you're going to find what you like." He was right - I was doing cocaine in 96-hour passes, because I was friends with the SARPS officer, and he'd tell me when he [would] get a shipment of fucking piss cups and I know.

Here, Max mentioned how he could cheat the military's drug test system and therefore was able to continue to use substances while in the military without any ramifications.

Criminally involved veterans interviewed in the current study also reported that they would use substances to deal with the stresses of their deployment, as well as the traumatic events they experienced when they were in the military. For example, Jess J. (32, Army, OEF/OIF) who discussed an extensive amount of combat experience, stated that to cope with his experiences in the military, he would drink alcohol and take Vicodin to feel good and to escape his current situation. Similarly, Kolton D. (54, Navy, OEF/OIF) also described his substance use during the military as something that would help him focus on the job he had to do. Along with his military friends, Kolton D. discussed using meth to stay up for long periods, sometimes multiple days, so that they could get their job done. This was a habit that he noted continued throughout the duration of his military deployment.

Substance Use Post-Military

Veterans interviewed also addressed their relationship with substance use after they completed their military service. In the current sample, 86 out of 90 (95.5 percent) reported using substances after their military service. Additionally, 77 out of 90 (77.8 percent) of veteran

participants reported that their substance use increased during their post-military lives (See table 2). Substance use after the military was frequently considered by veterans as a continuation of their behavioral norms that originally developed during their active military service. For example, Slade R. (30, Army, OEF/OIF era) discussed how his substance use increased in the military, and then continued after he left the military:

> **INT: So you were already using crack right after you got back?**
>
> Pretty much, yeah… I didn't even care anymore… I continued to use a little bit— cocaine — and then I continued drinking and things like that but anyways, I just, just continued on that vicious cycle, you know?

Jess J. (32, Army, OEF/OIF era) also reported his significant substance use carrying over into his civilian life after returning from combat. Addicted to multiple substances, he was eventually arrested for trying to forge a prescription for pain pills. In his interview Jess detailed how his life began to spiral out of control during this time:

> So, when I got out of the military, I wound up homeless because I had to stay in the state of <location>. I couldn't get a job. Wouldn't nobody hire me because I had all the court stuff going on and everything. So, I wound up homeless. I lost my car. Then once I wound up homeless that violated my terms of probation, so I ended up going to jail. Then they found a long-term rehab for me to go to which was, it was like a 9 to 12-month rehab. So, I went there and about 4 months in I couldn't take it no more. I relapsed. Started drinking again.

Veterans in this sample also reported returning home to negative environments, or social circumstances, which provided opportunities to increase or continue their substance use. During his discussion, Cory D. (49, Army, Gulf War era) mentioned that the separation from his wife caused him to drink more. He stated, "and that's when I started drinking. I'd go up to the bar, and drink tequila every night." Adam R. (58, Army, Post-Vietnam era) also described how his substance use increased after a divorce:

> Yeah I just kind of let it all go, you know, I had money…I didn't have any responsibility then because you know I'm by myself. You know so getting with the girls now, you hear me? And the girls like to party so there it went… which lasted probably about a good four-year span…you know just drugging and drinking and partying with the girls and stuff.

Karen G. (43, Army, Post-Vietnam era) reported having no issues with substances until she met her boyfriend when she was in her late thirties, and described how they used crack together:

> He had tried a lot of drugs in his life and we tried it together…and then it kind of started to be a problem. Well, it got to be very addicting, which you know, of course I didn't like, but we wanted it all the time you know?

Veterans also discussed using substances to cope with the death of a family member or a significant other. For example, Kenneth E. (67, Air Force, Vietnam era) explained how he started to use heroin to deal with the death of his father, "I lost it. I was using drugs. And like I told you, I was so scared of needles and stuff. I can't believe I wound up being a heroin addict." Kai D. (62, Army, Vietnam era) provided a narrative account of how he was sober for several years after the military and completed a rehab program, but when his mother and father both died within a short period, Kai stated that it caused him to relapse:

> My mom died in august and my dad died two months later, day before my birthday. Day before my mom's memorial service. And I just fell apart. I started drinking and using again. I started smoking crack, smoking meth, drinking daily.

While some veterans returned home and used substances due to developing an addiction in the military, or coming home to negative environments, veterans also described using substances as a means to cope with their experiences from their military service. Traumatic events due to military training, or from combat experiences were also reported as reasons for increased substance use among the veteran participants. For example, Edison D. (52, Air Force/Army, OEF/OIF era) turned to heavy alcohol consumption when he returned home from active duty:

> **INT: When you left the army were you ready to leave?**
>
> I wasn't. I wasn't and I was. In 2006, I… what I was doing... it was just guard time so I wasn't really. I was doing like odd jobs again, and when I got out, I started to go back heavy in the drinking because obviously things I've seen, things I've been through… I was using it for an excuse to cope too, like I said, drank for a few years and just sat. I remember I spent all of 2006 in my house doing nothing but drinking every single day.

Similarly, Sonny R. (31, Army, OEF/OIF era), who served in combat, described how he got into illicit drugs after his military service ended by noting**, "**Yeah. Then I started doing cocaine heavily, and then I got introduced to crack, which is bad, horrible, bad as a demon."

Sonny further revealed that he ended up using heroin regularly, and his addiction reached the point that he was eventually using every day. Fitz T. (32, Army, OEF/OIF era) also discussed about how he thought his substance use changed after the military (where he served in combat):

> Yeah. I drank the whole bottle and like I used to drink every day. I was drinking every day.
>
> **INT: Why?**
>
> Stress. Stress and it just you know it's different. I do think like the military changes people you know. Like shit does change you….and then you knowing people that died and stuff you know like all that. I mean that changes you. You know what I'm saying? You can be talking to one person or just seeing them and then next thing you know couple days later they die because they hit an IED or a VBIED came at they ass or some shit. I mean it's crazy.

For some veterans, specific events that happened to them while in the military were associated with increased substance use after they were no longer in the military. For example, Adam R. (58, Army, Post-Vietnam era) described a situation where he almost died during a training incident in the military. A fellow soldier had thrown a grenade, which landed near him, and although he was not physically hurt, he reported having frequent nightmares from this event. When asked if he ever used substances as a result of this, he responded "yeah more substances." Omar E. (29, Army, OEF/OIF) also discussed how combat experience led to his opioid use while he was deployed in Afghanistan:

> Now, 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. So, whenever I got back, that continued. I wasn't dealing with it basically…I was a little too screwed up to notice it.
>
> **INT: What type of medication were you taking?**
>
> He was giving Percocet over there and whenever I got back, I was on a fentanyl patch and Dilaudid. It was a lot of medication. The military loves to over-medicate people.

Omar later discussed how his addiction from prescription pills eventually turned into a heroin addiction:

INT: When did you start to use illegal drugs?

Towards the end of 2012. Heroin. And because it was a hell of a lot easier to get than my medications…somebody told me, heroin is a hell of a lot cheaper. And I was, "okay, that sounds reasonable to me." And it just went that way.

Some veterans who experienced combat or were exposed to other trauma in the military, also reported that substance use post-military helped take their minds off things that they experienced or witnessed in the military. For example, Tommy J. (28, Marines, OEF/OIF), stated during his interview that substance use would help him with the symptoms of PTSD:

INT: Do you have symptoms of post-traumatic stress?

No, because I still smoke weed now.

INT: Anger? Outbursts of anger?

Yeah. Oh yeah. Yeah. Get my girlfriend in here, she'll tell you. We're very, very, very close but yeah.

INT: Have you found a way to be able to cope with that when you get that anger?

Yeah. I smoke weed.

Similarly, Zed L. (42, Army, OEF/OIF era) also discussed how substances help with his post-traumatic stress due to combat experience:

Honestly, me, it helps me immensely because of all my medial conditions that go along with it. As far as like anxiety and depression, it allows me to take a second and have information filter in little by little.

Sonny R. (31, Army, OEF/OIF era) also provided his narrative account of coping with substances after leaving the military and how using crack would help with his post-traumatic stress:

INT: Why were you using crack?

That rush, the endorphins, makes you feel great. The high makes you… it's flooded with that chemical but…

INT: Would it help your post-traumatic stress when you'd use it?

Yeah it did. Made me feel great.. made you feel good… till you're miserable, literally. Down and out.

Michael B. (57, Air Force, Gulf War era) described how he would use substances to take his mind off the things that he experienced during his military deployment:

I was an alcoholic. Things like that. Tried to fucking bury my thoughts, bury my feelings in a bottle. Those are just temporary solutions…I mean you start taking pills, what are you doing? You're destroying your liver. You start drinking with pills you're even destroying it more and the rest of your body. You're basically trying to kill yourself without knowing it. And that's what a lot of us, and that's why I ended up like I did because

> basically I was trying to subconsciously kill my thoughts and at the same time kill myself without thinking about that you know? Because you are. You're trying to repress those thoughts and you don't care what you're doing to yourself.

Narrative Substance Use Trajectories

A particularly important finding in the narrative accounts in the life-course of criminally involved veterans in the current sample centered on an examination of the different substance use trajectories they reported. The narrative accounts veterans provided indicated that, for some, substance use increased, or remained problematically high (from pre-military, to military, to post-military timepoints in their lives). Overall, and as overviewed in Table 3, 32 (35.5 percent) reported an increasing relationship with substance use consistently from the time they entered the military, during, and after being discharged from military service. Another 28 veterans (31.1 percent) reported increased substance used after the military only. Together, these two groups accounted for two-thirds of the sample reporting increasing relationships with substances during and/or after military service (for veterans who were using substances prior to entering the military). An additional eight veterans (8.9 percent) who did not use substances before the military, recounted substantial substance use beginning during the military and being sustained or increasing after being discharged from the military. In the end, over 75 percent of the current sample of criminally involved veterans detailed increasing relationships with substances over time. Conversely, however, eight veterans (8.9 percent) described their substance use actually decreasing in the military and subsequently increasing again after. Five veterans interviewed (5.6 percent) reported decreased substance use after the military, five (5.6 percent) increased substance use in the military

but decreased use after the military, one (1.1 percent) reported no substance use throughout the life-course, and finally no veterans reported decreased use both during and after the military.[5]

As overviewed above, there were 32 (35.5 percent) of veterans who described meaningful (sometimes sustained and sometimes increased) amounts of substance use throughout different life-course points asked about during the interview. For these veterans, substance use was a frequent part of their lives before they entered the military, subsequently, substance use increased during the military, and that behavior either sustained or even further increased after the military. Veterans like Sawyere A. (55, Army, Gulf War era) stated that he experimented with substances before the military, but during the military, he mentioned that his substance use increased and simply stated, "we drank just about every day, every day." Sawyere also mentioned that when he left the military that his substance use further increased with alcohol, and at the same time he also began to use crack. Kaspar G. (51, Army, Post-Vietnam era) also shared how his substance use increased throughout his life. He described his substance use before the military as something he would engage in "once a month," and he also stated that his substance use only continued to increase during the military. Furthermore, after leaving the military he described himself as having a drinking problem. He noted, "There was times I could put away a fifth of rum, or, what-have-you, vodka – not on a daily basis – but there were times I've done that."

Additionally, 28 veterans (31.1 percent) discussed how their substance use increased only after their military service. Veterans such as, Harold O. (60, Air Force, Vietnam era) described his substance use as a behavior that was not too frequent, and would engage in substance use "every other weekend," but when Harold O. came home from military service he started to use

[5] For three veterans in the current sample (3.3 percent), the trajectory of substance use before, during, and after the military was unable to be determined.

crack and described his crack use as a frequent habit by saying he used "Daily sometimes. Every day." Jon T. (27, Army, OEF/OIF era) also described not having increased substance use during the military but stated he developed substance abuse issues when he returned home stating, "once I got out of the military I started drinking about every day and then all the way up to probably a year or two ago." Jon went on to explain why he thought his substance use increased after the military:

> Mainly because I felt like I didn't have no obligations to anything. I didn't really have a care for anything anymore. I kind of lost all the passion in what I was doing. I just coped with it by drinking.

Substance Use and Criminal Justice Involvement

A second theme evident in the narrative accounts of the sample of criminally involved veterans surrounded the association between their substance use and subsequent criminal involvement. Many veteran participants described how their criminal justice involvement was ultimately due to their being under the influence of a substance while committing crimes, or how they would commit crimes to obtain substances. Overall, 65 of 90 veterans interviewed (72.2 percent), discussed in some regard how substance use impacted, at least partially, their criminal justice involvement.

Veterans frequently indicated that at the time of arrest, they were under the influence of substances. For example, when Wilbur C. (69, Air Force, Vietnam era), was discussing his criminal justice involvement at varying points in his life, he stated that he has been arrested for multiple DUIs, assaults, and batteries. When he was asked if he was intoxicated during each of these events, he stated, "Yeah. That's true." Likewise, Tamala C. (37, Army, Gulf War era) noted that she often would shoplift to support her substance use but to also feed her children. She also

indicated that during the times she would shoplift under the influence is when she would get caught. She mentioned:

> I was good at it. But that one time when you get too cocky…boom that's when you get caught. When I get careless or I go in there super high. And that's when I get caught. Every time I was super high, I got caught.

Veterans also described being arrested for charges related to public intoxication during their interviews. Those who had reported being arrested for public intoxication often described the situation as consuming alcohol or being intoxicated in public and running into the police. For instance, Winston E. (60, Army, Vietnam era) had received a public intoxication charge when he was leaving a bar one night because he started a verbal altercation with police officers:

> ...yeah man I done had scraps with the law. Yeah me being drunk, come out of the bar or something coming out the club, yeah man, yeah man. But it don't be nothing serious because I, you know, look I'm not going to take it no more serious than a… what they call it an uh whatever, they call it…alcohol in the street, whatever. You know disorderly like that…
>
> **INT: Public intoxication?**
>
> Yeah you like that, but that's as far as that ever went you know what I'm saying. Never no assaults you know what I mean. But yeah man, I had that yeah, I done had that a few times without a doubt yeah.

Fitz T. (32, Army, OEF/OIF era) described a similar situation when he had been drinking and riding his bike home from his friend's house. He stated that while he was riding his bike home, a police officer yelled at him to "Get the fuck off the street," and Fitz had responded "Fuck you." Shortly after, the police officer came up to him, the tense interaction continued, and Fitz was eventually charged with public intoxication. Veterans whose intoxication led to criminal justice involvement reported receiving DUIs, where 36 (40.0 percent) of the veterans interviewed recalled having received at least one DUI. Stacie W. (53, Air Force, Post-Vietnam era) received his DUI when he had returned home from the military and just graduated from college:

> Yeah so, I go back to college. Um graduate in 93. Get a job, I'm in sales. I got a DUI… when was that (participant thinking) surely maybe 94 something like that. Anyways I'm a block away from my house. I got a headlight out I get pulled over by a state trooper.

Stacie went on to describe taking a field sobriety test, and eventually was given a breathalyzer and charged with a DUI.

While some criminally involved veterans in the current sample described being intoxicated in public or receiving a DUI as the catalyst for entering the criminal justice system, other veterans discussed how criminal justice involvement was largely fueled by substance use/addiction. These narrative accounts revealed that some veteran participants would commit property crimes – such as theft or forgery –to obtain money to support their addiction. Horton M. (66, Army, Vietnam era), for instance, discussed how he would steal to make money to support his addiction:

> My average day was like getting up going to a McDonalds, washing up trying to keep my appearance up, trying to change my clothes and seeing what I can go steal. You know you go into all kinds of stores taking chances. I got into the store, I steal something myself, you know I might get $200, $300 dollars and after that go and do the same thing day by day by day it is just fortunate that I didn't get into a lot more trouble that I got into you know…
>
> **INT: …You were stealing to survive and for drugs?**
>
> Right, yep and we just, it's just every day is the same like, I get up, I hang with people that got high.

In much of the same way, Harold O. (60, Air Force, Vietnam era) explained how he had been struggling with a crack addiction, and described how he eventually wound up in the criminal justice system by attempting to forge a family member's checks to obtain the resources to buy drugs:

> I had started smoking crack cocaine and I got hooked on it and I wrote some checks that were not mine and cashed them in my bank. I drew a forgery charge. One thing led to another and, you know, I was put on probation and then after probation didn't work out, they sent me to prison for a year.

When asked about the forgery charge, Harold further noted:

> That was for the high. To get high. All the trouble that I have been in is because of wanting to get high. Getting money to try and get high. That's what my total criminal history has been about.

Harold was able to stay clean while he was in prison, but then relapsed when he was released, which was a violation of his parole and he had to spend the rest of his sentence in the county jail.

Casey M. (55, Marines, Post-Vietnam era) criminal behavior was often fueled by his addiction. He had been arrested for burglarizing a tire shop and said that he was stealing tires to

support his crack addiction. He stated, "I was having a relapse. I needed money for drugs. I didn't care because I was losing everything." Continuing his discussion from earlier in the findings, Jess J (32, Army, OEF/OIF era), further described how he became addicted to opioids during his military deployment, and how it eventually led to his criminal justice involvement. While he was deployed in Afghanistan, Jess said that to cope with the stresses of deployment, his friend back home would send pain pills in the mail, and his wife would even ship him concealed vodka, which helped him deal with what he was experiencing. When asked during the interview if it helped him, Jon stated emphatically,

> Hell yeah it did. You're on top of that 50 cal. And you're… I drank about a 20oz water bottle of vodka and took about 4 Vicodin, you're not giving a fuck about anything. You're feeling pretty good.

Consequently, Jess's addiction to pain medication led to him trying to forge a prescription while in the military and was discharged when he was caught doing so:

> So what happened was, so I was addicted to pain pills while I was still in the military. I tried to forge a prescription while I was still in the military and I got caught. Went to jail. Bonded out. Went to rehab.

Ines O. (48, Army, Post-Vietnam era) indicated throughout his interview that all of his criminal offenses were a result of him trying to support his addiction. He left the military and said his issues with addiction followed with him because he began to commit criminal acts to support his drug habits. He further indicated that as his addiction issues escalated and became more serious, so did his criminal justice involvement:

> **…**And when I was out of the military, I would do things to feed my habit. Committing small petty crimes, little larceny crimes. And then they grew as my addiction grew, so I started committing larger crimes which was like burglaries and thefts, you know…But never hurting people. I would, like, take things that didn't belong to me. So, in order to feed my habit.

The narrative accounts of veterans during their interviews in relation to their substance use and criminal justice involvement also revealed that individuals who were arrested for sexual offenses often discussed being intoxicated at the time of these offenses. For example, Kai D. (62,

Army, Vietnam era) shared that he had been "Drunk off my ass" when he would watch child pornography. Conrad M. (57, Army, Post-Vietnam era) also reported being intoxicated at the time of his sexual offense. He was staying with his brother, and one night he went out drinking. He returned to his brother's house intoxicated and solicited his seven-year-old niece for oral sex. Similarly, Harvey C. (50, Army, Post-Vietnam era) was charged with sexually abusing his 12-year-old daughter. The daughter told the mother that Harvey had inappropriately touched her. When asked if Harvey was under the influence of substances, he bluntly stated, "Well yeah it was basically my day off." Furthermore, Willie R. (29, Marines, OEF/OIF era) described the situation where, while using, he had sexual intercourse with a minor:

> **INT: …Tell me what happened in this situation.**
>
> Umm, it's criminal sexual abuse. I, I had sexual intercourse with a minor. She was a friend of my brother's friend. And come over to my house. I was intoxicated. We were all drinking. And she took a liking to me. I got her phone number. Didn't really care about her age, you know, because I was inebriated.
>
> **[When asked about drug use during the encounter]**
> Probably weed. Probably weed and yeah. Umm, we, we, I started enjoying her text conversations and had her catch a ride back and we started drinking again. And that's when I had intercourse with her

Cedric C. (58, Air Force, Post-Vietnam era) also committed multiple sexual acts with a minor while he was under the influence of substances. Cedric would engage in sexual acts with his teenage stepdaughter when he would come home from the bars, which lasted for a few months:

> **INT: Were you intoxicated when these "sexual relationships" would happen with your step-daughter?**
>
> Exactly. And I am going to tell you something here, here's another thing too… whenever I'd come home at night she'd be up waiting on me and you know wanting to do things. So I was afraid to come home, sometimes I slept at the <location> sometimes I slept in my truck down the block and there had been times where I'd sneak my truck in the back and I'd climb up on the trampoline and go to sleep because I just you know couldn't, I couldn't stop myself from doing things.

While Cedric implied that he had been able to control his predatory impulses against his teenage stepdaughter when he was sober, it was too much for him to resist when intoxicated. Eventually, the stepdaughter told her mother (Cedric's wife at the time) about the situation, and Cedric subsequently went to prison.

During their interviews, some criminally involved veterans also considered how their substance use would lead to other types of violent altercations while they were under the influence. veterans discussed physical altercations that would occur in public. Wilbur C. for example, (69, Air Force, Vietnam era) had been arrested multiple times for assault and battery while he was intoxicated at bars. Additionally, Sawyere A. (55, Army, Post-Vietnam era) mentioned that when he was in the military they would drink and fight with each other, a behavior he said continued when he came home. He stated that his criminal record was due to drinking and starting trouble, and he described the instances where he would find himself in trouble, "…in the bars. In the bars. Same thing we did in the military. I brought it out here." Sherod J. (69, Navy, Vietnam era) also described an instance where he was arrested for engaging in a fight while he was drunk:

> I went off drinking and we started shooting pool somewhere. Some guys started talking crazy about us and knowing me, I'm like, "hey man everything is cool", but he got in our business. And I said hey fellas we can go. It's just the way I am. I don't change from today to tomorrow. I'm always going to try and say, hey man this don't make no sense. Because somebody is going to get hurt. Why? We can just let it go but then the guys didn't want to forget about it. So, we got in a big fight and they locked me up.

Pete A. (33, Navy, OEF/OIF era) a combat veteran who described drinking overseas, but no drug use, developed a cocaine addiction when he came home, which later developed into an opioid addiction. Pete would get his pills illegally from a doctor who sold them to him, but eventually, the doctor was arrested for doing so. Adam suffered immensely from withdrawals from the opioids and eventually started to use heroin. Pete described the situation:

> …Went to rehab again. In [date] I got arrested for the very first time in my entire life. It was over heroin. I was speed balling with heroin and meth and I caught a misdemeanor battery charge… I got in a fight with a guy at a bar, beat him up pretty bad.
>
> **INT: What was the fight about and were you high?**
>
> Oh yeah, I had just been up for a long time and he had just picked the wrong time to fuck with me. So, I went to jail for that and then stuff really started to spiral downhill at that point.

Chris K, who was highlighted earlier in the section, (30, Marines, OEF/OIF era) also discussed being prone to violent behavior and even used a weapon while under the influence of substances. In his interview Chris described engaging in a fight at a bar while he was intoxicated:

> So, I'm drinking, living rough. It was just…and then we had separated too [talking about girlfriend]. We had separated when I had first got home. And then we tried to make it work because I had gotten a house and we tried to be better and do better things and then it just slowly fell apart. And then I caught her cheating on me and I lost my shit, man. I hurt the dude at a bar and everything else.
>
> **INT: You got into a fight with the guy?**
>
> Yeah, yeah. And like I said, that was another, he was one of those, he was a big boy. He was a big fucking guy and I just, I was fucked up and my training kicked in and it told me, oh hand-to-hand he's probably going to hurt me. And if I go down, he's going to kill me. So, I had that mindset if I get knocked out, he's going to kill me, you know? So, don't let this bigger guy knock you out. So, I pulled out a knife and cut him up. And that's what it was.

Overall, the analysis of the veteran's discussion of criminal involvement in the life-course showed that substance use was an important attributing factor in their narratives of criminal justice involvement. Veterans participants discussed situations where substance use would be partially responsible for their criminal offending, whether it was being arrested for being intoxicated, committing crimes to obtain substances, or committing crimes due to being intoxicated. Ultimately, veterans believed that substance use had impacted their criminal offending throughout the life-course and provided a substantial amount of narratives about this.

Negative Emotional & Socio-Behavioral Life-Course Narratives

Another theme that was apparent for criminally involved veterans and their relationship with substance use is that veterans revealed how they perceived substance use/abuse/addiction to impact the overall quality of their lives. Veterans often discussed how they believed their relationship with substance use negatively impacted emotional and socio-behavioral outcomes as well as their life-course trajectory.

Negative Emotional Outcomes

First, the analysis revealed that veterans in the current sample provided personal accounts that described how substance use generally impacted their emotional well-being. Henry W. (57, Air Force, Post-Vietnam era) described using substances as an "escape" and that so he could "forget" things, if only for a few moments. Casey M. (55, Marines, Post-Vietnam era) used opioids to help with his mental health problems, discussing when he was high, his anxiety would "melt into the mattress." Wilbur C. (69, Air Force, Vietnam era) explained how his drinking increased during the military because he was experiencing a lot of stress and depression which he noted made him drink even more. Trevon W. (51, Army, Post-Vietnam era) described that he had never felt depressed at any point in his life, but after using drugs, he would feel depressed and eventually began taking anti-depressant medication.

Some veteran participants also considered some of the negative feelings that were associated with being high on a substance, or what it would feel like to come down off a substance. For example, Slade R. (30, Army, OEF/OIF era) discussed how his years long addiction to heroin had provided an interesting analogy:

> The best way I can describe heroin addiction, you know how bad people are addicted to their phones? Take that times 100 and your body gets the worst pain you felt before. If you've ever had food poisoning, take that times 10 and that's what you feel like when you don't have heroin when you're on it.

Slade also provided detail about crack use during the same time period and hypothesized during his interview, "Maybe I was just depressed, I just wanted to throw away everything at once, but I tried it just to, because I'm doing heroin why not do crack?" Similar to Slade, Fiona F. (31, Army, OEF/OIF era) detailed her life-course experiences with substance use, revealing how she felt emotionally while high on meth:

> **…**Great. I don't hurt I'm busy. My mind is going 100 miles an hour. I just…

[asked about her emotional state when the high was over]:

> Oh, I'm a bitch. Um I'm tired, I don't feel good, my body hurts…Um I didn't realize it until I got here, but I thought I only slept for like three days when they arrested me here. Um and I guess they said I slept for like three weeks and that make me feel like crap…

Karen G. (43, Navy, Gulf War era) provided details about how using crack made her feel:

> I hated it. I fucking hated it. All my life, my heart rate's always been a resting heartrate of 100. You smoke this shit, my heartrate would be up in the 140s and 150s. like I feel like I am having a heart attack. So, I hated it… but I liked the high. But I didn't like how it kind of made me physically feel. I mean like the heart pounding and the—so but it just—it didn't last long, you know? So we wanted more. That shit destroyed my life and it destroyed <boyfriend's> and it destroyed *our* lives.

Michael B. (57, Air Force, Gulf War era) struggled with abusing morphine and alcohol and discussed how his substance use made him feel while also grappling with his experiences in the military:

> You'd have your best friend be killed. You come back and you can't grieve because you have to go back out. If you worry about it then, your ass is going to be the next one in the bag. So, you don't worry about that kind of crap. You learn to not grieve and that is a big problem later on in life when things actually happen to you and close things, that stuff and you don't, know how to grieve because you never have grieved. Like myself, I buried myself in a bottle of pills and drugs and stuff like that and that's what led to my incarceration.

Negative Socio-Behavioral Outcomes

While substance use was depicted to have negative emotional outcomes, veterans interviewed also explained how they perceived substance use potentially impacted negative behavioral outcomes. For example, some veteran participants explained how their substance use led to a strain in their romantic relationships. This included substance use being the catalyst for many verbal/physical arguments, or intoxication being associated with veterans acting out in negative ways. James T. (51, Navy, Post-Vietnam era), for instance, stated that his substance use problems had a "snowball effect" on his life. Indicating that after he received a DUI, he lost his driver's license, and is now unable to work. Being unemployed as a result of the DUI, and having to pay fines and classes to complete his probation, James T. described how it would cause arguments with his wife, stating,

> that's why my wife is so upset because no money is going to her, and then if I do get some, she goes, well I need that, well no you don't because I have to get this done…its just a big catch 22.

In considering how his substance use impacted his relationships, Phil T. (52, Army, Post-Vietnam era) was even more emphatic. He thought that his substance use was a factor in his divorce from his wife, noting that his wife didn't like him using substances, but he still chose to use them regardless. He stated, "I partied still, I went out to the bars and drank with my friends after work, and she didn't like that. And I was like, I'm not changing…so I kept drinking, kept partying." As a result, his wife eventually filed for a divorce. Keith K. (39, Army, OEF/OIF era) also reported that every time that he would get into a fight with his wife that he was "high the whole time." When Jess J. (32, Army, OEF/OIF era) came back from his military deployment, already struggling with significant substance dependence at the time, he indicated he started to drink even more after coming home and had affairs that naturally placed an almost insurmountable strain on his relationship with his wife:

> Yeah, I'm trying to, umm, because I'm feeling angry, suicidal, homicidal, I mean I'm just really at the point I didn't need to be around her or the kids. She couldn't understand that, it's like I'm leaving to protect you. But in the mean time when I'm leaving, I'm going to get drunk and fool around on you and do this and do that, you know what I mean? So, it didn't work too well.

Other veterans described becoming physically abusive with their significant others when using substances. Travis M. (42, Marines, Gulf War era) discussed being involved in an altercation with his wife in this type of situation:

> **INT: When you guys would fight did it ever become physical?**
>
> Yeah a little bit
>
> **INT: were you intoxicated when it would become physical?**
>
> Yeah. And it was me. It wasn't her, I mean it was me…I would grab on to her and say I was restraining her and it really wasn't. It was just being that asshole. When I drink, I'm an asshole.

Olivia T. (48, Army, Post-Vietnam era) also revealed that when she was under the influence of alcohol that she became violent towards her significant other. During the discussion of this topic, Olivia shared that she had "busted a cabinet drawer" over her husband's back, and when asked why she did it she stated, "I was drunk and mad about something". Jafari O. (60, Multiple

Branches, Post-Vietnam era) described an instance where his partner and he were both under the influences of substances and a verbal argument turned into a physical altercation. He stated, "Then he said something about my mom and I just went, I had a blackout and I grabbed him and I hit him…broke his nose and he ran out of the apartment." Chris K. (30, Marines, OEF/OIF era), discussed during his interview how he frequently became violent with his wife while he was under the influence of substances:

> Yeah…when I started drinking really bad. Really heavy…drinking a gallon of vodka a day. And then I met somebody worth trying to pull my life back together for and then shit fell apart again. And then in 2014 all these stressors and triggers come on, I finally attempted suicide, and then I started drinking all over again. So I started hitting the bottle real fucking heavy. I was doing horrible things to keep getting drunk. I was starting to black-out more. And then the beginning of 2015 was, I think I put my hands on [her] again, put my hands on my ex-fiancé again. I slapped her.

Overall, veterans in this sample indicated that substance use had potentially produced negative outcome within their romantic relationships. The narrative accounts show that some veterans believed that their substance use may have caused strain and/or violence in their romantic relationships.

Veterans in the current study also discussed how their substance use would impact them from holding down a job. Trevon W. (51, Army, Post-Vietnam era) came home from the military with substance abuse issues. In his interview Trevon described how he wasn't able to keep a job for an extended length of time:

> I got home. I had two months of leave. I used that job searching. Basically, I just was in and out of jobs, because the drug use was still going on. I lived with my parents for so long. Maybe—maybe almost a year.

Loretta R. (57, Air Force, Post-Vietnam era) also lost her job because of her addiction to crack:

> Yeah I was doing a lot of going back and forth to <location>. I was going to, make it so bad, I was getting ready to get promoted to my own motel in <location>. See I tell you my life I had a real….
>
> **INT: Crack destroyed all of this?**
>
> Yeah and I just didn't give a damn no more…Yeah and then you know I can't, then you know shoot. What am I going to do now you know? At first, I was overqualified for factory jobs, now all of a sudden…

Loretta R. had also been arrested several times for theft in order to fuel her addiction in which she received a felony charge. As a result, it made it difficult to find employment – a problem she is still struggling with. Henry W. (57, Air Force, Post-Vietnam era), also lost his job as a pipefitter because he was smoking crack with his wife, which eventually landed him in rehab. While in rehab, Henry wrote letters to his old boss and was able to get his job back. Unfortunately, however, he went back to being a "functioning alcoholic," which eventually led to the loss of his job a second time:

> Eventually, that alcohol dependency kind of interfered with my work overtime, and then pretty much took completely over. Alcohol was the cause of me losing that job. I started missing work on account of it. Get up early, wake up at like three o'clock morning and I'd start drinking because I couldn't sleep. Even if I tried to control it, I still had to drink. I don't know what it was. Even if I tried to control it. I still had to drink. I don't know what it was, but something had to be done in order to relax and drinking was it. That's how I stayed calm.

Another negative outcome veterans described surrounding their substance use was that of homelessness. A few veterans reported becoming homeless because of substance use and addiction issues, or that their substance use increased as a result of not having a home. For instance, Ines O. (48, Army, Post-Vietnam era) believed his addiction led to his eventual homelessness. During his discussion, Ines explained that his wife had kicked him out of the house because of his substance use. He recalled, "I was homeless for some time. That addiction had me out like a Viking, a barbarian." Roger R. (49, Navy, Post-Vietnam era), however, talked about his time being homeless as a choice, saying that he was too embarrassed to reach out to his family because he did not want them to know he was using substances:

> I've been homeless off and on for about… I've been homeless off and on for about 15 years maybe. And that's by choice. I can go home. I'm not like a lot of these guys…there's always a place for me at home. My family has never seen me high. When I tell them stuff that we talking about they never believe it…

Caleb C. (30, Army, OEF/OIF era) stated that when he came back from the military, he was living with his parents, but he was kicked out after his mom had found his crack pipes. As a result, Caleb C. was forced to leave without another place to stay. Similarly, Trevon W. (51, Army, Post-

Vietnam era) came home from the military and lived with his parents, but his substance use increased, and his parents asked him to leave. As a result, he became homeless and his substance use subsequently increased even more:

> **[Describing people his parents did not want in their house]** These were crack smokers, not very well taken care of themselves, and with the late nights coming in, eventually, they asked me about after a year and a half for the key. And I became homeless.
>
> **INT: And you were using crack this whole time?**
>
> Yeah… and drinking. Drinking started—the drinking started getting heavier then.

Suicidal Ideation

A final negative behavioral outcome that was discussed in relation to substance use was suicidal ideation. Of the sample of 90 veterans, 22 (24.4 percent) discussed instances where substances were involved in suicidal ideation and/or a suicide attempt(s). Kenneth E. (67, Air Force, Vietnam era) mentioned having suicidal ideation but never tried to commit suicide. He stated that when he was intoxicated it caused him to have suicidal feelings, but stated he never actually attempted to harm himself. Martin A. (56, Air Force, Post-Vietnam Era) described that he was dealing with clinical depression and that his alcohol use contributed to the clinical depression. At one point it became so unbearable he tried to hang himself and recalled that he was "definitely drunk that night." In describing how his own alcohol consumption had an impact on his mental health and suicidal thoughts Jon T. (27, Army, OEF/OIF era) said:

> Whenever I found out I wasn't getting to see my kid anymore. I had points where I would feel like just ending everything. I was like "I just don't want to have to wake up every day thinking about how she gets to see my son and I don't" and then I'd start drinking and then it made it worse and then that pretty much got to the point where I found out I don't need to drink because even now I feel all it does is by the end of the day make me more convinced…that "yeah it'd really be better if I was just gone."

Some criminally involved veterans in the current study discussed how the traumatic events they faced during their military service played a role in their suicidal thoughts. Chris K. (30, Marines, OEF/OIF era) discussed previously, had also attempted to commit suicide multiple times.

Many of the triggers from his time in the military accumulated into him consuming "a gallon of vodka every day" and discussed what he thought might have led him to become suicidal:

> After that I had relapsed and that's when I attempted suicide for the first time. Not the first time I had contemplated it. It was just the first time I had really had enough and said fuck it. And 2014 was just on and off periods of me trying to stay sober and what not and relapsing, and then it was just getting worse and worse. So things on the news were coming up you know...So I was like, "See, I fucking told you, the war followed us home." And that's where I get caught up with sometimes. I'm like fuck the war is here, you've got enemy operators here… and it doesn't help my PTSD...

William A. (31, Army, OEF/OIF era) completed multiple deployments in Iraq and Afghanistan, and when he returned home, he indicated that experiencing and witnessing the "casualties of war" led him into a "severe depression" where he tried to commit suicide by taking a whole bottle of prescription pain medication, which resulted in him having a stroke but he later attempted suicide again:

> Came home. I was broke again, working like security at bars, being bartender, things like that. Started drinking, drinking, drinking when I was bartending at night and then it spiraled. My brother seen me he was also bartending, same bars, where he seen me—I handed him my keys one night I said "I'm gonna walk home." He's like, "it's really odd the way that you gave me a hug and said, 'I love you'." And then my buddy had found me the next morning. Because they wanted to see if I had a hangover...And I spent a week in the hospital.

Negative Life-Course Narratives

During the discussion of substance use throughout the life-course, veterans also indicated that they believed substance use was a significant factor in how their life-course unfolded. When asked about one's overall perspective when looking back on their lives (from the time of the interview) 22 veterans interviewed (24.4 percent) proclaimed substance use and addiction to be among the worst things that happened in their lives. In these instances, veterans normally stated that their substance use most likely altered the way that their life ultimately unfolded in particularly negative ways. For example, Pete A. (33, Navy, OEF/OIF era) indicated that if he could control any outcome of his life:

> I would have never used drugs. Ever. I would have never used drugs, drinking, whatever...I would have never used cocaine. That's where I would go back to. I'd go back to 2010, where I did my line of cocaine and I would never do that again.

Roger R. (49, Navy, Post-Vietnam Era) shared similar sentiments hypothesizing that his life would have been different because when he was sober, he was able to stay focused on doing what was best for himself. Roger discussed that during periods of sobriety he was able to be productive, saying, "…Periods of time that I wasn't ever drinking, anything and everything I wanted or needed to do to better myself I was able to accomplish with little or no effort on my part." Adam R. (58, Army, Post-Vietnam era) also discussed that if he could go back and change anything it would be, "I wouldn't be trying to do no drugs If I could change anything." Thomas R. (59, Air Force, Post-Vietnam era) also believed that his life would be different if he did not use drugs. During his interview, Thomas described it as the "catalyst" for all the negative things that happened to him throughout his life. Likewise, Whitney L. (54, Army, Post-Vietnam Era) indicated that if she could go back and change anything in her life, it would be her drug use. Whitney L. had been addicted to crack for many years before going to prison and thought that her drug use led to other negative life-course outcomes which unfolded:

> **INT: Looking back on your life if there's anything you can go back and change that you regret or anything…**
>
> Drug use.
>
> **INT: That first time you picked up the crack pipe?** Mhm. Well I mean it knowing now what I know. I wouldn't have ever done any of it, but the crack pipe was the one thing that really got me. But I mean quite frankly I wish I hadn't of done any of it now but that's really my biggest regret because then that lead to a lot of other really bad choices that I regret terribly, but that was the one that initially kicked it all off.

Similar to Whitney, Ian C. (57, Army, OEF/OIF era) also felt substance use led to negative events unfolding throughout his life:

> **INT: Looking back on your life, if you could change one thing or do one thing differently, what would that be?**
>
> I would say I would stay away from alcohol. Alcohol has caused me a lot of trouble so yeah…But you know, at that age, drinking was pretty prevalent I mean it was. I mean everyone I knew drank. All my sisters'

> boyfriends drank, my uncles drank, you know a lot of kids I went to school with drank, so it was just you know and in the Navy I mean everybody drank. So, I mean it was kind of part of the culture and I didn't realized what it was doing to me, or I didn't realize that—I thought everybody who drink, drank the way I did, but apparently some people can handle it, some people can't. took me a long time to realize that I'm one of the people that just…

Trevon W. (51, Army, Post-Vietnam era) who also thought his life would have been different if he had not had issues with substances and considered what could have been:

> Not partake in drugs and alcohol. I could've went places. I foresee myself, if I had to guess, I would've retired out of the military. I would've had—then I—would I continue, I would've been 38 years old. Very young for retiring. I would've been employed somewhere else, married. I would've been like my dad in the aspect of taking my kids and their friends out to eat or maybe volunteering at some YMCA.

Ines O. (48, Army, Post-Vietnam), an individual who had struggled with substance use throughout his time in the military and after, was almost sentimental when he considered an alternative life-course trajectory in which he had not struggled with sobriety as an adult:

> **INT: If you had a magic wand to go back and do one thing over in your life, what would you do differently?**
>
> Stay sober. Stay sober. Stay sober. My family. I love my family. My kids. I love my kids. I love my wife. I loved being in the military. I liked all the jobs and all the education I received. Everything. Man, if I could just stay sober, Shit, my life would be totally different right now. We wouldn't be sitting here talking. I know we wouldn't be sitting here talking. You'd be somewhere else, and I'd be somewhere else. I'd probably be, I don't know, Costa Rica somewhere camping in the mountain. You know, avoiding those poisonous frogs. You know the ones with— The poison dart frogs…Swim in those crystal blue waters with the black sand.

CHAPTER V: DISCUSSION

The current thesis sought to expand upon an important but underexamined topic in the field of social science research – how veterans' experience substance use/abuse/addiction from their own viewpoints, and the perceived impacts substance use has on their lives. The results of the semi-structured interviews with 90 criminally involved veterans revealed multiple important considerations surrounding perceptions of their relationship with substance use. First, substance use pre-military, during the military, and post military were prevalent for the sample. In addition, a substantial majority of veterans interviewed overviewed ways that their substance use stayed consistently high or increased during and after military involvement. Second, the majority of the veterans in the current sample provided narrative accounts considering how substance use was directly related to their criminal involvement at differing points. Third, the analysis further revealed that veterans perceived their substance use in negative ways, with roughly one-fourth of the veterans interviewed even going so far as to describe substance use as the "worst decision" they have made in their lives, or the one thing they would like to change or do over.

Overwhelmingly veterans interviewed in this project had a substantial relationship with substances at least at one point, and normally at multiple time frames. In general, most veterans reported using substances prior to military service, and for many that use continued or increased use during their military service, and subsequently continued or increased after their military service too. There was only a single instance in the current sample in which a veteran reported never using substance across their life-course. Furthermore only a few reported both a decrease in their substance use during and after their military service. Historically speaking, the use of substances in the military has been somewhat common, perhaps even becoming a cultural aspect of military service. For example, substance use in the military can be seen as a way to promote

unit cohesion and camaraderie between its members (Ames et al., 2009; Bryant, 1979). This prior research aligns well with the current findings, including instances where veterans stated that substances were used at military events and parties frequently, and sometimes with encouragement from commanding officers. Overall, the criminally involved veterans in this sample overwhelmingly reported to have used substances in the military. Individuals in this sample described a lack of discipline for substance use, describing how their supervisors would enable their substance use or even engaged in substance use with them on occasion. After leaving the military, eligible veterans were able to use substance abuse services at the VA, and there are multiple different programs which provide services for substance abuse. However, not enough attention is paid to past substance use for individuals before they enter the military, who could technically be predisposed for substance use problems that might only be confounded by military service. Furthermore, if oversight of substance use is not present during military service for veterans, or is even promoted by some, it could also lead to further problematic substance use. Additionally, when individuals are discharged from the military, exit counseling that includes substance abuse screening, or information on how to access treatment, is not mandated. Perhaps by changing the way the military educates and screens for substance abuse issues for new recruits, active members, and returning veterans, it could lead to more veterans being aware of the issues, and proper care for substance abuse. Addressing this issue may be difficult, given that the screening for substance abuse issues for military members and veterans hasn't always been shown to lead to improved clinical outcomes (Seal et al., 2009). However, policy makers could consider revising how to screen for substance abuse issues when discharging members from the military, given that many veterans return to the public with substance abuse issues and those are often exacerbated by the stressors of military service (Teeters et al., 2017).

Within the current analysis a substantial number of veterans reported increased substance use after leaving the military. The finding that veterans continued their substance use after their military service is supported by earlier research on the topic (Derefinko et al., 2018). In this particular study the researchers found that most veterans reported to continue to use alcohol after their military service, but also found that the use of illicit drugs increased between military service to post-military service for the veterans in the study. However, it is important to note that there may be some concerns with causality and spuriousness when linking substance use increases solely due to military service. Individuals who are prone to using substances may also be more likely to join the military as well, thus creating a selection effect in which those particularly vulnerable to substance related issues, are also more likely to serve in the military. Furthermore, as research has previously emphasized, the military may serve as a "knifing off" (Caspi & Moffitt, 1993) point for some veterans in which joining the military serves as the turning point to direct a person down a new life-course trajectory. For others, however, it appears that the military simply serves as a "point of pause" in that behavior. To explain, for some in the current study, they remained substance free while in the military, but returned to old habits and engage in increased substance use. For the majority of the veterans interviewed, however, their substance use continued to increase over time, or stayed consistently problematic while in the military and after being discharged.

Overall, 32 (35.5 percent) veterans interviews described in their narrative accounts a life-course trajectory that consistently included substantial use of substances. In these instances, veterans turned to substances most likely, at least partially, to self-medicate as a result of many of the stressors that come with military service such as deployment, combat experience, and the lack of contact with one's friends and family. This is consistent with research that indicates that military

members who are deployed overseas, in a high-stress environment, or experience combat may increase the likelihood of substance abuse (Shen et al., 2012).

Policymakers should consider expanding substance abuse services for the veteran population. Not only should there be additional services for substance abuse, but there should also be services that assist with the collateral consequences that are associated with substance abuse. For example, criminally involved veterans in this sample discussed their substance use being associated with losing jobs, housing, and an overall deterioration of social and economic capital. Services such as those that can help veterans find employment, housing, health care, and counseling should be expanded to help veterans with this issue. However, programs that provide aid for veterans with these issues need to be made known to veterans that they exist, and specifically, how a veteran can apply for these programs or access services within the VA or other agencies in their communities. Additionally, these services should not be limited given a veteran's status within the criminal justice system. All incarcerated individuals, including veterans, should have access to medical and social services within prison to address issues with substance abuse, to assist in their recovery and to help ensure a proactive transition to the community after incarceration. Correctional facilities should also work with the VA to implement and expand veterans groups within jails and prisons. veteran groups in prison could possibly bring veterans together and share their perspectives and stories on their substance use and to provide comradery and moral support. These services should also be extended to veterans on probation and parole. Community corrections officers should work with veterans on their substance abuse issues, by explaining which kinds of services are best for them, how they can access them, and be cognizant of the complexities surrounding substance abuse for the veteran population.

Another important consideration from the current findings was that veterans interviewed described their substance use being associated with emotional and socio-behavioral outcomes that were frequently quite negative. Several veterans described their relationship with substance use playing a role in the quality of their overall well-being, romantic relationships, employment, homelessness, suicidal ideations, and life-course trajectories. As a result of substance use impacting negative life-course outcomes in so many areas, according to the veterans interviewed in their own narrative accounts, we must consider how we might provide an array of services to veteran families (and specifically for the current thesis project, criminally involved veteran families). For example, one policy consideration would be to continue to expand mental and behavioral health services for veterans, expand funding and eligibility for these services, provide better education on these services and information regarding access, as well as create more service opportunities for criminally involved veteran family members too. Expanding these services to educate military families with a criminally involved veteran could provide additional beneficial outcomes like educating family members about what the veteran's military service, and to consider how trauma and exposure to trauma (even vicariously) can be significantly associated with substance use and abuse. Providing more available services for veterans, more access and education about these substance use services, and more education and programming from the family members of criminally involved veterans would have substantial potential to strengthen the social support these veterans receive.

Veterans also believed that their substance use profoundly (and negatively) impacted how their life played out. As a result, an important aspect to consider is identifying where substance use starts to become problematic. Given that a significant amount of veterans in this sample indicated that their substance use continued to increase from the start to their military service to

their life after the military, policy makers and practitioners must at least consider how the institution of the military, and the negative outcomes from military service for some individuals, could directly influence the development of problematic substance use, abuse and addiction that subsequentially could lead to a variety of additional negative life-course outcomes (e.g., divorce, domestic violence, criminal involvement, suicidal behavior). With so many criminally involved veterans in the current sample indicating that their lives would be different if they never used substances, or stating their substance use led them down a particularly harrowing life-course path, policymakers would be well served to examine where trajectories of addiction and problematic substance use begin in veteran populations. Furthermore, experts should also strive to identify specific commonalities among veteran substance use in regards to military service, and target veterans Affairs (VA) and community programming for veterans to better address substance abuse problems before they escalate, and subsequently lead to maladaptive outcomes like long-term addiction, serious criminal involvement, and even self-harm.

In regard to self-harming behavior, suicidal ideation and/or a suicide attempt was reported among 22 (one-fourth of the sample) of veterans interviewed. On any given day in the United States, 22 veterans die from suicide and veterans who have substance abuse issues are more than twice as likely to die by suicide than veterans without substance abuse issues (Veterans Affairs, 2019). Prior research on suicide with veterans has indicated that veterans with suicidal ideation tend to have experienced combat or are suffering from a mental illness or substance abuse issues (Veterans Affairs, 2019). The prior research aligns with what was found in this thesis, with many veterans who described suicidal attempts as result of a deterioration of their mental health due to traumatic events in the military, from substance use, or from a combination of both. While the findings from this thesis cannot determine if substance use was solely responsible for suicidal

ideations, it can be determined that there was a significant history of substance abuse for those who attempted suicide, and that substances were often used before and/or during the suicidal behavior within this sample. To address this issue, it is possible for the military and/or community treatment providers, or even the criminal justice system to better identify those veterans at greatest risk for suicidal behavior, and implement or expand behavioral health programming around mental health and substance abuse issues. Furthermore, these programs should target mental health and stigma around receiving mental health treatment, so veterans can feel more comfortable receiving these services during their time in the military, and when they return back into the community. It is also important to implement better discharge planning for criminally involved veterans (both at the time of leaving the military and the correctional system). Finally, policymakers should also continue to seek out more opportunities to address the code of silence that exists within military populations where great stigma exists among many veterans who are sometimes extremely hesitant to discuss their substance use and mental health needs with others.

A third key finding in the current thesis, and perhaps the most pertinent to consider among a group of criminally involved individuals, was the majority of veterans in the current sample were involved in the criminal justice system, sometimes fully, often partially, as a result of their use of substances. Overall, research on criminal offending has indicated that there is a strong relationship between the use of substances and criminal offending (Kouri et al., 1997). The findings in this thesis largely mirror prior research on this topic that has indicated substance use to be a key predictive factor for veterans to enter the criminal justice involvement (Erikson et al., 2008). veterans interviewed for the current project stated they would find themselves sometimes arrested for being under the influence of substances, committing crimes to support their substance use, or committing crimes because they were under the influence of substances. With this finding, we

could theoretically make the argument that several veterans interviewed, had they not had such significant and problematic relationships with substances at varying time points, would have never become involved in the criminal justice system.

Furthermore, if problematic substance use developed as a result of military service, and led to criminal justice involvement, it can be argued that military service played a significant, albeit indirect role in criminal justice system involvement. By examining narrative accounts of criminally involved veterans, scholars and policy makers are better situated to begin to understand why individuals believed they become involved in the criminal justice system, where they supposed they developed significant issues with substances that assisted in their criminal justice involvement, and ultimately the context and multifaceted considerations behind both of these negative life course outcomes. Listening to the perspectives of criminally involved veterans could also help policymakers. By listening to those who have experienced time in institutions or programs, it could reveal what they thought was helpful and what could be better.

When considering policies to assist criminally involved veterans overall, VTCs have demonstrated some early promise. Continuing to make these specialty courts widely available around the United States to assist criminally involved veterans in the criminal justice system currently makes for reasonable policy. While evaluation research has not fully determined the overall effectiveness of VTCs to date, research has pointed to multiple benefits VTCs can have including addressing the criminogenic needs of veterans in these programs (Tsai et al., 2016). Rather than veterans being incarcerated, VTCs provide an alternative where veterans are offered substance abuse treatment and receive individualized services which can target underlying causes for criminal behaviors and address other behavior health needs.

Veterans groups within jails and prison could also assist veterans during their incarceration, and with their transition into the community. These groups help veterans become aware of their benefits available from community resources, counseling, and help them verify their veteran status. VA administrators may also want to consider the promotion of substance abuse services given that substance abuse is highly associated with recidivism (Hoffman & Beck, 1985), and newly released inmates are at a higher risk of overdosing from substances (Binswanger et al., 2007). The veterans Health Administration (VHA) currently assist incarcerated veterans with their reintegration process through their Health Care for Re-entry Veterans (HCRV), which helps veterans with housing, health, and social services. Going forward, the effectiveness of the HCRV program should continue to be evaluated and expanded as needed. Overall, there should be additional preventative measures in place for veterans when they become involved in the criminal justice system. Being an overrepresented population in our criminal justice system today, it is imperative that we examine the criminogenic needs of the veteran population and try to divert them into services and programs that will benefit them and address their behavioral health needs most.

Limitations

To date there is little empirical analysis that has explored the relationship of substance use within criminally involved veterans regarding their own narrative accounts with substance use, and how it may specifically impact them. As true with all research studies, however, the current thesis should be considered with a specific set of limitations in mind.

First, the data analyzed for this thesis was previously collected for a larger National Institute of Justice study which explored the life-course of criminally involved veterans. While this analysis was compromised of 90 semi-structed interviews of criminally involved veterans (the vast majority of which were living in Illinois) and explored their narrative accounts with substance

use, the current participants compromise a non-generalizable availability sample of 90 veterans. Generalizability of this qualitative data is limited due to the sample size, and the nonprobability sampling methods used to collect the data. Within this sample there are also issues with selection bias. Veterans who do not think substance use had impacted life-course outcomes or who do not get involved in the criminal justice system may possibly having different relationships with substances. Therefore, the findings in this thesis is a product of a sample of criminally involved veterans, but however, the veterans who join the military and don't get involved with the criminal justice system may have the same or different experiences with substance use.

As a result, the findings within this sample of criminally involved veterans is not generalizable to any other criminally involved veteran population within Illinois, within the United States, or the experience of veterans or criminally involved people in general. Criminally involved veterans in other geographic locations could potentially vary in their experiences with substance use and may have different perceptions on how they believe it has impacted their lives. Additionally, it is also important to consider that some veterans in this sample were drafted by the military before the All-Volunteer Force began. Therefore, these individuals may not have chosen to join the military. As a result, it is possible that the draft in the Vietnam era may have contributed to substance use if that individual did not want to be in the military. Although generalizability is an issue, the results from this thesis can be used to begin to theorize how veterans experience substance use by their own accounts, and in what ways they believe it has impacted their lives. By doing so, we can attempt to examine other veteran populations through their narrative accounts to determine if there are any commonalities and differences in their experiences with substance use, as well as extend the sample size and sampling strategy to examine these.

Another limiting factor for this thesis is that the project for which the data were originally collected was to examine the life-course narratives of criminally involved veterans. While the interviews covered a variety of subjects, including substance use, substance use was not a main focal area of inquiry during the interviews. As a result, many aspects of the veteran's substance use were not addressed or expanded upon beyond the initial considerations on the topic, often on the part of the veteran participant. Additionally, due to the self-report nature of the data collection, participants decided what they wanted to share with the research team, and there were some instances where participants did not want to disclose certain experiences regarding their substance use, or discuss it in detail. Issues with self-report data is a common limitation when conducting research with human participants, and it is important to consider that veterans in this study may have held back certain opinions for a variety of reasons. veterans may have felt embarrassed to share their experiences with substance use, or also may not have wanted to disclose information if they did not feel comfortable sharing this information with the research team. It is also possible that veterans may have been hesitant to share information with the interviewer due to his own positionality in relation to theirs (a white male academic who is not a veteran and that each participant met for the first time as a result of being involved in the criminal justice system). Finally, certain veterans in this sample may not have been open to discussing particularly emotionally triggering memories or situations. In sum, each of these limitations should be considered on the part of the reader when weighing the overall merits and findings in this thesis.

Conclusion

Veterans in the current thesis provided life course narrative accounts regarding their substance use, as well as reflections on how their substance use may have impacted differing time points in their life-course. Historically, narrative research of criminally involved individuals is an

understudied area, and there is almost no examination of the narrative accounts of criminally involved veterans substance use. More specifically, we know little about how criminally involved veterans view, and how they experience substance use. Previous research has indicated that veterans are at a high risk for having substance abuse issues and forming substance abuse disorders. Substance abuse has also been found to be a predictive factor in veterans incarceration status (Straits-Tröster et al., 2011). As a result, it is important to understand how veterans speak about their substance abuse, what it means to them, and how they reconcile the impact of that substance use on their lives. This thesis explored the narrative accounts of substance use within a sample of 90 criminally involved veterans which uncovered multiple perspectives that could provide meaningful insight to further improve future policy considerations for this population.

The findings overall show that all but a single veteran in this sample described a relationship with substance use at some point throughout their life. Furthermore, the analysis revealed that many veterans reported an increase of substance use throughout their lives, with particularly impactful substance use occurring during military service and after being discharged from the military. Overall, very few veterans reported having a consistent decrease in substance use during or after the military. The findings in this thesis also reveal that the veterans interviewed discussed substance use as a pathway into the criminal justice system. Many of the criminally involved veterans in this sample reported that they came into contact with the criminal justice system due to being under the influence of substances, or having been arrested for committing crimes in which they were trying to get money to obtain substances. Additionally, some veterans reported using substances during the commission of criminal offenses.

The narrative accounts of substance use throughout the life course also illustrated that substance use often resulted in negative emotional and behavioral outcomes. Veterans discussed

that substance use negatively impacted their overall emotions or mental well-being, and also discussed how substance use would negatively impact social and behavioral aspects of their lives. Furthermore, substance use was also described impacting instances of suicidal ideation, where veterans reported that substance use directly affected suicidal ideation and behavior, or that veterans would be under the influence when they had tried to commit suicide.

Finally, veterans also discussed in their narrative accounts the belief that their lives would have turned out substantially different if they had not engaged in problematic substance use. Many veterans interviewed believed they would have never been involved in the criminal justice system, if they had not used substances. Others pointed to their problematic substance use ruining relationships, ending marriages, playing a role in their homelessness, or generally just being the catalyst for most negative life-course outcomes.

In conclusion, this thesis demonstrated that the majority of 90 criminally involved veterans in this sample had a substantially noteworthy relationship with substance use across the life-course. In the majority of instances, criminal justice involvement was associated with substances and substance use. As a result, it is important to continue to implement more robust preventative measures to assist veterans with problematic substance use that can divert veteran populations away from the criminal justice system, as well as assist community mental health providers in delivering behavioral health care. Future research should continue to examine these issues, including exploring the narrative accounts of veterans and their substance use, to help uncover additional commonalities and differences among criminally involved veteran populations, and even examine them in comparison to non-criminally involved veteran populations. It is my hope that this thesis will serve as a starting point for future research and policy considerations that

explore the narrative accounts of criminally involved veterans and the individual perspectives on their lives.

REFERENCES

Agnew, R., & White, H. R. (1992). An empirical test of general strain theory. *Criminology*, *30*(4), 475-500.

Ames, G., & Cunradi, C. (2004). Alcohol use and preventing alcohol-related problems among young adults in the military. *Alcohol Research & Health*, *28*(4), 252-257

Ames, G. M., Duke, M. R., Moore, R. S., & Cunradi, C. B. (2009). The impact of occupational culture on drinking behavior of young adults in the US Navy. *Journal of Mixed Methods Research*, *3*(2), 129-150.

Archer, D., & Gartner, R. (1976). Violent acts and violent times: A comparative approach to postwar homicide rates. *American Sociological Review*, 937-963.

Atkinson, P., & Silverman, D. (1997). Kundera's Immortality: The Interview Society and the Invention of the Self. *Qualitative Inquiry*, *3*(3), 304–325. https://doi.org/10.1177/107780049700300304

Baldwin, J. M. (2015). Investigating the programmatic attack: A national survey of veterans treatment courts. *Journal of Criminal Law and Criminology*, *105*, 705-750.

Banks, J., & Albertson, K. (2018). Veterans and violence: An exploration of pre-enlistment, military and post-service life. *European Journal of Criminology*, *15*(6), 730-747.

Baron, L., Straus, M. A., & Jaffee, D. (1988). Legitimate Violence, Violent Attitudes, and Rape: A Test of the Cultural Spillover Theory. *Annals of the New York Academy of Sciences*, *528*(1), 79-110.

Bauman, Z., Beck, U., Beck-Gernsheim, E., Benhabib, S., Burgess, R. G., Chamberlain, M., ... & Devine, F. (2002). Qualitative interviewing: Asking, listening and interpreting. *Qualitative Research in Action. 1st ed. London: SAGE Publications*, 226-241.

Bartels, S. J., Drake, R. E., Wallach, M. A., & Freeman, D. H. (1991). Characteristic hostility in schizophrenic outpatients. *Schizophrenia bulletin*, *17*(1), 163-171.

Beckham, J. C., Kirby, A. C., Feldman, M. E., Hertzberg, M. A., Moore, S. D., Crawford, A. L., ... & Fairbank, J. A. (1997). Prevalence and correlates of heavy smoking in Vietnam veterans with chronic posttraumatic stress disorder. *Addictive behaviors*, *22*(5), 637-647.

Beckham, J. C., Feldman, M. E., & Kirby, A. C. (1998). Atrocities exposure in Vietnam combat veterans with chronic posttraumatic stress disorder: Relationship to combat exposure, symptom severity, guilt, and interpersonal violence. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, *11*(4), 777-785.

Bell, N. S., Amoroso, P. J., Wegman, D. H., & Senier, L. (2001). Proposed explanations for excess injury among veterans of the Persian Gulf War and a call for greater attention from policymakers and researchers. *Injury Prevention*, *7*(1), 4-9.

Bell, N. S., Harford, T., McCarroll, J. E., & Senier, L. (2004). Drinking and Spouse Abuse Among U.S. Army Soldiers: *Alcoholism: Clinical & Experimental Research*, *28*(12), 1890–1897. https://doi.org/10.1097/01.ALC.0000148102.89841.9B

Bennett, T., Holloway, K., & Farrington, D. (2008). The statistical association between drug misuse and crime: A meta-analysis. *Aggression and violent behavior*, *13*(2), 107-118.

Black, D. W., Carney, C. P., Peloso, P. M., Woolson, R. F., Letuchy, E., & Doebbeling, B. N. (2005). Incarceration and veterans of the First Gulf War. *Military Medicine*, *170*(7), 612–618. https://doi.org/10.7205/MILMED.170.7.612

Blodgett, J. C., Fuh, I. L., Maisel, N. C., & Midboe, A. M. (2013). A structured evidence review to identify treatment needs of justice-involved veterans and associated psychological interventions. Report prepared for U.S. Department of Veterans Affairs, Menlo Park, CA.

Blonigen, D. M., Bui, L., Elbogen, E. B., Blodgett, J. C., Maisel, N. C., Midboe, A. M., Asch, S. M., McGuire, J. F., & Timko, C. (2016). Risk of recidivism among justice-involved veterans: A systematic review of the literature. *Criminal Justice Policy Review*, *27*(8), 812–837.

Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison—a high risk of death for former inmates. *The New England Journal of Medicine*, *356*(2), 157–165. https://doi.org/10.1056/NEJMsa064115

Bouchery E, Harwood H, Sacks C, Simon C, Brewer R. (2006). Economic costs of excessive alcohol consumption in the U.S., 2006. *American Journal of Preventative Medicine*, *41*, 516–24.

Bouffard, L.A., & Laub, J.H. (2004). *After crime and punishment: Pathways to offender reintegration.* Cullompton, Devon: Willan Publishing.

Bouffard, L. A., & Laub, J. H. (2004). Jail or the Army: Does Military Service Facilitate Desistance From Crime? (From After Crime and Punishment: Pathways to Offender Reintegration, P 129-151, 2004, Shadd Maruna and Russ Immarigeon, eds.--See NCJ-205080).

Bray, R. M., Pemberton, M. R., Hourani, L. L., Witt, M., Olmsted, K. L. R., Brown, J. M., Weimer, B., Lane, M. E., Marsden, M. E., Scheffler, S., Vandermaas-Peeler, R., Aspinwall, K. R., Anderson, E., Spagnola, K., Close, K., Gratton, J. L., Calvin, S., & Bradshaw, M. (2008). Department of Defense survey of health related behaviors among active duty military personnel: A component of the Defense Lifestyle Assessment Program (DLAP): (645362011-001*)* [Data set*]*. *American Psychological Association*. https://doi.org/10.1037/e645362011-001

Bray, R. M., Brown, J. M., & Williams, J. (2013). Trends in binge and heavy drinking, alcohol-related problems, and combat exposure in the U.S. military. *Substance Use & Misuse, 48*(10), 799–810. https://doi.org/10.3109/10826084.2013.796990

Bryan, C. J., McNaughton-Cassill, M., & Osman, A. (2013). Age and belongingness moderate the effects of combat exposure on suicidal ideation among active duty Air Force personnel. *Journal Of Affective Disorders*, *150*(3), 1226-1229.

Bronson, J. (2015). *Veterans in Prison and Jail, 2011-12*. 22. Retrieved from http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5479

Bridevaux, I. P., Bradley, K. A., Bryson, C. L., McDonell, M. B., & Fihn, S. D. (2004). Alcohol screening results in elderly male veterans: association with health status and mortality. *Journal of the American Geriatrics Society*, *52*(9), 1510-1517.

Bryant, C. D. (1979). *Khaki-collar crime: Deviant behavior in the military context*. New York: Free Press.

Card, J. J. (1987). Epidemiology of PTSD in a national cohort of Vietnam veterans. *Journal of Clinical Psychology, 43,* 6-17.

Carroll, E. M., Rueger, D. B., Foy, D. W., & Donahoe, C. P (1985). Vietnam combat veterans with posttraumatic stress disorder: Analysis of marital and cohabiting adjustment. *Journal of Abnormal Psychology*, 94(3), 329-337.

Caspi, A., & Moffitt, T. E. (1993). When do individual differences matter? A paradoxical theory of personality coherence. *Psychological Inquiry*, *4*(4), 247. https://doi.org/10.1207/s15327965pli0404_1

Castle, T., & Hensley, C. (2002). Serial killers with military experience: Applying learning theory to serial murder. *International Journal of Offender Therapy and Comparative Criminology*, *46*(4), 453-465.

Centers for Disease Control and Prevention. (2008). Smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 2000–2004. Retrieved from: http://www.cdc.gov/mmwr/ preview/mmwrhtml/mm5745a3.htm.

Cerdá, M., Tracy, M., Ahern, J., & Galea, S. (2014). Addressing population health and health inequalities: the role of fundamental causes. *American Journal of Public Health*, *104*(S4), S609-S619.

Charmaz, K. (2008). *Grounded theory as an emergent method. Handbook of Emergent Methods.* New York: The Guilford Press.

Charmaz, K. (2006). *Constructing Grounded Theory*: *A Practical Guide Through Qualitative Analysis.* Thousand Oaks, CA: Sage.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage.

Corrigan, J. D., & Cole, T. B. (2008). Substance use disorders and clinical management of traumatic brain injury and posttraumatic stress disorder. *Journal of the American Medical Association*, *300*(6), 720-721.

Corrigan, J. D., & Deutschle Jr, J. J. (2008). The presence and impact of traumatic brain injury among clients in treatment for co-occurring mental illness and substance abuse. *Brain Injury*, *22*(3), 223-231.

Creswell, J.W. (2016). *30 Essential Skills for the Qualitative Researcher.* Thousand Oaks, CA: Sage.

Culp, R., Youstin, T. J., Englander, K., & Lynch, J. (2013). From war to prison: Examining the relationship between military service and criminal activity. *Justice Quarterly*, *30*(4), 651-680.

Day, A., Howells, K., Heseltine, K., & Casey, S. (2003). Affect-alcohol interactions in offence cycles. *Criminal Behaviour and Mental Health*, *13*, 45-58.

Derefinko, K. J., Hallsell, T. A., Isaacs, M. B., Garcia, F. I. S., Colvin, L. W., Bursac, Z., McDevitt-Murphy, M. E., Murphy, J. G., Little, M. A., Talcott, G. W., Klesges, R. C., & Salgado Garcia, F. I. (2018). Substance use and psychological distress before and after the military to civilian transition. *Military Medicine*, *183*(5/6), e258–e265. https://doi.org/10.1093/milmed/usx082

Demers, A. (2011). When veterans return: The role of community in reintegration. *Journal Of Loss and Trauma*, *16*(2), 160-179. doi:10.1080/15325024.2010.519281

Department of Defense. (1970). Directive 1010.2: Alcohol abuse by personnel of the Department of Defense. Washington, DC: DoD.

Department of Defense. (1987). Updated report on smoking and health in the military. Washington, DC: DoD.

Department of Defense. (2009). Status of drug use in the Department of Defense personnel. Falls Church, VA: DoD.

Department of Defense (2016). *Demographics Profile of the Military Community.* Retrieved from: https://download.militaryonesource.mil/12038/MOS/Reports/2016-Demographics-Report.pdf

Donley, M. S., Habib, L., Jovanovic, T., Kamkwalala, M. A., Evces, M., Egan, G., ... & Ressler, K. J. (2012). Civilian PTSD symptoms and risk for involvement in the criminal justice system. *The Journal of The American Academy of Psychiatry and the Law*, *40*(4), 522-529.

Elbogen, E. B., & Sullivan, C. (2013). *Aggression and Violence. Military Psychologists' Desk Reference.* New York: Oxford.

Elbogen, E. B., Johnson, S. C., Newton, V. M., Straits-Troster, K., Vasterling, J. J., Wagner, H. R., & Beckham, J. C. (2012). Criminal justice involvement, trauma, and negative affect in Iraq and Afghanistan war era veterans. *Journal of Consulting and Clinical Psychology*, *80*(6), 1097–1102. https://doi.org/10.1037/a0029967

Elder, G. H. (1986). Military times and turning points in men's lives. *Developmental Psychology*, *22*(2), 233–245. https://doi.org/10.1037/0012-1649.22.2.233

Elder, G. H. (1987). War mobilization and the life course: A cohort of World War II veterans. *Sociological Forum*, *2*(3), 449–472.

Elder, G. H., Jr., Gimbel, C., & Ivie, R. (1991). Turning points in life: The case of military service and war. *Military Psychology, 3*(4), 215–231. https://doi.org/10.1207/s15327876mp0304_3

Elder, G. H. (1998). The Life Course as Developmental Theory. *Child Development, 69*(1), 1–12. JSTOR. https://doi.org/10.2307/1132065

Elder Jr, G. H., Johnson, M. K., Crosnoe, R. (2003). *The Emergence and Development of Life Course Theory. Handbook of the Life Course.* New York: Kluwer Academic/Plenum.

Emsley, C. (2008). Violent crime in England in 1919: Post-war anxieties and press narratives. *Continuity and Chance, 23*(1), 173-195

Erickson, S., Rosenheck, R., & Desai, R. (2008). Risk of incarceration between cohorts of veterans with and without mental illness discharged from inpatient units. *Psychiatric Services, 59,* 178–183. https://doi.org/10.1176/appi.ps.59.2.178

Finlay, A. K., Binswanger, I. A., Smelson, D., Sawh, L., McGuire, J., Rosenthal, J., Blue-Howells, J., Timko, C., Blodgett, J. C., Harris, A. H. S., Asch, S. M., & Frayne, S. (2015). Sex differences in mental health and substance use disorders and treatment entry among justice-involved veterans in the Veterans Health Administration. *Medical Care, 53*(4 Suppl 1), S105–S111. https://doi.org/10.1097/MLR.0000000000000271

Flynn, P. M., & Brown, B. S. (2008). Co-occurring disorders in substance abuse treatment: Issues and prospects. *Journal of Substance Abuse Treatment, 34*(1), 36-47.

Fontana, A., & Rosenheck, R. (2008). Treatment-seeking veterans of Iraq and Afghanistan: Comparison with veterans of previous wars. *The Journal of Nervous and Mental Disease, 196*(7), 513-521.

Gallaway, M. S., Fink, D. S., Millikan, A. M., Mitchell, M. M., & Bell, M. R. (2013). The association between combat exposure and negative behavioral and psychiatric conditions. *The Journal of Nervous and Mental Disease*, *201*(7), 572-578.

Gallaway, M. S., Fink, D. S., Sampson, L., Cohen, G. H., Tamburrino, M., Liberzon, I., Calabrese, J., & Galea, S. (2019). Prevalence and covariates of problematic gambling among a US military cohort. *Addictive Behaviors, 95*, 166–171. https://doi.org/10.1016/j.addbeh.2019.03.013

Gerhardt, U. (1989). *Ideas about illness: An intellectual and political history of medical sociology*. London: Macmillan International Higher Education.

Glaser, B., & Strauss, A. (1967). Grounded theory: The discovery of grounded theory. *Sociology-The Journal of The British Sociological Association*, *12*, 27-49.

Goffman, E. (1961). *Asylums: Essays on the social situations of mental patients and other inmates.* New York: Doubleday.

Greenberg, G. A., & Rosenheck, R. A. (2009). Mental health and other risk factors for jail incarceration among male veterans. *Psychiatric Quarterly, 80*(1), 41-53.

Greenberg, G. A., & Rosenheck, R. A. (2012). Incarceration among male veterans: Relative risk of imprisonment and differences between veteran and nonveteran inmates. *International Journal of Offender Therapy and Comparative Criminology, 56*(4), 646-667.

Grieger, T. A., Cozza, S. J., Ursano, R. J., Hoge, C., Martinez, P. E., Engel, C. C., & Wain, H. J. (2006). Posttraumatic stress disorder and depression in battle-injured soldiers. *American Journal of Psychiatry, 163*(10), 1777-1783.

Hall, T.C. (2013). Compulsive Gambling. The VVA veteran online. Retrieved from: http://vvaveteran.org/33-3/33-3_ptsd.html

Haselden, M., Piscitelli, S., & Dixon, L. B. (2016). Relationship between symptoms and family relationships in veterans with serious mental illness. *Journal of Rehabilitation Research and Development*, *53*(6), 743.

Hellmuth, J. C., Stappenbeck, C. A., Hoerster, K. D., & Jakupcak, M. (2012). Modeling PTSD symptom clusters, alcohol misuse, anger, and depression as they relate to aggression and suicidality in returning US veterans. *Journal of traumatic stress*, *25*(5), 527-534.

Helzer, J. E. (2010). Significance of the Robins et al. Vietnam veterans Study. *The American Journal on Addictions*, *19*(3), 218-221.

Heeringen, C. (2001). Suicide in adolescents. *International Clinical Psychopharmacology*, *16*, S1-S6.

Hierholzer, R., Vu, H., & Mallios, R. (2010). Pathological gambling in combat veterans. *Federal Practitioner*, *27*(8-12), 14-15.

Hiley-Young, B., Blake, D. D., Abueg, F. R., Rozynko, V., & Gusman, F. D. (1995). Warzone violence in Vietnam: An examination of premilitary, military, and postmilitary factors in PTSD in-patients. *Journal of Traumatic Stress*, *8*(1), 125-141.

Hoffman, P. B., & Beck, J. L. (1985). Recidivism among released federal prisoners: Salient factor score and five-year follow-up. *Criminal Justice and Behavior*, *12*(4), 501–507. https://doi.org/10.1177/0093854885012004007

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, *351*(1), 13-22.

Hoge, C. W., McGurk, D., Thomas, J. L., Cox, A. L., Engel, C. C., & Castro, C. A. (2008). Mild traumatic brain injury in U.S. soldiers returning from Iraq. *New England Journal of Medicine*, *358*(5), 453–463. https://doi.org/10.1056/NEJMoa072972

Howard League for Penal Reform. (2011). Report of the inquiry into former armed service personnel in prison. London: The Howard League. Retrieved from: http://www.howardleague.org/fileadmin/howard_league/user/pdf/Veterans_inquiry/Military_inqui ry_final_report.pdf

Hoyt, T., & Renshaw, K. D. (2014). Emotional disclosure and posttraumatic stress symptoms: veteran and spouse reports. *International journal of stress management*, *21*(2), 186.

Hutchison, E. D. (2011). Life Course Theory. In R. J. R. Levesque (Ed.), *Encyclopedia of Adolescence* (pp. 1586–1594). Springer. https://doi.org/10.1007/978-1-4419-1695-2_13

IOM (Institute of Medicine). (2013). Returning home from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families. Washington, DC: The National Academies Press.

Jaffe, J. H. (2010). A follow-up of Vietnam drug users: Origins and context of Lee Robins' classic study. *The American Journal on Addictions*, *19*(3), 212-214.

James, L. M., Strom, T. Q., & Leskela, J. (2014). Risk-taking behaviors and impulsivity among veterans with and without PTSD and mild TBI. *Military Medicine*, *179*(4), 357-363.

Johnson, S. M., & Greenberg, L. S. (1994). The heart of the matter: Perspectives on emotion in marital therapy. New York: Brunner/Mazel.

Jordan, B. K., Marmar, C. R., Fairbank, J. A., Schlenger, W E., Kulka, R. A., Hough, R. L., & Weiss, D. S. (1992). Problems in families of male Vietnam veterans with posttraumatic stress disorders. *Journal of Consulting and Clinical Psychology*, *60*, 916-926

Joiner, T. E. (2005). *Why people die by suicide*. Cambridge: Harvard University Press.

Katon, J. G., Lehavot, K., Simpson, T. L., Williams, E. C., Barnett, S. B., Grossbard, J. R., ... & Reiber, G. E. (2015). Adverse childhood experiences, military service, and adult health. *American Journal of Preventive Medicine*, *49*(4), 573-582.

Kelley, A. M., Athy, J. R., Cho, T. H., Erickson, B., King, M., & Cruz, P. (2012). Risk propensity and health risk behaviors in U.S. army soldiers with and without psychological disturbances across the deployment cycle. *Journal of Psychiatric Research*, *46*(5), 582–589. https://doi.org/10.1016/j.jpsychires.2012.01.017

Kessler, R. C., Heeringa, S. G., Stein, M. B., Colpe, L. J., Fullerton, C. S., Hwang, I., ... & Schoenbaum, M. (2014). Thirty-day prevalence of DSM-IV mental disorders among nondeployed soldiers in the US army: results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). *Journal of the American Medical Association Psychiatry*, *71*(5), 504-513.

Kerkhof, A. J., & Arensman, E. (2001). *Understanding suicidal behaviour.* Chichester: Wiley.

Khantzian, E. (1985). The self-medication hypothesis of addictive disorders: Focus on heroin and cocaine dependence. *The American Journal of Psychiatry*, *142*, 1259–1264. https://doi.org/10.1176/ajp.142.11.1259

Killgore, W. D., Cotting, D. I., Thomas, J. L., Cox, A. L., McGurk, D., Vo, A. H., ... & Hoge, C. W. (2008). Post-combat invincibility: Violent combat experiences are associated with increased risk-taking propensity following deployment. *Journal of Psychiatric Research*, *42*(13), 1112-1121.

Klerman, G. L., & Weissman, M. M. (1992). The course, morbidity, and costs of depression. *Archives of General Psychiatry*, *49*(10), 831-834.

Knapik, J. J., Marin, R. E., Grier, T. L., & Jones, B. H. (2009). A systematic review of post-deployment injury-related mortality among military personnel deployed to conflict zones. *BioMed Central Public Health*, *9*(1), 231.

Kouri, E. M., Pope, H. G., Powell, K. F., Oliva, P. S., & Campbell, C. (1997). Drug use history and criminal behavior among 133 incarcerated men. *The American Journal of Drug and Alcohol Abuse*, *23*(3), 413-419.

Kreek, M. J. (1996). Opiates, opioids and addiction. *Molecular Psychiatry*, *1*(3), 232-254.

Kroner, D. G., Forth, A. E., & Mills, J. F. (2005). Endorsement and processing of negative affect among violent psychopathic offenders. *Personality and Individual Differences*, *38*(2), 413-423.

Kulka, R.A., Schlencger, W.E., Fairbank, J.A., Hough, R.L., Jordan, B.K., Marmar, C.R., Weiss, D.S. (1990). Trauma and the Vietnam war generation: Report of findings from the national Vietnam veterans readjustment study. New York: Brunner/Mazel Inc.

Larson, M. J., Wooten, N. R., Adams, R. S., & Merrick, E. L. (2012). Military combat deployments and substance use: Review and future directions. *Journal of Social Work Practice in the Addictions*, *12*(1), 6–27. https://doi.org/10.1080/1533256X.2012.647586

Laub, J. H., & Sampson, R. J. (1993). Turning points in the life course: Why change matters to the study of crime. *Criminology*, *31*(3), 301–326.

Laub, J. H., & Sampson, R. J. (2005). *Coming of Age in Wartime: How World War II and the Korean War Changed Lives.* In K. W. Schaie & G. H. Elder, Jr. (Eds.), *Societal impact on aging series. Historical influences on lives & aging* (p. 208–228). Springer Publishing Company.

Lin, L. A., Peltzman, T., McCarthy, J. F., Oliva, E. M., Trafton, J. A., & Bohnert, A. S. (2019). Changing trends in opioid overdose deaths and prescription opioid receipt among veterans. *American Journal of Preventive Medicine*, *57*(1), 106-110.

Lin, L. A., Bohnert, A. S., Kerns, R. D., Clay, M. A., Ganoczy, D., & Ilgen, M. A. (2017). Impact of the opioid safety initiative on opioid-related prescribing in veterans. *Pain Medicine*, *158*(5), 833-839.

Macey, T. A., Morasco, B. J., Duckart, J. P., & Dobscha, S. K. (2011). Patterns and correlates of prescription opioid use in OEF/OIF veterans with chronic noncancer pain. *Pain Medicine*, *12*(10), 1502-1509.

MacLean, A., & Elder, G. H. (2007). Military service in the life course. *Annual Review of Sociology*, *33*(1), 175–196. https://doi.org/10.1146/annurev.soc.33.040406.131710

MacManus, D., Dean, K., Jones, M., Rona, R. J., Greenberg, N., Hull, L., ... & Fear, N. T. (2013). Violent offending by UK military personnel deployed to Iraq and Afghanistan: a data linkage cohort study. *The Lancet*, *381*(9870), 907-917.

Magar, E. C., Phillips, L. H., & Hosie, J. A. (2008). Self-regulation and risk-taking. *Personality and Individual Differences*, *45*(2), 153-159.

Malterud, K. (2001). Qualitative research: standards, challenges, and guidelines. *The Lancet*, *358*, 483-488. https://doi.org/10.1016/S0140-6736(01)05627-6

Mattiko, M. J., Olmsted, K. L. R., Brown, J. M., & Bray, R. M. (2011). Alcohol use and negative consequences among active duty military personnel. *Addictive Behaviors*, *36*(6), 608-614.

McDonough, D. E., Blodgett, J. C., Midboe, A. M., & Blonigen, D. M. (2015). Justice-involved veterans and employment: A systematic review of barriers and promising strategies and interventions. Report prepared for U.S. Department of Veterans Affairs Menlo Park: Center for Innovation to Implementation, VA Palo Alto Health Care System.

Meadows, S. O., Engel, C. C., Collins, R. L., Beckman, R. L., Cefalu, M., Hawes-Dawson, J., Doyle, M., Kress, A. M., Sontag-Padilla, L., Ramchand, R., & Williams, K. M. (2018). 2015 Department of Defense Health Related Behaviors Survey (HRBS). *Rand Health Quarterly*, *8*(2):5.

Mechanic, D., McAlpine, D., Rosenfield, S., & Davis, D. (1994). Effects of illness attribution and depression on the quality of life among persons with serious mental illness. *Social Science and Medicine*, *39*(2), 155-164.

Mills, K. L., Teesson, M., Ross, J., & Peters, L. (2006). Trauma, PTSD, and substance use disorders: findings from the Australian National Survey of Mental Health and Well-Being. *American Journal of Psychiatry*, *163*(4), 652-658.

Moore, B. A., & Barnett, J. E. (2013). *Military psychologists' desk reference.* New York: Oxford University Press. https://doi.org/10.1093/med/9780199928262.001.0001

Nagin, D. S., & Paternoster, R. (1991). On the relationship of past to future participation in delinquency. *Criminology*, *29*(2), 163-189.

National Council on Problem Gambling. (2010). Issue brief on gambling in the military. Retrieved from http://www.ncpgambling.org/wp-content/uploads/2019/01/Issue-Brief-on-Gambling-in-the-Military-June-2010.pdf

Newby, J. H., McCarroll, J. E., Ursano, R. J., Fan, Z., Shigemura, J., & Tucker-Harris, Y. (2005). Positive and negative consequences of a military deployment. *Military Medicine*, *170*(10), 815–819. https://doi.org/10.7205/MILMED.170.10.815

Newcomb, M. D., & Bentler, P. M. (1986). Frequency and sequence of drug use: A longitudinal study from early adolescence to young adulthood. *Journal of Drug Education*, *16*(2), 101-120.

Nicol, A. A., Charbonneau, D., & Boies, K. (2007). Right-wing authoritarianism and social dominance orientation in a Canadian military sample. *Military Psychology*, *19*(4), 239-257

Noonan, M. E., & Mumola, C. J. (2007). *Veterans in state and federal prison, 2004*. Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

O'Brien, C. P., Charney, D. S., Lewis, L., Cornish, J. W., Post, R. M., Woody, G. E., ... & Calabrese, J. R. (2004). Priority actions to improve the care of persons with co-occurring substance abuse and other mental disorders: a call to action. *Biological Psychiatry*, *56*(10), 703-713.

Pavalko, E. K., & Elder Jr, G. H. (1990). World War II and divorce: A life-course perspective. *American Journal of Sociology*, *95*(5), 1213-1234.

Perl, L. (2013). *Veterans and homelessness*. Washington, DC: Congressional Research Service.

Petrakis, I. L., Rosenheck, R., & Desai, R. (2011). Substance use comorbidity among veterans with posttraumatic stress disorder and other psychiatric illness. *The American Journal on Addictions*, *20*(3), 185-189.

Poehlman, J. A., Schwerin, M. J., Pemberton, M. R., Isenberg, K., Lane, M. E., & Aspinwall, K. (2011). Socio-cultural factors that foster use and abuse of alcohol among a sample of enlisted personnel at four navy and marine corps snstallations. *Military Medicine, 176*(4), 397–401. https://doi.org/10.7205/MILMED-D-10-00240

Polusny, M. A., Kehle, S. M., Nelson, N. W., Erbes, C. R., Arbisi, P. A., & Thuras, P. (2011). Longitudinal effects of mild traumatic brain injury and posttraumatic stress disorder comorbidity on postdeployment outcomes in national guard soldiers deployed to Iraq. *Archives of General Psychiatry*, *68*(1), 79-89.

Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (2006). *Violent offenders: Appraising and managing risk*. American Psychological Association.

Riggs, D. S., Byrne, C. A., Weathers, F. W., & Litz, B. T. (1998). The quality of the intimate relationships of male Vietnam veterans: Problems associated with posttraumatic stress disorder. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies, 11*(1), 87-101.

Russell, R. T. (2009). Veterans treatment court: A proactive approach. *New England Journal on Criminal and Civil Confinement*, *35*, 357.

Roberts, B. W., Wood, D., & Caspi, A. (2008). *The development of personality traits in adulthood.* In O. P. John, R. W. Robins, & L. A. Pervin (Eds.), *Handbook of personality: Theory and research* (p. 375–398). The Guilford Press.

Robins, L. N., & Slobodyan, S. (2003). Post-Vietnam heroin use and injection by returning US veterans: clues to preventing injection today. *Addiction*, *98*(8), 1053-1060.

Robins, L. N., Helzer, J. E., Hesselbrock, M., & Wish, E. (2010). Vietnam veterans three years after Vietnam: How our study changed our view of heroin. *The American Journal on Addictions, 19*(3), 203–211. https://doi.org/10.1111/j.1521-0391.2010.00046.x

Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data*. Thousand Oaks, CA: Sage.

Sampson, R. J., & Laub, J. H. (1996). Socioeconomic achievement in the life course of disadvantaged men: Military service as a turning point, circa 1940-1965. *American Sociological Review*, *61*(3), 347–367. JSTOR. https://doi.org/10.2307/2096353

Sayers, S., Farrow, V., Ross, J., & Oslin, D. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *The Journal of Clinical Psychiatry*, *70*, 163–170. https://doi.org/10.4088/JCP.07m03863

Sayer, N. A., Noorbaloochi, S., Frazier, P., Carlson, K., Gravely, A., & Murdoch, M. (2010). Reintegration problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care. *Psychiatric Services*, *61*(6), 589-597.

Saxon, A. J., Davis, T. M., Sloan, K. L., McKnight, K. M., McFall, M. E., & Kivlahan, D. R. (2001). Trauma, symptoms of posttraumatic stress disorder, and associated problems among incarcerated veterans. *Psychiatric Services*, *52*(7), 959–964. https://doi.org/10.1176/appi.ps.52.7.959

Seal, K. H., Metzler, T. J., Gima, K. S., Bertenthal, D., Maguen, S., & Marmar, C. R. (2009). Trends and risk factors for mental health diagnoses among Iraq and Afghanistan veterans using Department of Veterans Affairs Health Care, 2002–2008. *American Journal of Public Health, 99*(9), 1651–1658. https://doi.org/10.2105/AJPH.2008.150284

Seal, K. H., Cohen, G., Waldrop, A., Cohen, B. E., Maguen, S., & Ren, L. (2011). Substance use disorders in Iraq and Afghanistan veterans in VA healthcare, 2001-2010: Implications for screening, diagnosis and treatment. *Drug and Alcohol Dependence, 116*(1-3), 93–101. https://doi.org/10.1016/j.drugalcdep.2010.11.027

Seal, K. H., Shi, Y., Cohen, G., Cohen, B. E., Maguen, S., Krebs, E. E., & Neylan, T. C. (2012). Association of mental health disorders with prescription opioids and high-risk opioid use in US veterans of Iraq and Afghanistan. *Journal of the American Medical Association, 307*(9), 940–947. https://doi.org/10.1001/jama.2012.234

Stainbrook, K., Hartwell, S., & James, A. (2016). Female veterans in jail diversion programs: Differences from and similarities to their male peers. *Psychiatric Services, 67*(1), 133-136.

Stecker, T., Fortney, J., Owen, R., McGovern, M. P., & Williams, S. (2010). Co-occurring medical, psychiatric, and alcohol-related disorders among veterans returning from Iraq and Afghanistan. *Psychosomatics, 51*(6), 503-507.

Settersten, R. A. (2006). When nations call: How wartime military service matters for the life course and aging. *Research on Aging, 28*(1), 12–36. https://doi.org/10.1177/0164027505281577

Shen, Y. C., Arkes, J., & Williams, T. V. (2012). Effects of Iraq/Afghanistan deployments on major depression and substance use disorder: analysis of active duty personnel in the US military. *American Journal of Public Health, 102*(S1), S80-S87.

Simon, R. I. (2006). Imminent suicide: The illusion of short-term prediction. *Suicide and Life-Threatening Behavior, 36*(3), 296–301. https://doi.org/10.1521/suli.2006.36.3.296

Spiro, A., Settersten, R. A., & Aldwin, C. M. (2016). Long-term outcomes of military service in aging and the life course: A positive re-envisioning. *The Gerontologist*, *56*(1), 5–13. https://doi.org/10.1093/geront/gnv093

Straits-Tröster, K. A., Brancu, M., Goodale, B., Pacelli, S., Wilmer, C., Simmons, E. M., & Kudler, H. (2011). Developing community capacity to treat post-deployment mental health problems: A public health initiative. *Psychological Trauma: Theory, Research, Practice, and Policy*, *3*(3), 283–291. https://doi.org/10.1037/a0024645

Stamm, S. (2009). Intimate partner violence in the military: securing our country, starting with the home. *Family Court Review*, *47*(2), 321-339.

Strauss, A. L., & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed). Thousand Oaks, CA: Sage Publications.

Substance Abuse and Mental Health Service Administration (SAMHSA). (2015). Veterans' primary substance of abuse is alcohol in treatment admissions. Retrieved from: https://www.samhsa.gov/data/sites/default/files/report_2111/Spotlight-2111.html

Tanielian, T., Jaycox, L. H., Schell, T. L., Marshall, G. N., Burnam, M. A., Eibner, C., Karney, B. R., Meredith, L. S., Ringel, J. S., & Vaiana, M. E. (2008). Invisible wounds: mental health and cognitive care needs of America's returning veterans. Retrieved from: https://www.rand.org/pubs/research_briefs/RB9336.html

Teeters, J. B., Lancaster, C. L., Brown, D. G., & Back, S. E. (2017). Substance use disorders in military veterans: Prevalence and treatment challenges. *Substance Abuse and Rehabilitation*, *8*, 69–77. https://doi.org/10.2147/SAR.S116720

Thomas, J. L., Wilk, J. E., Riviere, L. A., McGurk, D., Castro, C. A., & Hoge, C. W. (2010). Prevalence of mental health problems and functional impairment among active component and national guard soldiers 3 and 12 months following combat in Iraq. *Archives of General Psychiatry*, *67*(6), 614–623. https://doi.org/10.1001/archgenpsychiatry.2010.54

Thomsen, C. J., Stander, V. A., McWhorter, S. K., Rabenhorst, M. M., & Milner, J. S. (2011). Effects of combat deployment on risky and self-destructive behavior among active duty military personnel. *Journal of Psychiatric Research*, *45*(10), 1321–1331. https://doi.org/10.1016/j.jpsychires.2011.04.003

Thornberry, T. P. (1987). Toward an interactional theory of delinquency. *Criminology*, *25*(4), 863-892.

Tong A, Sainsbury P, Craig J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32 item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357.

Trimpop, R. M. (1994). *The Psychology of Risk-Taking Behavior*. Elsevier.

Trivedi, R. B., Post, E. P., Sun, H., Pomerantz, A., Saxon, A. J., Piette, J. D., Maynard, C., Arnow, B., Curtis, I., Fihn, S. D., & Nelson, K. (2015). Prevalence, comorbidity, and prognosis of mental health among US veterans. *American Journal of Public Health*, *105*(12), 2564–2569. https://doi.org/10.2105/AJPH.2015.302836

Tsai, J., Rosenheck, R. A., Kasprow, W. J., & McGuire, J. F. (2014). Homelessness in a national sample of incarcerated veterans in state and federal prisons. *Administration and Policy in Mental Health and Mental Health Services Research*, *41*(3), 360-367.

Tsai, J., Flatley, B., Kasprow, W. J., Clark, S., & Finlay, A. (2016). Diversion of veterans with criminal justice involvement to treatment courts: Participant characteristics and outcomes. *Psychiatric Services*, *68*(4), 375–383. https://doi.org/10.1176/appi.ps.201600233

U.S. Department of Justice, National Drug Intelligence Center. (2011). The economic impact of illicit drugs use on American society. Washington (DC): U.S. Department of Justice. Retrieved from: URL: http://www.justice.gov/archive/ndic/pubs44/44731/44731p.pdf

Valdez, A., Kaplan, C. D., & Curtis Jr, R. L. (2007). Aggressive crime, alcohol and drug use, and concentrated poverty in 24 US urban areas. *The American Journal of Drug and Alcohol Abuse*, *33*(4), 595-603

Wainwright, V., McDonnell, S., Lennox, C., Shaw, J., & Senior, J. (2016). Soldier, civilian, criminal: identifying pathways to offending of ex-armed forces personnel in prison. *Psychology, Crime & Law*, *22*(8), 741-757.

Waysman, M., Mikulincer, M., Solomon, Z., & Weisenberg, M. (1993). Secondary traumatization among wives of posttraumatic combat veterans: a family typology. *Journal of Family Psychology, 7*(1), 104.

Weber, M. (1965). *Politics as a vocation*. Philadelphia, PA: Fortress.

Welte, J. W., Barnes, G. M., Tidwell, M.-C. O., Hoffman, J. H., & Wieczorek, W. F. (2015). Gambling and problem gambling in the united states: Changes between 1999 and 2013. *Journal of Gambling Studies*, *31*(3), 695–715. https://doi.org/10.1007/s10899-014-9471-4

Westermeyer, J., Canive, J., Thuras, P., Oakes, M., & Spring, M. (2013). Pathological and problem gambling among veterans in clinical care: Prevalence, demography, and clinical correlates. *The American Journal on Addictions, 22*(3), 218-225.

White, W. L. (2006). Recovery across the life cycle from alcohol/other drug problems: Pathways, styles, and developmental stages. *Alcoholism Treatment Quarterly, 24*(1-2), 185-201.

Wilk, J. E., Bliese, P. D., Kim, P. Y., Thomas, J. L., McGurk, D., & Hoge, C. W. (2010). Relationship of combat experiences to alcohol misuse among US soldiers returning from the Iraq war. *Drug and alcohol dependence, 108*(1-2), 115-121.

Williams, W. H., Chitsabesan, P., Fazel, S., McMillan, T., Hughes, N., Parsonage, M., & Tonks, J. (2018). Traumatic brain injury: a potential cause of violent crime?. *The Lancet Psychiatry*, *5*(10), 836-844.

Wortzel, H. S., Blatchford, P., Conner, L., Adler, L. E., & Binswanger, I. A. (2012). Risk of death for veterans on Release From Prison. *The Journal of the American Academy of Psychiatry and the Law*, *40*(3), 348–354.

Xie, Y. (1992). The socioeconomic status of young male veterans, 1964-1984. *Social Science Quarterly*, *73*(2), 379-396.

Yager, T., Laufer, R., & Gallops, M. (1984). Some problems associated with war experience in men of the Vietnam generation. *Archives of General Psychiatry*, *41*(4), 327-333.

Zatzick, D. F., Marmar, C. R., Weiss, D. S., Browner, W. S., Metzler, T. J., Golding, J. M., Stewart, A., Schlenger, W. E., & Wells, K. B. (1997). Posttraumatic stress disorder and functioning and quality of life outcomes in a nationally representative sample of male Vietnam veterans. *American Journal of Psychiatry*, *154*(12), 1690–1695. https://doi.org/10.1176/ajp.154.12.1690

Zivin, K., Ilgen, M. A., Pfeiffer, P. N., Welsh, D. E., McCarthy, J., Valenstein, M., Miller, E. M., Islam, K., & Kales, H. C. (2012). Early mortality and years of potential life lost among Veterans Affairs patients with depression. *Psychiatric Services*, *63*(8), 823–826. https://doi.org/10.1176/appi.ps.201100317

Zuckerman, M. (1994). *Behavioral expressions and biosocial bases of sensation seeking*. New York: Cambridge University Press.

APPENDIX A: TABLES

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%)

Table 2. Narrative of Substance Use in the Life-Course	
	N = 90
Substance Use Pre-Military	
No	16 (17.8%)
Yes	72 (80.0%)
Unknown	2 (2.2%)
Substance Use During Military	
No	18 (20.0%)
Yes	65 (72.2%)
Unknown	7 (7.8%)
Substance Use Post-Military	
No	3 (3.3%)
Yes	86 (95.6%)
Unknown	1 (1.1%)
Substance Use Change Pre-Military to Military	
Decreased	9 (10.0%)
Same	19 (21.1%)
Increased	48 (53.3%)
Unknown	14 (15.6%)
Substance Use Change Military to Post-Military	
Decreased	6 (6.7%)
Same	5 (5.6%)
Increased	77 (85.5%)
Unknown	2 (2.2%)
Substance of Choice	
Alcohol	28 (31.1%)
Stimulants	11 (12.2%)
Marijuana	10 (11.1%)
Opioids/Opiates	2 (2.2%)
Polysubstance	36 (40.0%)
Unknown	3 (3.3%)

Table 3. Narrative Substance Use Trajectory	**N = 90**
Trajectory 1 (No Use Reported in Life-Course)	1 (1.1%)
Trajectory 2 (Post Military Increase Only)	28 (31.1%)
Trajectory 3 (Military and Post Military Increase)	8 (8.9%)
Trajectory 4 (Consistent Increase)	32 (35.5%)
Trajectory 5 (Decrease Post Military Only)	5 (5.6%)
Trajectory 6 (Decrease in Military and Post Military)	0 (0.0%)
Trajectory 7 (Increase in Military Decrease Post Military	5 (5.6%)
Trajectory 8 (Decrease in Military Only)	8 (8.9%)
Trajectory Unknown	3 (3.3%)