Responding to the Needs of Justice-Involved Veterans

Mark Mayhew, LCSW VA Justice Outreach Coordinator
• There is inherent sympathy for those who sustain damage in defense of country, whether that damage is physical, mental or emotional.

• If statistics hold, attorneys will see many more veterans in the criminal court system in coming years.

• Lawyers who defend these veterans will have to choose from a menu of not very appetizing choices.
Canyon City, Oregon, December 7, 2009

One of the first Iraq Veterans in the U.S., and the first in the state of Oregon, successfully claimed PTSD as a defense for murder and was sentenced to the Oregon State Hospital instead of a nationally recognized veterans treatment center.
PLEASE REMEMBER

The vast majority of veterans return from war and re-integrate into society without ever becoming violent.
Also

Veterans are half as likely to be arrested than non-veterans.

Veterans compose approximately 9% of the general population, but account for about 5% of arrestees nationwide.
VIOLENCE
Predatory vs. Affective
Correlations to Violent or Disruptive Behavior

- Substance abuse
- PTSD
- TBI
- Mental Illness
- Homelessness
- Mental Illness
- Protective Factors (or absence of)
Criminogenic Factors Associated with Substance Abuse

- Disinhibition
- Reduced sensitivity to pain
- Confusion
- Aggression
- Misinterpretation of others’ behaviors
Post Traumatic Stress Disorder

vs

Post-Accute Stress Response

vs

Adjustment Disorder

vs

Routine Stresses of Re-Adjustment
Criminogenic Factors Associated with Post Traumatic Stress Disorder

- Hypervigilance/hyperarousal
- Emotional disregulation
- Emotional numbing
- Sleep disruption
- Flashbacks
- Substance abuse (i.e., “self medication”)
- Isolation/Withdrawal
Living in a Combat Zone

“110 vs 220”
Normal vs. Heightened Stress Response
Cumulative Stress
The stresses and effects of combat on behavioral health are fairly well documented. PTSD, Traumatic Brain Injury, and general readjustment issues sometimes manifest themselves in Veterans as crisis encounters with law enforcement or first responders.

The community’s response to this crisis can have a major impact on the Veteran, the Veteran’s family, and the community itself.

Appropriate intervention at the earliest possible point can make all the difference between keeping that Veteran a productive member of society or a costly casualty of a lost opportunity.
Decision Making

- Readjustment to home life requires a range of options for making decisions that may be very different from those that were useful in the war.
Combat Zone Stresses & Traumas

Soldiers returning from Iraq:

- 95% observed dead bodies or human remains
- 93% were shot at, or received small arms fire
- 89% were attacked or ambushed
- 65% observed injured or dead Americans
- 48% were responsible for the death of an enemy combatant
Traumatic Brain Injury (TBI)

• A traumatic brain injury is a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain.

• The severity of such an injury may range from mild to severe.

• A TBI can result in short- or long-term problems with independent function.

Source: MIRECC Traumatic Brain Injury and Suicide: Information and resources for clinicians
Traumatic Brain Injury

- May go undiagnosed
- Approximately 20% of OIF/OEF veterans meet diagnostic criteria for TBI
- Effects of multiple injuries are cumulative
- 50% prevalence of TBI in individuals convicted of non-violent felony or misdemeanor crimes as compared to 5-15% in general population
- Often co-morbid with PTSD
# TBI – Common Enduring Symptoms

## Cognition
- Motor/sensory disturbances
- Impairments in:
  - Language, communication
  - Attention, concentration, memory
  - Learning new information
  - Speed of information processing
  - Judgment, decision-making, problem-solving, insight

## Behavior
- Lack of initiation
- Disinhibition
- Impulsivity
- Restlessness
- Aggression
- Agitation

## Mood
- Apathy/Depression
- Anxiety
- Irritability
- Emotional lability
- Insensitivity
- Egocentricity
TBI in Veterans

• TBI represents ~ 22% of confirmed injuries in Iraq/Afghanistan War veterans.

• Many veterans have experienced multiple TBI’s due to chronic exposure to blasts

• As many as 50% to 60% of veterans with chronic blast exposure have significant hearing loss or tinnitus (“ringing” in the ears) (Lew, et al. 2007)
TBI

- Headache
- Nausea & Vomiting
- Hearing Loss
- Ringing in Ears
- Dizziness

PTSD

- Flashbacks
- Nightmares
- Isolates Self
- Easily Startled

Common Symptoms:

- Attention Problems
- Deposition
- Irritability
- Poor Anger Control
- Sleep Problems
- Anxiety

Specialized Conditions:

- PTSD
- Headache
- Nausea & Vomiting
- Hearing Loss
- Ringing in Ears
- Dizziness

TBI & PTSD:

- Attention Problems
- Deposition
- Irritability
- Poor Anger Control
- Sleep Problems
- Anxiety

United States Department of Veterans Affairs
Current Clinical Strategies for Addressing Criminogenic Factors Associated with PTSD, TBI, PASR, and AD

• Decrease/eliminate substance abuse
• Treat mental health problems
• Increase housing stability
• Increase financial stability
• Increase employment and/or meaningful activity
• Decrease isolation
• Increase social supports
• Increase physical health (in particular address sleep hygiene and chronic pain)
Questions?