From War Zones to Jail: Veteran Reintegration Problems

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Abstract

When individuals return home from war they are not the same individuals who left for war. The Iraq and Afghanistan wars have been on-going since October 2001, and nearly two million service members have been deployed to these wars – many have been deployed multiple times. When military personnel return from war, and are discharged from military service, they are issued the label of veteran. Initially, this term has little meaning or significance to individuals recently released from military service. As they begin their process of reintegrating back into the civilian culture the term veteran begins to develop meaning for many veterans. That meaning is influenced by factors such as interpersonal relationships, education, and employment/unemployment experiences. Depending upon the level of influence that the Military Total Institution has had on the veteran, which includes the veteran's combat experiences, many veterans find themselves confronted with mental health issues, particularly posttraumatic stress disorder (PTSD), which is an artifact of her or his combat experiences. A significant number of veterans with PTSD symptoms have turned to alcohol as a form of self-medication. Many veterans with PTSD say that alcohol reduces nightmares and difficulties initiating and maintaining sleep (DIMS). In many instances the experiences of war, PTSD, alcohol, combined with lethargic civilian attitudes of the problems veterans confront provides the ingredients of a recipe designed to accelerate the probability of increased veteran incarceration. This article addresses the aforementioned issues by analyzing the data collected during a study of 162 Iraq and Afghanistan veterans during a 15-month period, and spanning across 16 states. The data strongly suggest that veterans with PTSD and alcohol use/dependency issues related to combat increase the probability of veteran criminal justice entanglements.

About the Author

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From War Zones to Jail: Veteran Reintegration Problems

Introduction

As the wars in Iraq and Afghanistan continue, the number of returning veterans is increasing throughout America's communities. The experiences of war, posttraumatic stress disorder (PTSD), and alcohol dependency have had overwhelming influences on the civilian reintegration efforts of many veterans. Those veterans who experience more difficulty reintegrating back into the civilian culture are at higher risk to experience criminal justice system entanglements. The number of veterans experiencing incarceration is increasing. In 2007, I conducted a study of the Marion County Jail in Salem, Oregon where more than 5% of the prisoners were found to be veterans.[1] In 2010, the number of veterans booked into that facility was approximately 10%, which translates to nearly a 100% increase in less than three years.[2] It would be useful to have recent national incarceration data to reference at this juncture. The problem is that the most recent data available are from 2004 where the data reflect a 2 percent decline from 1997 and a 10 percent decline from 1986 in national veteran incarceration. Moreover, these data were released in 2007 (Noonan and Mumola, 2007). Obviously, the playing field for veterans has changed since 2004. Prolonged wars, multiple deployments, and a stagnant economy set the backdrop for veterans reintegrating back into the civilian culture.

Over the past two years I have provided many sociological evaluations for defense attorneys representing Iraq and Afghanistan veteran defendants charged with crimes. While most offenses committed by veterans are not necessarily serious, the majority of veteran cases

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[1] Unpublished report of a survey conducted by the author and authorized by the Marion County Sheriff's Office in July 2007.
[2] Confirmed by Marion County Sheriff's office March 20, 2011.

where I have provided defendant evaluations involved violent offenses (e.g., murder, attempted murder, assault, etc.). Most of these veteran defendants were diagnosed with or exhibited symptoms consistent with PTSD (posttraumatic stress disorder). The pre-military criminal histories of these veterans were minimal or nonexistent, although prosecutors often exaggerate the severity of those offenses in court. Most veteran defendants had no military disciplinary histories. Those veterans defendants who did have military disciplinary infractions were for minor infractions, which fall under nonjudicial punishment categories for the various branches of service (e.g., in the U.S. Army and U.S. Air Force the nonjudicial procedure is referred to as *Article 15*, while the U.S. Navy refers to this process as a *Mast*, and in the U.S. Marines it is referred to as *Office Hours*). Many of these veteran defendants had histories of alcohol dependency, which in most of these cases evolved from the veteran's PTSD.

PTSD and alcohol dependency are generally topics attended to by the discipline of psychology, through research, diagnoses, and treatment. Many psychological studies of posttraumatic stress disorder have been completed and published; however, most of these studies were not designed to measure the level of combat exposure and the degree of stress experienced by that exposure (Institute of Medicine, 2008). Psychological research has acknowledged the comorbidity of PTSD with alcohol problems and typically supports the view that PTSD symptoms most likely precede the onset of alcohol problems (Stewart, 1996).

The Military as a Total Institution

As a sociologist, the scope of my evaluation and/or testimony, applicable to veteran defendant legal issues, centers on the Military Total Institution (MTI). The MTI is a formal institution that develops and conducts the transitioning process of individuals from the civilian culture to the military culture beginning at the point of induction and extending to discharge. As noted in a previous article, (Brown, 2008) the United States military system meets many of the criteria set forth in Goffman's concept of a *total institution* (Goffman 1961)

> The individual's entire being is devoured and controlled in a total institution environment. This environment undercuts the person's individuality, disregards the individual's dignity, and results in a regimentation of life that typically disregards his or her desires or inclinations. Short of going AWOL (Absent Without Leave) or desertion, the total institution significantly restricts the options for military personnel until their contractual agreement expires (discharge) – or until she or he is dead (Brown, 2008: 18-19).

Consistent with the sociological argument that people are products of their environment, the influences of the MTI remains with many military personnel as they attempt to make the transition from being a military service member to becoming a veteran within the civilian culture. The extent of influence the MTI has had on an individual often depends upon a number of factors that include the levels and types of training experienced by the veteran. Veterans who participated in tactical training (e.g., infantry or armor) are more likely to be exposed to combat when compared to veterans who were trained in technical (e.g., signal corps or computer operators) military occupations. Of course there are exceptions, such as combat medics who were technically and tactically trained (Brown, 2010). On-the-ground military experiences or encounters (e.g., number of deployments to a combat area, experiences acquired during deployment, etc.) also influence the veteran's civilian reintegration process. These MTI experiences have an overwhelming influence on the individual behavior, reaction, and perception

of personal and social circumstances and situations that many veterans with PTSD are confronted with (Brown, 2010).

Many in the legal system do not understand why it is important to apply the science of sociology to address legal problems. This is understandable because the legal system and sociology have different and distinct methodologies and focuses. Sociology is the scientific study of social life, social changes, and the social causes and consequences of human behavior. The focus is on the analysis of group structures, organizations and institutions, and societies with a particular emphasis on explaining how people respond and interact within these settings. In short, from a sociological perspective, human behavior is a product of social factors and social influences. Sociology can assist the legal system to understand criminal behavior and solve problems. Sociology serves a crucial role in analyzing and explaining the civilian reintegration processes of Iraq and Afghanistan veterans.

A sociological evaluation helps explain individual and social changes veterans experience by examining their pre-military and post-military histories, while controlling for their military experiences and combat exposures within the context of the military total institution (MTI). This type of evaluation enables an understanding of the influence of the MTI on the post-military behavior and the experiences of veteran defendants who become entangled in the legal system. Such an evaluation is applicable for mitigation either pre- or post-trial, and assists the trier of fact to determine the effect of social experiences and influences acquired within the MTI environment on the defendant's behavior and/or state of mind at the time of the alleged crime when determining guilt or innocence. Furthermore, a comprehensive understanding of the influence of the military total institution at the time of the instant offense can assist in providing a context for consideration of the relationship of posttraumatic stress disorder to the instant

offense by understanding the content and dynamics of military training and other military experiences. The inclusion of a veteran defendant's sociological background in the evaluation is at the core of formulating a Dynamic Risk Assessment and Management Plan that improves compliance and assists in making sentencing and case management recommendations.

In addition to providing veteran defendant evaluations for attorneys and the courts, I conducted interviews, from August 2008 through November 2010, with 162 Iraq and Afghanistan veterans in 16 states across America. Veteran participants were contacted and selected through a snowball sampling method that began with a small cohort of Iraq and Afghanistan veterans who assisted me by providing the initial contact information for and introduction to prospective research participants. Participants, at the time the interviews were conducted, were not defendants in criminal cases. All participants were required to produce photo identification and a copy of their DD 214 (DD Form 214 – United States Military Document) to validate their Iraq/Afghanistan deployment(s). In many cases, other official documentation (e.g., VA disability rating, prescribed medications, etc.) was reviewed for corroboration purposes. All participants were assured anonymity before the interview began. Names, addresses or any identifiable information that would breach that anonymity assurance were not recorded. Each interview was conducted in private. The average interview lasted about 6-8 hours. Some interviews exceeded 10 hours. The interview schedule used for this study covered over 500 variables, and was a bi-product of a similar interview schedule I have used to provide evaluations for veteran defendants confronted with criminal charges. Pre-military, military, and post-military history data were collected to evaluate the effect of military total institution influences and experiences on the civilian reintegration processes of the veteran participants.

There are numerous factors associated with veteran civilian reintegration processes. This article draws specific attention to the effects of PTSD and alcohol dependency, and related factors associated with veteran reintegration, and how the comorbidity of PTSD and alcohol dependency increases the risk of criminal justice entanglements. Data for this article are derived primarily from the independent study of 162 Iraq and Afghanistan veterans.

War-Related Posttraumatic Stress Disorder and Alcohol Abuse/Dependency

Hyper vigilance, depression, anger and frustration, interpersonal relationship problems, nightmares, recollection of horrific events in combat, and alcohol are among the numerous items contained in the *baggage* often carried by many Iraq and Afghanistan veterans when they return home.

A significant number of veterans returning from the wars in Iraq and Afghanistan have reported emotional trauma resulting from their involvement in combat situations during Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF). Hoge (2004; 2007) found that approximately 10-17 percent of veterans in combat infantry units reported symptoms consistent with the guidelines set forth in DSM IV for a diagnosis of PTSD. The Rand Corporation revealed that 20 percent (300,000) of OIF/ OEF veterans exhibited symptoms of PTSD or major depression. PTSD and major depression was found to be most prevalent among U.S. Army soldiers and U.S. Marines who were no longer on active duty. Combat exposure was the single dominant predictor. Furthermore, slightly less than one-half of those veterans seeking treatment from the DVA (Department of Veterans Affairs) received minimally adequate treatment. The report posited the notion that if PTSD and serious depression are not treated, or if they are under-treated, there exists a multitude of potential consequences that include suicide, drug and alcohol abuse, marital problems, unemployment, etc. It has been estimated that the cost

of treating PTSD and serious depression among OIF/OEF veterans for two years to range from $4 billion to $6.2 billion (Tanielian and Jaycox, 2008). The potential consequences of non-treatment or inadequate treatment of veterans with PTSD mentioned in the Rand study are actually latent precursors that increase the probability for veterans becoming entangled in the criminal justice system (e.g., Drug and alcohol abuse may result in a DUI charges. Marital problems and unemployment problems may evolve into domestic violence charges). Other researchers estimate that up to 665,000 veterans are likely to submit claims for PTSD with the U.S. Department of Veterans Affairs. This estimate is based on the large percentage of military personnel serving multiple-deployments (Atkinson et al., 2009).

Many veterans with PTSD from previous generations were found to exhibit more hostility and experience difficulty with their ability to apply anger management skills (Carroll, Rueger, Foy, & Donahoe, 1985; Kulka et al., 1990; McFall et al., 1999). Novaco and Chentob (1998) found anger and aggression to be common manifestations of military/combat-related trauma. In one study that compared veterans with and without PTSD, researchers found that about 75 percent of those veterans with PTSD had engaged in physical aggressive behavior over the past year, which translated to an average of 22 physical aggressive acts by each veteran during that one-year period. Physical aggression was reported by 17 percent of the veterans who did not demonstrate symptoms of PTSD, and these veterans reported an average of less than one aggressive act per year (Beckham et al., 1997). Research conducted by Taft et al. (2007) identified interpersonal relationship and health consequences as factors associated with PTSD and aggression among veterans. As one veteran participant in the present study said when he responded to a question relative to his perception of and reaction to civilians he encounters during his reintegration process,

> There are times when I just simply want to destroy everything in sight. I feel like I am a victim of betrayal – the war was bullshit and I was an active participant in that bullshit. Everything thing that I thought about being a soldier has turned to shit. I thought I would return home and assume the role as a former warrior. I can't even find a job. I have alienated all of my former friends and most of my family members. Now I spend much of my time being alone. I just don't fit in any more with these (civilian) people. When they open their mouth I just want to lay them out. It is like I cannot stand their ignorance anymore. I know I would go to jail if I did what I wanted to do. I beat on the steering wheel when I drive off trying to escape from these assholes. I tend to frequently kick the walls at home.[3]

Nightmares and difficulties initiating and maintaining sleep (DIMS) have been found to have a direct correlation with combat-related PTSD. Neylan et al., (1998) found that 52 percent of a sample of combat veterans with PTSD experienced nightmares sometimes or frequently and 90 percent experienced DIMS. A correlation has been recognized between poor sleep and irritability, as well as difficulties in concentrating (Carney et al., 2009). Alcohol dependence has been associated with the frequency of nightmares (Tanskanen et al., 2001), which substantiates the findings of previous studies (e.g., Berquier et al., 1992). Researchers argue, relative to OIF/OEF veterans, that these veterans often use substances to help with nightmares or minimize the fear of going to sleep and experiencing a nightmare. These researchers contend that veterans may turn to alcohol in their attempt to reduce unwelcome dreams that expose or remind them of horrific incidents. As one veteran noted during an interview,

> I started having these dreams after about four or five months when I got back (from Iraq). At first they were just weird – they didn't make any sense to me. But they wouldn't go away. Sometimes they were similar to what I remember being involved in when I was in Baghdad. Other times they didn't make any sense to me. Like this one dream I had, where I have this person hanging over me and staring at me. I mean, here I am in my bed with this guy hanging over me. I know he was Iraqi, but I couldn't really see his face, but I knew he was looking at me. I would wake up and just lay there awake because I didn't want him staring

[3] This is a statement of an anonymous male veteran participant who served in a U.S. Army infantry unit in Iraq and Afghanistan. This veteran receives VA benefits for PTSD and a leg injury (wound) incurred in Afghanistan.

> at me. I was afraid to go back to sleep. Eventually, I discovered that if I drank a few beers he wouldn't be hanging over me anymore. So I just started drinking beer at night before I went to bed. It worked. The problem is that I never found out what in the hell he wanted to say, and now I drink a lot.[4]

The severity of depression is associated with an increased likelihood of severe nightmares. The association between depression and nightmares is best explained by controlling for PTSD severity (Gellis et al. 2010). Following a question relative to experiencing DIMS and nightmares, one veteran participant said,

> Often at night I will drink to go to sleep. I know it is supposed to be wrong, or whatever, but I don't care. When I drink alcohol I close the doors and close the curtains in my apartment and start drinking. Sometimes I will listen to the stereo, but other times I just want to relish in the quiet when I drink. I will fill my glass with Jack Daniels and just keep sipping it. When it is empty, and if I can navigate, I will fill it again. Many times I will drink several glasses. Eventually, I will simply disappear. I say disappear because I have no recollection of what happened. I guess I just pass out. I call it vacation time because while I am "away," I have no dreams that I have to deal with. It works better than all the pills (prescription medication) that the VA wants me to take.[5]

Research confirms the existence of a positive association between severe trauma experiences and alcohol consumption. Studies have compared individuals who are exposed to trauma but do not meet the criteria for PTSD, individuals without traumatic experiences, and individuals with PTSD. Those individuals with PTSD were found to be at high risk for developing alcohol-related problems (Stewart, 1996). Kulka, et al. (1990) found that about 75% of male Vietnam combat veterans with PTSD had high levels of alcohol consumption, and that alcohol was the most common comorbid disorder among men with PTSD. Meisler (1996) found

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[4] This is a statement of an anonymous male veteran participant who served in a U.S. Army Airborne Infantry unit. He served in Afghanistan and Iraq. He made several visits to a VA hospital after discharge, but said he just stopped going.

[5] This is a statement of an anonymous male veteran participant who served in the U.S. Marine Corps. This veteran receives VA benefits for PTSD and TBI (Traumatic Brain Injury) incurred during his second deployment to Iraq – he was in close proximity to an I.E.D. when it detonated. His best friend was killed during the explosion. This Marine was a gunner on an assault vehicle.

that between 60 and 80 percent of combat veterans with PTSD experienced alcohol and substance abuse problems. Jacobson, et al. (2008) identified a strong association between combat deployment in Iraq and Afghanistan and alcohol-related problems among Reserve, National Guard, and younger military personnel.

Alcohol use among OIF/OEF veterans is attributed to many potential causal factors. Some veterans drink alcohol when they reunite with family and friends. For other veterans, drinking alcohol begins when the veteran experiences stress during his or her civilian reintegration process. Alcohol sometimes becomes a *solution* for depression and/or PTSD symptoms through self-medication (Meis, 2010). One veteran, during the interview, stated:

> When I got home, my parents had a welcome home party set up for me. My girlfriend and a lot of my other friends were invited. A bunch of relatives were there too. People would start asking me questions about Afghanistan. Well, not so much about Afghanistan as what I did in Afghanistan. I found myself drinking more and more as the questions continued. I didn't want to be an asshole but I also didn't want to answer the questions. So I just kept drinking. Eventually I passed out. I have no idea how many drinks and beers I had. But I did learn that if I passed out they wouldn't ask me anymore fucking questions. Later I learned that when I was thinking about things back in Afghanistan and if I drank enough I would pass out. I learned that drinking would stop me from thinking about Afghanistan. Now, drinking is so common and regular for me – it is like it has become the answer for everything. I don't have to worry about the questions or the thoughts because I can drink and be in control – I can control when I pass out.[6]

<u>Demographic Data of Participants in the Current Study</u>

Of the 162 veterans who participated in this study there were 28 females and 134 males who had served in Iraq and/or Afghanistan, and their average age was 28 years old. Only 7 percent (11) of the participants were married, and only one of these participants had a child at the

[6] This is a statement of an anonymous male veteran participant who served in the U.S. Marine Corps. This veteran exhibits many of the symptoms of PTSD. This participant has an MOS (Military Occupational Specialty) code of 0311 (infantry-Rifleman). He was awarded a Bronze Star for Valor. He has been out of the U.S. Marines for almost 2 years. He has not applied for V.A. benefits.

time they entered the military. Over 41 percent (67) of the participants were married while serving in the military or after they were discharged. Over 44 percent (72) of the participants have children. About 45 percent (35) of the participants who have been married are currently divorced or separated. Over 90 percent (147) of the participants had high school diplomas and 9 percent (15) had received a G.E.D prior to entering the military. Prior to serving in the military, 14 percent (23) of the participants had taken some college courses, and 8 percent (13) had received college degrees. Thirty-seven participants (23%) had attempted to take advantage of the military service education benefits after discharge, but only 14 (9%) were attending a junior college or university at the time they were interviewed. As one Marine veteran who had initially enrolled in a junior college after leaving the military noted,

> I wanted to take advantage of the education benefits when I got out of the Corps, but I didn't fit. I mean it wasn't that I was so much older than the other students who were in the classes I took. I'm only 24. But when I listened to them talk it just drove me crazy. I knew I had to get away. It seemed as though I was much older than they were. Most of those kids were concerned about their grades – I was there to learn something. So here I am – doing nothing, by myself.[7]

Prior to entering the military, about 13 percent (21) of the veteran participants had fulltime jobs, while 39 percent (63) were employed part-time, and 48 percent (78) were unemployed. When comparing these numbers with the participant's present employment status there appears to be only a slight improvement in fulltime employment rates. About 20 percent (32) of the veterans had fulltime employment at the time they were interviewed, while 33 percent (54) had part-time employment. Nearly 47% (76) were unemployed. Only 8 of the participants who were unemployment were receiving 100% disability from the VA and were classified as

[7] This is a statement of an anonymous male veteran participant who served in the U.S. Marine Corps. This veteran does not receive benefits from the VA but he does report exhibiting most of the symptoms noted in DSM IV for PTSD. This Marine also uses alcohol frequently. This Marine served in an infantry unit in Iraq.

unemployable. Also noteworthy, most of those veterans who were currently unemployed at the time of the interview had held fulltime or part-time employment prior to entering the military. Ironically, 7 of the 8 participants who are receiving 100% disability benefits from the VA had fulltime jobs prior to entering the military. As I traveled to various states interviewing Iraq and Afghanistan veterans for this study, I had the opportunity to talk with over 50 employers about hiring veterans.[8] Over one-half of the employers I talked with indicated they were somewhat apprehensive about hiring Iraq and Afghanistan veterans, which was based on their concern about PTSD and the potential danger of hiring veterans who might have PTSD. Their primary concern was the potential impact on their business' liability insurance if something horrific happened on the job site relative to a veteran employee's PTSD. As one employer asked, "why would I take the risk?"[9]

Basic Military Data

The overwhelming majority (96%) of participants were enlisted service members. Nearly 94 percent (152) of the participants in this study received honorable discharges from the military. One female and nine male participants were released from active duty with general or less than honorable discharges. Over 80 percent (130) of the participants in this study served in the U.S. Army and U.S. Marines (See Table 1).

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[8] Employers were contacted in the states where veteran participants were interviewed. Most employers did not want to talk with me about veteran employment. Questions pertaining to the employer's veteran hiring policies were asked. As arranged before discussion, willing employers were guaranteed anonymity.

[9] This question surfaced during an anonymous interview with an employer.

Table 1: Branch of Service

Sex	U.S. Army	U.S.M.C.	U.S. Navy	U.S. Air Force	Total
Male	68.7% (92)	23.9% (32)	4.4% (6)	3.0% (4)	100% (134)
Female	75.0% (21)	10.7% (3)	7.1% (2)	7.1% (2)	100% (28)
Total	**69.7% (113)**	**21.7% (35)**	**4.9% (8)**	**3.7% (6)**	**100% (162)**

As members of the military progress through their required training processes, they eventually receive official recognition for their successful completion of the training they received. The U.S. Army and U.S. Marines use the term Military Occupational Specialty (MOS), which serves as a military occupational classification. The U.S. Air Force assigns Air Force Specialty Codes (AFSC) and the U.S. Navy uses a system of ratings along with the Navy Enlistment Classification (NCE) system for their occupational classifications. Most male participants in this study had an MOS in infantry and Armor, and all of their deployment assignments were consistent with the type of training they received. Female participants had completed training in military police, communications, transportation, and other occupation classifications. One female participant and two male participants had received training in military intelligence and had served in units consistent with that training (See Table 2).

Table 2: Military Occupation Classifications

Sex	Infantry	Armor	Medic / Corpsman	Military Police	Other	Total
Male	53.0% (71)	23.9% (32)	8.2% (11)	6.0% (8)	8.9% (12)	100% (134)
Female	0	0	21.4% (6)	42.9% (12)	35.7% (10)	100% (28)
Total	**43.8% (71)**	**19.8% (32)**	**10.5% (17)**	**12.3% (20)**	**13.6% (22)**	**100% (162)**

Over 80 percent (130) of the participants in this study had deployed more than one time. Over 53 percent (15) of female participants and nearly 86 percent (115) of male participants had two

or more deployments. The average number of deployments for all participants is 2.3 (See Table 3).

Table 3: Deployments to Combat Area (Iraq/Afghanistan)

Sex	1 Deployment	2 Deployments	3 Deployments	4 or More Deployments	Total
Male	14.2% (19)	40.3% (54)	32.9% (44)	12.6% (17)	100% (134)
Female	46.4% (13)	53.6% (15)	0	0	100% (28)
Total	**19.8% (32)**	**42.6% (69)**	**27.1% (44)**	**10.5% (17)**	**100% (162)**

Interpersonal Relationships

Interpersonal relationship development and the maintenance/retention of those relationships are significant factors that are crucial for positive veteran reintegration outcomes. During the final years of the Vietnam War, poor interpersonal relationship skills were identified in veterans who had symptoms consistent with PTSD, and were facing criminal charges. However, the courts often ignored those issues (State v. Seeley, 1973). Steindl et al. (2003) identified interpersonal relationship development as an important factor that significantly influences the behavior of veterans with PTSD – particularly for those veterans with alcohol dependency issues.

Participants in this study were asked questions relative to their ability to develop and maintain relationships prior to entering the military and following their separation from the military. Nearly 63 percent (102) of the veteran participants said their ability to develop relationships prior to entering the military was either good or very good. Only 10 percent (17) indicated their ability to develop relationships was not very good or very bad (See Table 4).

Table 4. Ability to Develop Relationships (Pre-Military)

Sex	Very Good	Good	Average	Not Very Good	Very Bad	Total
Male	18.6% (25)	42.5% (57)	27.6% (37)	7.4% (10)	3.7% (5)	100% (134)
Female	32.1% (9)	39.2% (11)	21.4% (6)	7.1% (2)	0	100% (28)
Total	**20.9% (34)**	**41.9% (68)**	**26.5% (43)**	**7.4% (12)**	**3.0% (5)**	**100% (162)**

When asked about their ability to develop relationships since they left the military, only 13 percent (22) said good or very good, while over 58 percent (95) said not very good or very bad (See Table 5). Those participants who had served multiple deployments, compared to veterans who had served one deployment, were more likely to respond that their ability to develop and to maintain relationships after discharge were not very good or very bad. One female veteran, said,

> It is very difficult to explain the problem I have with developing relationships. It is also very hard for me to accept the fact that I have problems with relationships. I have a really hard time trusting people. For some reason, I usually trusted people before I went to Iraq. I had relationships before I enlisted, and I think they were good. I trusted most of the people I served with over there. But, now, when I am in the company of people who I didn't serve with in Iraq I just can't develop a relationship with them. Actually, I just don't want to. I can't really trust them.[10]

Another veteran responded,

> It isn't really that complicated. Before I went into the Army I played sports and had friends. After I went into the Army and went to Iraq a couple times I had nothing in common with people back here. They have nothing to say that I want to hear, and I have nothing to say to them. I mean, I still talk to guys I served with. It is not like I don't talk to anyone. I just don't connect with former friends or family members anymore. Maybe I will change back someday. Then, maybe I won't. I always have myself.[11]

[10] This is a statement of an anonymous female veteran participant who served in the U.S. Army. She was a Sergeant E-5 who experienced two deployments, which she served with a military police unit in Iraq. She has been out of the military for over 2 years, but is seriously considering the option of returning to the U.S. Army.

[11] This is a statement of an anonymous male veteran participant who served in the U.S. Army with an armor unit. He had been promoted to Staff Sergeant before he was seriously wounded and medically discharged. He served in Iraq two times. His intention was to remain in the Army

Table 5. Ability to Develop Relationships (Post-Military)

Sex	Very Good	Good	Average	Not Very Good	Very Bad	Total
Male	4.4% (6)	8.2% (11)	26.8% (36)	35.8% (48)	24.6% (33)	100% (134)
Female	3.5% (1)	14.2% (4)	32.1% (9)	21.4% (6)	28.5% (8)	100% (28)
Total	**4.3% (7)**	**9.2% (15)**	**27.7% (45)**	**33.3% (54)**	**25.3% (41)**	**100% (162)**

Veterans were asked about their ability to maintain relationships. Over 65 percent (106) of the veteran participants said their ability to maintain relationships prior to entering the military was either good or very good. Only 7 percent (12) said their ability to maintain relationships was not very good or very bad (See Table 6).

When participants were asked about their ability to maintain relationships after leaving the military, slightly over 11 percent (18) said either good or very good. Over 66 percent (108) said their ability to maintain relationships was not very good or very bad (See Table 7).

Table 6: Ability to Maintain Relationships (Pre-Military)

Sex	Very Good	Good	Average	Not Very Good	Very Bad	Total
Male	23.9% (32)	38.1% (51)	29.9% (40)	3.7% (5)	4.4% (6)	100% (134)
Female	35.8% (10)	46.5% (13)	14.2% (4)	3.5% (1)	0	100% (28)
Total	**25.9% (42)**	**39.6% (64)**	**27.1% (44)**	**3.7% (6)**	**3.7% (6)**	**100% (162)**

Table 7: Ability to Maintain Relationships (Post-Military)

Sex	Very Good	Good	Average	Not Very Good	Very Bad	Total
Male	2.9% (4)	8.2% (11)	20.2% (27)	38.1%(51)	30.6%(41)	100% (134)
Female	3.6% (1)	7.1% (2)	32.1% (9)	32.1% (9)	25.0% (7)	100% (28)
Total	**3.1% (5)**	**8.0% (13)**	**22.2% (36)**	**37.0% (60)**	**29.7% (48)**	**100% (162)**

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and eventually retire. That became impossible when he lost his right arm in the aftermath of an I.E.D. explosion rolled his vehicle over.

The aforementioned data reveal a decline in relationship development and relationship among participants when comparing their pre-military and post-military histories. These data explain, in part why most of the participants said they have encountered civilian reintegration problems.

Alcohol Use Practices and Patterns

Recent research reveals that 52 percent of civilian adults who were 18 years of age and over drank alcohol regularly. The study found that 61 percent of men of men and 43 percent of women were current regular drinkers. Compared to women, men were found to be more likely to have previously been regular drinkers (U.S. Department of Health and Human Services, 2010). In 2009, USA Today reported that soldiers diagnosed by U.S. Army substance abuse counselors with alcoholism or alcohol abuse nearly doubled between 2003 and March 2009 – increasing from 6.1 per 1,000 soldiers to an estimated 11.4 (USA Today, 2009). Jacobson et al. (2008) in a pre- post-combat deployment study of alcohol abuse recognized that depression, PTSD, or stressors related to deployment or returning from deployment make it more difficult to control the effects of alcohol, which results in greater alcohol-related problems. The younger members of the study cohort were at highest risk for all alcohol-related outcomes.

Participants were asked if they had ever used alcohol before they entered the military and after discharge. More than 82 percent (133) said they had used alcohol prior to entering the military (See Table 8). When asked if they had used alcohol after leaving the military over 95 percent (155) of the participants said yes. Comparing the post-military use of alcohol of male and female participants, data reveal that female post-military alcohol use increased by more than 21 percent from their pre-military alcohol use period, while comparing the same periods for male

veterans their alcohol use increased nearly 12 percent during their post-military period (See Table 9).

Table 8: Ever Use Alcohol (Pre-Military)

Sex	Yes	No	Total
Male	83.6% (112)	16.4% (22)	100% (134)
Female	75.0% (21)	25.0% (7)	100% (28)
Total	**82.1% (133)**	**17.9% (29)**	**100% (162)**

Table 9: Ever Use Alcohol (Post-Military)

Sex	Yes	No	Total
Male	95.5% (128)	4.5% (6)	100% (134)
Female	96.4% (27)	3.6% (1)	100% (28)
Total	**95.7% (155)**	**4.3% (7)**	**100% (162)**

Those participants who indicate they had used alcohol during their pre- and post-military periods were asked about their frequency of alcohol use for each period. Nearly 31 percent (41) of participants said they used alcohol weekly or more than one time per week during their pre-military period (See Table 10). The data for male and female participants' alcohol use frequency after leaving the military is considerably higher than the pre-military frequencies. Over 64 percent (100) said they used alcohol weekly or more than one time per week during the post-military period. Over 70 percent (19) of the female participants said they used alcohol weekly or more than one time weekly compared to 63 percent (81) of the male participants within this frequency range (See Table 11).

Table 10: Frequency Alcohol Use (Pre-Military)

Sex	More than 1 time per Week	Weekly	Monthly	Every Couple of Months	Rarely	Total
Male[12]	8.0% (9)	23.2% (26)	37.5% (42)	16.1% (18)	15.2% (17)	100% (112)
Female[13]	4.8% (1)	23.8% (5)	42.9% (9)	9.5% (2)	19.0% (4)	100% (21)
Total	**7.5% (10)**	**23.3% (31)**	**38.4% (51)**	**15.0% (20)**	**15.8% (21)**	**100% (133)**

Table 11: Frequency Alcohol Use (Post-Military)

Sex	More than 1 time per Week	Weekly	Monthly	Every Couple of Months	Rarely	Total
Male[14]	28.9% (37)	34.4% (44)	21.9% (28)	10.9% (14)	3.9% (5)	100% (128)
Female[15]	29.6% (8)	40.7% (11)	22.2% (6)	3.7% (1)	3.7% (1)	100% (27)
Total	**29.0% (45)**	**35.5% (55)**	**21.9% (34)**	**9.7% (15)**	**3.9% (6)**	**100% (155)**

Participants who said they used alcohol during their pre- and post-military periods were asked to describe why they used alcohol for each period. Their responses were broken down into 5 identifiable categories: (1) Depression, (2) Aggression, (3) Peer Pressure, (4) Enjoyment (Parties), and (5) Not Certain. Over 90 percent (120) participants said they used alcohol, during their pre-military period, for peer pressure and enjoyment (See Table 12). Participant explanations for using alcohol, post-military, were mostly attributed to depression and anxiety conditions. Over 37 percent (58) of male and female participants said they used alcohol for depression, while 31 percent (48) said the used alcohol for anxiety issues after being discharged from the military (See Table 13).

[12] N/A = 22 male participants who never used alcohol - pre-military
[13] N/A = 7 female participants who never used alcohol - pre-military
[14] N/A = 6 male participants who never used alcohol - post-military
[15] N/A = 1 female participant who never used alcohol - post-military

Participants who said they had used alcohol during their pre- and post-military periods were asked if they felt that they had problems with alcohol use during their pre-military or post-military periods. Just over 5 percent (7) of participants said they had alcohol problems prior to entering the military (See Table 14). The percentage increased significantly for those participants who said they had alcohol problems after leaving the military – over 42 percent (66) said they had experienced alcohol problems after discharge from the military. Comparing male and female participant responses for this period, the data reveal that over 51 percent (15) of the females said they had post-military alcohol problems compared to 40 percent (52) of male participants (See Table 15).

Table 12: Reason for Alcohol Use (Pre-Military)

Sex	Depression	Anxiety	Peer Pressure	Enjoyment (Parties)	Not Certain	Total
Male[16]	0	5.3% (6)	59.8% (67)	30.4% (34)	4.5% (5)	100% (112)
Female[17]	4.8% (1)	0	47.5% (10)	42.9% (9)	4.8% (1)	100% (21)
Total	**.08% (1)**	**4.5% (6)**	**57.9% (77)**	**32.3% (43)**	**4.5% (6)**	**100% (133)**

Table 13: Reason for Alcohol Use (Post-Military)

Sex	Depression	Anxiety	Peer Pressure	Enjoyment (Parties)	Not Certain	Total
Male[18]	38.3% (49)	33.5% (43)	16.4% (21)	6.3% (8)	5.5% (7)	100% (128)
Female[19]	33.3% (9)	18.5% (5)	22.2% (6)	11.1% (3)	14.8% (4)	100% (27)
Total	**37.4% (58)**	**31.0% (48)**	**17.4% (27)**	**7.1% (11)**	**7.1% (11)**	**100% (155)**

[16] N/A = 22 male participants who never used alcohol - pre-military
[17] N/A = 7 female participants who never used alcohol - pre-military
[18] N/A = 6 male participants who never used alcohol - post-military
[19] N/A = 1 female participant who never used alcohol - post-military

Over 14 percent (3) of the female participants who said they had post-military alcohol problems said they had been convicted of driving while under the influence of alcohol (DUI), while just over 4 percent (6) of the male participants who said they had post-military alcohol problems had also acquired DUI convictions.

Table 14: Problem with Alcohol (Pre-Military)

Sex	Yes	No	Total
Male[20]	5.4% (6)	94.6% (106)	100% (112)
Female[21]	4.8% (1)	95.2% (20)	100% (21)
Total	**5.3% (7)**	**94.7% (126)**	**100% (133)**

Table 15: Problem with Alcohol (Post-Military)

Sex	Yes	No	Total
Male[22]	40.6% (52)	59.4% (76)	100% (128)
Female[23]	51.9% (14)	48.1% (13)	100% (27)
Total	**42.6% (66)**	**57.4% (89)**	**100% (155)**

About 91 percent (147) of the participants said they drank alcohol while serving in the military. Many participants said their alcohol consumption increased significantly right after they returned from deployment. Veterans with tactical MOS's (e.g., infantry and armor) were more likely to engage in binge drinking or get intoxicated more frequently. Over 86 percent (89) of the 103 veterans with tactical MOS, compared to 36 percent (21) of veteran participants with other military occupation classifications, participated in binge drinking and frequent episodes of intoxication. The duration of these drinking patterns extended to the post-military period for many veterans. In some cases, veterans stopped drinking alcohol before they were discharged

[20] N/A = 22 male participants who never used alcohol - pre-military
[21] N/A = 7 female participants who never used alcohol - pre-military
[22] N/A = 6 male participants who never used alcohol - post-military
[23] N/A = 1 female participant who never used alcohol - post-military

and began drinking again at various points in their civilian reintegration process. Others stopped drinking after they were discharged, but began drinking later.

Participant Posttraumatic Stress Disorder Symptoms

Research on combat-related PTSD gained momentum in the aftermath of the Vietnam War. In one study of Vietnam veterans, Shatan (1978) stated:

> Nine to 60 months after demobilization many veterans began to go through changes. They notice - often for the first time - growing apathy, alienation, depression, mistrust, cynicism, and expectation of betrayal, as well as difficulty in concentrating, insomnia, restlessness, nightmares, up rootedness, and impatience with almost any situation or relationship (p. 47).

In another study of Vietnam veterans, DeFazio (1978) argued:

> Vietnam veterans are frequently described as being a very angry group. It is not really sufficient to say that some of these men are or were merely angry. Their words and the tone of their words are saturated with vindictiveness. In combat it might be asserted that such feelings are a natural outgrowth of helplessness. However, years after the external danger has passed, it seems that the vengefulness tends to have other purposes (p. 32).

The other purposes of vengefulness, according to DeFazio, include an unconscious defense against the veteran's awareness of repressed grief and separation in relationship to the loss of friends in combat. Another purpose can be the representation of concealed feelings of hopelessness. Finally, vengefulness can also be used to mitigate the veteran's injured pride.

Questions related to the symptoms of posttraumatic stress disorder for this study were drawn from the guidelines provided in the Diagnostic and Statistical Manual of Mental Disorders (2000). As a sociologist, I do not offer definitive or officially recognized diagnoses of PTSD. I asked participants questions that are consistent with the recognized symptoms of PTSD (see Appendix).

More than 40 percent (66) of participants in this study appear to meet all or most of the diagnostic criteria for PTSD, which includes 58 male and 8 female veterans. All the male

participants who appear to meet the required symptom criteria for PTSD diagnosis said their PTSD symptoms resulted from involvement in combat-related experiences and exposures in Iraq and/or Afghanistan. One participant described how difficult it is for him to leave his combat experiences behind:

> I joined the Army right after 9/11. I wanted to protect America from the terrorists. I was really committed to this. I wanted to go into the infantry, and then I went through airborne training. When I got to Iraq I wanted to go out and get the enemy, and when we would kick in the doors I always anticipated that I would confront the bad guys. During my second deployment to Iraq I felt the same way – this was during the surge. Three soldiers in my company died. Two died from IEDs (Improvised Explosive Devices). Several others were wounded really bad. At the time, these things didn't bother me – not like they do today. At the time I felt nothing. That's how we were trained. When I went to Afghanistan it was different. I saw things that I can never forget. I have never found a way to get out of Afghanistan. Many times I find myself reacting to things the same way as I would have reacted in Iraq or Afghanistan. Certain things, like crowds of people making a lot of noise tend to put me on alert.[24]

Over 62 percent (5) of the female participants who appear to meet the required criteria for PTSD said combat related experiences and exposure were the causes of their PTSD symptoms, while the remaining females in this group attribute their symptoms to sexual abuse during deployment. A female veteran said:

> I don't really want to talk much about the details, but I feel completely betrayed. In a way, I feel that I was betrayed by the Army – I did my job. I also betrayed myself. I was a soldier, but I wasn't treated like a soldier. I was groped and abused numerous times. I was at a point where the *enemy* (some American soldiers) was wearing the same uniform that I was wearing. I wanted to report what was happening to but I never did. I was afraid and confused. I felt weak and ashamed – even though it was not my fault. Now, I spend much of my time thinking about what I experienced and I blame myself for not being stronger. I have not had a close relationship since I got back – how could I trust someone to

[24] This is a statement of an anonymous male veteran participant who served in the U.S. Army. He left the Army in 2009 after serving eight years, which included 2 deployments in Iraq and 1 deployment in Afghanistan.

> understand what happened and why I didn't step forward and report it? I don't even understand why I didn't go forward.[25]

The military and the Department of Veterans affairs refer to sexual abuse as *sexual trauma*.

Participants in this study who disclosed a significant number of symptoms consistent with PTSD were more likely to experience problems with alcohol use. Of the 52 males who said they had a problem with alcohol after leaving the military, about 71 percent (41) appear to have PTSD symptoms that would likely support a PTSD diagnosis. Eight female participants who indicate a substantial number of PTSD symptoms said they had post-military problems with alcohol. In most instances, male and female participants with significant PTSD symptoms who admit having problems with alcohol said their alcohol use was for self-medication for those PTSD symptoms. Participants who exhibited more PTSD symptoms had considerably more significant problems with relationships and employment. Among those participants who meet most or all of the criteria for a PTSD diagnosis about 47 percent (31) said they had experienced suicidal tendencies. Finally, those participants who had experienced more deployments were much more likely to exhibit more PTSD symptoms. All of the participants who have been deployed 4 or more times exhibited extreme symptoms that would likely meet the criteria for chronic PTSD diagnoses, while nearly one-half of those veterans who served 3 deployments exhibited the same extreme PTSD symptoms.

Combat-Related Exposures and Affects

Addressing a veteran's combat experiences during an interview can be challenging. Inquiry into the details of a veteran's combat experiences during the interview process typically requires a development of considerable trust between the participant and the interviewer. Many

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[25] This is a statement of an anonymous female veteran participant who served in the U.S. Army. She was discharged in 2008.

veterans are reluctant to discuss their combat experiences, especially if those experiences were traumatic. If the interviewer is not personally familiar with the *reality* of combat, the veteran often believes the interviewer does not have the capacity to understand the complexity and intensity of his or her war experiences. On the other hand, even though the interviewer successfully convinces the participant that he or she does have the capacity to understand combat experiences, some participants worry that disclosing the details of their own traumatic experience(s) may result in the interviewer perceiving them as a bad or immoral person. Charles W. Hoge, MD (2010), a recently retired U.S. Army Colonel, summarizes some of the inherent problems associated with veterans discussing traumatic events they were exposed to or participated in during war:

> Upon returning home, warriors frequently report feelings of remorse, regret, guilt, and shame related to things they witnessed or participated in. Some of the things can't be discussed for fear of prosecution. Some are too gruesome to discuss with a civilian therapist or loved one. Some are associated with so much shame that the warrior is too embarrassed. In all these instances, the warrior is left holding the bag and trying to find a way to bury these images and memories (Hoge, 2010: 244).

Veterans who were trained specifically to engage the enemy (e.g., infantry, armor, etc.) may actually handle combat-related trauma better than those who did not participate in tactical training (e.g., military personnel trained in communication or the clerical fields). It is difficult to measure and compare the affect of one individual's experiences in combat with another's experiences in a similar setting. Combat experiences shared by more than one individual can produce different consequences or outcomes. As one veteran participant said:

> My best friend and I were in the same platoon and in the same squad. We went through training at Ft. Benning together. We got drunk together a couple of times in Columbus. We were in Fallujah together. We helped level the fucking place. We did a lot of shit together there. I can't really explain it, but my friend got married and has a kid now. He looks like he's doing great. Me, I'm an

> unemployed drunk. I spend a lot of time going back to Fallujah in my mind. After all these years I can't get rid of it. I don't know how he does it.[26]

Verification of information acquired during an interview process enhances the strength and credibility of any research project, which is why the participant's DD 214 was required before any interview was conducted. A traumatic exposure experienced by veterans can sometimes be confirmed by examining the veteran's official military records, or in some instances the veteran's medical records. For example, a veteran's claim to have been wounded in combat can often be verified by examining his or her DD 214 in search of an entry confirming the award of a Purple Heart Medal. Examining the veteran's DD 214 can also support the *probability* of exposure to traumatic experiences. For example, to verify a veteran's probability of combat exposure in the U.S. Army, the DD 214 may, depending upon the individual's military occupational specialty, include the award of a CAB (Combat Action Badge), a CMB (Combat Medic Badge), or a CIB (Combat Infantryman's Badge). Each of these awards increases the probability of combat or trauma exposure by veterans. Army Regulation 600-8-22 (2006) provides rigid criteria for military personnel eligibility to be awarded these badges, which includes required levels of combat exposure or confrontation with an enemy. For soldiers to be eligible to be awarded a CAB they must first have been exposed to threats such as suicide bombers, mortars, rockets and rocket-propelled grenades and IED's – this award excludes infantry or Special Forces soldiers. The CMB was initially intended for medical personnel who accompanied infantrymen into combat and engage in active ground combat. During the Iraq and Afghanistan wars medical personnel assigned or attached to combat aviation units, and who are personally present and under fire when the unit is engaged in combat, are now eligible to be

[26] This is a statement of an anonymous male veteran participant who served in the U.S. Army. He left the Army in 2005 after serving four years.

awarded a CMB. Eligibility for the CIB is limited to infantry and Special Forces soldiers whose primary duty is to engage in ground combat and contact with the enemy. Circumstances in Iraq and Afghanistan have added contact with IED'S and vehicle-borne IED's to the eligibility requirements to receive a CIB. A standard measure for awarding a CIB is that the infantry or Special Forces soldier has been exposed to hostile fire from the enemy.[27]

It is extremely difficult, without access to direct witnesses, to validate a veteran's claim that he or she was subjected to other forms of trauma (e.g., witnessing bodies or casualties). It is highly unlikely that military records will reference how many times any service member, during a deployment to a combat area, saw bodies or casualties. The U.S. Army or the U.S. Marines do not demand or require regularly scheduled individual questionnaires to be completed by service members to record those types of experiences. However, the service member often retains his or her own *mental* records of those experiences.

A number of topics related to combat experiences were addressed during each interview. Some of these topics included perception of leadership during combat assignments and experiences, training experiences and the relevance of post-training assignments and duties, individual physical injuries sustained in Iraq and/or Afghanistan, individual responses or

[27] A veteran defendant in a 2011 federal assault trial in Spokane, Washington had his military/combat experience credibility challenged by an Assistant U.S. Attorney who claimed he was *faking* his PTSD; that if he did have PTSD it was not a result of combat – even though VA psychologists had stated that his PTSD diagnosis was related to combat. When afforded an official copy of the veteran's DD 214, which revealed that he had been awarded a CIB (Combat Infantryman's Badge), she proceeded to raise concern that the award was perhaps fraudulently issued, which raised competency and ethical issues relevant to the veteran's Commanding Officer. No evidence was ever provided to substantiate the claim by the Assistant U.S. Attorney that the CIB was awarded inappropriately, but her argument became part of the court record. No direct witnesses were ever produced who could disprove the defendant's claims of trauma resulting from combat.

reactions to threatening situations, etc. One topic centered on casualties – individual witnessing and participation in casualties.

Participants were asked a series of questions related to the casualties of war.[28] These questions focused on the participant's witnessing and/or participation in enemy, civilian, children, and American casualties. It is important to remember that, as previously noted, over 63 percent (103) of the participants in this study were trained in, and assigned to, infantry or armor units during their deployment(s). Additionally, 7 participants served as combat medics (U.S. Army) or corpsman (U.S. Navy) assigned to U.S. Marine infantry units (See Table 2). Equally important to remember is the fact that the average number of deployments for all participants is 2.3 (See table 3). The probability of having encountered combat-related traumatic incidents is significantly increased for those veterans who were assigned to infantry or armor units in combat areas. This is particularly true for veterans who had served multiple deployments in combat areas of operation.

Over 72 percent (117) of the participants said they had witnessed enemy casualties (See Table 16). About 13 percent (15) of those participants said they were
happy or pleased when they witnessed those casualties, while 32 percent (38) said they felt remorse, sadness, or empathy at the sight of enemy casualties. Nearly 55 percent (64) of the participants said that witnessing enemy casualties produced no emotional feelings when the incidents occurred.

[28] Relevant to war, the characteristic or description of a casualty may include injured, wounded, or killed individuals. For the purpose of this article, the concept casualty includes all three of these characteristics.

Table 16: Witness Enemy Casualties

Sex	Yes	No	Total
Male	79.9% (107)	20.1% (27)	100% (134)
Female	35.7% (10)	64.3% (18)	100% (28)
Total	**72.2% (117)**	**27.8% (45)**	**100% (162)**

Almost 56 percent (90) of the participants said they had participated in causing the enemy casualties (See Table 17). Seventy percent (63) of those participants said their participation was direct - they were in immediate or close proximity to the enemy when the casualties occurred. Direct participation in causing a casualty is often determined by the perception of the veteran, and can range from hands-on participation to simply being a member of a military unit responsible for causing the casualty. For instance, one can have direct participation by firing a weapon and hitting a person, or the veteran can view him- herself as a direct participant by sitting in the back of a Humvee that hits a person crossing the street. Direct participation often depends upon the perception of the veteran. Often times this perception is influenced by the guilt felt by the veteran. About 18 percent (16) of the participants who participated in causing enemy casualties said they felt some level of remorse or regret, and the same number of participants (16) said they felt happy or pleased with their participation. About 64 percent (58) of the veterans who had participated in causing enemy casualties said they had no emotional thoughts after their participation.

Table 17: Participate in Causing Enemy Casualties

Sex	Yes	No	Total
Male	**66.4% (89)**	**33.6% (45)**	**100% (134)**
Female	**3.6% (1)**	**96.4% (27)**	**100% (28)**
Total	**55.6% (90)**	**44.4% (72)**	**100% (162)**

Participants were asked several questions related to civilian casualties. Seventy-one percent (115) participants said they had witnessed civilian casualties during their deployment to a combat zone (See Table 18). Over 57 percent (66) of the participants, at the time of witnessing the civilian casualties, said they felt sadness, remorse or regret, or empathy. Almost 43 percent (49) said they experienced no emotional thoughts at witnessing civilian casualties. One participant's statement summarized the predominant reason offered by the participants who had no emotional thoughts when they witnessed civilian casualties:

> They were Iraqis. They all looked alike to me. We go down the street in Humvees and an I.E.D. explodes, and Marines are killed. When we look around we see people just standing there. How in the fuck can you tell the difference between the civilians and the insurgents? You can't. I think about this all the time now. Were they civilians? Maybe. Were they the bad guys? Maybe. At the time it didn't matter. Now it drives me nuts sometimes thinking about it. That's why I like to drink. When I drink I think about something else.[29]

Table 18: Witness Civilian Casualties

Sex	Yes	No	Total
Male	73.9% (99)	26.1% (35)	100% (134)
Female	57.1% (16)	42.9% (12)	100% (28)
Total	**71% (115)**	**29% (47)**	**100% (162)**

Nearly 49 percent (79) of the participants said they had some level of participation in activities that resulted in civilian casualties (See Table 19). About 60 percent (47) of those participants said they were present or in the vicinity when those civilian casualties happened. More than 63 percent (50) of the participants who participated in causing civilian casualties felt some degree of remorse or regret, while two of those who participated said they felt happy or pleased with the outcome of their action. It is important to note that both participants who said

[29] This is a statement of an anonymous male Marine veteran who served with an infantry unit in Iraq. During his second deployment he was seriously wounded. He lost one of his arms during an I.E.D. explosion. He served in the Marines for less than 4 years. He was awarded a Purple Heart. He receives VA benefits for his injuries and PTSD.

they were happy or pleased with their direct involvement in activities that resulted in civilian casualties also said they were still not convinced those casualties were actually civilian casualties. Over 34 percent (27) of those participating veterans said they had no emotional thoughts after their participation in causing civilian casualties.

Table 19: Participate in Causing Civilian Casualties

Sex	Yes	No	Not Certain	Total
Male	(56.7%) (76)	(26.9%) (36)	(16.4%) (22)	100% (134)
Female	(10.7%) (3)	(60.7%) (17)	(28.6%) (8)	100% (28)
Total	**(48.8%) (79)**	**(32.7%) (53)**	**(18.5%) (30)**	**100% (162)**

Civilians have always been victims of war, and within the ranks of civilian populations are the children. Following the passage of General Assembly resolution 48/157 on 20 December 1993, Grac'a Machel was appointed by the United Nations Secretary General to conduct research, and submit a report, on the impact of armed conflict (War) on children. Machel submitted her report in 1996, and disclosed that nearly two million children had been killed in various conflicts during the last decade. She also found that somewhere between four and five million children had been disabled, and approximately 12 million children had been uprooted from their homes. She acknowledged that even more children had been confronted with disease, malnutrition, and family separation. Children casualties have had major effects on previous veteran generations who have experienced combat, as well as veterans of the newest generation of veterans (Caputo, 1977; Brown, 2005; Glantz, 2008; Sherman, 2010).

Participants were asked questions related to their witnessing and participation in children casualties from the Iraq and Afghanistan wars. Over 62 percent (101) of the participants said they had witnessed children casualties while serving in Iraq and/or Afghanistan (See Table 20). Over 76 percent (77) of those participants, at the time they witnessed children casualties, said

they felt sadness, remorse or regret, or empathy. About 24 percent (24) said they experienced no emotional thoughts at witnessing children casualties. None of the participants who said they witnessed children casualties said they felt happy or pleased when they witnessed those casualties. One participant said:

> There is no way that I can look backward and find pleasure in seeing or playing a role in causing the injury or death of kids. At the time, I was told it was just part of war. My platoon sergeant said we had to put it behind us and drive on. Well, that is bullshit, because I didn't put it behind me, I just carried it with me. I didn't look at it while I was carrying it around over there (Iraq). Now I have to deal with it every day. He (platoon sergeant) didn't tell us that we would carry it for a long time. I can't speak for the others in my platoon, but I can speak for me. I see faces and mangled bodies of kids every night.[30]

Table 20: Witness Children Casualties

Sex	Yes	No	Total
Male	68.7% (92)	31.3% (42)	100% (134)
Female	32.1% (9)	67.9% (19)	100% (28)
Total	**62.3% (101)**	**37.7% (61)**	**100% (162)**

Fifty percent (81) of the participants in this study said their actions resulted in causing children casualties. Nearly 19 percent (30) said they were not certain if children casualties were results of their actions (See Table 21). Almost 72 percent (58) of the participants who participated in children casualties said their participation was direct. Over 64 percent (52) of the participants who acknowledged participation in children casualties said they felt sadness, remorse or regret, or empathy about their participation. About 36 percent (29) said they experienced no emotional

[30] This is a statement of an anonymous male veteran participant who served in the U.S. Army. He served in an Army infantry unit during 2 deployments to Iraq. He left the Army 3 years ago and has a difficult finding and maintaining employment. He divorced 4 months after discharge. He has one son, but does not see his son. His wife does not want him around his son.

thoughts in the aftermath of their participation. None of the participants who said they participated in children casualties said they felt happy or pleased about their participation.

Table 21: Participate in Causing Children Casualties

Sex	Yes	No	Not Certain	Total
Male	56.7% (76)	26.9% (36)	16.4% (22)	100% (134)
Female	17.8% (5)	53.6% (15)	28.6% (8)	100% (28)
Total	**50% (81)**	**31.5% (51)**	**18.5% (30)**	**100% (162)**

When addressing the topic of American casualties, there were three primary casualty categories that surfaced during the interviews. Those categories include dead, wounded, and injured Americans. Death could be a result of hostile fire (e.g., gunshot, explosive device, etc.) or an accident that had no relationship to contact with the enemy (e.g., a vehicle accident, falling from a building or elevated structure, an accident that resulted while repairing a vehicle, etc.). An injury is a result of an accident without enemy involvement (e.g., physical injury resulting from jumping off the back of a vehicle, a spinal injury resulting from a fall, etc.). A wound is a direct result of enemy contact (e.g., being hit with a round fired by the enemy, a shrapnel-induced injury that resulted from an I.E.D. detonation, etc.).

Interview questions pertaining to American casualties were difficult for many participants to respond to. The emotional impact of these questions for many participants was quite obvious. Some participants cried. Other participants required a break. Some participants were very hesitant when the interview questions focused on American casualties, while some participants exhibited emotional numbness as they talked about the death or injuries of American soldiers and Marines. Some participants discussed these experiences within the context of cynical humor, while protects the veteran from feelings of remorse and anger.

No participants admitted direct responsible for causing American casualties but a significant number of veterans blamed themselves for the injury and death of American service members in Iraq and Afghanistan. The most common self-blame responses were, "I should have done something" or "I should have been there" to prevent it. One participant said:

> I was sick and was held back from going out with my platoon. When they came back I found out that my best friend had been killed. If I could do it all over again I never would have reported to sick call. I mean, I was really sick but I should have been there and he (friend's name not disclosed) would probably be alive today.[31]

Over 84 percent (137) of the participants said they had witnessed American casualties in Iraq and/or Afghanistan (See Table 22). About 46 percent (63) of those participants, at the time they witnessed American casualties, said they felt sadness, remorse or regret, or empathy, while 19 percent (26) said they experienced no emotional thoughts at American casualties. Thirty-five percent (48) participants aid they felt anger when they witnessed American casualties. A Marine veteran participant said:

> Two Marines were killed in my platoon while we were in Iraq. Each time I wanted to just go kill all of the fuckers I could find. It was as though I had no control over those thoughts. I wanted to get even and that is all that mattered. It was like I was on high octane. I looked at the bodies and thought that someone had to pay for this shit and I appointed myself as the bill collector. Its crazy, I know. Now I find myself questioning why the fuck we were even there. Nothing makes sense to me anymore.[32]

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[31] This is a statement of an anonymous male veteran participant who served in the U.S. Marines. He was seriously wounded 3 months after his friend was killed. He receives 100% disability from the VA for physical injuries and PTSD. He said he uses alcohol regularly to deal with the *demons* and to subdue the thoughts of his dead friend.

[32] This is a statement of an anonymous male veteran participant who served in in an infantry unit in the U.S. Marines. He said he has serious problems with alcohol. He has been arrested for DUI and assault. He spent several days in jail for the DUI, but the assault charges were dropped. He said he isolates himself from people so he isn't at risk for committing another assault. He said that I was the first "stranger" he had talked with in several months.

Table 22: Witness American Casualties

Sex	Yes	No	Total
Male	88.1% (118)	11.9% (16)	100% (134)
Female	67.9% (19)	32.1% (9)	100% (28)
Total	**84.6% (137)**	**15.4% (25)**	**100% (162)**

Pre-Military, Military, and Post-Military Criminal Behavior

Approximately 1,900,000 members of the armed forces have served in Iraq and/or Afghanistan, which translates to approximately .006 percent of the U.S. population (Institute of Medicine of the National Academies, 2010). Participants in this study were asked questions related to their criminal behavior, and those questions focused on the veteran's pre-military, military, and post-military periods.

Over 82 percent (133) of the participants said they had engaged in behavior that was likely to be illegal prior to entering the military. About 16 percent (21) of these participants were female veterans. Participants were asked to identify the most serious illegal behavior they had ever engaged in prior to entering the military. Over 41 percent (55) of the participants said that their most serious offense during this period was a status offense, while less than 10 percent (13) said their most serious illegal behavior would be a person offense such as assault or getting into a fight. About 21 percent (28) of the participants said their most serious illegal behavior had been drinking alcohol. They described the behavior as illegal because they were under the age of 21. Twelve percent (16) of the veterans said they had experimented with illegal drugs prior to the military and considered that behavior the most serious (See Table 23). Only 6 percent (8) of the participants who admitted engaging in pre-military illegal behavior said they had been convicted as juveniles for minor misdemeanor or status offenses, which did not interfere in their military enlistment processes.

Table 23: Pre-Military – Most Serious Illegal Behavior Committed

Sex	Person Offenses	Property Offenses	Alcohol Offenses	Drug Offenses	Status Offenses	Total
Male	11.6% (13)	14.3% (16)	18.8% (21)	12.5% (14)	42.9% (48)	100.0% (112)
Female	4.8% (1)	19.0% (4)	33.3% (7)	9.5% (2)	33.3% (7)	100.0% (21)
Total	9.8% (13)	15.0% (20)	21.1% (28)	12.0% (16)	41.4% (55)	100.0% (133)

When asked about military violations that would fall under the UCMJ (Uniform Code of Military Justice), 10 percent (16) of the participants said they had received an Article 15. No participants said they had experienced a court martial proceeding. Nearly all of the participants had received honorable discharges, while 6.2 percent (10) received general discharges.

About 41 percent (66) of the participants said they had engaged in illegal behavior after discharge from the military. About 18 percent (12) of these participants were female veterans. Participants were asked to identify the most serious illegal behavior they had ever engaged in prior to entering the military. Nearly 41 percent (27) of the participants said that their most serious offense during this period was a person offense, which included assault and domestic violence. Most of the participants who had engaged in violent behavior said that alcohol played a significant role in their behavior. Over 55 percent (15) of these participants indicated that their alcohol use was an attempt to self-medicate their PTSD symptoms. Alcohol and drug offenses accounted for 34.8 percent (23) and 13.6 percent (9) respectively. Over 58 percent (7) of the female participants among this category said alcohol was the most serious illegal behavior they had been involved in after leaving the military (See Table 24). Over 15 percent of all participants in this study have been convicted of a criminal offense since leaving the military. This includes 21 (15.7%) males and 4 (14.3%) female participants. Six of the male and 3 female participants have been convicted of DUI. Eight male veterans have been convicted of charges

related to domestic violence, and all of these veterans said that alcohol use/dependency played a key role in their entanglement with criminal justice. Only one of the participants who entered the military with a juvenile record has been convicted of a crime after discharge.

Table 24: Post-Military – Most Serious Illegal Behavior Committed

Sex	Person Offenses	Property Offenses	Alcohol Offenses	Drug Offenses	Total
Male	50.0% (27)	9.3% (5)	29.6% (16)	11.1% (6)	100.0% (54)
Female	0	16.7% (2)	58.3% (7)	25.0% (3)	100.0% (12)
Total	40.9% (27)	10.6% (7)	34.8% (23)	13.6% (9)	100.0% (66)

Why do veterans engage in criminal behavior? Typically, most explanations of criminal behavior focus on alleged moral, psychological, and/or social *deficiencies* of individuals who are purported to have committed crimes. Proverbial and simplistic explanations of why people commit crimes include, (1) they are *inherently bad people*, or (2) they are *mentally challenged*, or (3) they *came from bad neighborhoods*. In respect to veterans engaging in criminal behavior, do these explanations take into account veteran's combat experiences and the subsequent repercussions of those experiences as veterans reintegrate back into the civilian society? The answer is, of course, no. Over 1,900,000 military personnel have deployed to the ongoing wars in Iraq and/or Afghanistan since October 2001. This number indicates that military personnel who have deployed since 2001 represent .006 percent of the general population (approximately 308 million). With such a infinitesimal percentage of Americans directly involved in the Iraq and Afghanistan wars, why would there be a focus on veteran criminality? As one veteran participant, who incidentally echoes many participants in this study, noted, "Beyond celebrating the 4th of July,

Memorial Day, and Veterans Day most of the civilian public doesn't give a shit about veterans coming back from Iraq or Afghanistan."[33]

Wilson and Zigelbaum (1986) present an argument that centers on the veteraan's use of survivor skills they acquired during combat. Essentially, they argue that combat veterans with PTSD were found to rely on the coping skills that are characterized by an altered state of consciousness, hyper-alertness, and hyper-vigilance, and the survivor skills they acquired during their combat experiences. They argue:

> Combat veterans are especially vulnerable to violent behavior if there exists an actual or perceived threat, especially to combat veterans, there is an increased probability of violent behavior since they may revert to survival skills learned in the war to cope with the threat (Wilson and Zigelbaum, 1986: 319).

Military training and combat experiences prepare soldiers and Marines to respond to threats and address elevated levels of anxiety and fear. Today, young soldiers are often introduced to the concept of muscle memory during their training process – a concept often referred to as instantaneous response. Discussing the instantaneous reactions of many veterans, Hoge (2010) argues:

> These reactions are not just about being prepared to fight an enemy or run away from danger. What they mean for a warrior is being prepared to respond to danger of any kind – for example, a fire, accident, natural disaster, or when someone is trying to break into your home. As a warrior, you're much better prepared to respond to danger than most people. This includes not panicking when something unexpected happens, and responding without hesitation in the most efficient way to protect yourself and others around you. Oddly, a sense of panic can happen when there is no danger, but when chaos breaks out, warriors often feel much calmer than non-warriors (Hoge, 2010: 89-90).

[33] This is a statement of an anonymous Marine veteran participant who served in in an infantry unit. He has been in jail several times since leaving the service. He has lost his family and is currently unemployed. He was awarded two Purple Heart Medals and two Bronze Stars (one for Valor) resulting from three deployments to Iraq and one deployment in Iraq. When asked if he visited the VA for assistance, he said, "You must be fucking with me now. I went one time. I never went back. I'd rather be dead than go to the VA."

Ignoring inherent factors associated with the military total institution, which includes acculturation, training, and military experiences, professionals and citizens will be unable to develop explanations for of veteran criminal behavior beyond the moral, psychological, and social deficiencies explanations of criminal behavior. Until that occurs, veteran experiences will continue to be ignored by professionals, citizens, and the criminal justice system.

Conclusion

This study advances the notion that veterans returning from war are not the same individuals who went to war. This becomes most evident when one compares pre-military and post-military histories of veterans who have been deployed to war zones. Comparing pre-military and post military history data reveal the following about Iraq and Afghanistan veterans who participated in this study:

1. The ability to develop and maintain relationships declines significantly after many veterans are discharged from military service.

2. Alcohol use and the frequency of alcohol use have increased significantly among veteran participants in this study as they navigate through the civilian reintegration process. Depression and anxiety have replaced peer pressure and enjoyment as primary motivations for alcohol use among the majority of the participants. Comparing pre-military and post-military alcohol histories, there is a substantial increase in the number of veterans who admit having a problem with alcohol after discharge.

3. Over 40 percent of the participants had a magnitude of PTSD symptoms related to combat experiences. There is a strong probability that these participants, coupled with their demeanor, meet the rigors of PTSD diagnoses.

4. Participants with a significant number of PTSD symptoms are more likely to experience difficulty developing and maintaining relationships, higher rates of alcohol use and/or dependency, and longer periods of unemployment. Veteran participants who had significant PTSD symptoms were more inclined to have problems with alcohol, and they were more likely to report having suicidal tendencies.

5. The majority of participants said they witnessed and participated in enemy, civilian, and children war casualties. Many said that they had no emotional feelings or thoughts when those incidents occurred. This was particularly true in the case of veterans

who had served with infantry or armor units in Iraq or Afghanistan and/or had been deployed multiple times.

6. Excessive use of alcohol often results in criminal justice entanglements for many people in society. This is particularly true in the case of many combat veterans who use alcohol for self-medicating purposes, and have symptoms of PTSD.

Throughout the interviews in this study, nearly all participants raised the topic of treatment and services for returning veterans. Most participants who sought treatment for physical injuries incurred during their deployment(s) at the Department of Veterans Affairs (VA) were relatively pleased with the treatment and services they received. However, nearly all participants who went to the VA for mental health issues expressed dismay and disgust at the services and treatment they received. A recent study of readjustment needs of veterans, service members, and their families, the Institute of Medicine noted:

> In going around the country, the committee gathered qualitative data. It heard the same problems repeated on the West Coast and the East Coast, in the North and South, by health care providers, by active duty service men and women, and by veterans: there are not enough mental health providers to meet the demand, case managers and providers are overwhelmed, wait times are too long for appointments and between appointments for those in need of mental health and other services, confidentiality and stigma associated with seeking care for mental illness is a significant concern of active duty service members, job training and loss of jobs due to multiple deployments are issues, the ability to diagnose and treat traumatic brain injuries is a problem, and medical care for National Guard and reserve forces is an issue as they transition between active duty and civilian life (Institute of Medicine, 2010: xiii).

If the VA, the criminal justice system, professionals, and citizens do not stand up and pay attention to the needs of young veterans returning from the ongoing wars, we are likely to experience a significant increase in the number of incarcerated veterans throughout the United States. Many veterans will be returning home for a brief period of time only to experience *redeployment* to the jails and prisons across the United States. One only needs to refer to the aftermath of the Vietnam War to consider the probability of the previous statement.

Appendix: Posttraumatic Stress Disorder Questions

Part A:

- *Did you experience, witness, or confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of yourself or of others?*
- *Was your response to such a situation intense fear, helplessness, or horror?*

Part B:

- *Do you experience recurrent and intrusive recollections of the event(s) , which may include images, thoughts, or perceptions?*
- *Do you ever experience recurrent distressful dreams of the event?*
- *Do you ever feel or act as though the event is reoccurring?*
- *Do you ever experience intense psychological distress when exposed to signs or reminders that resemble some aspect of the traumatic event? (For example, the anniversary of the traumatic event)*
- *Do you ever experience a physiological reaction to signs or reminders that resemble some aspect of the traumatic event? (For example, the anniversary of the traumatic event)*

Part C:

- *Do you avoid, or try to avoid, thoughts or feelings associated with the traumatic event(s) you experienced?*
- *Do you avoid, or try to avoid, activities or situations that arouse the recollection of the traumatic event(s)?*
- *Do you experience a particular inability to recall important aspects of the traumatizing event(s)?*
- *Do you experience any significant diminished interest in what you consider important activities?*
- *Do you ever feel detached or detached/separated from other people?*
- *Do you have any restricted ranges of affect? (For example unable to have loving feelings for another person)*
- *Do you have or maintain a perception of a limited future? (For example, no ability to have a career, relationship or marriage, or no normal lifespan)*

Part D:

- *Do you experience difficulty going to sleep or staying asleep?*
- *Are you easily irritated or experience outbursts of anger?*
- *Do you have difficulty concentrating?*
- *Do you experience hypervigilance?*
- *Do you experience episodes of exaggerated startle response (For example, jump when vehicle backfires)*

Part E:

- *Have you had the symptoms in parts B, C, and D longer than one month?*

Part F:

- *Does the disturbance result in significant distress or impairment in social, occupational, or other important functioning areas?*

Conclusion:

- *Has the duration of these symptoms lasted less than 3 months?*
- *Has the duration of these symptoms lasted longer than 3 months?*
- *Did the symptoms begin within 6 months of the traumatic event or after six months of the traumatic event?*

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