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No Soldier Left Behind: A Comprehensive Analysis of Veterans' Treatment Courts

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Abstract

Veterans' Treatment Courts (VTCs) focus on rehabilitation, rather than incarceration, to address underlying causes of criminal behavior among veterans. Some criminal behavior in this population arises from substance abuse, traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), and other mental health concerns (Justice for Vets, 2018). In order to determine the effectiveness of VTCs and the services provided, an in-depth and systematic analysis is crucial. In this research, a systematic approach was employed to analyze the current VTC process, participants selected, and recidivism rates among those who complete the sanctioned requirements. Following an adapted meta-analysis framework, evaluations of VTCs were analyzed. *No Soldier Left Behind* begins by examining the history of VTCs, the participant selection process, the crimes in which veterans commit, and the sanctions put forth in place of incarceration sentences. The primary purpose of this review is to assess recidivism of VTC participants and to identify the correlates of recidivism rates among participants. Although many sources tout that VTC's reduce criminal offending, rigorous evaluations are lacking. The eight studies analyzed in this review suggest that the average recidivism rate of VTC participants is 0.185, and VTC with mentor programs, lower graduation rates, and the possibility to drop criminal charges have the lowest recidivism. However, much more research is needed to fully evaluate the success of VTCs across the US.

Keywords

Veteran Treatment Courts, Veterans, Recidivism, Justice-Involved Veterans, Specialty Courts

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A United States veteran is any person who has served in a military capacity to include the Army, Air Force, Navy, Marines, or Coast Guard and who was discharged or released under conditions other than dishonorable. According to the Department of Veterans Affairs (VA), the U.S. population is made up of approximately 20.4 million service members, with an estimated 2.7 million who have served on a deployment since September 11, 2001 (Planning, 2010). Research suggests that of those veterans who have served in Iraq, Afghanistan or both, nearly 25% of these men and women showed signs of a mental health condition including, but not limited to, traumatic brain injury (TBI), post-traumatic stress disorder (PTSD) and/or depression. These disorders, as well as others, impair sound judgment and pose an increased risk of justice-involvement, including unemployment, homelessness, and the abuse and misuse of drugs and alcohol.

Veterans' Treatment Courts (VTCs) are focused on rehabilitation, rather than incarceration, to address underlying criminal behavior associated with substance abuse, traumatic brain injury (TBI), post-traumatic stress disorder (PTSD) and other mental health concerns (Justice for Vets, 2018). The VTCs model is based on drug treatment and/or mental health treatment courts, which utilizes criminal justice involvement to voluntarily sanction veterans to substance abuse and mental health treatment programs as an alternative to incarceration. The VTC model requires regular court appearances, mandated treatment sessions, as well as random drug and alcohol screenings. Utilizing an interdisciplinary approach, the criminal justice system affords veterans an opportunity to address underlying mental health and substance abuse issues. Veterans are able to choose whether he/she will participate with the intent of graduating, having sentences deferred, charges reduced, and/or records sealed. If a veteran chooses to participate but

fails to comply with treatment protocols, sanctions are recommended by the VTC staff (Slattery, Dugger, Lamb, & Williams, 2013).

History of Specialized Courts

A need for specialized courts was recognized in the late 1980s as a means to reduce recidivism rates with an overwhelming emphasis on rehabilitation rather than incarceration. Of these specialized courts, drug courts were the first and targeted criminal defendants and offenders, juvenile offenders, and parents with pending child welfare cases who had alcohol and other drug dependency problems. As of June 2015, there were approximately 3,000 drug courts operating within the U.S. targeting adults, including offenders who operate under the influence, veterans, and juveniles (National Institute of Justice, 2018). Due in part to the overwhelming success of the early drug courts model, a variety of additional specialty courts have since been established focusing on problems associated with mental health, domestic violence, and the challenges faced by veterans.

As a result of the staggering number of veterans returning from war with PTSD, Judges Sigurd Murphy and Jack Smith created a VTC in Anchorage, Alaska. VTCs are a specialized court, which are modeled on drug and/or mental health treatment promoting alternative sentences and a rehabilitative approach as a solution to criminal recidivism. In 2008, Judge Robert Russell, the presiding judge of Buffalo's Drug and Mental Health Courts, established the first official VTC as a result of the influx of veteran offenders addicted to drugs or alcohol and suffering from mental illness (Justice for Vets, 2018). The Buffalo VTC works hand in hand with medical professionals and the VA to divert eligible veteran defendants with substance dependency and/or mental illness, charged with felony or misdemeanor offenses to a specialized criminal court docket. Utilizing evidence-based screenings and assessments, veterans are identified and invited

to participate in a multi-disciplinary supervised treatment plan consisting of court staff, veteran health care professionals, veteran peer mentors, private health care professionals, and mental health professionals (Justice for Vets, 2018).

In 2008 and 2009, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued grants to 13 states to help fund the design, development, and implementation of VTCs. These grants were also intended to work on legislation, infrastructure, sustainability, training on trauma-informed care, and laying groundwork to roll out VTCs (Slattery Dugger, Lamb, & Williams, 2013). As of June 2016, the U.S. Department of Veterans Affairs counted 461 veteran-focused court programs in the United States (Flatley, Rosenthal, & Blue-Howells, 2017). Of those VTCs, 75.1% had separately designated VTC, 24.9% had veteran-only dockets with docket types including 10.4% drug court, 5.4% criminal court and 3.9% mental health court (Flatley et. al., 2017).

VTCs differ slightly from one jurisdiction to the next, however, each is required to follow ten key components when in session. The components include (1) the integration of alcohol treatment, drug treatment, and mental health services with justice care processing, (2) the utilization of a collaborative rather than non-adversarial approach to promoting public safety while protecting participant's process rights, (3) early identification of eligible participants, (4) access to a continuum of treatment and rehabilitation services, (5) abstinence from alcohol and other illicit substances, (6) a coordinated strategy which governs the VTC response to participant's compliance with treatment regimen, (7) ongoing judicial supervision, (8) the program goals are effective and monitored regularly, (9) ongoing interdisciplinary education promoting VTC operation, and (10) the generation of partnerships with organization such as the VA, public agencies and community-based organizations. Recognizing the need for a special

court to address veterans suffering from substance dependency and/or a mental health condition were soon afforded the same treatment and rehabilitation not only in Buffalo, but across the entire United States (National Council of Juvenile and Family Court Judges, n.d.).

VTCs are one of the fastest growing specialty court types in the United States with over 461 independent dockets currently existing nationally. VTCs are modeled after mental health and drug courts, but were established to address the needs of veterans facing criminal charges and divert them from incarceration. In a national study, Bronson, Carson, and Noonan (2011) found that 8% of all inmates in state and federal prison and local jails are veterans, which can be reduced through the utilization of VTCs (Tsai, Finlay, Flatley, Kasprow & Clark, 2018).

VTC grew rampantly following the establishment of the first court for veterans in Buffalo, NY in 2008. Johnson and colleagues (2017) state that in January 2010, there were 24 VTCs, 168 by December 2012, and over 300, in more than 35 states, as of January 2014. In 2012, the Veterans Justice Programs (VJP) office began conducting an annual inventory of Veterans Courts from the perspective of the Veterans Justice Outreach (VJO) Specialists. The 2016 Veterans Court Inventory collected information on court structure, admission criteria, jurisdiction, and mentor programs, as well as socio-economic factors pertaining to veteran defendants, court involvement, and veteran's dockets of criminal and other problem-solving courts (Flatley et. al., 2017). VJO coordinators do not work directly with VTCs; rather they utilize the resources within the VA health care network to assist VTC participants with medical treatment and peer mentorship (Johnson et. al., 2017).

VTCs operate independently of the VA but are supported by the VA's VJO program that provides direct outreach, assessment, and case management for criminal justice-involved veterans (Justice for Vets, 2018). VJO staff work with courts to determine whether veterans meet

court eligibility criteria, and then provide ongoing support to connect enrolled participants to treatment in the VA healthcare system and/or other community health systems, as mandated by the judge to fulfill court requirements (Tsai et. al, 2018).

Veterans' treatment courts were established to address veterans with mental illness and those who fell victim to substance abuse issues. The eligibility process determined by the VTC would take veterans and divert them from incarceration to a specified program including treatment within the community, regular court appearances, and interventions targeted towards veterans. Jurisdiction to jurisdiction eligibility criteria differ for admission into VTCs, treatment protocols may differ, or crime types accepted. However, one similarity across all VTCs nationwide is that of substance abuse disorder or a mental health condition (Johnson, Stolar, McGuire, Mittakantki, Clark, Coonan, & Graham, 2017).

Treatment Needs of Justice-Involved Veterans

Although veterans are incarcerated less often than non-veterans, those with PTSD, combat exposure, and military traumas are often associated with justice involvement. The Honorable Robert Russell, in response to the staggering number of veterans diagnosed with PTSD on his docket, established the emerging VTC model. Although the population differs from drug and mental health courts, VTCs have adopted similar approaches to treat veterans' psychological needs rather than simply punishing their wrongdoing.

Since 2001, more than two million service members have been deployed in support of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), as well as numerous other military operations supporting the war on terror. Of these veterans who deployed, roughly 10-20% exhibit mental health concerns, which warrant treatment. According to some studies veterans are susceptible to aggression, high-risk behaviors, depression and suicide (McCormick-

Goodhart, 2013; Slattery et al, 2013). One such condition that affects many veterans, and justifies separate justice-system processing, is Post-Traumatic Stress Disorder (PTSD). In the late 1980s, PTSD became a recognized diagnosis and is associated with traumatic events such as childhood abuse, rape, automobile accidents, terrorist attacks, and natural disasters affecting between 1-3% of the U.S. population (McCormick-Goodhart, 2013). Up until the 20th century, post-traumatic stress disorder was commonly referred to as shell shock and highly misunderstood. Today, PTSD is recognized as a psychological disorder that influences behavior and cognition. The desire to help veterans with PTSD inspired Judge Russell in developing a court specifically aimed at rehabilitating rather than incarcerating veterans (McCormick-Goodhart, 2013).

Traumatic brain injury (TBI) is another affliction of many justice-involved veterans. TBI is defined by the Center for Disease Control and Prevention as injury caused by a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Research suggests the prevalence of TBI varies from 10-19% and severe brain trauma is reported in 25% of Iraq and Afghanistan veterans. PTSD is associated with TBI with research suggesting 43.9% of soldiers with a reported loss of consciousness met the DSM diagnosis of PTSD, in comparison to 9.1% with no injuries and 16.2% with other injuries (Slattery et. al, 2013).

Substance abuse is often described as "the single greatest predictive factor for the incarceration of veterans" (Slattery et al., 2013, p. 927). According to the annual SAMHSA National Survey on Drug Use and Health, the rate of illicit drug use among Americans is 8.7%. Within criminal justice populations, rates of illicit drug use increase to 26.5%. It is estimated that 60% of veterans in U.S. prisons have substance use disorders and the Bureau of Justice Statistics reports that 81% of justice-involved veterans had a substance abuse problem prior to

incarceration. The National Center for PTSD reports that many veterans use alcohol to self-medicate (Slattery et. al, 2013). PTSD, TBI, and substance use disorders are commonly linked to other issues that may create an increase in criminal involvement, unemployment, homelessness, and the risk for suicide. In 2011, the unemployment rate for OIF/OEF veterans was 20.1%. According to research, on average, a veteran commits suicide every 80 minutes in the United States (Slattery et al., 2013).

The number of veterans returning from combat with mental health concerns including PTSD, TBI, and substance abuse, as well as criminal behavior, justifies the need for a specialty court. VTCs aim to rehabilitate and restore veterans as active, contributing members of their community through non-traditional measures and treatment protocols put into place by multi-disciplinary teams. VTCs address risk factors associated with criminal behavior, low impulsivity, and low self-control to reduce recidivism rates and improve the lives of the veteran defendants they serve.

Veteran Court Eligibility and Operations

Eligibility requirements vary across jurisdictions. The types of veterans accepted, seriousness of the offense committed, and other personal characteristics determine whether an individual may be sent to a VTC. A survey of 461 VTCs found that 66% of courts will accept veterans with misdemeanor or felony charges, 22% accept veterans with only misdemeanor charges, and 14% accept veterans with felony charges only. Furthermore 62% of courts will consider veterans charged with violent offenses, and 18% of courts only consider veterans with violent offenses if the individual is charged with domestic violence (Tsai et. al, 2018). One of the greatest challenges is the eligibility for VTCs in the question of violent crimes and felonies to include domestic violence (National Center for State Courts, 2012).

In Pennsylvania, VTCs accept referrals from sources including law enforcement personnel, the prosecutor, defense counsel, or the offender themselves. Referrals are typically directed to the Adult Probation Office after criminal charges have been filed or following a violation of parole. Once the VTC receives the referral, a VJO specialist meets with the offender to determine eligibility for VA benefits. The VJO then determines how fit the offender is for medical treatment and other VA programs. The VJO drafts a report and a treatment plan for the VTC. Then the VTC team determines whether the offender meets eligibility requirements and will be enrolled. The team considers the offense, offender's mental health concerns, and the likely success of treatment. To enter the program, in Pennsylvania and most other VTCs in the U.S., the offender must plead guilty to certain charges. Charges are typically referred to the District Attorney where they are reduced and in certain cases dismissed (McCormick-Goodhart, 2013).

The VTC team consists of the judge, court coordinator, DA, defense counsel, probation officer, VJO specialist, and representatives from both the County VA Department and the correctional facility. The team meets weekly for about one hour and is present at VTC proceedings. The judge leads the VTC team, holding team meetings and administering sanctions or incentives to offenders as needed. The court coordinator assists the judge by gathering information for the meetings. The DA reviews veteran criminal history, consults with victims, and considers the best disposition of the charges. The VTC team votes on eligibility, however, the judge has the final decision (McCormick-Goodhart, 2013).

As an example, the Montgomery VTC has three distinct phases and in total can be completed in 12-24 months on average. During Phase I, offenders must appear in court and meet with a probation officer every week. Veterans may also be required to maintain stable housing or

other basic requirements during this phase. During the next two phases, offenders are mandated to report in court biweekly and monthly. For those who complete the requirements, a graduation ceremony is held (McCormick-Goodhart, 2013).

Methodology

Search Strategy

In an effort to develop best practices and standardized data collection protocols for evaluation within the Veteran Treatment Courts, this systematic review analyzed empirical studies of veteran treatment court operations, implementation practices, and current evaluation efforts. In order to ensure all empirical data related to VTCs were found, Google, Google Scholar and EBSCO Host searches were used. Keyword searches contained several search terms, including "Veteran Treatment Courts Recidivism", "Veteran Treatment Court Evidence", and "Veteran Treatment Courts" AND "evidence". Additionally, the Veterans Affairs, Justice for Vets, and the National Center for State Courts web pages were also searched for additional reports or evaluations pertaining to recidivism and VTCs.

In order for a study to be taken into consideration for this systematic review, specific criteria had to have been met. Studies were required to evaluate a VTC empirically and include descriptive statistics on the extent participants recidivated based on specific criteria within each of the programs evaluated. Recidivism is one of the most fundamental concepts in criminal justice. It refers to a person's relapse into criminal behavior, often after the individual receives sanctions or undergoes intervention for a previous crime. Recidivism is measured by criminal acts that resulted in re-arrest, reconviction, or return to prison with or without a new sentence during a three-year period following the completion of the Veteran Treatment Court. No other search criteria

were used. Any study reporting criminal recidivism was included in this analysis, regardless of the study's methodology or evaluation strategy used.

Assessing Heterogeneity in Veteran Treatment Court Operations

As a means to assess heterogeneity amongst VTC's evaluated, the description of each VTC in each study was closely analyzed. The attributes of each VTC were determined based on a thorough reading of each description, and the dimensions on which VTC's varied were determined thorough qualitative analysis by comparing the descriptions of courts across studies analyzed. Each court attribute was listed for every study, and a second review of each court description was performed to determine which VTC elements were present in each court. For example, the Veteran Treatment Court in Buffalo provides mentors to all participants, so a review of all other courts evaluated in this study determined whether others mentioned providing mentors for court participants. In addition to the structural components of each court and services provided, the average time to completion and graduation rate was documented for each court.

Analyzing Recidivism of Veteran Treatment Court Participants

Utilizing the empirical studies generated from the systematic literature review search, VTC participant recidivism was analyzed with a linear regression. The correlates of VTC participant recidivism included in the model were derived from the assessment of heterogeneity in VTC's described above. In the final model, the VTC graduation rates, mentorship programs, and charge expungement policies were analyzed as correlates of recidivism. A regression model was then run to compare these values.

Results

Literature Search Results

When **"Veteran Treatment Courts recidivism"** was entered into Google, roughly 300,000 results populated in 0.44 seconds. A number of non-empirical studies were discovered however. When **"Veteran Treatment Courts recidivism"** was entered into Google Scholar, about 11,400 results populated in 0.08 seconds. A number of empirically valid studies, publications, and journal entries were found that analyze the success of Veteran Treatment Courts. The results yielded from searching **"Veteran Treatment Courts** AND **recidivism"** in EBSCO host included 14 results and were either duplicates of previously discovered empirical data or did not fit the necessary criteria for the analysis.

In order to ensure all possible empirical data was found as it pertains to Veteran Treatment Courts, the following term was also searched, **"Veteran Treatment Courts evidence"** with 25,300,000 results populated in 0.51 seconds in Google and 90,900 results populated in 0.33 seconds in Google Scholar. Using EBSCO host the search terms **"Veteran Treatment Courts** AND **evidence"** yielded five results and were either duplicates of previously discovered empirical data or did not fit the necessary criteria for the analysis.

A more targeted search of Veteran Treatment Court funders, supporters, and advocates was performed by searching for evaluation reports on the web pages such as the Department of Veterans Affairs, National Center for State Courts (NCSC), and Justice for Vets. These searches produced duplicate studies from the prior Google, Google Scholar, and EBSCO searches.
In performing an in-depth systematic search of all related material, the intent was to have a large sample size reflecting the current 461 VTCs in operation. Unfortunately, this was not the case. The sample size obtained only included eight empirical studies, with a majority claiming

recidivism was reduced, however, much of the data used came from cross-sectional evidence making the claim difficult to substantiate. On the contrary, only two studies provide a comparison point for recidivism between differing VTCs or other individuals. Overall, the most consistent and reliable evidence gathered was the proportion of successful VTC participants who recidivated.

Heterogeneity in Veteran Treatment Court Operations

Following an in-depth review of each of the eight empirically significant studies, it became evident that VTCs vary greatly from one another across multiple dimensions. VTCs operate on a case-by-case basis to address underlying mental health concerns, substance abuse, and criminal recidivism. The studies analyzed in this review describe numerous factors that may contribute to reducing recidivism. Similarly, rates of recidivism fluctuate across the studies, which may be due to the varying operations of VTCs across the United States.

Table 1.

VTC Heterogeneity Across Studies

Program Component	Mean	SD
Graduation Rate	0.289	0.162
Program Length (months)	15.625	4.533
Violent Offenders Eligible	0.5	0.5
Mentor Program	0.625	0.518
Drop Criminal Charges	0.625	0.518
Housing Provided	0.5	0.5
Education/Employment	0.425	0.521
Counseling	1	0

Table 1 outlines heterogeneity in the VTC's analyzed in this study. These results allow for an assessment of overall heterogeneity across the eight individual studies looked at in this study. As the table depicts, the only program component offered across all VTCs was

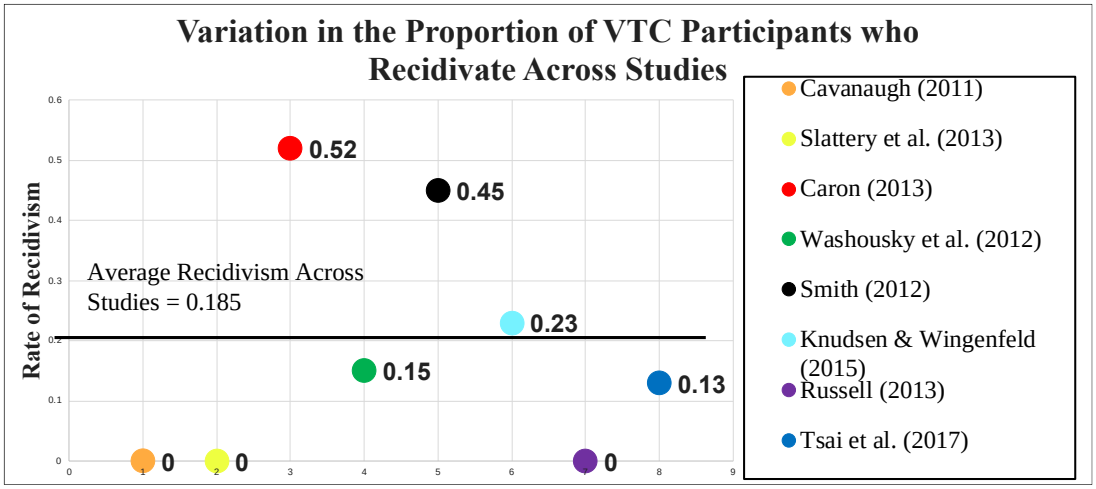
counseling, with a wide degree of variation between graduation rate, program length (months), violent offender eligibility, mentor program, dropped criminal charges, housing provided, and education and employment opportunities.

The mean graduation rate across the studies is 28.9% with a standard deviation of 16.2%. Compared to drug courts across the country, this graduation rate is slightly lower, suggesting that the program requirements may be stricter for VTCs. The mean program length recorded is 15.62 months with a standard deviation of 4.5 months. Almost all VTC programs lasted over one year. Violent offenders were eligible for half of the VTCs evaluated and prohibited from participation in the other half. Sixty-three percent of VTC's mandated mentor programs as part of the graduation requirement. Mentors provide impartial advice and encouragement, develop supportive relationships, assist with problem solving, improve self-confidence, and offer personal and professional development. Sixty-two percent of VTC participants were dismissed of their criminal charges in comparison to the U.S. population's dismissal rate of approximately seven percent (U.S. Courts, 2019). Housing was provided in half of the VTCs evaluated and the other half it was not. Forty-three percent of VTC participants received either education or employment opportunities. All of the VTCs included a counseling component suggesting that participants benefit from the improved communication, expression and management of emotions, and relief from depression, anxiety, and other mental health concerns.

Veteran Treatment Courts and Recidivism

Figure 1.

Variation in the Proportion of VTC Participants Who Recidivate Across Studies



Across the eight studies included in this review, there was wide variation in the reported proportion of VTC participants that re-offended, or engaged in recidivism. Figure 1 displays the variation in the proportion of Veteran Treatment Court participants who recidivate across studies. The average proportion of participants that recidivated was .185 (indicated by the line in Figure 1), meaning that 18.5% of participants were either arrested or convicted after the completion of VTC requirements. Rates of recidivism vary from zero percent in three studies to over 40% in two others. It is possible that such variation results from the differing experiences of participants in each court or the different services provided. To account for this possibility, a regression analysis was preformed to determine the elements of the VTC experience that relate to participant recidivism.

Table 2.

Regression Model Predicting Variable Effect on VTC Recidivism

	Coefficient	Std. Error	t	P>|t|	Low Conf. Interval	Up Conf. Interval
Grad. Rate	0.7468	0.291	2.56	0.083	-0.18	1.67
Mentor	-0.2002	0.089	-2.25	0.11	-0.483	0.083
Dropped Charges	-0.1975	0.096	-2.06	0.132	-0.503	0.108
Constant	0.2185	0.129	1.68	0.191	-0.195	0.632

Table 2 displays the regression results of a model explaining the proportion of VTC participants who recidivate. Covariates for the regression drawn from the attributes of VTC's are presented in Table 1. As a result of the limited number of eligible studies, all correlates could be included in the regression analysis (n=8). As such, the theoretically relevant measures and attributes, which distinguish VTCs from other problem-solving courts, were included. Variables of focus include graduation rates, the presence of a mentorship program, and whether completing the program resulted in dropped criminal charges. The variables were analyzed in regards to recidivism based on significance. A plausible assumption is that courts with higher graduation rates will have lower recidivism; however, the results here suggest the opposite stands true. VTCs with higher graduation rates had marginally *more* recidivism than other programs.

One of the defining features of many VTC's is the inclusion of a mentor program. The mentorship aspect of VTCs also distinguishes these courts from other problem-solving courts, like the drug court model. The results in Table 2 suggest that participants who completed VTCs with mentorship programs have lower recidivism. The probability recidivism and mentorship are not related is .11, suggesting only marginal significance. Dropping criminal charges was not significantly predictive of recidivism, however the observed relationship was negative,

suggesting that programs offering expungement and dropping criminal charges may yield less recidivism. The probability recidivism and dropped charges are not related is .132 with a negative relationship of .198.

Discussion

Interpretation of Findings

The problem-solving court philosophy is to identify groups of individuals involved with the criminal justice system with specific and treatable conditions that lead to their criminal behavior. United States Veterans are one of these specialized populations. Judge Charles Kornmann, in reference to the challenges veterans face in returning home post-deployment said, "Not all casualties of war come home in body bags" (McCormick-Goodhart, 2013). According to the VA, 1 in 5 Operation Enduring Freedom and Operation Iraqi Freedom veterans have symptomology consistent with PTSD (Planning, 2010). PTSD is commonly associated with traumatic brain injury, substance use disorders, and depression. Veterans with PTSD suffer poor overall health, a greater use of drugs and alcohol, and more justice involvement than their peers without PTSD (Slattery et al., 2013). VTCs, though modeled after drug and mental health courts, extend the multi-disciplinary approach to provide veterans with better-suited rehabilitative programs to address their specific needs.

Based on the current study, VTC participant recidivism ranges from zero percent to over 50%. It is possible that such variation results from the differing experiences or services provided to participants in each court or the different services provided. Variables in this analysis included graduation rates, the presence of a mentorship, and whether completing the program resulted in dropped criminal charges. Based on the current model, VTCs with lower graduation reduce recidivism. These results may point to a greater degree of sanctions and accountability for VTC

participants, increasing the attrition rate while decreasing recidivism. Those who successfully complete the more stringent standards may be changed for the better. Similarly, the inclusion of a mentorship program within the VTC is associated with lower participant recidivism. Mentor participants benefit from these programs through increased self-confidence, self-control and impulsivity, as well as enhanced communication skills and accountability to another person. Any or all of these aspects of a mentor program may reduce recidivism. Dropping criminal charges was not significantly predictive of recidivism, however the observed relationship was negative, suggesting that programs offering expungement and dropping criminal charges may yield less recidivism. These results, although insignificant, point to the loss aversion principal; VTC participants would rather abide by the mandated sanctions than carry criminal charges and in turn have a less likely chance of reoffending. Whether through deterrence or rehabilitation, expunging criminal charges appears to lower criminal recidivism.

Despite the wide variation in recidivism and insignificant findings in terms of the correlates of recidivism, VTCs results in regards to PTSD, substance use, unemployment, and unstable housing and homelessness are promising. Tsai and colleagues (2018) found that VTC participants who complete an average of eleven months in the program are ten percent more likely to have their own housing, fifteen percent more likely to obtain employment, and twelve percent more likely to be receiving VA benefits and assistance for service related injuries and substance abuse. Improvements in PTSD symptomology, extended periods of sobriety, job opportunities, and residential placements may come from access to peers and/or linkage to VA services. These important outcomes should be considered with evaluating the "overall effectiveness" of VTCs, rather than just focusing on criminal recidivism.

Of these VTCs all claim to follow a similar model, however based on this study it is evident not all participants of VTCs are experiencing the same criteria. On average the graduation rates across the eight VTCs was 28.9%. The average program length recorded was 15.62 months. Violent offenders were eligible for half of the VTCs evaluated. VTCs which included mentor programs and those which dismissed participants of their criminal charges were both over sixty percent. Other VTC characteristics of interest that varied across studies included housing and education and employment opportunities. Heterogeneity across the eight VTCs result in evaluations that are not directly comparable, as well as affect the population of participants that further makes the results non-comparable.

This type of heterogeneity poses a challenge for systematic evaluation of VTCs nationwide because the experience of veterans can vary substantially. In addition, the ways in which these programs differ may influence the amount of re-offending among participants. If this is true, as the results presented above may suggest, then recidivism of veterans completing different courts are not directly comparable.

Limitations

To date, over 461 VTCs are in operation across the U.S., however, only eight were included in this study. The limited sample size (n=8) not only decreases external validity but also increases margin of error. External validity answers the question of generalizability, however due to the number of VTCs represented in the current study the results cannot be generalized. Of the 461 VTCs currently in operation across the United States, a mere eight were included; the results therefore may not be reflective of the current VTC count.

In addition to external validity, this study suffers from underpowered regression models, which leads to the inability to include control variables, instability of results across the models,

and large standard errors on coefficients. An underpowered regression model artificially increases standard error and biases relationships that may exist between variables. These biases result in coefficients within the study that are not necessarily reliable. It is possible that there is not enough data to reveal relationships between VTC components and recidivism, even if those relationships exist.

Future Research Suggestions

The operation and rapid implementation of VTCs across the US is problematic, because to date, little is known about VTCs in general, and even less regarding the effect of VTC programs on recidivism for justice-involved veterans. Despite the rapid growth of VTCs to address the influx of returning veterans from the country's military engagements, it is unclear what veterans are getting from VTCs and how one VTC is different from the next. VTC heterogeneity also remains problematic for systematic evaluation.

Some of the lack of research on VTCs is due to their relative newness and data availability. Of the studies that exist, most of these reports utilize self-reported data and/or anecdotal evidence to evaluate the courts, do not control for other important factors related to recidivism, and/or included only a small number of participants. The current study suggests a need for more evaluations and better research in those evaluations prior to a systematic review.

Assessing the beneficial components of VTCs versus components which cause further trauma to veterans is an ongoing process and should be the subject of future research. In order to account for VTC programs, program components, goals, measures, methods, and outcomes, standardized evaluation criteria must be established for each study or report documenting recidivism. Research can help develop these criteria. Further, heterogeneity across current VTCs makes no two participants experience the same, which makes evaluations of the VTC experience

difficult. Similar to the population they serve, the unique components that make up VTCs may not result in a one-size-fits-all model. Depending on the level of exposure to trauma, and other challenges, such as substance use and TBI, the requirements that must be met to heal individuals may differ. As such, future research should continue to document VTC operations, assess recidivism of participants, and evaluate program components, all with the intention of improving existing VTCs and adopting new protocol to support justice-involved veterans. Best practices can only be developed after sufficient and rigorous evaluation.

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