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A SOCIAL CAPITAL APPROACH TO ASSISTING VETERANS THROUGH RECOVERY AND DESISTANCE TRANSITIONS IN CIVILIAN LIFE

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Abstract: While only a minority of veterans experience transitional difficulties after military service, there is increasing recognition of the unique challenges that some veterans face, including involvement with the criminal justice system, mental health problems and substance misuse. There is growing acknowledgment that both recovery from substance misuse and desistance from crime are lived transitional processes grounded in social relationships and community. This paper reports on the potential of the comradeship and mutual resilience that underpin military life being re-directed to support recovery and desistance journeys, through assertive linkage to peer support and community activities, describing a new initiative and an innovative evaluation model.

Key Words: veterans in the criminal justice system; social capital; recovery; desistance from crime

Only a minority of veterans experience lasting problems in making the transition to the community after military service in terms of social and mental health status (Dandeker et al., 2003; Iverson et al., 2005a: 2005b). However, recent findings from the King's Centre for Military Health Research (MacManus et al., 2013) resulted in alarming media headlines that focused on the disproportionate number of violent offences committed by young male veterans compared to men of the same age in the general population. It is reported that this small cohort of ex-military service personnel who come into contact with the criminal justice system tend to do so roughly 10 years after leaving the forces (Howard League, 2011). According to the Howard League for Penal Reform's report, veterans are twice as likely to be convicted for sexual offences as their peers in the general population and tend to commit more violent offences.

The number of ex-service personnel in prison has also been subject to much debate, from evidence suggesting that veterans are not over-represented in the criminal justice system (Bray et al., 2013) to estimates indicating that veterans represent 'potentially the largest' vocational group in prison (Howard League, 2011: 17). According to the most recent figures from an analysis of Resettlement Survey and Offender Management Community Cohort data, ex-service personnel make up 5% of offenders in prison and 5% of those subject to community orders (Kelly, 2014), yet this remains an under-recorded issue.

At a time of increasing financial austerity and the resulting impact on employment opportunities, large numbers of the UK military personnel have been made redundant (Hopkins, 2013). Along with a decade of UK forces involvement in combat abroad with the consequent impact on stress, wellbeing and psychological functioning, these issues are predicted to become much more pressing (Howard League, 2011).

US studies of military personal returning from conflicts in Vietnam (Shipherd, et al., 2005) and the Persian Gulf War (Taft, et al., 2007) reported that those suffering from Post-Traumatic Stress Disorder (PSTD) had significant rates of alcohol and drug problems and greater levels of aggression compared to the general population. Taft et al., (2007) argue that PSTD often precedes alcohol usage, as those attempting to reduce psychological stress are inclined to self-medicate. There are clear implications for untreated co-morbid behaviours, amongst returning veterans, relying of self-medication as a strategy for coping with PSTD. The resulting disenfranchisement is compounded by veterans' reported lifetime prevalence for attempted suicide and self-harm (more than double that of serving military personnel: Pinder et al., 2011), with early leavers more likely to report these harmful behaviours. It is estimated that approximately 60% of currently military personnel who experience mental health problems do not seek help (Sharp et al., 2005). It has been suggested that the use of alcohol and prescription drugs during service is often initially to ease anxiety, stress and pain, but can result in more problematic use on leaving the service (Treadwell, 2010:75). Indeed,

violent offending within the veteran cohort has been identified as being strongly associated with post-deployment alcohol and drug misuse and post-traumatic stress (MacManus et al., 2013). In terms of potential support needs, while ex-service personnel in prison are less likely to have drug misuse problems than offenders who had not served in the armed forces, veterans were found more likely to have alcohol misuse problems (Kelly, 2014: 1). The increased risk of such persons coming into contact with the criminal justice system in the UK has been documented (Napo, 2008; Treadwell, 2010).

Responding to the increasingly identified needs of this cohort, the number of voluntary sector agencies delivering support that veterans can access in the UK, both in prison and the community has increased to over 2000 (Howard League, 2011; James and Woods, 2010). While statistics are not collated for veteran-specific support, there has been an apparent rise in initiatives for example, Veteran in Custody Support Officer Schemes are now available in a number of prisons and Veteran Contact Points/Support Officer initiatives have been initiated within Probation Trusts, while agencies such as Combat Stress have received significant state funding and a Veterans UK helpline and website have also been established (see, Veteran UK website, 2015).

The UK's responsibilities to those currently and formerly serving in the Armed Forces are laid out in the Armed Forces Covenant (Ministry of Defence, 2011). The Government responded to growing public concerns about veterans in January 2014 when Chris Grayling, the Secretary of State for Justice, announced a review into the rehabilitation needs of ex-Armed Services personnel convicted of criminal offences and given a custodial or community sentence sentence (Ministry of Justice, 2014). The result was the publication of rapid evidence assessment and associated analysis of Resettlement Survey and Offender Management Community Cohort data (Lyne and Packham, 2014; Kelly, 2014). The rapid evidence assessment showed limited to moderate robust research evidence that the veteran cohort has specific and distinct support needs from the general criminal justice population profile (Lyne and Packham, 2014).

Notably, the associated report indicated that only 32% of veterans in the study were aware of the organisations available to them for support (Kelly, 2014: 4). This may be taken as evidence of a lack of co-ordination and signposting for these services, yet there is evidence that the veteran cohort has specific and distinct help-seeking behaviour. Research from the US with currently serving military identified a stigma attached to the seeking of formal help, finding that most service personnel were more likely to turn to their own informal social networks for support (Greenburg, et al., 2003). A recent UK study has also identified certain stigmatizing beliefs engendered in the military which may persist into civilian life. These relate to the conduct and learned experience of mutual reliance and notions of appropriate masculinity, which are noted to affect help-seeking behaviours (Sharp et al., 2015). Issues have also been identified regarding approaching the delivery of support need to this cohort. Our normative perceptions are challenged as the celebration of the veteran identity can be overlaid with the stigma of mentally ill, offender and substance misuser labels being applied to a cohort that can be described as having an 'idiosyncratic set of experiences' (Murray, 2013: 20). For example, it is asserted that ex-service personnel exhibit behaviours conditioned by the self-sufficiency of military service and are reluctant to access mainstream services. There is a perception that generic support staff may lack the skills and understanding to deal effectively with this cohort's experiences or the context of their seen and unseen injuries (cf. Veterans UK website, 2015; HMIP, 2014; Howard League, 2011; Sharp et al., 2015).

Identifying Veteran Support Needs - Medical or Social?

To date, quantitative research exploring the mechanisms accounting for the relationship between military service and offending has had mixed and conflicting results (cf. Bouffard and Laub, 2004). While the media has focused on professionally diagnosed issues the reality is that the most common problems experienced on leaving service are alcohol disorders, depression and adjustment disorders in that order of prevalence (Murphy, et al., 2008; Iverson et al., 2009; Verrall, 2011; Aquirre, et al. 2013). The social isolation problems during transitions back to the community experienced by

veterans "adjusting to life outside the military and having conflicting identities", is however being increasingly acknowledged, in terms of this cohort's challenges around adjustment and identity (see, Lyne and Packham, 2014: 44). Similarly, of 141 veterans on probation in Durham Tyne Tees, 70% cited problems adjusting to civilian life as being associated with their offending (McDonald, 2014). The recent Government report is optimistic that the new Community Rehabilitation Companies model will enhance opportunities for innovative, tailored ex-service specific provision (Lyne and Packham, 2014).

This 'post army trouble' (Murray, 2013; 20) debate focuses on the risks posed by and needs of this cohort, which may impede discussion of the resources available to support personal change. However, focussing too closely on individual personal change can also result in neglecting other processes of rehabilitation, such as moral, social and judicial change (cf McNeill, 2012). By narrowing the debate, society's part in the communal responsibilities to this cohort and the role that communities can play in reintegration can be diminished. The contribution that the 'receiving' society can offer, through social connectedness and opportunities for reciprocity in social groups, has become increasingly significant in terms of both recovery and desistance research. Work with desisting offenders has demonstrated the restorative benefits of the reconnection of the individual into social networks with reciprocal obligations and that engagement in meaningful activities can be key to successful desistance (Maruna, 2011; McNeill et al., 2012; Weaver and McNeill, 2014). Likewise, in one of the largest UK studies of recovery from alcohol and drug dependence, Best and colleagues found that:

> "when asked to explain how abstinence was sustained, clients quoted social network factors (moving away from drug-using friends and support from non-using friends) and practical factors (accommodation and employment) as well as religious or spiritual factors" (Best et al. 2008: 619).

It is not only formalised professional *treatment* sourced from within the medical or criminal justice agencies, but social and community networks that are supportive of successful desistance from substance misuse or criminal activity.

Theoretical Background

The increased acceptance of the importance of social and community networks in an individual recovery journey is underpinned by two fundamental theoretical constructs. First, the concept of *recovery capita*l (Granfield and Cloud, 1999; 2001), denoting the capital or assets of those in recovery, referring to four types of resource: personal, physical, cultural and social. This covers access to a range of recovery resources including material possessions, personal skills and capabilities, support and friendship networks, and community resources. Originating in Bourdieu's concepts of field, habitus and capital (Bourdieu and Wacquant, 1992), the 'recovery capital' concept was coined by Granfield and Cloud, to refer to the "breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems" (1999: 32). This strengths based model concept (White and Cloud, 2008) is now used to underpin the measurement of recovery resources and skills, particularly in instruments such as the Assessment of Recovery Capital (Groshkova, Best and White, 2012), which uses strengths and not pathologies to predict effective long-term recovery and desistance.

The second core conceptual foundation involves *therapeutic landscapes of recovery* (Williams, 1999; cf. Wilton and DeVerteuil, 2006) which refers to the accessibility of community-based recovery assets to those in recovery, incorporating places, social settings and social environments associated with healing. This model is based on the idea that place (and the resources embedded in the locale) are critical components of recovery capital. Part of a therapeutic landscape for recovery and desistance is the availability of Community Connectors (McKnight and Block, 2010) who can act as assertive links into the resources that assist individuals to sustain their engagement with these community-based assets. Similarly, the notion that community context is a key component of

facilitating an individual's recovery journey is not new. The Wilton and DeVerteuil (2006) ground-breaking study of a recovery community in San Pedro California outlined how those who had graduated from recovery services became accepted (and visible) community assets, challenging negative stereotypes and inspiring further cohorts in recovery services. This therapeutic landscape of recovery notion has since been developed, as Best and Laudet (2010) emphasise through the idea of community capital, turning attention during transitions in recovery to the importance of the community as the setting for recovery.

The Importance of Relational Aspects of Desistance and Recovery

There is a strong and consistent recovery literature about the importance of social networks and belonging in recovery. From the largest international trial of alcohol treatment effectiveness, Project MATCH, Longabaugh et al (2010) have demonstrated that a key factor in alcohol recovery is transitioning from a social network supportive of drinking to a social network supportive of recovery. Building on this work, Litt et al (2007, 2009) conducted a randomised trial of individuals exiting an alcohol detoxification ward. Trial participants received either 'standard aftercare' or 'network support', an intervention that involved adding at least one sober peer to their social networks of participants. Participants in the network support condition had a 27% lower likelihood of relapse in the year following residential detoxification. Similarly, in a UK study of heroin users and drinkers, Best et al (2008) reported that the key predictors of sustaining addiction recovery were moving away from the substance using network and active engagement in a social network that engaged in recovery behaviours.

In attempting to understand the mechanisms underpinning alcohol recovery, Moos (2007) concluded that the opportunity for social learning afforded by sober role models and their social norms and rules about sobriety contributed to the growth of resilience and personal coping skills and values that promoted active recovery. This can be framed within a social identity model (Jetten et al., 2012) in which membership of a socially desirable and valued group makes a positive

contribution to self-esteem and a sense of belonging as well as offering access to supportive social resources and capital.

The Value of Peer Support and Peer Interventions

Humphreys (2004) noted that while individuals afflicted with drug and alcohol abuse problems have a plethora of professional/medical interventions and agencies to support recovery efforts, addicted persons often seek support from similarly afflicted individuals and groups. These groups offer a level of shared understanding that is not always available from professional services. Membership criteria tend not to be strict; likewise fees for membership tend to be voluntary in nature and nominal (Humphreys and Wing, 2004). Often, mutual-help organisations are found in local communities, offering support out of normal working hours and over holidays and weekends. In reviewing the key factors associated with recovery success, Humphreys and Lembke (2013) identified three key factors – engaging in mutual aid support groups, living in recovery housing and the delivery of peer-based interventions.

The value of pro-abstinence social networks and time spent in alcohol free settings has long been associated with an increased likelihood of achieving and maintain abstinence. O'Briant et al (1973: 12), asserted that, 'Surrounded by sober people, in social settings free of alcohol, the disease is likely to be arrested, allowing the alcoholic to lead a meaningful and productive life' - a clear example of connecting peer support to one's social context and community.

Alcoholics Anonymous (AA) is the most widely used and attended treatment for alcohol and drug problems across the globe (Day, et al, 2005), but is only one of a number of mutual aid groups available for alcohol and drug problems in the UK. A key component of 12-Step groups[1] (Alcoholics Anonymous and Narcotics Anonymous being the most popular) and other mutual-help groups, such as Women For Sobriety (Kastukas, 1994; 1996) and Free Life (Fainzang, 1994), is the establishment of the 'helper principle' (Pegano et al, 2011). Riessman (1965, 1990) suggests the power of the 'helper

therapy principle' is simple: when the helper commits to supporting a new member, and they share the same problem, the helper's commitment to the program is strengthened and the help-seeker gains access to the necessary help, thus the benefit is mutual and reciprocal. Humphreys and Wing (2004) noted that in the US, self-groups for mental illness and obesity are amongst a plethora of communities problems that 18% of Americans routinely access for support and peer-based help in the community.

It has been suggested that people with acute mental health and addiction problems will frequently lack the confidence and esteem to engage in recovery activities and groups, including the mutual aid groups outlined above. For this reason, a series of studies in the US and UK have demonstrated the value of assertive linkage methods to support engagement – particularly in 12-step fellowships. In the US, Timko et al (2006) demonstrated improved engagement and outcomes among drinkers actively encouraged and supported to engage in AA groups. This work was extended by Manning et al (2012) in London where patients in an acute admissions detoxification ward for alcohol, heroin and crack cocaine were randomly assigned to three conditions: information only, doctor support and peer engagement. Compared to information only (the provision of leaflets about meetings), patients who were actively engaged by peers who took them to their initial meetings and discussed the experience not only had greater meeting attendance on the ward, they also continued to engage in more 12-step meeting attendance in the three months post-discharge. They also showed reduced use of heroin, alcohol or crack in this period. Likewise, there are an increasing number of studies showing that assertive linkage is effective with the veteran cohort: at pre-release from prison (Davis et al., 2003); employment support delivered to peer groups (Le Page et al., 2003); and accessing support services in the community (McGuire et al., 2003; Bates and Yentumi-Orofori, 2013; Murray, 2014; Warren et al., 2015).

Veterans in Recovery: A Community-Strengths Project

Addaction[2], one of the UK's largest specialist drug and alcohol treatment charities, piloted a veteran-specific project in partnership with the British Legion in Sheffield in 2010. This project drew together a number of service users sharing a military background to utilise the group's sense of comradeship to support participants' recovery journeys. The project was initiated with weekly meetings, using a mutual aid, peer support approach. Addaction's aim was to provide specialist support for veterans which acknowledged their armed forces community experience. The pilot proved effective in enhancing this cohort's engagement in substance misuse services.

Building on the pilot, Addaction developed the 'Right Turn' program, involving specially trained staff providing tailored support to former armed-service personnel. Recovered veterans were trained to become Veteran Recovery Champions, to help others through their recovery journey and to inspire others to recover and rebuild their lives. In 2014, the Forces in Mind Trust[3] announced their support for the expansion of the Right Turn project into a total of 20 sites around the country, to develop the model. This national programme will be delivered at Addaction sites in the North of England and Scotland and the South and South West of England, supported in part by the funding from the Forces in Mind Trust. The overall aim is to develop this relational, strength-based approach to inform positive changes to service delivery to veterans and improve outcomes for this cohort in the UK. The Law and Criminology Department at Sheffield Hallam University has been approached to support the testing of this model of delivery.

The Sheffield Hallam University evaluation will focus on the growth of personal and social recovery capital for individual veteran participants in the program. Further evaluation tools will be designed to go beyond this to look at the impact on the veterans local communities and to assess whether the initiative can create a 'therapeutic landscape' that improves engagement and outcomes for each new cohort of veterans with alcohol and drug problems. The aim is not only to assess the growth of

recovery capital as both a model for individual recovery and development but also as a community-level concept that maps the transition of communities to therapeutic landscapes of recovery.

Identifying What Works

There is growing interest in the criminal justice sector regarding the concepts of desistance and recovery, predicated in part on community and a strengths-based approach to working to support change in offending behaviour and substance misuse populations. However, to date, much of the research has been conducted in the US, and has focused either on mental health or addiction to illicit drugs. The Right Turn project therefore provides an opportunity to explore the multi- layered identity and experience of a UK cohort engaging in a new, veteran-specific recovery service. As the science of recovery has grown, so interest has increasingly focussed on the needs of particular groups and communities, and therefore the mapping of the recovery journeys of veterans - particularly in the UK - is a new area for research and practice development.

There is a need for work that will focus on ascertaining what benefits, if any, those accessing the project experience in terms of improvements in social capital and community integration. We may further classify how veterans' social networks change, grow and in what ways this impacts on their wellbeing. Quantitative and qualitative data collection will be repeated at both client and community level over the two year project to allow a mapping of change and to understand the role that peer mentors and recovery communities can play in supporting individual recovery pathways. To test the assertion that recovery and desistance are associated with social factors, primarily the transition from a network supportive of criminal activity and substance misuse to one supportive of desistance and recovery (Best et al., 2011; Longabaugh et al., 2010; Weaver and McNeill, 2014), participants will complete a Social Network Mapping activity (Best et al., 2014) designed to assess social group involvement and the emergence of a recovery social identity.

These data will suggest models for generating local recovery communities for this cohort that can generate 'therapeutic landscapes'. The assertion that increasing social interaction with others in the local community, along with others in recovery with a history of military service, assists veterans to integrate more successfully into civilian life will be explored.

The majority of studies of drug and alcohol treatment outcomes focus on individual change, with only limited attention to treatment factors and very little consideration of the context in which change may occur. In this case, the model of recovery and desistance is intrinsically social and embedded in community factors that enable social support and social identity change. The assertion that desistance from offending and recovery from alcohol and drug problems relies on a symbiotic relationship between personal growth, social network change and the evolution of visible and accessible communities and landscapes of recovery will be tested. The on-going study is intended to provide evidence to test this assertion.

Notes

1. A twelve-step program is based on the group acceptance of a set of guiding principles outlining a course of action for recovery from alcoholism, drug addiction, compulsion, or other behavioural problems.

2. For further details on Addaction, see their web page: http://www.addaction.org.uk/

3. The aim of the Forces in Mind Trust is to promote the successful transition of Armed Forces personnel, and their families, into civilian life. For more details, see the web page: http://www.fim-trust.org/.

References

Alcoholics Anonymous World Services (2005) *Questions & Answers on Sponsorship*, New York: Author. Retrieved March 2013 from http://www.aa.org/assets/en_US/p-15_Q&AonSpon.pdf

Aguirre, M., Greenberg, N., Sharpley, J., Simpson, R., and Wall, C. (2013) 'Alcohol Consumption in the UK Armed Forces: Are we drinking too much?', *JR Army Medical Corps*, published online: doi:10.1136/jramc-20123-000059.

Bates, B., and Yentumi-Orofori, R. (2013) Social Return on Investment SROI Report, Veterans Contact Point (online). Available at:

http://www.veteranscontactpoint.co.uk/general_files/vcp_sroi_final_draft_complete.pdf

Best, D., and Laudet, A. B. (2010) The Potential of Recovery Capital, Citizen Power Peterbrough, RSA Project, Available at: http://www.uniad.org.br/desenvolvimento/images/stories/arquivos/The_potential_of_recovery_capital_-_2010.pdf

Best, D. W., Ghufran, S., Day, E., Ray, R., and Loaring, J. (2008) 'Breaking the Habit: A Retrospective Analysis of Desistance factors among formerly Problematic Heroin users', Drug and Alcohol Review, 27 (6): 619-624.

Bourdieu, P., and Wacquant, L. (1992) *An Invitation to Reflexive Sociology*, Polity Press: Cambridge.

Bouffard, L. A., and Laub, J. H. (2004) 'Jail or the Army? Does Military Service Facilitate Desistance from Crime?', in Maruna, S., and Immarigeon, R. (eds) *After Crime and Punishment: Pathways to Offender Reintegration*, Willan Publishing.

Bray, I., O'Malley, P., Ashcroft, S., Adedeji, L., and Spriggs, A. (2013) 'Ex-military Personnel in the Criminal Justice System: A Cross-sectional Summary, *The Howard Journal of Criminal Justice*, 52 (5): 516- 526.

Dandeker, C., Wessely, S., Iversen, A., and Ross, J. (2003) Improving the Delivery of Cross Departmental Support and Services for Veterans. Joint Report, Department of War Studies and Institute of Psychiatry. London: King's College.

Davis, T. M., Baer, J. S., Saxon, A. J., and Kivlahan, D. R. (2003) 'Brief motivational feedback improves post-incarceration treatment contact among veterans with substance use disorders', *Drugs and Alcohol Dependence*, 69: 197- 203.

Day, E., Gaston, R. L., Furlong, E., Murali, V., and Copello, A. (2005) 'United Kingdom Substance Misuse Treatment Workers' Attitudes Toward 12-Step Self-Help Groups', *Journal of Substance Abuse Treatment*, 29(4), 321–7.

Fainzang, S. (1994) 'When Alcoholics Are Not Anonymous', *Medical Anthropology Quarterly*, *8*(3), 336- 345.

Granfield, R., and Cloud, W. (2001) 'Social Context and "Natural Recovery": The Role of Social Capital in the Resolution of Drug-Associated Problems', *Substance Use and Misuse, 36: 1543-1570.*

Granfield, R., and Cloud, W. (1999) *Coming clean: Overcoming addiction without treatment*, New York: New York University Press.

Greenburg, N., Thomas, S. L., Iverson, A., Unwin, L., Hull, L., and Wessely, S. (2003) 'Do Military Peacekeepers want to talk about their Experiences? Perceived psychological support of UK military peacekeepers on return from deployment', *Journal of Mental Health*, 12 (6): 565- 573.

Groshkova, T., Best, D., and White, W. (2012) 'The Assessment of Recovery Capital: Properties and psychometrics of a measure of addition recovery strengths', Drug and Alcohol Review, DOI: 10.1111/j.1465-3362.2012.00489.x

Her Majesty's Inspectorate of Prisons (2014) *People in Prison: Ex-service personnel*, London: Her Majesty's Inspectorate of Prisons.

Howard League for Penal Reform (2011) *Report of the Inquiry into Former Armed Service Personnel in Prison*, London: The Howard League. Available at:

http://www.howardleague.org/fileadmin/howard_league/user/pdf/Veterans_inquiry/Military_inquiry_final_report.pdf

Hopkins, N. (2013) 'MoD announces 5,300 army job cuts' *The Guardian, 22nd January*. Available: http://www.theguardian.com/uk/2013/jan/22/mod-5300-army-job-cuts

Humphreys, K. (2004) Circles of recovery. Self-Help Organisations for Addi*ctions*. Cambridge, UK: Cambridge University Press.

Humphreys, K., Wing, S., McCarty, D., Chappel, J., Gallant, L., Haberle, B., and Weiss, R. (2004) 'Self-help organizations for alcohol and drug problems: Toward evidence-based practice and policy', *Journal of Substance Abuse Treatment*, *26*(3), 151-158.

Humphreys, K., and Lembke, A. (2014) 'Recovery-oriented policy and care systems in the UK and USA', *Drug and Alcohol Review*, 33, 13–18.

Iverson, A., Nikolaou, V., Greenburg, N., Unwin, C., Hull, L., Hotopf, M., Dandeker, C., Ross, J., and Wessely, S. (2005a) 'What Happens to British Veterans when they leave the Armed Forces?', *European Journal of Public Health*, 15 (2): 175- 184.

Iverson, A., Dyson, C., Smith, N., Greenburg, N., Walwyn, R., Unwin, C., Hull, L., Hotopf, M., Dandeker, C., Ross, J., and Wessely, S. (2005b) 'Goodbye and Good luck; The Mental Health needs and treatment experiences of British ex-service personnel', British Journal of Psychiatry, 186: 480-486.

Iverson, A., van Staden, L., Haker Hughes, J., Browne, T., Hull, L., Hall, J., Greenberg, N., Rona, R. J., Hotopf, M., Wessely, S., and Fear, N. T. (2009) 'The Prevalence of Common Mental Disorders and PTSD in the UK Military: Using data from a clinical interview-based study', *BMC Psychiatry*, 9, 68- 80.

James, S., and Woods, N. (2010) A Guide to Working with Veterans in Custody, NACRO; London. Available: http://www.nacro.org.uk/data/files/working-with-veterans-810.pdf

Jetten, J., Haslam, C., Haslam, A. S., and Alexander, S. H. (Eds.) (2012) '*The Social Cure: Identity, Health and Well-being*', Psychology Press.

Kaskutas, L. A. (1996) 'Pathways to Self-Help Among Women For Sobriety', *The American Journal of Drug and Alcohol Abuse*, *22*(2), 259-280.

Kaskutas, L. A. (1994) 'What Do Women Get Out Of Self-Help? Their Reasons For Attending Women For Sobriety And Alcoholics Anonymous', *Journal of Substance Abuse Treatment*, *11*(3), 185- 95.

Kelly, J. (2014) *The Needs of Ex-service Personnel in the Criminal Justice System: Evidence from two surveys*, Ministry of Justice Analytical Summary.

LePage, J. P., Washington, E. L., Avery, A. L., Lewis, J. K. E., and Garcia-Rea, E. A (2011) 'Effects of structured vocational services on job-search success in ex-offender veterans with mental illness; 3 month follow-up', *Journal of Rehabilitation Research and Development*, 48 (3): 277-286.

Litt, M. D., Kadden, R. M., Kabela-Cormier, E., and Petry, N. (2007) 'Changing network support for drinking: Initial findings from the Network Support Project', *Journal of Consulting and Clinical Psychology*, 75(4), 542.

Litt, M. D., Kadden, R. M., Kabela-Cormier, E., and Petry, N. M. (2009) 'Changing network support for drinking: Network Support Project 2-year follow-up', *Journal of Consulting and Clinical Psychology*, 77(2), 229-242.

Longabaugh, R., Wirtz, P. W., Zywiak, W. H., and O'Malley, S. S. (2010) 'Network support as a prognostic indicator of drinking outcomes: The COMBINE study', *Journal of Studies on Alcohol and Drugs*, 71(6), 837.

Lyne, C., and Packham, D. (2014) *The needs of ex-service personnel in the criminal justice system: a rapid evidence assessment*, Ministry of Justice, Ministry of Justice Analytical Series 2014: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/389855/the-needs-of-ex-service-personnel-in-the-cjs-rapid-evidence-assessment.pdf

Manning, V., Best, D., Faulkner, N., Titherington, E., Morinan, A., Keaney, F., and Strang, J. (2012)'Does active referral by a doctor or 12-Step peer improve 12-Step meeting attendance? Results from a pilot randomised control trial', *Drug and Alcohol Dependence*, 126(1), 131- 137.

Macdonald, A. (2014) An Exploration of the Veteran Cohort within Durham Tees Valley Probation Trust: Managing military identity within the criminal justice system, ideas for the future...., Probation Chiefs Association.

Maruna, S. (2011) 'Re-entry as a rite of passage', *Punishment and Society*, 13 (1): 3- 28.

McGuire, J., Rosenheck, R. A., and Kasprow, W. J. (2003) 'Health status, service use and costs among veterans receiving outreach services in jail and community settings', *Psychiatric Services*, 54 (2): 201- 207.

MacManus, D., Dean, K., Rona, R. J., Greenberg, N., Hull, L., Fahy, T., Wessely, S., and Fear, N. T. (2013) 'Violent Offending by UK Military Personnel deployed to Iraq and Afghanistan: A data linkage cohort study', *Lancet*, 381: 907- 917.

McKnight and Block (2010) McKnight J., and Block P. (2010) *The abundant community: Awakening the power of families and neighbourhoods*, San Francisco: Berrett-Koehler Publishers Inc.

McNeill, F. (2012) 'Four Forms of "Offender" Rehabilitation: Towards an interdisciplinary perspective', *Legal and Criminological Psychology*, 17: 18-36.

McNeill, F., Farrall, S., Lightower, C., and Maruna, S. (2012) 'Reexamining Evidence-Based Practice in Community Corrections: Beyond a 'Confined View' of What Works, *Justice Research and Policy*, 14 (1): 35- 59.

Ministry of Defence (2011) *The Armed Forces Covenant*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf

Ministry of Justice (2014) 'Review of Veterans within the Criminal Justice System: a call for evidence', available at: https://consult.justice.gov.uk/digital-communications/veterans-within-criminal-justice-system

Moos, R. H. (2007) 'Theory-based active ingredients of effective treatments for substance use disorders', *Drug and Alcohol Dependence*, 88(2–3), 109-121.

Murphy, D., Iverson, A., and Greenberg, N. (2008) 'The Mental Health of Veterans', *J R Army Medical Corps*, 154: 136-9.

Murray, E. (2013) 'Post-army trouble: Veterans in the criminal justice system', *Criminal Justice Matters*, 94: 20-21.

Murray, E. (2014) 'Veteran Offenders in Cheshire: Making Sense of the "Noise"', *Probation Journal*, 61 (3): 251- 264.

Napo (2008) Ex-Armed Forces Personnel and the Criminal Justice System: A briefing from Napo the Trade Union and Professional Association for Family Court and Probation Staff, London: Napo.

O'Briant, R. G., Lennard, H. L., Allen, S. D., and Ransom, D. C. (1973) *Recovery from alcoholism: A social treatment model*. Springfield, IL: Charles C Thomas.

Pagano, M. E., Post, S. G., and Johnson, S. M. (2011). Alcoholics Anonymous-related helping and the helper therapy principle', *Alcoholism Treatment Quarterly*, *29*(1), 23-34.

Pinder, R. J., Iverson, A. C., Kapur, N., Wessely, S., and Fear, N. (2011) 'Self-harm and Attempted Suicide among UK Armed Forces Personnel: Results of a cross-sectional survey', *International Journal of Social Psychiatry*, 1-7.

Reinhart and Raganoff (2009) Reinhart, C. M, and Kenneth S. Rogoff. K. S. (2009) 'The Aftermath of Financial Crises', American Economic Review, 99 (2): 466-472.

Riessman, F. (1990) 'Restructuring Help: A Human Services Paradigm For The 1990s', *American Journal Of Community Psychology*, *18*(2), 221–230.

Riessman, F. (1965) 'The "helper-therapy" principle', *Social Work*, *10*, 24–32.

Sharp, M. L., Fear, N. T., Rona, R. J., Wessely, S., Greenberg, N., Jones, N., and Goodwin, L. (2015) 'Stigma as a Barrier to Seeking Health Care Among Military Personnel with Mental Health Problems', Available at:

 http://epirev.oxfordjournals.org/content/early/2015/01/15/epirev.mxu012.full.pdf+html

Shipherd, J. C., Stafford J., and Tanner, L. R. (2005) 'Predicting alcohol and drug abuse in Persian Gulf War veterans: What role do PTSD symptoms play?', *Addictive Behaviours,* 30: 595-599.

Timko, C., DeBenedetti, A., and Billow, R. (2006) 'Intensive referral to 12-Step self-help groups and 6-month substance use disorder outcomes. *Addiction, 101*(5), 678-688.

Treadwell, J. (2010) 'COUNTERBLAST: More than Casualties of War?: Ex-military Personnel in the Criminal Justice System', *The Howard Journal of Criminal Justice*, 49 (1): 73- 77.

Veteran UK Website (2015) Available at: https://www.gov.uk/government/organisations/veterans-uk (accessed 06/02/15).

Verall, N. G. (2011) 'A Review of Military Research into Alcohol Consumption', *J R Army Medical Corps*, 157: 164-9.

Warren, J., Garthwaite, K., and Bambra, C. (2015) 'Help for Heroes? Evaluating a case management programme for ex-service personnel in the United Kingdom', *Perspectives in Public Health*, 135 (1): Available at:

http://rsh.sagepub.com/content/135/1/37.full.pdf+html

Weaver, B., and McNeill, F. (2014) 'Lifelines: Desistance, Social Relations and Reciprocity', *Criminal Justice and Behaviour*, Available at:
http://cjb.sagepub.com/content/early/2014/09/25/0093854814550031.full.pdf

White, W,. and Cloud, W. (2008) 'Recovery Capital: A Primer for Addiction Professionals', Counselor, 9 (5): 22-27.

Williams, A. (1999) 'Introduction', in A. Williams (Ed.), *Therapeutic landscapes: The dynamic between place and wellness* (pp. 1–11). Lanham, MA: University Press of America.

Wilton, R., and DeVerteuil, G. (2006) 'Spaces of sobriety/sites of power: Examining social model alcohol recovery programs as therapeutic landscapes', *Social Science and Medicine*, 63: 649- 661.