Building Veteran Peer Capacity in the Justice Interface

Background: Following the ending of the conflicts in Southeast Asia, many Vietnam veterans returned home to experience multiple problems with the readjustment to civilian life. Perhaps the most enduring of problems were those that followed justice systems interaction. Often, such cases involve undiagnosed and untreated mental health disorders deriving out of military service. This recognition, borne of advances in medical sciences over the last 35 years, has engendered a societal willingness to meet the veterans of the wars in Afghanistan and Iraq with a set of responses that are supportive and preventative, rather than punitive and reactive—a public health response, as opposed to a justice response. However, it is quite likely that significant numbers of current conflict veterans will experience interaction with our justice systems.

A considerable body of research is indicative of the role of peers in the achievement of a set of positive outcomes in a multiplicity of societal interactions. It is just common sense, really. The utility of peers in systemic interactions may be reviewed in the success of the Battered Women’s movement, the role of peers in the realm of Mental Health advocacy and in such widespread and well known recovery models as Alcoholics Anonymous. Simply put, the training and entrance of peers into systemic interactions merely takes into account that there are different types of knowledge. Academic knowledge, or that knowledge obtained through study of a specified discipline and mastery over its set parameters, is one type of expertise, experiential knowledge is another. There can be no real substitute for the understanding engendered by experience. Combat veterans are a distinct population. Like other populations, veterans possess a commonality, an understanding borne of experience that is simply impossible to supplant. That commonality spawns trust and a level of confidence and allows veteran peers to do what no other group can hope to accomplish.

“What we need is a dedicated pool of veteran peer intervention specialists.”

(Lt. Jeffry Murphy, Chicago Police Department)

Justice interactions involving combat veterans very often place justice professionals in the position of having to deal with men and women who, through their military service to our nation, have incurred a mental health condition such as Post-Traumatic Stress Disorder, Acute Combat Stress Reaction, Major Depression, Schizo-Affective Disorders or such physical injuries as Traumatic Brain Injuries. Such interactions are always, by their very nature, adversarial. The efficacy and success of such interactions may be greatly enhanced by the presence of trained and experienced veteran peer advocates in the justice interface, working with law enforcement officers, in our jails and in our courtrooms.

At this juncture, we have a total of eighteen Federally-funded jail diversion pilot projects up and running in the same number of States. In addition, it has been estimated that by the end of the current year there will be Veterans’ Courts in thirty States. The Veterans Administration recently launched its State Justice Coordinator program. An increasing number of law enforcement agencies are fielding veteran-specific programs. Many of these programs categorically affirm the need for trained veteran peers. Despite the recognition of the importance of veteran peers, most of the veteran peers filling the need are unpaid volunteers. The SAMHSA Round-table intends to provide a jump-off point to bring this
shortfall or gap to a wider audience and, hopefully, will serve as a basis for a Call-to-Action. This is sorely needed as, within the variety of publicly funded program responses, there has not been an allocation of funding streams to fund veteran peer specialists.

**Minority Veterans within the Justice Interface**

Within the dialogue around peers in the justice interface, it is also very wise to raise another set of issues firmly embedded within the totality of experience that followed Vietnam and other conflict veterans during their interactions with justice systems over the course of the past thirty-five years. Disparities in justice, by race or ethnicity, have been widely recorded and commented upon. As the 2004 and 2007 reports by the Department of Justice indicate, racial disparities for veterans of color are actually more severe than for members of the general population. Within the context of proficiency in the cultural competencies around military service, there exists a further set of cultural competencies revolving around the subject of race. While African-American men account for 35% of the men in prison in the United States, 38% of African-American men in prison are veterans. African-American men have an abiding and historically founded reticence to mental health care diagnosis and treatment—of particular import within a mental-health-based justice intervention strategy. Latino-Hispanic men are, seemingly, more susceptible to PTSD yet far less likely to seek professional help. It is imperative that we recognize such cultural differences within the veteran populations, particularly when we take into consideration that today’s Army is composed of nearly 40% soldiers of color. It is important to recognize both our commonality and our differences if we hope to better serve our veterans in crisis. There has been a decided historical lack of trained veteran peer specialists of color just as there has been a decided lack of mental health professionals of color in the VA or trained staff apprised of the commensurate cultural competencies necessary to ensure positive and enduring outcomes.

**Family Impacts and Collateral Consequences**

“To Care for him who hath borne the battle, and his widow and his orphan”

*(President Abraham Lincoln)*

Prevalent within a justice context, particularly after the formation of the Justice Kennedy Commission, has been the dialogue around collateral consequences and sanctions. Within this consideration of impacts there has been a noticeable absence of family members of combat veterans. Here again we are confronted with the need to strive for a deeper understanding.

The SAMHSA-GAINS Round Table represents, as mentioned above, a kick-off point for a much needed focus upon a, heretofore under-examined, set of issues raised within the discussion around the topic of veterans in the justice interface.