

Research into experiences of ex-serving Australian Defence Force (ADF) personnel in corrective services systems in Australia

Professor Ben Wadham
Professor Mark Halsey
Associate Professor Ann-Louise Hordacre
Dr Elaine Waddell
Dr Kellie Toole
Professor Pauline Collins

18 October 2023
Flinders University
University of Adelaide
University of Southern Queensland

Acknowledgments

We would like to thank the Department of Veterans' Affairs (DVA) in commissioning this important research and support of the Veteran Incarceration Policy Working Group. Little is known about the experiences of incarcerated veterans in Australia and this research establishes an important baseline for further research. We acknowledge the service of the veterans we interviewed and the veteran custodial officers who provide support and understanding to veterans when they enter the correctional system.

Content warning

This Report contains interviews and personal experiences about trauma, violence, sexual assault, and child sexual abuse. They may contain graphic descriptions and strong language and may be confronting and disturbing. If you need help, please see support services.

Open Arms - Veterans & Families Counselling - Call 1800 011 046 or visit www.openarms.gov.au

Open Arms specialises in providing free face-to-face and/or tele-health counselling, group programs and peer support.

Lifeline - Call 13 11 14 or visit www.lifeline.org.au

24-hour crisis support and suicide prevention. Anyone across Australia who is experiencing a personal crisis, contemplating suicide, or caring for someone in crisis can contact Lifeline.

1800 Respect - Call 1800 737 732 or visit www.1800respect.org.au

24-hour telephone and online crisis support, information, and immediate referral to specialist counselling for anyone in Australia who has experienced or been impacted by sexual assault, or domestic or family violence.

Table of Contents

KEY POINTS	III
KEY MESSAGES	III
EXECUTIVE SUMMARY	IV
KEY FINDINGS	VI
<i>Veteran needs as distinct from the general Prison population</i>	<i>vii</i>
<i>Recommendations - Service and Transition</i>	<i>ix</i>
<i>Recommendations - Criminal Justice System and Prison</i>	<i>ix</i>
<i>Recommendations - Reintegration from Prison to Community</i>	<i>xi</i>
1 HISTORY AND BACKGROUND	1
CONNECTION BETWEEN MILITARY SERVICE AND CRIMINAL OFFENDING	1
<i>International Research</i>	2
<i>Veteran experience of prison</i>	4
<i>Transition Integration Wellbeing - Desistance</i>	5
2 THE STUDY AND METHODOLOGY	7
SURVEY	8
INTERVIEWS WITH VETERANS	9
3 SURVEY 11	
DEMOGRAPHICS	11
SERVICE	11
HEALTH CONCERNS	11
TRANSITIONING TO CIVILIAN LIFE	12
PRISON	13
<i>Needs in Prison</i>	13
CONNECTING TO OTHER VETERANS	14
4 INTERVIEWS	15
DEMOGRAPHICS AND SAMPLE	15
PRE-SERVICE	17
<i>Childhood Adversity</i>	17
<i>Violence</i>	17
<i>Authoritarian father figure</i>	18
<i>Absent father</i>	19
<i>Traumatic childhood</i>	19
<i>School and community engagement</i>	19
<i>Juvenile offending</i>	20
RECRUITMENT AND SERVICE	20
<i>Reasons for joining</i>	20
<i>Benefits of service</i>	21
MILITARY INSTITUTIONAL ABUSE	21
DEPLOYMENT AND TRAUMATIC EXPOSURES	23
<i>Alcohol</i>	24
<i>Military culture and training</i>	25
<i>Offending in the military</i>	26
TRANSITION – FROM THE ADF TO DVA	26
INCARCERATED: VETERANS IN PRISON	29
<i>Identifying as a veteran</i>	29

	<i>Needs in prison</i>	30
	<i>Leaving Prison and Staying out</i>	34
5	DISCUSSION	40
6	CONCLUSION	42
APPENDIX A	- SURVEY RESULTS	43
	SOCIO-DEMOGRAPHIC.....	43
	SERVICE.....	44
	HEALTH CONCERNS.....	45
	TRANSITIONING TO CIVILIAN LIFE	46
	PRISON	46
	NEEDS IN PRISON	47
APPENDIX B	– COMPARISON BETWEEN VETERAN AND NON-VETERAN INMATE POPULATION	48

KEY POINTS

- Military service involves contexts which are criminogenic but also contexts which protect against criminality. A military-crime nexus exists but it is heavily context specific.
- Many incarcerated veterans had service related trauma that was not yet recognised by DVA, or if diagnosed in prison not adequately addressed (due to environmental restrictions).
- Poor separation from the ADF was heavily associated with social disconnection, substance misuse and criminality.
- It is not yet possible to quantify the incarcerated veteran population in each State or Territory or nationally.
- Veterans are ambivalent about disclosing their veteran status in prisons.
- Veterans who are correctional officers are a key element of support for incarcerated veterans
- Veterans have distinct needs in prison.

KEY MESSAGES

- The sample in this research is principally the experience of non-Aboriginal Australian males who joined the military at a young age and who left the military after 1 to 10 years of service.
- A significant number of the incarcerated veterans had challenging childhoods with adverse experiences.
- The military is both a protective and a criminogenic place/institution – it provided many of the interview subjects with stability, but in some cases provide the context for their offending.
- Veterans’ overall experience of Australian Defence Force (ADF) military service was positive.
- Military service was associated with criminal offending in some cases and not in others.
- When military service was associated with criminal offending it was often through military trauma and associated with loss of identity, purpose, and belonging leading to self-medication and consequent criminal offending.
- Poor separation and transition from the ADF were associated with social disconnection and consequent criminal offending.
- Veterans commonly lost access to psychological service provision as well as mental and physical health supports upon entry into prison. Often those supports were DVA funded.
- Using available data, it is impossible to determine the incarcerated veteran population in Queensland, South Australia, and New South Wales.
- Veterans in prisons often will not disclose their veteran status for several factors including fear of unwanted attention from staff and other inmates.
- None of the prisons attended provided DVA or veteran sector support details to incarcerated veterans.

- Veterans who are custodial officers can be voluntarily, and informally, key supports for incarcerated veterans.
- Veterans leaving prison require dedicated veteran sector support to transition effectively from prison and to remedy poor transition from the military.
- Veterans have many of the general needs of the prison population, but also specific needs.

Differences between incarcerated veteran and civilian population

- Incarcerated veterans experience specific and different types of trauma than incarcerated civilians.
- Incarcerated veterans as a group have distinct medical and psychological service needs.
- Incarcerated veterans have higher educational status than incarcerated civilians.
- Veterans have the potential supports of custodial officers who are veterans.
- Separation from the ADF is a distinct veteran experience that creates the need for supported transition and when that is not achieved, they are at greater risk of criminal offending.
- There are distinct risk factors for veterans disclosing their identity in prisons.
- Incarcerated veterans would benefit from recognition and respect initiatives because their service is a principal element of their identity.

EXECUTIVE SUMMARY

This study (2021-2022) investigated why veterans become involved in the Australian Criminal Justice System (CJS), and more particularly, in various correctional systems. The Department of Veterans' Affairs (DVA) commissioned this research to identify and address gaps in the knowledge of the veteran experience in corrective services systems, with a focus on wellbeing. The Australian Institute for Health and Welfare¹ identified some key information gaps in relation to veteran incarceration, including:

- Interactions with the criminal justice system for ex-serving personnel, including incarceration;
- Violence in the veteran community, and characteristics of veterans who are most at risk of becoming perpetrators or victims; and
- How feelings of safety, or experiences with the justice system, affect the health and welfare of veterans.

This report is supplemented with a Rapid Evidence Assessment entitled: ***What are the risk factors for ex-serving defence force personnel to enter corrective service systems in Australia and/or other relevant jurisdictions?***

The aim of this research is to:

- Build a better understanding of the veteran experience in the domain of justice and safety;
- Build a richer evidence base on veteran incarceration, risk factors and service needs to improve outcomes for veterans; and

¹ Australian Institute of Health and Welfare (2018) *A profile of Australia's veterans*, Canberra, ACT, Australia.

- Produce a report that can inform state and territory governments, Ex-service organisations (ESOs) and DVA support for ex-serving ADF personnel in corrective services systems.

In this research study we sought to understand the types of offences committed by veterans as well as their needs in prison and the community. A veteran is defined by DVA as ‘a person who is serving or has served in the Australian Defence Force’.² The research team interviewed a convenience sample³ of veterans which resulted in the research participants being principally, non-Aboriginal Australian males with up to ten years of service. Only one female incarcerated veteran was identified, and further research should be conducted to assess or determine the size and status of this population group. The findings of this research provide a baseline upon which further research should be conducted.

Adopting a life-course approach, the research team explored veterans’ pathways into the Australian Defence Force (ADF), transitions from the ADF to civilian life, and their journeys to imprisonment. The aim of the research was to identify and understand the risk factors for veteran criminal offending, to develop recommendations for the military and correctional services on strategies for enhancing support for, and desistance from, crime among this group. Fieldwork (in-depth interviews with veterans) occurred in South Australia, Queensland, and New South Wales. We note that data on military service experience has not been and is not systematically collected upon intake to prisons in Australia.

The project drew upon the international social health and transition literature. A social transition approach considers veteran incarceration as an effect of “the interrelationship of economic, cultural and environmental factors and living and working conditions, including family life, education, employment, healthcare services, housing, lifestyle choices and biological factors”.⁴ Deteriorations in mental health, the advent of substance abuse, occurrences of family violence (usually as perpetrators) and increased social isolation generally signify problems in navigating the aforementioned life domains and thereby the transition from the military service to civilian life. The project was also informed by the literature which casts prisons and the military as total institutions and the idea that veterans might, paradoxically, find some “solace” in the para-military structure and regimes of prison life.⁵

We note that the material collected by interview in this research study is the perspective of the veteran and their experiences. No attempts were made to verify any of the accounts. Weight of consistency of experiences across the 51 interviews along with service knowledge and accuracy of descriptions of aspects of service life were strong indicators of the veracity of accounts.

² Australian Veterans' Recognition (Putting Veterans And Their Families First) Bill 2019 (Cth).

³ Convenience sampling is a non-probability sampling method where units are selected for inclusion in the sample because they are the easiest for the researcher to access. This can be due to geographical proximity, availability at a given time, or willingness to participate in the research.

⁴ Department of Veterans Affairs (2015) *Social Health Strategy 2015–2023 for the Veteran and Ex-service Community*, Canberra, ACT.

⁵ Mouzelis, N. P. (1971) *On total institutions*, *Sociology*, 5(1), 113-120.

KEY FINDINGS

51 interviews and 60 surveys with incarcerated or recently released veterans were conducted across South Australia (16), Queensland (18) and New South Wales (17) in minimum to high security prisons. Knowledge of who is a veteran in prison is limited, with some choosing not to disclose their military service or veteran status—indeed the use of veteran identifiers on entrance to prison is relatively new. This research cannot, therefore, accurately quantify the numbers of veterans in these three Australian jurisdictions.

Recommendation 1 - DVA work with jurisdictions to develop a nationally consistent approach to collecting/reporting on data/numbers of incarcerated veterans.

There was little ESO engagement with incarcerated veterans and little outreach was forthcoming from this sector. Some non-incarcerated veterans were engaging with incarcerated veteran populations in different states, championing their service and support, but this was limited and variable. Those veterans were volunteers, and one was previously incarcerated. Custodial officers who were veterans were the best source of knowledge of, and access to, incarcerated veterans.

A limitation of this research is that only one female incarcerated veteran was identified and interviewed. Of the veterans interviewed, there were 50 males and one female. Participants ranged in age from 23 to 76 years with an average age of 48 years. The greatest representation of incarcerated veterans served in the Army (27), nine served in the Navy, six in the Air Force and 5 served across dual services. There were 9 reserve ex-service personnel, 8 from Army and 1 from Navy. The average length of service was 8 years and ranged from 1 week to 35 years. The population was largely 'other ranks'⁶ and non-commissioned officers. The average age of enlistment was 20 years and ranged from 15 to 35 years across the period 1965 to 2008.

The principal offences were child offences (16), and violent offences, including sexual (5), drug (8), domestic violence (4), assault (2), and grievous bodily harm (2). There were 9 cases of multiple offences. Seven respondents did not disclose their offences. Four of the veterans offended while serving. Eleven veterans deployed across the theatres of East Timor, Bougainville, Border Forces, Iraq, Afghanistan, New Guinea, Namibia, Northern Ireland, Malaysia, and the Palm Islands.

There was a prevalence of adverse childhoods among the participants. These adverse experiences included broken families, early departure from the home, sexual and physical abuse and alcohol and substance misuse. Many participants' fathers had served in the military, and in these cases the father had suffered Post Traumatic Stress Disorder (PTSD), was alcoholic and/or overly demanding and violent toward their child(ren). A small proportion of the interview participants had offended as juveniles.

The military appeared for many participants to be a point of stability in their lives. A smaller proportion revealed adverse military experiences which appeared linked to their offending. These included experiences of deployment trauma which were not serviced or supported adequately, leading to involuntary separation culminating in substance misuse, homelessness leading into criminal offending. Other cases described military institutional abuse from bullying to sexual assault which they argued led to criminal offending. However, for the most part military experience did not appear to be directly connected to their offending. In considering the connection between military service

⁶ Personnel who are not Commissioned Officers are referred to as Other Ranks. <https://www.Army.gov.au/our-people/ranks/other-ranks>

and criminality a distinction must be made between reserve and regular service—the full-time nature of military service means that transitioning out can be highly challenging. Many have mental health issues initiating from or compounded by their service which may be a contributing factor to their offending. The overwhelming majority of participants were serving custodial sentences⁷ with a small portion having recently exited prison (within the last 2 years). Most of the cohort were serving sentences for recent offences but some were historical, and these were largely child sexual offences (20 or so years ago).

Regular service members who had existing DVA claims and were receiving DVA funded support services (such as psychological or health services) experienced challenges upon entering the prison system. Those who had psychological and medical needs experienced significant distress when their services and medications were removed after admission to custody. Many participants had alcohol and substance use disorders. The loss of access to some entitlements when incarcerated had a significant negative effect with mainstream corrections' services consistently narrated as inadequate. There was little to no advice given to participants on the nature and extent of DVA services or ESO support within prison induction material. There was also a significant lack of knowledge about DVA services prior to military transition.

What appeared to be under-resourcing of the correctional and judicial services led to long remand times and long wait times to get physical and mental health support. Some participants reported suicidal ideation and/or attempts which when recognised by corrections often lead to isolation and the compounding of mental health issues. Legal representation was reported as generally poor, and many were advised not to challenge their charges or to try to reduce the time to be served in custody. The participants often explained that police and judiciary gave extraordinary attention to their veteran status in arrest, custody, and sentencing. The veterans' greatest support came from supportive custodial officers who were veterans and there appeared to be a significant population of veterans who were serving in corrections. Custodial officers might find out if an inmate was a veteran through their case files or through conversation with the inmate or their peers.

Recommendations of this research are primarily directed to DVA. It is, however, acknowledged implementation of these recommendations will require DVA to engage with other bodies in a federated system of government. A whole of government response to veteran incarceration is necessary to address associated matters such as housing, employment or education. Relevant bodies will include those such as the ADF, Joint Transition Authority, state and territory correctional institutions, Attorney's General departments, and justice systems, including the ESO sector. Improvements in the veteran transition experience, and reductions in veteran offending and reoffending can only be achieved through co-operation between relevant state and federal bodies. Our recommendations are provided by priority area for the short term (1) mid-term (2), and long term (3).

VETERAN NEEDS AS DISTINCT FROM THE GENERAL PRISON POPULATION

This qualitative research study conducted in-depth interviews to investigate the experiences of ex-serving members of the ADF in prisons in New South Wales, Queensland, and South Australia. The strengths of this research are the rich accounts of the veterans across their life course, indicating pre-

⁷ Thirty-four of the 51 interviewees provided a 'top' and 'bottom' sentence duration. Average duration was 8.1 years (calculated at the 'bottom' or non-parole period with life sentences included as 25 years). Seventeen interviewees either did not provide their sentence, were on remand or awaiting sentence.

service, service, and post-service influences upon their criminal offending. A limitation of this approach is that deeply personal interviews can have inconsistencies in replicating answers to all questions for all participants. This means that some responses to questions about such dimensions as peer and intimate relationships, (mental) health, service status and/ or the psycho-social impacts of transition are not always answered in the same way, and in some cases omitted. Another limitation of the research is that it is not based on a saturated sample. There are many stories which remain untold and therefore many more experiences which could inform or enrich the data collected for the current report. Moreover, correctional data across jurisdictions asks different questions of their extant populations (especially surrounding offender “need”). Accordingly, comparisons between data sets are difficult to make and should be read with careful qualification.

The findings of this research project recognise that there are distinct needs of the incarcerated veteran population as well as needs that align with the general prison population. The principle distinction is that of service and its physical, mental, and social health effects. This distinction is far stronger for the regular ADF veteran in contrast to the ADF reserve member. This is because of the initial employment training socialisation, service experiences on exercise or daily duties, deployment experiences, and the experience of separation and transition from a full time highly routinised, regimented and sometimes 24/7 military lifestyle.

The research indicated that inadequate separation and transition from the ADF was a risk factor for criminal offending and incarceration. Inadequate separation and transition manifested in incomplete or no preparation or planning for post service life. This included no or incomplete DVA claims, and unaddressed physical, mental, and social health issues. A number of the veterans had their PTSD, anxiety or depression diagnosed in prison. Those that were already diagnosed had medical and counselling regimes abated and were treated by generic prison medication and services.

The research indicates that veteran health is distinct from the general prison population. Physical injuries were often serious and trauma injuries were distinct because they were service related. Combat trauma in particular left veterans with sleeping problems, hypervigilance to threat in general and nightmares and flashbacks. In NSW prisons, a common explanation was that the prison psychological services were reticent to treat these issues other than by medication because it would ‘open a can of worms’ which the prison system would be unable to adequately address. Many of the participants expressed a sense of institutional betrayal due to such factors as being cast aside when injured, bullied, or abused, or on account of experiencing the DVA claims process as form of trauma in and of itself.

The veterans we interviewed had a higher educational status than the general population. Many veterans explained that they found the general prison population challenging insofar as the latter were perceived as undisciplined and without a clear or respectable sense of self. This manifested in a social divide between veterans and the general prison population—the former were “not like” the latter. Veterans were often hesitant or unwilling to disclose their veteran status because this further set them apart. They narrated how being “different” in a highly controlled and para-military setting such as a prison presented as a risk factor (for being targeted or “tested” by other inmates in violent fashion). Just as with “free” society, many veterans took solace in becoming acquainted with other veterans and there was a very strong sense of identification among incarcerated veterans.

Veteran status was distinct from the general prison population in two other ways. First many veterans indicated the desire to attend recognition and respect activities such as Anzac Day or Remembrance Day. Secondly custodial officers who had also served in the military were seen as important if not

significant others in the custodial lives of incarcerated veterans. Interviewees told of their needs being better understood by this group of officers than other correctional staff.

With some exceptions—such as those who were never able to come to terms with the initial shock of incarceration—veterans generally possessed the strength to cope with the regimented nature of prison life. However, once they left prison, they required substantial transitional support to minimise the risk of return to custody. We found few if any meaningful connections between veterans in prison and the ex-service sector and DVA. The incarcerated veteran problem, though, is somewhat distinct in that there are networks of ex-service men and women who could be much more effectively engaged in offender reintegration.

RECOMMENDATIONS - SERVICE AND TRANSITION

The recommendations are prioritised for action: 1 – primary, 2 – secondary, 3 – tertiary. The recommendations are premised upon interagency and multi sectoral collaboration between corrections, DVA, ADF, ESOs and criminal justice agencies.

1. DVA work with jurisdictions to develop a nationally consistent approach to collecting/reporting on data/numbers of incarcerated veterans (1).
2. Commission an independent evaluation of the Defence Force Transition Program to assess whether and to what extent veterans are receiving optimal and timely support (2). Properly resource the Defence Force Transition Program (ADF – Joint Transition Authority JTA) to ensure ex-service people receive timely guidance and support in such key areas as finance, housing, employment, physical and mental health, familial and professional relationships, and so forth (1).
3. Mental health and suicidality were challenges noted by many of the veterans. Develop and implement a veteran responsive suicide prevention program for incarcerated veterans (2).
4. Veteran awareness or engagement with DVA or the veteran sector was limited. Develop strategies to create communication and engagement within the veteran sector to provide networks and information that supports veterans who enter the criminal justice system and/or prisons (2).
5. Identify and address gaps in medical services or income support for veterans in transition or immediately following transition (1).
6. Establish an incarcerated veteran portfolio or policy lead within DVA, an incarcerated veteran policy lead in each correctional jurisdiction and Veteran Liaison Officers (VLOS) in relevant correctional jurisdictions. Facilitate interaction with Open Arms to action relevant support services (1).
7. Only one female veteran was identified in this research limiting our knowledge of their experiences and needs. Sponsor further research to identify and access incarcerated female veterans in Australian prisons (1).

RECOMMENDATIONS - CRIMINAL JUSTICE SYSTEM AND PRISON

8. Routinely include a (voluntary) veteran identifier at point of contact with police, courts, and corrections and ensure such identification is recorded in consistent fashion across the criminal justice sector. Provide opportunities to modify the veteran identifier at later stages within the criminal justice system (2).

9. Develop tailored induction processes⁸ for (identified) veterans entering the correctional system (specifically those remanded and/or sentenced to prison) which includes up-to-date information on how to access veteran support agencies and the (ongoing) entitlements available to them and their families (irrespective of legal status) (1).
10. Enable free calls to a veteran or other relevant support line and ensure this number is provided to all at point of admission into custody (whether in police custody or other) (1).
11. Not all white card eligible veterans had a white card or knowledge of veteran sector or DVA services. Ensure every identified veteran has a White Card and associated services(1).
12. Design prison-based veteran-responsive health assessments for identified veterans as informed by veteran experience, to ensure that all eligible veterans' health and medical needs can be met by prison-based medical offerings and capabilities (1).
13. Establish a register of DVA funded health providers to provide evidence based mental health care services within correctional institutions (2).
14. Research the potential for service providers (especially Mental Health) to gain easy and ongoing access to prisons to support veteran wellbeing including, in culturally competent ways. Develop an Aboriginal responsive strategy within any potential initiative (1).
15. Establish prison-based veteran support groups populated and run by incarcerated veterans and veterans who are correctional staff (1).
16. Ensure incarcerated veterans are given the opportunity to commemorate events such as ANZAC and Remembrance days (1).
17. Determine veteran sector capacity to provide in-prison support for incarcerated veterans and develop more purposeful connections and pathways between veterans and service providers DVA and ex service organisations (2).
18. Veteran centric support would be enhanced by greater coordination across correctional services and with DVA. Train and station a Veteran Liaison Officer (VLO) in prisons (or regions) with significant veteran populations to link veterans with service providers and to assist the case management of veterans with acute needs. Ensure sufficient VLO access (e.g., via video link) to veterans housed across the correctional estate. VLOs would be correctional officers employed in areas of greatest need (2).
19. Veterans described two areas of significant support: 1) custodial officers who are veterans and 2) other veterans. Consider the creation of "veteran communities" (sections, wings, cottages, etc.) within relevant prisons (3).
20. Trauma and mental health issues are prevalent in Australian prison environments. Veteran trauma and mental health challenges are unique. Develop a nuanced, population specific and evidence-based response to veteran trauma within and beyond custody (2).
21. Fund and/or variously support the professional development of police, the judiciary, and correctional staff (including non-uniformed / professional personnel) around issues (such as perceptions of veterans, understanding of military service, veteran centric servicing, and management) that pertain to the veteran population, and which likely distinguish them and their needs from other populations, including mental, physical, and social health concerns (3).

⁸ Induction processes include provision of support services, phone numbers for help lines and relevant ex service organisations, information on DVA services.

RECOMMENDATIONS - REINTEGRATION FROM PRISON TO COMMUNITY

22. Ensure Corrections caseworkers within and beyond prison work closely with each veteran to establish a workable reintegration/release plan and that the plan is shared, following veteran consent, with relevant veteran support persons and agencies. Engage Veteran Liaison Officers in prison or on parole to coordinate this plan (1).
23. Ensure that veteran's basic (e.g., housing, financial, etc.) and other needs (mental health, drug, and alcohol, etc.) are in place and, with consent, known to all relevant parties well prior to release (i.e., avoid any sense that a veteran is being "set up to fail") (1).
24. Adopt a desistance from crime framework (one which supports the primary, secondary, and tertiary dimensions of desistance) to maximise probability of veteran success within and beyond prison (1).
25. Assess the capacity of prisons to provide continuity of supply of prescribed medication and health related resources no matter where veterans are (i.e., irrespective of whether they are in prison or in the general community) (2).
26. Enhance Open Arms' capacity to support the prison to civilian life transition of incarcerated veterans by engaging with the VLO's and relevant correctional officers and staff (2).
27. Support a reach-in / reach-out model of prisoner reintegration that is veteran-centric (and which draws on key principles underpinning known successful initiatives within prisons for reintegrating prisoners into the community, e.g., Mount Gambier prison in South Australia)⁹ (2).
28. Develop a veteran / ex-prisoner inclusive community of best-practice around support for veterans in prison (including all aspects of sentence management) and their post-release needs/lives (3).

⁹ The work at Mount Gambier Prison (funded privately at that time by G4S) involved select Flinders criminology staff (led by Professor Mark Halsey) training correctional staff (senior and other) in the language and practice of a desistance from crime framework. This framework helped staff understand a strengths-based approach to rehabilitation and the importance of believing in their own capacity to make a difference to those in their care (i.e. offenders/prisoners). The work also involved developing a selection for support services model which ensured the right people (prisoners) were connected to the right kinds of help. SYC (a multi-state support service organisation) was funded to "set up shop" within MGP to connect with people who were around 3 to 6 months from being released. They helped organise accommodation, transport, employment, basic life essentials (food, bus tickets, etc) and then ensured that following release such people were connected to SYC staff beyond the prison (in various regional and city locations). The idea was to protect against relapse or the derailment of desistance in the immediate days and weeks after release from prison. This model has worked extremely well and has produced some of the lowest rates of return to custody among the South Australian and, likely, the national prison population. The model / approach is still in train today. It works because people understand the model, can see the positive results, and because it is based on a "reach-in / reach-out" approach to prisoner supports.

1 HISTORY AND BACKGROUND

The experience of Australian military veterans in the criminal justice system has received little attention from academics or policy makers. It is critical to address this oversight because successive reports by and for the Australian Federal Government identify that veterans face challenges with mental health,¹⁰ physical health,¹¹ suicidal ideation,¹² and homelessness,¹³ all of which are known risk factors for criminal offending, and have been identified, internationally, as influencing veteran offending.¹⁴

CONNECTION BETWEEN MILITARY SERVICE AND CRIMINAL OFFENDING

There is one contemporary, empirical study undertaken in Australia exploring the relationship between military service and criminal offending. The pilot study of 16 male veterans (preceding this research) in South Australia identified military service as a protective factor for pre-service criminogenic risk factors, especially childhood trauma, but that rapid and unsupported transition from the military exacerbates risk factors and contributes to post-service offending.¹⁵ There is international evidence supporting the finding that non-service factors contribute to veteran offending including, substance use, homelessness, or unemployment.¹⁶

Other research addressing the incidence of veteran offending in Australia is too limited to ground preliminary conclusions about the rates of, or reasons for, veteran engagement in criminal activity. Siminski et al.'s analysis of conscription lottery data for males in conscription birth cohorts between 1965 and 1972, and criminal court records for male defendants from 1994 to 2010 across New South Wales, Queensland, and Victoria, did not find evidence of any connection between military service

¹⁰ Australian Government Productivity Commission (2019) 'A Better Way to Support Veterans', Volume 1, *Productivity Commission Inquiry Report No. 93*, CoA, ACT; Dunt, D. (2009) 'Review of Mental Health Care in the ADF and Transition through Separation', *Dunt Publishing*, Victoria; Van Hooff, M., McFarlane, A. C., Davies, C. E., Searle, A. K., Fairweather-Schmidt, A. K., Verhagen, A. & Hodson, S. E. (2014) 'The Australian defence force mental health prevalence and wellbeing study: design and methods'. *European Journal of Psychotraumatology*, 5(1), 23950; Senate, Foreign Affairs, Defence and Trade References Committee (2016) *Mental Health of Australian Defence Force Members and Veterans*, CoA, ACT.

¹¹ Parliament of the Commonwealth of Australia, Inquiry of the Defence Sub-Committee, Joint Standing Committee on Foreign Affairs, Defence and Trade (2013) *Care of ADF Personnel Wounded and Injured on Operations*, CoA, ACT; Australian Institute of Health and Welfare, (2019a) *Medications Dispensed to Contemporary Ex-serving Australian Defence Force Members, 2017–18*.

¹² Dunt, D. (2009) *Independent Study into Suicide in the Ex-Service Community*, CoA, ACT; Australian Institute of Health and Welfare, (2017) *Incidence of Suicide Among Serving and Ex-Serving Australian Defence Force Personnel: Detailed Analysis 2001–2015*, CoA, ACT; Foreign Affairs, Defence and Trade References Committee (2017) *The Constant Battle: Suicide by Veterans*, CoA, ACT; Australian Institute of Health and Welfare (2021) *Serving and Ex-serving Australian Defence Force Members who have served since 1985: Suicide Monitoring 2001 to 2019*, CoA, ACT.

¹³ Australian Institute of Health and Welfare (2019b) *Use of Homelessness Services by Contemporary Ex-serving Australian Defence Force Members 2011–17*, CoA, ACT.

¹⁴ See, for example, Harvey-Rolfe, L. & Rattenbury, S. (2020) *A Needs Assessment of Veterans in Custody, their Families & Children*, The National Centre for Children of Offenders, NICCO, London, 35, 40-41; Coté, I, et al (2020) 'Veterans Behind Bars: Examining Criminogenic Risk Factors of Veteran Incarceration' *Journal of Military, Veteran and Family Health*, 22-26; Finlay, A. K., Owens, M. D., Taylor, E., Nash, A., Capdarest-Arest, N., Rosenthal, J. & Timko, C. (2019) 'A scoping review of military veterans involved in the criminal justice system and their health and healthcare', *Health & Justice*, 7(1), 1-18; Short, R. et al (2018) 'Offending Behaviour, Health and Wellbeing of Military Veterans in the Criminal Justice System' *PLoS ONE*, 13(11), 1.

¹⁵ Toole, K. & Waddell, E. (2023) 'Veteran Perceptions of Pathways to Offending: Ex-Australian Defence Force Personnel in South Australian Prisons', *Griffith Law Review*, 32(1), 1-29, 10.1080/10383441.2023.2188014.

¹⁶ Simpson, L. (2016) 'The Truth about the Links between Military Service and Crime', *The Conversation* (online at 27 April 2016) <https://theconversation.com/the-truth-about-the-links-between-military-service-and-crime-57364>; Keneally, M. (2018) 'Why the Link between Veterans and Mass Shootings is more Complicated than you Think', *ABC News* (online at 16 November 2018) <https://abcnews.go.com/US/link-veterans-mass-shootings-complicated/story?id=59057321>.

and criminal offending.¹⁷ However, in 2017, Hodges found that World War II veterans in New South Wales committed varied crimes. While it was not possible to identify a direct connection with war service, the impact of war did seem to be reflected in their offending behaviour.¹⁸ The clearest indication of possible veteran over-representation in prison in Australia is provided by a South Australian Department for Correctional Services prison population audit of 2018.¹⁹ No women prisoners identified as having served in the military, but 93 male prisoners were accepted as having served in a defence force (not just the ADF). This figure represents 3.35% of the total prison population,²⁰ noting the 2021 ABS Census reports 2.5% of the 18 year and over Australian civilian population had previously served in the regular or reserve service.

INTERNATIONAL RESEARCH

The possibility of a connection between offending and military service has attracted public and academic attention since, at least, the aftermath of World War II. Most research has been undertaken in the United States of America ('US'), the United Kingdom ('UK') and Canada. International research is too sparse and indeterminate to provide any indication of the likelihood of such a connection in Australia. The studies use a robust range of sources comprised of various combinations of administrative and health data, corrections and court records, population statistical data, prisoner census and surveys, interviews, and written submissions. However, they each draw heavily on self-reported data on offending and military service and are of limited scale. Generalisation from such studies is difficult because they contain highly diverse results on the level of criminal offending by veterans in any era. They contain significant variation in definitions and categorisations of offences and comparison groups, and their focus has ranged across various topics including demographic factors; type and patterns of offending; risk factors such as mental health, substance abuse and childhood deprivation; and military experiences and service era. There is additional difficulty applying the findings to Australia, due chiefly to differences in civilian and military cultures and structures.²¹ Nonetheless, the authors suggest the possibility of a 'military-crime nexus'.^{22 23}

Contrary to this, some studies have determined that there is little or no connection between military service and criminal offending. The position of this research is that this is undetermined and requires ongoing research. In the late 1940s, Hakeem and Willbach investigated public concerns that returned service men were committing crimes of violence and property damage, but found no evidence that crime rates had surged after the war.²⁴ In 2020, Baktir et al., published the results of a systematic review of US research and agreed there was little evidence of a significant relationship between

¹⁷ Siminski, P., Ville, S., & Paull, A. (2016) 'Does the Military Turn Men into Criminals? New Evidence from Australia's Conscription Lotteries', *Journal of Population Economics*, 29(1), 197.

¹⁸ Hodges, I (2017) *'He Belonged to Wagga': The Great War, the AIF, and Returned Soldiers in an Australian Country Town* (PhD thesis), Australian National University, Canberra, ACT, 1-285.

¹⁹ Qld or NSW have not conducted similar audits. There is no annual report that outlines veterans as a specific population group within the prison population.

²⁰ Noting this population included veterans from countries other than Australia and this study includes only veterans of the ADF.

²¹ Waddell, E., Moretti, C., Wadham, B., Halsey, M., Hordacre, A. L., Toole, K., & Collins, P. (2021) *What are the risk factors for ex-serving defence force personnel to enter corrective service systems in Australia and/or other relevant jurisdictions? Rapid Evidence Assessment for the Research Study into Experiences of Ex-serving Australian Defence Force (ADF) Personnel in Corrective Services Systems in Australia*, Flinders University, Adelaide, Australia, 1-67.

²² Logan, M. W., McNeeley, S., & Morgan, M. A. (2021) 'Not-so-special forces? Revisiting the "veteran effect" in the context of prison research', *Journal of Criminal Justice*, 72, 101762.

²³ The military crime nexus refers to the relationship between criminal activity and military service which can include the relationship between military training and service and criminality, or use of military resources and contexts to conduct criminal offending.

²⁴ Hakeem, M. (1946) 'Service in the armed forces and criminality' *J. Crim. L. & Criminology*, 37, 120.; Willbach, H. (1947) 'Recent crimes and the veterans', *J. Crim. L. & Criminology*, 38, 501.

military service and offending.²⁵ In the UK in 2016, MacManus found the same result even for veterans who had actively deployed.²⁶ Recent studies in both Canada and the US have shown that veteran incarceration rates are proportionate to the non-veteran rates in the general community,²⁷ and an English study from 2014 did not find that military service was a causal factor in criminal offending.²⁸ Other US studies indicate that veterans were over-represented in prisons in the 1970s and 1980s, but no longer are,²⁹ and further US and UK studies suggest veterans are actually less likely to be imprisoned than their civilian counterparts.³⁰

However, there is evidence that supports the possibility of over-representation of veterans in the criminal justice system. Veterans have been identified as the largest single occupational group in UK prisons,³¹ and other studies indicate veterans may be twice as likely to be incarcerated as equivalent non-veterans.³² In certain service eras, military service was indicated as a risk factor for white veterans (but a protective factor for Black and Hispanic veterans),³³ and research also suggests that veterans are at enhanced risk of incarceration if they had a pre-service offending history.³⁴

There are also compelling recurrent findings relating to the nature of the offences for which veterans are incarcerated that indicate the need for further research in Australia. Studies have found that in the UK, US and Canada, veterans are more likely than other prisoners to be serving sentences for violent offences, and are particularly over-represented in homicide offences, including 'mass shootings'.³⁵ Some studies have found that deployed veterans are particularly likely to be convicted of violent offences.³⁶ There is also evidence that veterans in the US and Canada are more likely than non-

²⁵ Baktir, Y. et al (2020) 'Military and Crime: A Systematic Review of the Literature', *Deviant Behaviour*, 41(2), 241-243.

²⁶ MacManus, D., Dean, K., Jones, M., Rona, R. J., Greenberg, N., Hull, L., ... & Fear, N. T. (2013) 'Violent offending by UK military personnel deployed to Iraq and Afghanistan: a data linkage cohort study'. *The Lancet*, 381(9870), 907-917.

²⁷ MacDonald, S. F., Cram, S., Derkzen, D., Pound, T., & Mooz, M. (2022) 'Characteristics, institutional behaviour, and post-release outcomes of federal Veteran and non-Veteran men offenders', *Journal of Military, Veteran and Family Health*, 8(2), 18-26; Logan, M. W., McNeeley, S., & Morgan, M. A. (2021) 'Not-so-special forces? Revisiting the "veteran effect" in the context of prison research'. *Journal of Criminal Justice*, 72, 101762.

²⁸ Phillips, S. (2014) *Former members of the armed forces and the criminal justice system: A review on behalf of the secretary of state for justice*. Ministry of Justice, London.

²⁹ Schmitt, G.R. & Kerbel, A. (2021) 'Federal Offenders who Served in the Armed Forces', *United States Sentencing Commission*, Washington, D.C., 1-31; Taylor, J., Parkes, T., Haw, S., & Jepson, R. (2012) 'Military veterans with mental health problems: a protocol for a systematic review to identify whether they have an additional risk of contact with criminal justice systems compared with other veterans groups', *Systematic Reviews*, 1(1), 1-9.

³⁰ Howard League for Penal Reform (2010) *Leave No Veteran Behind: The Inquiry into Former Armed Service Personnel in Prison visits the United States of America*, London.

³¹ Roxanna Short et al (2018) 'Offending Behaviour, Health and Wellbeing of Military Veterans in the Criminal Justice System', *PLoS ONE*, 13(11), 2.

³² Kristine A Huskey (2015) 'Reconceptualizing "the Crime" in Veterans Treatment Courts', *Federal Sentencing Reporter*, 27(3), 180.

³³ Greenberg, G. A., & Rosenheck, R. A. (2012) 'Incarceration among male veterans: Relative risk of imprisonment and differences between veteran and nonveteran inmates', *International Journal of Offender Therapy and Comparative Criminology*, 56(4), 646-667.

³⁴ Teachman, J., & Tedrow, L. (2016) 'Altering the life course: Military service and contact with the criminal justice system', *Social science research*, 60, 74-87.

³⁵ Howard League for Penal Reform, (2010) *Leave No Veteran Behind: The Inquiry into Former Armed Service Personnel in Prison visits the United States of America*, London, 15; Sincavage, A. (2008) 'The War Comes Home: How Congress' Failure to Address Veterans' Mental Health Has Led to Violence in America', *Nova L. Rev.*, 33, 481; <https://www.foreignpolicyjournal.com/2019/06/04/updated-data-mass-shooters-still-disproportionately-veterans/>. The data source is available at Mark Follman, Gavin Aronsen and Deanna Pan, 'US Mass Shootings, 1982-2019: Data from Mother Jones' Investigation', Mother Jones (online at 11 December 2019), <https://www.motherjones.com/politics/2012/12/mass-shootings-mother-jones-full-data/>; Maruschak, L.M. and Bronson, J. (2021) 'Veterans in Prison: Survey of Prison Inmates, 2016', *Office of Justice Programs, Bureau of Justice Statistics*, March 2021); Ahern, J., Worthen, M., Masters, J., Lippman, S. A., Ozer, E. J., & Moos, R. (2015) 'The challenges of Afghanistan and Iraq veterans' transition from military to civilian life and approaches to reconnection', *PLoS One*, 10(7), e0128599; Logan, M. W., McNeeley, S., & Morgan, M. A. (2021) 'Not-so-special forces? Revisiting the "veteran effect" in the context of prison research', *Journal of Criminal Justice*, 72, 101762; Schaffer, B. J. (2016) 'Incarcerated veterans outreach program', *Journal of Evidence-Informed Social Work*, 13(3), 293-304.

³⁶ Short, R., Dickson, H., Greenberg, N., & MacManus, D. (2018) 'Offending behaviour, health, and wellbeing of military veterans in the criminal justice system', *PLoS one*, 13(11), e0207282.

veterans to commit sexual offences,³⁷ and offend against women and children,³⁸ including the possession of child pornography.³⁹

VETERAN EXPERIENCE OF PRISON

There are no known commissioned studies of the experience of veterans in the Australian criminal justice system and limited international research on the topic. This gap in the literature needs to be addressed because there is recognition that incarcerated veterans have ‘unmet needs’ and are considered at higher risk of suicidality than other prisoners.⁴⁰

Studies from North America and the UK indicate that veterans adapt well to incarceration because the prison and military environments are both characterised by shared accommodation between men, authoritarian structures, and restricted liberties.⁴¹ In addition, military service develops a high level of resilience and discipline, and leadership skills that may make veterans less confrontational than other prisoners. North American studies have found that veterans had more ‘stable institutional behaviour’ than other prisoners, as evidenced by fewer positive tests or refusal to provide urine samples for drug testing, fewer periods of solitary confinement⁴² and fewer disciplinary infringements,⁴³ including assaults against prisoners and staff.

In other ways though, research suggests a prison sentence can weigh more heavily on veterans. At the time they enter prison, veterans are more frequently experiencing mental health issues, including post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and suicidality, than other new prisoners.⁴⁴ A brutal and brutalising prison environment can exacerbate trauma experienced in military life.⁴⁵ However, a study of veteran experiences in Minnesota did not identify any “veteran effect” that would lend credence to the notion that they are especially resilient or susceptible to the pains of imprisonment.⁴⁶

Finally, there is a small but growing body of research on interventions and services for veterans in correctional settings. In 2020, the National Centre for Children of Offenders (UK) released the results of a needs assessment of veterans in custody. Its research suggests that support to identify as a veteran can help restore self-esteem and facilitate access to relevant services. The barrier is that identification may single out veterans for unwanted attention, and so military status must be explored

³⁷ Greenberg, G. A., & Rosenheck, R. A. (2012) ‘Incarceration among male veterans: Relative risk of imprisonment and differences between veteran and nonveteran inmates’, *International Journal of Offender Therapy and Comparative Criminology*, 56(4), 646-667; Maruschak, L. M., Bronson, J., & Alper, M. (2021) ‘Survey of prison inmates, 2016: Veterans in prison’, Washington, D.C.: *Bureau of Justice Statistics, US Department of Justice*; Howard League for Penal Reform (2010) *Leave No Veteran Behind: The Inquiry into Former Armed Service Personnel in Prison visits the United States of America*, London.

³⁸ Ahern, J., Worthen, M., Masters, J., Lippman, S. A., Ozer, E. J., & Moos, R. (2015) ‘The challenges of Afghanistan and Iraq veterans’ transition from military to civilian life and approaches to reconnection’, *PloS One*, 10(7), e0128599.

³⁹ Cohen, K. P., & Schmitt, G. R. (2022) *United States Sentencing Commission*, One Columbus Circle, NE.

⁴⁰ Bensimon, P., & Ruddell, R. (2011) *Veterans in Canadian Correctional Systems*. Correctional Service of Canada, Ottawa.

⁴¹ Harvey-Rolfe, L. & Rattenbury, S. (2020) *A Needs Assessment of Veterans in Custody, their Families & Children*, The National Centre for Children of Offenders, NICCO, London, 54-55.

⁴² Logan, M. W., McNeeley, S., & Morgan, M. A. (2021) ‘Not-so-special forces? Revisiting the “veteran effect” in the context of prison research’, *Journal of Criminal Justice*, 72, 101762.

⁴³ MacDonald, S. F., Cram, S., Derksen, D., Pound, T., & Mooz, M. (2022) ‘Characteristics, institutional behaviour, and post-release outcomes of federal Veteran and non-Veteran men offenders’, *Journal of Military, Veteran and Family Health*, 8(2), 18-26.

⁴⁴ Harvey-Rolfe, L. & Rattenbury, S. (2020) *A Needs Assessment of Veterans in Custody, their Families & Children*, The National Centre for Children of Offenders, NICCO, London, 54-55.

⁴⁵ Logan, M. W., McNeeley, S., & Morgan, M. A. (2021) ‘Not-so-special forces? Revisiting the “veteran effect” in the context of prison research’, *Journal of Criminal Justice*, 72, 101762.

⁴⁶ Logan, M. W., McNeeley, S., & Morgan, M. A. (2021) ‘Not-so-special forces? Revisiting the “veteran effect” in the context of prison research’, *Journal of Criminal Justice*, 72, 101762.

in a supportive and confidential way. Other possible supports include present and visible veterans' representatives, relevant programs, and peer mentors. There was some support for the term 'veteran' being replaced by 'ex armed service personnel' to be more inclusive of those who were not actively deployed.⁴⁷

There have also been recommendations in the UK for improvements in recording veteran status in the criminal justice system, funding to support implementation of guidelines and training for corrections staff, pathways to assist veterans to transition back to civilian society, a register of appropriate health care providers, a court diversion program, more co-ordination with service charities, accountability within the Ministry of Justice, training for judges and criminal lawyers,⁴⁸ and better general education on the effects of military service and its connection with offending behaviour.⁴⁹

A US study in 2022 identified the following interventions that had been adopted to prevent veterans being incarcerated: veterans response teams comprised of trained police officers to de-escalate situations with veterans at the point of arrest; veterans justice outreach programs comprised of multidisciplinary teams that seek to divert veterans away from prison when they come into contact with the criminal justice system; and veterans treatment courts that link veteran offenders with support services instead of imposing standard penalties. Once veterans have been incarcerated, some jurisdictions have introduced special housing units that provide tailored education, therapy, and peer support. However, a common characteristic identified across the programs was a lack of evaluation or assessment of their effectiveness.⁵⁰

TRANSITION INTEGRATION WELLBEING - DESISTANCE

Military transition defines the process of change that a service person undertakes when her or his military career comes to an end.⁵¹ The concept of military to civilian transition is internationally recognised.⁵² While many make a smooth transition into civilian life, some go on to experience difficulties in such areas as employment and education, health, social problems, and relationship issues.⁵³ ⁵⁴ These factors may also contribute to veterans' contact with the criminal justice system. Finding appropriate ways to support service personnel in making successful transitions to civilian life is viewed widely as a priority for public policy and research.

⁴⁷ Harvey-Rolfe, L. & Rattenbury, S. (2020) *A Needs Assessment of Veterans in Custody, their Families & Children*, The National Centre for Children of Offenders, NICCO, London, 54-55.

⁴⁸ Phillips, S. (2014). *Former members of the armed forces and the criminal justice system: A review on behalf of the secretary of state for justice*. Ministry of Justice, London.

⁴⁹ Short, R., Dickson, H., Greenberg, N., & MacManus, D. (2018) 'Offending behaviour, health, and wellbeing of military veterans in the criminal justice system', *PLoS One*, 13(11), e0207282.

⁵⁰ Veterans Justice Commission, (2022) *From Service through Re-entry: A Preliminary Assessment of Veterans in the Criminal Justice System*, Council on Criminal Justice, 13.

⁵¹ Wadham, B., & Morris, D. (2019) 'Australia: Psychs, suits and mess committees on steroids: The changing terrain of service transition in Australia', in Editors P Taylor, E Murray & K Albertson, *Military Past, Civilian Present: International Perspectives on Veterans' Transition from the Armed Forces*, Springer, Cham, 1-15.

⁵² Castro, C. A., Kintzle, S., & Hassan, A. M. (2015) 'The combat veteran paradox: Paradoxes and dilemmas encountered with reintegrating combat veterans and the agencies that support them', *Traumatology*, 21(4), 299.

⁵³ Black, T., & Papile, C. (2010) 'Making it on civvy street: An online survey of Canadian veterans in transition', *Canadian Journal of Counselling and Psychotherapy*, 44(4), 383.

⁵⁴ Wainwright, V., McDonnell, S., Lennox, C., Shaw, J., & Senior, J. (2016) 'Soldier, civilian, criminal: identifying pathways to offending of ex-armed forces personnel in prison', *Psychology, Crime & Law*, 22(8), 741-757. Doi: [HTTP://dx.doi.org/10.1080/1068316X.2016.1181175](http://dx.doi.org/10.1080/1068316X.2016.1181175)

Research⁵⁵ on veteran wellbeing indicates that the factors described above (employment, education, health, housing, family, and relationships), if managed effectively upon military to civilian transition act as key protective factors against crime and other social concerns. There is a genuine and urgent need to consider veteran specific programs capable of enhancing the probability of desistance from crime. Academic studies of desistance from crime on how offenders “reform and rebuild their lives” are now well established and there is a large body of work pointing to the key factors likely to support or derail the desistance process across a wide array of offender cohorts.^{56 57 58 59 60 61} Moreover, there is a vast literature on the social, psychological, biological as well as cultural and institutional causes of criminal behaviour to inform any study of veteran offending.⁶²

It is critical though, to avoid the simplistic view that there is a corresponding relationship between how people become entrenched in cycles of offending and how those same people might cease such behaviour. The person who was unemployed and homeless and fell into drug use and crime will not necessarily cease offending on finding a job or a home. Pathways into and out of crime are complex. The question, therefore, of what ex-offenders can or will desist into is therefore as important as what they will desist from. Desistance occurs at primary (physical act of stopping crime), secondary (psychological act of viewing oneself as a non-offender) and tertiary (social validation and space to enact a replacement self) levels. These levels do not necessarily occur sequentially⁶³ and there is some reason to believe they occur in ‘reverse order’ (with having someone or something to desist into igniting and motivating positive personal change and long-term cessation of criminal behaviour).

Taking time to speak with those struggling to desist from crime, and who are willing to narrate to the best of their ability their pathway into offending, is one of the most effective means for uncovering the key risk and protective factors in people’s lives. It is notoriously hard if not impossible to know the nuances of either the sudden or gradual drift into crime through recourse to statistics alone. This project, therefore, puts the narratives of incarcerated and/or previously incarcerated veterans at the centre of the data collection process.

Castro, C. A., Kintzle, S., & Hassan, A. M. (2015) ‘The combat veteran paradox: Paradoxes and dilemmas encountered with reintegrating combat veterans and the agencies that support them’, *Traumatology*, 21(4), 299; Black, T., & Papile, C. (2010) ‘Making it on civvy street: An online survey of Canadian veterans in transition’, *Canadian Journal of Counselling and Psychotherapy*, 44(4), 383.

⁵⁶ Maruna, S. (2004) ‘Desistance from crime and explanatory style: A new direction in the psychology of reform’, *Journal of Contemporary Criminal Justice*, 20(2), 184-200.

⁵⁷ McNeill, F. (2006) ‘A Desistance Paradigm for Offender Management’, *Criminology & Criminal Justice*, 6, 39–62.

⁵⁸ Halsey, M. and Deegan, S. (2015) *Young Offenders: Crime, Prison & Struggles for Desistance*. Palgrave Macmillan, London.

⁵⁹ Shapland, J., Farrall, S. and Bottoms, A. (eds) (2016) *Global Perspectives on Desistance*, Routledge, London.

⁶⁰ Halsey, M., Armstrong, R. and Wright, S. (2017) “‘F*ck It!’: Matza and the Mood of Fatalism in the Desistance Process”, *British Journal of Criminology*, 57, 1041–60.

⁶¹ Not inclusive of veteran offenders.

⁶² e.g. Liebling, A., Maruna, S., & McAra, L. (Eds.) (2017) *The Oxford handbook of criminology*. Oxford University Press, Oxford.

⁶³ Halsey, M. and de Vel-Palumbo, M. (2020) *Generations Through Prison*, Routledge, London.

2 THE STUDY AND METHODOLOGY

The current study used a mixed method approach including a descriptive survey and qualitative life course interviews. The research adopts a social health approach to veteran incarceration which follows the DVA Wellbeing Model of Veterans and their Families (Figure 1). The research team describe these as life domains. All individuals must navigate these life domains across their life course, from early childhood, through service, and most importantly through transition from the military to civil society and post service. The research team describes this methodology as a ‘life course method’.

FIGURE 1: DVA WHEEL OF WELL-BEING OF VETERANS AND THEIR FAMILIES



The Project was approved by Flinders University Social and Behavioural Research Ethics Committee the Department of Defence and the Department of Veterans’ Affairs Human Research Ethics Committee and Department of Corrections ethics committee in New South Wales, South Australia, and Queensland. Informed consent protocols were followed. Data collected during the study was stored safely and securely on password protected computers within the Adelaide Law School, Flinders University, and the University of Southern Queensland where access is restricted to the relevant teams.

Up to four prisons in each jurisdiction (male and female as well as metropolitan and regional) were targeted during 2021-22). Data obtained from New South Wales, Queensland, and South Australian departments of corrections (regarding where the highest proportion of ex-ADF personnel are serving their sentence) guided the choice of prisons. It was intended that the survey would be distributed to veterans in selected prisons through an appropriate volunteer (e.g., Red Cross, veteran support volunteers, prisoner peer support persons) who were positioned to identify and liaise with candidates with an ADF history. However, no Australia or state-wide community or ESO that entered prisons to

support the veterans was identified.⁶⁴ The researchers then approached custodial officers who were veterans and had connections to the incarcerated veteran population. The custodial officers acted as champions for the wellbeing of the incarcerated veterans and proved a fortunate resource in identifying and accessing the veteran population. These custodial officers were introduced to the research team when negotiating entry into the relevant prisons.

Veterans with non-custodial sentences were identified through the volunteers and advocates engaged in the research process. This was achieved through word of mouth via our veteran sector networks and parole officers. Where the participant was not in custody, interviews were undertaken at a mutually agreed location.

Transcriptions were undertaken by the research team and professional transcribers. Employment of transcribers was contingent on understanding and agreeing to appropriate confidentiality principles. Data was analysed using NVivo software, a tool that assists with storing, coding, and retrieving data. Survey data was entered into Excel program and analysed using SPSS Statistics software.

SURVEY

The initial quantitative survey gathered foundational data from veterans serving time in selected prisons in South Australia, New South Wales, and Queensland. These surveys were followed by convenience sampled interviews. The survey enabled respondents to record their unique prisoner number and nominate for possible interview. This combination of data collection techniques generated a breadth (surveys) and depth (interviews) of data on veterans' pathways from ADF service to civilian life to crime and imprisonment. The study prioritised interviews with veterans currently serving custodial sentences but other participants included veterans in community-based options, and post-incarcerated veterans (within 2 years of release).

The paper-based survey outlined project aims, expectations of participants, right of prospective respondents NOT to participate, researcher contact details, and so forth. Survey questions captured basic demographic data (age, gender, education level, length, and type of ADF service, places deployed, etc.) and brief descriptions of the key barriers to successful reintegration into the community following separation from the ADF. This included barriers to re-entry into the community following their release from prison. The survey enabled respondents to grant their permission for the project team to liaise with correctional officials about their whereabouts (whether in prison or in the community) for the purpose of approach for interview.

⁶⁴ This is not to say that some ESOs are engaged with incarcerated veterans in prison. The research team promoted the study and advice from ex service organisations through the Australia Defence Services Organisation (ADSO) and more widely through social media and other networks.

INTERVIEWS WITH VETERANS

The life history interviews were in-depth and semi-structured. In most cases teams of two researchers conducted each interview. The interviews with inmates ranged from 10 to 90 minutes and were conducted in a private room in the participating prison. Interviews were audio recorded. The opportunity for prisoners to speak candidly about their lives appeared beneficial. It is possible for a former serving member of the ADF to be arrested, tried, sentenced, and imprisoned without anyone specifically asking how s/he feels about these issues or acknowledging their military service. This research often provided the first opportunity a prisoner had to tell their 'story'. Prisoner names and details have been changed to preserve confidentiality. On some occasions this has involved de-identification of specific aspects of their stories, crimes, and convictions.

The life history interviews followed a life course approach and included:

1. Childhood and adolescence
2. Transition into military service
3. Experiences in military service
4. Leaving the military and transitioning to civilian life
5. Post-service life

The interviews commenced with questions about the veteran's early life but did not necessarily unfold chronologically. The interview was largely structured around the life phases but often moved from later life back to early life as required by each circumstance. The method maps the veteran's life journey across the life domains of social support and connection (friends, family, significant others), housing, education, employment, finance, health and recognition and respect. We draw upon the sociological idea of habitus, meaning:

*the way society becomes deposited in persons in the form of lasting dispositions, or trained capacities and structured propensities to think, feel and act in determinant ways, which then guide them.*⁶⁵

This is an ethnographic concept used to understand how a person is shaped and produced by the environments they occupy. Issues of gender, socio economic status, ethnicity, location, religion, and sexuality feature prominently in such contexts. The presence of military influence in the family was also important to understand.

Just as the veteran transitions in and out of the military, their broader lives are marked by other transitions. These include the transition from early childhood to adolescence, from school to work or from the military or civilian life into prison. All lives involve transitions of one type or another and function as moments of opportunity and/or challenge. Our method took the life history interview and mapped the veteran's journey from moments of prosperity and strength to moments of vulnerability and adversity. Along these transitions and ups and downs the veteran moves into proximity with institutions and services, community groups and in some cases criminal groups. These express the risk and protective factors in which the veteran enters the military, serves, transitions, and sometimes encounters the criminal justice system and/or enters prison. The findings in this report outline these life journeys and points of transition and integration, highlighting the contexts of risk for entering the criminal justice system and points of support for living a stable and supported life.

⁶⁵ Wacquant, L. (2005) 'Habitus', in Jens Becket and Zafirovski Milan (eds), *International Encyclopedia of Economic Sociology*, Routledge, London.

Knowledge of who is a veteran in prison is limited, as some will choose not to disclose their veteran status. The use of veteran identifiers on entrance to prison is relatively new. Therefore, this research cannot quantify the numbers of veterans in these Australian prisons. This is a nationwide issue. The sample of interviewees is also variable as identifying prisons with greater populations of veterans for research efficiency was difficult.⁶⁶ In general, veterans are not purposefully clustered in specific prisons but are directed to various facilities in keeping with their sentence management plan. There was no noted ESO engagement with incarcerated veterans or no outreach was forthcoming from this sector. In South Australia one post incarcerated veteran had engaged with the incarcerated veteran population in their state, championing their service and support (e.g. facilitating medical appointments, establishing veteran discussion groups). Custodial officers who were veterans were the best source of knowledge of, and access to, incarcerated veterans.

Interviews targeted inmates aged 20 to 55 (where possible) as this cohort were critical to policy directions. A small sample of older inmates were included to attain representation across the life course and to capture health and wellbeing needs of older veterans.

⁶⁶ Access to incarcerated veterans was also limited by the COVID pandemic, which compressed the time and access to prisons.

3 SURVEY

DEMOGRAPHICS

Sixty male inmates responded to the survey. Surveys were distributed to women's prisons in each state, but no responses were received. We did not identify any female custodial officers who were veterans in the women's prisons. The survey respondents were on average aged 48.3 years and ranged from 23 to 75 years (see Figure 2, see Appendix A for all figures).⁶⁷ One third (20) were in their thirties and a quarter (15) in their fifties. In terms of marital status, single status (38%, 23) was most reported, while 23% (14) of respondents reported they were either married or in a relationship (see Figure 3). In terms of heritage, almost two-thirds (64%, 38) identified themselves as non-Indigenous Australian born, 23% (14) identified Aboriginal and/or Torres Strait Islander heritage, with 10% (6) born overseas (see Figure 4). More than half (54%, 32) indicated they held a trade qualification, with a total of 19% (8) having undertaken a tertiary degree or higher. Eight of the 14 Indigenous Australians reported no post-school education.⁶⁸

SERVICE

Multiple episodes of service were reported by seven respondents. Forty-three (72%) veterans reported having served in the Australian Army,⁶⁹ with nine (15%) having served in the Royal Australian Navy and seven in the Royal Australian Air Force (15%; see Figure 6). Average service duration was 7.6 years, with a maximum of 33 years in service. Twenty-seven (46%) respondents had up to 4 years of service (see Figure 7). Respondents commenced service between 1965 and 2019, reporting separation dates distributed between 1973 and 2021. Forty-seven (78%) of respondents reported their last rank as Junior non-commissioned officers (NCOs), with a further seven (12%) as Senior NCOs (see Figure 8). There was a small relationship (accounting for 9% of variation) between age and duration of service (see Figure 9) with half (50%, 30) reporting 5 or fewer years of service, noting almost all (90%, 54) served less than 12 years. Twenty-one (35%) reported overseas service⁷⁰ with thirty-nine (65%) having been deployed to a theatre of conflict.⁷¹

HEALTH CONCERNS

Thirty-five (58%) respondents reported one or more health concerns. Health concerns are summarised in Figure 10. Combined PTSD and mental health conditions accounted for 21 (36%) of the 56 health conditions listed (see Appendix A, Figure 10 for list of health concerns). Services or support for mental health/PTSD were not reported in six (29%) of the 21 cases,⁷² although the counselling or psychiatrist services were deemed useful or very useful in nine (43%; counselling or psychological services provided outside of prison). A combination of non-corrections physiotherapy or surgical interventions were reported as useful or very useful for a half (50%, 6 of 12 cases) of those reporting back conditions.

⁶⁷ Appendix A.

⁶⁸ The survey responses were anonymous, and names (pseudonyms) are not attributed to survey quotes.

⁶⁹ Note, multiple responses were possible.

⁷⁰ Noting almost one quarter (23%) did not provide a response to this question

⁷¹ the entire land, sea, and air area that is or may become involved directly in war operations.

⁷² It is not clear whether the lack of services was because they were not sought or not available.

TRANSITIONING TO CIVILIAN LIFE

Transitioning to civilian life can be challenging for some members of the ADF. Forty-two (70%) respondents identified receiving help for dealing with mental health issues as very important during this transition, with a similar proportion indicating help with finding a job was very important (see Figure 11). Just under half explained they needed support to form new friendships and relationships, (30%,20), connect with existing family and friends (43%, 26), and deal with other health issues (47%, 28). Despite this, only 8 (13%) reported receiving any help for their transition (most of which, when given, was deemed very useful).

The spread of service over several decades means that different military separation and civilian transition processes were in place. Eight (13%) participants had separated⁷³ from the ADF after 2015. Significant separation and transition reform has occurred in the ADF in the last six years. No participants engaged with the recently established Defence Force Transition Program (DFTP). Minimal separation transition support included signing discharge or resignation forms and leaving while some included the completion of DVA claims forms. Not every veteran was aware of DVA, DVA claims processes or veteran advocates at ex service organisations. When transition support was provided for housing, health, education, and employment it was often by ESOs and on occasion DVA. While 21 (35%) reported PTSD or a mental health condition, only three of the 21 (14%) reported receiving any support for their transition—none of which was identified as related to their condition.

Half (30%) the respondents indicated what might have helped them transition from the ADF to a civilian life. This included a request for peer-to-peer support and information about financial management and the realities of civilian life:

I felt I was no longer a part of my network even though I left for family reasons. I no longer fit the social group I had been a part of for close to a decade.

A call service with others who have made the transition previously.

More information on our worth outside would have been beneficial especially in relation to [possible] wage packages etc.

A supported transition to civilian work was viewed as important:

A period of time to be able to do work experience in the field that you want to go into, to bring you up to date with how things work.

There should be a transitional time. Where you still have a foot in both worlds fulltime moving to reserves for 12 months. That way you are still part of the ADF while becoming part of the community. [I]t is easier to reach out for help while you're still serving.

Help in finding employment. A slow release from ADF to Civilian life would have been very helpful.

Strong external employment Network Agency, who have contract and casual PT [Part-time] to FT [Full-time] work for members to move into civilian life ... Another area is undertaking external, internal education and training bringing ADF/DOD [Department of Defence] personal skills in line with civilian levels re their CVs.

Some support for demilitarisation was also required noting some veterans were subject to unsupportive comments:

⁷³ The term separation has been used to define discharge. Discharge is historically correct but the ADF now uses separation. Discharge is retained where noted in the interviews.

Demilitarising program Civilian Admin - Medicare

Not being told it was war so get over it and get a life...

Participants were asked if they received support services for their health conditions. Responses indicated mental health support through DVA and Open Arms, and private service providers.

Participants called for support for their mental health:

Proper mental health screening - my mental health condition was diagnosed by the first GP and psychologist I saw after leaving the Air Force, despite answering the same way to questions Pre & Post separation. The services priority is capability not people. Separation programs should be targeted at the service person, as well as their spouse and possibly children depending on age.

Psychological assessments and counselling. Mental health action planning and trigger identification.

Help with obvious drug and alcohol issues. Offers to see ongoing psych.

Psychologist to help with anger, depression, and alcohol abuse.

The DVA White Card was also used for physical health conditions where services were provided by private providers outside of prison or prison service providers. Nine (15%) participants indicated knowledge of DVA services and were in possession of a White Card. Two (3%) participants' main medical support was in the ADF. Eight (13%) explained they were unaware of DVA services and sought private and public health support. One (2%) participant received guidance on health support from an ESO.

PRISON

Thirty-one (52%) of the survey respondents had spent more than 3 years in prison or on a community order (see Figure 12, Appendix A), this included six (10%) who had been in prison over 10 years. Twelve (20%) respondents did not provide information about their current sentence. Of those who did, 16 (30%) reported a conviction for sexual offences, seven (12%) for domestic violence, five (8%) for murder, three (5%) for possession of child exploitation material, and three (5%) for drug trafficking. The remaining fifteen (25%) reported nine other offences. Twenty-three (38%) respondents had been in prison before and ten (17%) had one previous sentence after military service.

Thirty-one (52%) reported participating in a correctional program during their current sentence which might have included, sex offender or anger management programs. Of the 47 respondents with sentences of over one year more than half (53%, 25) attended these programs. Participation in education or vocational programs was also more common for those with longer sentences, reported by 21 of the 31 (68%) serving more than 3 years, 9 of 16 (56%) of those sentenced 1 to 3 years and one of nine (11%) for those under one year. In most cases this involved working toward certificate level qualifications. More than half (53%, 32) indicated they had been involved in employment initiatives during their current sentence. However, this generally related to undertaking tasks such as cleaning, laundry, kitchen, and garden work within the prison.

NEEDS IN PRISON

Mental health services were deemed of high importance in helping veterans' transition back to the community from prison. This was identified as 'very important' in 49 of 54 responses (91%, see Figure 13, Appendix A). Other services or supports were viewed as either important or very important by almost all.

Sixteen (26%) respondents reported having received support or services while they were in prison. As part of the entry to prisons in each state the veteran (like all inmates) would receive a health assessment from a nurse which usually took the form of a questionnaire and a basic physical health check. Access to physical and mental health services was very limited but when accessed included nurses for general health issues (dressing wounds, pain medication), doctors for medical health conditions including for example, wounds, injuries, or respiratory and heart conditions. The 16 participants who needed mental health services were serviced in prison by attending psychologists. All but two of these received mental health support of some type, with this identified as useful or very useful.

Of those providing a response, more than half (54%) of veterans believed they had different needs in the prison system compared with non-veteran prisoners. Comments focused on mental health needs and other supports that were different due to their unique experiences:

I can switch more easily from normal to aggressive a lot easier than everyone else.

Mental health is heightened, triggers are excessive. ADF - are combat trained to the point that it effects positive anger management. Need to counsel with other ADF personnel. DCS [Department of Correctional Services] is not supportive in ADF awareness. PTSD and suicide prevention planning/ identification.

Veterans and defence personnel receive far more media scrutiny when charged with crimes, this brings more risk to safety within the prison system. Some or any mental health support is essential - and it's just not provided.

To have better structure/routine. Better respect from staff, demilitarising programs. Placed in centres away from ADF hating inmates, psychological mental health programs, physical health programs.

Some veterans argued that their military service had exposed them to trauma in service which could be triggered more easily in adversarial prison environment. Others argued their training in the use of violence lent them to heightened states that would respond with violence or direct action if provoked. Mental health support, military desocialisation, and support in learning to live outside of the military was required to meet the distinct needs of veterans.

CONNECTING TO OTHER VETERANS

Ex members should have better access to each other. We find each other, we support each other. We don't judge each other.

Forty-two (72%) respondents connected with other ex-veterans while serving time in prison. Veterans identified other veterans through conversation:

Just talking with other inmates about life and what we have done on the outside - then was brought up in conversation.

There are plenty of ex AJs [ADF members] in prison. I don't associate with them because they are ex-servicemen, I associate with them because they are good blokes.

Others indicated that veterans are not supported to connect with other veterans:

You find out who is who in prison (grape vine). DCS don't support putting you together - they think it's a risk.

Generally being a veteran is not mentioned and is kept quiet as it brings unwanted attention and scrutiny.

From connecting with guys in yard environment. In two separate goals we have tried to be allowed an ANZAC service but been ignored by [corrections] each time.

Forty (67%) respondents indicated it was important or very important for veterans to connect to other veterans while in prison. These responses focused on common experiences and shared understanding from other veterans which they viewed as benefiting their mental health and their ability to fit into the corrections system:

It's important because of a shared experience. It aided an inmate in forming their place within the power hierarchy in prison. Veterans have a specific skillset that kind of isolated them in prison. Finding veterans and linking them with each other can assist them with "jail time". They can improve their social and emotional well-being 100-fold.

The best help we can get is from people who've been through what we have.

You need someone who knows the system you have been through how it works. Just a good ear to listen to them, watch out for each other as well.

Because only fellow serviceman that have experienced the sense of being cast adrift once the ADF have fulfilled your usefulness to them.

Someone else that understands certain behaviours like being OCD [obsessive-compulsive disorder] with maintaining your cell, or the way you carry yourself - when others in the prison environment aren't quite accustomed to the regimented nature of our former life and why we are the way we are sometimes.

4 INTERVIEWS

DEMOGRAPHICS AND SAMPLE

Fifty-one interviews with incarcerated or recently incarcerated veterans were conducted across South Australia (16), Queensland (18) and New South Wales (17) drawn from minimum to high security prisons. Forty-six participants were interviewed in prison and five on parole in the community. Of the interview participants, 50 were male and one was female (see Table 1).

Recommendation 7 - Only one female veteran was identified in this research limiting our knowledge of their experiences and needs. Sponsor further research to identify and access incarcerated female veterans in Australian prisons (1).

The average age of the participants was 48 with a range of 23 to 76 years. The largest age group (15 participants) was 30-39 years. There were 12 participants aged over 60 years, with six aged over 70 years. Nine participants identified as Aboriginal and/or Torres Strait Islander⁷⁴ and five of these served with the Reserves.

⁷⁴ Participants were asked if how they identified: 1. Aboriginal Australian, 2. Torres Strait Islander, 3. Both, 4. Neither

TABLE 1: INTERVIEW SAMPLE CHARACTERISTICS

Characteristic	N	Characteristic	N
Age (in years)		Age at enlistment (in years)	
20-29	2	Under 15	1
30-39	16	16-19	34
40-49	9	20-24	9
50-59	12	25-29	5
60-69	6	30-34	1
70-79	6	35-39	1
Sex		Length of service (in years)	
Male	50	Under 1	4
Female	1	1-4	20
		5-9	14
		10-14	6
		15-20	4
		20+	3
Cultural identity		Rank on discharge	
Indigenous	9	Officer	3
Non-indigenous	38	NCO	9
Did not disclose	4	Other rank	32
		Not disclosed	7
Service Branch*		Offence type	
Army	27	Violent (murder, manslaughter, GBH**) sexual offences, domestic violence)	18
Navy	9	Child sexual	16
Air Force	6	Drug	8
Reserves	9	Fraud	1
		Did not disclose	8

* Where the participant served in more than one branch, they have been recorded the branch with longest service

** Grievous bodily harm

The majority (N=33) of participants enlisted in the military while under the age of 20 years. Enlistment age ranged from 15 to 35 years, with a mean of 19 years and median of 18 years. Twelve participants were married or in relationships, a further 12 had been divorced with some of these having entered new relationships. Eleven participants were single and 10 did not disclose their relationship status. Twenty-seven participants had children ranging in age from young to adult.

The greatest number of incarcerated veterans served in the Army (27), Navy (9), Air Force (6) with 5 serving in dual services. There were 9 reserve ex-servicemen, 8 from the Army and 1 from the Navy. The population was largely other ranks and non-commissioned officers. Not all participants wanted to disclose their rank. The average age of enlistment was 20 years but ranged from 15 to 35 years spanning 1965 to 2008. Eleven veterans deployed across the theatres of: East Timor, Bougainville, Border Forces, Iraq, Afghanistan, New Guinea, Namibia, Northern Ireland, Malaysia, and the Palm Islands.

Participants served in the military between 1969 and 2021, with the majority (N=30) serving during the 2000s. Length of service ranged from 1 week to 35 years with a mean of 8 years, median of 5 years. Many (N=35) served less than 10 years, with 21 leaving within 4 years. Three participants identified as having a commissioned rank on discharge. The remainder identified as having a rank below non-commissioned officer. The overall profile of the sample is of a white male who joined the military at a young age and served less than 10 years.

Offences, where disclosed, were predominantly violent and/or sexual. Four participants were serving sentences for murder or attempted murder, eight offences for domestic violence and/or sexual offences, and sixteen child sexual offences. The female veteran was awaiting sentence for non-violent

offences. Six participants were on remand, and three awaiting sentence. Where disclosed, sentence-length varied from five months to life without parole.

The findings from interviews are structured according to the life journey from childhood to current involvement in correctional services. Participants' descriptions revealed that pathways into offending are complex, interrelated, and multifactorial, with risk factors evident at different stages in their life journeys. Key themes are adversity in childhood, harmful or traumatic experiences within the military, difficulties in transition to civilian life, and invisibility within the correctional system.

PRE-SERVICE

CHILDHOOD ADVERSITY

Many participants grew up with experiences that impacted their sense of belonging within the family and community, damaged self-esteem, and struggling with emotional regulation and social connection.

VIOLENCE

Multiple participants reflected on experiencing and witnessing family violence which was the base of their own offences:

Dad was an alcoholic so ... I had to look after my little brother while mum goes hide ... (Ollie, 35)

My mum flogged the shit out of me every day ... (Matt, 39)

After the death of his mother, Zach (34) was raised by his:

very abusive grandpa. Not sexually but physically ... he was pretty sadistic ... I'd been belted by an adult man for as long as I could remember ...

Frank's (53):

stepdad would come in. Get a few beats from him ... Dad had already remarried and had two more boys then. He didn't really want anything to do with his first lot of children ...

Allen (32) recalled experiencing similar violence:

I got a bottle on top of the head by one of my stepfathers. Another stepfather ... used to sling my head into [the edge of the door] all the time.

Xavier (46) was rejected by his birth father. His stepfather:

hit me with – first it was a wooden spoon. Eventually I laughed because I got used to it, I guess. So, he got a garden hose. Then he got a horse jockey's whip ...

Ivan's (32) father was a:

a hard man. He ruled with the leather strap...

Other participants recalled emotional neglect and abuse.

[my father] kept telling me too, you should've never been born, you should've never come around. We didn't want any more children, and you come along ... (Trevor, 65)

Harry (38) shared this experience:

It wasn't until I went to rehab that I realised that I didn't have much of a childhood, just because neither of my parents were there emotionally.

Several participants disclosed experiencing childhood sexual abuse, mainly from family members and older children. These participants were all either serving sentences for sex offences or did not disclose their offence type:

Been molested by my coach, me mates, my stepmother's mates, one of my brothers (Eddy, 55)

Grant (67) revealed sexual and physical abuse by his mother's boyfriends:

One would be belting the - the belt on the bed and telling you to do things to him and make you scream ...

Percy (58) at age 14 and 15 stayed at his uncle's house and was:

... molested there by all these drunken people ...

Some participants related sexual abuse to their offending. Ernie (75) was sexually abused daily in children's homes:

I was seven and they were, I don't know, 17 to 20 ... for all those years, which led to me to crimes I committed.

Chris (58) was abused by a neighbour at age five and:

Because of that ... my offending started through exposing myself to young girls, roughly about my own age group.

For Ulrich (59):

Sexual abuse probably started about 9 or 10 ... the older sibling decided that he would sexually abuse me. So that's probably where it all started way back then.

William (38) disclosed that:

at the lifesaving club, I came under the interests of a notorious [individual]. I went through some terrible times and that changed my life.

AUTHORITARIAN FATHER FIGURE

Over a third of participants experienced a male parental figure who served in the military or police force who was authoritarian in their parenting.

Fred (29) accounted for the origins of his post-traumatic stress:

dad's the main cause for pretty much most of the dramas in my family. He used to flog us twice a year ... He used the buckle of his police belt.

Tom (43) was raised by a strict Army veteran father who:

was very abusive in every way ... It made me the parasite I am now ... He ruled with an iron fist ... If it wasn't up to his standard, it was a punch in the head ... My family ... saw the bruises and everything else, but no one did anything ... I was an addict in the end, all because of my father.

Patrick (39) grew up with a stepfather who served in Vietnam:

[H]e come back with PTSD and that sort of stuff and didn't know about it ... I don't know any person my age that got flogged the way I did.

Uriah (61) grew up with a physically violent veteran stepfather:

He was violent to all of us. I have memories of him dragging mum out the back door by the hair ... He was violent to me until I was able to take it up to him.

Eddy's (55) father, a Vietnam Veteran was:

always a hard prick. He used to belt us all the time. You couldn't talk with him. You'd try and talk with him and he's screaming in your face all the time.

ABSENT FATHER

Almost half the participants revealed the absence of any relationship with their birth father:

I think it was 16 years last time [I saw him] (Colin, 36)

My Father's never really been in my life ... It wasn't until I was about 16 that I found out what kind of person he was and ... didn't really want him in my life (Quincy, 31)

Others experienced rejection in trying to connect with their birth father:

me and my sister ... around 10, wrote a letter to his parents ... and we got a letter back saying don't contact us, don't contact him, he's got another family (Xavier, 46)

Mum left because he was a bit alcoholic and violent...When I was about seven or eight, he popped up for a little while ... Then I went to see him when I was 17, just before I joined the Army. I haven't heard from him since. ... I never really thought it really had much of an impact on me, but it must've (Harry, 38)

TRAUMATIC CHILDHOOD

Several participants highlighted other damaging childhood events.

In his teens, Frank (53) experienced the loss of his two infant brothers and parental rejection, to which he attributes the PTSD that:

comes around to the time that they died ... My mind just automatically goes to that thing, and then I'll get drunk. That's when all the pills come out ...

Zach (34) experienced the loss of his mother at age 3, and then the grandparents who raised him:

a lot of grief and my mates can't connect with me because ... a) they haven't grown up with grandparents and b) half of them hadn't even experienced loss ...

Bruce (51) experienced unresolved grief after losing his father when he was nine and his stepfather when he was 16 - both in road accidents. As he had younger siblings, he:

had to keep it together to look after them ... I've always just bottled everything up my whole life. I've been everyone's rock ... I had no one to go to ...

SCHOOL AND COMMUNITY ENGAGEMENT

While a small number of participants described bullying and/or struggling to fit in at school, the majority had generally positive educational experiences. Of those who disclosed their level of schooling, 15 stated they completed Year 12, and 19 that they completed Years 10 or 11. Only three of the older participants reported leaving school before the age of 16 years. Involvement in sport, cadets and other activities helped some cope with dysfunctional or abusive home life.

I was getting beaten that much at home, right, like growing up that, school was just an escape (Zach, 34)

Matt (39) misbehaved at school and in his community to escape alcohol and domestic violence at home:

it took me getting expelled and doing some violent stuff in my home, to have my parents finally say take me to a psychologist, to tell them to send me to boarding school. Then from boarding school it was good.

JUVENILE OFFENDING

Most participants stated that they either did not offend as juveniles or committed only minor offences related to teenage risk-taking, lack of maturity, peer influence or dysfunctional home life. Vicky (46):

had the best childhood ever and then all of a sudden, they divorced ... so I acted out and ran away ... I think it was a little bit of shoplifting or something like that.

Karl (43) joined gangs and engaged in:

gratuitous violence. It wasn't organised ... I didn't class us as criminals ... I think it was because dad wasn't there, I was probably looking for these strong male role models.

RECRUITMENT AND SERVICE

Most participants joined the military as teenagers. They enjoyed their military service and identified through their military experience. The respondents had significant pride in their service, postings, and experiences. Some felt their crimes erased their service. Some expressed regret at leaving:

I still have a lot of love for the Army ... I've got Army memorabilia everywhere. It's still a big part of my identity (Colin, 36)

[It] was a good career. I look back at it and I'm proud of what I've done while I was there (Benny, 36)

I loved it (Mick, 47)

I loved it in the military, and I'd love to go back. Every day I think about it (Patrick, 39)

[V]ery proud – proud time being in the Army (Vicky, 46)

I'm proud of my service. I think the Army does a good job (Eddy, 55)

I loved it. I'm spewing I did get out (Frank, 53).

REASONS FOR JOINING

Several participants identified joining the military to find the purpose, belonging, sense of family, discipline and structure that was missing from childhood:

I always felt different and didn't feel belonging to anywhere. So, and I've always sort of been a loner ... I joined the Army so I could be in a group (Ulrich, 59)

At the end of Year 11 I joined the Army because my parents left me behind at a farm when they moved ... I needed somewhere to stay and live and wanted people that cared ... you've got people that you have to trust, that trust you. There's respect, there's dignity, there's a lot of things that the big wide world didn't seem to offer (Xavier, 46)

the military was so good. Because it actually pulled me into gear and straightened me up and gave me a father (Uriah, 61).

a lot of my life, I've been looking for that father figure that I've never had, and I thought that the military might supply that (Grant, 67)

Several participants enlisted to halt a pathway to adult offending. Saul (42) was being raised in a dysfunctional community. He made a conscious choice to join the cadets and to avoid drug use and offending:

After seeing it happen to my brother and other friends, just didn't want to go down that same path.

Frank (53) remembers as a teenager:

Saying to myself, I have to do something, otherwise I'm going to be in jail for the rest of my life ... Dad would have good lady stories and shit about being in Vietnam and all that. I thought I might go try the Army and see what happens.

BENEFITS OF SERVICE

The camaraderie was significant for the respondents, and they valued being part of a team:

Camaraderie. I think the level of bonding through adversity ... out in the bush, digging holes and getting shot at, even in training. There's a different level of bonding there that not a lot of people understand (Colin, 36)

It's irreplaceable, maybe undefinable. There's no equal ... you are brothers ... I see people searching for it, longing for it (Uriah, 61)

[T]he whole time I was there, you'd always have mates that you would always have your back, no matter what. I do miss that (Allen, 32)

It was very much a man's world. I enjoyed the camaraderie. The mateship ... that's what the Army's all about. The military's all about. That's one of the things I've missed for 20 years (Ivan, 62)

Some participants explained that military service interrupted or delayed their pathway to offending.

I would have been in jail a lot earlier. That's the truth. Best thing I ever did (Vicky, 46)

I wish I would have stayed in. I know that if I would have stayed in, I probably wouldn't be in trouble (Percy, 58)

I look back now, and I would've been in a lot more trouble, different type of trouble, earlier, if I hadn't joined the Army (Harry, 38).

However, over half the participants also experienced military abuse, traumatic exposures, and a culture that impacted on their mental health and encouraged self-medication with alcohol or drugs.

MILITARY INSTITUTIONAL ABUSE

Participants described how the military 'command and control' functions, and the power inherent in its hierarchy, can result in bullying, and physical, verbal, psychological, sexual, administrative and/or medical abuse. A consistent sub-theme in the interviews was re-victimisation if abuse was reported.

Three participants were sexually abused while in the military. Dave (71) was sexually abused while he was in service. Reporting the abuse resulted in dishonourable discharge:

I was marched out the gate. I had no redress. ... Because it was a senior officer, he turned it around and said I propositioned him.

His offending commenced upon discharge and was directly linked to this abuse:

[I]t got to the stage where I didn't see anything wrong with it ... if it happened to me twice, then it must be normal.

Percy (58) was abused by a leading seaman while he was asleep as a 17-year-old cadet. When he reported the abuse, senior officials:

said, you're a troublemaker ... we don't need accusations like this around here ... We don't want someone like you on this ship.

Percy took optional discharge after the incident and links this abrupt 'transition' and being sexually abused as a child to his child sexual offending.

Grayson (57) enlisted as a cadet at 16 years of age and experiencing sexual abuse as part of 'fairly intense' bastardisation by senior apprentices:

[I]t was to do with humiliation, like running a gauntlet down the corridor naked, being forced to perform ritual, like worshipping them ... being stripped.

The experience affected his mental health and influenced his offending:

Part of the symptoms of PTSD is high risk-taking situations and I think that's where the sexual assaults have come from. The high risk, poor decision-making, living in the moment, not looking at consequences.

Uriah (61) also experienced abuse as a new young recruit by senior recruits:

bastardisation and victimisation ... you're an underclass, beneath a maggot. If you play your cards right one day, you'll be a maggot.

Lenny (51) was bullied by senior officers that affected his mental health, and led to him abusing others:

[W]hen someone mucks up everyone gets in trouble for it. They were getting pretty hard on these three fellas for it, and they were bashing them ... You kind of had to be a part of it ... This is part of my post-traumatic stress disorder too, was because we're all supposed to be on the same side.

Jacob (31) was bullied by a senior officer following an incident that compromised security during interception of vessels:

I had nothing to do with it, but it somehow got put onto me and in front of everyone he called me a fucking idiot and it was my fault. Obviously, the whole ship turns on you ... I never felt ... part of the crew.

Xavier (46) was abused as a young Army recruit, by an instructor, which compounded childhood abuse:

He picked on me a lot, which obviously I didn't take too well because of – I'd already seen that with my stepdad.

Riley (34) was bullied, and he thought Command lied in reports on his physical injuries:

I had no psychological issues. So, they didn't have to medically discharge me. I fought that for two years and then ended up just getting administratively discharged anyway ... I read the report. There were lies in there and I could prove that there were lies.

Several participants referred to an institutional culture where those with injuries were seen as weak and labelled as 'lingas' (malingerers).⁷⁵

Riley (34) was sidelined after sustaining a physical injury during a field exercise:

⁷⁵Linger is short for malingerer. There is significant stigma and opprobrium in the ADF for illness, injury, or vulnerability. Another term is 'the sick, lame and lazy'.

They just kept calling me a linga because I couldn't go out in the field ... it was pretty crap as well because in their eyes I looked like a lazy person.

According to Saul (42):

you've got to be hard; you've got to be tough. If you look like you're a broken link, then (1) you get stigma and (2) then you won't get another opportunity.

When Fred's (29) wound ruptured doctors wanted to perform surgery, but a senior officer:

got wind of it and pretty much said, no, that's not happening ... it would have provided a permanent fix to a problem that's caused arthritis up through my legs.

Participants hid injuries to avoid stigma and loss of career opportunities:

[Y]ou don't mention fuck all ... You'll lose your career ... Black and blue and all sorts but I kept it - I just put my jacket on ... Would've been taken in for surgery. Would've been out of work ... I'd never get back to the ship (Zach, 34).

DEPLOYMENT AND TRAUMATIC EXPOSURES

Several participants experienced trauma for which they received little psychological support in an institutional culture that treated mental health issues as weakness and rendered the member unfit for service.

At age 18 years, Colin (36) was deployed internationally where he experienced:

a massive culture shock and a massive moral injury ... Australian soldiers would turn a gun on another soldier ... that's literally where you're supposed to be able to depend on each other ... It was about fucking three seconds off a fucking full-on shooting.

He was discouraged by other ranks and officers from seeking psychological support to protect his career:

I said look, I've got some issues. I can't stop drinking. I'm very angry ... And everyone's going shh, shh, just shut up, don't fucking say nothing.

In his late teens, Allen (32) was traumatised on international deployment as a combat first aider:

I thought I'd blocked a lot of it away but the more I've been thinking, it probably did fuck me.

The impact was compounded by 'psychological support', which mainly consisted of the advice:

go and see the sights, you're all good.

Similarly, Jacob (31) developed PTSD after intercepting a capsized boat:

... there was [many] dead bodies in the water and we spent six days – only [a few] of us were doing it because the other guys couldn't handle it. And we were recovering women, children, de-gloving people.

Despite the nature of the work, only once did they have:

a padre come on board to talk to us about our mental health and stuff like that. But they were meant to do it after every rotation (Jacob, 31).

Saul (42) was deployed internationally. He was not diagnosed with PTSD until he entered prison where he was assessed by a prison psychologist. He explained that he:

came back (from deployment) changed. I wasn't the same person ... I was a lot more withdrawn. I guess from what I've learnt here, I was depressed.

He also reported that on and after deployment:

there wasn't much support at all ... I don't mean to sound rude or anything, but DVA just asked if we were all right and that was the end of it.

Zach (34) was part of a unit that discovered a naval gravesite where men perished from suffocation:

Within three months ..., I was out of the Navy - kicked out ... I was so crushed from [seeing] that... We all were ... There's been suicides since. I would've been [too], ... the way I got discharged from the Navy wasn't just a 'Zach' problem. It actually happens, systemically, to a lot of people who display PTSD signs. Because it was cheaper to chuck them out.

The impact of a peer suicide on Harry's (38) mental health, and the institutional response to it was profound:

I woke up and saw him hanging ... I hadn't thought it had had that big an effect on me, until more recently when I was at rehab, and I was sober enough to be able to talk about it.

The morning after the suicide, the unit members were assembled and:

This bloke was like, what's everyone fucking moping about? People die in war all the time.

The CO (Commanding Officer) did advise about accessing support services, but:

you don't ... because you're so young, you don't know any better ... If you fucking hurt yourself and they tell you not to go [to] the RAP (Regimental Aid Post) because they'll think you're a fucking lingerer you won't do it, because you just want to fit in.

It took years for Harry to realise the impact of this experience:

I was walking around for 13 years thinking that it had had zero effect on me ... my lack of fucking social skills, or my lack of fucking being able to form long term relationships ... I didn't even know what trauma was until I was in rehab two years ago.

ALCOHOL

Alcohol use features strongly in participants' descriptions of military culture. Some participants focused on their own alcohol use:

I was a full-blown alcoholic ... Seven o'clock in the morning and out front on the nightclub steps. Still wasted (Frank, 53)

I still did my job...I was a functioning alcoholic (Mick, 47)

That's what I'd do daily, just drink to black out (Harry, 38)

Others referred to the use of alcohol being part of military culture:

[E]veryone is a high functioning alcoholic. ... we all got sent to the boozier to get along ... you get done for not shaving. You get done for not having your uniform. But you could walk in and spew (Zach, 34)

You weren't socially accepted if you didn't (Lenny, 52)

I was 17 still, but you'd get dragged to the boozier and fucking get blind every night (Allen, 31)

Some participants valued the communal drinking:

[Y]ou're all in the boozier having a drink ... enjoying company, the camaraderie of it all (Tom, 43)

[Y]ou can just stay on base and get cheap beers. So why not? And there's bonding. It's pretty important to bond with those you fight with (Colin, 36)

However, multiple participants used alcohol to self-medicate for mental health issues following trauma. Encouraged by his superiors to not seek psychological support after his deployment to Timor, Colin (36) relied on alcohol because it was:

easier to stay awake than see that shit in dreams ... if I drank to the point of passing out, I'd get a good night's sleep [alcohol] was my solution to a couple of issues.

After working in border control, for Jacob (31):

100 per cent, [alcohol] was definitely a coping mechanism for me.

For Harry (38):

drinking got decidedly worse after my mate committed suicide. Yeah, it pretty much was daily for most of my time in the Army and then the next 13 years.

Karl (43) used alcohol after his deployment to Iraq:

[I]t's such a high intensity environment. I remember the first patrol I went on, and putting me live rounds and live grenades in my weapon ... here's your live rounds, you might have to use these on people ... because I was coming from that high ... The first day I got back, we went drinking.

Some participants recalled being introduced to illicit drugs by other service members. Allen (32) experienced trauma and readjustment difficulties after international deployment, and to cope:

started with ecstasy, just MDMA tablets ... as a result of some things I went through as a way of self-medicating, but I wasn't aware of it at the time that's the reason why I was doing it.

Xavier (46) described a combination of peer pressure and self-medication following the death of a peer. He had never previously tried illicit drugs but:

took ecstasy and speed ... multiple times a week that it was happening with everyone. It was getting sold through the units.

MILITARY CULTURE AND TRAINING

Several participants described how discipline and control aspects of combat skills and weapons training affected their offending. Tom (43) used military planning and tactical skills in a robbery:

I planned it from the first heartbeat to the last heartbeat ... I knew where all the cameras were. I knew where to park my car. I knew what clothes were dark enough ... 'stealthed' my way in and caught everybody unaware. I didn't realise or know how many people I'd be confronted with, but I had the plan for crowd control if need be ... a lot of your training does come in ... you'll click into a tactical sense ... You own that situation, you control it.

The need to control a situation was apparent in interviews with participants who had committed violent offences, including in response to perceived threats to themselves and their families. Uriah's (61):

military training background, my entire ethos of life of defending those that need defending put me in jail.

He dealt with a perceived firearm threat:

without anyone being injured ... I had escalated in the correct process. I had given a warning. I had openly displayed the firearm. I had fired only the number of shots [required].

Saul (42) explained that:

You get to a stage where it's fight or flight. The Army trains you to not run away, so in that situation that I was in, I reacted that I was – you know, stand and fight.

Frank (53) agreed that:

The fight and flight response had gone. They take that out of you when you do your service. I just didn't back down.

Zach (34) also resorted to his naval training because:

my right arm was being pulled up to be arrested. My weapon hand ... I choked him out without even turning around ... Our training, honestly, is to take out and move to the next target.

Ralph (59) also cited the need to control everyone and everything as contributing to his sexual offending. After enlisting when he was 14 years old, his values were affected by misogynistic attitudes:

[Y]ou'd probably get locked up today for, for some of the things that went on ... when I got out that way of thinking just continued on over the years. And ... gradually it progressed ... I had to control everything in my environment ... if I didn't go my way well, I'd change it. And I'd change it violently.

OFFENDING IN THE MILITARY

Most participants reported that they did not have civilian convictions until after discharge, and had only faced minor military charges, predominantly for alcohol-related misdemeanours. However, Benny, Leroy, Keith, and Neil were arrested for their current offence while still serving, Xavier was charged and fined for drug use in the Royal Australian Air Force (RAAF), and Oscar was arrested for a previous offence while serving.

TRANSITION – FROM THE ADF TO DVA

A positive transition to civilian life where veterans were adequately prepared included support to transition in the life domains of employment, education, health for example (see the DVA Veteran and Family Wellbeing Wheel Model Figure 1). Ulrich (59) medically separated after more than 20 years. Serving in a clerical role, he accessed information and resources prior to separation ensuring his medical and pension needs were met. Quentin (60) had a long military career and separated due to age retirement with no apparent transition difficulties. He did not disclose the nature of his offending but stated that it was historical. Likewise, Isaac (54) had a medical discharge for injuries in his early 20s. He had a good transition to civilian life with a supportive family and no difficulties with the DVA claims processes.

However, abrupt separation processes (on medical, voluntary, and administrative grounds) frequently left veterans unprepared for civilian life. Participants described lack of support to adjust to loss of purpose, structure, discipline, and mateship/sense of family.

Recommendation 5 - Identify and address gaps in medical services or income support for veterans in transition or immediately following transition (1).

This cohort had enlisted and separated at a young age, and been dependent on Defence for all employment, health, and housing needs. Matt explained he was (39) was separated with no support at all:

[I]t was ... get over it and get a life.

Several participants voluntarily left the military to prioritise their relationships. Even so these relationships were still affected by service demands:

Leaving the Army wasn't really my choice. It was – my partner ... She wants children. She wants a different life, which I understood. I left the Army and then, yeah, six months later I got divorced (Saul, 42)

[S]he said one morning, discharge or I'm going to leave you ... Then she left me a couple of weeks [later] and joined herself ... I had no guidance on what I should do ... they just belt you down to build you up to what they want. Then you leave and you're what they want now, but you're not there anymore (Xavier, 46)

Others wanted to leave but felt the lack of transition support:

I'm broken from my shoulders down to my ankles ... I wasn't asked whether I had any injuries or anything like that. I had no psych evaluations ... Never asked me about any of my hearing issues or anything like that, which I have got plenty of (Isaac, 54)

[Y]ou sign that piece of paper and it's like here's your handshake see you later. You're no more there, it's – you're just gone ... I felt lost (Saul, 42)

Recommendation 2 - Commission an independent evaluation of the Defence Force Transition Program to assess whether and to what extent veterans are receiving optimal and timely support. Properly resource the Defence Force Transition Program (ADF – Joint Transition Authority JTA) to ensure ex-service people receive timely guidance and support in such key areas as finance, housing, employment, physical and mental health, familial and professional relationships, and so forth (1).

Veterans who experience involuntary separations from the ADF are more likely to experience poorer health and transition outcomes. Participants felt they had no control at all over administrative⁷⁶ and medical⁷⁷ separations:

[I] was having lots of issues but I still, inside me, wanted the Army for the rest of my life ... It was very unceremonious. And that was because of the way I was discharged, which was an admin discharge or dishonourable ... There's the door, you've got two hours to get off the base. And that was literally, that was it. There was no follow-up whatsoever (Colin, 36)

Absolutely shattered ... I didn't know what was going on. It was ... this is our medical discharge board ... basically, we're forcing you out (Fred, 29)

[Y]ou just walk out the door ... I went to the hospital and got diagnosed with major depressive disorder, PTSD, anxiety adjustment ... and I didn't know that you could put in claims (Jacob, 31)

Participants described complex interrelationships of mental health issues, securing work, maintaining relationships, self-medication, and offending. Over a third disclosed being diagnosed with PTSD. Other

⁷⁶ Administrative discharge is governed within the Defence Regulation 2016 (Cth), made under the Defence Act 1903 (Cth). The service of a member of the ADF may be terminated by the CDF (or his delegate) on bases that, "retention of the member's service is not in the interests of the Defence Force". [36] The expression, "interests of the Defence Force" is defined to include reasons relating to one or more of the following:

- (a) a member's performance;
- (b) a member's behaviour (including any convictions for criminal or service offences);
- (c) a member's suitability to serve:
 - (i) in the Defence Force; or
 - (ii) in a particular role or rank;
- (d) workforce planning in the Defence Force;
- (e) the effectiveness and efficiency of the Defence Force;
- (f) the morale, welfare, and discipline of the Defence Force;
- (g) the reputation and community standing of the Defence Force.

⁷⁷ A medical discharge is an involuntary termination of the person's employment by the ADF on the grounds of permanent or at least long-term unfitness to serve, or unfitness for operational deployment

psychological injuries included anxiety, depression, and moral injury, which were attributed to both childhood and military experiences. Several indicated mental health difficulties they preferred not to discuss.

Frank (53) separated voluntarily in his mid 20s and:

all of a sudden, everything just went to shit ... I suffered PTSD anyway ... for the help, there was none back then. Once you walked out the gate, that was the end of it ... I've tried suicide a few times.

Harry (38) separated voluntarily from the Army in his mid 20s with undiagnosed, service-related PTSD. He had difficulty maintaining employment:

I self-medicated with alcohol ... I stole money that I didn't need, I was drinking at work ... I was just fucked. I'd get on a good thing, and then I'd somehow blow it.

Mick (47) was administratively separated in his late 20s for drug offences. He experienced alcohol dependency and PTSD from trauma in the Navy, inability to find employment, shame about his discharge, and a history of violent offences and relationship issues:

[T]he alcohol sort of took over and mate, like I was drinking a carton of beer and a bottle of vodka a day ... and then I got off that and I turned to heroin.

Saul (42) left voluntarily but struggled to adjust to civilian life:

Lost my mates. I felt very alone. Didn't have a structure anymore. Like, you knew in the Army. You knew what you had to do ... I stayed as regimented as possible, but ... I started drinking a lot more just to ... cope.

Allen (32) described the effects of voluntarily discharging in his early 20s after a trauma on deployment in his late teens:

I was just dealing with a lot of the shit from the early days in the Army. From all the cumulative stuff that built up over time and I wasn't addressing it through proper channels ... I was just self-medicating and on a real bad path to self-destruction.

He described criminal activity as replacing military deployment:

[T]hat high tempo paced shit that you get with the Army that you thrive on. You don't get that in [civvy] street and ... the criminal world gives you that rush.

Colin (36) was administratively separated at 20 following a suicide attempt, traumatic exposures on international deployment, and an increasing reliance on alcohol. Despite alerting his superiors to his mental health issues, he received no transition support:

I was pretty lost ... questioning what I knew and thought about the world ... And I'm not good enough to fucking do even a little bit about it. Very lost and angry, and not so much at the world or the Army ... at myself for a very, very long time. So that self-destruction continued twelve, fifteen years.

Fred (29) was separated at around 24. He felt unsupported in his medical discharge for physical injuries, and disclosed the cumulative effects of self-medicating for PTSD, depression and anxiety from childhood abuse, physical pain, and post-service loss of purpose:

[A]lcohol wasn't doing it for me. So, I started using and I had a few people I shouldn't have met and got into the importation racket.

Zach (34) separated administratively in his mid 20s, following deterioration in his mental health after exposure to a traumatic event and consequent charges of insubordination. He relied on alcohol to self-medicate after unsuccessful attempts to seek mental health support. After his separation, he was:

running a long race to suicide ... if you have PTSD undiagnosed, you will end up addicted to a substance. Because you can't ... can't fight off suicide. You can't fight off the effects of PTSD ... Traumatized people ... capable of dangerous things ... are being taught by the military and you're letting them back out into public.

INCARCERATED: VETERANS IN PRISON

IDENTIFYING AS A VETERAN

The participants who disclosed their veteran status in court commented on prosecutors' and judges' lack of understanding of potential impacts of military service for offending. They felt their veteran status worked against them at trial and in sentencing. Percy (58) found that:

It doesn't matter how many accolades or medals you might have ... I tried bringing it up with my lawyer for my sentencing. They don't care.

Recommendation 21 - Fund and/or variously support the professional development of police, the judiciary, and correctional staff (including non-uniformed / professional personnel) around issues (such as perceptions of veterans, understanding of military service, veteran centric servicing, and management) that pertain to the veteran population, and which likely distinguish them and their needs from other populations, including mental, physical, and social health concerns (3).

Several participants perceived they were seen as a risk or threat to, rather than a protector of, civilian society. Frank (53) concluded that in being sentenced for manslaughter:

the judge reckons, you obviously knew what you were doing – I reckon I got a couple more years.

Others expressed feeling stigmatised and labelled as dangerous and high-risk:

The prosecutor ... use[d] my military history against me (Riley, 34)

a lot of people think that you're a trained killer (Jacob, 31)

They went a lot harder. I should have known better. He's a trained killer. (Uriah, 61)

Punished me more ... I was actually tried as a lethal weapon who knew better ... I was the last of that generation that got punished for [military service] (Zach, 34)

Colin (36) was struck by the judge's response to his lawyers claims for the mitigating factors of untreated PTSD, moral injury, addiction, grief and loss, breakdown in social relationships, and homelessness:

there's veterans out there that aren't out there on the drugs, committing crimes'. And that cut to the bone, that did. That really hurt. But he was totally right, too.

Participants did not always identify as veterans in prison, and found the system failed to recognise their needs if they did. That is, being a veteran in prison was not considered a point of difference from other inmates and they were not offered any special services for their status. Their pride in having served appeared suppressed, and feelings of shame, worthlessness, and failure their accounts. The lack of understanding of the definition of 'veteran' was also common in the interviews. Many participants had not accessed veteran support services prior to incarceration, and doubted their worthiness of veteran identity and benefits:

I've got a lot of mates who were deployed and as far ... I understand it you're a veteran if you've gone to a conflict zone, survived it, and have come home (Tom, 43).

I don't really think I'm a veteran. To me a veteran is an old guy from the war. I've never been to war (Uriah, 61)

I didn't see any service overseas. Ex-serviceman, yeah. But as a veteran ... I think that should be put aside for people who actually went and did overseas service (Frank, 53).

I never, ever said [veteran] because I didn't think ... I was entitled to ... I've been taking drugs. I got honourable discharges both times, but still, look at what I've done while I was there (Xavier, 46).

I would never actually put my hand up and say I'm a veteran as far as I didn't go to a war zone (Bruce, 51).

Because of my shame, because of my offending, I don't see myself in that category ... How can I hold my head up and call myself an ex-service man because of what I've done? I guess I can't put myself on equal level with those guys who've served overseas (Ivan, 62).

I didn't think I had enough service to even warrant any sort of help from DVA ... I feel as though I've only been a reserver (Patrick, 39).

I didn't serve long enough, I didn't get deployed, I didn't do anything. So, you know I was ashamed to seek out that sort of support because ... other veterans that are suffering that do have real PTSD (Riley, 34).

Others concealed their military background to avoid becoming a target for other inmates:

[I]t's a different conflict zone in here. When it's known by other people that "Oh, you're ex-Army" ... you're going to punch on. We're going to test your steel (Tom, 43).

[P]eople think that "I can bash the Army dude" ... they put a target on your back (Colin, 36).

I don't go and promote it because the majority of guys in here will want to try and test themselves with you (Jacob, 31).

I know a few guys that have served, and they find it a bit difficult if they identify as serving soldiers. Some of the hot heads will have a go at them (Adam, 70).

[T]his place is like a zoo ... You've got all the worst of the worst in here ... So, you're just giving them an excuse to make you a target (Saul, 42).

A few commented specifically on threats from inmates of Middle Eastern background:

[A]nyone in the military is obviously the enemy ... it's a private thing for a lot of us. It's not something you want to advertise (Derek, 49).

[I]t'd just be an excuse for a beating ... there's a lot of people there that have – from other countries and everything and they just see the Australian military as bad (Oscar, 47).

Several participants commented that ex-military prison officers could be supportive advocates, or alternatively, reinforce a sense of shame for failing military standards:

I had one ring DVA for me ... he tried to get me a bed in rehab and everything. Whereas his mate, who is also a veteran, just had no time for me whatsoever (Colin, 36).

There was a screw there. He was ex-Army Corps as well. He came down and had a chat to me and we were talking about military stuff. He was all right. He said, "I'm going to approve your low-security classification". Within a month, I was at a farm (Fred, 29).

I went up there and it was [XXX]. He took me outside and had a talk to me. Just said look, I was in the Army ... I want to try and help. If you need anything, see me (Xavier, 46).

NEEDS IN PRISON

Some participants explained that their induction to prison was poor:

you are not given any information when you come in here. As a first-time person in jail, you don't know what to expect. You don't know what the procedures are. They tell you a whole stack of rubbish in their booklet which doesn't end up being correct. You are literally thrown in at the deep end. You've got to fend for yourself basically. You've got to work out what's going on really quickly and try not to show any fear and stuff like that' (Rodney, 58).

Participants highlighted the lack of understanding by prison services of the long-term impacts of military service on mental and physical health. Commemoration, acknowledgement, and understanding through peer engagement and support was also important.

Recommendation 8 - Routinely include a (voluntary) veteran identifier at point of contact with police, courts, and corrections and ensure such identification is recorded in consistent fashion across the criminal justice sector. Provide opportunities to modify the veteran identifier at later stages within the criminal justice system (2).

Recommendation 9 - Develop tailored induction processes⁷⁸ for (identified) veterans entering the correctional system (specifically those remanded and/or sentenced to prison) which includes up-to-date information on how to access veteran support agencies and the (ongoing) entitlements available to them and their families (irrespective of legal status) (1).

Recommendation 10 - Enable free calls to a veteran or other relevant support line and ensure this number is provided to all at point of admission into custody (whether in police custody or other) (1).

Recommendation 11 - Not all white card eligible veterans had a white card or knowledge of veteran sector or DVA services. Ensure every identified veteran has a White Card and associated services.⁷⁹ (1).

The cessation of DVA – funded, specialist mental health care on entry to prison illustrates the lack of recognition. Almost two thirds of participants revealed mental health conditions prior to entry, with over a third disclosing a diagnosis of PTSD. Participants who had been in receipt of DVA-funded psychiatric or psychological care, through compensation or non-liability arrangements, lost access to therapy and medication for service-related injuries:

You're entitled to ... at a bare minimum ... the treatment you receive on the outside for your conditions ... It's fucking bullshit how they treat you, health-wise (Allen, 32).

Medical condition is an absolute nightmare in here. It took me seven months to see a doctor. I'm still waiting and have not had my medication that was prescribed to me by my family doctor (Rodney, 58).

Jacob (31) who was on remand, was receiving psychiatric support, counselling and medication for PTSD and a back injury prior to his arrest. He alerted prison medical staff to his medical history and needs, but noted that:

They took me off the majority of my medications. I was seeing a psychologist every week on the outside, I've seen one once in the two months that I'm in here and that was for 15 minutes. I don't get to speak to my psychiatrist that I was seeing monthly on the outside ... I was on antidepressants, I was on antipsychotic, Seroquel and I was on Xanax as well to help with my sleep and all that was just taken straight away.

⁷⁸ Induction processes include provision of support services, phone numbers for help lines and relevant ex service organisations, information on DVA services.

⁷⁹https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/VeteranSuicide/Report/b02 (Recommendation 16 - 6.102)

Recommendation 12 - Design prison-based veteran-responsive health assessments for identified veterans as informed by veteran experience, to ensure that all eligible veterans' health and medical needs can be met by prison-based medical offerings and capabilities (1).

Recommendation 25 - Assess the capacity of prisons to provide continuity of supply of prescribed medication and health related resources no matter where veterans are (i.e., irrespective of whether they are in prison or in the general community) (2).

Grant (67) reported that in prison:

They wake me up and I'm punching walls and yelling out. That's manifested ... because they've taken me off the one drug that was keeping me sane ... because you're not allowed to have it in here.

Benny (36) was suicidal and:

used to access the psych ... I was seeing her weekly, I got arrested and it just all cut off.

Lenny (51) was diagnosed with service-related PTSD and depression and:

Wanted to be on the same medications as the DVA specialists put me on ... They said, we're not giving you that. ... Then my PTSD medication, they've given me another replacement tablet but it's still not the correct medication ... it's not being treated in a way that DVA specialists would have them treat it on the outside, that's a double standard.

Keith (38) commented on the loss of specialist psychological support:

I was told by my psychologist before I left RAAF that Open Arms will provide peer – peer support, and psychological support until you die ... He said once you're in – once you're in jail, we can't help you.

Recommendation 13 - Establish a register of DVA funded health providers to provide evidence based mental health care services within correctional institutions (2).

Recommendation 14 - Research the potential for service providers (especially Mental Health) to gain easy and ongoing access to prisons to support veteran wellbeing including, in culturally competent ways. Develop an Aboriginal responsive strategy within any potential initiative (1).

Developing trust in therapists is key to helping veterans, hence the focus of DVA on providers understanding the military context:

I don't trust the prison psychs. I trust my psych that I had on the outside ... I asked for help for my psych support whilst in here and the system hasn't helped (Riley, 34).

A common theme was that mental health care in prison was difficult to access, not available to prisoners on remand, and covered limited therapeutic approaches:

It's very hard to see anyone here. I've seen a psychologist and a psychiatrist. The psychiatrist just gives you medication ... they rush through, because you're not the only person they've got to see that day (Saul, 42).

I'm currently going through treatment for PTSD, anxiety, depression ... 18 months overdue for review on medication. I've been asking for it since I've been back here. Every week I've been requesting (Fred, 29).

I've seen a psychologist for years. ... I've asked to see the shrink here and the doctor said I can't refer you (Eddy, 55)

You can't get any help with psychiatrists here ... because it's such a long waiting list (Trevor, 65)

[T]hey've got psychiatrists here, and honestly, they just go through the book and just tick and flick. They don't even care (Bruce, 51).

I tried to get the prison to help with my psychological issues. Over the three years I've been here, I've seen a psych no more than half a dozen times (Riley, 34).

I've asked to see the psychiatrist before. That was like months and months ago. I'm still waiting (Frank, 53).

I have never had a full-on sit-down interview with anybody in the 18 years I've been in jail (Dave, 71)

I tried to get help in here, but it was just so frustrating. They say the system is trying to help you but it's just not (Bruce, 51).

[T]hey weren't interested in doing what psychs outside would at least do ... We can't really help you. Just take some tablets. They dose people up (Percy, 58).

[Y]ou can't even talk to a proper psych to vent or clear your mind and stuff like that. You are left basically to your own devices in here (Ivan, 62).

A common concern was the lack of understanding by prison mental health staff of the nature and potential impacts of military service:

[T]he standard psychologist hasn't got a bloody clue about military ... They can't help you because they don't understand where you're coming from (Adam, 70).

[T]he social workers have no idea about how to talk to a veteran or how to deal with their problems (Chris, 58).

Recommendation 20 - Trauma and mental health issues are prevalent in Australian prison environments. Veteran trauma and mental health challenges are unique. Develop a nuanced, population specific and evidence-based response to veteran trauma within and beyond custody (2).

Harry (38) highlighted the difference that a psychiatrist with military understanding could make:

I lucked out fucking big time on my psych. He's ex-Army ... I felt quite comfortable talking to him straight away.

Participants with injuries to back, shoulder, knee, ankle and shin, and vision and hearing loss, often worsened due to loss of access to DVA-funded treatment. Allen (32) separated from the Army with injuries to his nerves and bones. He told prison staff:

I'm DVA listed. I have a condition with my knees. I do need surgery again because it's getting worse ... They told me if I wanted surgery, I'd have to pay 10 grand out of my own money.

Jacob's (31) medication for a back injury that led to medical discharge from the Navy was replaced by Panadeine Forte, and he has been unable to get the spinal stimulator he needs. He has:

seen a doctor once since I've been in here and they're meant to review you every couple of weeks ... I've asked if I can contact my doctor. I'm not allowed to.

Eddy's (55) DVA-funded medication for mental health conditions and back injury sustained in the Army was ceased:

They don't like the medications that my doctors have me on ... They don't like the pain killers that I was on, so I don't get them. I get Panadol Osteo for my back: It's a joke!

Incarcerated veterans are at high risk of self-harm and suicide, which is worsened by the paucity of physical and mental health care. Seventeen participants (one third) reported suicide attempts and/or suicidal ideation⁸⁰. One participant attempted while in the military and made several attempts after

⁸⁰ Eleven reported suicide attempts with six discussing suicidal ideas. Participants reported the negative repercussions experienced in prison after talking about suicide (i.e. suicide watch), so these figures are likely to be underestimates.

discharge. Another participant attempted suicide by drug overdose when arrested, and several attempted or contemplated suicide in prison.

Recommendation 3 - Mental health and suicidality were challenges noted by many of the veterans. Develop and implement a veteran responsive suicide prevention program for incarcerated veterans (2).

Others recalled:

I did try to kill myself ... the day my wife left me ... I was insecure and on my own for 3 weeks at a time in a little 2 metre by 4 metre cell with all these voices in your head and just thinking ... I don't want to be here anymore, I don't want to be anywhere, I've had enough (Bruce, 51).

I was like put on obs for a week, them checking on me every two hours, but yeah, I've tried overdosing on medication, tried hanging myself, cut myself (Jacob, 31).

I tried to kill myself at [name of prison]. No one should have done the things I've done, no one. It's just unnatural. So, my penance as far as I'm concerned is to die (Tom, 43).

I've tried suicide a few times ... I do realise life is a lot more worth living now (Frank, 53).

Zach (34) relayed that his pre-sentence report stipulated that:

[T]his man will kill himself ... He's going to die ... I'm only three months from parole. I am only [xx] months from being released completely and I can't see the light from day. I hang myself.

Several participants suggested the isolation and deprivation of 'suicide watch' discouraged disclosure of suicidality:

The first thing they ask you when they get you there, "Are you feeling suicidal?" If you say yes, they send you to X division, and they put you in a smock and humiliate you ... bastardising you as if you've done something wrong ... I was given the heads up on that, so I said, "No, I'm fine" (Isaac, 54).

[T]hey say, "How are you feeling? You're not going to hurt yourself anymore?" And you say no. And you do that three times and they put you back into the normal jail (Colin, 36).

Psychological help was to take you and put you in a detention unit in a single cell, dressed in the heavy pyjamas with a light on, no comforts or anything like that and check on you once a day on a tick and flick. Are you suicidal? Are you this? Are you that? ... [P]eople have actually sliced and diced and tried to hang themselves in these cells (Ulrich, 59).

[Y]ou're in a cell ...with a camera and getting woken up every 15 minutes. Quite frankly, I'd rather just neck meself, than go and see a psych (Frank, 53).

The lack of appropriate care and understanding by corrections was highlighted in Zach's (34) description of his treatment. Labelled a violent offender, he was remanded in custody for seven months before having a psychiatric assessment. Despite a diagnosis of PTSD, he:

was on suicide watch and they weren't watching. I hung myself in the cell.

He was then transferred to a forensic mental health inpatient facility where:

I was too coherent to have anything wrong with me. So, I got dismissed ... I'm not drooling on myself. You're taking the piss, mate. Like you're here because you're scared.

Overall, this litany of traumatic experiences highlights the need for veteran-specific health services in prison, as well as education of staff concerning military service, culture, and potential impacts on prisoner wellbeing.

LEAVING PRISON AND STAYING OUT

Participants suggested a range of improvements to correctional services that would improve veteran re-integration and reduce reoffending.

PEER SUPPORT

Participants highlighted peer support as an unmet need that could otherwise assist in providing social connection, ongoing validation of service, and information about relevant specialised counselling, advocacy within the prison system, and support for DVA claims. Such peer support should be confidential, timely and practical. Tom (43) reflected that finding other veterans was:

a lifeline ... I've got someone now that I can relate to and get a buddy system going. If you don't, you're just alone.

Mick (47) agreed that having:

a group, hav[ing] a yarn with each other is a big help.

Grant (67) suggested that something comparable to yarning circles would be of benefit:

so, you all can talk to each other, find out what's going on and get to know those people.

Ivan (62) also suggested an avenue for veterans to:

connect and meet other guys, they can bounce off each other ... That's what I think we need.

Tom (43) agreed that through peer support, veterans could:

get together and share their stories and ways in which they have overcome some dramas or coping strategies ... We all have stories of fun times and some really shit times ... but we don't get the support that is needed really. It's a shame.

Riley (34) agreed that it would provide:

a sense of camaraderie to know that there are others that have served that are here.

However, he also feared that he would:

find myself comparing me to them. You know because they're probably going to serve 10 years.

Other suggestions for support were asking prisoners:

are you a veteran? Would you like to be at a gaol with other veterans? Maybe have a thing where you can put veterans in the same unit (Allen, 32)

Also important was provision of:

access to an advocate or a support network that is tailored towards veterans. ... because I know we feel a lot more comfortable around each other ... [I]t's very hard to adapt back to civvy life again, very hard to be in normal conversations, act normal, that sort of stuff. Having the support networks of other veterans would be amazing (Jacob, 31)

Recommendation 4 - Veteran awareness or engagement with DVA or the veteran sector was limited. Develop strategies to create communication and engagement within the veteran sector to provide networks and information that supports veterans who enter the criminal justice system and/or prisons (2).

Participants lamented the lack of prison visits from ESOs (ESOs – e.g., Mates for Mates, RSL), which could have provided peer support, information about services, advocacy, and potential pathways for transition out of prison:

Even the RSL and the Mates for Mates on the outside, once you come to prison, they don't want to know you (Bruce, 51)

RSL was talking about sending advocates into the prisons to talk to ex-members and advocate for their needs. But three years later, you guys are the closest I've come (Eddy, 55)

I've tried to get in contact with Mates4Mates [but] they have a policy of not coming to prisons (Riley, 34)

Recommendation 17 - Determine veteran sector capacity to provide in-prison support for incarcerated veterans and develop more purposeful connections and pathways between veterans and service providers DVA and ex service organisations (2).

There was some doubt that ESOs could meet veteran needs, given that certain DVA benefits, and treatment entitlements cease on entry into prison:

I don't see that they could do a lot because I think with DVA you get cut off anyway (Colin, 36)

Others had concerns about specialist services because:

You don't want to be treated differently here because you'll stand out (Riley, 34)

RECOGNITION AND COMMEMORATION OF SERVICE

Participants observed that they were treated as though their crimes made them unworthy of any sense of honour or accolades for their service. Experiences varied between prisons, but overall, there was a perception of the negation of their cultural identity.

They said, you're a fucking prisoner. You need to deal with it. We're not bowing to you just because you served (Allen, 32)

[Y]ou're not allowed to be an ex-veteran anymore, you're a prisoner now and this is your entire being and what became before was just a closed chapter (Derek, 49)

Eddy (55) gave an example of how a veteran was punished when he told prison officials:

You should treat [veterans] with a bit more respect We served our country blah blah blah. You should be looking after them. Well, they send him to [name of prison] for a month as punishment.

Other reflections were that:

Gaol has been very, very anti-servicemen. I miss out on ANZAC Day ... Same with Remembrance Day (Grayson, 57).

[T]here just doesn't seem to be anything where we can participate in ANZAC Day ... they're not recognised for their service (Ivan, 62).

Several participants contrasted the recognition given to other cultural groups:

[N]arcotics groups and so forth, they can all get as much support as they want. Indigenous free t-shirts and barbeques and all sorts of stuff ... It just makes a mockery of people we can't even get together and acknowledge ANZAC Day let alone Remembrance Day (Derek, 49).

Pacific Islanders ... have their own special things, you know, and the Aboriginals have a special day (Matt, 39).

I do like the idea of having groups ... everybody with African descent or whatnot, they go off or Pacific Islander group or church group (Riley, 34).

Recommendation 15 - Establish prison-based veteran support groups populated and run by incarcerated veterans and veterans who are correctional staff (1).

Recommendation 19 - Veterans described two areas of significant support: 1) custodial officers who are veterans and 2) other veterans. Consider the creation of “veteran communities” (sections, wings, cottages, etc.) within relevant prisons (3).

Ulrich (59) contrasted recognition of veteran prison officers and prisoners:

I was appalled though on ANZAC Days and Remembrance Days that there was no special commemorations for the prisoners ... prison officers, they were there for their morning service, and they got all the breakfast and whatever ... they could have come around, got us out... to give them 10 minutes isn't much.

Recommendation 16 - Ensure incarcerated veterans are given the opportunity to commemorate events such as ANZAC and Remembrance days (1).

INFORMATION AND ACCESS TO VETERAN SPECIFIC SERVICES AND DVA ENTITLEMENTS

Participants commented on the lack of information concerning DVA and other veteran-specific services:

I've never come across any material. There's been nothing on a notice board. Nothing's been given to us (Percy, 58)

Many participants had no prior contact with DVA, and no knowledge of its services. This included some who were separated from the military with service-related injuries or who were eligible for DVA non-liability mental health care arrangements:

To be honest, I have no idea what's available (Leroy, 44)

I don't know what's available through them (Ivan, 62)

I just took it that I couldn't get anything. And no one ever told me otherwise (Ralph, 59)

In Allen's (32) case, a doctor:

goes, "Have you thought about putting claims in for this?" I said, "Fuck, all right". I put my claims in, in 2019 for my knees and for my hearing, but I wasn't even aware of any DVA shit before that.

Grayson (57) explained it was a concern for later:

It's something I'll research when I'll get out. I've got no idea at the moment whether there is any avenue

Saul (42) explained it was never a consideration:

Just never thought of doing it, to be honest.

Dave (71) did not pursue a DVA claim because:

of the shame of being kicked out of the forces and I thought, "Well, no, they're not going to be interested in me".

Participants suggested that relevant information could be provided through the free call phone system or written materials as for Beyond Blue (Colin and Ralph). Booklets could be provided on preparation for release:

like getting a birth certificate and Medicare card and stuff like that sorted out. But it would probably be helpful if there was something for ex-service personnel (Grayson, 57)

Recommendation 18 - Veteran centric support would be enhanced by greater coordination across correctional services and with DVA. Train and station a Veteran Liaison Officer (VLO) in prisons (or regions) with significant veteran populations to link veterans with service providers and to assist the

case management of veterans with acute needs. Ensure sufficient VLO access (e.g., via video link) to veterans housed across the correctional estate. VLOs would be correctional officers employed in areas of greatest need (2).

DVA COMPENSATION CLAIMS

Several participants commented that DVA requirements for specialist assessments and work capacity testing felt like additional punishment. Allen (32) needed shoulder surgery, but DVA:

said, "No, you've got to 'shitcan' it until you get out, because you can't go away for scans or anything".

Eddy (55) prepared for medical assessment but that cut short by his incarceration:

I did the paperwork for TPI [Totally and Permanently Incapacitated]. But I was in here, so I couldn't go and see all the doctors.

Benny (36) was yet to pursue his claims, not knowing how to go about it:

I've got sciatica. So, that's a service-related injury that I haven't claimed yet. Well, even to get the paperwork to put it all in, how do I do that?

Harry (38) highlighted multiple difficulties inherent in progressing claims while incarcerated:

There's just no physical way ... to fill out that paperwork, be able to get it to someone, be able to then have them communicate back to me that I need a scan ... That involves leaving the prison, which costs money ... Originally, my goals were to get my mental health assessments done. In here, I can really do nothing.

TRANSITION FROM PRISON

Participants highlighted that needs on release from prison are like those on transition from service, as they were again leaving a structured environment based on routine, discipline, and control:

[What] I found different about the Army and the prison is the prison have got electrified fences. [But otherwise] they run very similar routines (Ulrich, 59).

[I]t's a structured environment, and you get used to it very quickly, because it's like what you've done for most of your life. If someone in uniform tells you to do something you, do it - it's that simple (Keith, 38).

I was doing okay in gaol because it was similar to the military (Grayson, 57).

I wouldn't have got through what I've got through in gaol without my time at Kapooka ... being on time for things, being alert, being in a state of readiness (William, 38).

40 years later and being in here now it just feels like I'm back inside of Kapooka ... It's not as hard (Grant, 67).

While participants prioritised social and mental health support, key needs also included accommodation, access to financial support and employment, advocacy with DVA, and skills for post-release life and preventing recidivism. Frank (53) was serving a long sentence (more than 10 years) and does not:

want to get to the point where ... I get scared and say, screw it. I might as well just come back in. Live my life back in jail ... If someone can show that they actually care, instead of just leaving you on your own, that would be good.

Xavier (46) and Zach (34) both described the importance of the transition support they received from a South Australian custodial officer and Army veteran. The custodial officer advocated for Xavier's release into home detention when authorities deemed his potential home unsuitable:

The lady came back and said, I'm not happy to approve the house because of the condition ... [xxx] goes, you need to. Please do it because this is why we have to get him out, and so she did [xxx] has been there ... contacting me regularly. He took me to Open Arms, Soldier On and I spoke to them for the first time ever.

Recommendation 23 - Ensure that veteran's basic (e.g., housing, financial, etc.) and other needs (mental health, drug, and alcohol, etc.) are in place and, with consent, known to all relevant parties well prior to release (i.e., avoid any sense that a veteran is being "set up to fail") (1).

Xavier's sense of veteran identity and self-worth improved when the custodial officer told him:

I want to help you. You're entitled to the help. It doesn't matter what's happened ... you've served and so you're entitled to it and basically, don't forget it. I was like, that took a while to [realise], all right, maybe I am. ... He was also then speaking to everyone's social workers ... He asked me if I needed help when I get out. He asked me if I had a job when I get out.

Since being with [xxx] and going to Open Arms and Soldier On it has changed a lot ... They said, and we're going to apply for a pay-out for your eyes, your ears and also for drug and alcohol addiction caused by them because they didn't offer you counselling ... that made me sort of realise that it's not all my fault. It is my fault, but there is something behind it and something that could've helped.

The custodial officer also connected Zach (34) with Open Arms, which facilitated treatment and expedition of his DVA claims:

this is where things are starting to turn ... I can't verify this but [xxx] might, but apparently, I was the first person that Open Arms actually came in and got permission to see, in a prison, in Australia.

Recommendation 22 - Ensure Corrections caseworkers within and beyond prison work closely with each veteran to establish a workable reintegration/release plan and that the plan is shared, following veteran consent, with relevant veteran support persons and agencies. Engage Veteran Liaison Officers in prison or on parole to coordinate this plan (1).

Zach referred himself to an alcohol treatment service and has been:

able to make such a recovery and get back into society, where I've beaten and completed an extended supervision order. That I've proven ... I'm not a violent man in society, normally treated. That's now allowed me to address these pre-traumatic events in my life ... what I'm doing here now is rebuilding "Zach". I'm actually addressing my alcohol issue. That would never have happened without PTSD and veteran support, or custody treatment ... I hate using the term but I'm the wounded veteran who needs to take his medication.

Recommendation 24 - Adopt a desistance from crime framework (one which supports the primary, secondary, and tertiary dimensions of desistance) to maximise probability of veteran success within and beyond prison (1).

Recommendation 26 - Enhance Open Arms' capacity to support the prison to civilian life transition of incarcerated veterans by engaging with the VLO's and relevant correctional officers and staff (2).

Recommendation 27 - Support a reach-in / reach-out model of prisoner reintegration that is veteran-centric (and which draws on key principles underpinning known successful initiatives within prisons for reintegrating prisoners into the community, e.g., Mount Gambier prison in South Australia) (2).

Recommendation 28 - Develop a veteran / ex-prisoner inclusive community of best-practice around support for veterans in prison (including all aspects of sentence management) and their post-release needs/lives (3).

5 DISCUSSION

This study has demonstrated that veterans have unique experiences in the criminal justice system and there is justification for recognition of that distinction and deeper consideration about and change in how they are supported and serviced (see Appendix B for general comparison between veteran and non-veteran inmate population). There are also contexts where their needs fall into the broader needs of the incarcerated population.

Many of the veterans had adverse childhood experiences. It is apparent these experiences contributed to trauma but also to resilience. Military service was a stabilising factor for many of the veterans assisting them to rise above these earlier experiences and find identity, purpose and belonging in their military service. For the most part the participants had stable and sound military careers. For a smaller group, their service was shorter, or as reservists part-time and not as immersive as regular service. In general, this diminished the relationship between military service and criminal offending.

Military service was not overwhelmingly connected to their criminal offending. Some offended while serving, but it would be difficult to designate clear causality. The relationship between military service and offending was most clear around military trauma, usually from deployment experiences or military institutional abuse, and subsequent poor identification, management, and servicing by the ADF and DVA. Post deployment briefings were inadequate, or unit culture diminished the acknowledgement of trauma among the cohort of returned service members, leading to increased alcohol and drug use. This in turn led to a drop in performance that brought unwanted attention to the veteran. In these cases, the response by the unit commanders and the ADF was generally unsympathetic and resulted in discharge or termination of service of the affected member. Being deployed, experiencing theatres of conflict, resulting in physical and mental health injury, changed the disposition of these members. If these matters were better addressed in service, then subsequent health issues, substance misuse and criminal offending could be better managed or prevented in the longer term.

Even in recent years the transition processes and supports for these veterans was invariably poor. Eight veterans separated from the ADF since 2015. This is significant because of the attention and resourcing transition has been given by the ADF in the last five to ten years. Military to civil transition leads to an upheaval and loss of identity, purpose and belonging. Several of the participants, particularly those who had committed drug, alcohol, family violence and public violence crimes, fell into criminal offending during this critical period of upheaval.

Interviews indicated that agents of the criminal justice system perceived veterans based on assumptions about the armed services. On occasion, veterans were counselled that they 'should have known better' - that they should be beyond reproach. Other times they were viewed as 'lethal weapons' – having the skills and character to use violence. The interviews did not support these stereotypes in relation to their offending. In the US veteran specific courts address the needs of veterans in the criminal justice system. This research recommends increased professional development for veteran responsive serving of veterans in the criminal justice system.

Our cohorts contained a significant number of sexual offenders, several of whom were imprisoned for child sexual offences. There did not appear to be any qualitative connection between military service and this offending. The disproportionate number of sexual offenders may have been influenced by

our access to certain prisons. Some prisons historically housed sexual offenders and it could be that those prisons still house disproportionate levels of sex offenders.

Entering prison was described by some veterans as having similarities to military service life. This cushioned their incarceration, however, induction to prison life was often considered inadequate. In recent years, veteran identifiers have been introduced in each of the jurisdictions in this study, but this did not contribute to an improved understanding of incarcerated veterans. Of particular concern was that there was very little veteran sector support for incarcerated veterans. The research team became aware of sporadic and inconsistent engagement by ESOs and on one occasion where the DVA Open Arms counselling service was engaged with incarcerated veterans. There were benefits when incarcerated veterans were exposed to a supportive custodial officer who was a veteran. When this occurred, those incarcerated veterans had a stronger sense of how to address their issues and the services and support available to them.

Most interviewed veterans had mental and physical health issues and as evident through transition, or through post service employment, their 'social health' was also poor. Appropriate support from the veteran sector (from DVA, DoD, ADF to ESOs) could contribute to the prevention (or reduction) of veteran incarceration and could support desistance from crime by providing prison to civil transition support. Greater interaction and coordination between DVA, Corrections and ESOs could develop initiatives and frameworks to provide support for incarcerated veterans.

Medical support for incarcerated veterans is inadequate. This reflects a generalised prison issue with regards to access to specific types of medication and access to service providers. However, the veteran specific concern relates to potential trauma from their service, whether diagnosed or otherwise. For those who are diagnosed with PTSD or another mental health issue in prison they receive generic prison services. For those who enter prison with a diagnosis their medical regimes and specialised psychological support is stripped from them. They are left to manage mental and physical health issues with generic medication that does not meet their needs. Their mental and physical health can and often did decline.

Many participants found succour in associating with fellow veterans, and the desire to participate in commemorative activities. Some explained erroneously that either they, or others believed their offending had erased their right to be a veteran. There are strong opportunities in building the veteran community in prisons, among inmates and custodial officers who are veterans. Their offending does not erase their service and adequate respect and recognition could also serve to allay some of their identity confusion, further supporting desistance in the future.

The research indicates that stronger coordination across whole of government would improve the conditions that veteran experience upon incarceration. DVA could establish a discrete incarcerated veterans' portfolio or policy position. This role would liaise with relevant organisations such as state correctional departments and facilities, ex service organisations, and the Department of Defence and ADF. VLO's should be established in all states and territories and in institutions. The number and placement of these VLOs would be determined in terms of need and population. DVA should support these roles to establish a veteran centric framework for overseeing prison induction, veteran medical and physical health servicing, access to relevant information for immediate support, ongoing DVA claims and services and transition from prison to the community. Corrections in liaison with Open Arms (DVA) should adopt a tailored case management approach to servicing veterans in prison. These networks should extend to transition from prison and into post custodial life to increase the change of desistance and wellbeing onwards.

Recommendation 6 - Establish an incarcerated veteran portfolio or policy lead within DVA, an incarcerated veteran policy lead in each correctional jurisdiction and Veteran Liaison Officers (VLOS) in relevant correctional jurisdictions. Facilitate interaction with Open Arms to action relevant support services (1).

6 CONCLUSION

This research has provided a baseline assessment of male veterans in the Australian prison system in South Australia, Queensland, and New South Wales.⁸¹ Further research should be conducted to identify and access female veterans. Beyond this study, there is limited knowledge about veterans in these and other jurisdictions. The principal point of vulnerability is the point of military to civil transition when considering the relationship between military service and criminal offending. Consolidating transition processes in the ADF will contribute to the prevention (or reduction) of veteran incarceration. In prison veterans should be supported with knowledge of DVA services, access to DVA services such as Open Arms, and contact with the ex-service sector. For the most part, this research argues that adequate attention to military to civil transition, adequate health support, and greater support (e.g., access to veteran support lines, a veteran responsive custodial officer, recognition of their distinct health conditions and associated medications) while incarcerated and upon release would likely generate a preventative context that would result in diminishing veteran incarceration.

⁸¹ South Australia, New South Wales and Queensland were included for convenience, as the research funding did not support an Australia-wide study. Based on existing information there is no reason to conclude that inclusion of veterans exposed to corrections in other Australian states and territories would tell a substantially different story.

APPENDIX A - SURVEY RESULTS

SOCIO-DEMOGRAPHIC

FIGURE 2: AGE GROUP

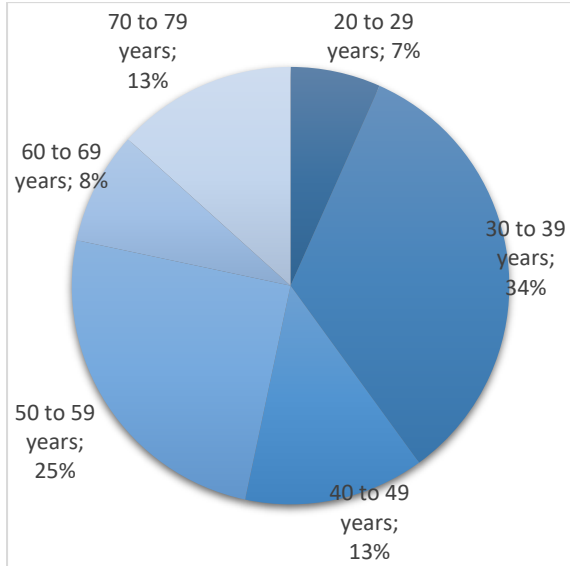


FIGURE 3: MARITAL STATUS

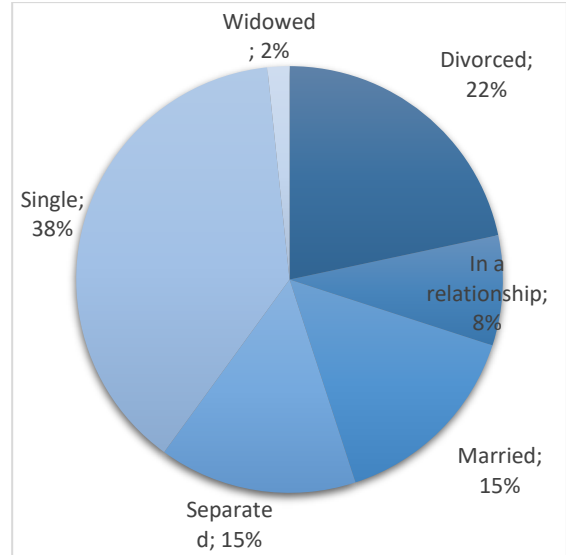


FIGURE 4: HERITAGE

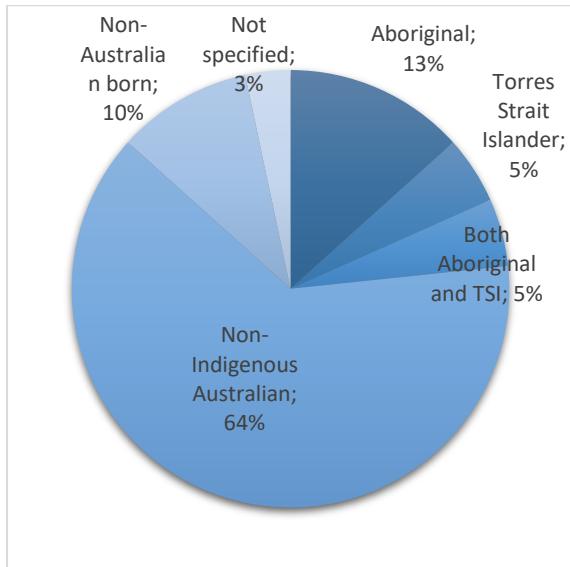
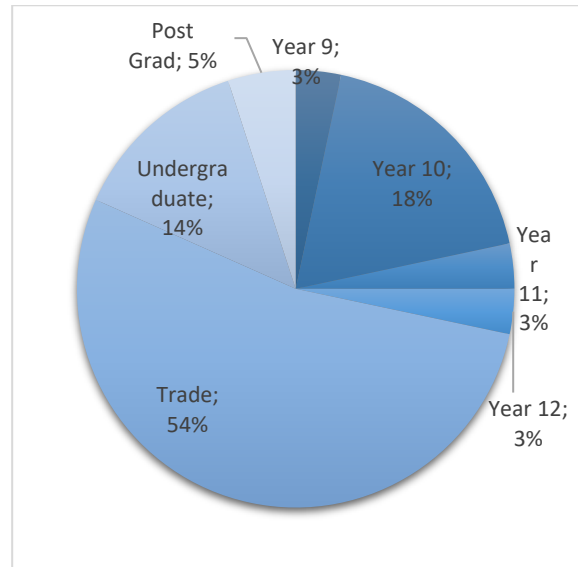
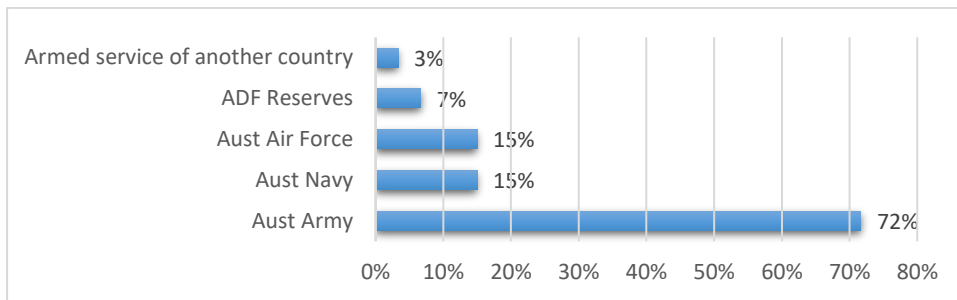


FIGURE 5: HIGHEST EDUCATION



SERVICE

FIGURE 6: SERVICE MEMBERSHIP



Seven respondents reporting serving in two and one in three branches, therefore N=67.

FIGURE 7: YEARS IN SERVICE

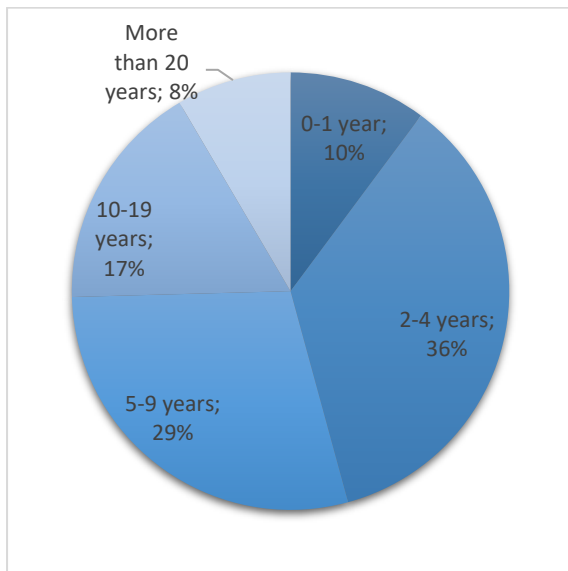


FIGURE 8: LAST RANK

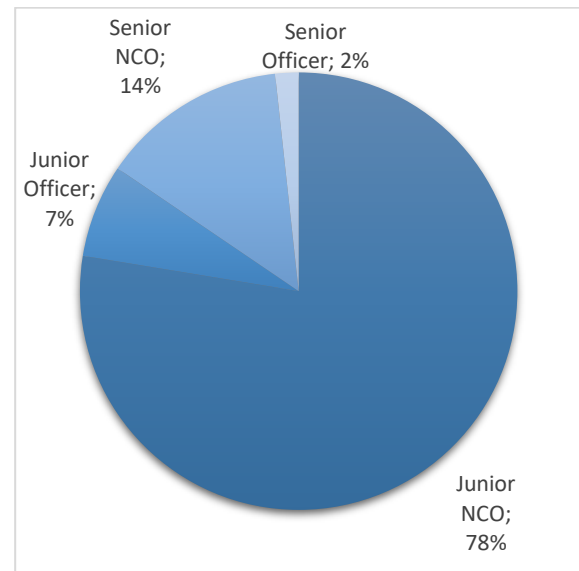
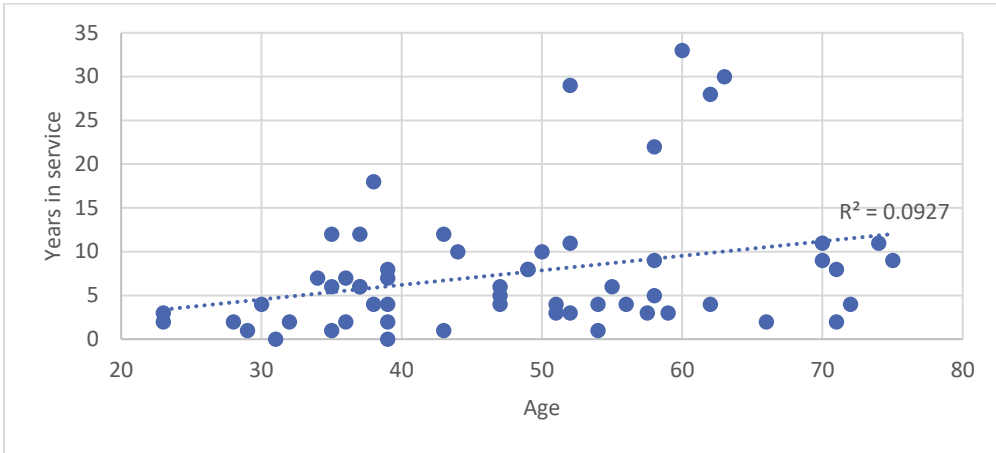
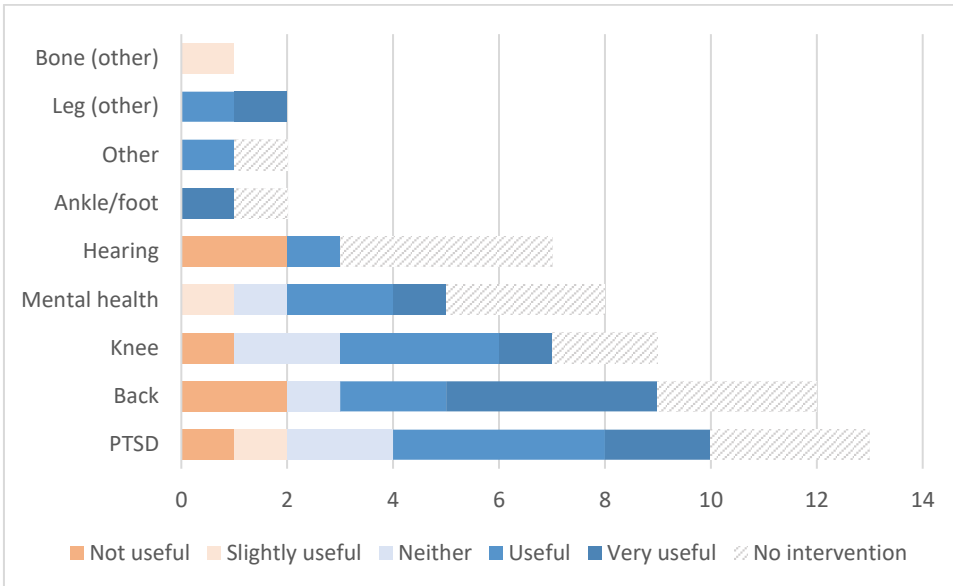


FIGURE 9: RELATIONSHIP BETWEEN AGE AND YEARS IN SERVICE



HEALTH CONCERNS

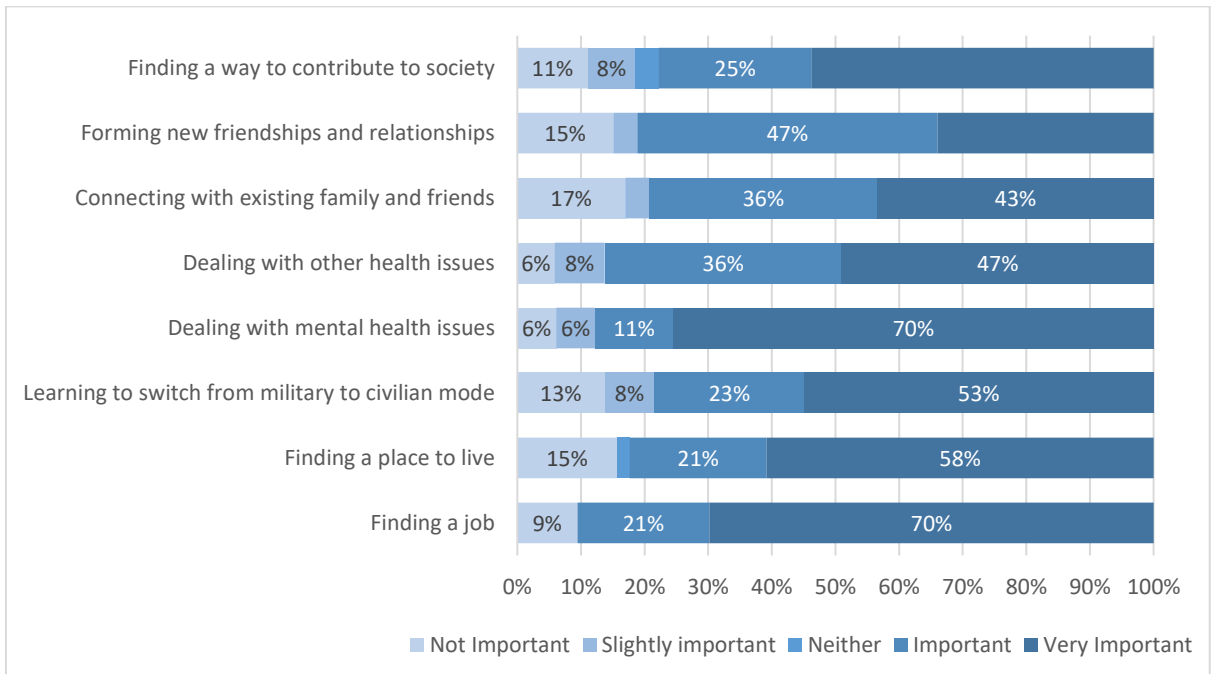
FIGURE 10: HEALTH CONCERNS AND USEFULNESS OF SERVICE AND SUPPORT



Multiple responses were provided

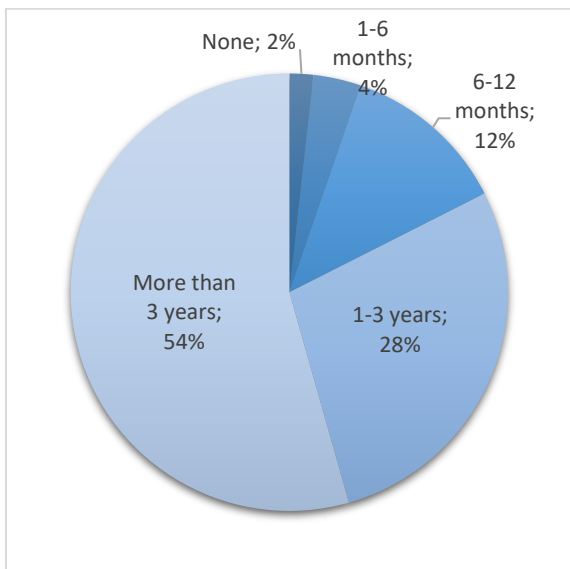
TRANSITIONING TO CIVILIAN LIFE

FIGURE 11: IMPORTANCE OF HELP FOR TRANSITIONING FROM ADF TO CIVILIAN LIFE.



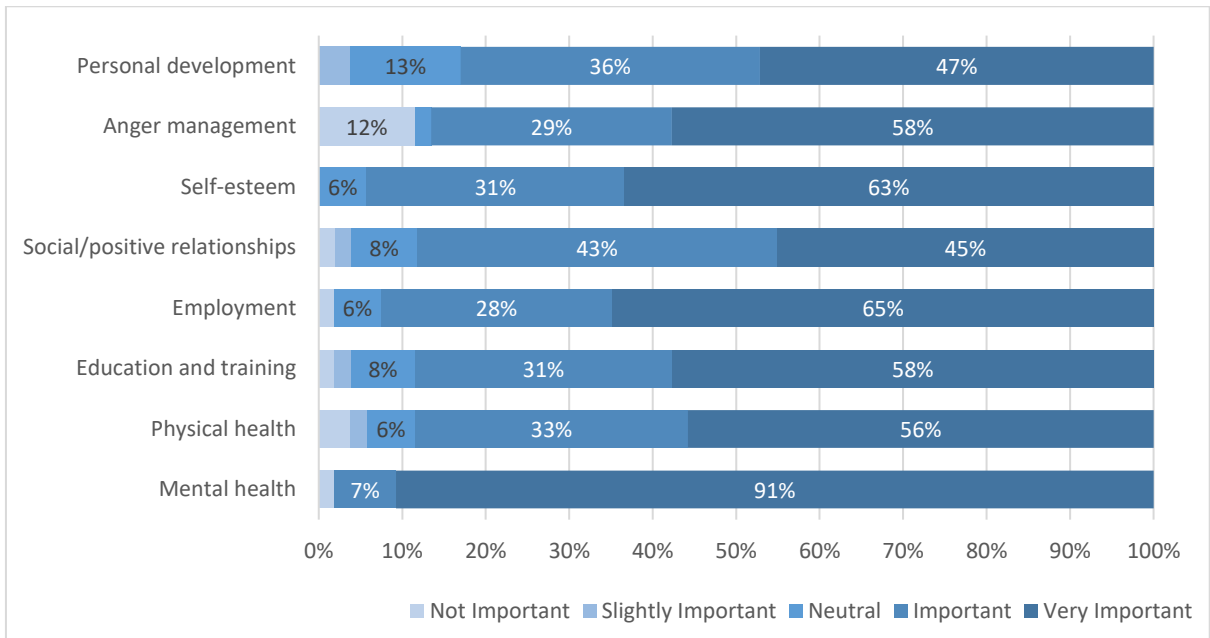
PRISON

FIGURE 12: TIME SPENT IN PRISON OR ON A COMMUNITY ORDER



NEEDS IN PRISON

FIGURE 13: IMPORTANCE OF PRISON SERVICES OR SUPPORTS TO HELP VETERANS TRANSITION TO THE COMMUNITY



APPENDIX B – COMPARISON BETWEEN VETERAN AND NON-VETERAN INMATE POPULATION

This qualitative study was not designed to compare the non-veteran and veteran inmate population. The data is gained from the interviews and surveys and compared with AIHW/ABS data. The table is for general evaluation and unqualified assessments should be avoided.

TABLE 2: GENERAL PRISON POPULATION COMPARED WITH INCARCERATED VETERAN SAMPLE

	AIHW 2018 (N 803, 62 prisons)	Veteran Survey (N 60, 9 prisons)	Veteran Interviews (N 51, 9 prisons)
Median/Mean age	33 years	48 years mean	47 years median
Married / in relationship	Not recorded	23%	49% (including divorced)
Highest year schooling = Year 9	33%	3%	30% Year 12 39% Year 10
Diagnosed mental health condition	40%	91% (help with mental health “very important”)	60%
Indigenous	38%	23%	18%
Sex offences (including possess child exploitation material)	13% (ABS 2018: Table 23, excludes NSW)	44%	31%
Previous imprisonment	73%	38%	2% (not all answered)

Sources:

Australian Institute of Health and Welfare (2019) *The health of Australia’s prisoners 2018*, Cat. no. PHE 246, AIHW, Canberra.

ABS (2018) *Prisoners in Australia 2018*, Canberra.