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arizona arrestee reporting information network

Maricopa County Attorney's Office Report:

veterans in the arrestee population

Arizona Arrestee Reporting Information Network

2013

Maricopa County Attorney's Office Report:
The Prevalence and Problem of Military Veterans in the Maricopa County Arrestee Population

By
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AARIN Program Overview

The Arizona Arrestee Reporting Information Network (AARIN) is a monitoring system that provides ongoing descriptive information about drug use, crime, victimization, and other characteristics of interest among individuals arrested in Maricopa County, Arizona. Funded by the Maricopa County Board of Supervisors beginning in 2007, AARIN is modeled after the former National Institute of Justice (NIJ) national-level Arrestee Drug Abuse Monitoring Program (ADAM). In three facilities throughout the county, professionally trained interviewers conduct voluntary and confidential interviews with recently booked adult arrestees and juvenile detainees. Questions focus on a range of topics including education, employment and other demographics, patterns of drug use (lifetime and recent), substance abuse and dependence risk, criminal activity, gang affiliation, victimization, mental health, interactions with police, public health concerns, incarceration and probation, citizenship, and treatment experiences. Each interviewee also provides a urine specimen that is tested for the presence of alcohol and/or drugs. Arrestees who have been in custody longer than 48 hours are ineligible for participation in AARIN, due to the 72-hour time limitation for valid testing of urine specimen.

The instruments used and the reporting mechanism underwent a substantial revision in 2011. While maintaining all of the data elements from the previous core set of questions, the baseline interview expanded by more than 60%. Additionally, with the change in the core questionnaire, the project shifted its reporting strategy to focus reports to each of six key Maricopa County criminal justice agencies: Maricopa County Manager's Office, Maricopa County Sheriff's Office, Maricopa County Attorney's Office, Office of the Public Defender, Adult Probation Department, and the Juvenile Probation Department.

Overall, AARIN serves as a near-real time information source on the extent and nature of drug abuse and related activity in Maricopa County, AZ. This information helps to inform policy and practice among police, courts and correctional agencies to increase public safety and address the needs of individuals who find themselves in the criminal justice system.

For information using the most recent set of data, please see the following reports:

- Maricopa County Manager's Office – Report on medical marijuana use among the arrestee population of Maricopa County.

- Maricopa County Sheriff's Office – Report based on the Booking Process Addendum, which assesses the implementation and early indicators related to the MCSO's new Integrity, Accountability and Community Initiative, for arrestees as they move through the booking process at Central Intake.

- Maricopa County Attorney's Office – Detailed report covering veterans among the arrestee population, combining core instrument data with data from the Veteran Addendum to assess the particular needs and experiences of Maricopa County arrestees who are veterans.

- Office of the Public Defender – Assessment of use of force and perception of police among selected special populations of Maricopa County arrestees, primarily drawing from the Police Addendum data.

- Adult Probation Department – Comprehensive summary of the core questionnaire comparing Maricopa County probationers to probationers from elsewhere and those arrestees who have not served probation.

- Juvenile Probation Department - Comprehensive summary of the core juvenile questionnaire comparing Maricopa County juvenile probationers to those who have served probation elsewhere and those detainees who have not served probation.

For other reports and more information about the project, visit the AARIN page of the Center for Violence Prevention & Community Safety's website: http://cvpcs.asu.edu/.

Methodology: Sampling and Data Collection

In order to ensure representative results for the entire population of arrestees in Maricopa County, the AARIN project employs a systematic sampling protocol that includes the collection of data with target quotas each day. Data are collected during three cycles each calendar year – with interviews conducted during a continuous two-week period at the Central Intake of Maricopa County's Fourth Avenue Jail each collection cycle. Dispersing data collection cycles across three different four-month blocks helps control for possible seasonal variations in crime and arrest patterns, and conducting collections covering all seven days of the week account for possible differences between weekdays and weekends, or other day-to-day variations. The periodic data collection cycles combined with the sampling protocols ensures a representative sample of all Maricopa County arrestees. The same procedures employed by AARIN were tested under ADAM (Maricopa County was one of the sites used in the evaluation), comparing the selected sample to comprehensive jail census data to assess the representativeness of the sample to the population on key characteristics. The National Opinion Research Center at the University of Chicago was the national data manager for ADAM at the time and concluded that the periodic data collection cycles, sampling protocols and daily quotas would result in a scientifically representative sample of study participants that could be generalized to the whole of arrestees for the particular jurisdiction (i.e. Maricopa County arrestees).

Daily collection quotas call for 23 males and 7 females to be interviewed, including the completion of the core instrument, any and all addenda, and to provide a urine specimen. Potential participants are selected using a standardized procedure (described below) to ensure both a sufficiently randomized and representative sample of arrestees. Some of the potential participants are either unavailable or otherwise ineligible for participation. Most commonly this applies to those arrestees who have already been released from custody or transferred to another facility, but also includes those whose behavior constitutes a safety risk to the jail and/or interview staff. Upon initial contact, arrestees are read an

informed consent script (see inset), to which they voluntarily either decline or agree to participate; typically more than 90% agree to participate.

> Consent Script:
>
> Hello, my name is __. I am working on a research project run by Arizona State University. The purpose of the project is to understand issues and problems confronted by people and to help give advice on how to provide services to individuals who have been arrested. I would like to ask you a series of questions that will take 15-45 minutes to answer. There are no foreseeable risks for participating in this research, and there are no benefits to you individually. Jail personnel will not have access to the information that you provide us. The information you provide is confidential and anonymous, and it will not help or hurt your case. If, for any reason, you become distressed or anxious during the interview, you can request to speak with the facility's medical personnel or psychological counselors.
>
> I will not write down your name or any other identifying information the questionnaire. You can refuse to answer any question, and you may stop the interview at any time for any reason. At the end of the interview I will ask you to provide a urine sample. If you listen to my questions, I will give you a candy bar. Do you have any questions?

During the data collection period, interviews are conducted during an eight-hour period each day, with arrestees who are randomly selected based on their booking time that yields a stratified random sample. Consistent with the ADAM sampling strategy, a *stock* (i.e., arrested and booked during non-data collection hours) and *flow* (i.e., during data collection hours) process is employed to ensure a representative sample of arrestees across any given 24-hour period. The stock sample is selected by starting with a list of all bookings processed from the 16 hours that range from when collection ended the previous day through the start-time of the current collection day. Eligible bookings are counted and divided by ten, which gives the selection interval. A random start-point is selected, and each *n*th (e.g. the value equal to the selection interval) arrestee is selected as a potential participant. A "nearest-neighbor" procedure is used to replace members of the stock list that are either found to be ineligible or unavailable, or whom decline to participate, until the daily quota of 10 completed and provided interviews is met. The flow sample is more straight-forward. Potential participants are randomly selected as they are booked into the facility as needed. A minimum of 13 completed and provided interviews are expected to meet daily quota.

Survey Instrument

The core AARIN survey instrument is modeled after the ADAM and Drug Use Forecasting (DUF) instruments, and was developed with input from Maricopa County officials. Starting with the third collection cycle of 2011, AARIN began using a new core instrument. The new instrument included the same elements of the previous version, but expanded by more than 60%, following extensive input from Maricopa County officials representing six key agencies related to the criminal justice system and the arrestee population – the County Manager's Office, Sheriff's Office, County Attorney, Public Defender, Adult Probation, and Juvenile Probation.

The instrument is broken down into a variety of sections that include: demographics and background information (sex, race/ethnicity, age, citizenship, educational level, methods of income), current and past drug use (ever, past 12 months, 30 days and three days), drug dependency and treatment, medical marijuana and marijuana acquisition, criminal history (ever, past 12 months), gang involvement, firearms possession, victimization (past 12 months, 30 days), police interactions, mental health issues (ever and past 12 months), correctional health services and public health concerns, and incarceration and probation history (ever and past 12 months). Additionally, the AARIN platform includes addenda instruments to the core set of questions. Addenda are used to collect more detailed information regarding a particular topic and/or population. The collection cycle is based on a fiscal year, and the reports using the most recently collected data were collected from September 2012 through June 2013. During this collection year, both a police contact and a gang addenda were used, collecting information from arrestees about police in general, use of force by and against the police (Police Contact Addendum), reasons and methods for joining and leaving a gang, gang organizational structure and criminal activities, and the respondents' perceptions of cohesion and connectedness to their gang (Gang Addendum). Additionally, for one collection period, a booking process addendum was used to provide direct analysis of the principles and procedures outlined in the MCSO Integrity, Accountability and Community Initiative.

Urinalysis Testing

Once an interview is completed, the arrestee then submits a urine sample. The urine specimens are tested for alcohol and four illicit drugs: cocaine, marijuana, methamphetamine, and opiates. The testing is done using the enzyme-multiplied immunoassay technique (EMIT), which has shown a high degree of accuracy with very few false-positive results (Reardon, 1993). As a reliability check, all specimens that test positive with the EMIT methods are then tested again using Gas Chromatography with Mass Spectrum Detection (GC/MS). The EMIT technique with GC/MS confirmation procedures are well-established and offer highly reliable results for the illicit drugs under study here – cocaine, marijuana, methamphetamine, and opiates – for up to 72 hours after use. Unfortunately, these procedures offer high reliability results for alcohol for only 12-24 hours after use. The adoption of more sensitive alcohol screening procedures was cost-prohibitive, however.

Introduction to the County Attorney's 2013 Report

The post-9/11 wars in Iraq and Afghanistan have been the longest sustained U.S. military operations since the Vietnam War. More than 2.2 million troops have been sent into battle, resulting in more than 6,600 deaths and 48,000 injuries (Institute of Medicine, 2013). Over the last few years, hundreds of thousands of veterans have returned home from Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF; and now Operation New Dawn [OND]) – many after multiple tours in combat. Though most veterans are able to re-adjust successfully, a recent study by the Institute of Medicine (2013) found that 44% of returning veterans reported post-deployment difficulties. The report notes that:

> Significant numbers of personnel deployed to Iraq and Afghanistan have suffered traumatic brain injuries (TBI) and many have shown symptoms of posttraumatic stress disorder (PTSD), depression, and substance misuse or abuse... These military and veteran personnel often have more than one health condition. The most common overlapping health disorders are PTSD, substance use disorders, depression, and symptoms attributed to mild TBI (Institute of Medicine, 2013: 2).

The common signs and symptoms of these war-related conditions include: cognitive issues such as decreased attention span, lack of motivation, irritability, depression and anxiety, increased fatigue, headaches, memory loss or disturbance, disrupted sleep, and behavioral issues. Perhaps not surprisingly, the symptoms associated with these combat-related injuries may also lead to anti-social behavior that draws the attention of the police, and often results in arrest and incarceration.

In recognition of this problem, many jurisdictions across the United States have created specialized Veterans Courts, which employ a drug court-adapted therapeutic approach to funnel justice system-involved veterans to counseling and support services that are closely monitored by the court. Baldwin's (2013) recent national survey identified 114 Veterans Treatment Courts across the United States. VTCs provide a wide range of services to criminal justice-involved veterans, from mental health and substance abuse treatment to vocational, housing and transportation services (Baldwin, 2013).

Despite the emergence of VTCs, little is known regarding the prevalence of military veterans in the criminal justice system, the nature of their cases and prior experiences, as well how combat-related conditions such as PTSD or TBI may have contributed to their involvement in the system. Noting that in previous wars veterans' requests for services (e.g., disability, treatment) peaked more than 30 years after discharge, Baldwin (2013: 2) concluded the "United States is at the very start of what will likely be a decades-long engagement with returning OIF/OEF/OND veterans." As a result, information on issues surrounding criminal justice-involved veterans is important for those seeking to facilitate returning veterans' readjustment to civilian life (e.g., Veterans Affairs), as well as for both criminal justice policy and practice and the continuing development of VTCs.

This report seeks to address the knowledge gap in this area through an examination of 1,370 recently booked arrestees in Maricopa County, Arizona. Using interview data from the Arizona Arrestee Reporting Information Network (AARIN), the report characterizes the problems and prior experiences of

military veterans, and compares veteran and nonveteran arrestees along a range of demographic, background and criminal behavior measures. The overall objectives of the report are to provide an ongoing estimate of the prevalence of military veterans in the Maricopa County arrestee population and to assess the extent to which the arrested veterans differ from the larger arrestee population.

Methodology

The present study used interview data obtained from 1,370 recently booked adult male and female arrestees at the Maricopa County, Arizona as part of the Arizona Arrestee Reporting Information Network (AARIN). The Maricopa County Board of Supervisors established AARIN in January 2007 to monitor drug use trends, treatment needs, and at-risk behavior among recently booked arrestees in Maricopa County. Each calendar quarter, professionally trained local staff conduct voluntary and anonymous interviews with adult males and females who have been arrested within the past 48 hours. AARIN serves as a near-real time information source on the extent and nature of drug abuse and related activity in Maricopa County, AZ. This information helps to inform policy and practice among police, courts and correctional agencies to increase public safety and address the needs of individuals who find themselves in the criminal justice system.

The AARIN instruments underwent a substantial revision in 2011. While maintaining all of the data elements from the previous core set of questions, the baseline interview expanded by more than 60%. Additionally, with the change in the core questionnaire, the project shifted its reporting strategy to focus reports to each of six key Maricopa County criminal justice agencies: Maricopa County Manager's Office, Maricopa County Sheriff's Office, Maricopa County Attorney's Office, the Office of the Public Defender, Adult Probation Department, and the Juvenile Probation Department. The current report, examining the prevalence of veterans in the jail system (and their problems) has been produced at the request of the Maricopa County Attorney's Office.

The current report includes information collected from the core AARIN instrument, as well as a Veterans' addendum. The core instrument collects a wide range of information on each arrestee, including demographics, patterns of drug use (lifetime and recent), criminal activity, gang affiliation, victimization, mental health, citizenship and treatment experiences. Each interviewee also provides a urine specimen that is tested for the presence of alcohol and/or drugs.

For those respondents who identified themselves as veterans, questions were asked about whether they served in a combat zone (and specifically, Iraq or Afghanistan), the branch of service, length of service and discharge, and the nature of their discharge. Additional questions asked whether they suffered a physical injury during their service, and if so, the type of injury. Finally, respondents were asked if they had been diagnosed or treated for post-traumatic stress disorder (PTSD), another mental health problem, or a substance abuse problem since their military service. If the respondent indicated they had been diagnosed or treated for each of those conditions, they were asked about the type of treatment received. They were also asked to explain why they had not sought treatment, if that were the case.

Findings

Among the 1,370 completed interviews, there were 74 respondents who reported being a military veteran (5.4%). Exhibit 1 shows the characteristics of the participating arrestee sample, specifically comparing veterans and non-veterans. There were a few notable differences between veterans and non-veterans. Veterans were predominantly white (62.2% of veterans compared to 46.8% of non-veterans) and male (91.9% compared to 75.5% for non-veterans). Veterans were more likely to have achieved post high school education. Specifically, only 5.4% of veterans reported less than high school education (compared to 32.6% of non-veterans), and more than 60% reported post high school education (compared to just 32.4% for non-veterans).

Residency in the past 30 days was similar for the two groups, with the vast majority living in private residences. From 10-14% of each group reported no fixed residence (i.e., living on the street). Non-veterans were slightly more likely than veterans to have been working full or part time in the month prior to their arrest (52.8% vs. 46.0%, respectively), though non-veterans were also nearly three times as likely to report receiving no income – 11.4% compared to only 4.1% for veterans. Alternatively, more than one-quarter of veterans (25.7%) indicated that they had received income from family or other legal sources, compared to 14.9% for non-veterans. Last, veterans were, on average, quite a bit older (40.9 years) than non-veterans (31.9 years). Exhibit 2 shows a comparison of veterans and non-veterans across selected demographic and background characteristics.

Exhibit 1. Selected Characteristics of the Arrestee Population by Veteran Status
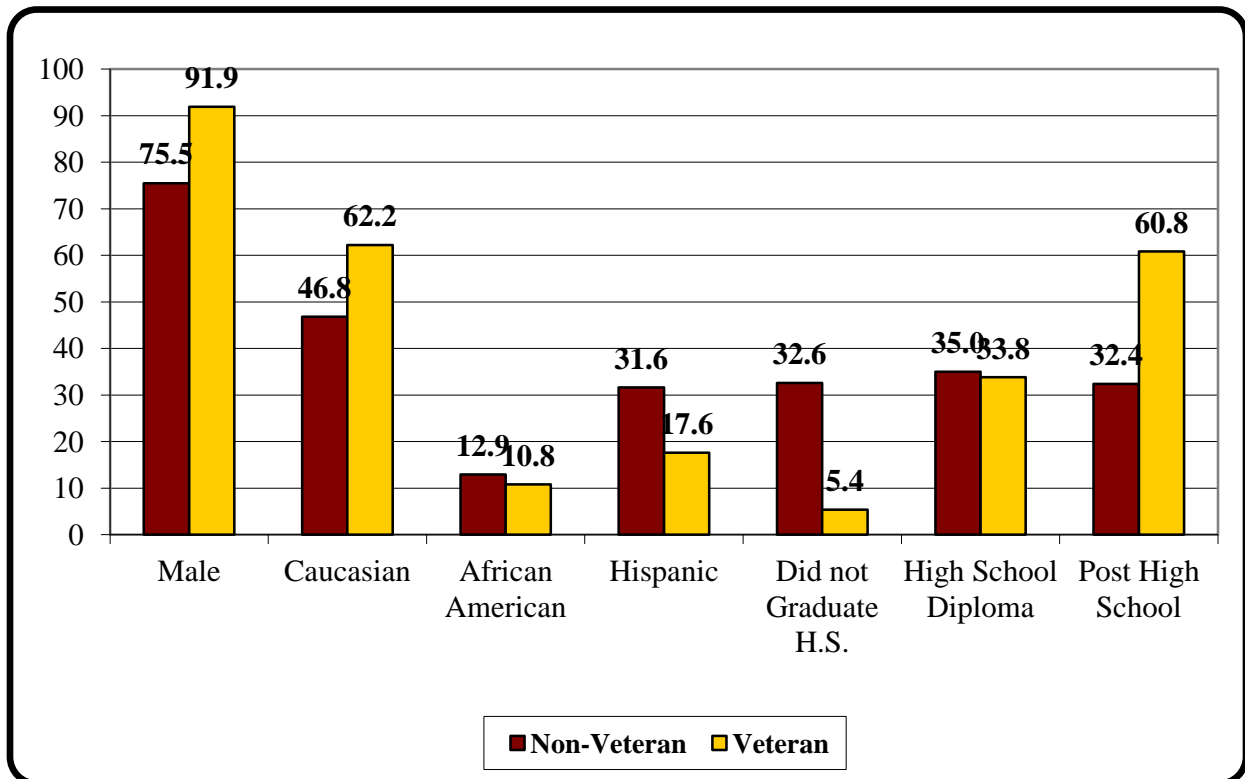
Exhibit 2: Characteristics of the Arrestee Population by Veteran Status

	No		Yes		Total	
	%	**n**	**%**	**n**	**%**	**n**
Have you ever served in the United States Military?	94.6	1296	5.4	74	100	1370
	Non-Veteran		**Veteran**		**Total**	
	%	**n**	**%**	**n**	**%**	**n**
Gender*						
Male	75.5	978	91.9	68	76.4	1046
Female	24.5	318	8.1	6	23.6	324
Race/Ethnicity*						
Caucasian	46.8	607	62.2	46	47.7	653
African American	12.9	167	10.8	8	12.8	175
Hispanic	31.6	409	17.6	13	30.8	422
Other	8.6	113	9.5	7	8.8	120
	%	**n**	**%**	**%**	**n**	**%**
Education*						
Did not Graduate H.S.	32.6	418	5.4	4	31.1	422
High School Diploma	35.0	450	33.8	25	35.0	475
Post High School	32.4	416	60.8	45	33.9	461
Residence last 30 days						
Private Residence	87.1	1128	83.8	62	86.9	1190
Public or Group Housing	1.1	14	1.4	1	1.1	15
Incarcerated	0.4	5	1.4	1	0.4	6
Shelter	0.4	5	0.0	0	0.4	5
No Fixed Residence	10.8	140	13.5	10	11.0	150
Other	0.2	3	0.0	0	0.2	3
Income last 30 days*						
Work Full Time	34.5	434	31.1	23	34.3	457
Work Part Time	18.3	230	14.9	11	18.1	241
Welfare	9.0	113	20.3	15	9.6	128
Family or other legal sources	14.9	188	25.7	19	15.5	207
Prostitution/drug dealing	6.6	83	2.7	2	6.4	85
Other illegal sources	5.3	67	1.4	1	5.1	68
No income	11.4	143	4.1	3	11.0	146
Age (Mean) *	31.9		40.9		32.4	

* $p<.05$

Characteristics of Veterans' Service

Exhibit 3 shows some basic characteristics of the veteran respondents' military service.[1] The table shows the distribution of their branch and length of service, whether they were active duty or not, time since discharge, and the nature of discharge. About one-half served in the Army (49.3%), one-fifth in the Navy (18.3%). Most were active duty (87.3%). Approximately two-thirds of the veterans in our sample served four years or less (69.1%), and three-quarters had been discharged five years or more ago (76.6%). More than 90% received an honorable or general discharge.

Exhibit 3: Characteristics of Veterans Service	%	n
In which branch of service?		
Army	49.3	35
Navy	18.3	13
Air Force	8.5	6
Marines	22.5	16
Coast Guard	1.4	1
National Guard	4.2	3
In which component did you serve		
Active Duty	87.3	62
Reserves	9.9	7
National Guard	1.4	1
Other	1.4	1
How long did you serve?		
Less than 1 Year	2.9	2
1 - 2 Years	26.5	18
3 - 4 Years	39.7	27
5 - 10 Years	19.1	13
More than 10 years	11.8	8
How long ago were you discharged?		
Less than 1 Year	6.3	4
1 - 2 Years	6.3	4
3 - 4 Years	10.9	7
5 - 10 Years	21.9	14
More than 10 years	54.7	35
Describe the nature of your discharge?		
Honorable	83.1	54
General	10.8	7
Other than Honorable	4.6	3
Bad Conduct	0.0	0
Dishonorable	1.5	1

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[1] Although 74 arrestees reporting being a military veteran, only 71 completed the AARIN Veterans' addendum.

Exhibit 4 shows the characteristics of the veterans' time in service, including whether they served in a combat zone (specifically, Iraq or Afghanistan since September 11, 2001), whether they were physically injured, and whether they have been diagnosed or treated for particular problems since their service. Though almost half had served in a combat zone (46.5%), just less than one-third of veterans in our sample had served in Iraq or Afghanistan post-9/11 (29.6%). Problems associated with their military service were relatively common, however. More than one-third had been physically injured (36.6%), 28.2% had been diagnosed or treated for PTSD, 20.0% had been diagnosed or treated for another mental health problem, and 21.4% had been diagnosed or treated for a substance abuse problem since their military service.

Of the respondents who had been injured, the most common injuries involved the legs (59.3%) and the head (40.7%). More than half of injured veterans indicated that they had some difficulty or had fared poorly after their injury (52.2%). Taken together, 37 of the 71 veterans in this study (52.1%) reported to have at least one of the above problems or issues (see Exhibit 5 for selected findings). Notably, most of the veteran arrestees who self-reported a problem also indicated that they had received treatment for that problem: 19 of 20 had received treatment for PTSD; 12 of 14 had received treatment for another mental health problem; and 13 of 15 had received substance abuse treatment.

Exhibit 4: Characteristics of Veterans Time in Service

	No		Yes		Total	
	%	**n**	*%*	**n**	*%*	**n**
Did you ever serve in a combat zone?	53.5	38	46.5	33	100.0	71
Did you serve in Iraq or Afghanistan after September 11, 2001?	70.4	50	29.6	21	100.0	71
Were you physically injured during military service?	63.4	45	36.6	26	100.0	71
Have you been diagnosed or treated for PTSD since your military service?	71.8	51	28.2	20	100.0	71
Have you been diagnosed or treated for mental health problem other than PTSD since your military service?	80	56	20	14	100.0	70
Have you been diagnosed or treated for substance abuse?	78.6	55	21.4	15	100.0	70

Exhibit 5: Selected Characteristics of Veterans Time in Service
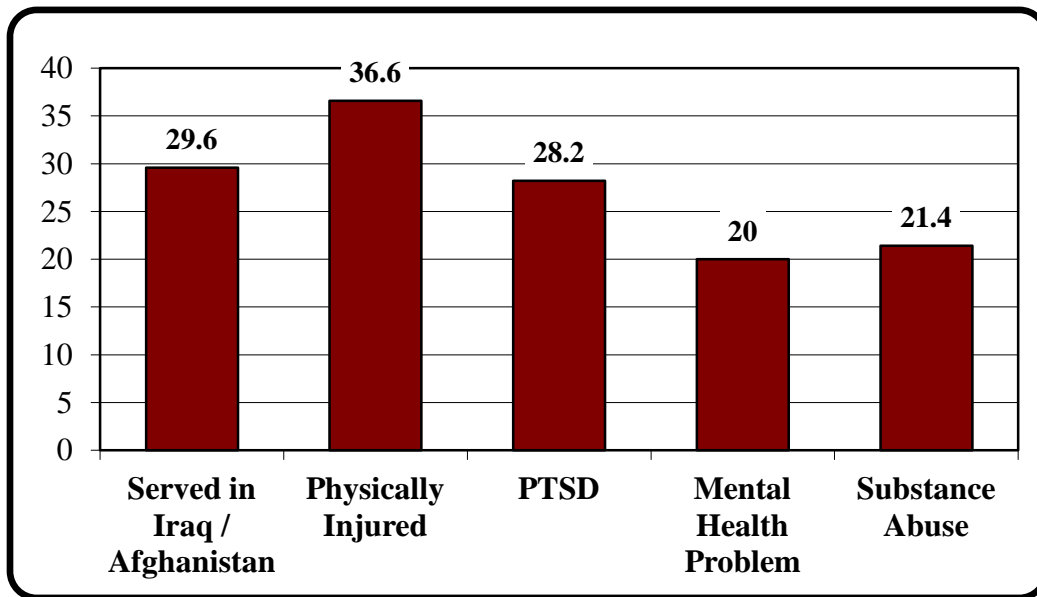
Drug Use by Veteran Status

The AARIN instrument collects self-reported drug use information over the past month and year, as well as drug test results from urine specimens collected at the time of the interview. Drug use was common among the veteran arrestees. Approximately 52% reported any drug use during the past year, and 40.8% reported any drug use in the past 30 days. About half of veteran arrestees tested positive for an illegal substance at the time of the interview. These drug use rates, however, were significantly lower than non-veteran arrestees.

Exhibit 6 below shows 12-month, 30-day, and urinalyses for marijuana, crack cocaine, powder cocaine, methamphetamine, and opiates by veteran status. Past 12 month drug use was dissimilar among veterans and non-veterans. Specifically, we found that veterans reported lower rates of marijuana use (39.2% compared to 52.2% for non-veterans), cocaine use (2.7% compared to 10.3% for non-veterans), methamphetamine use (14.9% compared to 31.2% for non-veterans), and opiate use (4.1% compared to 12.0% for non-veterans). The differences persisted for the 30-day self-report measure, for all four drugs. The significant differences in drug use persisted with urinalysis results, with veterans showing much lower rates of use than non-veterans (marijuana, 22.5% vs. 37.4%; methamphetamine, 16.9% vs. 32.7%; and opiates, 1.4% vs. 13.1%).

Exhibit 6: Drug Use by Veteran Status

	Non-Veteran		Veteran		Total	
	%	**n**	**%**	**n**	**%**	**n**
Marijuana						
Past 12 Months*	52.2	677	39.2	29	51.5	706
Past 30 Days*	41.8	539	29.7	22	41.2	561
Urinalysis*	37.4	452	22.5	16	36.5	468
Powder Cocaine						
Past 12 Months*	10.3	134	2.7	2	9.9	136
Past 30 Days*	5.5	71	0.0	0	5.2	71
Urinalysis	6.8	82	2.8	2	6.6	84
Crack Cocaine						
Past 12 Months	4.9	63	5.4	4	4.9	67
Past 30 Days	3.5	45	1.4	1	3.4	46
Urinalysis	6.8	82	2.8	2	6.6	84
Methamphetamine						
Past 12 Months*	31.2	404	14.9	11	30.3	415
Past 30 Days*	27.0	350	13.5	10	26.3	360
Urinalysis*	32.7	396	16.9	12	31.8	408
Opiates						
Past 12 Months*	12.0	156	4.1	3	11.6	159
Past 30 Days*	10.0	130	2.7	2	9.6	132
Urinalysis*	13.1	159	1.4	1	12.5	160

* p<.05

Offense Severity by Veteran Status

Exhibits 7 and 8 below show the most serious type of offense on the current arrest by veteran status. Approximately 20% of veterans were arrested for violent charges, and 24.3% were arrested for property charges. An additional 23% were arrested on drug charges, and nearly one-third were arrested for miscellaneous offenses (32.4%), including disorderly conduct, failure to appear/pay fines, driving on a suspended license, and probation violations. The current offense was similar among veteran and non-veteran arrestees, though veterans were slightly less likely to be arrested on drug charges (23.0% vs. 27.8%). Veteran and non-veteran arrestees also had similar mean number of prior arrests over the past year (1.32 and 1.03).

Exhibit 7: Current Charge and Arrest History by Status

	Non-Veteran		Veteran		Total	
	%	**n**	**%**	**n**	**%**	**n**
Violent	18.9	245	20.3	15	19.0	260
Drug	27.8	360	23.0	17	27.6	377
Property	22.6	293	24.3	18	22.7	311
Other	30.6	396	32.4	24	30.7	420
Mean # Arrests	1.03		1.32		1.05	

* $p<.05$

Exhibit 8: Current Charge Category of Offense by Status

Bar chart legend: ■ Non-Veteran ■ Veteran

Category	Non-Veteran	Veteran
Violent	18.9	20.3
Drug	27.8	23.0
Property	22.6	24.3
Other	30.6	32.4
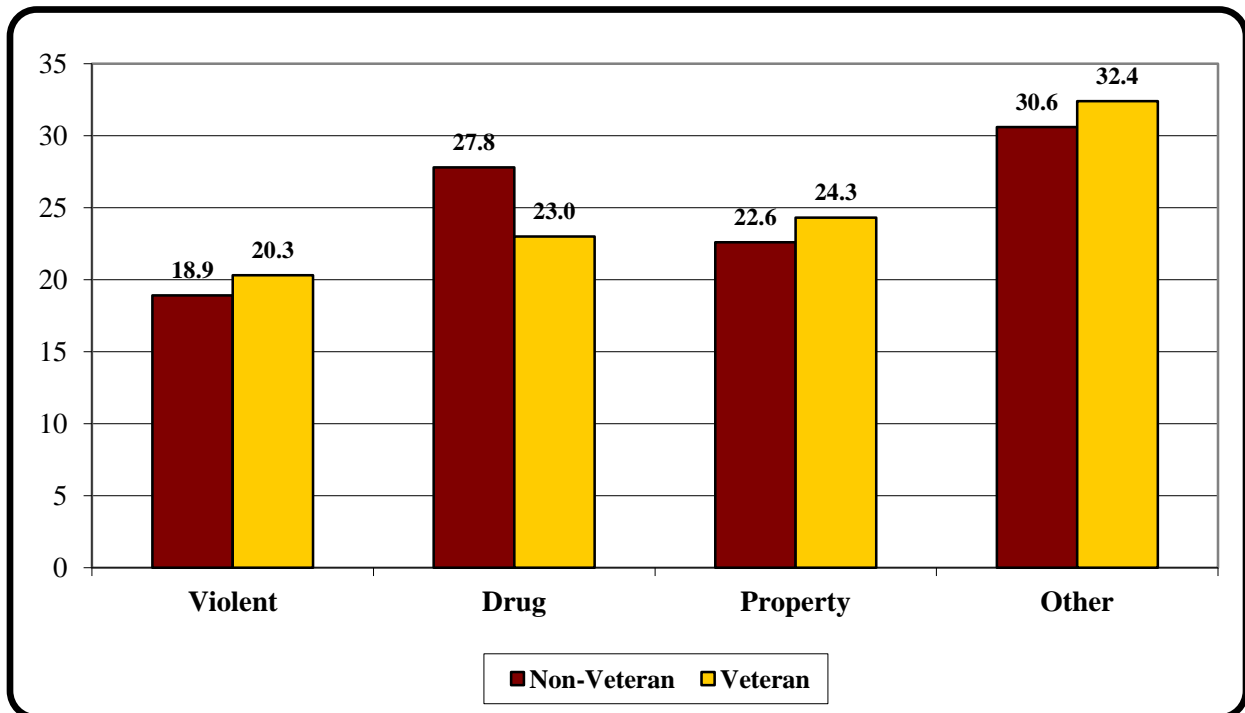
Gang Involvement by Veteran Status

Exhibit 9 shows prior and current gang involvement among arrestees, and there are a few differences among veteran and non-veterans. Approximately 93% of veteran arrestees have no history of gang involvement, compared to 82.5% of non-veterans. About 4% of non-veteran arrestees report being a current gang member, and 8.2% reported being a gang associate. An additional 5.5% stated that they were a former gang member. Among veteran arrestees, two reported being a gang associate (2.7%) and three reported former gang membership (4.1%). There were no veteran arrestees who reported current gang membership.

Exhibit 9: Gang Membership by Veteran Status

	Non-Veteran		Veteran		Total	
	%	n	%	n	%	n
Non-Gang Member	82.5	1063	93.2	69	83.1	1132
Gang Associate	8.2	105	2.7	2	7.9	107
Current Gang Member	3.8	49	0	0	3.6	49
Former Gang Member	5.5	71	4.1	3	5.4	74

Victimization by Veteran Status

Exhibits 10 and 11 display whether the respondent reported having been the victim of a violent crime during the past 12 months. The three categories of victimization are constructed from five questions: 1) have you been threatened with a gun; 2) have you been shot at; 3) have you been shot; 4) have you been threatened with a weapon other than a gun; 5) have you been assaulted or attacked without a weapon.

Among veterans, 10.8% reported being a victim of a firearm-related crime in the past 12 months, and 12.2% reported being victimized with another type of weapon (compared to 18.9% and 14.8%, respectively, for non-veterans). Assault rates were similar for veteran and non-veteran arrestees (18.8% and 18.9%).

Exhibit 10: Victimization by Status

	Non-Veteran		Veteran		Total	
	%	n	%	n	%	n
Victimized Past 12 Months						
Gun Crime	18.9	245	10.8	8	18.5	253
Non-Gun Weapons Crime	14.8	192	12.2	9	14.7	201
Assaulted or Attacked	18.8	243	18.9	14	18.8	257

* p<.05

Exhibit 11: Victimization by Status
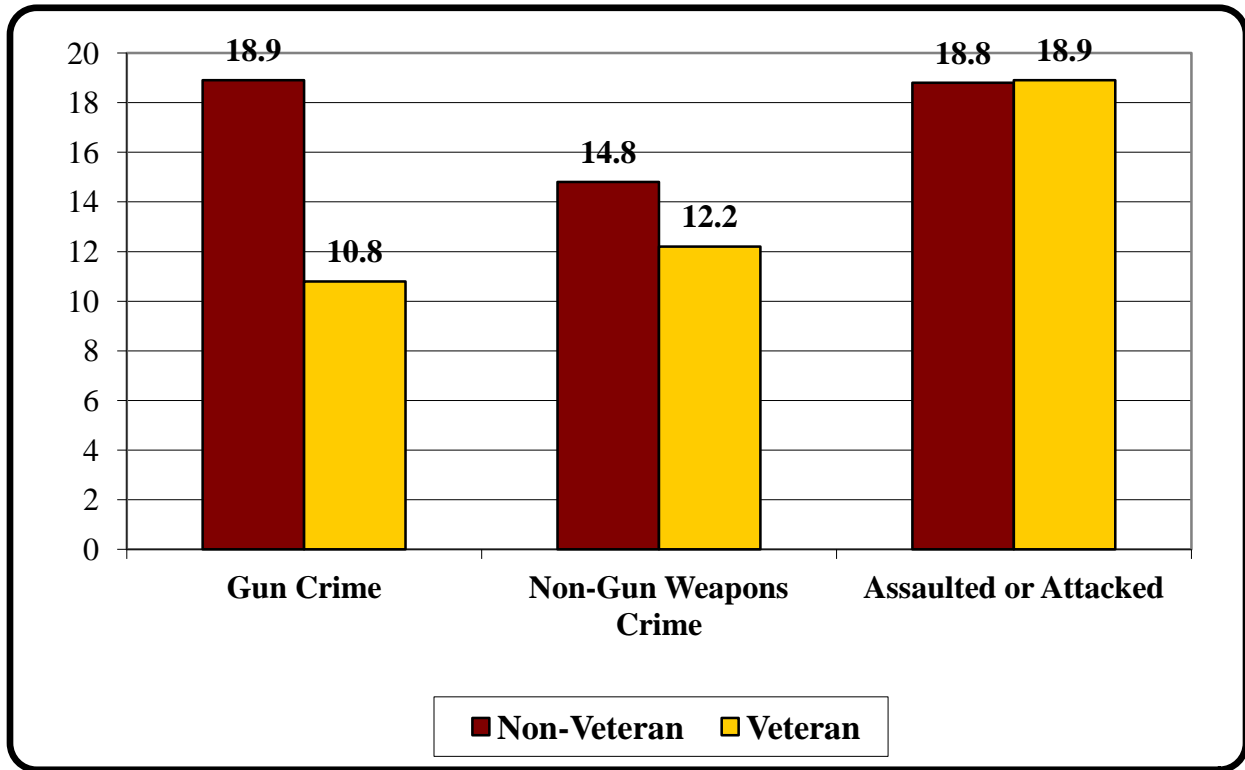
Mental Health by Veteran Status

Exhibit 12 shows four different measures of mental health status: have you ever been told you have a mental illness, and have you ever been treated, prescribed medication and hospitalized for a mental illness. Veteran arrestees have higher rates on all four of these measures, but none of the differences are statistically significant. One-third of veteran arrestees report having been told that they have a mental illness, and have been treated for a mental illness (32.4% and 33.8%, respectively), compared to 29.7% and 24.5% for non-veteran arrestees. Approximately 28% of veteran arrestees report having been prescribed medication for a mental health problem, compared to 21.6% of non-veterans. Last, 13.5% of veteran arrestees report having been hospitalized for mental illness, compared to 9.5% of non-veterans.

Exhibit 12: Mental Health by Status

	Non-Veteran		Veteran		Total	
	%	n	%	n	%	n
Ever…						
Told you have a mental illness	29.7	385	32.4	24	29.9	409
Treated for a mental illness	24.5	317	33.8	25	25	342
Prescribed medication	21.6	280	28.4	21	22	301
Hospitalized for a mental illness	9.5	123	13.5	10	9.7	133

* $p<.05$

Conclusion

This report presents information obtained from interviews of 1,370 recently booked arrestees in Maricopa County, Arizona, as part of the Arizona Arrestee Reporting Information Network (AARIN). The objective of this report is to provide basic information on the prevalence of military veterans in the arrestee population, as well as background information on their military service, demographics, and service-related problems. The report also provides comparisons of veteran and non-veteran arrestees along these measures.

Approximately 5% of the arrestees interviewed were military veterans. The veteran arrestees were primarily older white males who were better-educated and more likely to be employed (compared to other arrestees). Though veteran arrestees had slightly higher rates of mental health problems, they were less likely than other arrestees to use drugs and to be associated with a gang. Veteran and non-veteran arrestees were similar in terms of their current arrest charge, their recent criminal history, and their rates of victimization.

A majority of veteran arrestees were discharged from the military more than a decade ago – though about 30% had served in the post 9/11 wars in Iraq and Afghanistan. More than half of the veteran arrestees have problems either directly or indirectly related to their military service including physical injuries, PTSD, other mental health issues and substance abuse (that were diagnosed after their discharge). Importantly, nearly all of the veteran arrestees who stated that they suffered from one of these problems had also received treatment for the problem.

A Brief Note on Trends from 2010-2013

This 2013 report is a follow-up to a similar report authored in 2010, which allows for examination of trends over time. The findings described in the current report are distinctive from the 2010 report in a number of ways.

- The percentage of arrestees who report being a military veteran has declined slightly, from 6.3% to 5.4%. Recent US Census data indicate that veterans make up approximately 7.3% of the Maricopa County population (**http://quickfacts.census.gov/qfd/states/04/04013.html**). As a result, the findings here suggest that veterans are slightly under-represented in the Maricopa County arrestee population.

- In the 2010 report, the author suggested that the proportion of veterans in the criminal justice system would actually increase, perhaps substantially, because of 1) the influx of veterans returning from the post-9/11 wars; and 2) the problems associated with service in a combat zone. This predicted trend has not occurred however. The reasons for this finding are not known, but the increased availability of support services for returning veterans is one potential explanation. Another potential explanation involves the length of time that passes before veterans begin to experience service-related problems. Notably, 76% of the veterans in this study were discharged from the service more than five years ago. It may be that, for many veterans, service-related problems do not manifest for several years (e.g., more than five years).

Examination of the trends described in this report over the next few years will shed light on this issue.

- The veterans described in the current study were similar to the veterans in the 2010 study in many respects (age, sex, education, employment), though the current sample is slightly less racially/ethnically diverse (62% Caucasian, compared to 55% in 2010). It is notable that homelessness has almost doubled for both veteran and non-veteran arrestees, from 2010 to 2013.

- The veteran sample in the 2010 report was distinctive from other arrestees in several ways: greater use of crack cocaine and heroin; greater likelihood of victimization; and greater likelihood of violent charges. All of these veteran/non-veteran differences have disappeared in the current study. Violent charges, victimization, drug use, and gang affiliation are all less frequent among the veterans in the current study, compared to the 2010 report.

- The nature and characteristics of military service have changed little from the 2010 report to the current report, with one notable exception: the percentage of veterans who served in the post-9/11 wars in Iraq and Afghanistan. The percentage of post-9/11 war veterans has nearly doubled, from 16.4% to 29.6%.

- Veterans continue to struggle with problems tied either directly or indirectly to their military service. In the 2010 report, just over half of veteran arrestees had experienced one or more of the following: physical injuries, PTSD, another mental health problem, and substance abuse. That rate remains unchanged in the current report.

Continued study over time will shed light on the persistence of military veterans in the arrestee population, as well as the severity of the problems.

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About the Center for Violence Prevention & Community Safety

Arizona State University, in order to deepen its commitment to the communities of Arizona and to society as a whole, has set a new standard for research universities, as modeled by the New American University. Accordingly, ASU is measured not by whom we exclude, but by whom we include.

The University is pursuing research that considers the public good and is assuming a greater responsibility to our communities for economic, social, and cultural vitality. Social embeddedness – university-wide, interactive, and mutually-supportive partnerships with Arizona communities – is at the core of our development as a New American University.

Toward the goal of social embeddedness, in response to the growing need of our communities to improve the public's safety and well-being, in July 2005 ASU established the Center for Violence Prevention and Community Safety. The Center's mission is to generate, share, and apply quality research and knowledge to create "best practice" standards.

Specifically, the Center evaluates policies and programs; analyzes and evaluates patterns and causes of violence; develops strategies and programs; develops a clearinghouse of research reports and "best practice" models; educates, trains, and provides technical assistance; and facilitates the development and construction of databases.

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