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A multisite examination of women veterans in veterans treatment courts: a gendered comparison of demography, criminal history, program requirements, and substance use and mental health issues

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ABSTRACT

Although the overall veteran, arrestee, and incarcerated populations have been decreasing, women as a percentage of the veteran population and those legal involved are on the rise. In fact, women are the fastest-growing cohort within the U.S. veteran population, and the women jail inmate population increased 15% from 2008 to 2018. Treatment programs targeting justice-involved individuals and/or veterans have also proliferated during the past decade. The current study examines women veterans in eight veterans treatment court (VTC) programs across the Southern United States (three in Florida, two in North Carolina, and three in Texas) using data from the National Institute of Justice's Multisite Examination of Veterans Treatment Courts. Specifically, we examine demographics, criminal histories, program requirements and experiences, and behavioral and mental health issues of the women participants in these VTCs. In addition to illustrating these aspects among women VTC participants, we conduct statistical comparisons to VTC participant counterparts who are men to determine any significant differences. Recommendations for addressing the unique nature and needs of women veterans in VTCs are provided based on these results.

KEYWORDS

veterans treatment court; veterans court; women veterans; justice-involved veterans; justice-involved women; women veterans

Introduction

Women are the fastest-growing cohort within the veteran population in the United States (National Center for Veterans Analysis and Statistics, 2017). Although the overall veteran population is decreasing at an annual rate of about 1.5%, the women veteran population is increasing at a rate of 1% per year. The percentage of the total veteran population who are women is projected to increase to approximately 16% in 2040, a 10% increase from 6%

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in 2000 (National Center for Veterans Analysis and Statistics, 2017). Increases in women active-duty service members have also been observed, from 15% in fiscal year 2004 to about 17% in fiscal year 2018 (U.S. Government Accountability Office, 2020).

Unfortunately, the numbers of women incarcerated and arrested have also been increasing (National Resource Center on Justice Involved Women, 2016). From 2000 to 2013, women in local jails increased 44% (Glaze & Kaeble, 2014). From 2008 to 2018, the jail population for men fell 9%, but for women the jail inmate population increased 15% (Zeng, 2020). Since 1980, the number of women in U.S. prisons has also increased by more than 700%, outpacing men by more than 50% (The Sentencing Project, 2015).

Given these trends, veterans treatment courts (VTCs) as rehabilitation programs may be affected, as its target population is, most generally, veterans and service members who are in contact with the criminal justice system. The VTC is a type of problem-solving court that aims to address the underlying causes and correlates of criminal behavior (e.g., substance misuse, mental health issues, housing instability) among legally involved U.S. military veterans and service members. These programs mandate participation in treatment and services to address these issues as well as supervision by the court, and often probation, to improve the veteran's well-being, reduce recidivism, and increase community safety (Russell, 2009).

The implementation of VTC programs has been rapid across the United States. In 2016, there were 461 VTC programs, and in 2020, there were more than 600 VTCs and other veteran-focused court programs in existence (U.S. Department of Veterans Affairs, 2022). Empirical research, however, has been more recent relative to their emergence. The current study aims to add to the limited research in this area by examining women VTC participants in eight programs. Given trends in criminal justice system contact for women and their increase in the proportion of the veteran population, the results serve as the basis for recommendations for VTC programs and future research to address the unique nature and needs of women VTC participants.

VTCs

VTCs emerged with the returning population of service members from the drawn down on the wars in Iraq and Afghanistan and as a response to the reintegration challenges facing these individuals stateside (Hartley & Baldwin, 2019). VTCs are an amalgam of drug courts and mental health courts (Pratt, 2010), and operations and processes are similar to other specialized courts. Research on the effects of VTC programs on participant

outcomes has only recently been published (Baldwin & Hartley, 2022). Tsai et al. (2018), for example, using a national sample of almost 8,000 veterans, found that just 14% experienced a new incarceration. Results also revealed that those with a history of incarceration, those charged with a property offense or a probation or parole violation, and those with drug or alcohol use disorders were more likely to be reincarcerated. In an earlier study with a national sample of more than 22,000 veterans in a Veteran Justice outreach (VJO) program, Tsai et al. (2016) found that VTC participants were more likely to be employed and housed than justice involved veterans not participating in a VTC program. Similarly, Hartley and Baldwin (2019) found that VTC participants who successfully completed their program had lower recidivism rates than justice-involved veterans on standard probation. Finally, Knudsen and Wingenfeld (2016) in a study of 86 VTC participants revealed improved mental health and social connectedness after being in the program for at least 12 months.

Only a handful of studies have examined gender differences in samples of incarcerated veterans and veterans participating in VTC programs. McCall and Tsai (2018) used VA administrative data on more than 30,000 incarcerated veterans and found that men were more likely to have engaged in combat and to have been incarcerated for a violent offense but that about one-third of both men and women had experienced a homeless episode in the past 3 years. On the other hand, women were more than twice as likely to have a diagnosis for a mood disorder and have a VA service-connection for a psychiatric condition. Baldwin (2017), using national survey data from 79 VTCs, also discovered several differences between women and men VTC participants. Men were in VTC programs more often for drug, traffic, domestic violence, and weapons charges, whereas women were in VTC programs for more DUI/DWI, violent (non-domestic), theft/fraud, and prostitution charges. The top three primary issues for both genders were substance abuse (81% of men, 68% of women), mental health (69% of men, 59% of women), and family issues (56% of men, 54% of women), while the fourth most reported extralegal challenge was homelessness (31%) for women and anger/aggression/violent behavior (44%) for men.

With the numbers of women who are military service members, veterans, and/or legally involved increasing, it is likely that the number of women participating in VTC programs in the future will also increase. Although women veteran incarceration histories are not as extensive as those of men, they have differing health needs and diagnoses compared with men (McCall & Tsai, 2018). As such, more research is needed to uncover how women's unique issues and needs might influence treatment and supervision conditions of participation in VTC programs.

Current study

To continue this line of inquiry and expand on important gaps in the literature (McCall et al., 2018), the current study focuses on women VTC participants and their different criminogenic needs, supervision requirements, and program structure and treatments protocols using data from the National Institute of Justice's Multisite Evaluation of VTCs (Award No. 2015-VV-BX-K020). The National Institute of Justice study was a comprehensive longitudinal multisite process, implementation, and short-term outcome evaluation of a convenience sample of participants in eight VTC programs across three Southern states between July 1, 2016, and June 30, 2019. The three states are Florida, North Carolina, and Texas—all of which were in the top six states with the largest Operation Iraqui Freedom/Operation Enduring Freedom/Operation New Dawn veteran populations at the time of site selection (U.S. Census Bureau, 2015).[1] Study sites were chosen due to variation in key characteristics such as date established, caseload, eligibility and admission requirements, and county demographics. The research protocol, including informed consent and all instrumentation, were approved by the appropriate university institutional review boards (IRB) and federal entities, as well as archived with desensitized data for public access.[2]

The data employed in the current study come from the archival program data, dockets, progress reports, and one-on-one baseline and follow-up interviews with participants. The sampling frame comprised 579 VTC participants who met the interview eligibility criteria across all eight sites over 2 years (July 2016–June 2018). These participants were recruited for baseline interviews at court dockets via announcements and recruitment flyers; $20 gift cards were used as incentives for baseline interview participation. A total of 318 VTC participants completed one-on-one baseline interviews,[3] for a response rate of 55%. Baseline interviewees were invited to participate in follow-up interviews: 12-month interviews for a $40 incentive and 24-month interviews for a $60 incentive. Of the baseline interviewees, a total of 134 completed a 12-month follow-up (42% response rate), and 48 completed a 24-month follow-up.[4]

Descriptive statistics were generated by gender, and where appropriate, chi-square tests were conducted to determine whether any differences

[1]Based on the 2015 American Community Survey, Texas had the largest population with 10%, Florida had the third with 7%, and North Carolina was tied for fifth with 4% of OIF/OEF/OND veterans (U.S. Census Bureau, 2015).

[2]See forthcoming data deposit at ICPSR (https://www.icpsr.umich.edu/web/pages/NACJD/index.html).

[3]Interview lengths ranged from 45 to 120 minutes dependent on response detail and which skip patterns were triggered by their responses. Interview topics include demographics, military service and experience, criminal case history, alcohol and other substance use and misuse, mental health issues, and VTC program, treatment, and ancillary service experiences.

[4]The majority of analyses presented here use the baseline interview data.

Table 1. VTC participant sampling frame characteristics ($n = 579$, 8 VTCs).

	Frequency (%)		Total (%)	χ^2	Φ
	Men	Women			
Interviewed				0.01, $p = .929$	0.01
Yes	293 (54.9)	25 (55.6)	318 (54.9)		
No	241 (45.1)	20 (44.4)	261 (45.1)		
Charge*				1.88, $p = .866$	0.06
DWI	251 (54)	24 (55.8)	275 (54.1)		
Property	39 (8.4)	3 (7)	42 (8.3)		
Drug	48 (10.3)	6 (14)	54 (10.6)		
Violent	78 (16.8)	6 (14.0)	84 (16.5)		
Weapon	11 (2.4)	0	11 (2.2)		
Other	38 (8.2)	4 (9.3)	42 (8.3)		
Plea status**				3.51, $p = .061$	−0.079
Pre-plea	343 (66.3)	36 (80)	379 (67.4)		
Post-plea	174 (33.7)	9 (20)	183 (32.6)		
Military branch***				14.99, $p = .002$	0.17
Army	281 (56.8)	26 (59.1)	307 (57)		
Navy	68 (13.7)	4 (9.1)	73 (13.4)		
Marines	93 (18.8)	2 (4.5)	95 (17.6)		
Air Force	52 (10.5)	12 (27.3)	64 (11.9)		

*$n = 487$; 71 cases were missing information for the charge variable, and the weapons offenses were removed from the chi-square analysis due to the 0 cell size for women.
**$n = 562$; 17 cases were missing information for the plea status variable.
***$n = 539$; 40 cases were missing information for the military branch variable, and one veteran from the Coast Guard was removed for the chi-square analysis.
VTC = veterans treatment court.

between men and women participants were statistically significant. Fisher's exact test was utilized where cell sizes were small (below five). Finally, where response options were not amenable for their use, and/or cell sizes were zero, these tests were not performed. For brevity, "veteran" is used throughout the rest of the manuscript to refer to VTC participants who are currently enlisted or have separated from the military.

Results

Sampling frame across VTCs

Table 1 displays the cross-tabulation of data on participants from the sampling frame ($N = 579$). Differences by gender[5] are examined for whether veteran participants agreed to complete an interview, the offense they were charged with, plea status,[6] and military branch. Results reveal that only about 8% ($n = 45$) of the 579 VTC participants were women. Despite this,

[5]Although during interviews, we asked veterans to report their sex as either male or female, here we use the terms gender, woman/women, and man/men, as these terms are used when describing social, cultural, and psychological attributes as well as how people are responded to by social institutions. These terms are also considered to be less offensive than the terms sex, male, and female in scientific articles.

[6]Participants accepted under a pre-plea (diversion) agreement are signing a contract with the court (in most cases the district attorney) stipulating that their charges will be dropped if they successfully complete all VTC program requirements. Post-plea participants enter a plea of guilty as a condition of acceptance into the program and will have a conviction regardless of whether they successfully complete program requirements or not.

a statistically similar percentage of both men and women veterans agreed to complete an interview. The types of offenses charged also do not widely differ by gender. For example, the most prevalent charge for both men and women veterans is a DWI offense. Property offenses are similarly low for both men and women, 8% and 7%, respectively. A slightly higher percentage of women were charged with drug offenses, while a slightly higher percentage of men were charged with a violent offense. Although representing a small number of veterans, 11 men (2%) and no women had charges for weapons offenses. Finally, about 8% of men and 9% of women were charged with other offenses; the "other" category includes mostly public order offenses (e.g., resisting arrest, driving with a revoked license). Regarding plea status, a larger percentage of women were accepted into the VTC programs under a pre-plea agreement; this difference almost reached statistical significance, χ^2 (1, $N = 562$) = 3.52, p = .061. There were, however, statistically significant gender differences related to military branch served in. The majority of both men and women veterans served in the Army (57% versus 59%, respectively), but a higher percentage of men had served in both the Navy and the Marines. A higher percentage of women veterans, however, had served in the Air Force, χ^2 (3, $N = 538$) = 14.89, p = .002. The effect size for this difference was in between small and medium (Φ = 0.17).

Interviewed VTC participants

Demographics

Table 2 displays self-reported demographic information from the 318 veterans who completed baseline interviews. On average, women veterans were slightly younger than their men counterparts at 39 versus 42 years, respectively. Roughly half of both men and women veterans were White, and approximately one-third were Black. A higher percentage of the men were Hispanic, and a very small percentage of both were Asian. While no women veterans identified as Native American, 13 (5%) of the men self-identified this as their race.

Regarding employment status, a similar percentage of men and women were employed, while differences were seen in unemployment and the retirement statuses. A larger percentage of women veterans reported being unemployed, whereas a higher percentage of men were retired or medically retired. These differences were not, however, statistically significant. Overall, however, women veterans report significantly higher levels of education, χ^2 (5, $n = 299$) = 10.76, p = .03. A higher percentage of men had a high school diploma, but a higher percentage of women had associate's degrees; Cramer's phi also indicates that this was a small to medium effect

Table 2. Demographic information of interviewed veterans by gender ($n = 318$, 8 VTCs).

	Men ($n = 293$) frequency (%)	Women ($n = 25$) frequency (%)	*Missing*	t or χ^2	Φ/Φ_C
Mean age	41.6	39.3	*1*	1.01, p =.160	
Race/ethnicity**			*4*		
White	139 (47.9)	12 (50)			
Black	77 (26.3)	7 (29.2)			
Hispanic	80 (27.6)	5 (20.8)			
Asian	9 (3.1)	1 (4.2)			
Native American	13 (4.5)	0			
Employment status			*63*	3.259, $p = .204$	0.12
Employed	123 (52.6)	10 (47.6)			
Unemployed	72 (30.8)	10 (47.6)			
Retired	39 (16.7)	1 (4.8)			
Education*			*2*	10.76, $p = .033$	0.18
Less than high school	17 (5.8)	2 (8.3)			
High school	153 (52.4)	6 (25)			
Associate's	43 (14.7)	8 (33.3)			
Bachelor's	39(13.4)	3 (12.5)			
Technical	25 (8.6)	2 (8.3)			
Master's	15 (5.1)	3 (12.5)			
Currently enrolled in school	66 (22.7)	9 (36)	*1*	5.48, $p = .241$	0.13
Marital status			*2*	9.91, $p = .053$	0.18
Single	84 (29)	14 (56)			
Engaged	8 (2.8)	1 (4)			
Married	72 (24.8)	3 (12)			
Separated	31 (10.7)	3 (12)			
Divorced	86 (29.7)	3 (12)			
Widowed	9 (3.1)	1 (4)			
No. of children			*12*		
0	82 (29)	7 (29.2)			
1	69 (24.4)	7 (29.2)			
2	55 (19.4)	8 (33.3)			
3	35 (12.4)	2 (8.3)			
4+	40 (14.2)	0			

*χ^2 p value <0.05.
**Column percentages sum to more than 100% due to some participants selecting more than one race/ethnicity.
VTC = veterans treatment court.

size ($\Phi_C = 0.18$). Although not statistically significant, a higher percentage of women were enrolled in an education program at the time of the interview. Regarding marital status, a greater percentage of women veterans were single, and there were only negligible differences by gender in individuals who were engaged, widowed, or separated but still legally married. However, twice as many men as women were married, and a larger percentage of men were divorced. These differences almost reached a statistically significant level, χ^2 (1, $N = 316$) = 9.91, $p = .053$. Finally, an equal percentage of men and women veterans did not have children, but the number of children varied somewhat by gender. Unfortunately, we did not collect more detailed data related to the VTC participants' children. These data are limited by the fact that we have no information on children who

are younger than 18 years and/or still living with the participant as a dependent.

Military information

Military service and legal history responses are displayed by gender in Table 3. The majority of veterans served in the Army; this was especially the case for women veterans, where 80%, or four out of five, served in the Army. The second largest group for women was Air Force, whereas for men it was Marines, while the Navy was the third largest branch for both. The least represented branch for men was the Air Force, and no women reported serving in the Marines.

Average age at entry into the military was approximately 20 years for both men and women, and the majority entered the military voluntarily. The majority of both men and women participating in a VTC program had already separated from the military, but service members were present in

Table 3. Military background information and criminal history of interviewed participants ($n = 318$, 8 VTCs).

	Men frequency (%)	Women frequency (%)	*Missing*	t or χ^2	Φ/Φ_C
Military branch (including Reserves and National Guard)**			*2*		
Army	198 (68.4)	20 (80)			
Navy	53 (17.8)	1 (4)			
Marines	61 (20.9)	0			
Air Force	22 (7.6)	8 (32)			
Mean age entered military	19.9	20.5	*5*	−0.85, $p = .394$	
How entered military***			*4*		
Volunteered	277 (96.2)	25 (100)			
Drafted	7 (2.4)	0			
Alternative to punishment	4 (1.4)	0			
Veteran status			*1*	2.74, $p = .122$	0.09
Veteran	278 (95.5)	22 (88)			
Enlisted	13 (4.5)	3 (12)			
Discharge status***			*23*		
Honorable	222 (81.3)	16 (76.2)			
Other than honorable	7 (2.6)	2 (9.5)			
General	22 (8.1)	0			
Dishonorable	2 (0.7)	0			
Bad conduct	1 (0.4)	0			
N/A	13 (4.8)	3 (14.2)			
Ever deployed to combat zone	198 (67.9)	14 (56)	*8*	1.93, $p = .165$	−0.08
Ever received hazard pay	203 (70)	16 (64)	*6*	0.55, $p = .457$	−0.04
Physical or psychological injury	245 (85.7)	23 (92)	*6*	0.77, $p = .382$	0.05
Discharged due to injury ($n = 274$)	57 (23.2)	4 (17.4)	*6*	0.48, $p = .490$	−0.04
Receive compensation for injury ($n = 274$)	179 (72.7)	13 (56.5)	*7*	1.86, $p = .173$	−0.08
Previously criminal history	196 (67.6)	13 (52)	*2*	2.42, $p = .120$	−0.09
Previously arrested for same offense that brought you to VTC ($n = 209$)	100 (51)	6 (46.1)	*1*	0.13, $p = .720$	−0.03

*χ^2 p value <0.05.
**Column percentages sum to more than 100 because many veterans served in multiple branches and in overlapping eras.
***Expected count in some cells are equal to zero and not appropriate for χ^2 or Fisher's exact test.
VTC = veterans treatment court.

both subgroups, with a higher percentage of women reporting being currently enlisted. Likewise, the majority of both men and women veterans were honorably discharged; men also reported statuses of general, dishonorable, and bad conduct discharges. More than half of both subgroups reported being deployed to a combat zone and receiving hazard pay; men reporting slightly higher percentages. A large majority of both men and women reported suffering physical or psychological injuries due to their military service; however, a higher percentage of women reported these. Less than a quarter of both subgroups, but a larger percentage of men, were discharged due to these injuries. Similarly, a larger percentage of men reported receiving compensation for their injuries. None of these differences reached statistically significant levels, however. Many of the veterans also reported having a previous criminal history; more than two-thirds of the men and half of the women reported previous arrest histories. Approximately half of both men and women veterans reported that their previous arrest was for the same offense that brought them to the VTC program.

VTC program admission, treatment, and supervision requirements

Table 4 displays results related to questions about program admission, court supervision, and program and treatment requirements. No statistically significant differences were found for guilty pleas, receiving a written contract, or being permitted or comfortable to ask questions at first appearance. A higher percentage of men than women were required to participate in each of the treatments listed in Table 4 with the exception of mental health and domestic violence programming, although these differences were negligible. The only statistically significant difference in program treatment was for substance abuse treatment where this was a requirement for 76% of men but only 56% of women, χ^2 (1, $N = 301$) = 4.31, p = .038.

The bottom rows of Table 4 display supervision requirements for the eight VTC programs. The large majority of both men and women veterans were required to submit to random drug testing as well as be on probation. Other common supervision requirements included electronic monitoring and curfew. Higher percentages of women were required to submit to alcohol (SCRAM) monitoring and interlock ignition devices; the latter difference was statistically significant, χ^2 (1, $N = 304$) = 6.5, p = .011). This may be surprising given that an almost equal percentage of men and women participants were charged with DWI; however, we do not know what percentage of men and women veterans owned cars, needed to drive for work or childcare, or opted for SCRAM or other electronic monitoring versus an interlock ignition device. The effect sizes for the substance abuse treatment and in car breathalyzer differences were small, however.

Table 4. VTC program admission, treatment, and supervision requirements ($n = 318$, 8 VTCs).

	Men frequency (%)	Women frequency (%)	*Missing*	χ^2	Φ/Φ_C
Did you plead guilty to enter VTC			*47*		
Yes	129 (45.3)	10 (43.5)		0.12, $p = .726$	−0.02
Were you provided a written contract			*17*		
Yes	261 (90)	23 (95.8)		1.40, $p = .237$	0.07
At first appearance did the court allow you to ask questions					
Yes	244 (84.4)	22 (88)	*19*	0.15, $p = .695$	0.02
Did you feel comfortable to ask questions			*15*		0.08
Yes	193 (67.7)	19(79.2)		1.89, $p = .169$	
Program treatment requirements**			*17*		
Mental health treatment	212 (75.1)	19 (76)		0.09, $p = .770$	0.02
Substance abuse treatment*	214 (75.8)	14 (56)		4.31, $p = .038$	−0.12
Have a mentor	78 (27.8)	5 (20)		0.59, $p = .441$	−0.04
Prescribed medication	65 (23.1)	5 (20)		0.09, $p = .770$	−0.02
Employment matching/maintenance	35 (11)	1 (4)		1.50, $p = .220$	−0.07
Physical medical treatment	32 (11.4)	2 (8)		0.23, $p = .633$	−0.03
Domestic violence treatment	8 (2.9)	1 (4)		0.12, $p = .727$	0.02
Housing program***	20 (7.1)	0			
Program supervision requirements**			*13*		
Drug testing	266 (92.3)	22 (88)		0.28, $p = .595$	−0.03
Probation	252 (87.5)	21 (84)		0.08, $p = .778$	−0.02
Electronic monitoring	47 (19.9)	3 (12.5)		0.29, $p = .777$	−0.03
Curfew	48 (16.8)	3 (12)		0.33, $p = .599$	−0.03
SCRAM–alcohol monitoring	40 (14)	6 (24)		2.01, $p = .157$	0.08
In-car breathalyzer*	33 (11.5)	7 (29.2)		6.50, $p = .011$	0.15
Med testing	29 (10.1)	3 (12)		0.16, $p = .721$	0.02
Day reporting	12 (4.2)	3 (12)		3.20, $p = .074$	0.10
Had a mentor in the VTC program	112 (39.2)	11 (44)	*14*	0.31, $p = .576$	0.03

*χ^2 p value <0.05.
**Column percentages sum to more than 100 because some veterans had multiple treatment and supervision requirements.
VTC = veterans treatment court.

Substance use behavior

The interviews also addressed specific substance using/misusing behavior. This information is displayed for men and women veterans in Tables 5 and 6, respectively. Chi-square tests were calculated only for the lifetime/ever use responses (first row of results). Perhaps, not surprising, the two most widely used substances for both subgroups were alcohol and marijuana. The gender differences in alcohol use were not statistically significant; Lifetime marijuana use differences, however, were statistically significant, χ^2 $(2, N = 308) = 10.06$, $p = .002$.

The findings for stimulant use were even more pronounced. Twice as many men as women reported using stimulants (cocaine, amphetamines, methamphetamines, Ritalin, Adderall, MDMA/ecstasy) in their lifetime, and this difference was statistically significant, χ^2 $(1, N = 306) = 9.93$, $p = .002$. Stimulant use declines over time, but a very small percentage of men and no women reported having a prescription for use. Effect sizes for the differences in stimulant and marijuana use were in between small and medium magnitudes at 0.19 and 0.18, respectively.

Table 5. Men participants' substance use type ($n = 286$, 8 VTCs).

	Stimulants* Frequency (%)	Marijuana* Frequency (%)	Alcohol Frequency (%)	Depressants Frequency (%)	Hallucinogens* Frequency (%)	Synthetic marijuana Frequency (%)	Fentanyl Frequency (%)
In your lifetime, ever use	174 (61.4)	239 (83.6)	280 (98.2)	132 (46.6)	102 (36.3)	61 (21.7)	18 (8.2)
Participant use**							
In the past year	67 (38.3)	72 (30.1)	185 (66.1)	44 (33.3)	8 (7.8)	7 (11.5)	8 (44.4)
In the past 6 months	34 (19.4)	39 (16.3)	119 (42.5)	23 (17.4)	4 (3.9)	2 (3.3)	3 (16.7)
In the past 3 months	24 (13.7)	30 (12.6)	74 (26.4)	20 (15.2)	2 (1.9)	2 (3.3)	1 (5.6)
Had prescription for each use**	13 (7.4)	1 (0.4)	N/A	53 (40.2)	N/A	N/A	3 (16.7)
Timing of use**							
Before joining military	76 (43.4)	188 (78.7)	220 (78.6)	37 (28)	63 (61.2)	6 (9.8)	2 (11.1)
While in the military	57 (32.6)	76 (31.8)	270 (96.4)	69 (52.3)	30 (29.1)	24 (39.3)	5 (27.8)
After separated from military	135 (77.1)	154 (64.4)	268 (95.7)	101 (76.5)	52 (50.5)	40 (65.6)	14 (77.8)

**These percentages are based on the *n* from lifetime ever use results.
VTC = veterans treatment court.

Table 6. Women participants' substance use type ($n = 24$, 8 VTCs).

In your lifetime, ever use ($n = 24$)	7 (29.2)	14 (58.3)	24 (100)	8 (33.3)	2 (8.3)	2 (9.1)	1 (6.3)
Participant use**							
In the past year	2 (28.6)	2 (14.3)	13 (54.2)	3 (37.8)	0	0	0
In the past 6 months	2 (28.6)	1 (7.1)	10 (41.7)	2 (25)	0	0	0
In the past 3 months	3 (42.9)	3 (21.4)	5 (35.7)	3 (37.5)	0	0	0
Had prescription for each use**	0	0	N/A	3 (37.5)	N/A	N/A	0
Timing of use**							
Before joining military	1 (14.3)	9 (64.3)	19 (79.2)	0	1 (50)	0	0
While in the military	1 (14.3)	2 (14.3)	22 (91.7)	4 (50)	0	1 (50)	0
After separated from military	7 (100)	8 (57.1)	19 (79.2)	7 (87.5)	1 (50)	1 (50)	1 (100)

*χ^2 *p* value statistically significant at <0.05.
**These percentages are based on the *n* from lifetime ever use results.
VTC = veterans treatment court.

The percentage of both men and women using marijuana decreases after joining the military but then increases after separation (but not to pre-service levels; 80% pre- and 64% post-service for men, 64% pre- and 57% post-service for women). For alcohol, the opposite is true, as a higher percentage of the respondents report use during military service (up from 79% prior to 96% during for men, 79% prior and 92% during for women). For men, alcohol use stays consistent after separation (96%), while for women, use drops back down to the pre-service percentage.

Regarding the other substances, lifetime use of depressants (opiates, opioids, heroin, codeine, oxycodone, methadone, morphine, opium, barbiturates) was reported by 47% of men and 33% of women, but this difference was not statistically significant. Men also reported higher lifetime usage for the other substances (hallucinogens, synthetic marijuana, and

fentanyl), but the only statistically significant use difference was for hallucinogens, χ^2 (2, $N = 306$) = 10.31, p = .003. Effect size was similarly in between the small and medium thresholds (0.18). Depressant usage goes up for men from pre-service (28%) through military service (52%) and then after separation (77%), with only 40% reporting a prescription for use. For women, depressant use was nonexistent prior to enlistment and then increases during military service (50%) and again after separation (88%); only 38% report having a prescription for use.

Mental health issues and trauma

Table 7 reveals that mental health issues experienced were prevalent among both men and women veterans. Again, chi-square tests were only run for the lifetime/ever mental health items (first column). We also collected information regarding four negative experience items—sexual harassment, sexual trauma, hazing, and sexual physical abuse—for which we do not have lifetime ever counts but do run chi-square tests for self-reported use before, during, and after military service.

Results of these tests reveal that statistically similar percentages of men and women veterans reported experiencing most of the mental health issues in their lifetime. The only statistically significant differences between men and women veterans are for experiencing concussions: 50% of men and 22% of women have experienced a concussion in their lifetime, χ^2 (1, $N = 306$) = 6.91, p = .032.

The large majority of both men and women report experiencing aggression at some point in their lifetime. While more than half report experiencing aggression prior to joining the military, these percentages increased during service, and an increased number of both men and women report experiencing these mental health issues after separation. Very high percentages of men and women also reported experiencing anxiety and depression after separation. For insomnia, panic disorder, and posttraumatic stress disorder (PTSD), more than 90% of both genders reported having experienced these issues. Obsessive compulsive disorder for men is also just above 90%, as is paranoia; for women, percentages are in the upper 80s for these two issues. Unfortunately, a high percentage of both men and women reported suicide ideation after exiting the military. The same number of women report feelings of suicide ideation while in the military; for men, roughly 44% reported suicide ideation during service, but this drastically increases after separation to 84%. A large number of the veterans also reported having experienced traumatic brain injuries.

In addition to the mental health issues we collected data on, we also asked veteran court participants to report experiences with other harmful behaviors that can affect an individual's mental and physical health.

Table 7. Mental health issues and negative experiences ($n = 313$).

	Ever in lifetime		Before military**		During military**		After military**	
	Men	Women	Men	Women	Men	Women	Men	Women
Aggression	253 (89.4)	19 (78.3)	141 (55.7)	11 (61.1)	197 (77.9)	17 (94.4)	198 (78.3)	15 (83.3)
Anxiety	210 (74.2)	17 (69.6)	28 (13.3)	3 (18.8)	115 (54.8)	10 (62.5)	198 (94.3)	14 (87.5)
Concussion*	141 (49.8)	5 (21.7)	49 (34.8)	0	108 (77.1)	3 (60)	62 (44)	3 (60)
Depression	249 (88)	23 (95.7)	46 (18.5)	5 (22.7)	143 (57.4)	17 (77.3)	238 (95.6)	20 (91)
Insomnia	238 (84.1)	23 (95.7)	32 (13.4)	2 (9.1)	143 (60.1)	17 (77.2)	225 (94.5)	20 (91)
OCD	112 (39.6)	9 (34.8)	27 (24.1)	3 (37.5)	72 (64.3)	5 (62.5)	101 (90.2))	7 (87.5)
Panic disorder	153 (54.1)	14 (56.5)	7 (4.6)	1 (7.7)	71 (46.4)	9 (69.2)	145 (94.8)	12 (92.3)
Paranoia	149 (52.7)	8 (30.4)	10 (6.7)	0	84 (56.4)	5 (71.4)	141 (94.6)	6 (85.7)
PTSD	238 (84.1)	22 (91.3)	22 (9.2)	2 (9.5)	134 (56.3)	16 (76.2)	230 (96.6)	19 (90.5)
Suicide ideation	158 (55.8)	10 (39.1)	16 (10.1)	1 (11.1)	70 (44.3)	7 (77.8)	133 (84.2)	7 (77.8)
TBI	106 (37.5)	5 (21.7)	13 (12.3)	0	74 (69.8)	5 (100)	71 (67)	3 (60)
Sexual harassment			22 (7.7)	6 (25)*	35 (12.2)	11 (45.8)*	7 (2.4)	7 (29.2)*
Sexual trauma			24 (8.4)	4 (16.7)	19 (6.6)	9 (37.5)*	3 (1)	4 (16.7)*
Hazing			24 (8.4)	1 (4.2)	116 (40.6)	5 (20.8)	9 (3.1)	2 (8.3)
Non-sexual physical abuse			41 (14.3)	4 (16.7)	37 (12.9)	8 (33.3)*	11 (3.8)	5 (20.8)*

*χ^2 p value statistically significant at <0.05.
**These percentages are based on the n from lifetime ever results.
OCD = obsessive compulsive disorder; PTSD = posttraumatic stress disorder; TBI = traumatic brain injury.

The items revealed even more pronounced gender differences in prevalence. For example, higher percentages of women reported experiencing sexual harassment prior to joining the military; this is statistically significant, χ^2 (1, $N = 310$) = 8.07, p = .004. Unfortunately, these percentages increase for both genders while serving in the military (46% of women and 12% of men), also a statistically significant difference, χ^2 (1, $N = 310$) = 19.78, p = <.001. After separation, reported experiences of sexual harassment decrease to only 2% of men and 29% of women, but this difference remains statistically significant, χ^2 (1, $N = 310$) = 36.66, p = <.001. Effect sizes for these differences are also more pronounced and reach the medium effect size in some instances ($\Phi = 0.16$ before, 0.25 during, and 0.34 after).

Similar results emerge regarding experiencing sexual trauma. Statistically significant differences were reported both during military service, χ^2 (1, $N = 310$) = 25.66, p = <.001, and after separation, χ^2 (1, $N = 310$) = 24.47, p = <.001. Effect sizes for these differences also approach medium levels at 0.29 and 0.28, respectively. The only time period where men and women veterans report high percentages of hazing is during military service; this difference was almost statistically significant, χ^2 (1, $N = 310$) = 3.62, p = .057.

Finally, both men and women veterans reported non-sexual physical abuse. Women report significantly higher percentages during service, χ^2 (1, $N = 310$) = 7.42, p = .006, and after separation, χ^2 (1, $N = 310$) = 13.05, p = <.001, with effect sizes in between small and medium (0.15 and 0.21, respectively). These significantly higher rates of physical abuse, sexual harassment, and sexual trauma of women veterans are disturbing, especially considering that both genders, and especially women, report increases in these behaviors during their military service.

Discussion

The current study sought to examine differences between men and women veterans participating in VTC programs related to demographic and military characteristics, legal issues, substance use/misuse, mental health issues, and program requirements and experiences. Our findings reveal that the men and women VTC participants in these programs were similar in many ways (e.g., majority served in the Army, had deployments to combat zones, suffered physical and psychological injuries, reported substance use and mental health issues, had prior arrests) and different in other ways (e.g., employment status, educational attainment, marital status, children, admitted to VTC under pre-plea status, types of substances used, negative experiences, treatment and supervision requirements). Some of these differences were statistically significant.

Only 8% of the sampling frame were women; a similar percentage of participants who completed interviews were women. Furthermore, about half of both the men and women veterans were White. Although no accurate statistics exist regarding the racial, ethnic, and gender makeup of veterans who are justice-involved, according to the U.S. Department of Veterans Affairs (2021), women represented roughly 10% of veterans and African American and Hispanic veterans represented roughly 13% and 8% of the veteran population, respectively. Clark et al. (2014), using Homeless Operations Management and Evaluation System data from the Veterans Health Administration (VHA), report that 96% of veterans in their program were men and 64%, 31%, and 10%, respectively, were White, Black, and Hispanic. Also, according to a recent Bureau of Justice Statistics report, veterans make up 8% and 5% of state and federal prisoners, respectively; men compose the overwhelming majority of these, at 98.2% of veterans in state prison and 97.9% of veterans in federal prison (Maruschak et al., 2021). The report further indicates that 50% of both state and federal prisoners who are veterans are White, while another 23% and 24% are Black, and 10% and 12% percent are Hispanic, respectively. Compared to these estimated national-level statistics, our sample of interviewed VTC participants slightly underrepresents women veterans if compared to VA statistics but overrepresents them compared to incarcerated and homeless veteran populations. Similarly, regarding race/ethnicity, our sample underrepresents White veterans in general and regarding the VHA population but is in line with Bureau of Justice Statistics findings on veteran inmates. Our sample similarly overrepresents Black and Hispanic veterans compared to these national-level statistics; the exception is for the percentage of the VHA sample that is African American. VTCs therefore may want to explore whether contextual differences exist in the experiences of women and non-

White veteran participants compared to their majority men and White counterparts.

A higher percentage of women veterans reported being unemployed, despite having higher educational attainment in general. A larger percentage of women, however, were single and had one or two children. VTC programs may also want to pay attention to the educational and employment/training needs of their veteran participants, as well as provision of family counseling, and child care needs associated with adhering to the treatment and supervision requirements of VTCs.

The majority of those interviewed also self-reported experiencing substance use/misuse and mental health issues. The two most widely used substances reported by men and women veterans was alcohol and marijuana. Many also reported using stimulants and depressants for which they did not have a prescription for use. The most commonly reported mental health issues were depression, aggression, PTSD, and insomnia. Women veterans also reported higher incidence of sexual harassment and sexual trauma, especially while serving in the military; many of these differences based on gender were statistically significant. These findings comport with previous research (McCall & Tsai, 2018; Shaffer et al., 2019), and VTC program teams should have access to education and training to better understand veterans' trauma and negative experiences. This should inform treatment provision and supervision requirements but also the application of incentives and sanctions. This also has implications for VTC treatment provision and services as they relate to treatment group formation. Given these higher rates of gender-based trauma experienced by the female veterans interviewed here, responsive programs should have the ability to offer some treatment services for women veterans specifically, as they may be reluctant to discuss these experiences in the presence of participants who are men.

Finally, although we found no significant differences between men and women veterans and the types of offenses they were charged with, there were differences in being offered pre- versus post-plea acceptance into the VTC program. Eighty percent of the women veterans entered their VTC program pre-plea, meaning that after successful completion of the program, their charges are dismissed; only 66% of men were given this offer. Previous research finds that men veterans have more extensive criminal histories (McCall & Tsai, 2018) and women defendants are more likely to be offered diversion opportunities (Alozie & Johnston, 2000; Schlesinger, 2023). Unfortunately, we were not able to collect data on veterans who were accepted into the VTC program but declined to participate; therefore, these differences might simply be the results of women veterans accepting pre-plea offers at a higher rate.

It is also important to note that there are a few limitations of this research study. First, our sample size of 318 interviewed VTC participants is relatively small. Further, the fact that only 25, or 8%, of these participants were women limits the ability to make more meaningful comparisons between men and women participants of VTC programs with respect to demographic characteristics, substance use and mental health histories, legal involvement, as well as VTC program experiences, court-mandated program requirements, and supervision conditions. This sample size issue also leads to limitations in our ability to generalize these findings beyond the VTC studied here to the diverse universe of VTC programs across the country. While the VTC programs in the current study were diverse in participant demographics as well as the types of offenses committed and military service eligibility requirements for admission and participation, the eight VTCs included are a very small proportion of the now more than 600 programs that are currently in operation across the country.

Conclusion

The findings from the current study can also inform future research on women in VTCs. Future studies should focus on understanding not only the needs of women veterans but how they are affected by and respond to VTC programming, treatment protocols, and supervision requirements. Future research should also endeavor to examine whether gender differences exist in program experiences and outcomes, including incentives and sanctions, and substance use abstinence and recidivism. Additionally, the results from these types of studies may be affected by eligibility requirements, participant selection processes, veteran acceptance rates, and other staffing and docket decision-making practices. This necessitates the need for research to simultaneously address process and implementation in conjunction with outcomes.

The criminological literature has uncovered gendered differences in pathways to crime and addiction for men and women (Pollock, 2002) and noted disparities in criminogenic needs as well (Shaffer et al., 2019). Women are generally more likely to be living with psychiatric disorders and trauma (Finlay et al., 2015) as well as to have a history of physical and sexual abuse (Kelly et al., 2009; Shaffer et al., 2019). Drug addiction for women is also often more severe than that of men by the time they become justice system–involved (Tuchman, 2010). Other research reveals that women continue their drug use for different reasons than men (Covington & Surrey, 1997) and that their decisions about entering treatment programs or staying in those programs also vary from those of men (Grella & Joshi, 1999). These studies have led to calls for gender-responsive treatment as a

more effective way to address the differing needs of justice-involved men and women. Treatment services specifically targeting women participants, however, are not commonplace (Messina et al., 2012) despite studies showing that women are more likely to complete treatment programs that account for their unique needs (Grella, 2008). VTCs with a considerable number of women participants should consider implementing gender-responsive treatment and supervision requirements. Additionally, there are implications related to the general idea of veteran cohesion and camaraderie within VTCs. It would be important therefore for future research to explore whether these unique and presumed positive stimuli in VTC programs might be conditioned by gender.

Finally, previous research shows that veterans' requests for compensation and disability in previous combat eras peaked more than 3 decades after their service ended (Institute of Medicine, 2010). The differences in reported injury to compensation found here may be an indication of this trend continuing. Future research should endeavor to uncover issues that veterans are facing in today's post-COVID climate related to employment, well-being, and reintegration. Particular attention should be given to how these affect women veterans. VTCs should prepare for potential increases in the number of women within their own target populations and be amenable to gender-responsive treatment for women veterans.

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