Psychological Injury and Law (2018) 11:394–402
https://doi.org/10.1007/s12207-018-9332-z

Experiences of Incarcerated Veterans in an All-Veterans Housing Unit: a Qualitative Study

Elizabeth Goggin[1] · **Lorena Mitchell**[2] · **Jack Tsai**[1,3]

Received: 22 July 2018 / Accepted: 18 September 2018 / Published online: 25 September 2018

Abstract
Many US veterans leave military service with a variety of psychosocial risk factors stemming from readjustment to civilian life, and there is increased public concern about the incarceration of veterans given ongoing conflicts in Iraq and Afghanistan. Prisons are playing instrumental roles in developing interventions to address the problems justice-involved veterans face both psychologically and environmentally in the form of veterans' service units (VSUs), dormitories developed to assist with community reintegration, and connecting veterans to medical and mental health services. This study uses qualitative data from 87 veterans on a VSU who participated in a program improvement survey asking about their programming and reentry needs, experiences on the unit compared to other units, and any suggestions for improvement. Qualitative analysis of responses identified several themes including veterans' needs around physical fitness, job training, education, and mental health and substance abuse treatment; positive experiences on the VSU compared to traditional units; the positive partnership role with the State Department of Corrections and the local Veterans Affairs (VA) medical center; and concerns on the unit about VA eligibility, combat status, and "real veterans." These results are some of the first to capture the experiences of veterans on a VSU and the findings highlight potential benefits and challenges with implementing VSUs. Greater research and evaluation are needed to develop more treatment-oriented, rehabilitative models of justice and to continue to refine the VSU model.

Keywords Veterans · Prisons · Jails · Community reentry · Criminal justice system

In the wake of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), increased attention regarding the mental health and social adjustment of US veterans has led to public concern about issues related to their reintroduction into civil society (Hoge, Auchterlonie, & Milliken, 2006; Tsai & Rosenheck, 2015). Difficulties with adjustment due to trauma exposure, mental health diagnoses, and substance use disorders often contribute to the crimes that lead to the incarceration of veterans, and thus, addressing the problem has increasingly been seen as a public health issue (Blodgett et al., 2015; Tsai, Rosenheck, Kasprow, & McGuire, 2013a). Veterans make up 8% of the incarcerated population in state and federal prisons and local jails (Bronson, Carson, Noonan, & Berzofsky, 2015), and although the Veterans Health Administration (VHA) provides care and resources to millions of veterans every year, it has been officially restricted from administering healthcare to veterans in prisons since 1999 (Glynn et al., 2016; Medical Benefits Package, 2018). Because the VHA has historically had limited access to prisons, there has been little research on the needs or experiences of incarcerated veterans.

In recent years, there has been a shift towards greater focus on veterans involved in the criminal justice system. The VHA created an outreach program called the Healthcare for Reentry Veterans (HCRV) program in 2007 to help incarcerated veterans for community reentry and connection to VHA services upon their release (Blue-Howells, Clark, van den Berk-Clark, & McGuire, 2013; Tsai et al., 2013a; VHA Handbook 1162.06, 2014). Because HCRV is a program designed to increase engagement with the VHA system following periods of incarceration, it

Electronic supplementary material The online version of this article (https://doi.org/10.1007/s12207-018-9332-z) contains supplementary material, which is available to authorized users.

✉ Elizabeth Goggin
egoggin@gmail.com

1 Veterans Affairs Connecticut Healthcare System, West Haven, CT 06516, USA

2 Connecticut Veterans Legal Center, West Haven, CT 06516, USA

3 Department of Psychiatry, Yale University School of Medicine, New Haven, CT 06516, USA

is not considered "medical care" and is thus not prohibited under federal regulation (Medical Benefits Package, 2018; VHA Handbook 1162.06, 2014). An even more recent development is the creation of Veteran Service Units (VSUs), which are all-veteran housing units in correctional facilities. The Connecticut Department of Corrections (CTDOC) is one of the early adopters of the VSU model, which forms the basis of the current study, as it provides a unique opportunity to study and gain insight into the needs and experiences of incarcerated veterans.

Previous studies of incarcerated veterans have mostly relied on collecting data from veterans prior to their imprisonment or following their release. These studies have described the mental health, substance abuse treatment, and psychosocial needs of criminal justice-involved veterans (Blodgett et al., 2015; Stacer & Solinas-Saunders, 2015; Tsai, Rosenheck, Kasprow, & McGuire, 2013b; Tsai, Rosenheck, Kasprow, & McGuire, 2014; Timko, Midboe, Maisel, Blodgett, & Asch, 2014). Notably, one study in two states found that 93% of their incarcerated veterans reported a history of trauma (Hartwell et al., 2014). According to their analysis of Bureau of Justice Statistics, Bronson et al. (2015) reported that in 2012 nearly half of all incarcerated veterans were either told they had a mental health disorder by a professional or formally diagnosed with one and that veterans were twice as likely to have been told they had a diagnosis of PTSD at 23% compared to 11% among non-veterans.

Importantly, there have been major challenges to providing needed mental health and substance abuse treatment for incarcerated veterans. Glynn et al. (2016) noted that less than 60% of treatment offered in prison for substance use disorders is evidence-based. Similarly, trauma treatment has been almost non-existent despite the extremely high levels of trauma exposure in the prison population (Miller & Najavits, 2012). With growing concern regarding recidivism, prisons have become increasingly open to innovation in treatment (Miller & Najavits, 2012). Some have emphasized the need to tailor interventions to veterans, connecting interventions to "military principles and strengths" (Timko et al., 2014, p. 632).

Perhaps with these challenges in mind, prisons have begun to open VSUs using a variety of approaches ranging from programs which emphasize military culture and structure to those designed to bridge the gap between the military and civilian life (Seamone, 2016). Commonalities among these units include the following: emphasis on military culture in the form of murals, uniforms, and rituals; structure implemented through assignment of roles and responsibilities for upkeep of the unit; activities to foster group cohesion; access to substance use and mental health treatment; leadership development through work duties or mentorship roles; and interaction with individuals and groups from the community to help provide support and guidance beyond that of what DOCs can typically offer (National Institute of Corrections, 2018a, 2018b; Seamone, 2016). According to the National Institute of Corrections (2018a, b), there are at least 84 units around the country in a variety of correctional settings. Terminology is still being developed and such units have been called "specialized housing units," other times "pods," "wings," "blocks," "units," "dorms," and other labels.

In October 2015, the Connecticut Department of Corrections opened their VSU with the aim of "offering programs to reduce recidivism and save taxpayer dollars while reducing crime, including life-skills training, substance-abuse treatment, peer support, mental-health treatment and employment readiness" (Dixon, 2015). Given the scope of the desired programming, the Veterans Affairs Connecticut Healthcare (VACT), under the auspices of the HCRV program, assisted with implementation and signed on to provide reentry case management and groups to eligible veterans, and the Department of Labor offered to assist with employment programming. While the VACT is a continuing partner with this unit, it is important to note that roughly 60% of the veterans on the VSU are not eligible for VHA reentry services due to a variety of reasons, such as dishonorable or bad conduct discharge, or insufficient service time. Through the HCRV program, VACT staff work with veterans on the VSU individually and in groups for reentry planning and to determine eligibility and connect them to services for which they are eligible, including medical and mental healthcare, and vocational and housing services.

In the current study, we used qualitative data from a quality improvement survey at the Connecticut VSU to understand veterans' needs and experiences on the unit. While quantitative results from the same survey (Tsai & Goggin, 2017) identified a number of perceived needs of incarcerated veterans and demonstrated veteran preference for this unit over others, based on their experiences with non-specialized units, the qualitative results help to further elucidate some of the strengths and weaknesses of the VSU approach in accommodating the needs of veterans. Veterans responded to questions about programming needs on the unit, community reentry needs, experiences on the unit compared to other units, and suggestions and thoughts about ways to improve the unit. Aside from descriptions of how units have been implemented (National Institute of Corrections, 2018a, b; New York State Department of Corrections, 1994; Pentland & Scurfield, 1982), limited attention has been given to the perspectives of veterans themselves. This analysis of veteran responses may inform future development and refinement of VSUs as a model in correctional facilities.

Background

The Connecticut VSU was developed as a collaboration between the CTDOC and VACT. Prior to the VSU's opening, there was one HCRV social worker who served some proportion of the nearly 600 incarcerated veterans in Connecticut (Chen, 2016) by connecting eligible veterans to VA healthcare and social services upon release. The HCRV worker provided case management for upwards of 100 veterans in 2015 and 2016. VACT supported the idea of housing veterans together in one facility with the hope of improving access by reducing the need for HCRV staff to travel from facility to facility. The CTDOC had become aware that such units were being developed around the country and felt uniquely poised, with the support of VACT, to begin their own unit modeled on existing units in Pennsylvania and New York. Many of the change agents at the CTDOC had personal connections to the military either as veterans themselves or through family members who struggled tremendously after ending military service and they ensured that CTDOC employees with military experience were trained as counselors and correctional officers for the unit.

CTDOC assigned two deputy wardens to oversee the progress of the unit and the staff; three reentry counselors; an administrator from the state's main office; and correctional officers (COs), the majority of whom also possessed military experience. VACT supported the primary HCRV social worker and one post-graduate trainee to work on the VSU. This work consisted of one-on-one meetings for reentry planning, reentry groups, recreational groups, and collaborative meetings with the CTDOC staff. Coordination of end-of-sentence plans and ways to improve existing programming on the units were discussed. To address mental health needs among veterans on the unit, CTDOC contracted with mental health providers from the State of Connecticut, offering more slots in group therapy sessions and additional individual case management services; there were three mental health clinicians serving up to 800 inmates.

In some ways, the primary components of the program mirror those of other veterans' units. For instance, the military cultural experience was replicated through patriotically themed murals, work crew assignments, military formation during unit-wide assemblages to commemorate both holidays and memorial events. Cleanliness and order were encouraged by CTDOC and carried out by the veterans on the unit. Often CTDOC employees remarked on the positive difference between the state of the VSU and other units, even those housed in the same facility. As with numerous other veterans' units, the VSU used a dormitory layout, which provided very little privacy and simulated the setting of boot camp in some ways: common wake-up time, a unit-wide morning meeting, and completion of work duties. Per casual discussion with veterans living in the VSU, this effort to establish a military atmosphere was met with mixed responses. Some felt that it inspired pride in the unit and in oneself, eliciting a sense of duty and brotherhood. Others found it to be a painful reminder of difficult times in the service and resented the contrast between the respect garnered by a soldier and their sense of shame and perceived contempt from CTDOC staff and the larger public given their status as "inmates." While anecdotal, these sentiments were reflected in the results.

This unit, like other reentry units in minimum-security facilities, emphasized the importance of skill building and employment. Veterans on the unit were encouraged to work and were offered opportunities to take classes in English, business administration, medical records, and other skill-based programs. Peer mentorship also played a major role on the unit. Peers were interviewed and selected to help disseminate information, manage on-unit issues, and work closely with CTDOC staff on programming.

There are other aspects of the VSU in Connecticut which may be more unique, though it is difficult to know for sure if certain components have been utilized in other locations given how little is known about VSUs nationally. VACT's was a prominent partner in the creation of the VSU in Connecticut given its assistance with programming, holding regular hours at the prison, and weekly collaboration with CTDOC staff to plan, coordinate, and adjust strategies throughout the first 2 years of operation. There was also significant progress in streamlining the process of obtaining transitional housing for reentering veterans; one shelter worked with the CTDOC to meet the standards of a half-way house and has since become the primary location where homeless veterans go after their incarceration. This shelter also has employment resources, counselors, groups, and a technology lab. There is easy access to VACT services and resources, so reentering veterans are able to attend medical and mental health appointments with ease. While these factors have been observed, the authors want to highlight the perspectives of the veterans living on the unit with analysis of qualitative responses they provided during the first year of its operation. It is their perspectives that can provide some guidance on what has been perceived as positive and which aspects of this model will need to be improved upon in Connecticut and potentially other Veterans' units nationally.

Methods

Setting

In March 2016, VACT social workers in cooperation with the state CTDOC designed and administered a quality improvement survey at the Connecticut VSU at Willard-Cybulski Correctional Institution. The purpose of the survey was to assess veterans' satisfaction, needs, experiences, and suggestions about how to improve the unit. The survey was distributed to all 110 veterans on the VSU regardless of VHA eligibility. The facility in which the VSU is located is considered a "Level 2," which indicates a minimum-security level. Such facilities are not eligible to house those charged with sex offenses or those with "chronic mental health" issues (e.g., acute psychosis or severe mental impairment) requiring specialized housing akin to an inpatient level of care. However, as reported previously (Tsai & Goggin, 2017), at least one third of veterans on the VSU reported they have been diagnosed with a mental health condition and upwards of 60% were diagnosed per CTDOC records. The facility where the VSU is located is called a "community reintegration center," which is designed to continue "the mission to prepare offenders for release back into the community with a wide number of programs and opportunities" and has an overall population of around 1150 inmates at any given time (State of Connecticut DOC, 2016).

Sample

Of the 110 male veterans on the VSU, 87 veterans participated in the survey (79% response rate) and 75 (68%) answered the qualitative questions analyzed in this study. Table 1 describes the background characteristics of participants. The majority of veterans were White, aged 41–56, with at least a high school/GED education, never married, and had an honorable or general discharge from the military. Veterans self-reported a range of psychiatric diagnoses with high rates of substance use disorder and posttraumatic stress disorder. All veterans reported a past episode of incarceration with nearly a third reporting more than three over their life course. No information on criminal offenses was collected, but veterans with sex offenses were not housed on the unit and veterans who had prior violent offenses had been deemed to appropriate for minimum security because of time served without disciplinary actions.

Aggregate program data obtained from CTDOC also reported that 63% of the veterans on the VSU had a mental health diagnosis and 20% required ongoing treatment for mental health in the form of intermittent psychotherapy, group participation, and/or medication management. In addition, 84% had a substance use disorder and 77% were required to attend substance use treatment through the prison's previously established group-based programs which was not evidence-based.

Table 1 Background characteristics of prisoners on the Veterans Specific Unit

	Mean/count	Standard deviation/%
Age		
18–25	4	4.7
26–40	28	32.6
41–56	40	46.5
57+	12	14.0
Education[a]		
High school/GED	34	39.5
Some college/trade school	36	41.9
Associates/bachelors	13	15.1
Advanced degree	2	2.3
Race/ethnicity		
White	55	64.0
Black	14	16.3
Other	15	17.4
Marital status		
Married	16	18.6
Not married	67	77.9
Psychiatric diagnosis		
Schizophrenia	3	3.5
Bipolar disorder	16	18.6
Major depression	15	17.4
Alcohol use disorder	26	30.2
Drug use disorder	39	45.3
Posttraumatic stress disorder	25	29.1
Other disorder	24	27.9
Two or more past incarcerations	62	72.1
Served in military combat	21	24.4
Honorable/general discharge	64	74.4

[a] One veteran had an education level below high school

Survey

The quality improvement survey, as written by the first two authors, collected basic background information and asked rating questions about experiences with services and needs on the unit, and with community reentry. Quantitative results of the survey have been described elsewhere (Tsai & Goggin, 2017). The current study focuses on the only four open-ended qualitative questions in the survey which asked (1) "What are the group/recreational options that you believe are needed or would improve the veterans' unit"; (2) "What information would you need to better prepare for release from prison"; (3) "What is your experience on the veterans' unit compared to your experiences on other units you have been part of"; and (4) "Please share any additional thoughts you have about your experience on the veterans' unit."

The survey was distributed by VACT social workers to all veterans on the unit during their daily morning meetings. Instructions were provided and veterans were informed their participation was completely voluntary and confidential. No names were collected on the surveys and veterans returned them in a sealed receptacle. Veterans took an average of 15–20 min to complete the survey and were not offered compensation for participation. Veterans were encouraged to participate to provide feedback on ways to improve the VSU. In addition to the survey, the first author made notes and observations about the VSU when she was providing services on the unit 6–10 h weekly over a 10-month period. These observations were used to provide context for the qualitative analyses. All these procedures were considered quality improvement activities and deemed exempt from institutional review board review at VACT and CTDOC.

Data Analysis

Participants' written responses to each of the four qualitative questions were analyzed with thematic analysis using a general grounded theory approach (Corbin & Strauss, 1990) through an iterative, multi-step process. First, all responses were reviewed to make sure they were legible and comprehensible. Second, the first two authors independently read each response and took notes to begin forming codes. Codes were discussed and a codebook was developed by consensus. Third, both authors began coding a small sample of responses using the codebook and reached consensus about their coding schemes before coding all of the remaining responses. Fourth, once all responses had been coding, the first two authors reached consensus on the codes for the entirety of responses. Fifth, all three authors reviewed the coded responses together and discussed themes that appeared across multiple responses. Then, the first author took the lead in sketching out themes, discussing with the other authors, and refining the themes over time until a consensus was formed on the themes. In addition to veteran responses on the survey, the first author kept a record of observations gathered through interactions with the veterans on the VSU over the course of a 10-month period. This record-keeping provided context and enriched the themes that were identified through the coding process.

Results

Several important themes were identified with respect to the needs of the inmates on the VSU and the services offered to them. These themes were discussed in three major domains: identified needs, VSU compared to traditional prison units, and the VACT's role on the unit.

Identified Needs

"Fresh Air" and Fitness Being able to go outside, move around, and have options for physical activity on and off the units were common needs veteran reported. While there are daily recreational activities available to the men on the VSU, access to the outdoors is restricted between November and March. During winter months, as well as times of extreme heat or rain storms, there is no outdoor access. Veterans were also alarmed by frequent cancelations of their opportunity to lift weights, an activity which required staff supervision according to CTDOC policies. One veteran wrote, "Fitness has always been a big part of my life. It keeps me level-headed and balanced. Helps with combat related stress and PTSD. This is a must for future success. I would like to see more weight room implemented." These responses frequently focused on the mental and physical challenges of inactivity, such as boredom, ill health, and possible negative impacts on mental health. While several veterans connected this to their history in the military, one specifically stated, "Let us be more active: 'PLEASE' [*sic*]. We are prior military."

Job Training and Education Unsurprisingly, veterans on the unit expressed their desire to use their time behind bars to develop skills, gain work experience, and receive educational credit. The large number of these responses indicated that veterans on the unit had a lot of insight into the potential impact of their incarceration on their future economic circumstances. One person wrote, "Jobs! For everyone. We are here and in the cycle to go forward equipping ourselves for society and jobs, on the job training is crucial." Another explained, "I just need to be able to find employment or get training for employment so that I can have a good paying job, not a job that I'm barely making ends meet and struggling to take care of my kids."

These responses also made frequent reference to the importance of "decent" and "good jobs." One veteran commented, "We have families. People can't expect us to survive in Connecticut off \$10 an hour." Many veterans worried about their job prospects once out of prison, expressing serious concern over their status as "felons" and their desire for help with all stages of the employment process. Capturing the responses on many surveys and discussions observed on the unit, one veteran wrote, "It is what we can do while we're in here to better ourself [*sic*] that counts more to me. (school, training, etc.) In the Feds [*sic*] they get legitimate training and licenses which makes them better prepared for success. Why not here?"

Mental Health and Substance Use Treatment In their survey responses and observed discussions on the unit, many veterans expressed deep concern that treatment resources for mental health and substance abuse problems were not sufficient to help with symptoms and long-term needs. One striking comment read, "There are veterans in here, <u>real</u> veterans with real mental health problems, documented and recognized by the VA, and there is no doctor here to treat us. No doctor to change medication, no doctor to hear our questions about medications." This veteran was referring to a period of time when the prescriber for this correctional facility had left the post and a replacement had not yet been hired.

More generally, another individual stated, "Most of the veterans in this unit are not getting the help they need when concerning mental health." Of note, there were only two social workers and one psychologist available to inmates in this correctional facility for any type of psychotherapy or group treatment. This was largely due to the lower security rating of the correctional institution, previously discussed, and the fact that such facilities are deemed to require less access mental health. This may explain why some veterans felt there was less treatment available at this facility despite their perceived needs.

One veteran wrote, “I think people… should be advised that there are less AA/NA groups here before putting in for transfer” and another asked for “more treatment minded [*sic*] staff.”

Despite these concerns, many veterans on the VSU reported that they felt uncomfortable utilizing the mental health treatment that did exist due to fear of negative outcomes. For instance, numerous Veterans believed that if they were honest about their mental health issues, they could be denied “outside clearance” to go and perform supervised work beyond the confines of the prison. Others feared that their release dates could be negatively impacted. Those that wanted to remain on the unit also expressed fear that they could be sent to higher-level facilities if they sought the medications and treatments they required. At least to some extent, these fears were validated by the lived experiences of some veterans on the unit as witnessed by the first author. The prison’s limitations demanded that veterans deemed “higher risk” be denied certain privileges or transferred to facilities more equipped with qualified staff which may limit access to the types of reentry services available on the VSU.

The VSU Compared to Other Units

Responses to the question on experiences on the VSU compared to other prison units elicited primarily positive feedback about the VSU when referring to the programming and culture on the unit. A few criticisms were expressed and included comments that there is less substance use treatment than on other units, unhelpful staff, and the unfair treatment of VHA-ineligible veterans versus eligible veterans on the VSU. With respect to programming, one respondent said, “There are more programs available here, but from what I’ve heard, there are a lot of programs available everywhere…” This was echoed by others, as well. In a more nuanced response, one veteran wrote, “Some things are slower to materialize but the ideas are good, such as DOC training. There is definitely more focus on reintegration and we are treated more civilly in this unit by [correctional officers] and staff.” This mention of “DOC training” was in reference to efforts made to place prison staff with military history on the VSU and to train prison staff in peer support so they could successfully connect with the veterans on the unit. Other veterans did not refer to this training, but several stated that they believed staff members were better on the VSU than in other units. One individual’s response was identified as a representative quote regarding the employees on the unit: “It seems that they (the staff) are 100% dedicated in helping us inmates with anything.”

Numerous veterans cited the culture and atmosphere of the VSU as a distinguishing characteristic. Descriptions such as “cleaner,” “more relaxed,” and “brotherhood” were mentioned as benefits of the VSU. One veteran wrote that what he valued about the VSU was “clean environment, a laid back colorful dorm, others are dull, boring and depressing when you walk into them.” The presence of “camaraderie,” and “more respect” were also reported as distinguishing features of the VSU. These positive perspectives stand in contrast to other veterans who wrote about feeling divided by issues like VA eligibility and authenticity of military service, both of which are discussed in further detail in the next section. It should also be noted that two responses mentioned racial tensions on the unit. While not commonly reported on surveys, there was a great deal of discussion on the unit about anger towards Muslim individuals in particular.

The VACT’s Role on the Unit

The VACT’s involvement on a prison unit was unprecedented in Connecticut. While federal legislation currently prevents all VHA facilities from providing direct healthcare to incarcerated veterans, the HCRV program can provide extended reentry planning on the unit through individual and group meetings in service of reentry goals and promoting strong ties to VHA services post-release. Because of this unique arrangement, special attention was given to those responses referencing either VACT staff, their reentry programming, and the VACT’s presence in general. Overall, the VACT’s partnership with CTDOC was seen as positive because of the addition of resources and trained staff from outside the CTDOC system. That said, there was an inherent tension on the VSU unit since not all of veterans on the unit were eligible for VHA services. After examining the array of different responses about these issues, the authors identified two opposing perspectives.

VHA Partnership Is Positive While some responses emphasized the impact of specific VHA staff members, others more generally referred to the support and help that the VHA offered. One veteran wrote, “It seems that the VA is interested in helping its vets so that lessens the stress on the unit, whereas other units’ help is very limited.” VHA staff were referred to as “very supportive,” and the personal nature of their help was highlighted by another veteran, who wrote, “… we have helpful VA reps… [who] show respect and want to be helpful and show concerns.” Groups offered specifically by VACT staff were also referenced, as one veteran wrote that they have helped him to “look deeper within myself and see the changes I need to make.”

As discussed in relation to mental health, it was clear that having assistance from staff “outside” of the CTDOC was seen as extremely positive. Many veterans expressed the opinion that CTDOC employees were bound by certain entrenched hierarchical structures, whereas VACT employees could engage more easily and without the same fear of being perceived as indulgent or too friendly with inmates, both of which were common fears expressed by CTDOC correctional officers and counselors.

Divisions on the Unit On the VSU, there were frustrations that were often expressed and words exchanged between inmates who were "real veterans" and inmates who were considered interlopers. While there were only 21 combat veterans on the VSU at the time of the survey, many described feeling especially frustrated by those who did not fulfill their military obligations or who were never deployed. To illustrate, one respondent wrote, "Surrounded by vets, but there's a big difference from veterans in this unit and men that didn't even pass basic training/boot camp." One veteran wrote, "Some of the people don't deserve being here…" and another emphasized the importance of "combat-vet related services." One particularly emotive response included expletives and ended with a mandate: "Get rid of the fake vets." And still another wrote, "A lot of people aren't veterans, taking up space." The following response is representative of a lot of discussions among veterans on the unit observed by the first author:

> One big flaw in this unit is the lack of true veterans. I am an honorable combat wounded soldier. One of a few here. I have a hard time wrapping my head around many ongoing issues. I have never once been approached about what I think would or would not work. Never asked what I think others including myself need in this program. Instead they start goes [*sic*] to inmates who never served never been deployed or had an unproductive service career. In return the staff gets horrible ideas about what is need because they just don't know. Do you ask your Doctor about your car problems? So why don't you ask a combat vet what they need for help or just for input or help?

Conversely, VHA-ineligible veterans expressed dismay at how few additional resources were available to them. As one veteran wrote, "I'm not eligible for medical benefits because of my OTH [other than honorable] discharge and only being enlisted for a year I wasn't in long enough. There really isn't much available to me as far as help goes in this unit…" Veterans who were in this position described feeling like they did not belong on the VSU and were not receiving the same level of benefit from their participation. These sentiments, expressed by both VHA-eligible and VHA-ineligible veterans, seemed to affect interpersonal relationships on the VSU and were frequently expressed as concerns during casual conversations with the first author. In addition, morale among men who were maligned as "fake" veterans was impacted and at least three such individuals approached CTDOC staff as well as VACT staff to express their desire to leave the unit.

Discussion

This study is the first qualitative study of a VSU and was based on the first-hand accounts of veterans. The emergent themes we identified in our qualitative analysis underscore the potential value that the VSU model has for assisting veterans not only with their reentry goals, but also in terms of providing an accommodating and supportive environment for rehabilitation. Our findings contribute to ideas of what could be improved upon to make the VSU model more veteran-centric in meeting veterans' needs. For example, the importance of regular access to the outdoors and an outlet for regular physical activity were some of the most oft-repeated requests from veterans, which may easily be accommodated to improve morale and mental and physical health during prison sentences. This VSU was unique in that VACT staff were available to help veterans plan for post-release treatment. Education and employment-related training were also commonly reported and the value of partnerships with outside organizations to provide these opportunities was a common refrain. Some of the problems mentioned with the unit may also be instructive, such as the finding that veterans who are ineligible for VA services felt strong tension with those who are eligible and vice versa.

The important question is how best to create a therapeutic milieu within a prison unit to best support, in this case, veterans who have served their country and who have subsequently become justice-involved. Our study may begin to address that question as veterans on the VSU described it as "brighter," "cleaner," "quieter," and "safer" than other units they have been on. The greater feeling of safety on the VSU is important because it offer opportunities for inmates as well as CTDOC staff to feel safer on the unit. Further research is needed to study the perceptions of CTDOC staff on VSUs and whether there are reduced disciplinary actions on these units.

This research reveals the importance of providing additional training for DOC staff and the value of utilizing staff with some connection to the military. Further, this study demonstrates a unique partnership between the CTDOC and VACT in serving veterans, which may be replicated in other states. Through planning sessions and ongoing meetings, the CTDOC made progress towards adopting more trauma-informed perspectives, which is not common in traditional correctional institutions. The veterans expressed their appreciation for such sensitivities on the VSU as well as the "brotherhood" culture and enhanced resources available, which paints a hopeful picture for the VSU model.

In acknowledging the challenges on the unit, such as veterans describing feelings of exclusion and isolation due to concerns over eligibility for VHA services and being seen as "fake" because of their military background or discharge status, this analysis indicates a need for VSUs to create a therapeutic milieu counter to the traditional correctional model. Taxman and Ainsworth (2009) have provided a strong overview of recommendations for supporting a therapeutic prison milieu, such as fostering strong rapport among staff and inmates; giving those in prison a voice and input into how things are run and the care they receive; and offering incentives, like positive employment opportunities. While some of this was implemented in Connecticut, more research is needed on how best to foster this milieu environment and creating mechanisms for more self-governance.

Consistent with past studies, treatment options for mental health and substance abuse problems was lacking among incarcerated veterans (Blodgett et al., 2015; Glynn et al., 2016; Tsai et al., 2013b). Veterans expressed concerns that they would be identified as problematic or "weak" if they admitted mental health issues, which suggests units could work to reduce stigma around treatment and ensure that individuals are not excluded from work opportunities. An institutional holistic approach to veterans' health may be beneficial, and has been reported in one study regarding aging incarcerated veterans (Kopera-Frye et al., 2013). Another recommendation would be for correctional facilities to adopt or adapt evidence-based programming that has been effective in other settings. For example, the Trauma Affect Regulation: Guide for Education and Therapy has been implemented in juvenile detention facilities and has reduced disciplinary action and increased prosocial behavior among detainees (Ford & Hawk, 2012). Widely developed support groups like Alcoholics Anonymous and Narcotics Anonymous, which are available to the general population, could be better incorporated into correctional facilities and may both create mutual support and improve recovery trajectories among veterans with substance abuse problems (Tonigan, Toscova, & Miller, 1996).

Limitations of the Study

VSUs are an emerging trend and continued evaluation is needed to improve upon the model. As one veteran wrote, "I understand it is still a work in progress." The Connecticut VSU is a new unit that may not be representative of the few other VSUs in the country. This study only included incarcerated male veterans, and it is unknown whether the findings would apply to an all-veterans female unit since no such unit yet exists. Additionally, the Connecticut VSU may have a special partnership with VACT that may not exist at other VSUs. This study relied on responses veterans provided on the qualitative portion of a survey, so no follow-up questions were asked, which may have yielded richer information. Although a relatively large number of veterans were included in this qualitative study, the breadth and depth of veteran responses varied. The qualitative data collected is in no way generalizable but rather can be looked to for insight into how this unit has impacted veterans and for sharing ideas about how the VSU in Connecticut has been implemented thus far. Lastly, there has been no collection of outcome data, and, since the goal of VSU is to reduce recidivism and help veterans with community reentry, further study is needed using longitudinal designs and assessment of criminal justice outcomes.

The Connecticut VSU may change over time due to any number of factors such as shifts in the prison population, issues pertaining to funding, or the evolving needs of younger cohorts of incarcerated veterans including those who have served in Iraq or Afghanistan. The evolving nature of the unit and experimental programming likely impacted the veterans, who frequently expressed feeling like "guinea pigs." One change which occurred after the surveys were administered was the opportunity for veterans to take classes provided by a local community college and in-unit computer stations for job applications and word-processing. These developments have been received with enthusiasm from the veterans.

Conclusions

When considering the needs and challenges of providing treatment to veterans in correctional settings, this study underscores the potential benefits of VSUs, namely increased access to services for reentry planning; improved unit culture, the vital importance of training and education, and raising awareness of the importance of mental health treatment for veterans. The VSU model highlights numerous directions for enhancing services to veterans and represents an alternative rehabilitative approach to incarceration. Almost all veterans on the VSU expressed interest in employment, training, and mental health and substance use treatment. There may be a unique opportunity for state DOCs to partner with other relevant stakeholders in the community to implement evidence-based programming due to the controlled setting, opportunity for close monitoring, and ease of mandating services in correctional facilities. The VSU represents new potential opportunities to improve continuity of care and treatment planning for veterans who will be leaving prisons and returning to their communities with hopes of sustaining productive and satisfying lives.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

References

Blodgett, J. C., Avoundjian, T., Finlay, A. K., Rosenthal, J., Asch, S. M., Maisel, N. C., & Midboe, A. M. (2015). Prevalence of mental health disorders among justice-involved veterans. *Epidemiologic Reviews, 37*, 163–176. https://doi.org/10.1093/epirev/mxu003.

Blue-Howells, J. H., Clark, S. C., van den Berk-Clark, C., & McGuire, J. F. (2013). The U.S. Department of Veterans Affairs veterans justice programs and the sequential intercept model: case examples in national dissemination of intervention for justice-involved veterans. *Psychological Services, 10*(1), 48–53. https://doi.org/10.1037/a0029652.

Bronson, J., Carson, A., Noonan, M., & Berzofsky, M. (2015). Veterans in prison and jail, 2011–12. Retrieved from http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5479

Chen, D. (2016). Statistics for veterans incarcerated in Connecticut. Office of Legislative Research. Retrieved from https://www.cga.ct.gov/2016/rpt/pdf/2016-R-0272.pdf

Corbin, J. M., & Strauss, A. (1990). Grounded theory research: procedures, canons, and evaluative criteria. *Qualitative Sociology, 13*(1), 3–21.

Dixon, K. (2015). Malloy opens prison unit for military veterans. Connecticut Post. Retrieved from http://www.ctpost.com/news/article/Malloy-opens-prison-unit-for-military-veterans-6619731.php

Ford, J. D., & Hawk, J. (2012). Trauma affect regulation psychoeducation group and milieu intervention outcomes in juvenile detention facilities. *Journal of Aggression, Maltreatment & Trauma, 21*(4), 365–384. https://doi.org/10.1080/10926771.2012.673538.

Glynn, L. H., Kendra, M. S., Timko, C., Finlay, A. K., Blodgett, J. C., Maisel, N. C., et al. (2016). Facilitating treatment access and engagement for justice-involved veterans with substance use disorders. *Criminal Justice Policy Review, 27*(2), 138–163. https://doi.org/10.1177/0887403414560884.

Hartwell, S. W., James, A., Chen, J., Pinals, D. A., Marin, M. C., & Smelson, D. (2014). Trauma among justice-involved veterans. *Professional Psychology: Research and Practice, 45*(6), 425–432. https://doi.org/10.1037/a0037725.

Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *JAMA, 295*(9), 1023–1032.

Kopera-Frye, K., Harrison, M. T., Iribarne, J., Dumpsey, E., Adams, M., Grabreck, T., et al. (2013). Veterans aging in place behind bars: a structured living program that works. *Psychological Services, 10*(1), 79–86. https://doi.org/10.1037/a0031269.

Medical Benefits Package. (2018). 38 CFR 17.38.

Miller, N. A., & Najavits, L. M. (2012). Creating trauma-informed correctional care: a balance of goals and environment. *European Journal of Psychotraumatology, 3*, 17246. https://doi.org/10.3402/ejpt.v3i0.17246.

National Institute of Corrections. (2018a). Barracks behind bars: in veteran-specific housing units, veterans help veterans help themselves. Retrieved from https://info.nicic.gov/jiv/node/27.

National Institute of Corrections. (2018b). Prisons and jails with dorms for veterans. Retrieved from https://info.nicic.gov/jiv/node/27

New York State Department of Correctional Services. (1994). *Veterans residential therapeutic program, Groveland Correctional Facility, Sonyea*. New York: Program overview Retrieved from https://www.ncjrs.gov/pdffiles1/Digitization/149417NCJRS.pdf.

Pentland, B., & Scurfield, R. (1982). Inreach counseling and advocacy with veterans in prison. *Federal Probation, 46*, 21–28.

Seamone, E. R. [AmericanUnivJPO]. (2016). Specialized housing units for veterans in prisons and jails [video file]. Retrieved from https://www.youtube.com/watch?v=UW-MykVqN3s

Stacer, M. J., & Solinas-Saunders, M. (2015). Physical and verbal assaults behind bars: does military experience matter? *The Prison Journal, 95*(2), 199–222. https://doi.org/10.1177/0032885515575267.

State of Connecticut Department of Corrections. (2016). Willard-Cybulski Correctional Institution. Retrieved from http://www.ct.gov/doc/cwp/view.asp?q=265450

Taxman, F. S., & Ainsworth, S. (2009). Correctional milieu: the key to quality outcomes. *Victims & Offenders, 4*(4), 334–340. https://doi.org/10.1080/15564880903227347.

Timko, C., Midboe, A. M., Maisel, N. C., Blodgett, J. C., & Asch, S. M. (2014). Treatments for recidivism risk among justice-involved veterans. *Journal of Offender Rehabilitation, 53*, 620–640. https://doi.org/10.1080/10509674.2014.956964.

Tonigan, J. S., Toscova, R. W. R. M., & Miller, W. R. (1996). Meta-analysis of the literature on alcoholics anonymous: sample and study characteristics moderate findings. *Journal of Studies on Alcohol, 57*(1), 65–72.

Tsai, J., & Goggin, E. (2017). Characteristics, needs, and experiences of U.S. veterans on a specialized prison unit. *Evaluation and Program Planning, 64*, 44–48. https://doi.org/10.1016/j.evalprogplan.2017.05.016.

Tsai, J., & Rosenheck, R. A. (2015). Risk factors for homelessness among U.S. veterans. *Epidemiologic Reviews, 37*(1), 177–195.

Tsai, J., Rosenheck, R. A., Kasprow, W. J., & McGuire, J. F. (2013a). Risk of incarceration and other characteristics of Iraq and Afghanistan era veterans in state and federal prisons. *Psychiatric Services, 64*(1), 36–43.

Tsai, J., Rosenheck, R. A., Kasprow, W. J., & McGuire, J. F. (2013b). Risk of incarceration and clinical characteristics of incarcerated veterans by race/ethnicity. *Social Psychiatry and Psychiatric Epidemiology, 48*(11), 1777–1786. https://doi.org/10.1007/s00127-013-0677-z.

Tsai, J., Rosenheck, R. A., Kasprow, W. J., & McGuire, J. F. (2014). Homelessness in a national sample of incarcerated veterans in state and federal prisons. *Administration and Policy in Mental Health and Mental Health Services Research, 41*(3), 360–367. https://doi.org/10.1007/s10488-013-0483-7.

VHA Handbook 1162.06. (2014). Health Care for Reentry Veterans (HCRV) Program.