Trauma-Informed Forensic Practice

Phil Willmot, Lawrence Jones

Trauma and Offending in UK Military Veterans

Publication details
Jane Jones
Published online on: 11 Mar 2022

How to cite: Jane Jones. 11 Mar 2022, Trauma and Offending in UK Military Veterans from: Trauma-Informed Forensic Practice Routledge
Accessed on: 05 Dec 2023

PLEASE SCROLL DOWN FOR DOCUMENT

Full terms and conditions of use: https://www.routledgehandbooks.com/legal-notices/terms

This Document PDF may be used for research, teaching and private study purposes. Any substantial or systematic reproductions, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The publisher shall not be liable for an loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.
The Armed Forces have an excellent track record of deterring their personnel from offending behaviour, yet military veterans represent the largest occupational group in UK prisons (Phillips 2014; Wainwright, Lennox, McDonnell, Shaw, & Senior, 2017). Offences by ex-military personnel are most commonly violent offences (MacManus et al., 2019), though sexual offences are also common (Wainwright et al., 2017).

Despite the acknowledged high number of ex-military personnel in prison this number is accepted to be a gross underestimate. This is partly because ex-military personnel are often reluctant to disclose their veteran status, and partly because the long-term fate of ex-military personnel is a relatively new area of concern (Phillips, 2014). Certainly, those who were incarcerated prior to The Armed Forces Covenant (Ministry of Defence, 2011) would not have been asked about military history and relevance to offending behaviour.

The Armed Forces Covenant pledges a moral obligation by government, on behalf of the nation, to ensure that military and ex-military personnel, and their families, are not disadvantaged as a consequence of military service. The Armed Forces Act (2011) intended to secure the core principles of the Covenant in Law. This followed widespread recognition throughout the UK that armed forces personnel and their families are significantly disadvantaged in terms of housing, employment, children’s education, and healthcare. Despite the covenant addressing these disadvantages, not all local councils or healthcare services have honoured it adding distress to already complex situations.

This chapter presents an overview of aspects of life in military service in an attempt to understand potential links between military-related trauma and offending behaviour. All the issues detailed are issues brought to the attention of the author by veterans involved in the Criminal Justice System (CJS).

People who enter military service go on to have a broader range of experiences compared to the general public. These experiences are influenced by role, rank, and service dates. Some experiences are unquestionably life enhancing, others damaging.
However, not all damaging experiences result in harm to the individual. For those who do go on to have psychological struggles the multiple elements of military life combined with non-military experiences more often than not result in difficult to identify and complex presentations.

Most people joining the military have been raised in optimal conditions and attain or exceed personal potential. A significant number however do come from backgrounds of adversity, childhood trauma, abuse, neglect, or social deprivation (Busitil, Hacker-Hughes, & Kitchiner, 2017). For this group, the military can offer much in comparison to civilian life: a home, respected employment, and a sense of belonging, encompassing psychological safety and physical protection. For many with adverse backgrounds, the military provides sufficient stability to channel mental resilience, enabling them to mature and lead productive lives. For others, childhood experiences continue to impact. Such vulnerability can naturally oscillate between dormant and active causing occasional problems during service. However, the close attachment fostered within the military family is such that, so long as behaviours are kept within “military acceptable” limits the family remains tight. Indeed, some behaviours, for example excessive risk taking, are actively rewarded when it benefits “the greater good”. This can mean that “problem behaviours” are often tolerated beyond the “greater good” for fear of losing the benefit. Take, for example, a recruit with anger problems often getting into physical fights. His anger-driven behaviours may well be an advantage on the battlefield and so his aggressive behaviour is left unchecked. Consequently, behaviours not compatible with civilian life become entrenched in the behavioural responses of vulnerable recruits.

Most recruits into the forces join straight from school, so childhood development is bound to have a considerable impact on individuals’ behaviour and personal interactions. It is now understood that the human brain continues to develop rapidly throughout the teenage years and into the mid-twenties (Johnson, Blum, & Giedd, 2009). The armed forces therefore become the environment that shapes the adult brain of the young recruit.

Once recruited into the forces, military personnel continue to be exposed to the same life adversities as the rest of the general population. In addition, they are exposed to far greater adversity and more frequent life-threatening situations. While other groups, such as emergency service personnel, are also exposed to frequent life threatening and adverse situations, within the military, physical and mental capacity can often be stretched to and beyond personal limits. Military personnel are committed to risk their own lives for the protection of others. They are deployed far away from family and friends and exposed to multiple stressors, including having to adapt quickly to extreme climate changes, alien cultures and languages, deprivation, war, and death.

Military personnel can be exposed to intense and unrelentingly distressing circumstances over weeks and months during combat and live exercise. It is to be noted that live exercise can be as life threatening as actual combat. Fatalities and injuries do occur. The wounded and their families must face the consequences of potentially life-changing injuries. Death leaves survivors and families behind to cope with the psychological and practical impact. Military Personnel are frequently
exposed to conflicts and disasters around the world. They can be called upon at a moment’s notice, creating a “stand-by stress” even in times of relative peace.

The stresses of military life affect not only service personnel but also their families, who are subject to postings around the UK and overseas. Housing, schooling, employment, healthcare, social network all change with each posting, making the service life practically, socially, and emotionally unpredictable.

On top of all these stresses, military personnel are markedly more at risk than other groups of losing employment, usually as a result of reduced mental or physical wellness. However, everyone eventually leaves the military; most are still of working age and need to adapt to non-military employment. Even where leaving is a choice, few find the transition into civilian life to be straightforward. The vast majority of ex-service men and women and their families report unexpected struggles when leaving the forces (Naval, Army, and RAF Families Federation, 2018).

To make sense of why so many ex-servicemen and women struggle on leaving the forces it is necessary to understand that military service is far more than just a job. It is a way of life that has powerful emotional attachments and practical implications not comparable to other work-life situations. In the beginning, like any celebration that accompanies a new addition into a family, the new recruit is welcomed into full military service with huge pomp and ceremony. The passing out parade is a public affair where family and friends celebrate the accomplishment of each person and their graduation from basic training. Already the recruit has started to develop a new way of thinking that differs from their family of origin. The term basic training belies the reality of the whole person impact. While the public may perceive basic training to be about honing excellent physical fitness and psychological focus, a much deeper psychological transition is taking place where the “military family” becomes embedded into the identity of serving personnel.

From day one in basic training and throughout military service the “military family” adopts individuals who in turn provide protection and who are protected by this living bond. It has long been known that in dangerous situations, such as combat, instinctive attachment to others is an innate human response that increases the chances of survival (Ein-Dor, 2014). In a similar way the families of serving personnel form equally close-knit bonds, supporting each other when their partners are deployed, during postings and moves of home both in the UK and abroad. The military community as a whole identifies with the military family. Going into a military Family Centre for a social evening could not be more different from most other community social events. Husbands, wives, babies, children, teenagers are all present. Sporting events and weekend socials are enthusiastically attended by all, reinforcing the sense of an extended military family. Just as families protect their closed and special status via unique use of language, nicknames, and behavioural interactions so does the military family. With language for example, asking for a “NATO brew” in the armed forces will get you a cup of tea with milk and two sugars. The depth of attachment formed is a force that is arguably a necessary enabling contributor to successful military action.

Of course, joining the armed forces comes with an understanding that part of the service might involve warfare. Armed combat is one of the most traumatic experiences a human being must endure. No matter that the men and women who are deployed
into combat situations are trained to do so, no training fully prepares for the emotional experience of combat. As you might expect, military training does focus on combat resilience and psychologically preparing individuals for the task ahead. It is recognised that the psychological states of military personnel involved in combat is as important to the battle as weapons, logistics, or tactics. Yet despite the intense preparation military personnel go through, combat remains an adverse experience regardless of training, expectation, or expertise.

The psychological impact of combat is internationally recognised and much has been recorded academically and via narratives of lived experience and by those who offer support (Osório et al., 2018; Wang et al., 2018). Combat equally involves those who provide the intelligence behind operations that will almost certainly lead to death, and those not in face-to-face battle who tend to the injured and the dead and the administration of the same.

Military Service Psychological and Behavioural Impact

While offending behaviour is by no means a given outcome of combat-related psychological problems (Wainwright et al., 2017), the disproportionate number of ex-military personnel serving prison sentences with previous combat experience calls for a better understanding. A review of offending leading to conviction by UK military personnel deployed to Iraq and Afghanistan concluded that those deployed into a combat role were at increased risk of violent offending, and that risk increased depending on frequency of exposure to traumatic events (MacManus et al., 2013). Offending behaviour was strongly associated with post-traumatic stress disorder (PTSD), anger, and alcohol misuse. Subsequent reviews have validated these findings reinforcing the need for healthcare services to develop assessment and interventions that better fit the need of military and ex-military personnel (Taylor et al., 2020).

Bashford, Hasan, Evans-Jones, and Patel (2020), in a study commissioned to inform trauma services being developed by the NHS, found that veterans reported a number of common experiences including: intense anxiety and fear, especially in crowded settings; poor sleep patterns with frequent nightmares; rapidly fluctuating moods including guilt, remorse, and depression; feelings of powerlessness and inability to cope; feeling overwhelmed with anger and rage; and acts of self-harm and suicide. They also identified common social and interpersonal issues including relationship breakdowns, loss of employment, financial problems, homelessness, offending, excessive alcohol use, and experience of discrimination and prejudice. While Bashford et al. acknowledge bias, given that all participants in their study had sought help, their study is a fair representation of the difficulties expressed by the majority of veterans who find themselves involved in the CJS. The difficulties described can be associated with various psychological problems but are strongly representative of the re-experiencing, avoidance and hyperarousal symptoms identified with PTSD. In particular, they are representative of complex post-traumatic stress disorder (CPTSD) as defined in ICD-11 (World Health Organization, 2018).

Both ICD-11 and DSM-V (American Psychiatric Association, 2013) include PTSD in their diagnostic criteria. DSM-V defines PTSD in terms of 20 symptoms,
four symptom clusters, and a subtype for dissociation. The ICD-11 has organised the characteristics of PTSD into two distinct disorders, PTSD and CPTSD. CPTSD differs from PTSD by including symptoms in the domains of emotion regulation, self-identity, and relational capacities. These three domains are relevant to many who have significant ongoing struggles when they leave the armed forces.

Emotional complexity linked to emotional regulation is one area of increasing enquiry, in particular the impact of moral injury. Moral injury arises when a person acts, fails to act, witnesses, or learns about acts that transgress deeply held moral beliefs or expectations (Litz et al., 2009). Bryan et al. (2016) define three distinct categories of moral injury that make a clear association between military service and moral injury: perpetration (being unable to help civilians due to rules of engagement, and/or killing/injuring others), witnessing (witnessing mistreatment of others), and betrayal (friendly fire/fatality during combat or otherwise). While there is currently no consensus on whether or not moral injury is a symptom of or a source of PTSD/CPTSD (Molendijk, Kramer, & Verweij, 2018), there is no doubt that the emotional consequences of these experiences can be extremely distressing. Those who suffer can experience pervasive and intrusive levels of disgust, shame, guilt, and anger leading to major behavioural, life, and relationship problems.

Moral injury as a consequence of military service in the UK is a relatively new field of enquiry. It is identified as having significant presentation in ex-military personnel seeking psychological help in the community (Williamson, Greenberg, & Murphy, 2019). It is difficult to recognise when a person’s moral codes have been violated, not least because, with age and experience, ethical values can shift over time. Take for example a young soldier who, in time of conflict, fatally wounds an enemy soldier of a similar age. He goes onto have a family and, when his son reaches the age of 18, he becomes wracked with guilt, as if he had killed the other person as the 48-year-old man he now is, rather than as the 18-year-old he was at the time. Others torment themselves from the moment of experience, blaming their action or lack of action as the cause of another’s fate. Others talk about fighting wars that contradict their own belief system, going as far as to describe themselves as a conscientious objector. Even where no one gets hurt, being the person who must repeatedly make decisions about deploying others can leave a chronic sense of anxiety. One veteran described the situation as “playing God” deciding “who lives and who dies”.

In my experience, a high percentage of those seeking psychological intervention for military-related problems in prison struggle with one or more of the above complaints. The media often refers to PTSD when discussing military personnel who experience psychological difficulties. The intention of this reporting is generally good and ensures ongoing public support for the armed forces. However, this assumption can be misleading, underrepresenting equally distressing symptoms of depression, anxiety, and psychosis, all of which have strong associations with trauma. This can be confusing for individuals who are struggling with these conditions, leading to frustration in trying to articulate their experiences and the feeling that they are not understood. The result can lead to interventions not best suited to the problem and ultimately the person concluding that they cannot be helped.
Lack of understanding can also lead those who have not experienced live combat to underestimate the impact of different military experiences. The military way of life is littered with adverse circumstances. Institutional bullying, for example, within the military has been the subject of many investigations where accusations of bullying have not only been upheld but recognised as the cause of such extreme distress that individuals have suffered symptoms of PTSD and some committed suicide (Blake, 2006).

As a contribution to this chapter a focus group of ex-military personnel representing the RAF, Army, and Royal Navy discussed their own experience of bullying in the military. All acknowledged that, in hindsight, bullying occurred throughout their service which lasted between 4 and 32 years. Whilst all said they had been the subject of bullying, only one had made a complaint and, although this was investigated, he felt he had no choice but to leave the service. Another left because he could not cope with what he described as “ongoing humiliation”.

All participants said that they were aware that bullying behaviours took place. However, all were drawn to describe this with positive language such as “character building” and “learning to man-up”. “Beastings” (referring to intense and prolonged physical exercise often used as a punishment) although not at first glance a positive term was discussed in association with achievement. All participants were familiar with the threat of being “taken around the back of the guardroom” (punishment by way of a physical beating), and the common occurrence of the “kangaroo courts” (ad hoc courts that do not adhere to common law or justice). One person described the hatred he and his peers unanimously felt towards certain Non-Commissioned Officers who used bullying and threatening behaviours throughout their training. He described how the recruits, then in their teens or early twenties were deeply united by their experiences of being subject to or witnessing this bullying. However, he went on to describe how this bond, born out of adversity, served them well in their military careers. He even said he believed that it saved their lives when they fought together in combat. Of course, it could be argued that this person’s recollection is a reflection of his own ability to make meaning out of adversity. However, his narrative upholds the commonly recounted belief that within the armed forces, individuals need to be “broken down” and “rebuilt”.

Research into attachment conducted by Ein-Dor and Hirschberger (2016) supports the theory that group traumatisation can create a group bond which optimises the chances of survival. It is this group bond that creates efficiency in fighting forces. However, bullying behaviours cause significant harm, border on criminal behaviour, and have no place in our modern armed forces.

Discrimination is equally unacceptable in any workplace. The 2010 Equalities Act describes discrimination as treating someone unfairly based on nine characteristics which include sexual orientation and gender reassignment. Before 2,000 people who identified as gay, lesbian, bisexual, or transgender (LGBTQ+) were banned from serving in the UK military. Many who identified as LGBTQ+ would still join up but hid their sexual or gender identity. Homophobic language, which was commonly used in the military, contributed to a hostile environment which was perpetrated throughout the ranks. Individuals who were identified as LGBTQ+ would be subject to an internal investigation which frequently resulted in discharge on administrative
grounds, predominately based on the perceived security risk that they presented. Others were subjected to a court martial, often resulting in a custodial sentence before being dishonourably discharged. Personnel would routinely have to endure the ignominy of having their medals or long service awards torn or cut from their uniforms as they were stripped of their military honours. Humiliation of this sort in any field should be regarded as traumatic (Lindner, 2001).

After a long-fought campaign, in February 2000, the ban on individuals who identify as LGBTQ+ serving in the UK military was lifted. Subsequently, but not until 2014, people who identify as transgender can now openly serve. However, it took until February 2021 for the Ministry of Defence (MoD) to announce that veterans who had been stripped of their military honours could apply to have them restored. The MoD has described its past actions regarding personnel who identified as LGBTQ+ as “deeply regrettable” (Ministry of Defence, 2021). Despite the lifting of the ban, it is still believed that many serving personnel continue to hide their sexual or gender identity for fear of discrimination.

The Impact of Transition from the Military to Civilian Life

Regardless of postings, combat, live exercise, bullying, and discrimination, continued service in the AFs reduces the likelihood of convictions for offending behaviour (Short, Dickson, Greenberg, & MacManus, 2018). The focus of attention is therefore drawn to the transition from military service to civilian life. Few military personnel say the transition back into the civilian way of life is straightforward, irrespective of rank, length of service, and whether or not they left the military through choice. Many describe the transition as having a severe impact on their view of themselves, others and the world – an impact so contrary to their expectations that it can lead to acute and chronic distress, with individuals describing their inability to be “a civvy”. Palmer, Rona, Fear, and Stevelink (2021) state that leaving the military introduces rupture across all levels. Loss is paramount, and because it affects all areas of a person’s functioning – loss of family, community, belonging, home, employment, earnings, purpose, support, status, identity – it is pervasive. While the vast majority do adapt to the non-military way of life some continue to struggle and unsupported can go on to develop an adjustment disorder.

Adjustment disorder is primarily a short-term condition that is the consequence of a stressful life event such as ill health, financial or marital problems. DSM–5 determines that an adjustment disorder will generally occur within three months of the event and will usually be resolved within six months. Members of the armed forces are more likely to seek help for adjustment disorder than the general population (NHS, 2020). This is no surprise given the transient lifestyle of military personnel. However, the ultimate transition back into civilian life may result in much longer-term adjustment difficulties than DSM–5 suggests.

A potential contributor to extended adjustment disorder may well be lack of help seeking which is a longstanding and recognised problem for military personnel (Rafferty, Wessely, Stevelink, & Greenberg, 2019). Lack of professional support can ultimately lead to self-management via maladaptive behaviours (Bashford et al., 2020).
Among armed forces personnel, rates of excessive alcohol use are high; service personnel are twice as likely as the general population to drink hazardous amounts of alcohol (Ministry of Defence, 2017). Historically, alcohol has played a significant role in the armed forces. It has long been used to foster a sense of belonging and unity. Up until 1970 naval ratings received a daily tot of rum, which was eventually replaced with the option to draw three half-pint cans of beer a day. Alcohol in military bars is much cheaper than other licenced premises. Alcohol is used as an incentive, for example in preparation for an inspection, as a reward for sporting triumph or as a sign of gratitude from senior personnel. It is reliably reported that Prime Minister Margaret Thatcher rewarded the 28 man SAS team with 400 cans of lager to share as a celebration immediately following the Iranian Embassy Siege in 1980. More recently, not with the blessing of the armed forces, the misuse of prescription medication, such as benzodiazepines and illicit substances, has risen steadily. According to the Ministry figures released by the Ministry of Defence, 660 army personnel were dismissed after failing a drug test in 2019, the most widely detected substance being cocaine followed by cannabis and ecstasy (Busby, 2020).

While the armed forces now have well-established alcohol and substance misuse training programmes in conjunction with strict alcohol and drug testing protocols, the problem remains. Armed services personnel and veterans are known to use alcohol and substance misuse to enable them to deal with the negative impact military service has had on their mental and physical health. Continued use of what can be regarded as avoidant behaviour can have a marked impact on both the individuals physical and mental health whilst exposing them to the risks associated with addiction. Although some decline is reported, it remains that up to 11.4% of serving personnel and 15.1% of service leavers could have a significant problem with alcohol misuse (Armed Forces Network, 2020).

There is no doubt that military service can for some lead to psychological injury, resulting in maladaptive coping and behavioural change. The following narratives detail two veterans' personal perspectives of how they believe military service shaped their thinking and behaviours ultimately resulting in offending behaviour.

**Peter’s Story**

I left the army with an exemplary service record of 14 years. I’ve been out longer than I was in. But not a day has gone by when I haven’t thought about my time in the army.

In March 1978 I arrived for basic training and for 18 weeks we were thrown together, isolated from the outside world, screamed and shouted at; kept busy, exhausted and always in a position where we had to work together as a group. With hindsight, I suppose I can look back and see this was all part of the brainwashing necessary to create a fighting machine, but at the time all I knew was that this is what I’d been born for.

My first posting was a cushty number in Gibraltar. Next it was Northern Ireland on a 5-month emergency tour. That wasn’t great. I was terrified. I had postings and detachments all over the world, from Germany to the Falklands,
but I always seemed to end up back in Northern Ireland. Eventually you can’t live in a constant state of terror so it’s like your mind switches off and you don’t give a shit; you accept it, you stop worrying. You distance yourself with a dark sense of humour, diluting the terror with laughter. Like the time I was escorting engineers working in Sniper Country; Forkhill, South Armagh, and because of the drilling we hadn’t heard a sniper shooting at us. A panic-stricken bloke ran to tell us, and I’ll never forget the look on his face when we all just cracked up laughing.

R&R (Rest & Recuperation) seemed to make things harder; the real world becomes an alien world full of civvies who don’t have a clue. So, you drink, and you fight and then you go back on duty where you know where you stand.

I spent two years as a “Brigadier’s Sandbag” in Londonderry. Two years putting myself in a position where they’d have to kill me, not the Brigadier. I never questioned it; it was just a laugh really. You don’t question it in the army; you just get on with it. You do what you’re told.

I knew my time in the army was coming to an end in 1988, two days before Christmas, I was on duty at The Maze prison watching in disbelief as they let the prisoners out for a holiday. My wife was pregnant then; I’d have quite liked a Christmas holiday myself.

At the end of yet another three-year posting to Northern Ireland, I’d had enough and decided my army days were over. I bottled out of my own leaving do and flew out of Belfast City Airport feeling like it was the last day of my life, gutted. But by the time we landed my spirits had lifted. I felt set free and positive about my future as a civilian; and it seemed like my feeling was spot on when I breezed straight into a job. How wrong was I?

This first job turned out to be a cold lesson on the difference between being a soldier and being a civilian at work. I was used to orders and getting on with the task as quickly as possible, to the best of my ability and, while this is appreciated by your colleagues in the army, it’s not appreciated by your colleagues in a factory. Not when management start to wonder why everyone can’t graft as hard as you can. So, I was called a blackleg and I was alienated.

I walked out and got another job which meant frequent trips between Manchester and London. I started taking detours on these London trips, to my old army camp to see my mates. These detours became what I lived for; a brief respite in the nightmare world of civvy street. Eventually, of course, my mates had less and less time for me each time I stopped off; after all, they had their lives to live as soldiers. I felt more and more isolated, but I couldn’t stop these detours, even if it was only to drive past the camp. On one occasion I went into the mess, gave my old number and ordered a meal. Just to be back in a world where I could breathe. Back home, my life was starting to get out of control; I was drinking heavily, cheating on my wife and sparking off meaningless fights with groups of lads just to get myself a kicking. I knew my life was like a plane falling out of the sky, but I didn’t
know how to stop it crashing, and I definitely didn’t know how to ask for help. Eventually I’d had enough of the job. I dumped the company car, hitched home and ended up in a row with my wife, which turned violent. Within a year of that night I’d been locked up for life. In a way it was a relief.

I don’t blame the army for my offence; that was down to me and, who knows, maybe I was destined to end up in prison and maybe it was only the army that kept me out of serious trouble for the 14 years I was a soldier. The army turned me into a soldier but the things that made me a good soldier, made me a bad civilian; and that’s probably true of a lot of veterans. When I was a soldier the army was the making of me, when I became a civilian, the army was the breaking of me. I didn’t know how to be a civilian anymore. Now I’m in prison it’s almost like I’m back in the army, with the rules and the structure and the regime, the getting told what to do and when to do it.

Sean’s Story

Don’t Steal My Chips

Iraq: Playing cards
(Sound of mortar attack)
Thought – “If I move, they will take my (poker) chips”
(Sounds of attack gets closer)
No one moves
Who will be the first to move?
Body surging, heart going dum dum dum
Thought – “Whatever happens it doesn’t matter so long as they don’t take my chips”
First time you hear the alarm you panic, hearts beating 100 miles an hour, you put on your helmet and body armour and get under that coffin (bunk) and hope it doesn’t land on you. You count the bangs as they are released and how many explode when they hit ground. That’s what you are taught to do. This dwindles – looking back there is no way of telling how, or when it changed. Who decided first – mentally as a group, sub-consciously – if you could speak without words, “let’s carry on and sit here and play cards”? You looked to the others to see who would be the first to move.

We took increasing risks, waiting longer and longer, you get addicted to the adrenalin, the rush. You start to think that coffin isn’t going to save me.

Afghanistan: Operation Herrick

The front two soldiers would use the metal detectors to search for landmines. We played a game, a challenge “Falmer Barmer”. Everyone knew about it apart from the officers. Who goes the longest without switching the
machine on! One guy found an IED and then jumped on it to confirm that it wasn’t a pressure plate. It’s a different world out there but that’s the mindset you get to. It gives you control of the situation, a way of being in control.

On patrol we would be fired at but couldn’t see where it was coming from, where the enemy was. Someone had to take the risk, someone had to run. The officer would say, “I need you to run”. You run and the moment they open fire we know where they are. I’ve stuck my head up plenty of times. You don’t think or feel, it’s just what you have to do. You have to understand for us it’s not much of a risk because you know everyone is on the job. For us that was not so much of a risk you see you have to understand we have trained, drilled, together. I know them, I know they will see where the enemy is and take them out. I know they have my back.

We helped each other out. “Patrol bingo” was something we did. We were the same group, same checkpoint, same officer, in it together. Officers decide who does what day to day. After two weeks you can see the strain on the officer because he is deciding who lives and who dies. So, we put the names in a hat and pick out who will do what. It’s a weight off the officer – it’s risky, exciting and got you nervous. It was like tombola you might win or lose. But it had a purpose – the pressure was off the boss, the lads, it made life easier – what will be will be.

There were other reasons for me taking risks. I didn’t care if I died. My life outside of the army was a nightmare so I was volunteering, putting myself forward. I was volunteering at every opportunity, the dangerous jobs. The more I did the less happened to me. I delayed my R&R because there was another operation I wanted to do, I tried to delay it again after that, but they wouldn’t let me. I didn’t want R&R I was getting addicted to the fight, being behind enemy lines. Being behind enemy lines is a dream come true for a soldier.

Respect for me went up, I was getting acknowledgment from all over the place and from the officers. I was a Kingsman, the lowest rank. But I was given some of the duties of the lance corporals. I got stepped up in everyone’s opinion because I was doing well. I kept my composure, I benefitted from being the best. I was good at what I was doing but I was good because I wanted to die. I was considered to have true grit. The commanders were saying “get him there”. It was good for my ego. Growing up, my reputation wasn’t the best, I wasn’t the brightest, never had the best clothes. For me this was recognition.

This is a section from my Performance Report: “This soldier has an outstanding performance particularly during Operation Herrick. He was moved through a number of different CP (Control Points) when manpower shortages required, and he could be relied upon to fit in and work hard as soon as he arrived. He led from the front and was respected and trusted by all that he worked for and with. He takes things in his stride and can be relied upon to complete a task to a high standard. He should look to become a section commander. He has a bright future”.
1000s have been on deployment but only 100s have been in combat situations. It’s addictive, you can’t live without the adrenalin. But it creates threats all over the place. I was on R&R, I wasn’t right, wasn’t seeing things the same way other people were, I was reacting. I called to take me back to camp but I didn’t get there. Military training teaches a threat is a threat, regardless, if it’s a man, woman or child. It’s what’s instilled, this makes the mind-set.

I was still in the forces when I committed my crime but I wasn’t there if you know what I mean. I got arrested and went straight from one war zone to another. Prison is like a war zone, putting someone like me in with a lot of violent offenders is not good. I was in segregation for two and a half years when I first came to prison. I came straight from the military; I was never in civvy street.

I have to manage the negatives of the military especially the hypervigilance which presents as anxiety. Looking every day for the violent, the out of the ordinary. I have to control the adrenalin and not get involved. My adrenalin is rushing, it’s back. I struggle not to get involved and have to swallow my pride. How do I walk away? Save the shame? I was an elite soldier – now you are telling me that I can’t fight – how do I suppress the feelings of enjoyment. Outside you could supplement the enjoyment with something else like sky diving, driving too fast but in here nothing… I understand the transition now, but it’s taken a long time. I was pumped, primed ready to rock and roll. An elite fighting machine!

I did well in the military, don’t get me wrong. I have seen the world, had adventures, worked with horses, I’ve got skills, I’ve never missed a day’s work, punctual, polite, respectful I’ve got all the military ethics. This makes jail easier for me than for most.

Family – There is no collaboration between the military and families. My family did not know what I was going through. I’d be saying I’m going on training for 4/5 weeks and my girlfriend would be upset that I’m going. She didn’t realise that I needed support because this is the hardest thing I will do. I needed cuddles not moaning at because I hadn’t phoned for two days. I was thrashed for days, weeks with minimal food and water I had no head space or time given to phone, it was hard – she doesn’t know that.

Discussion

Despite these two narratives describing events worlds and years apart, both describe the close bonds, attachments, and camaraderie of serving personnel. Both evidence development of addictions, chronic distress, and a disconnect from the civilian world.

Sean describes making an unsuccessful attempt to seek help. He reported a lack of awareness regarding deterioration in his mental well-being, hitting a “too late” crisis point before seeking help. This experience reflects the findings of Rafferty, Wessely, Stevelink, and Greenberg (2019), who reported that help seeking often only occurred when the severity of symptoms takes the decision out of veterans’ hands. For some, this can be many years after leaving service (Albertson, 2019).
There are many reasons why veterans are reluctant to seek help; fear of being seen as weak; feeling undeserving of help in the light of another’s death or physical injury; fear that seeking help would jeopardise their career; shame at “letting the military down” (usually described in terms of having let the unit or military mates down); not knowing where to go; feeling that services do not understand military service; complicated referrals systems; lack of consistency; long waiting lists and confusion as to who provides what support. One veteran reported that he sought help, was then posted to a different area and had to start the referral process from scratch creating delay, frustration, and his eventual disengagement.

Recognising mental health difficulties in armed forces personnel is a positive influence on help seeking with engagement further strengthened by an appreciation of and knowledge of the unique military experience (Hurley, 2021; Rafferty et al., 2019; Stevelink et al., 2019). Nevertheless, knowing where to go does not guarantee access (Williamson, Greenberg, & Stevelink, 2019). Raised awareness and collaborative working between the MoD, NHS, and military-focused organisations including military charities is however proving to be a successful bridge to help seeking. Collaborative, military-experienced organisations are improving accessibility and engagement with services relevant to the needs of the armed forces community. Needs including housing, employment, finances, living independently, mental and physical health are all on the agenda. The Veterans Gateway provides a first point of contact connecting the armed forces population with the right support as soon as possible. Cobseo (2020) the confederation of service charities (www.cobseo.org.uk) provides a unified approach to government, private sectors, and the armed forces community. Services such as these working in collaboration with the MoD will serve to minimise stressors that can lead to offending behaviour.

The Ministry of Defence, NHS (2018) have formed a working partnership agreement to provide consistent healthcare for serving and ex-serving members of the armed forces. Op Courage provides specialist NHS care from healthcare staff working in collaboration with military charities to provide community and inpatient support and treatment for veterans. Offender Health and its enhanced complexity is now served by Liaison and Diversion experts. Specialist pathfinders such as ReGroup, a partnership between Offender Health Nottinghamshire Healthcare NHS Foundation Trust and veterans’ charities Care after Combat and Project Nova, are working together throughout the CJS. ReGroup is based on three core principals Care not Custody, Care in Custody, and Care post Custody. Such pathfinders will provide the evidence base to inform a national NHS roll-out for healthcare and social support for veterans in the CJS. There is no doubt that the short- and long-term well-being of armed forces personnel and their families is currently high on the agenda for public services. It is paramount that this remains the case so that what is learnt can be embedded into consistent provision of care.

Summary

For the majority, service in the armed forces has many lifelong enhancing benefits. The extent, scope, and nature of the work of the armed forces means that service
cannot be without adverse experience and, for a minority, links can be made between military-related experiences, the development of trauma responses, and offending behaviour.

This chapter focused on military-related experiences and the work in progress to minimise negative outcomes for armed forces personnel. During the collaborative work with veterans in the CJS, which gave rise to this chapter, veterans shared much about their experiences in the CJS. Giving this population a voice is a positive initial step towards understanding potential links between military service, offending behaviour, and the impact of the CJS. Such insights are integral to the partnership pathfinders focus of work.

Acknowledgements

Thanks to all who participated in the writing of this chapter. Thanks also to Simon Ralls, Clinical Specialist for Veterans, for valuable contributions and ongoing support.

Further Reading


References


Trauma and Offending in UK Military Veterans


Ministry of Defence, NHS. (2018). *Partnership agreement between the Ministry of Defence and NHS England for the commissioning of health services for the armed forces*. NHS.


NHS. (2020). *Mental health and the armed forces community factsheet*. The Armed Forces Network. NHS.


