

june 2010

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arizona arrestee reporting information network

**veterans in
the arrestee
population**

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A R I Z O N A S T A T E U N I V E R S I T Y

The Prevalence and Problem of Military Veterans in the Maricopa County Arrestee Population

By

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Introduction

Gary Pettengill wanted to make a career out of the military, but the Army made him take a medical discharge in 2006 after he injured his back in Iraq. At the time, Pettengill was 23 and married, with a third child on the way. To cope with what he says were empty days and nightmares caused by post-traumatic stress disorder, Pettengill says he started smoking marijuana. Then he began selling it to pay his bills. In February, he was arrested during a drug sweep and accused of being in possession of two pounds of marijuana. (Lewis, 2008: 1)

Carlos Lopez, 26, returned to Orange [County] in 2004 after a four-year stint in the Marines and struggled to readjust to civilian life. Haunted by memories of friends who died in Iraq, he was prescribed antidepressants, fell in with a bad crowd and started using cocaine. He was convicted of a possession charge in 2005. In 2007, Lopez was arrested for drunk driving, a violation of his probation. (Riccardi, 2009: 2)

The stories above illustrate the struggles faced by many military veterans after they return from combat operations abroad. Recent research suggests that the mental health-related problems encountered by returning veterans are often tied directly to their combat service. For example, the Army's first study of the mental health of troops who fought in Iraq found that about one in eight reported symptoms of post-traumatic stress disorder. The survey also showed that less than half of those with problems sought help (Associated Press, June 30, 2004).

The number of troops suffering from head injuries related to combat is equally alarming. A recent study showed that 20 percent of all frontline infantry troops suffer from concussions during combat (Zaroya, May 2006). Hoge et al. (2008) surveyed 2,525 Army infantry troops 3-4 months after returning from deployment and found that approximately 15 percent reported experiencing traumatic brain injury, defined as loss of consciousness or altered mental status. The common signs and symptoms of these war-related conditions include: cognitive issues such as decreased attention span, lack of motivation, irritability, depression and anxiety, increased fatigue, headaches, memory loss or disturbance, disrupted sleep, and behavioral issues.

Perhaps not surprisingly, the symptoms associated with these combat-related injuries may also lead to anti-social behavior that draws the attention of the police, and often results in arrest and incarceration. Returning veterans, Gary Pettengill and Carlos Lopez, illustrate this point quite clearly. In recognition of this problem, several jurisdictions across the United States have created specialized Veterans Courts, which employ a drug court-adapted therapeutic approach to funnel justice system-involved veterans to counseling and support services that are closely monitored by the court.¹

Despite the emergence of Veterans Courts, little is known regarding the prevalence of military veterans in the criminal justice system, the nature of their cases and prior experiences, as well how combat-related conditions such as PTSD or TBI may have contributed to their involvement

in the system. Information on these issues would be tremendously useful for those seeking to facilitate returning veterans' readjustment to civilian life (e.g., Veterans Affairs), as well as for both criminal justice policy and practice and the continuing development of Veteran's Courts.

This report seeks to address the knowledge gap in this area through an examination of 2,102 recently booked arrestees in Maricopa County, Arizona. Using interview data from the Arizona Arrestee Reporting Information Network (AARIN), the report characterizes the problems and prior experiences of military veterans, and to compare veteran and nonveteran arrestees along a range of demographic, background and criminal behavior measures. The overall objectives of the paper are to determine the prevalence of military veterans in the Maricopa County arrestee population and to assess the extent to which the arrested veterans differ from the larger arrestee population.

Background: The Emergence of Veterans Courts

Recognizing the link between criminal conduct and service-related trauma, several jurisdictions, most notably Buffalo (NY), have created specialized courts to handle veterans' criminal cases. Modeled after drug courts, the Veterans Court seeks to funnel clients into counseling and support services that are closely supervised by the judge. In Buffalo, clients participate for approximately one year, and if all requirements are met, the criminal charges are dismissed.

The Buffalo Veterans Court has garnered significant media attention, including coverage in *USA Today* and National Public Radio. Perhaps not coincidentally, there have been a number of recent initiatives at the federal level to facilitate alternative approaches to justice system-involved veterans. For example, the U.S. Department of Health and Human Services (through the Substance Abuse and Mental Health Services Administration) began offering grant money in 2008 to community programs that divert people with trauma-related disorders — and especially veterans — from the criminal justice system. Also, the Services, Education, and Rehabilitation for Veterans (SERV) Act, was introduced by Senator John Kerry (D-MA) and Senator Lisa Murkowski (R-AK) in July of 2008 to create veteran drug treatment courts. The SERV Act is modeled on the Veterans Treatment Court in Buffalo. Similar Veterans Courts have been created or are in development in Tulsa (Oklahoma), Anchorage (Alaska), Rochester (New York) and Orange County (California).

In early 2009, an Exploratory Committee was formed to investigate the potential creation of a Veterans Court in Maricopa County, Arizona. The Committee, led by retired Superior Court Judge Kenneth Fields, includes representatives from the courts, adult probation, the county attorney's office, public defender, mental health providers, and veterans advocates (Hensely, 1/6/09). The Committee has engaged in a number of initial activities including examination of the Buffalo court, preliminary data analysis (see White et al., 2009), and submission of a proposal in spring 2009 to the U.S. Department of Justice for funding to start a Maricopa County Veteran's Court.

Methodology used in present study

The present study used interview data obtained from 2,102 recently booked adult male and female arrestees at three booking facilities in Maricopa County, Arizona as part of the Arizona Arrestee Reporting Information Network (AARIN). The Maricopa County Board of Supervisors sponsored research at Arizona State University and established AARIN in January 2007 to monitor drug use trends, treatment needs, and at-risk behavior among recently booked arrestees in Maricopa County. Each calendar quarter, professionally trained local staff conduct voluntary and anonymous interviews with adult males and females and juvenile boys and girls who have been arrested within the past 48 hours.

The interviews for this report included the core instrument for the AARIN project (see White, 2010), as well as a detailed Veterans addendum. The Veterans Addendum was designed explicitly in response to requested data needs from the Maricopa County Manager's Office, specifically the Justice Systems and Planning Information unit (JSPI). The Veterans Addendum was designed as a threshold addendum, screening all AARIN participants for whether they had ever served in the United States military, including the Coast Guard and National Guard. All interviews were conducted during the four quarters of calendar year 2009.

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

For those respondents who identified themselves as veterans, questions were asked about whether they served in Iraq or Afghanistan, the branch of service, length of service and discharge, and the nature of their discharge. Additional questions asked about whether they suffered a physical injury during their service, and if so, the type of injury.

Finally, respondents were asked if they had been diagnosed or treated for post-traumatic stress disorder (PTSD), another mental health problem, or a substance abuse problem since their military service. If the respondent indicated they had been diagnosed or treated for each of those conditions, they were asked about the type of treatment received. They were also asked to explain why they had not sought treatment, if that were the case.

Findings

Among the 2,102 completed interviews, there were 132 respondents who reported being a military veteran (6.3%). Exhibit 1 shows the characteristics of the participating arrestee sample, specifically comparing veterans and non-veterans. There were a few notable differences between veterans and non-veterans. Veterans were predominantly White (55.3% of veterans compared to 34.8% of non-veterans) and male (92.4% compared to 75.5% for non-veterans). Veterans were

more likely to be high school graduates and to have achieved post high school education. Specifically, only 9.1% of veterans reported less than high school (compared to 39.2% of non-veterans), and nearly 60% reported post high school education (compared to just 27.9% for non-veterans).

Residency in the past 30 days was similar for the two groups, with the vast majority living in private residences. From 6-8% of each group reported no fixed residence (i.e., living on the street). Veterans were more likely than non-veterans to have been working full time in the month prior to their arrest (44.2% vs. 31.8% for nonveterans), and non-veterans were more than twice as likely to report receiving no income – 7.2% compared to only 3.1% for veterans. Last, veterans were, on average, quite a bit older (41.7 years) than non-veterans (31.5 years).

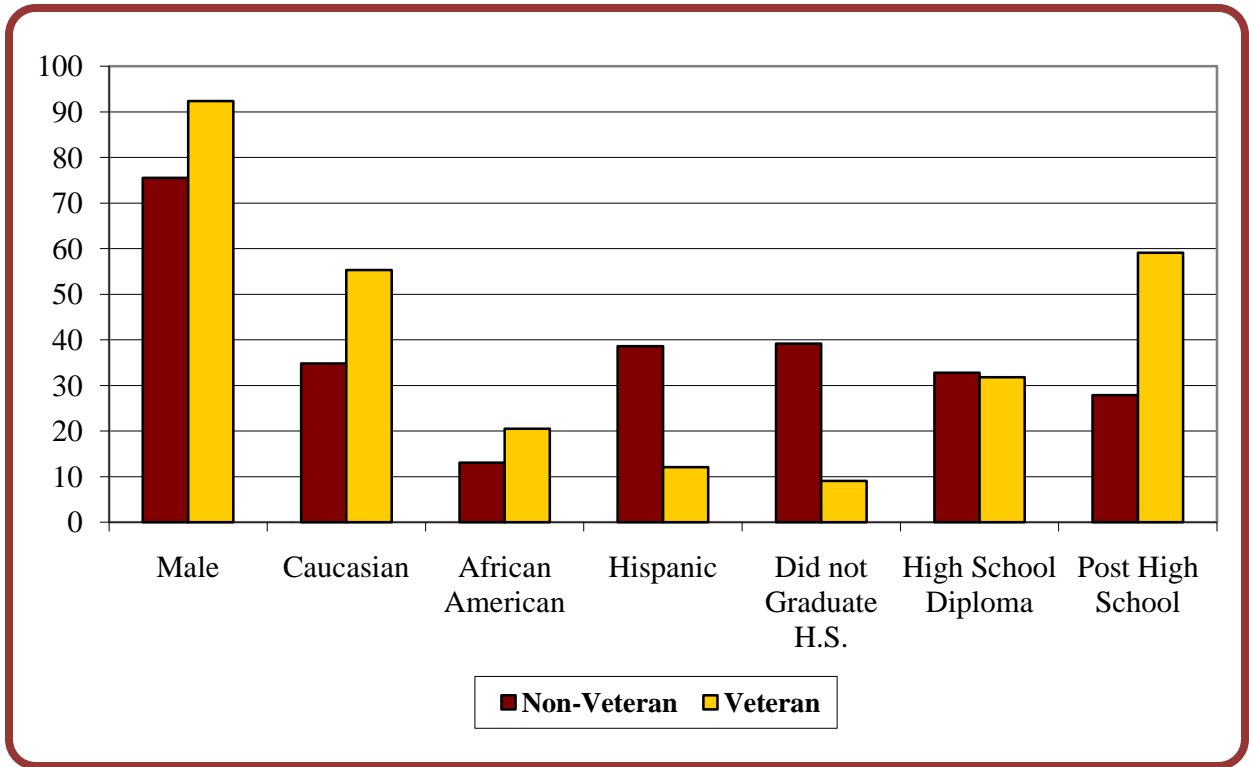
Exhibit 2 displays the distribution of some of the characteristics reported in Exhibit 1 by veteran status.

Exhibit 1: Characteristics of the Arrestee Population by Veteran Status

	No		Yes		Total	
	%	n	%	n	%	n
Have you ever served in the United States Military?	93.7	1970	6.3	132	100	2102
	Non-Veteran		Veteran		Total	
	%	n	%	n	%	n
Gender*						
Male	75.5	1487	92.4	122	76.5	1609
Female	24.5	483	7.6	10	23.5	493
Race/Ethnicity*						
Caucasian	34.8	686	55.3	73	36.1	759
African American	13.1	258	20.5	27	13.6	285
Hispanic	38.6	760	12.1	16	36.9	776
Other	13.5	266	12.1	16	13.4	282
Education*						
Did not Graduate H.S.	39.2	773	9.1	12	37.3	785
High School Diploma	32.8	647	31.8	42	32.8	689
Post High School	27.9	550	59.1	78	29.9	628
Residence last 30 days						
Private Residence	90.7	1787	88.6	117	90.6	1904
Public or Group Housing	1.6	30	1.6	2	1.5	32
Incarcerated	0.6	11	0.0	0	0.5	11
Shelter	0.5	9	0.8	1	0.5	10
No Fixed Residence	6.4	127	8.3	11	6.6	138
Other	0.3	6	0.8	1	0.3	7
Income last 30 days*						
Work Full Time	31.8	620	44.2	57	32.6	677
Work Part Time	23.3	454	16.3	21	22.8	457
Welfare	8.1	158	10.9	14	8.3	172
Family or other legal sources	21.2	413	17.1	22	20.9	435
Prostitution/drug dealing	3.6	70	3.1	4	3.6	74
Other illegal sources	4.9	95	5.4	7	4.9	102
No income	7.2	140	3.1	4	6.9	144
Age (Mean) *	31.5		41.7		32.2	

* p<.05

Exhibit 2: Selected characteristics of the arrestee sample by veteran status



Characteristics of Veterans' Service

Exhibit 3 shows some basic characteristics of the veteran respondents' military service. The table shows the distribution of their branch and length of service, time since discharge, and the nature of discharge. About one-half served in the Army (49.6%), one-fifth in the Navy (20.2%). Most of the veterans in our sample served four years or less (76.0%), and had been discharged 10 years or more ago (66.9%). Nearly 90% received an honorable or general discharge.

Exhibit 3: Characteristics of Veterans Service

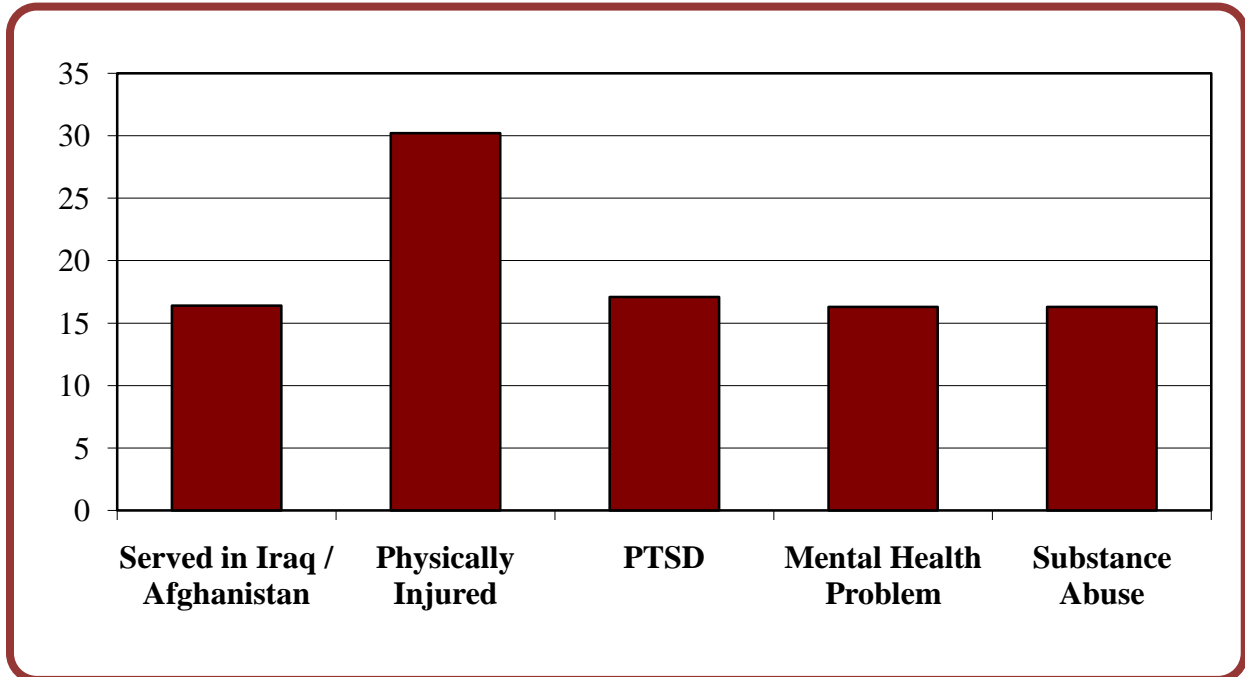
	%	n
In which branch of service?		
Army	49.6	64
Navy	20.2	26
Air Force	8.5	11
Marines	12.4	16
Coast Guard	1.6	2
National Guard	7.8	10
How long did you serve?		
Less than 1 Year	9.3	12
1 - 2 Years	29.5	38
3 - 4 Years	37.2	48
5 - 10 Years	17.8	23
More than 10 years	6.2	8
How long ago were you discharged?		
Less than 1 Year	3.9	5
1 - 2 Years	4.7	6
3 - 4 Years	11.8	15
5 - 10 Years	12.6	16
More than 10 years	66.9	85
Describe the nature of your discharge?		
Honorable	70.2	87
General	19.4	24
Other than Honorable	8.9	11
Bad Conduct	0.8	1
Dishonorable	0.8	1

Exhibit 4 shows the characteristics of the veterans’ time in service, specifically whether they served in Iraq or Afghanistan since September 11, 2001, whether they were physically injured, or have been diagnosed or treated for particular problems since their service. Only 16.4% of veterans in our sample had served in Iraq or Afghanistan post-9/11. Problems associated with their military service were relatively common, however. Nearly one-third had been physically injured (30.2%), 17.1% had been diagnosed or treated for PTSD, 16.3% for another mental health problem, and 21.7% had been diagnosed or treated for a substance abuse problem since their military service. Taken together, 68 of the 132 veterans in this study – or just over half (52%) – reported have at least one of the above problems or issues. (See also Exhibit 5).

Exhibit 4: Characteristics of Veterans Time in Service

	No		Yes		Total	
	%	n	%	n	%	n
Did you serve in Iraq or Afghanistan after September 11, 2001?	83.6	107	16.4	21	100.0	128
Were you physically injured during military service?	66.8	90	30.2	39	100.0	129
Have you been diagnosed or treated for PTSD since your military service?	82.9	107	17.1	22	100.0	129
Have you been diagnosed or treated for mental health problem other than PTSD since your military service?	83.7	108	16.3	21	100.0	129
Have you been diagnosed or treated for substance abuse?	78.3	101	21.7	28	100.0	129

Exhibit 5: Selected characteristics of veterans' time in service



Drug Use by Veteran Status

The AARIN instrument collects self-reported drug use information over the past month and year, as well as drug test results from urine specimens collected at the time of the interview. Drug use was common among the 132 veteran arrestees. 57% reported any drug use during the past year, and 49% reported any drug use in the past 30 days. Moreover, 52% tested positive for an illegal substance at the time of the interview. These drug use rates were slightly lower than non-veteran arrestees, though only the urinalysis rate was statistically significant (52% for veterans, 62% for non-veterans).

Exhibit 6 below shows 12-month, 30-day, and urinalyses for marijuana, crack cocaine, powder cocaine, methamphetamine, and opiates by veteran status. Past 12 month drug use was similar for veterans and non-veterans, although there were a few notable differences. Specifically, we found that veterans reported slightly lower rates of marijuana use (43.9% compared to 50.3 for non-veterans), and significantly higher rates of crack cocaine use (16.7% compared to 8.3% for non-veterans) and opiate use (12.1% compared to 6.4% for non-veterans). Self-reported use of powder cocaine and methamphetamine over the last 12 months did not vary by veteran status. The differences persisted for the 30-day self report measure, particularly for crack cocaine, as veterans were nearly three times as likely to report use within the last month (13.6% vs. 5.3% for non-veterans). The only significant difference in urinalysis results is found with marijuana, with veterans showing much lower rates of use than non-veterans – 24.6% vs. 40.3%, respectively.

Exhibit 6: Drug Use by Veteran Status

	Non-Veteran		Veteran		Total	
	%	n	%	n	%	n
Marijuana						
Past 12 Months	50.3	990	43.9	58	49.9	1048
Past 30 Days*	43.3	853	34.1	45	42.7	898
Urinalysis*	40.3	785	24.6	32	39.3	817
Powder Cocaine						
Past 12 Months	13.0	257	12.1	16	13.0	273
Past 30 Days	7.8	154	8.3	11	7.8	165
Urinalysis	13.0	254	16.9	22	13.3	276
Crack Cocaine						
Past 12 Months*	8.3	163	16.7	22	8.8	185
Past 30 Days*	5.3	105	13.6	18	5.9	123
Urinalysis	13.0	254	16.9	22	13.3	276
Methamphetamine						
Past 12 Months	24.0	472	25.0	33	24.0	505
Past 30 Days	19.4	382	15.9	21	19.2	403
Urinalysis	24.5	477	16.9	22	24.0	499
Opiates						
Past 12 Months*	6.4	127	12.1	16	6.8	143
Past 30 Days	4.9	97	6.8	9	5.0	106
Urinalysis	7.9	155	10.0	13	8.1	168

* p<.05

Offense Severity by Veteran Status

Exhibit 7 below shows the most serious type of offense on the current arrest by veteran status. Approximately 30% of veterans were arrested for violent charges, and 21.2% were arrested for property charges. An additional 18.9% were arrested on drug charges, and nearly one-third were arrested for miscellaneous offenses (30.3%), including disorderly conduct, failure to appear/pay fines, driving on a suspended license, and probation violations. The current offense was similar among veteran and non-veteran arrestees, though veterans were more likely to be arrested on

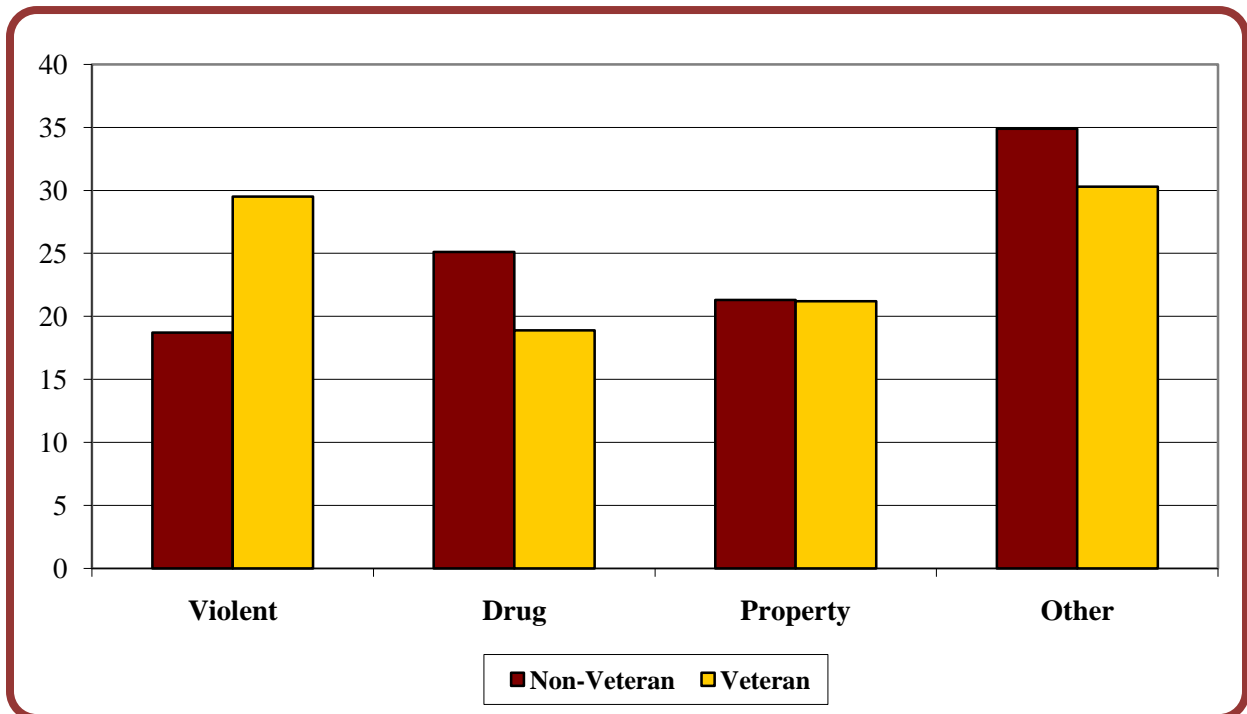
violent charges (29.5% vs. 18.7%) and slightly less likely to be arrested on drug charges (18.9% vs. 25.1%). Veterans also had a slightly higher mean number of prior arrests over the past year: 1.11 compared to 0.89 for non-veterans.

Exhibit 7: Current Charge and Arrest History by Status

	Non-Veteran		Veteran		Total	
	%	n	%	n	%	n
Violent	18.7	367	29.5	39	19.4	406
Drug	25.1	492	18.9	25	24.7	517
Property	21.3	419	21.2	28	21.3	447
Other	34.9	685	30.3	40	34.6	725
Mean # Arrests	0.89		1.11		0.91	

* p<.05

Exhibit 8: Current arrest charge type by veteran status



Gang Involvement by Veteran Status

Exhibit 9 shows prior and current gang involvement among arrestees, and there is little difference among veteran and non-veterans. Approximately 83% of both groups have no history of gang involvement. About 5% of veteran and non-veteran arrestees report being a gang associate and from 3-4% report being a current gang member. And 7% of both groups report being a former gang member.

Exhibit 9: Gang Membership by Veteran Status

	Non-Veteran		Veteran		Total	
	%	n	%	n	%	n
Non-Gang Member	83.4	1640	84.7	111	83.5	1751
Gang Associate	5.4	106	5.3	7	5.4	113
Current Gang Member	4.0	78	2.3	3	3.9	81
Former Gang Member	7.3	143	7.6	10	7.3	153

Victimization by Veteran Status

Exhibit 10 displays whether the respondent reported having been the victim of a violent crime during the past 12 months. The four categories of victimization are constructed from seven questions: 1) have you been threatened with a gun; 2) have you been shot at; 3) have you been shot; 4) have you been threatened with a weapon other than a gun; 5) have you been injured with a weapon other than a gun; 6) have you been assaulted or attacked without a weapon; and 7) have you been robbed.

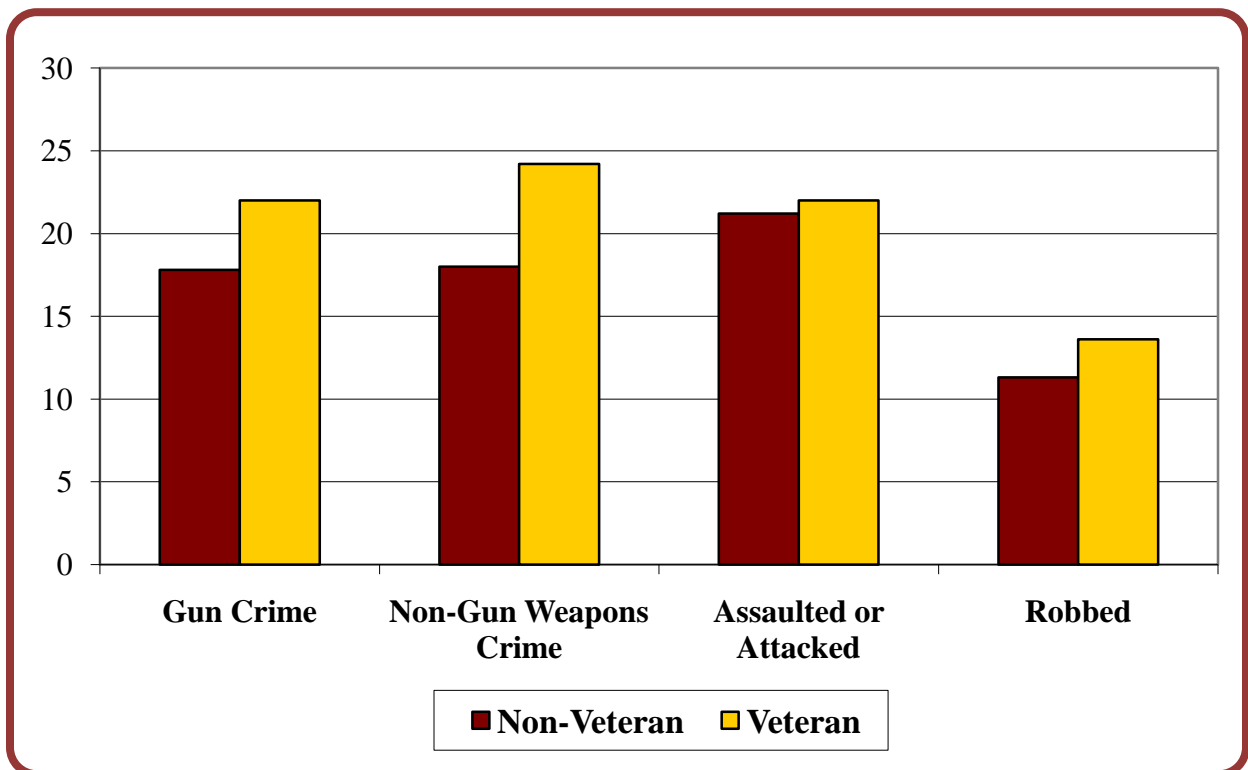
Among veterans, nearly one-quarter (22.0%) reported being a victim of a firearm related crime in the past 12 months, and 24.2% reported being victimized with another type of weapon (compared to 17.8% and 18.0%, respectively, for non-veterans). Taken together, nearly half of veterans had been assault with some sort of weapon in the past year, compared to about one-third of non-veterans. Assault and robbery victimization rates were also slightly higher for veterans than non-veterans (22.0% and 13.6% for veterans; 21.2% and 11.3% for non-veterans). Overall, more than 40% of the veterans in this study reported being victimized in the last 12 months (42.4%; which is slightly higher than the rate for non-veterans, 37.7%).

Exhibit 10: Victimization by Status

	Non-Veteran		Veteran		Total	
	%	n	%	n	%	n
Victimized Past 12 Months						
Gun Crime	17.8	351	22.0	29	18.1	380
Non-Gun Weapons Crime	18.0	355	24.2	32	18.4	387
Assaulted or Attacked	21.2	418	22.0	29	21.3	447
Robbed	11.3	223	13.6	18	11.5	241

* p<.05

Exhibit 11: Victimization type by veteran status



Mental Health by Veteran Status

Exhibit 12 shows four different measures of mental health status: ever told you have a mental illness, ever treated, prescribed medication and hospitalized for a mental illness. Veteran arrestees have higher rates on three of those four measures. One-third of veteran arrestees report having been told that they have a mental illness and have been treated for a mental illness (32.6%

and 34.1%, respectively), compared to 26.7% and 24.1% for non-veteran arrestees. Also, one-fifth report having been hospitalized for a mental illness (15.9%), compared to only 9.7% of non-veteran arrestees. Approximately 25% of both groups report having been prescribed medication for a mental health problem.

Exhibit 12: Mental Health by Status

	Non-Veteran		Veteran		Total	
	%	n	%	n	%	n
Ever...						
Told you have a mental illness	26.7	526	32.6	43	27.1	569
Treated for a mental illness*	24.1	474	34.1	45	24.7	519
Prescribed medication	23.7	467	25.8	34	23.9	501
Hospitalized for a mental illness*	9.7	191	15.9	21	10.2	212

* p<.05

Conclusion

This report presents information obtained from interviews of 2,102 recently booked arrestees in Maricopa County, Arizona, as part of the Arizona Arrestee Reporting Information Network (AARIN). The objective of this report is to provide basic information on the prevalence of military veterans in the arrestee population, as well as background information on their military service, demographics, and service-related problems. The report also provides comparisons of veteran and no-veteran arrestees along these measures.

Six percent of the arrestees interviewed were military veterans. The veteran arrestees were primarily older white males who were well-educated and employed. Most were discharged from the military more than a decade ago – only 16% served in the current wars in Iraq and Afghanistan. More than half of the veteran arrestees have problems either directly or indirectly related to their military service including physical injuries, traumatic brain injuries, PTSD, other mental health issues and substance abuse that were diagnosed after their discharge. In fact, one-third of veteran arrestees reported being told they had a mental illness and/or had been treated for a mental illness. The veteran arrestees were more likely than non-veterans to be arrested for violent offenses and they had more extensive prior criminal histories. They also experienced higher rates of victimization, and self-reported higher rates of opiate and crack cocaine use.

Overall, though their number (and percentage) in the jail population is relatively small, the veterans in this study suffer from a number of service-related problems and are in need of medical and psychological services – as well as substance abuse treatment. Moreover, few of the veterans in the 2009 arrestee sample had served in the most recent wars in Iraq and Afghanistan. As the military withdraws from these combat zones in the last part of 2010 and 2011, the number of veterans who find themselves in the criminal justice system is likely to increase substantially.

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¹ In fact, the two stories at the beginning of this paper are both taken from articles describing Veterans Courts.

About the Center for Violence Prevention and Community Safety

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

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

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

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

For more information about the Center for Violence Prevention and Community Safety, please contact us using the information provided below.

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