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## **RESEARCH PERSPECTIVES: WHAT WE KNOW ABOUT VETERANS IN THE JUSTICE SYSTEM**

Ukraine faces a growing challenge as more veterans enter its criminal justice system. The Research Group on Working with Mandated Clients at Utrecht University of Applied Sciences is developing a research programme focused on justice-involved veterans in Ukraine, working in partnership with CILC and Ukrainian practitioners to understand the specific needs of this population and develop practical tools for professionals.

### ***Risk factors and pathways***

Not all veterans who return from service develop serious difficulties, but a minority face a combination of risk factors that can lead to involvement with the justice system. General risk factors include mental health problems, substance use, financial insecurity, unemployment, and housing instability. Military-specific risk factors include combat exposure, moral injury, traumatic brain injury, and the particular difficulties of transitioning back to civilian life — especially in a context where the war is ongoing. Among the most significant are PTSD, depression, anxiety, and the loss of military identity that many veterans experience when leaving service [1].

### ***Protective factors and support strategies***

Alongside risk, research emphasises protective factors: social support, access to mental health care, meaningful work, clear life goals, and coping skills. The most effective support strategies are trauma-informed, multi-faceted, and sustained over time. They involve the veteran's social network, including peers with military experience, and ensure continuity of care across different services and organisations [2].

### ***Trauma-informed working***

Trauma-informed working is central to effective practice with justice-involved veterans. It is built around six principles: safety (predictable, calm environments); trust and transparency (clear communication and consistent behaviour); empowerment (choice and autonomy in every interaction); collaboration (working with the veteran, not on them); cultural awareness (respecting military identity and diverse veteran experiences); and avoiding retraumatisation (no forced disclosure, anticipating potential triggers) [3].

### ***The mental resilience of professionals***

The wellbeing of professionals doing this work is not a personal matter – it is an organisational and systemic responsibility. Risk factors for professionals include high workload, bureaucracy, and limited autonomy. Protective factors include an open organisational culture, structured supervision and peer support, and genuine institutional commitment. Individual professionals benefit from decompression rituals, early support-seeking, and self-compassion. Resilience does not mean being strong all the time [4].

### **References:**

1. Blonigen, D. M. et al. (2020). From “Step Away” to “Stand Down”: Tailoring a Smartphone Application for Self-Management of Hazardous Drinking for Veterans. *JMIR mHealth and uHealth*, 8(2).
2. Paterson-Young, C. et al. (2025). Identification and support for ex-service personnel in the community. HM Inspectorate of Probation, Academic Insights 2025/09.
3. SAMHSA (2014). SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884.
4. de Vogel, V., Verstegen, N., & Koppe, A. (2026). Mental resilience. In Bosker, J., Menger, A., & de Vogel, V. (Eds.). *Forensic Social Work. Supporting Desistance*. Routledge.