TRAFFIC RESOURCE CENTER for JUDGES

Veterans and Driving

Issue Brief 12: (December 2014)

This Brief was produced by the Traffic Resource Center for Judges, an initiative of the National Center for State Courts (NCSC). The Traffic Resource Center is a cooperative effort between the Department of Transportation and the National Center for State Courts (NCSC) to establish a resource for judges, court administrators, court clerks, and other court staff on issues related to traffic adjudication.

NHTSA www.nhtsa.gov

About the Author:

The Brief was prepared by Deborah Smith, Senior Analyst with NCSC's Knowledge and Information Services. Points of view or opinions expressed in the Brief are those of the author and do not represent the official position of the NCSC or NHTSA.

DEPARTMENT OF TRANSPORTATION UNITED STATES OF AMERICA

NCSC Est. 1971 National Center for State Courts

According to the Veterans Health Administration, driving related accidents are the leading cause of death for veterans in the first few years after returning from deployment. Part of this may be related to demographics as motor vehicle accidents are the leading cause of death for the age group between 15 and 44. Also a high number of returning vets possess other characteristics associated with fatal motor vehicle accidents. These include being young, male, unmarried and having a high school education or less. Other contributing issues may be related to experiences and training related to deployment and/or diagnoses such as Post-traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI). (Lew, 2011). A 2008 Rand study estimates that 300,000 individuals will be returning from deployment with PTSD or major depression and 320,000 will have had some type of TBI (Tanielian, 2008).

Driving issues have been a problem for returning veterans from other conflicts, but the returning Iraq and Afghanistan population is particularly

at risk due to training and experiences involving roadside bombs in these locations. In addition to combat exposure, the effects of military training can make adjustment to civilian life difficult and possibly contribute to involvement in the criminal justice system. Factors such as constant awareness of surroundings, always carrying a weapon, an unexpected need for fast driving, constant emotional control, and the need for strict discipline and obedience are essential for military training and deployment but can be problematic in a civilian setting (Clark, 2010).

A 2012 study by United Services Automobile Association (USAA) found a 13% increase in at-fault accidents in the first six months after returning from deployment. For younger drivers (less than age 22) the increase was even greater at 25%. This study had a pool of 158,000 service members with 171,000 deployments over a three year period. The researchers were able to compare pre-deployment driving records to post deployment records (USAA, 2012). In addition to PTSD where individuals may perceive a threat where none exists, training for combat related driving includes scanning the roadside for possible threats rather than watching the road ahead, driving in the middle of the road, rapid lane changes, speeding up at intersections and other erratic driving maneuvers. While these behaviors can be lifesaving in combat zones they may lead to accidents or traffic infractions at home. Self-reports from veterans diagnosed with higher levels of PTSD also indicate higher rates of aggressive driving (Lew, 2011).

A recent response to the issue of veterans being involved in the criminal justice system is the development of the veterans treatment court (VTC). The first VTC opened in New York in 2008 and the field has rapidly expanded. The most recent data from 2012 shows nearly 170 VTCs in 30 states (Clark, 2010). Veterans are not eligible for VA benefits while they are incarcerated so the VTC model focuses on available benefits and treatment as opposed to incarceration. Substance abuse or mental health treatment is offered as an alternative to incarceration. Typically, veteran mentors assist with the

programs. A 2012 survey of 79 VTCs found that 49.5% of male participants had a drug related charge, 39.0% had a DUI/DWI charge, and 10.9% had another traffic related charge. For females the percentages were 43.4% for drug charges, 48.7% for DUI/DWI, and 3.7% for other traffic related charges. (Baldwin, 2013 see Table A-13)

The majority of veterans with driving related charges will not enter a VTC since so few of the 3,000 plus counties in the United States have these programs. Whether veterans enter the criminal justice system through a traditional route or are diverted to some type of treatment court, substance abuse and driving issues that may relate to military training or combat experiences should be taken into account by judges, lawyers, and treatment providers. Unless the underlying issues are addressed and treatment provided, the veteran may become trapped in a revolving door to the criminal justice system.

Because VTCs connect veterans with services to which they may already be entitled, it makes more sense to address these issues before they lead to criminal behavior. The Palo Alto, California Veterans Administration (VA) Hospital has developed a driver rehabilitation program for returning veterans suffering from driving related anxiety. The initial training program addressed high levels of anxiety in survivors of improvised explosive devices (IED) bomb blasts. The program is testing two kinds of therapy including prolonged exposure therapy and cognitive behavior therapy. Driving simulators are utilized to test driver reactions to various triggers in a safe environment. Drivers' heart rate, pupil dilation, breathing, and use of brakes are all monitored as they learn techniques to reduce driving related anxiety. Other VA programs are also beginning to address the issue of driving problems related to combat or military training. (Lew, 2011)

Resources

Baldwin, J.M. (2013). Veterans Treatment Courts: Studying Dissemination, Implementation, and Impact of Treatment-Oriented Criminal Courts (Doctoral Dissertation). http://ufdcimages.uflib.ufl.edu/UF/E0/04/53/14/00001/BALDWIN_J.pdf

Clark, S., McGuire, J., and Blue-Howells, J. (2010) "Development of Veterans Treatment Courts: Local and legislative initiatives." Drug Court Review, VII:I, 171-208. http://dn2vfhykblonm.cloudfront.net/sites/default/files/drug_court_review_vii.i_2010.pdf

Kuhn, E., et al. (2010). "Aggressive and unsafe driving in male veterans receiving residential treatment for PTSD." Journal of Traumatic Stress, 23(3), 399-402.

Lew, H.L. et al. (2011) "Prevalence and characteristics of driving difficulties in Operation Iraqi Freedom/Operation Enduring Freedom combat returnees," Journal of Rehabilitation Research & Development, Volume 48, Number 8. http://www.rehab.research.va.gov/jour/11/488/pdf/lew488.pdf

Tanielian, T. & Jaycox, L. (2008). Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans. Rand Corporation. Retrieved March 21, 2013 from http://www.rand.org/pubs/monographs/MG720.html

USAA (2012). RETURNING WARRIORS Driving Safety Report 2012. https://discover.umn.edu/sites/default/files/ur_content_462371.pdf