

Forensic Briefs

Dr. Shoba Sreenivasan - Justice-Involved Veterans

In this episode, Dr. Shoba Sreenivasan explores the complex intersection of military service, trauma, sexual offending, and forensic risk assessment. She discusses why veterans appear disproportionately represented among people incarcerated for sexual offenses, what is known and unknown about repeat offending, and how SVP recidivism research complicates assumptions about risk. The conversation also examines VA services, housing barriers, trauma-informed care, and cultural issues in forensic assessment.

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Dr. Millkey Welcome to Forensic Briefs. I am one of your hosts, Alex Millkey.

Dr. Guyton And I am your other host, Michelle Guyton.

Dr. Millkey Michelle, why don't you tell us who we'll be talking to today?

Dr. Guyton Alex, I am thrilled to tell you that today we are talking with Doctor Shoba Sreenivasan. She received her PhD in Clinical psychology from the University of California at Los Angeles, and she completed a forensic postdoctoral fellowship at the University of Southern California Institute of Psychiatry and Law. Doctor Sreenivasan is currently a forensic psychologist with the California Department of State Hospitals in their Forensic Services Division as a sexually violent predator evaluator, and she has over 30 years of experience conducting such evaluations.

Dr. Guyton She previously had the honor of serving military veterans for 28 years as a psychologist for the Department of Veterans Affairs. Doctor Sreenivasan is also an adjunct clinical professor at the Keck School of

Medicine of University of Southern California. Her research areas of interest include sexual and violence risk assessment in justice-involved veterans, which is not a surprise that that is exactly what we will be talking about with her today.

Dr. Guyton Welcome to Forensic Briefs, Doctor Shoba Sreenivasan. We are so excited to have you with us today.

Dr. Sreenivasan Well my pleasure. Thank you for inviting me and I think it will be fun to chat with both of you about this topic.

Dr. Guyton Well, you've had a long career of working in federal and state systems, working with veterans, forensic patients and others. Can you tell us how you got interested in not only serving these populations, but also actively promoting better understanding and services for them through your research?

Dr. Sreenivasan Well, the way I got into this was sort of circuitous. And by that I mean, when I was at graduate school at UCLA, I had to do a pre-internship at the Brentwood VA, the VA, that's what the VA was called down in Los Angeles. And when I was there, it was a lot of Vietnam veterans and the older World War II vets.

Dr. Sreenivasan But mainly I was on a lot of these psychiatric units. And at the end of the year I thought, "Well, I'm really glad I did that because I will *never* work for the VA, ever." And so then I went on to do a postdoctoral fellowship at USC as a graduate student. Most of my research was in neuropsychology and electrophysiology.

Dr. Sreenivasan And so after the fellowship, I'm working at a federal prison, kind of decided to go back to being a neuropsychologist at Kaiser. But then I realized I really wanted to do research in violence and forensics. I had a forensic practice, but it wasn't enough. And, you know, Kaiser was just standard clinical neuropsychology. And so I ended up going back to the

Brentwood VA, you know, oddly enough. And I was on an involuntary psych unit as a psychologist, a court doctor for several years, and was able to start that research in violence among civilly committed veterans and forensically hospitalized vets.

Dr. Sreenivasan And then we moved on to looking at highly violent individuals in prison. So that kind of opened up everything. And the VA went through a shift in the 90s, where it went away from hospitalizing patients to outpatients. And so I was fortunate enough to be able to develop a program called Forensic Outreach Services for vets.

Dr. Sreenivasan And so I was going with psychiatrists and some social workers into prison and to state mental hospitals here in California, Ash, Tuscarora State Hospital and Patton. And then we went to a number of different prisons. And so that was my foray into forensics and deaths. And also just in working with veterans throughout my 28 and a half year career there, it was just an enormous privilege to be able to serve America's veterans.

Dr. Sreenivasan These are our heroes, you know, front line. And then when Iraq, Afghanistan happened, you saw the same sorts of things occurring for those vets that had happened for the Vietnam vets, about PTSD and traumatic brain injury with IEDs and so forth. So that's a very long answer. But yeah, that's how I got into that and the forensic aspect of it. I have always had a private forensic practice, did a lot of sexually violent predator evals since its inception in 1996 here, and for a little bit in Washington state.

Dr. Sreenivasan And that was after I retired from the VA. I stopped being a contractor and became a civil service employee doing SVP evaluations.

Dr. Millkey You mentioned doing outreach with veterans in, you know, correctional carceral settings. What is the veteran situation like in these carceral settings? Is there overrepresentation or underrepresentation? How

common is it for our service men and women to get involved in the legal system?

Dr. Sreenivasan It's mainly males, male veterans, and historically, at least during the Vietnam era, there was an overrepresentation of veterans in prison, primarily related to drug offenses. So at different points up until, I'd say maybe the 2000, veterans were about 25% of federal and state prisons, and that was a higher rate than the representation in the just general population, which was much lower than that - than 25%.

Dr. Sreenivasan But there was a shift, probably because these vets got older and they were no longer going back into prison around drug charges. It is now gone to the point where veterans are actually - they represent a lower percentage in the prison sample than they do in the general population. So it's about 8%, a little bit under now, which is a good thing.

Dr. Millkey That's a shocking shift from 25% to 8%. To what do you attribute that?

Dr. Sreenivasan I attribute that to the drug offenses and also because a number of the Vietnam veteran or Vietnam vet era incarcerated veterans kept cycling and recycling through the system behind drug charges, and using drugs, and drug dependency. And as they got older, because crime and drug use really is a young man's game. And so they got older and they settled down, to use a non-clinical interpretation.

Dr. Guyton So - and do you think that those higher rates were related to sort of the Vietnam War and service people who'd been through kind of those conflicts that were kind of, you know, in those earlier decades. And then there was maybe a period of time when we didn't have those kinds of conflicts. And, you know, I'm just thinking about sort of substance use as a trauma response in terms of coping.

Dr. Guyton Is there - do we know anything about that?

Dr. Sreenivasan I think that's a very good hypothesis, that it was a trauma response for the Vietnam veterans, given the fact that there was such late recognition of PTSD as a clinical phenomena, not until 1980 with the DSM III. You had a large number of veterans coming into the VA and really being angered by the VA because the response was, "Well, you're a druggie," you know, "You're criminal, going in and out of here, you're malingering." And not a lot of recognition about post-traumatic stress disorder as a phenomena and a reaction.

Dr. Sreenivasan So I think it was really, in many ways, double traumatization, double, in some ways, victimization, you might even say. Because they went through this war, which was extended over a ten year period and came out to a social climate that wasn't very receptive to them nor respectful of what they did. And then when they came to the VA, where it's problem behaviors like drug use and criminality, they were shunned because the World War II Vets were not that.

Dr. Sreenivasan Korean War vets were not that, you know. So, you know, and I saw that when I was at the VA, even after DSM PTSD, there was still a lot of use of malingering and things of that nature. If the person was chronically using drugs or violent or cycling in and out of the prisoner jail system.

Dr. Guyton Sounds like a lot of, kind of, moral judgment, right? In deciding whether somebody met criteria or didn't based on their substance use and criminal history, rather than perhaps seeing that as a subset of PTSD and the experiences that a person had.

Dr. Sreenivasan Yeah, I think it has a very lengthy consequence to veterans that, as you asked that question, I reflected on this early on when we were doing the veterans outreach in prison. We had our very first Veterans Day ceremony, and there were a lot of veterans there and had well over 100 who were incarcerated and all the staff members and the main person, the main chair in that group, he was a very disgruntled and angry Vietnam vet, and the process of being the MC for this program, and I won't go into all the details of it.

Dr. Sreenivasan But it was a transformational experience for him because he was reading something that really spoke to him. And in the midst of it, you know, there are all these veterans that are inmates and staff members and a lot of other people. He began crying, and it was a cry for forgiveness for whatever moral injury he had suffered in Vietnam, in combat as a very young person, as most of them were.

Dr. Sreenivasan So these sorts of experiences, I think, had a very long hold on people. And as you said, I think it was a trauma reaction for this veteran and a number of other vets to use drugs, to slam heroin for a long time and then, you know, go on to other drugs.

Dr. Sreenivasan And it really was a coping mechanism, an emotional deadening mechanism.

Dr. Millkey Sometime ago on this podcast we spoke with Shelby Hunter, who has done a lot of research on the role of traumatic brain injuries and its prevalence in carceral populations, and perhaps related in some extent to pathways into legal trouble. I will confess I have not ever worked specifically with veterans, though I've met veterans in my work, but it is a population that I associate with a high risk of these kinds of brain injuries.

Dr. Millkey Do you see there as being - that being a germane factor in the population that you have reached out to and has been sort of your people?

Dr. Sreenivasan Certainly traumatic brain injury is an issue, particularly in combat veterans in the OIF, Operation Iraqi Freedom, Operation Enduring Freedom, the Iraq and Afghanistan veterans. But I don't know that in general, in the veteran population, that they're going to have a higher rate of head injury. But certainly in the recent war excursions like Iraq, Afghanistan, the explosions from the IEDs and head trauma related to

that, and also really compounding that, until very late in the war, veterans who had experienced an IED were put right back into the war zone.

Dr. Sreenivasan And that, I think, also complicated that because there wasn't - unless the person had been unconscious, they weren't really diagnosing a post-concussion syndrome. They were just saying, "Okay, you're okay, you know. Your limbs are okay, you're talking, so back into the field."

Dr. Guyton Back you go.

Dr. Sreenivasan Right, back you go. And so I think that ended up further traumatizing because of the sympathetic nervous system, you know, back in this war zone, kind of, setting and being on high alert, but having a damaged brain. So it took a long time, I think, for the military to acknowledge that, and not put people right back in after having a post-concussion syndrome.

Dr. Guyton So, I mean, I think most folks would appreciate that veterans have a higher rate of trauma related disorders than the civilian population. But what do we know about veterans clinically when you compare them to civilian populations? Are there other types of mental health concerns or kind of moving into the forensic realm, kind of risk factors or, you know, kind of adverse life exposure events? Like are there - what do we know about, kind of, the difference in these populations?

Dr. Sreenivasan Eric Elbogen, who is out of Duke and also the VA in North Carolina, has published quite a bit about that, looking at what is the landscape of kinds of problems that veterans have, particularly when they've been in a war zone or deployed to a war zone, maybe they weren't in combat.

Dr. Sreenivasan So PTSD is one, for the combat, maybe war zone exposed individuals, substance abuse, depression, anxiety, these sorts of things come up. And also returning to the civilian context is difficult, particularly for

veterans who've had a lot of meaning in that combat or war zone or even just being in the military. And so there has been, and I don't know the recent statistics, but the rates of suicide have been higher among veterans than civilians.

Dr. Sreenivasan So there's something going on there with that. And I know when I left the VA in late 2018. There's a big push for suicide risk prevention. And that has continued. But I think some of it ended up being more treating the chart than treating the patient.

Dr. Guyton It's unfortunate. And also I appreciate larger systems struggle. But also, yeah. So okay, so they have higher rates of just sort of general psychopathology, substance use, those kinds of things. You know, one of your areas of research with veterans has been with veterans accused of sexual offenses. Broadly speaking, what do we know about rates of sexual offending within veteran populations?

Dr. Sreenivasan Well, it's been an interesting area because in the course of the Bureau of Justice surveys of federal and state prisons, and this is over several decades, a pretty consistent finding has been that veterans are incarcerated for sexual offenses at a much higher rate than civilians.

Dr. Sreenivasan And so the most recent data on that showed that for male state prisoners that the controlling case, the case that they're in prison for, was a sexual violent one at 26% for the vet, but only about 11% for civilians. And that's the most recent data. But if you go back, the same sorts of statistics keep coming up. So can't say this is just specific to a certain combat era or era of deployment because it seems to keep coming out.

Dr. Sreenivasan And Andrea Finley had looked at that in 2018. She and myself and others published an article on sexual abuse about that, and again showing that at that point, looking at the 2004 Bureau of Justice data, that the odds

ratio was much higher for a veteran to be a sex offender than for a civilian.

Dr. Guyton So I guess the question that follows that is, why? Why is there such a stark difference between civilian and veteran populations in terms of rates of having a, sort of, primary sexual offense?

Dr. Sreenivasan It's been a really interesting question, and one that I've grappled with with colleagues in the research that we've looked at. And so some of the hypotheses about this, including ones that I've made with colleagues, has been, well, maybe there is some pre-deployment risk factors.

Dr. Sreenivasan And this is what, like Culp and colleagues to talk about in 2013, that maybe there was childhood adverse events like physical abuse, sexual abuse, or neglect that were precursors to entering the military and precursors to after discharging from the military developing a history of sexual offending. So that was one kind of theory. Another theory is that it might be related to combat, although some of the data has shown that combat veterans are actually less likely to have a sexual offense than non-combat and other people looked at, well, is it a voluntary military versus the conscripted from days back?

Dr. Sreenivasan And that hasn't really borne out either, although I think Eric Elbogen had looked at this, if I'm remembering correctly. And more recently others that in an all voluntary military there were higher rates of childhood adverse experiences, maybe getting into the military to get out of a situation that's not good. So those are some of the theories. And another set of theories about this is that there is an interactive diathesis stress, if you will, effect so that maybe some of these veterans had a predisposition to committing a sexual offense, and then they stress of the military, whether combat or not, created some emotional distress.

Dr. Sreenivasan And once they were released from the military, the way to adapt or cope with the emotional distress was through a sexual means and a deviant sexual means. There was some people who looked to something called

compulsive sexual disorder, and that - they looked at a survey of returning veterans from Iraq and Afghanistan.

Dr. Sreenivasan And initially there was some indication that that was the case, that, and this is not sexual deviance nor sex crimes but just hypersexuality and maybe overusing pornography, that kind of thing, that was endorsed in the year following discharge from the military. But when they did some additional analysis that didn't fully bear out. So the question still remains kind of a question about, you know, what is this?

Dr. Sreenivasan Why are they engaged in this kind of behavior? And one last theory that some people have put out is that, because this is all primarily confined, fully confined really to male veterans, that maybe there is an interaction between hyper masculinity and being young when you're in the military and not understanding boundaries, potentially. But why that should lead to sexual deviance and sexual crimes, because the crimes are talking about are child molestation and rape, so that really is outside the scope of normative sexual functioning.

Dr. Sreenivasan And most veterans don't engage in that kind of behavior. So this is really just confined to those that end up having justice involvement.

Dr. Guyton It's interesting too, because we are talking about sexual crimes as a broad and unitary construct. But you point out that there are these different types of sexual offenses in terms of contact versus non-contact and child molestation versus rape of adults.

Dr. Sreenivasan And those are sort of heterogeneous with, you know, there's a lot of heterogeneity, I guess, in that mix of sexual offending. Is there much known about, you know, somebody with more pedophilic interests versus someone who is kind of engaging in sort of non consent behaviors with adults, or is it still - are we still kind of at the level of just looking at them as sexual offenses altogether?

Dr. Sreenivasan Some really important points that you've brought up about the distinction between contact and non-contact sex offending. Broadly in the sexual recidivism data and world, the recidivism tends to so much differentiate between the contact and non-contact offending. So in general, it's on the rap sheet, any kind of arrest or conviction for a sexual offense. And it could include things like exhibitionism and voyeurs and pimping or prostitution, but certainly those offenses - or possession of child pornography, which has been coming up quite a bit more now with the internet and social media.

Dr. Millkey This - I don't know if this is a good question or naive question or not, but it is a question I have. Of the three hypotheses that you mentioned explaining potentially why there might be this higher rate of veteran involvement. The first one was pre-deployment factors, which basically was like aces, you know, like adverse childhood experiences. And I guess I'm wondering in a - is there a reason why people who volunteer for military service would have a greater history of adverse childhood experiences?

Dr. Sreenivasan Well, I mean, the hypothesis is that maybe they're trying to escape negative environments. So when you have conscripted people, you should have, you know, just the wide range of anybody, right? Because most people are going to have to go into the military if there's a conscription. So the voluntary one may be why that hypothesis is thrown out. But on the other hand, you know, I don't weight that one very heavily because I think it's sort of insulting to people who volunteer to serve our country to say, oh, you're going in because you're broken or you have no other options.

Dr. Millkey Okay. I almost hesitate to ask the question because of that. Actually, yes.

Dr. Sreenivasan So I don't - I think that's just a conjecture. And one study found that. But I don't give it a lot of weight.

Dr. Guyton

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