

# Case Studies

Ex-Armed Services  
Personnel: Journeys to  
Harmful Behaviour



# Welcome to this collection of Participant Case Studies.

This resource provides a collection of case studies from participants. Using the case histories of six participants of this study, we offer these case studies and accompanying questions to serve as a learning resource and a space for practitioner reflection. Four other documents accompany this resource:

- **The Executive Summary**
- **The Project Report**
- **A Timeline Summary of Previous Research**
- **A Downloadable Poster of the Key Findings**



# IMPORTANT NOTE:

**The photographs used in this resource are stock images and do not accurately depict the men described in the case studies.**

**Throughout the following six case studies, the below symbols indicate a different aspect of the task.**



**Case History**



**Life Story**



**Reflection**



**Questions to consider**

# Bobby ♂

Sex: Male

Age: 50s

Race/ethnicity: White

Military Branch/Corps: RAF

Age enlisted: 16

Age at discharge: 17

Years active: 18 months

Era of service: 1980s

Discharge type: Medical Discharge

ACEs and broader childhood adversity: Household alcohol abuse, physical abuse, exposure to domestic violence, psychological abuse, psychological neglect, sexual abuse.

Index offence: Rape and Indecent assault

Length of current sentence: Life, Tariff 10

Previous convictions: 2

Previous sentences: 4

Previous breach of sentences: 2

Contact with family: unknown

Presenting issues: Polysubstance use/dependency disorder, mental illness (not specified)



# Reflection Box



*Pause for a moment to consider this.*

*Relying solely on the information above;*

*What is your initial impression of Bobby?*

*How would you classify his level of risk?*

Please continue to read, reflecting on your initial assessment.

*Does it change? Does it remain the same? Why?*

Bobby described a complex, challenging childhood. He recalled a father who drank excessively, was regularly violent towards him and his mother, and who would frequently leave the family home. He depicted a 'distant' and emotionally abusive mother, living in a 'broken home' and recalled only feeling safe when he stayed within his grandparents. He grew up in a poor area of England, living on a council estate.

Schooling was recalled as an environment in which Bobby was victimised and bullied, both physically and verbally, between the ages of 10-13yrs. He associated this bullying to his suffering with hearing issues. He disclosed being the victim of sexual abuse (between the ages of 10-13), groomed by an older boy (12 months older). Whilst he was able to report incidents of bullying, he did not disclose sexual abuse until he was an adult, as this was not openly acknowledged in the 1970s/1980s.

Although rarely getting into trouble in school, Bobby reported that he started stealing during grammar school. After getting caught stealing a magazine, Bobby was commended for taking responsibility for his actions by returning the stolen article to the shop on his own accord. He stated that this was the last time he shoplifted during his school years, this habit would crop up again later.

Around the age of 15/16 yrs, just prior to joining the armed forces, he spent approximately 1 yr in a youth training scheme for catering. However, Bobby expressed concerns around his own distorted thinking and described himself as 'becoming disturbed'. He felt that his behaviour at home was deteriorating, described himself as 'acting up' 'freaking out' and being 'unable to handle' by his mother. Whilst he confirmed that he was never violent towards anyone in the family, he described himself as starting to act like his father, displaying aggressive behaviour which resulted in his mother encouraging him to enlist in the military to address this. He was initially keen on joining the navy, but failed the entry exam. As an alternative, he sat for and passed the RAF assessment, choosing the avenue to what he referred to as a 'boy entrance'.

Upon reflection, Bobby highlighted that it was a 'bad move' joining the service when he did, failing to address the 'unresolved issues' that he was experiencing. His transition to life as a trainee was not smooth as he faced bullying from corporals, which was akin to re-enacting the trauma from his school days. He also acknowledged his own immaturity contributed to these relationship problems as well as an ongoing resentment towards authority stemming from the bully/victim dynamic. During his service, Bobby attempted suicide, although he asserts that this was parasuicidal, not a genuine attempt to end his life. He was sent to the neuropsychiatric unit for several weeks and noticed improvement to his mood, but this, for him, was more likely a result of being removed from an environment for which he was ill-suited, not due to treatment.

Bobby described the military as an environment where he felt unable to seek or gain 'help' regarding sexual thoughts he was experiencing around children. He explained that homosexuality was outlined as illegal in the forces at the time, therefore, to bring up 'distorted thoughts' associated with child sexual offending (CSO) was almost unthinkable. Nevertheless, he claimed to have disclosed such thoughts to a superior whilst in service, with a view to seeking help. No further action was taken around this, with Bobby considering it was easier to ignore his plea for help.

Following medical discharge from the military aged 17, Bobby recalled a deep sense of anger and resentment. Expressing concerns that he had requested help from military psychiatric services and was ignored, Bobby explained that he felt that transition was a further point in his life that appropriate support services could have been put in place, to counteract feelings of isolation, rejection and resentment. Practical support around employment and housing were lacking therefore Bobby moved in with his paternal aunt and found himself in a family culture that promoted alcohol use and had a reputation in the community for being fighters. He struggled to cope and subsequently turned to alcohol and drugs. Bobby's life spiralled out of control as he began to deal drugs and acting as an enforcer. His accommodation was unstable and he was soon no fixed abode (NFA). He committed his first post-military offence, indecent assault and ABH, within the first year after discharge, serving 3 months custody and 2 years probation. The next few years, Bobby was drifting from city to city, selling drugs, engaging in aggressive, illegal and harmful behaviours. Bobby was convicted of rape and indecent assault at the age of 27 and sentenced to 8 years in custody.



In custody, Bobby's anger and aggression persisted. He disclosed that he was violent in prison. It was only after he was sent to HMP Grendon that he was able to process and contextualise his anger stemming from his childhood trauma and poor experience in the military. He credited his interest and education in evolutionary psychology and epigenetics as offering him increased insight. Bobby stated that he committed his last offence in 1994.

He was released from custody when he was 31yrs old and stated that, having gone through therapy and having some education under his belt, he was cocky and arrogant, thinking he 'had all the answers'. He moved into a hostel, started practicing Buddhism, and using MDMA. He also started a three year relationship with another hostel resident who had a similar background. It was at this point he was issued with 20yrs Sexual Offences Prevention Order (SOPO) and believes this was due to his new relationship in the hostel. Bobby also formed a heroin and crack cocaine habit and ran up a drug debt, causing him to leave the hostel and area to escape the threat of dealers.

From age 31-35 yrs, Bobby breached his SOPO on three occasions and was recalled to serve 2 years in custody. Upon release from prison at age 37yrs, Bobby had his own tenancy and began working as a welder. However, this was short-lived as he was deemed unable to work following an accident. Despite this, Bobby remained stable and out of prison for the next ten years.

When Bobby was 49 yrs old, he was accused, charged and convicted of gross indecent assault, buggery, and indecent assault for a historical crime committed whilst he was serving in 1985. His sentence has since been reduced to 5 years. Bobby remains active and has channelled his academic interests and learning into action, becoming an advocate on his wing whilst serving his sentence.

Bobby has given considerable thought to the reasons why he turned to alcohol/illicit drugs and offending and demonstrated considerable insight into how appropriate and timely interventions could have changed his life course to everybody's benefit. He paints the picture of a system that failed to provide adequate support at pivotal moments of transition.

# Reflection Box

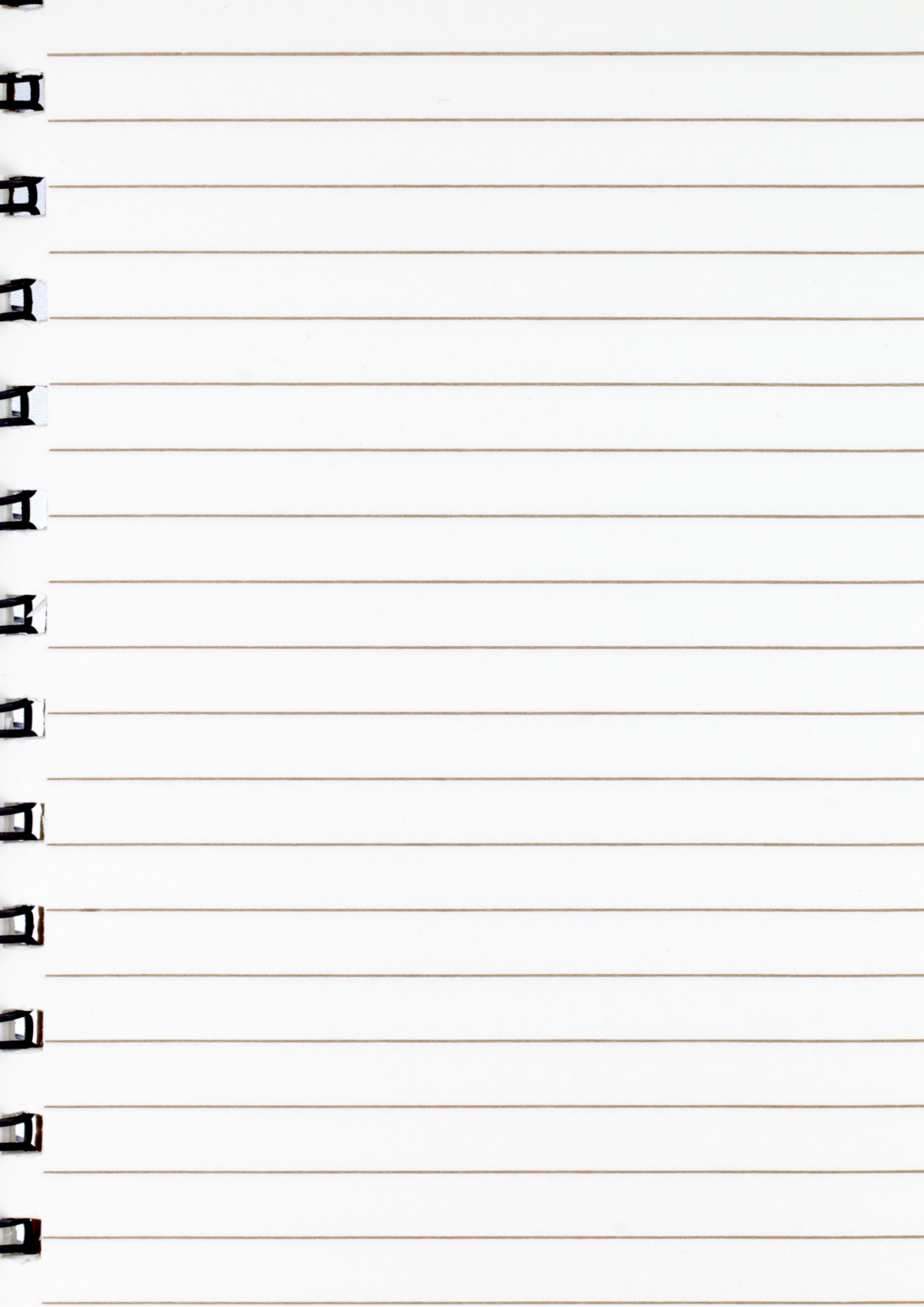


*Before moving on to the questions below, stop and reflect on your initial impressions of Bobby and the risk classification you gave him. Think about whether this has changed and what factors have influenced this change. If your risk classification remains the same, why does it? What additional information do you think you need and what would you like to know more about?*



## Questions to consider:

1. What interventions could have happened throughout his life course that may have reduced the risks that Bobby posed? Consider this in relation to life before the military, during the military, post-military and in the criminal justice system.
2. What organisations/services/institutions could have intervened?
3. In your current role as a practitioner, how would you manage Bobby's risk? Do you see yourself as having a responsibility to manage Bobby's risk?



# Chris ♂

Sex: Male

Age: 62

Race/ethnicity: White

Military Branch/Corps: Army,  
Infantry

Age enlisted: 20

Age at discharge: 24

Years active: 4

Era of Service: Late 1970s-mid  
1980s

Discharge type: Honourable  
Discharge

ACEs and broader childhood  
adversity: none disclosed

Index offence: Murder

Length of current sentence: Life,  
Tariff 10

Previous convictions: 1 disclosed

Previous sentences: 1

Previous breach of sentences: 2

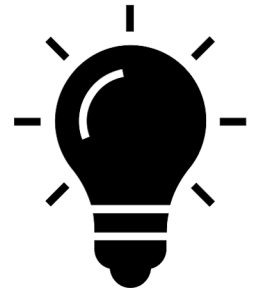
Contact with family: unknown

Presenting issues: Avoidant  
Personality Disorder





# Reflection Box



*Pause for a moment to consider this.*

Relying solely on the information above;

What is your initial impression of Chris?

How would you classify his level of risk?

Please continue to read, reflecting on your initial assessment.

Does it change? Does it remain the same? Why?

Chris was born and grew up the middle child, with two older sisters and two younger brothers. He lived in a dual income household, his parents holding various jobs during his childhood. Whilst much of his childhood was reportedly unremarkable, Chris indicated that he was the victim of bullying whilst in primary school, attributing this to being a quiet child. The bullying stopped at the age of 9 yrs old when he reportedly exploded, lashing out at his bullies and thus ending years of torment at their hands. This incident was the first of several such outbursts that would later have catastrophic consequences. In addition, Chris disclosed that he was bullied by the head teacher at his primary school, illustrating this with one example when he was humiliated and punished for not being able to draw well. Nevertheless, things improved for him when he left primary and moved into secondary school.

Secondary school was a better experience, not necessarily for academic reasons, but rather for the opportunities to participate in sports. He was an avid sports-lover and relished the opportunity to play. For a boy who was typically shy and reserved, sports were a great outlet for him. In fact, sports helped to reduce his truancy, which he admitted to doing on occasion.

Joining the military was something that he had aspired to as a child. He first attempted to join at 16yrs of age, but used alcohol to boost his confidence before walking into the recruitment office. He was unable to interview or focus on the basic skills entry examination, resulting in rejection and request to sober up before returning. Chris stated that he didn't return for another 4 years, instead opting to work in a shop with his mother. At 20 yrs old, realising that he would soon be too old to serve, he returned to the recruitment office. This time he was successful and embarked on his military career.

Chris began his basic training at Sutton Coldfield, moving to Northern Ireland during the 'Troubles' and then to Germany, where he remained for two years. He reported that he enjoyed his time in training and service, with the exception of exercises that required him to fight. Chris had an aversion to fighting, something he attributes to his years of being bullied as a child. Whilst he disliked it, he was expected to engage in activities, such as boxing, which he stated were to 'test his grit'. He successfully cemented his place in the pecking order by refusing to give up when/if knocked down.

Despite the prevalence of alcohol in his environment, Chris was not a big drinker whilst in Belfast, but this escalated after moving to Germany although he denied any history of problematic use. It was during his time in Germany that he experienced his second and third explosive outburst which occurred in a pub. Rather than being a result of excessive drinking, Chris stated that this was due to 'bottled up' emotions. As a quiet boy and young man, he felt unable to express his thoughts and emotions, stating he didn't know how to open up to people.

Just after enlisting in the army, Chris met and soon married his wife. She was the friend of a young woman who approached and started speaking with his mate, therefore Chris paired off with her. He stated that if it wasn't for situations of forced socialising, he wouldn't have felt confident to approach and speak with women. They married shortly after he was transferred to Northern Ireland at age 21, having a child about a year later. When he was transferred to Germany, his wife refused to join him. He attributed the pent-up frustration resulting from this as the reason for his violent outbursts in Germany. His wife eventually gave him an ultimatum: leave the military or you will not see your child. Despite finding happiness in the military, Chris decided to leave the service after serving for 4 years.

Transition from military to civilian life was challenging for Chris. He struggled to find employment and ultimately ended up doing a series of jobs to support his family financially. Chris' relationship began to break down and as Chris felt unable to speak openly with his wife, he feared he would experience another violent outburst and potentially hurt her, therefore he decided to walk away from his marriage. Chris denied any history of acting violently towards his wife or son, but stated that he would take his aggression out of walls and such. Shortly after leaving his wife, Chris met another woman in a pub and they began a relationship that would last for 1 ½ yrs.

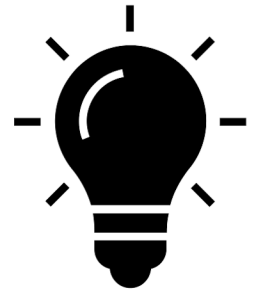
Chris' inability to speak openly and address his emotions had dire consequences. After dating and living with his new partner, Chris reportedly made several attempts to talk with her about issues that were beginning to erode their relationship, mainly her drinking. In addition, he was still mourning the breakdown in his marriage, the recent divorce of his parents, and the difficulties he experienced in finding suitable employment. After suspecting her of cheating on him and after another episode of problematic drinking, Chris again tried to speak with her one morning. His partner responded by belittling him, specifically stating that she deserved better than him. Chris recounted that he lost control of his temper and strangled his partner in a fit of rage. He contacted the police and was arrested for murder. He was 29 years old.

Chris spent the next 25 years in custody, moving to multiple prisons to serve his sentence. He was issued with Life (Tariff 10) several years after going into custody. Whilst serving his sentence, Chris was diagnosed with Avoidant Personality Disorder. He has engaged in numerous courses, including GCSEs, relationship and anger management skills. He reported that these courses have proven beneficial as he is able to walk away from situations that escalate, identifying when he needs to diffuse his emotions.

Nevertheless, Chris stated that his avoidant personality disorder has impacted his ability to successfully reintegrate and remain in the community. Chris has been released and subsequently recalled after failing to disclose relationships to probation. He stated that he understood this was a condition of his licence, but he found it (temporarily) easier to avoid disclosing to probation.

Chris was recalled in 2018 and was looking forward to possible release approximately a month after these interviews were conducted. Chris mentioned finding veteran services both in and out of prison very supportive and helpful, as he felt more at ease with people who had similar experiences to him. He continues to struggle with expressing his emotions and talking about them with others. Chris also disclosed that he has not seen his child since they were 4 yrs old and has no current contact.

## Reflection Box



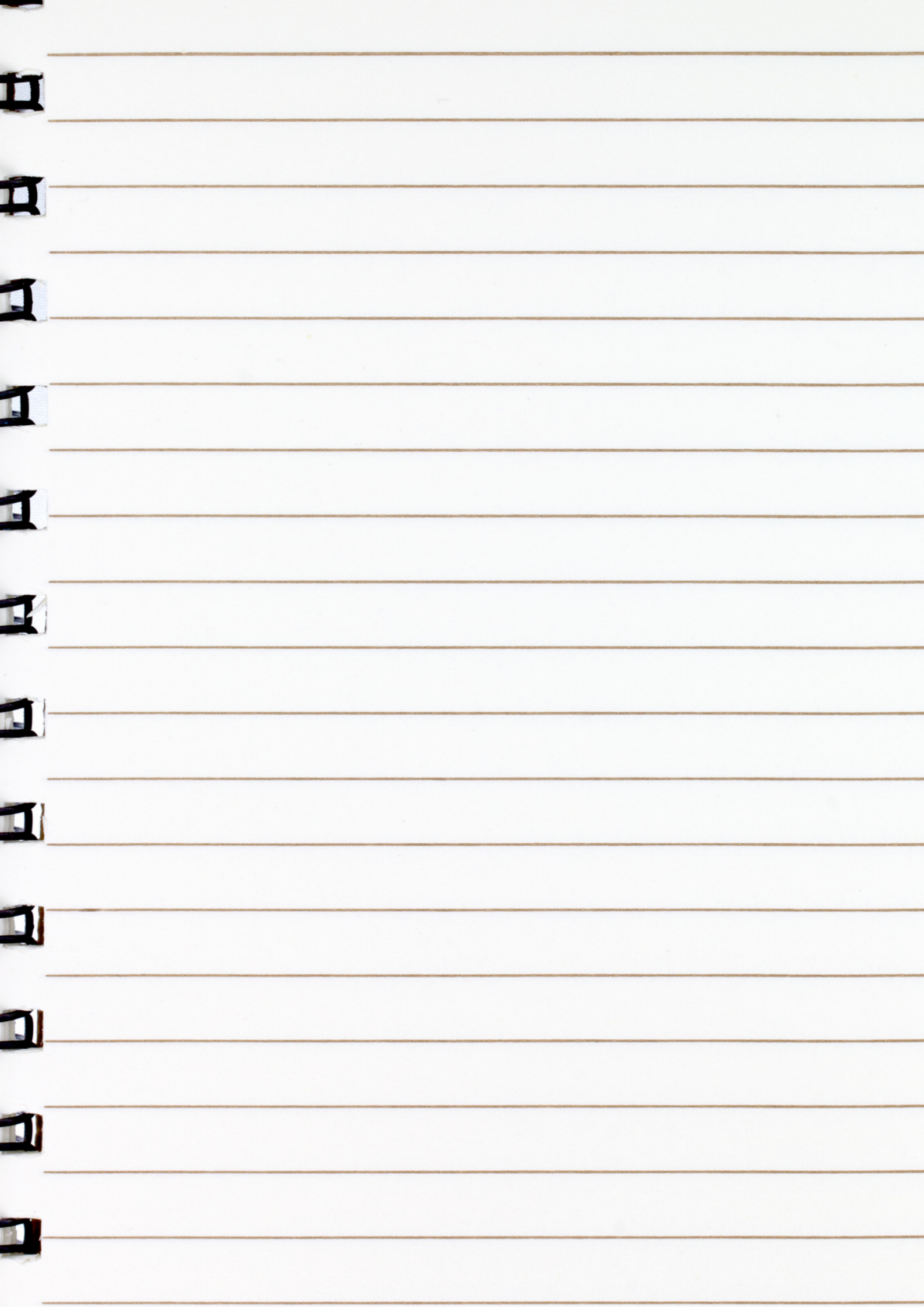
*Before moving on to the questions below, stop and reflect on your initial impressions of Chris and the risk classification you gave him. Think about whether this has changed and what factors have influenced this change. If your risk classification remains the same, why does it? What additional information do you think you need and what would you like to know more about?*



### Questions to consider:

1. What interventions could have happened throughout his life course that may have reduced the risks that Chris posed? Consider this in relation to life before the military, during the military, post-military and in the criminal justice system.
2. What organisations/services/institutions could have intervened?
3. In your current role as a practitioner, how would you manage Chris' risk? Do you see yourself as having a responsibility to manage Chris' risk?





# Geoff ♂

Sex: Male

Age: 40

Race/ethnicity: White

Military Branch/Corps: Army, Royal Engineers

Age enlisted: 17

Age at discharge: 27

Years active: 10

Era of Service: late 1990s-mid 2000s

Discharge type: Honourable Discharge

ACEs and broader childhood adversity: Sexual abuse

Index offence: Indecent photographs, Category A

Length of current sentence: 18 months and SHPO, 5 years on sex offender registry

Previous convictions: 1

Previous sentences: unknown

Previous breach of sentences: 16

Contact with family: Yes

Presenting issues: Takotsubo Cardiomyopathy, PTSD (unconfirmed)



# Reflection Box



*Pause for a moment to consider this.*

Relying solely on the information above;  
What is your initial impression of Geoff?  
How would you classify his level of risk?

Please continue to read, reflecting on your initial assessment.

Does it change? Does it remain the same? Why?

Geoff was born and grew up on a military base in Germany. By his account, this was an idyllic childhood which set the standard of comparison for future experiences. The base provided for all basic and recreational needs, was neat and clean and fostered a tight-knit sense of community. He is the son of an officer which likely had an impact on his upbringing on base.

Aged 9yrs he moved to Northern Ireland with his family. He described this as life-altering stating that his sense of security was deeply shaken for the first time in his life. Following the targeting of his father by the IRA and a bomb attack that threatened his mother, the family moved when he was 10yrs old to an area of the UK that had been financially devastated during the recession of the 1980s. Despite living in relative comfort, Geoff reported that this was the first time he directly witnessed substantial levels of poverty.

Geoff attended private school, but he stated he began to disengage with his studies. At 11yrs, he joined the sea cadets and worked his way up to instructor and then helper as a teenager. As a sea cadet, he experienced sexual abuse and stated that this abuse became the triggering factor behind his later sexual offence. The sexual abuse coupled with being surrounded by poverty and lack of prospects drove his desire to return to Germany, a place he felt sheltered and safe. Enlisting in the army provided him with a direct route of escape.

He enlisted at the age of 17 yrs after a previous attempt to enlist a year prior was denied. Geoff reported committing his first offence at this time, which was lying about his sexuality on the application. He was based in Germany and described boot camp as a culture shock as he was accustomed to associating with his father's colleagues, who were primarily officers. Nevertheless, he enjoyed the first few years serving, notably the camaraderie. He was deployed multiple times between the ages of 17-27yrs, serving in both Iraq and Afghanistan during the wars.



Having witnessed numerous traumas and losing his first same-sex (secret) partner as a casualty of war, his mental health deteriorated significantly in his early 20s and he was subsequently hospitalised. He was diagnosed with an Adjustment Disorder and was advised to rest. Geoff's understanding of mental health at the time was minimal, therefore he did not question the diagnosis and/or the lack of treatment/support. Soon after this, he returned to active duty and further deployments before separating from the military at age 27yrs. He returned to the UK and lived with his grandfather, with little preparation, support or knowledge around transitioning to civilian life.

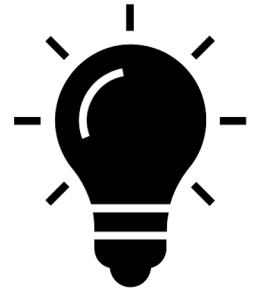
Approximately a year after leaving the military, Geoff was arrested under a historical rape allegation from 10 years prior. Whilst he was eventually acquitted of this offence, the investigation uncovered indecent images (category A) from several years before stored on his computer. This offence, conviction and resulting orders triggered a series of breaches and recalls, the most recent being his current custodial sentence and renewed SHPO. Two of the breaches he disclosed included failure to disclose the use of a laptop and mobile phone, both of which he contended were used solely for work and housed secure data. Search and seizure of these items did not produce any evidence of illicit data. Geoff described his relationship with the justice sector as contentious and adversarial. He expressed a great deal of resentment for the continued high levels of surveillance, which he deems inappropriate, demeaning and a gross invasion of privacy. He disclosed that his second offence, fraud after using a false name, is a direct result of this. He was arrested, but not charged. As he has not committed nor been convicted of a sexual offence since the original, he views his noncompliance as passive resistance whilst also admitting that he is making it more difficult for himself. He foresees this will be an ongoing cycle for the years to come.



The stigma of sexual offender and military veteran has had, as Geoff believes, a catastrophic effect on his ability to access necessary treatment and support services. Geoff has been diagnosed with Takotsubo Cardiomyopathy, also known as broken-heart syndrome. Although a formal diagnosis wasn't confirmed during the interview, Geoff alluded to having PTSD. At age 31, he disclosed feeling that he was denied vital mental health treatment in his hour of need when service was withdrawn after providers were informed of his sexual offence conviction. He stated that his military history has also worked against him as probation services view his service as an arbitrary risk. He denied a history of aggression and asserted that his military service trained him how to defuse and de-escalate aggression rather than predisposed him to violence. Geoff expressed positives reviews of the Sex Offender Treatment Programme (SOTP) and stated that this was a pivotal moment in acknowledging and accepting responsibility for his conviction as well as providing him with therapeutic benefits that were previously denied to him. He spoke about understanding and taking responsibility for his original offence, however, he questioned the rationale for placing him, an acknowledged victim of childhood sexual abuse, in the same cell as someone who continues to fantasize about and nostalgically recount their offences against children. This has been retraumatizing for him.

At present, Geoff is continuing his custodial sentence on the vulnerable prisoners (VP) wing. During the time of the interview, Geoff's outlook for the future is not overly hopeful as he has no intention of complying with orders that he strongly believes violate his rights and prevent him from successfully moving beyond this offence.

## Reflection Box

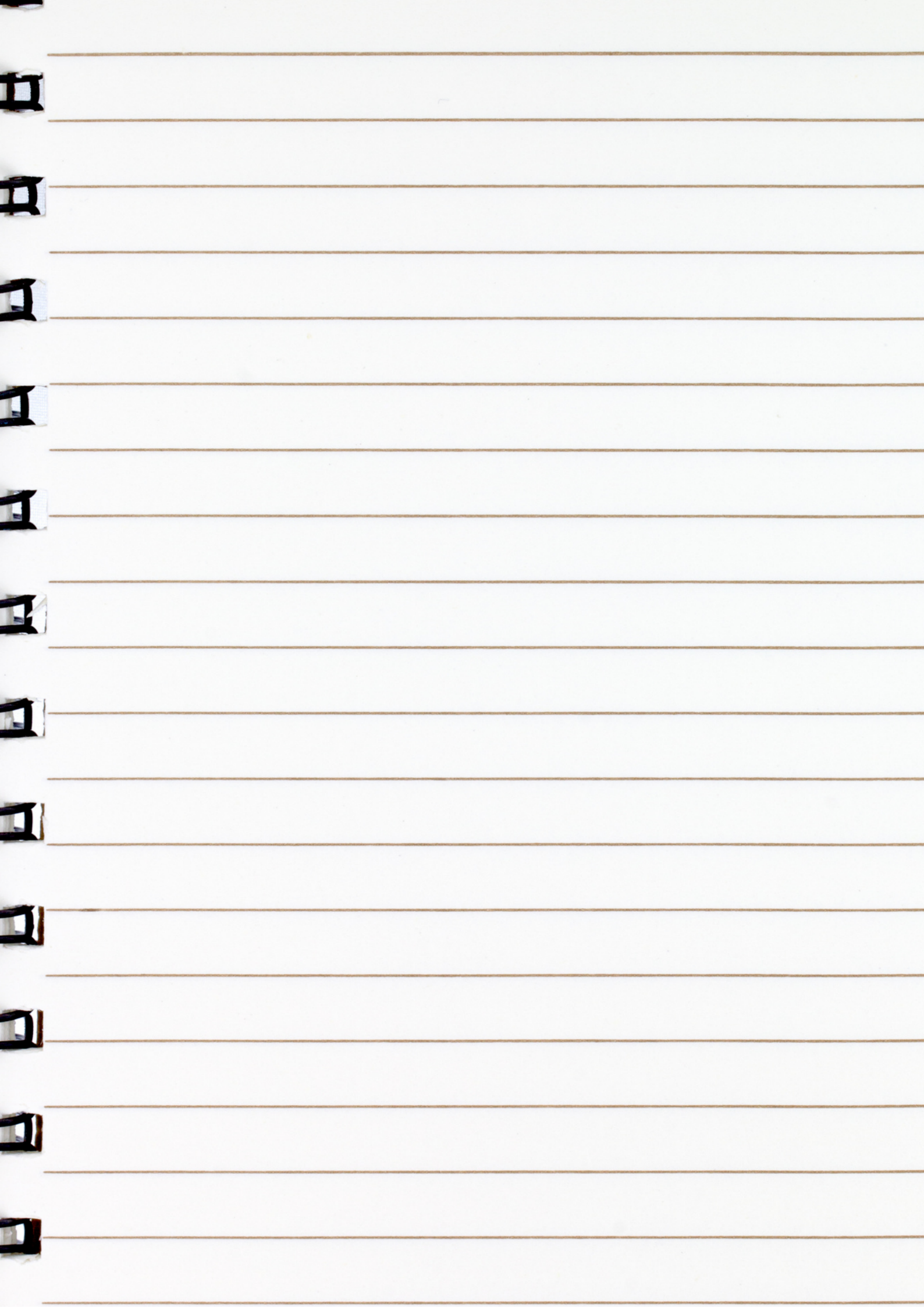


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### Questions to consider:

1. What interventions could have happened through his life course that may have reduced the risks that Geoff posed? Consider this in relation to life before the military, during the military, post-military and in the criminal justice system.
2. What organisations/services/institutions could have intervened?
3. In your current role as a practitioner, how would you manage Geoff's risk? Do you see yourself as having a responsibility to manage Geoff's risk?



# Larry ♂

Sex: Male

Age: 50

Race/ethnicity: White

Military Branch/Corps: Army,  
Artillery

Age enlisted: 17

Age at discharge: 22

Years active: 5

Era of service: late 1980s-mid  
1990s

Discharge type: Dishonourable  
Discharge

ACEs and broader childhood  
adversity: Abuse (not specified)

Index offence: Murder

Length of current sentence: Life  
(Tariff 10)

Previous convictions: 1

Previous sentences: unknown

Previous breach of sentences: 1

Contact with family: Yes

Presenting issues: PTSD, anxiety,  
previous polysubstance use, OCD  
traits





# Reflection Box



*Pause for a moment to consider this.*

Relying solely on the information above;

What is your initial impression of Larry?

How would you classify his level of risk?

Please continue to read, reflecting on your initial assessment.

Does it change? Does it remain the same? Why?

Larry was born and raised in Southern England. His father died when he was 4 yrs old, but despite this, he described a good childhood. He lived in a small house with his immediate and extended family, 3 generations, whom he reported are very supportive of one another. Larry stated that his family are all relatively stable and they have 'all led good lives'. He denied any familial issues with drugs or alcohol.

Primary and senior schools were uneventful, no issue reported. He left comprehensive school with 9 GCSEs. Although he didn't focus on his academic achievement or experience, Larry's apparent interest in joining the military started when he was young. He idolised his grandfather, a WWII veteran, and joined the Boys Brigade whilst in primary school. At the age of 12, he joined the Army Cadets, excelling and moving up the ranks. He remained with the Army Cadets after achieving his GCSEs, set to become a Junior Leader, but this plan was derailed due to a health issue. Eventually, Larry was able to address his health issue, but missed the acceptance deadline for Junior Leaders. This, however, was ultimately not a barrier as he was accepted into the Adult Service, forgoing Junior Leader, as a young recruit. He was 17 yrs old.

Larry admitted that basic training was very difficult, but he was with 'like-minded people' who all wanted to serve in the army. He was sent to Germany immediately after basic training where he was specifically targeted and bullied due to his young age and as a new recruit. Eventually he gained acceptance and was then transferred to Canada for additional training. Nevertheless, he learnt to enjoy and exploit the advantages offered by life in the military, including sightseeing, but frequently drinking to excess, sparring and having many casual relationships with women in the process.

At 19 yrs old, Larry was deployed to Saudi Arabia for 7 months in the wake of the impending Gulf War. As a member of the artillery, he and his unit arrived at an unprepared, under supplied base. His initial tasks were to paint black and green tanks to sand colour as the military was not prepared for desert combat. He described kit not fit for purpose, with limited food supplies and activity. On the back of this unsettling introduction to war, Larry witnessed the gruesome death of a fellow soldier, which was accidental, for the first time.

As a member of the artillery, Larry and his unit were on the frontline, prior to the arrival of the infantry, laying the groundwork for combat. During these excursions, he was a casualty of two separate explosions. Although the length of the war was short, the impact was immense. In the aftermath following the peace treaty, Larry recalled being charged with collecting the human remains alongside the road and ordered to kill the domesticated dogs feeding off the corpses due to fears of spreading disease. He was sent back to Germany and issued with 7 weeks leave and £12k. This money was spent primarily on beer and partying whilst travelling around the UK.

Upon his return he engaged in a training course for promotion. This course was extremely challenging, physically and emotionally and was akin to torture, according to Larry. In the aftermath of this course, just shy of promotion, Larry experienced burnout. He began to withdraw and isolate, eventually deciding to go AWOL. He was caught and placed in MCTC for 21 days. He stated that despite his obvious struggles, no one asked him why he was withdrawn and decided to run away. He began to drink heavily and an altercation with a fellow soldier resulted in two separate incidents of assault, one of which placed the victim in hospital for several weeks. A series of incidents followed this, including another attempt to flee, theft and assault on a police officer. Eventually, Larry was imprisoned again and then dishonourably discharged at 22yrs of age. He claimed that this course of action was a shock to him at the time.

Larry's life, post-army, consisted of attempts to integrate into civilian life by having a job, partner and eventually two children. His behaviour remained unstable as he engaged in polysubstance use (alcohol, cocaine, cannabis and heroin) and fighting. Despite this, Larry believed he was a good partner and good father at the time, but he now acknowledges that he lacked insight into how his behaviour affected his family. Knowing he was out of control, Larry thought that an outside force would have to change him, not understanding that he needed to take the necessary steps to address his actions.

As he continued to spiral out of control, his relationship with his partner broke down. He denied fighting or any form of physical abuse, but insinuated that she ended the relationship for another man. This and subsequent events around custody/visitation with the children became the main catalyst for ensuing events. Larry reported experiencing low mood and homicidal ideation for several weeks/months prior to attending a GP surgery, disclosing the thoughts, and requesting support. Whilst he was provided with therapeutic medications, he was advised to seek counselling, but the referral process was not immediate. A week after his GP visit, Larry methodically planned and carried out the murder of his ex-partner. Larry claims that he did not want her to suffer, he wanted her dead because she wouldn't permit him access to his children. He was 29 yrs old.

Larry was issued a life tariff and spent 12 years in custody. During this time, he detoxed off all substances, including his prescription medication, entered an intensive rehabilitation programme, engaging in psychotherapy, and started volunteering in the community. He was diagnosed with PTSD, anxiety, substance abuse disorders, and traits of OCD. He was released from custody into community supervision at 46 yrs.

Four years in the community, Larry stated that he was transparent with probation, disclosing his relationship with a woman he met and soon resided with. It was the eventual breakdown of this relationship and the stalking, harassment and obsessive behaviour of his ex-partner that resulted in his recall in 2020. He was recalled for failing to disclose a new relationship, which according to Larry, was not a relationship, but rather a few dates. Nevertheless, he was recalled. Police also investigated allegations of harassment on his part, but these charges were dropped, no further action.

Larry continues to work with probation to locate a suitable location for release as returning to the same area is not advisable. He remains in custody whilst they search for appropriate accommodation and can transfer his case to another probation officer out-of-area.

## Reflection Box



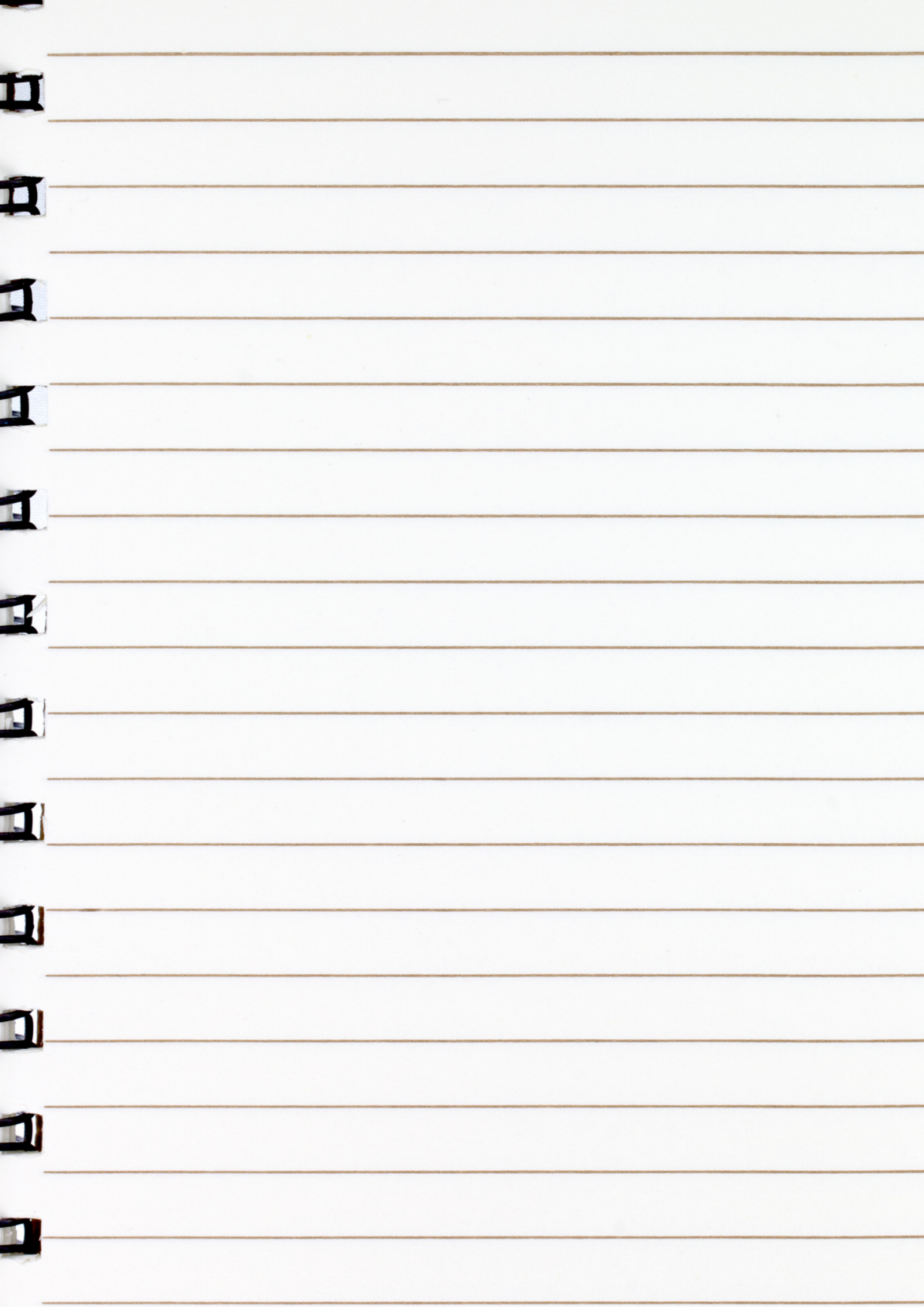
*Before moving on to the questions below, stop and reflect on your initial impressions of Larry and the risk classification you gave him. Think about whether this has changed and what factors have influenced this change. If your risk classification remains the same, why does it? What additional information do you think you need and what would you like to know more about?*



### Questions to consider:

1. What interventions could have happened through his life course that may have reduced the risks that Larry posed? Consider this in relation to life before the military, during the military, post-military and in the criminal justice system.
2. What organisations/services/institutions could have intervened?
3. In your current role as a practitioner, how would you manage Larry's risk? Do you see yourself as having a responsibility to manage Larry's risk?





# Leslie ♂

Sex: Male

Age: 32

Race/ethnicity: White

Military Branch/Corps: Army,  
Infantry

Age enlisted: 16

Age at discharge: 23

Years active: 7

Era of service: mid 2000s-early  
2010s

Discharge type: Medical Discharge

ACEs and broader childhood  
adversity: parental separation or  
divorce, exposure to domestic  
violence, incarcerated family  
member

Index offence: Rape

Length of current sentence: 8 ½  
years total, MAPPA 3

Previous convictions: 8 disclosed

Previous sentences: unknown

Previous breach of sentences: 1

Contact with family: unknown

Presenting issues: PTSD and  
alcohol abuse/dependency disorder



# Reflection Box



*Pause for a moment to consider this.*

Relying solely on the information above;  
What is your initial impression of Leslie?  
How would you classify his level of risk?

Please continue to read, reflecting on your initial assessment.

Does it change? Does it remain the same? Why?

Born in a large city, Leslie was a year old when his mother decided to flee the family home with him and his older brother due to domestic violence. His biological father was in/out of prison and had minimal, if any contact, during Leslie's childhood. The family settled in a coastal town and his mother eventually formed a relationship with a man who Leslie referred to as his 'real father'. He described his stepfather as a good man who treats his mother well.

Leslie stated that his childhood was good, his junior school experiences uneventful and 'fine'. He reported that he started getting in trouble in senior school, sometimes resulting in exclusion, the first time at the age of 13 yrs. This trouble stemmed from hanging out with the wrong crowd and 'sparring' between peers on the estate. In addition, Leslie disclosed feeling angry, but has been unable to identify any triggers. Eventually his mother decided to home tutor him and he started working two days a week alongside his stepfather. Nevertheless, by the time he turned 16 yrs, he had already received five convictions for violence.

Joining the military was something Leslie had always aspired to do. He recalled seeing the recruitment posters in town when he was growing up and thinking it looked like an exciting option. He joined the military at age 16 and professed surprise that he was accepted despite his legal history. The military offered him a chance to travel, seek adventures, test his fitness and moreover was a chance to escape his mounting criminal convictions.

Training was difficult, but the overall experience was positive for Leslie. Despite his initial desire to leave his problematic behaviours upon enlisting, he found that they not only continued, but were embraced. He reported frequent drinking and fighting with peers and/or civilians. This often resulted in arrests, but he remained in the military.



Leslie's first deployment was to Afghanistan where he witnessed "things you don't want to see". Over the next few years he returned to Afghanistan and subsequently lost multiple fellow soldiers in his unit as well as a commanding officer. The cumulative trauma of loss and witnessing horrific sights of war caused an emotional shift and he found that he was unable to cope. He found solace in drinking in order to forget. His anger escalated and described that at times he "became a different person" and "saw red" during these episodes. He was charged and convicted of domestic violence twice following his first tour of duty. Whilst on tour, Leslie stated that he became detached and emotionless.

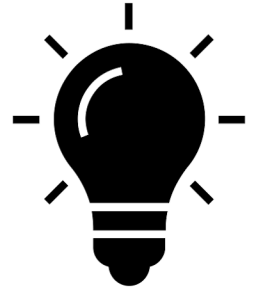
On his final tour, Leslie's vehicle encountered an Improvised Explosive Device (IED), leaving him with a fractured spine and legs. He spent 9 weeks in hospital and rehabilitation, eventually resulting in the decision to leave under medical discharge. Returning home, he began to drink heavily as he was unable to effectively manage his deteriorating mental health and separation from the military. His relationship with his partner broke down as his drinking and behaviour spiralled out of control.

At the age of 25, Leslie was convicted of rape and sentenced to 8 ½ years in custody. He continues to deny these charges and stated that the allegation was in response to his inability to repay debt, although he acknowledged that they had what he described as consensual sex. In custody, Leslie continued to engage in fights and was charged with provoking violence. He was regularly transferred as his prison record was admittedly poor. This culminated in the assault of two prison staff members, which he stated was an automatic startled response after he was grabbed from behind. This event prompted a referral for therapy, which proved to be highly effective for him. Leslie stated that he developed a very good therapeutic relationship with his therapist and began to recognise and address his trauma and emotional dysregulation. He was profoundly disappointed when his therapy was terminated upon his release from prison due to lack of funding in the community.

Within a year of release, Leslie was recalled back to custody to serve the remaining 4 ½ years of his sentence after failing to disclose a new romantic relationship. Although he reportedly had the option to reduce time in custody if he complied with the court order to engage in courses, he refused to do so, asserting that he is innocent of the crime for which he was convicted. Leslie has requested mental health support, specifically therapy, but has yet to receive any intervention beyond pharmaceutical as he is not deemed a priority. Whilst medication eases his symptoms he continues to experience flashbacks on occasion.

At the time of the interviews, Leslie had 6 months remaining in his sentence. He is a trusted prisoner on the vulnerable prisoners (VP) wing and has maintained a job he enjoys.

## Reflection Box



*Before moving on to the questions below, stop and reflect on your initial impressions of Leslie and the risk classification you gave him. Think about whether this has changed and what factors have influenced this change. If your risk classification remains the same, why does it? What additional information do you think you need and what would you like to know more about?*



### Questions to consider:

1. What interventions could have happened through his life course that may have reduced the risks that Leslie posed? Consider this in relation to life before the military, during the military, post-military and in the criminal justice system.
2. What organisations/services/institutions could have intervened?
3. In your current role as a practitioner, how would you manage Leslie's risk? Do you see yourself as having a responsibility to manage Leslie's risk?

# Stevie♂

Sex: Male

Age: 39

Race/ethnicity: Unknown

Military Branch/Corps: Army,  
Infantry (12 months); Household  
Cavalry (4 years)

Age enlisted: 16, 19

Age at discharge: 23

Years active: 5

Era of service: late 1990s-early  
2000s

Discharge type: Medical Discharge

ACEs and broader childhood  
adversity: parental separation or  
divorce, emotional abuse, exposure  
to domestic violence.

Index offence: Domestic Abuse,  
assault occasioning actual bodily  
harm (AOABH), Section 47

Length of current sentence:  
Indefinite Restraining Order

Previous convictions: 2

Previous sentences: 2

Previous breach of sentences: 4

Contact with family: Yes

Presenting issues: PTSD, anxiety,  
depression, polysubstance abuse/  
dependency disorders (alcohol,  
cannabis, steroids and cocaine)



# Reflection Box



*Pause for a moment to consider this.*

Relying solely on the information above;  
What is your initial impression of Stevie?  
How would you classify his level of risk?

Please continue to read, reflecting on your initial assessment.

Does it change? Does it remain the same? Why?

Stevie was born in Canada to a single mother following her sexual assault. At 4yrs old, Stevie and his mother moved to a city in the North of England where they lived on a council estate for six years. During this period he enjoyed a good relationship with his mother, was engaged in his schooling, and overall was settled and stable. His mother met and subsequently married his stepfather, leaving the council estate behind for a more affluent area of the city.

He described a contentious relationship with his stepfather, whom he claimed did not like him. In fact, he stated that his stepsiblings received preferential treatment throughout his upbringing. This included holidays and private education whereas he specifically recalled a time when his mother was taken off the joint bank account after she used these funds to pay for his school trip to the Lake District. Although not physically violent, Stevie alleged that his stepfather was verbally aggressive towards his mother. In addition, Stevie spent a good deal of time with his grandparents as his mother was frequently working. He disclosed that his grandfather, who previously served in the military, was physically violent towards his grandmother, eventually prompting her to separate from him. Stevie found this admirable as this wasn't typical of this generation and time period. His grandmother has since passed away.

Stevie's educational achievements and schooling began to decline after relocating to a combined household. He had little interest academics, preferring to skip out on his lessons in favour of smoking cannabis and chatting with girls. On the weekends he would go to the park and drink cider with large group of kids, what he would now consider to be the equivalent of a gang. This included getting into scrapes with other kids. Eventually, due to bad behaviour and attitude he transferred to another school and tried to improve his academic performance, but it was 'too little, too late'. Socially, however, Stevie established himself as someone who could hold his own and denied being targeted by bullies.



After receiving only a few decent marks, Stevie sought support from the local Job Centre and was placed on an apprenticeship with a mechanical engineering firm where he remained for the next year. This did not hold his interest, however and Stevie opted to pursue a career in the army. He joined the parachute cadets around the age of 13yrs, although he was admittedly intoxicated most of his participation. He was also involved with Thai boxing and observed that some of his peers were enlisting at the time. The appeal of escape was also a factor as most of his friends were engaged in the criminal lifestyle, drug use, etc. Without much direction or choice, Stevie made the decision to enlist.

Military training and life was a huge reality shock to Stevie, who stated, in his naivety, he believed the recruitment videos in which the sun was shining and people were smiling. He witnessed people becoming seriously injured in training, involving accidents with grenades and live ammunition. Ultimately he decided to leave the infantry and returned home after serving 12 months. He began dealing heroin and had a few close calls with the police, which made him rethink his decision to leave the military. He decided to re-enlist at age 19yrs, this time joining the Household Cavalry where he excelled. He became extremely physically fit, winning recognition for this achievement as the best trainee, and pursued several National Vocational Qualifications (NVQs). He stated that it felt good to be noticed for something positive. He was deployed to Germany and faced relentless bullying due to his small stature and for being a new trainee. This included being tied to the bed and being beaten, being subjected to various forms of hazing/initiation activities. He had a brief period of respite when he was deployed to Oman, but returned to the same toxic environment six months later. In addition to physical bullying, his medical information was leaked and a rumour was started that he had sexually assaulted someone (which he denies). This bullying triggered depression and anxiety. He was forced off the boxing team, which was an activity he greatly enjoyed. Despite moving squadrons, the rumours and harassment continued to plague him, resulting in a suggestion from his superiors to accept a medical downgrade and return to the UK. He complied.

Stevie returned to the UK on sick leave for six months, waiting for reassignment and placement, however, in the end, he received a call from his sergeant major informing him that his 'service [was] no longer required'. This was bitterly disappointing for him as he had hoped to serve for 22 years. He was 23 yrs at the time and had served a total of 5 years.



Stevie went to college, wanting to train as a drug and alcohol counsellor, mostly due to the issues he observed in his youth and years of military service, however, he ended up training and working as a chef. He spent his mid 20s- early 30s working, partying and using cocaine, cannabis and alcohol, and raising a young family. After his grandmother died when he was 26yrs, he recognised that his cocaine habit had skyrocketed, culminating in a psychotic episode. At age 29yrs, he was diagnosed with complex PTSD, which he attributes to combat stress, childhood experiences and bullying in the military.

His first conviction, assault on police, occurred shortly after his PTSD diagnosis when, at 31yrs old, he was in the midst of a particularly bad mental health episode. He was placed on tag and fined. A series of horrific life events followed this, with 12 friends dying of suicide, the sexual assault of his partner and being sexually assaulted himself. He began to seek outlets for this emotional trauma by fighting in town, going to the gym, using steroids, and polysubstance dependency (alcohol and cocaine). He was in and out of hospital regularly. One episode, after downing 2 ½ bottles of rum and blacking out, he assaulted his pregnant partner. He was remanded into custody, given a 12 month suspended sentence and a 3 month restraining order. Stevie stated that he was devastated by his actions.

Despite the restraining order, he and his partner got back together with Stevie focusing on rehabilitation and recovery. He was breached and recalled into custody four times between age 38-39yrs, resulting in an indefinite restraining order. Determined to recover from polysubstance dependency, Stevie pursued rehabilitation and recovery through several avenues, with differing levels of success.

At 39yrs of age, Stevie completed his most recent stint in rehabilitation and found that he was able to 'find himself' and confront his demons. He is currently receiving support from several well-known veteran charities, is employed and accommodated.

## Reflection Box

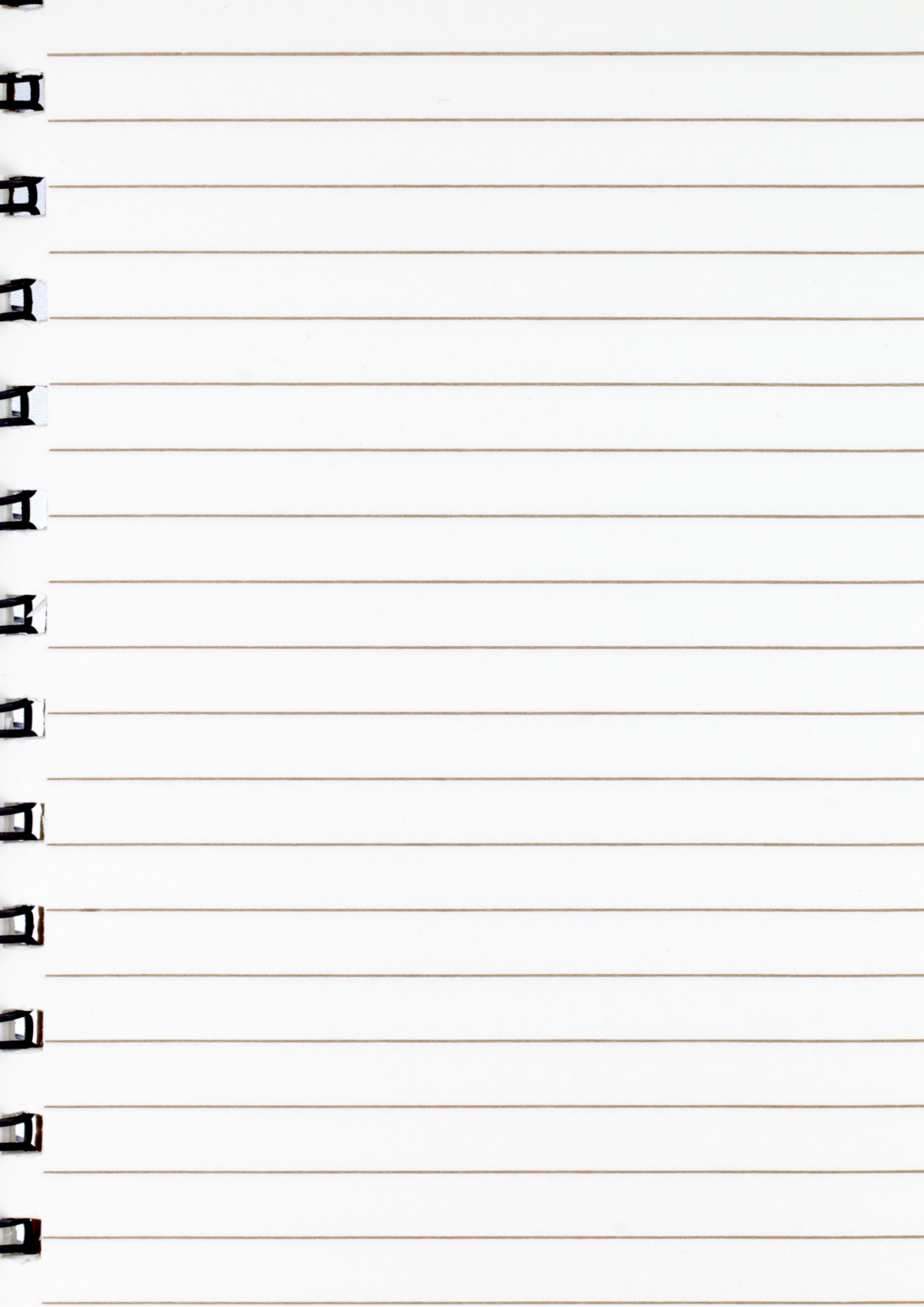


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### Questions to consider:

1. What interventions could have happened through his life course that may have reduced the risks that Stevie posed? Consider this in relation to life before the military, during the military, post-military and in the criminal justice system.
2. What organisations/services/institutions could have intervened?
3. In your current role as a practitioner, how would you manage Stevie's risk? Do you see yourself as having a responsibility to manage Stevie's risk?



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