Transition Back into Civilian Life: A Study of Personnel Leaving the U.K. Armed Forces via "Military Prison"

Guarantor: Lauren van Staden, MA
Contributors: Lauren van Staden, MA; Nicola T. Fear, DPhil; Amy C. Iversen, MRCPsych; Claire E. French, MSc; Christopher Dandeker, PhD; Simon Wessely, FMedSci

Objective: The purpose of this study was to identify the factors associated with poor outcomes for personnel leaving the United Kingdom Armed Forces early. Method: We studied a population thought to be at high risk of poor outcomes: those leaving the Services early via the United Kingdom Military Corrective Training Centre. Participants were interviewed 1 week before leaving (predischarge) and followed up 6 months later. One hundred eleven participants completed predischarge interviews. Seventy-four (67%) were successfully followed up and interviewed 6 months later. Results: Thirty-eight of those followed up (56%) were classed as being disadvantaged after leaving. Being disadvantaged at follow-up was associated with: having predischarge mental health problems, receiving an administrative discharge, or having a short sentence length. Conclusion: Factors associated with poor outcomes on leaving were often interrelated, making causal relationships complex. However, this study does provide a basis from which to identify, at the point of discharge, those most at risk of further disadvantage.

Introduction

Previous research has shown that most personnel who leave the U.K. Armed Forces experience successful transitions back into civilian life.[1–4] However, research has also shown that the military population does contain people who are at risk of poor outcomes (e.g., mental illness health, unemployment, debt, and homelessness) on leaving and adverse social outcomes within both the United Kingdom[1,3–7] and U.S. veteran populations.[8–11]

Poor outcomes after discharge may be due to factors associated both with pre-service (e.g., pre-enlistment social deprivation) and in-service life (e.g., institutionalization due to the close knit community and the culture of drinking within the Armed Forces).[1] These factors may be compounded by the added difficulties that those being discharged face losing both employment and housing simultaneously.[4] Another mediating factor may be reluctance to access welfare and health care services; U.S. research suggests that there are important barriers to accessing mental health care services within the veteran population.[12] This is consistent with previous research into help-seeking behaviors within the U.K. military population, where it has been shown that soldiers returning from peacekeeping duties prefer informal to formal networks of support.[13] The same is true of those leaving the Armed Forces via the Military Corrective Training Centre.[14]

Many of the poor outcomes that service leavers face are also found within the civilian population. Those most at risk of poor outcomes within the civilian population include those who grow up in care, who come from low income households, who have experienced family conflict, are from minority ethnic communities, and those at key "transition points" in their lives (e.g., moving school, relationship breakdowns).[15,16]

This article investigates the factors associated with successful and unsuccessful transition back into civilian life within a particular subset of the U.K. military population, a population going through transition (early release from the Armed Forces) following a period of incarceration at the Military Correction and Training Centre (MCTC). To our knowledge, no previous studies have looked at the paths into disadvantage of those who leave the Armed Forces early. Data were collected predischarge and at follow-up (6 months after discharge) to investigate the relationship between pre–service life, in-service life, and postservice success.

Methods

Setting

We deliberately sampled a subset of the military population thought to be at high risk of poor outcomes; those leaving the U.K. Armed Forces via MCTC. The principal function of MCTC is to detain personnel subject to the Services Disciplinary Act to provide corrective training. MCTC has traditionally been considered "the military prison," although strictly speaking, it is categorized as a training center. Two groups are present at MCTC: those who return to service and those who are formally discharged after their period of internment. Only the latter group are included in this study.

Recruitment

The research team gave two weekly rolling presentations to new MCTC arrivals to ensure that potential participants were aware of the study. Anyone who left MCTC between September 2004 and March 2005 was eligible to take part in the study. One week before departure, potential participants were invited to take part in a confidential, face-to-face interview that lasted on average 1 hour. In addition, all participants were asked to fill in a contact form that included their address on leaving, daytime and evening telephone numbers, and next of kin details.

Follow-up and Tracing

Participants were followed up 6 months after discharge, at which point they were invited to undertake a telephone interview. For those who the research team was unable to contact (due to incorrect telephone numbers or nonresponse from the participant after multiple telephone calls), an informal letter was sent accompanied by a prepaid self-addressed envelope and a contact information slip. The team attempted to trace partici-

King's College London, Western Education Centre, 10 Cutcombe Road, London, SE5 9RJ, U.K.

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pants who had moved via directory enquires, the post office web site, and the electoral roll. Finally, if they were not able to reach participants, an informal handwritten letter was sent to their current or last known address, accompanied by a prepaid self-addressed envelope and contact information slip.

Measures

A measure of pre-enlistment social deprivation was calculated based on the address at which participants had lived before joining the Armed Forces. The postal code of each address was linked to the 1991 U.K. census using ward areas[17] to derive a social deprivation score based on the Carstairs measure of social deprivation[18] calculated by the Census Dissemination Unit.[19]

Two measures of mental health were used: the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD)[20] for general mental health and the Post-Traumatic Stress Disorder Checklist (civilian version, PCL-C).[21] Both measures were used predischarge and at follow-up. The conventional cutoff of 50 or more was used to define a case on the PCL-C.

Results from a standard reading and writing test (Basic Skills Agency Initial Assessment) that participants took on entering MCTC were obtained from the Education and Training Wing, with participants' consent.

Ethical Approval

The necessary ethical approval for the study was secured from (i) King's College London Research Ethics Committee and (ii) the Ministry of Defence (Navy) Personnel Research Ethics Committee based at the Institute of Naval Medicine.

Statistical Analysis

As well as examining each individual outcome, four outcomes (debt, temporary accommodation, mental health problem, and unemployment) were aggregated into one variable to derive a marker of "disadvantage." These outcomes were chosen a priori based on previous research[15,16] and those scoring positively for two or more were deemed to be "disadvantaged."[22]

Distributions were examined using χ^2 tests (for categorical variables) and t test (for continuous variables). Univariate analyses were performed using "disadvantage" at follow-up as the outcome.[23] Odd ratios, 95% confidence intervals (95% confidence interval), and two-sided p values are reported. Statistical significance was defined as $p < 0.05$. All analyses were conducted using SPSS (version 11.1; SPSS, Chicago, Illinois) and Stata (version 9.0; Stata Corporation).

Results

Response Rate

One hundred thirteen people were invited to participate in the study, of whom 111 (99%) completed predischarge interviews. Of these 111, 74 (67%) completed follow-up interviews. Data collected predischarge were used to compare responders and

TABLE I

COMPARISON OF RESPONDERS AND NONRESPONDERS BASED ON DATA COLLECTED AT PREDISCHARGE INTERVIEWS[a]

	Responders (n = 74)	Nonresponders (n = 37)	Odds Ratio (95% confidence interval)
Age (years), mean (SD)	22.49 (3.7)	21.19 (3.7)	
Rank			
Junior noncommissioned officers and below	63 (85.1)	33 (89.2)	1.0
Senior noncommissioned officers	11 (14.9)	4 (10.8)	1.4 (0.4–4.9)
Relationship status			
Single	44 (59.5)	18 (48.6)	1.0
In relationship	30 (40.5)	19 (51.4)	0.6 (0.3–1.4)
Employment status upon release			
Unemployed	42 (57.5)	16 (43.2)	1.0
Employed	31 (42.5)	21 (56.8)	0.6 (0.3–1.3)
Accommodation plans			
Temporary accommodation	41 (56.2)	17 (45.9)	1.0
Permanent accommodation	32 (43.8)	20 (54.1)	0.7 (0.3–1.5)
Any mental health			
Diagnosis[b]			
No	13 (17.6)	12 (34.3)	1.0
Yes	61 (82.4)	23 (65.7)	2.5 (1.0–6.1)*
Probable alcohol abuse/dependence			
No	24 (32.4)	17 (47.2)	1.0
Yes	50 (67.6)	18 (51.4)	2.0 (0.9–4.5)
Preenlistment deprivation			
No	22 (31.4)	5 (14.3)	1.0
Yes	48 (68.6)	30 (85.7)	0.4 (0.1–1.1)*
Level of education			
No qualifications	18 (24.7)	10 (27.0)	1.0
Secondary education level and above	55 (75.3)	27 (73.0)	1.2 (0.5–2.8)

*$p < 0.10$; **$p < 0.05$; ***$p < 0.01$; ****$p < 0.001$.

[a] Numbers may not add up to 111 due to missing data.

[b] Includes probable alcohol abuse/dependence.

nonresponders at follow-up (Table I). Overall, there were no statistically significant differences between responders and nonresponders, although there was a trend for responders to be less likely to have come from areas of social deprivation (p = 0.063) and more likely to have been diagnosed with a mental health problem before discharge (p = 0.086).

For the remainder of this article, all analyses have been restricted to the 74 participants who completed both phases of data collection.

Sociodemographics of Responders

The sociodemographic characteristics of the 74 participants are shown in Table II. The entire sample was male, with a mean age of 22 years. The majority had served in the Army (96%) and were of junior rank (85%). Just under 70% of the sample came from an area of social deprivation and 24% had no educational qualifications. Sixty-one percent were at MCTC as a result of being absent without leave (AWOL).

Factors Associated with Disadvantage

Table III shows the distribution of the poor outcomes individually and aggregated as a marker of disadvantage. Overall, 38 (56%) were classified as disadvantaged at follow-up.

Table IV shows the associations between predischarge factors and follow-up disadvantage. Shorter sentence lengths (<60 days) and receiving an administrative discharge (having to return to the unit before being discharged) were significantly associated with follow-up disadvantage. Of those receiving an administrative discharge, 32 (89%) had sentence lengths of 60 days or under. Those who had been at MCTC for >60 days were 33 times more likely to have been on educational and vocational courses then those who had shorter sentence lengths (odds ratio, 32.9; 95% confidence interval, 4.0–267.9, p = <0.001).

Although not statistically significant, follow-up disadvantage was also associated with having no permanent accommodation to return to on release (p = 0.052) and having a mental health problem at discharge (p = 0.063). No associations with length of service (mean difference, −0.2) and age at time of interview (mean difference, −0.3 years) were found (data not shown).

Discussion

Principal Findings

We deliberately sampled a cohort thought to be at risk of multiple poor outcomes on discharge: those leaving MCTC. The results presented show that the study population experienced high levels of disadvantage 6 months after leaving. Follow-up disadvantage was associated with having a mental health problem at discharge, having no permanent accommodation to return to on discharge, shorter sentence lengths, and having to return to unit before discharge (administrative discharge).

Mental Health

Levels of mental ill health within this sample were particularly high (82% predischarge and 53% at follow-up). Within the civilian population, 15% at any one time report mental ill health[24] and even in a similarly socially excluded population, rough sleepers, a lower prevalence of 30 to 50% is reported.[25] It has been shown by Iversen et al.[3] that veterans' mental health tends to remain static after leaving (i.e., those who are unwell remain unwell) and those who have mental health problems are more likely to be unemployed after discharge.

TABLE II

SOCIODEMOGRAPHIC CHARACTERISTICS OF RESPONDERS

Variable	*n* (%)
Gender	
Male	74 (100.0)
Age (years)	
Mean (SD)	22.46 (3.69)
Service	
Naval service	2 (1.4)
Army	71 (95.9)
Royal Air Force	1 (2.7)
Rank	
Junior noncommissioned officers and below	63 (85.1)
Senior noncommissioned officers	11 (14.9)
Length of service (years)	
Mean (SD)	4.7 (3.1)
Type of discharge	
Administrative	36 (50.0)
Normal	36 (50.0)
Level of education	
No qualifications	18 (24.3)
Secondary education level and above	56 (75.7)
Literacy level	
7-year old or lower	5 (7.1)
11-year old	30 (42.9)
Secondary education level	31 (44.3)
Test not taken	4 (5.7)
Numeracy level	
7-year old or below	4 (5.7)
11-year old	30 (42.9)
Secondary education level	32 (45.7)
Test not taken	4 (5.7)
Reason in MCTC	
AWOL	45 (60.8)
Other	29 (39.2)
Relationship status	
Single	28 (37.8)
In relationship	46 (62.2)
Length of sentence (days)	
<60 days	34 (47.2)
>60 days	38 (52.8)
Social deprivation predischarge	
Deprived	48 (68.6)
Not deprived	22 (31.4)

Numbers may not add up to 74 due to missing data.

TABLE III

DISTRIBUTION OF MARKERS OF DISADVANTAGE AT FOLLOW-UP

Variables	*n* (%)
Residing in permanent accommodation	43 (58.1)
Employed	49 (66.2)
In debt	34 (49.3)
Any mental health diagnosis	39 (53.4)
Alcohol abuse/dependence	25 (33.8)
Disadvantaged[a]	38 (55.9)

[a] Those who suffered from two or more poor outcomes.

Accommodation

Having no permanent accommodation to return to on discharge may have affected the service leaver's ability to plan for the future; temporary accommodation is associated with frequent moves and therefore creates more upheaval in participants' resettlement process (e.g., finding a job). Finding accommodation has been identified as the first of seven pathways in the National Action Plan to Reduce Reoffending in those released from civilian prisons, and severe housing problems have been shown to increase the likelihood of reoffending by up to 20%.[26]

Sentence Length and Type of Discharge:

It is possible that longer sentence lengths reduce the risk of poor outcomes because they allow service leavers a greater amount of time to undertake educational and vocational opportunities (relevant to civilian life) at MCTC and to plan for departure. Previous work undertaken in prisons within the United States has shown that those inmates who undertake educational opportunities while incarcerated are less likely to reoffend upon release.[27] In general, administrative discharges had shorter sentence lengths and therefore had less opportunity to make use of these available services and, in addition, because

TABLE IV

PREDISCHARGE ASSOCIATIONS WITH FOLLOW-UP DISADVANTAGE

	Disadvantaged at Follow-Up		
	Yes, n = 38 (55.9%)	No, n = 30 (44.1%)	Odds Ratio (95% confidence interval)
Type of discharge from platoon			
Administrative	24 (64.9)	9 (30.0)	4.3 (1.5–12.1)*
Normal	13 (35.1)	21 (70.0)	1.0
Reason for discharge			
AWOL	21 (55.3)	20 (66.7)	0.6 (0.2–1.7)
Other[a]	17 (44.7)	10 (33.3)	1.0
Sentence length			
<60 days	21 (56.8)	10 (33.3)	1.0
>60 days	16 (43.2)	20 (66.7)	0.4 (0.1–1.0)*
Preenlistment deprivation			
Yes	23 (62.2)	21 (75.0)	0.5 (0.2–1.6)
No	14 (37.8)	7 (25.0)	1.0
Education level			
No qualifications	12 (31.6)	4 (13.8)	2.9 (0.8–10.1)
Secondary education level and above	26 (68.4)	25 (86.2)	1.0
Relationship status			
Single	15 (39.5)	11 (36.7)	1.1 (0.4–3.0)
Relationship	23 (60.5)	19 (63.3)	1.0
Friends in the area			
No	7 (18.4)	2 (6.7)	3.2 (0.6–13.5)
Yes	31 (81.6)	28 (93.3)	1.0
Units of alcohol per week			
<20	8 (21.1)	8 (27.6)	1.0
>20	30 (78.9)	21 (72.4)	1.4 (0.5–4.4)
Used drugs in 6 months prior to entering MCTC			
No	20 (52.6)	18 (60.0)	0.7 (0.3–2.0)
Yes	18 (47.4)	12 (40.0)	1.0
Returning to permanent accommodation			
No	24 (66.7)	12 (33.3)	2.7 (1.0–7.5)
Yes	13 (41.9)	18 (58.1)	1.0
Employed			
No	20 (55.6)	16 (44.4)	1.0 (0.4–2.7)
Yes	17 (54.8)	14 (45.2)	1.0
In debt			
Yes	23 (65.7)	12 (34.3)	2.3 (0.9–6.1)
No	15 (45.5)	18 (54.5)	1.0
Any mental health diagnosis			
Yes	34 (61.8)	21 (38.2)	3.6 (1.0–13.3)
No	4 (30.8)	9 (69.2)	1.0

Numbers may not add up to 68 due to missing data.

[a] Other reasons include fighting and theft.

*$p < 0.10$; **$p < 0.05$; ***$p < 0.01$; ****$p < 0.001$.

they had to return to their unit, were unable to make immediate appointments for housing and benefits due to uncertain release dates.

Civilian Prison Population

The study sample had similar demographics to those of the civilian prison population; just >50% of each population had a literacy level above an 11-year old[28] and >60% of both reported drinking consistent with alcohol abuse/dependence.[29] In addition, both populations had high levels of unemployment on release (42% of those at MCTC had a job to go to on release in comparison to 25% at the civilian prison[26]; the general civilian unemployment rate is 5%).[30] Given these similarities, comparisons with the civilian prison population resettlement are of value.

Research has shown that being disadvantaged after release within the civilian prison population is associated with alcohol and mental health problems, as with the MCTC population, and coming from a deprived background.[26] Successful transitions within the civilian prison population have been linked to undertaking vocational training while in prison[27] and early interventions before departure, which are multidisciplinary in nature.[31] Given the similar characteristics of the prison and MCTC populations, the findings of Visher and Travis[27] and Pratt et al.[31] may provide appropriate guidance when considering interventions for the MCTC population.

Limitations

This two-wave prospective study design allowed for a more accurate analysis of the resettlement trajectories of service leavers. It also ensured that participants were interviewed as close to their departure date as possible so that the information collected reflected the participants' intended departure path. The design also allowed for the collection of data from a previously underresearched population, and this is the first study to be conducted among MCTC leavers. The high response rate for the study within a group identified as being at risk of disadvantage allows results to be generalized to the MCTC population. However, any parallels with regard to other early service leavers should be made with caution.

Follow-up was limited to 6 months after leaving; therefore, what happens after this point is unknown and further follow-up of this group may shed light on how the trajectory changes for high-risk individuals over time. Contact and follow-up was only achieved for 68% of participants mainly due to incorrect or out-of-date telephone numbers, resulting from change of address often due to "falling out" with families and trouble with the police. This highlights the potential difficulties of attempting interventions once service leavers have been discharged.

The variables used to construct the "disadvantage maker" were chosen a priori in line with previously published literature[15,16] and but other factors may also have a role to play in this population.

Implications

This research illuminates a number of policy issues. We draw attention to three.

First, poor outcomes are interrelated and mutually reinforcing[15,16,31] and affect not only the individual but society as a whole, e.g., reduced social cohesion and higher crime rates.[15] This suggests that a successful intervention should tackle problems in an integrated way rather than focusing on one key aspect of resettlement. Within this integrated approach, the results presented suggest that mental health and accommodation are areas where resources and knowledge should be focused. This has also been advocated by Pratt et al.,[31] who suggest the need to provide a multidisciplinary resettlement package from the moment individuals leave prison and during the first few months after release.

Second, particular attention should be paid to the high rates of mental ill health within the cohort and the implications that this will have on service provision. The Social Exclusion Unit has shown that current public policies and services are consistently ineffective in addressing the needs of those with mental health concerns, suggesting an additional barrier to providing an intervention within this group.[16] This has also been found by Hoge et al.[12] in the United States, who have shown that significant barriers exist to veterans' accessing mental health services. The findings suggest that further research into the barriers associated with mental health service use within this particularly vulnerable population would be of value.

Third, given the problems associated with contacting participants after departure, interventions should engage leavers before they depart MCTC and link them into available services since they will be difficult to trace after leaving. This is also supported by data collected on civilian prison populations, which have been shown to have increased risk of suicides in the first few weeks after departure.[31] Based on the results of this study, it would be possible to identify those most in need predischarge (type of discharge, sentence length, accommodation, and mental health) and then target limited resources effectively.

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