



RESEARCH BRIEF

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Veteran Sex Offender Access to Housing and Services after Release from Incarceration: Obstacles and Best Practices

Molly Simmons, Bo Kim, Justeen Hyde, Tiffany Lemon, Kirsten Resnick & D. Keith McInnes

Introduction

Within the population of Veterans who are incarcerated, registered sex offenders are both a particularly vulnerable group and a substantial sub-population. Nationally 35% of Veterans in prison are incarcerated for a sex offense, compared to 23% of non-Veterans (Bronson 2015). Sex offenders have an additional disadvantage, beyond a criminal record, of the immense social stigma which leads to extensive residency restrictions. Individuals convicted of a sex crime have an increased likelihood of experiencing homelessness and emotional and financial hardship (Levenson 2005; Levenson 2008). This not only negatively impacts them but also constitutes a public health risk as it increases the chance that these reentry Veterans will commit another sex crime. Despite the high level of need and the positive impact successful reintegration can have both for the Veteran and for public safety, there is a dearth of literature on Veterans who are sex offenders leaving incarceration and the barriers to housing and reintegration into the community. Our study contributes to filling this gap and is guided by the following research questions: (1) What are the most significant barriers to housing, employment and health care that are specific to this population of reentry Veterans? (2) What are some of facilitators that contribute to successful reentry among Veterans who are sex offenders?

Methods

We conducted qualitative interviews with 14 male Veterans who were convicted of a sexual offense and recently released from prison and 21 stakeholders including VA Health Care for Reentry Veterans (HCRV) counselors and staff, state officials and reentry program managers, and community care providers, to more fully understand barriers and facilitators to housing and health care of this subgroup of reentry Veterans. When developing our interview guide, we drew on the Behavioral Model for Vulnerable Populations (BMVP), developed by Gelberg, Anderson and colleagues (Gelberg 2000). The BMVP describes the barriers and facilitators of service utilization by highly vulnerable groups such as persons who are homeless, persons with substance use and mental health disorders, as well as persons with a history of incarceration. Our interview guide encompassed questions about the process of leaving incarceration, experiences of individuals leaving incarceration and an opportunity to recommend steps that would have eased the transition. The interviews were conducted from October 2016 to July 2017. Interviews were transcribed verbatim from the digital audio recordings and analyzed using NVivo, a qualitative data analysis software. A codebook was developed; some codes were a priori codes based on the interview questions and others emerged from the data. Three members of the study team coded the data and a subset of interviews was coded by the entire team to ensure consistency.

Results

We grouped themes into two broad categories: barriers to and facilitators of reintegration. Themes relating to barriers included stigma, lack of social support, limited housing options, lack of access to treatment, the process of assigning a sexual offense level to an offender, and lack of knowledge about resources and services. Themes relating to facilitators of reentry were access to sex offender treatment, knowledge about services, self-efficacy and ability to self-advocate, and social support.

Barriers

STIGMA

Stigma ran through many aspects of the sex offender experience and is a consistent barrier to successful reentry throughout the process. This stigma was both imposed externally and internally, meaning individuals with sex offenses experienced stigma from the outside and they feared what people would think of them if they disclosed that they were convicted of a sex offense. Externally, it could be in both subtle ways and more overt ways. For instance, one caseworker described:

“I think families want to be able to do that, and want to be able to embrace folks [Veteran sex offenders], but they are leery. I mean, it may be as specific as being very supportive and helpful, but being nervous about them being around their, the young cousins or whatever. Or, and then the other part is, people obviously have their visceral reaction to thinking about whatever the crime or the allegation was. And so, I think that that level of support, that often we get from families or friends or whatever, is really, can be really compromised or confusing, I think, with this population.”

HOUSING

The most significant barrier was limited access to housing. While some of the Veterans we interviewed were fortunate to own a home, or have family that was willing to take them in, the majority struggled to secure safe housing. Adequate housing was pivotal to successful reintegration, as described by a caseworker:

“if they don’t have a place to go, if they’re gonna go underground and they’re not gonna register, they’re gonna be floating from place to place, and if they reoffend then there’s gonna be public outcry. But if there were places to have people like that go to have a fair chance at starting their lives back over again...”

Those registered as a sex offender could go to short term shelters but they were not eligible for most long-term low-income housing programs. In Massachusetts there were only three transitional housing facilities that could house them. They could not live in public housing and if they were a level 3 (highest level)¹ and a lifetime registered sex offender they could not ever receive federal housing assistance. Some localities also had restrictions on where sex offenders could live, for example not near schools or parks for level 2 or 3 offenders. These municipal regulations could severely limit Veterans’ housing options. Participants reported that because many have limited funds they often could only afford shared living arrangements and frequently the housing was sub-standard, including being poorly maintained and rodent infested.

¹ Levels are assigned based on perceived risk of re-offending, with 3 the highest risk level and 1 the lowest.

Stakeholders reported that one of the most significant barriers to housing was the federal prohibition on using federal housing funds to assist with housing for people who were registered sex offenders. This includes Section 8 housing vouchers. While some states did allow Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) vouchers to be used by individuals who have been convicted of a sex offense (as long as they were not lifetime registrants), Massachusetts was not one of those states. This made the task of procuring housing even more difficult. The VA also does not have long-term housing for individuals convicted of a sex offense, though they do have residential substance use disorder (SUD) treatment facilities which can accept someone with a sex offense conviction. Caseworkers also reported that nursing homes in Massachusetts will not take reentry Veterans who are registered sex offenders, which was particularly problematic because many of them had been incarcerated for many years and were old and often frail.

LACK OF SOCIAL SUPPORT

While lack of social support was prevalent among all types of offenders, it appeared to be particularly acute among sex offenders. This was likely due to the stigma and fear that the sex offender label carried in society. Some Veterans reported feeling rejected by family members, while others said family members had taken advantage of them. For instance, this Veteran described reaching out to a cousin he had been close to his entire life:

“So, I called [from prison] and the telephone says, ‘this phone call is originating from a penal institution’ or something like that, and I heard his wife answer the phone and after it said that, ‘click’. So, that was a kick in the head.”

ACCESS TO SEX OFFENDER TREATMENT

Limited access to treatment for sexual impulse was also an issue, beginning with the incarceration period. Treatment was often not available while incarcerated or, when it was available, stigma made attending the groups difficult. One Veteran explained that there was a therapy group he could participate in while incarcerated but people were reluctant to go. This was because they were required to leave their IDs outside of the door and other inmates would look through them to see who was a sex offender. This participant reported that this opened him up to harassment by other inmates.

SEX OFFENDER CLASSIFICATION AND CLASSIFICATION PROCESS

There were also several legal barriers to reintegration that could be navigated, but often Veterans did not know how or when to do it. One barrier was sex offender level assignment, which came into play when the Veteran was getting ready for release. Level assignment could greatly impact the restrictions that were placed on Veterans once they left incarceration, thus negatively impacting their reintegration experience. Participants reported that most were assigned a sex offender level of 3 by default; many participants were unaware that this decision could be appealed. Veteran participants in our sample who appealed their decision successfully had it lowered to a level 1. Participants noted that it was commonly through speaking with other inmates that they made their decision to appeal. Generally, inmates did not have legal counsel while incarcerated so they did not have formal advice about whether or not to appeal their level decision. If they did appeal, they were then appointed a lawyer who would assist them in the process.

Facilitators

ACCESS TO SEX OFFENDER TREATMENT AND OTHER HEALTH CARE

Access to health care (medical and behavioral) while still in prison or jail was noted as having advantages over receiving care after release only. Some of the care addressed issues with the sexual offense; other care focused on other mental health or medical problems. Reentry Veterans described how in-facility treatment helped them see themselves differently and gave them skills to navigate life outside of incarceration, such as understanding boundaries, thereby reducing the likelihood of reoffending with a sex offense. In Massachusetts, there was one prison that had a hospital that provided sex offender treatment specifically. Veterans also described how having Alcoholics and Narcotics Anonymous groups inside prison and jail was “fantastic” and helped with recovery.

KNOWLEDGE, SELF-ADVOCACY, AND HOPE - IMPORTANT FACILITATORS

Having knowledge of the legal process and the ability to self-advocate was important for persons with all types of offenses, but it was particularly important for sex offenders to understand the significance of their sex offender level assignment and how to navigate the appeals process. In the months prior to leaving incarceration sex offenders would receive a letter with their level assignment, including a form to appeal that level. Not every Veteran took advantage of this appeals process or necessarily understood what the form would be used for. A belief in self-advocacy could contribute to a Veteran’s decision to appeal, as described by this Veteran during his interview:

“I felt under the new law, I had grounds for a lower number and you should always appeal it... You know you could win and say, even though it looks like you don’t have a shot in hell... So, that’s what I live by, I don’t look at the top number, like eighty percent chance it’s not going to happen, I look at twenty percent that it is going to happen or one percent chance or whatever. Why can’t I fall in that category?”

Upon release, a Veteran had multiple, nearly simultaneous, needs, including securing housing and food, obtaining identification, enrolling in benefits and opening a bank account. Having the ability and motivation to try to get help securing these essentials is a major facilitator to a successful reentry. Reentry classes held in prisons can reinforce the importance of self-advocacy and hope.

SOCIAL SUPPORT

Social support, both formal and informal, could be a facilitator to successful reintegration. In the formal area several Veterans described how Healthcare for Reentry Veterans (HCRV) counselors helped with housing and medical appointments. Almost all Veterans in our sample indicated they had met with an HCRV counselor while still incarcerated. These counselors often knew landlords who were more flexible and would take someone with a sex offense. Veterans and HCRV counselors also reported that one of the counselor’s roles prior to the Veteran’s release was to help the Veteran secure benefits and make medical appointments that would take place after release.

Discussion

In this qualitative study of the reintegration challenges for Veterans with sex offenses, we conducted in-depth interviews with 14 Veterans and 21 stakeholders. We found that there were considerable barriers to successful reintegration following incarceration for this group of Veterans. This population carried a double burden upon release: having a record of incarceration and being a sex offender. One of the biggest challenges was housing due to regulations and laws that severely restricted VA and publicly-

funded housing options. In addition, sex offender status affected nearly all aspects of life, from family and other social relationships to employment. Barriers faced by Veteran sex offenders during reentry included stigma, lack of social support, housing, lack of access to treatment related to sexual impulses, the process of assigning a sexual offense level to an offender, and lack of knowledge about resources and services. Stigma, in particular, was a theme that ran through all of the barriers discussed. Reintegration for sex offenders could be facilitated by access to treatment, knowledge about the process for appealing sex offender levels, and the ability to self-advocate.

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AUTHOR AFFILIATIONS

Molly Simmons, PhD, Associate Policy Researcher at the RAND Corporation and WOC appointment, Center for Healthcare Organization and Implementation Research (CHOIR), Bedford VA Medical Center

Bo Kim, PhD., Investigator, VA HSR&D Center for Healthcare Organization and Implementation Research (CHOIR), VA Boston & Department of Psychiatry, Harvard Medical School

Justeen Hyde, PhD, Center for Healthcare Organization and Implementation Research (CHOIR), Bedford VA Medical Center

Tiffany Lemon, MSPH, Doctoral Student - Population Health Sciences, Epidemiology, Harvard T.H. Chan School of Public Health

Kirsten Resnick, MS, Health Science Specialist, WOC appointment, Center for Healthcare Organization and Implementation Research (CHOIR), Bedford VA Medical Center

D. Keith McInnes, ScD, MS, Center for Healthcare Organization and Implementation Research (CHOIR), Bedford VA Medical Center and Research Associate Professor, Boston University School of Public Health