COMPLEX ISSUES AND HOUSING SOLUTIONS FOR VETERANS WHO NEED TO REGISTER AS SEX OFFENDERS

November 28, 2018
Agenda

• Overview
• Veterans in Prison for Sexual Offenses: Characteristics and Reentry Service Needs
• Veterans on Sex Offender Registries: Their Access to Housing and Health Services after Release from Incarceration
• Permanent Supportive Housing for Veterans with a History of Sexual Offense
• Q&A
History – federal legislation leading to registries

- 1994: Jacob Wetterling Crimes Against Children and Sexually Violent Registration Act
- 1996: Megan’s Law
- 1996: Pam Lychner Sexual Offender Tracking and Identification Act
- 2000: Campus Sex Crimes Prevention Act
- 2003: PROTECT Act
- 2006: Adam Walsh Act – Title 1: Sex Offender Registration and Notification Act (SORNA) & Dru Sjodin National Sex Offender Public Website
- 2008: Keeping the Internet Devoid of Predators Act
- 2015: Military Sex Offender Reporting Act
- 2016: International Megan’s Law
State Policy Trends

• State legislation often follows updates in federal legislation

• State trends:
  • Increased minimum mandatory sentences
  • Civil commitment when criminal sentence ends
  • GPS, electronic monitoring
  • Residence, employment, entry and loitering restrictions – parks, athletic centers, schools, child care, places of worship, senior citizen facilities

• OGC Guidance 2010: VA responsibilities concerning registered sex offender seeing treatment at VA facilities
  • VA Medical Centers should treat Veterans eligible for VA health care who are also registered sex offenders the same as they would any other patients.
  • Medical records should not be flagged to reveal their sex offender status as there exists no health care treatment reason to do so.

• 2012 10N Memo: New federal regulations prohibit the practice of banning disruptive, threatening, and violent patients from VHA care
  • Revised 38 CFR 17.107 – VA cannot ban Veterans from services
  • “VA may restrict the time, place, and/or manner of care under this section, VA will continue to offer the full range of needed medical care to which a patient is eligible”
Need for Education and New Strategies

• Lack of knowledge and understanding of the population can lead to labeling, stigma, and fear among providers

• CHALENG: Housing for Registered Sex Offenders has been identified each year as the NUMBER ONE unmet need by Veterans and homeless service providers since the item was added to the survey in 2011

• Homeless Program Operational Plans: VA medical centers often identify the need to register as a sex offender as a barrier to finding permanent housing in local communities
VETERANS IN PRISON FOR SEXUAL OFFENSES: CHARACTERISTICS AND REENTRY SERVICE NEEDS

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Veterans in Prison for Sexual Offenses: Characteristics and Reentry Service Needs (Finlay et al., 2018)

• Incarcerated for a sexual offense (Bronson et al., 2015)
  • Prison: 35% of Veterans vs. 23% of non-Veterans
  • Jail: 12% of Veterans vs 8% of non-Veterans

• Higher rates of incarceration among Veterans compared to non-Veterans observed in:
  • Prior US prison studies (Mumola, 2000; Noonan & Mumola, 2007)
  • UK prison study (Defence Analytical Services and Advice, 2010)
  • Canada prison study (Derkzen & Wardop, 2015)

• Military service associated with 1.3X higher odds of being incarcerated for sexual offending (Culp et al., 2013)
Factors Potentially Associated with Sexual Offending

- Selection into military
  - Higher total number of adverse childhood experiences among adults with military service (Katon et al., 2015)
  - Childhood sexual abuse linked with sexual offending (Jespersen et al., 2009; Levenson et al. 2016)

- Trauma from military service
  - Veterans: 0.7% of men and 15% of women screen positive for military sexual trauma (Kimerling et al., 2010)
  - Veterans in jail: 5% of men and 58% of women reported sexual assault while in the military (Stainbrook, Hartwell, & James, 2016)
  - Untreated combat trauma and traumatic brain injury may be linked to sexual offending (Seamone, Brooks Holliday, & Sreenivasan, 2018)

- Persistence of mental health or substance use disorders that started during military service
  - Psychiatric hospitalizations and substance use disorders are linked to sexual offending (Fazel et al., 2007)
  - Veterans with sexual offenses post-prison release: 65% had drug problems, 32% had alcohol problems, and 54% had mental health problems (Schaffer, 2011)
Research Questions

- **Research Question 1**: Do veterans have higher odds of incarceration for sexual offenses compared with nonveterans, after adjusting for sociodemographic, clinical, and childhood factors?

- **Research Question 2**: If so, are there factors that distinguish veterans with sexual offenses from veterans with other offenses that may help inform provision of treatment and housing for veterans with sexual offense histories?

  (Finlay et al., 2018)
Study Methods

• Data Source: Bureau of Justice Statistics Survey of Inmates in State and Federal Correctional Facilities, 2004 (U.S. Department of Justice, 2016)

• Measures:
  • Outcome: sexual offense conviction
  • Sociodemographic characteristics: Veteran, age, race/ethnicity, housing, employment
  • Clinical and childhood characteristics: received counseling, medications, history of mental health or substance use disorder, trauma history, living situation growing up, prior alcohol or drug use
  • Criminal history characteristics: offense types, previously arrested, ever on probation

• Data Analysis: Logistic regression models (Finlay et al., 2018)
Results: Vets Higher Odds of Incarceration for Sexual Offense

Full sample: 14,080 incarcerated men
• 10% had sexual offense as controlling conviction
• Veterans had 1.35X higher odds of incarceration for a sexual offense compared to non-Veterans

Veterans only sample: 1,569 male Veterans
• 19% had sexual offense as controlling conviction

Lower odds of sexual offense:
• Homeless in year prior to arrest
• Taking mental health medications
• Ever on probation

Higher odds of sexual offense:
• Older age
• Having a job/business at time of arrest
• Ever received mental health counseling
• Ever forced to have sex
• Prior sexual offense conviction

(Finlay et al., 2018)
Recommendations

• Increase receipt of mental health medications
• Active case management of mental health symptoms
• Screen for and address trauma history
• Screen for traumatic brain injury
• Screen for trauma history when entering military
• Prevention programs focused on rape and sexual assault prevention and bystander training for men to intervene when witnessing sexual assault
• Provide housing for homeless Veterans (Finlay et al., 2018)
References


VETERANS ON SEX OFFENDER REGISTRIES: THEIR ACCESS TO HOUSING AND HEALTH SERVICES AFTER RELEASE FROM INCARCERATION: OBSTACLES AND BEST PRACTICES

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Background

• Nationally about 29% of incarcerated Veterans have committed a sex offense
• Population is both significant in size and vulnerable
• Individuals convicted of a sex crime have increased likelihood of experiencing homelessness and emotional and financial hardship
• The barriers this population experiences creates public health risk; marginalization can lead to commitment of another sex crime
• There is little research on the pathways veterans who are sex offenders after leaving incarceration and the barriers to housing and reintegration in the community

Dept. of Justice, Bureau of Justice Statistics 2015
This qualitative research explored:

1. What are the pathways that Veterans who are sex offenders take in terms of finding housing, seeking employment, and accessing healthcare, after leaving incarceration?

2. What are the most significant barriers to housing, employment and healthcare that are specific to this population of reentry Veterans?

3. What are some of the best practices in use by the VA, state and community organizations to overcome the barriers faced by Veterans who are sex offenders?
Methods: Interviews

• Qualitative interviews in Massachusetts with:
  • VA Health Care for Reentry Veterans (HCRV) outreach workers and leadership
  • State officials (Dept. of Corrections, MH, Veteran Services)
  • Reentry program managers from state prisons
  • Community care providers
  • Veterans who had left incarceration

• Interview guide drew on the Behavioral Model for Vulnerable Populations (BMVP); designed to identify barriers and facilitators to service utilization
  • encompassed questions:
    • process of leaving incarceration,
    • experiences leaving incarceration and returning to communities
    • recommended steps that would have eased the transition.
Methods: Sample

• Setting: Conducted in Massachusetts

• Sampling strategy: Purposeful sampling and snowball sampling
Methods: Analysis

• Thematic Analysis; Process Map
• To develop codebook: open codes, categorical codes
• Coded by three members of team
• Codes mapped onto process map to identify barriers, bottlenecks and potential interventions in process
• Organizing codes into themes
Results

• Themes within **barriers:**
  • Stigma
  • Age/length of sentence
  • Lack of social support
  • Housing
  • Limited access to treatment related to sexual impulses,
  • Assigning a sexual offense level
  • Lack of knowledge about resources and services

• Themes within **facilitators**
  • Self-efficacy and ability to self-advocate
  • Social support
  • Access to sex offender (SO) treatment
  • Knowledge about services
Results: Barriers

- **Stigma**: theme that runs throughout all aspects of SO experience
  - imposed externally and internally
    - “I think families want to be able to do that, and want to be able to embrace folks [veteran who is a sex offender], but they are leery. I mean, it may be as specific as being very supportive and helpful, but being nervous about them being around the young cousins. Then the other part is people obviously have their visceral reaction to thinking about whatever the crime or the allegation was. And so the support that often we get from families or friends or whatever, can be really compromised or confusing, with this population.” [caseworker]
  - Described vandalism of home, having a job rescinded, etc.
  - Stigma can be particularly detrimental in terms of access to housing, obtaining treatment, and engendering social isolation
Results: Barriers

• **Age/length of sentence** – older age and longer sentence may require more adjustments back in the community

• **Lack of social support**
  • “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.” [veteran]

• **SO treatment** – limited treatment opportunities

• **SO classification** and classification process
Results: Barriers

- **Housing**
  - **Limited access to housing can have a negative cascading effect:**
    - “if they don’t have a place to go, if they’re going to go underground and they’re not going register, they’re going be floating from place to place, and if they reoffend then there’s going 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…” [caseworker]
  - Can go to short term shelters but they are not eligible for many long-term low-income housing programs or transitional housing. In MA, there are limited transitional housing options, though they are often full and/or have restrictions.
  - Restrictions on access to public housing and to receiving federal assistance
  - Laws vary by locality and impose restrictions
  - Stigma results in landlords being reluctant to rent to persons who committed SOs; or they charge higher rents and/or provide sub-standard apartments.
Results: Facilitators

• **Access to treatment** (SO and SUD treatment) while incarcerated and post-release

• **Social support**
  • Formal
    • Re-entry class, HCRV outreach member
  • Informal
    • Family, other persons with SOs
Results: Facilitators

- **Self-advocacy**
  - “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?”

- **Knowledge**
  - Legal processes, resources;
  - Tailored information
Discussion

• Carries a double burden upon release: ex-convict and being a sex offender

• Re-entry is a difficult and vulnerable time

• Upon release, in addition to housing, the SO status affects nearly all aspects of life, from family and other social relationships to employment
Discussion: Intervention Points

Pre-release
- Incarceration
  - SO Treatment?
    - Yes: Access to SO Rx
    - No: SO Classes
      - Face pre-release
        - Level Assignment
          - Appeal?
            - Yes: Appeal knowledge/support
              - Hearing
                - DOC/VA identifies veterans
  - Expand housing options

Post-release
- Intervention point 3
  - Lack of knowledge
    - Secure housing
      - Food
      - Identification, benefits
      - Banking
    - Age
      - Mental health
        - VA housing options limited to SUD Rx
      - Transportation
      - Go to medical appointments
        - SO Rx? SUD Rx?
          - Yes: Secure housing, food, identification, benefits, enroll in banking and go to medical appointments?
          - No: Successful reintegration
            - Stable housing
            - Financially stable
            - Engaged in services
          - Homeless, disengaged
            - Recidivate?
              - Yes: Re-incarceration
              - No: Increase access to treatment

- Intervention point 4
  - Don't know if will receive civil commitment
    - Probation/Parole conditions determined
      - Further incarceration
    - No: Civil commitment?
      - Yes: Pre-release class
        - VA/DOC communication
          - NEEDED support not always obtained
        - Meet VA HCRV and/or DOC caseworker
          - Begin benefits enrollment
          - Book medical appointments
          - Find housing
        - Intervention point 2
          - Determine civil commitment
            - Yes: Detention
            - No: Further incarceration
  - Limited housing options
    - VA housing options limited to SUD Rx
  - Increase access to treatment
  - Help veterans with VA housing
    - Provide information & support for appeal
Conclusion

• Greater understanding of the pathway out of incarceration for veterans who are SOs is essential to providing appropriate services to this vulnerable population

• Through this knowledge we can leverage intervention points to deliver the most appropriate assistance

• This improves the lives of reentry veterans and is essential from a public health perspective

• Those who are registered SOs are less likely to recidivate if they have a successful reintegration
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PERMANENT SUPPORTIVE HOUSING FOR VETERANS WITH A HISTORY OF SEXUAL OFFENSE

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Problem

Obtaining permanent housing for homeless Veterans with history of sex offense is challenging due to legal restrictions on where they can live.

These challenges are exacerbated by the inability to obtain a HUD voucher which is particularly impactful in areas with a high cost of living.
• The challenges around housing for Veterans with history of sex offense became more apparent after an Health Care for Homeless Veterans (HCHV) Contract Emergency Residential Services (CERS) program was developed which was tailored for Veterans who were required to register on a State sex offender registry.

• VA staff was aware of the County’s Care Coordination Project (CCP) therefore began conversations with the goal of increasing access to CCP for Veterans.

• As the partnership progressed, it was clear that there was a need to review policies about privacy concerns and documentation as well as communicating performance measures.
• During the Summer of 2015, VA obtained two HCHV social workers via contracting to provide supportive services for Veterans served by CCP and began admitting Veterans.

• This program evolved as the positions became permanent full time employees and the HCHV program was granted permission to obtain two more staff in order to serve more Veterans through CCP.
Top discharge categories from “Special Circumstances” program before the partnership:

- GPD – 26%
- Place not meant for human habitation – 11%
- Housing rented by Veteran, no subsidy – 10%
- Staying with family, permanent – 7%
- Housing rented by non HV subsidy – 5%
Practice Overview

• In 2014, VAPAHCS and the CCP of Santa Clara County developed a partnership utilizing County funded vouchers with HCHV Case management.

• What made these CCP vouchers unique was the source of funding, which was not subject to the regulations, restrictions, and prohibitions common to federally funded housing subsidies. This afforded greater flexibility in both populations served and placement locations.

• One of these barriers prevented registered sex offenders from accessing housing vouchers.

• In this partnership, the County benefited from not needing to fund staffing for supportive services while VA and Veterans benefited from the access to the flexible fund vouchers.
Lessons Learned

• The VA was allotted 80 vouchers, with the possibility of more in the future, as need is reassessed.

• The program, while not directly created for Veterans with a history of sex offense, gave VA the ability to finally address these cases in unprecedented ways.

• For those eligible for the CCP voucher, PSH case management is provided by the HCHV staffer.

• Compared to a typical HUD-VASH caseload, Veterans with a history of sex offense served by CCP tend to have a lower acuity and fewer challenges stabilizing in permanent housing.

• Unanticipated effects when working across systems included complications with:
  • Access.
  • Communication.
  • Differing priorities and eligibility requirements.
Outcomes

- Since 2015, 30 Veterans with history of sex offense have been housed through this program.
  - Of those 30, seven have graduated successfully from the program with two negative discharges.
Top Discharges After CCP Partnership

Top discharge categories from HCHV “Special Circumstances” after the partnership:

- GPD – 26%
- Don’t know – 12%
- Rental with non HUD-VASH subsidy – 12%
- Permanent housing for formally homeless persons – 12%
- Place not meant for human habitation – 6%
- Repeated episodes down by 30%
Considerations for Adoption

- When thinking of new ways to approach housing and reaching across government/agency systems, consider existing systems.
  - Is there a high utilizer program funded by the County?
  - Is there a reentry program?

- For counties that lack general resources for the homeless population, such partnerships may be challenging to develop without buy-in from the partner.

- As a result of stigma against this population, there is greater likelihood of support by advocating for flexibility, rather than specifically for registered sex offenders.

- Establishing clear communication is essential for partnership and making the dynamics clear to hold each other accountable.
  - Memoranda of Understanding.
  - Memoranda of Agreement.
Innovative Practices on the Homeless Programs Hub

- A white paper on *Permanent Supportive Housing for Veterans with a History of Sexual Offense* is currently available on the VHA Homeless Programs Hub.

- Additional innovations can be found on the [Innovative Best Practices page on the Hub](#).

If you have an innovation that you would like to share, submit it to the Hub or send an email to Shawn.Liu@va.gov.
Questions
Council of State Governments Resources

- CSG 2014: An Overview of Sex Offender Reentry: Building a Foundation for Professionals
  - Offenders and offense types are diverse: adults, emerging adults, adolescents, hands-on, hands-off, internet/technology-based
  - More than half of victims are minors, and majority of offenders are known but not related to victims
  - Barriers: myths, media attention, negative public sentiment, restricted employment and housing, limited access to treatment, long prison sentences
  - Link to recorded webinar

- CSG 2016: Reentry Housing Options for Sex Offenders
  - includes an example of a housing provider who is also a GPD provider
  - Link to recorded webinar