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Reset for Systematic Action: Removing VA Barriers to Housing and Treatment for Military Veterans With Sexual Offenses

Shoba Sreenivasan[1, 2], James McGuire[3], Allen Azizian[2, 4], and Stephanie Brooks Holliday[5]

[1] Keck School of Medicine, University of Southern California
[2] Department of State Hospitals, Sacramento, California, United States
[3] Independent Researcher, Santa Monica, California, United States
[4] Department of Criminology, California State University, Fresno
[5] RAND Corporation, Santa Monica, California, United States

Though the U.S. Department of Veterans Affairs (VA) provides housing, residential treatment, and mental health care to justice involved veterans, those with sexual offenses face daunting obstacles to securing such services, including exclusion from housing programs, and lack of mental health services to treat sexual deviancy disorders. The VA's strategy to date may reflect a large system's caution in systematically addressing a problem that involves a population with an even higher degree of stigma than homelessness. Failure to develop strategies to address this problem reflects the need for a VA system-wide, consistent, and effective approach across relevant domains that incorporate the current state of knowledge and practice. Since 2006, the VA's program serving justice system veterans has been highly effective in serving the reentry veteran population. The challenge of serving veterans with sex offenses can and must be met with a similar level of effectiveness. In this commentary, we propose that the VA, beginning with the Secretary, adopt a "reset" policy and programmatic action agenda to enhance access to housing and treatment for sexual deviancy disorders. We offer specific pathways for implementation.

Impact Statement

Across U.S. Department of Justice (DoJ) surveys conducted since 1998, male U.S. military veterans are incarcerated for sexual offenses at nearly twice the rate of civilians. However, postincarceration, these veterans face daunting obstacles to securing such services, including exclusion from housing programs, and lack of mental health services to treat sexual deviancy disorders. The VA system from top to bottom should "reset" policies to enhance public safety and the veteran's successful community integration.

Keywords: military veteran, sex offender, VA, housing, sex offender treatment

Military veterans who have committed sex offenses are a persistent and disproportionately large offender population and have significant implications for public health and safety. National criminal justice surveys from 1998 to 2016 have consistently found that veterans are incarcerated in state and Federal prisons and jails at nearly twice the rate for sexual offending than are civilians (Culp et al., 2013; Maruschak et al., 2021). The U.S. Department of Veterans Affairs (VA) Veteran's Health Administration (VHA) developed the Veterans Justice Program (VJP) to conduct outreach to veterans in prisons, jails, and courts. VJP's mission has been to provide critical assistance during the reentry process for justice-involved veterans including employment, housing, income support services, and a range of mental health and medical services (Rosenthal & McGuire, 2012). Despite the existence of this program, veterans who have committed sexual offenses continue to face substantial barriers to community reintegration.

VA eligibility is largely based on the character of discharge upon military separation. Most veterans with sexual offenses are likely to be eligible for VA care (Finlay et al., 2016, 2017). In theory, conviction of a sexual offense after military discharge does not exclude veterans from VA health care benefits. The VA Directive 1162.06 makes recommendations and sets standards for providing services to justice-involved veterans (Alaigh, 2020). The Directive defines justice-involved veteran as an individual with active, ongoing, or recent contact with some component of the criminal justice system. Broadly addressed to all justice-involved veterans, the Directive requires each of the 170 U.S. VA Medical Centers to address a number of specific actions in, among others, domains of homelessness prevention, outreach during incarceration, and post-release follow-up, with a focus on desistance from commission of new crimes or parole or probation violations, and recovery and

Shoba Sreenivasan https://orcid.org/0000-0001-8926-1589
James McGuire https://orcid.org/0000-0002-2156-4804

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Correspondence concerning this article should be addressed to Shoba Sreenivasan, Department of State Hospitals, 1215 O Street, MS-9, Sacramento, CA 95814, United States. Email: shoba1213@gmail.com

readjustment to community life. There are specific elements in the Directive for veterans with sex offenses that include the VA's obligation to treat an eligible veteran who needs to register as a sex offender the same as any other veteran.

However, the reality is that veterans with sexual offenses are a stigmatized population who face obstacles to accessing housing and health care services after their release from incarceration (Schaffer & Zarilla, 2018; Seamone et al., 2018). Housing for veterans on sex offender registries is one of the top three unmet needs nation-wide (Tsai et al., 2019). Agencies that partner with the VA have policies that prevent serving those with sexual offense histories, such as the U.S. Department of Housing and Urban Development (HUD) exclusion of sex offender registry veterans from use of HUD housing vouchers, or the VA's Grant and Per Diem Program that hesitates to press community residential contract programs to serve veterans with sexual offenses. The VA's national CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) VHA survey demonstrates the intransigence of housing problems of veterans who were registered as sex offenders who reported housing needs as unmet over the survey's 5-year period (2014–2018; Blue-Howells, 2019; Tsai et al., 2019). Further, a VA National Center on Homelessness Among Veterans evidence and research synthesis focused on veterans with sex offenses reported that veterans on sexual offender registries were twice as likely to report housing instability and almost five times as likely to report homelessness than were veterans not on registries (VA National Center on Homelessness among Veterans, 2020).

In order to remove VA barriers to housing and other services that veterans with sexual offense histories face, a "reset" action is required. That is, rather than continuing forward with the status quo, a reset means systematic assessment of what needs to change coupled with the implementation of corrective actions. The following domains, beginning with policy, provide an outline to move VA's hesitant and cautious attempts to a responsible one for this veteran population.

Upstream VA Policy Shift

Seamone et al. (2018) aptly characterized the obstacles to VA services as stemming from this group's status as "veteran non grata" a play on the Latin phrase for an unwelcome person. However, incarcerated veterans were also *non grata* prior to a seismic policy shift within the VA. As such, the VA's justice outreach program can serve as a model for how systemic policy changes can occur toward providing services to a stigmatized population. The VJP now has an extensive outreach footprint to 1,008 of the 1,295 U.S. prisons, to 1,284 of the 3,365 U.S. jails, and to 461 Veterans' Treatment Courts. Staffed by 314 full time primarily licensed VJP Specialists during Fiscal Year 2017 (October 2016 to September 2017) VJP services were provided to 9,732 prison reentry veterans and 46,659 jail reentry and veterans court veterans (Blue-Howells et al., 2018). Since 2006, VJP programs have been highly effective in assisting reentry veterans in treatment engagement (Finlay et al., 2016, 2017).

Pathway for Implementation

The success of the justice outreach program began with buy-in from VA leadership (Secretary of the VA, VA General Counsel, Chief Consultant Mental Health Services, Director of Homeless Programs) that incarcerated veterans deserve VA access (VA National Center on Homelessness among Veterans, 2020). This in turn led to critical VJP resource allocation. A similar buy-in at the top-level of VA administration is required for a reset in action for policies and programs addressing the needs of veterans with sexual offenses. The VA Secretary should convene a national planning and action taskforce to formulate a national strategic plan with objectives across the spectrum of needs for this veteran population, identification of resources needed, and timelines for achieving objectives. All relevant VA departments should be represented, including, at least, VA Homeless Programs, VA General Counsel, VA Mental Health, Veterans Benefit Administration (VBA), Veterans Service Organizations. Follow-up national planning and action meetings should be convened by the Secretary that involves VA and other involved government departments, including HUD, Health and Human Services (HHS), Department of Defense (DoD), and Department of Labor, and meetings with corrections officials at the U.S. Bureau of Prisons and Association of State Correctional Administrators (ASCA). Achieving consensus at the leadership level is essential to produce effective action.

In addition, and critically, VJP success occurred in conjunction with a shift in VA policy at the top *and* the development of partnerships with state prisons, county jails, probation, and parole departments. These agencies are already existing VJP partners. VA policymakers can tap into these state and county agencies with already established pathways of cooperation to build upon resources to enhance the safe and prosocial transition of sex offenders into the community. At the federal level, two relevant interagency councils have been The Federal Interagency Council on Crime Prevention and Improving Reentry (criminal justice reentry focus) and The Interagency Task Force on Military and Veterans Mental Health (military-veteran mental health focus). These councils can provide critical support for policies addressing the problems of veterans with sex offenses. Involvement of these councils can also serve as the impetus for high-level VA administrators to shift policy and resource allocation. The latter is a critical piece as policy without programs means that these will remain aspirational rather than realized. VJP resource allocation galvanized both justice and non-justice-involved veterans *and* the VJP personnel who systematically built in their communities the nation-wide system of outreach to justice involved veterans. A similar pathway can be forged for addressing the unique needs and barriers faced by veterans with sexual offenses. Similar action is needed to support veterans with sex offenses.

Downstream VJP Training

Despite VJP's robust staffing, the needs of veterans with sexual offenses have remained at best grossly under-addressed. Given their stigmatized status, VJP personnel advocacy for justice involved veterans may not extend to sex offenders (Seamone et al., 2018). Therefore, in addition to an upstream policy shift regarding veterans who are sex offenders, there also needs to be downstream attitudinal shifts among those who work with justice-involved veterans. VJP personnel may also harbor erroneous perceptions that an overwhelming majority of sexual offenders are high risk for sexually reoffending. In addition, VJP personnel may lack knowledge specific to the issues of these veterans such as sex offender registry and implications, sanctions and reporting requirements, and electronic

monitoring requirements, and therefore feel unqualified to manage such veterans on their caseloads.

Pathway for Implementation

VJP providers should be trained in sexual violence risk assessment. A method to rectify knowledge gaps is through the VJP's National Training. This knowledge base should be universal among VJP program staff. Recent data based on large samples actually demonstrate a relatively low rate of observed sexual recidivism, that is, between 6.7% and 11.6% of sex offenders released from prison or jail custody are later arrested and/or convicted of another sexual offense in follow-ups between 5 and 10 years (Lee & Hanson, 2021). Not all sex offenders are equally risky. There are factors which are statistically associated with even lower levels of risk (under 5%), such as age (being over 40), the absence of criminogenic factors (prior criminal history), victim type (nonpredatory), and having a history of established adult intimate relationships among them. VJP personnel may harbor commonly held beliefs that registered sex offenders can only be safely housed in isolated settings (Mercado et al., 2008; Tewksbury & Lees, 2006). In fact, there is a lack of evidence that residential proximity to schools and parks is linked to sexual recidivism (Duwe et al., 2008; Levenson & Hern, 2007).

Nationally, the VA has implemented the use of such risk assessment and provided training to licensed mental health providers (psychologists, psychiatrists, social workers) as well as developed educational training videos accessible nationally to VA staff (Van Male et al., 2017; Weinberger et al., 2018). VJP Specialists can also refer veterans of concern for detailed risk assessment to VA mental health evaluators expert at such evaluation. The VA has a structured risk assessment tool embedded within the electronic health care system's mental health templates, the Violence Risk Assessment Instrument-Sexual (Van Male et al., 2017). This template is based on structured professional judgment and incorporates empirically identified risk and protective factors important to managing risk among sex offenders.

Housing and Vocational Training Access

By the VA's own CHALENG data, large numbers of veterans with sex offenses have been unable to secure the housing they need to stabilize in the community, thus placing themselves and the communities they live in at significant public safety risk. Transience increases the risk for absconding from parole/probation supervision, which in turn decreases community safety (Socia et al., 2015). Veterans with sex offender registry requirements face employment stigma. Employment is critical for obtaining independent housing, and housing stability requires ongoing employment.

Pathway for Implementation

The VA contracts with community providers through the Grant Per Diem (GPD) program (e.g., Salvation Army, Volunteers of America) to provide longer-term transitional housing for homeless veterans, paid for up to 2 years. The program has at least 13,000-bed transitional housing programs (Blue-Howells, 2019). The VA's contract transitional residential programs assist veterans in using both VA and the program's employment services. The up-to-2-year period offers veterans experiencing homelessness a reasonable period of opportunity to save money toward securing permanent housing. However, community contractors can exclude or have greatly limited the number of veterans with sex offense histories housed in their programs. The contracts are an opportunity for the VA to leverage their influence to require GPD programs to include or expand beds for veterans with sex offenses who are experiencing homelessness in order to obtain funding (Blue-Howells, 2019; VA National Center on Homelessness among Veterans, 2020).

The VA has a joint Housing and Urban Development (HUD) housing through VA Supportive Housing (VASH) program. HUD-VASH offers VA eligible veterans rental assistance. Impressively, the VA reports that by the end of fiscal year 2020, over 100,000 vouchers were issued and over 80,000 formerly homeless veterans were permanently housed. However, HUD federal regulations prohibit lifetime-registered sex offenders from residing in federally assisted housing. HUD policies could identify and develop procedures to determine avenues for including veterans with sexual offenses, or to broadly disseminate skills for navigating the inconsistency of registry restrictions between individual states. Clearly, HUD-VASH has the potential to greatly reduce homelessness among veterans with sexual offenses if the program were available to them.

Given the existing collaboration between HUD and the VA with special vouchers for veterans, one route may be to allow for a narrowly defined HUD-VASH only exemption to sex offender exclusion. Such an exemption would be in keeping with HUD-identified strategies for addressing homelessness. In the HUD Strategic Plan for FY 2018–2022, a strategic objective was to reduce homelessness and by targeting HUD-VASH to the most vulnerable homeless veterans (U.S. Department of Housing & Urban Development, 2019). As both HUD and VA are Cabinet departments of the executive branch of the U.S. Federal Government, there may be opportunities for Secretaries of both departments to examine avenues for HUD inclusion of veterans with sexual offenses. This would require a strong commitment by VA administration to advocate for a stigmatized and socially ostracized group and equally strong commitment by HUD to eliminate regulatory barriers to housing. Zoning changes suggested to increase affordable housing such as conversion of empty commercial properties to residences could be an avenue for HUD-VASH that satisfies public concerns about sex offenders' proximity to children or areas frequented by children by limiting housing to nonresidential areas.

The newly developed cadre of legal service attorneys at VA Medical facilities is another resource that should be utilized in assisting veterans with sex-offending histories with their legal problems. The legal service could be useful in helping the veteran overcome housing and employment discrimination and family legal issues such as child support (VA Office of General Counsel, 2020). It is important to note that there is a continuum of sex offenses that vary by severity and restrictions (e.g., some veterans have more serious contact sex offenses such as child molestation or forcible rape while others have noncontact offenses such as exhibitionism). Legal providers can work with VJP to help determine the severity of veterans' offenses and housing needs that are balanced against public safety concerns.

Specialized Treatment for Sexual Deviancy

Providing treatment to manage deviant sexual impulses among veterans with sexual offenses is an important target for risk

reduction and successful community reintegration not offered by the VA. Simmons et al. (2018) identified access to sex offender treatment as an important facilitator for community reentry. Specifically, military veterans with sexual offenses identified a need to have access to sex offender-specific treatment that would help to address their sexual impulses. Supporting a need for specialized services for veterans with sexual offenses are two recent studies. One found that military veterans with a history of multiple sexual offenses (more than one victim) tended to have male victims, histories of alcohol abuse, childhood physical trauma and Post Traumatic Stress Disorder (PTSD; Brooks Holliday et al., 2021). Another study of high-risk sexual offenders released from sexually violent predator commitment, found that military veterans, when compared to civilians, were more likely to target male victims under age 13, were almost twice as likely to have a pedophilic disorder than their civilian counterparts, and had high rates of childhood sexual trauma (Paden et al., 2021). Veterans with sexual trauma history have higher odds of committing a sexual offense than other offenses (Finlay et al., 2019).

Pathway for Implementation

The VA needs to eliminate this treatment exclusion and implement sex offender treatment services. Trauma exposure, substance abuse, and management of deviant sexual impulses as treatment targets require a multipronged treatment approach. VA providers may be comfortable in addressing the nonsexual problem areas these veterans experience. However, this is an incomplete approach as it does not address all the essential treatment targets, particularly the management of sexual impulse control—a clear public safety concern. VA mental health providers may be reluctant to take on the treatment of sexual deviancy due to a lack of clinical experience and training in identifying and managing individuals with compulsive sexual impulses, those with paraphilic disorders, or other conditions that disinhibit sexual control.

There are multiple methods to address this gap in clinical expertise. One would be through the hiring of mental health providers with such treatment expertise; providing funding for specialty training current mental health providers; or contract with community providers with specialized expertise. Each VA medical center should streamline how veterans who need such resources are referred to outside providers, hire mental health professionals with sex offender assessment and treatment specialties, and engage in efforts to train VA mental health staff in sex offender risk assessment and management, and put into place multidisciplinary VA forensic clinics where VJP staff can refer justice involved veterans to be "triaged." A specialized forensic team for justice-involved veterans has been implemented in at least one urban VA, though that effort was not specifically geared toward the needs of veterans with sexual offenses (Sreenivasan et al., 2018). Although the VA (VA National Center on Homelessness among Veterans, 2020) has acknowledged the need for contracts and providers with such specialized knowledge, it has been at the Central Office (Washington, D.C.) level and in roundtable discussions. For such recommendations to have an impact it must occur at the local VA medical center level and budgets allocated by need followed by adequate financial resources to implement treatment access.

Discussion

Although there appears an emerging interest within the VA to address the housing needs of veterans with sexual offense histories (Tsai et al., 2019; VA National Center on Homelessness among Veterans, 2020), the approach thus far appears to be heavy on policy and light on action. As an example, the recent 2020 VA roundtable offered many policy recommendations that once again *identified* the problem of housing challenges for veterans with sexual offenses, *offered* recommendations, but *did not follow-up* with an action plan as to how the recommendations were to be implemented. The 2020 report cited encouraging efforts, though rather limited in scope: for example, one veteran moved from New Hampshire to Vermont for housing, as the latter state did not have a lifetime registry. While this is a positive outcome for that veteran, it hardly touches the larger problem. The report cited the VA Palo Alto Medical Center's effort to contract for emergency shelter beds for veterans who were ineligible for HUD-VASH. The strategic efforts identified were vague, for example, that "veterans can access short-term residential programs" through emergency contract or the Domiciliary Care for Homeless Veterans, or Grant Per Diem. However, no data were provided as to how many veterans with sexual offenses either at Palo Alto VA or nationally were actually able to be access these beds. And, it bears emphasis that shelter beds and emergency housing are not permanent housing.

In the decade since Schaffer (2011), then a VJP social worker, published a paper highlighting reentry and outreach treatment and housing needs for veterans with sexual offenses, little has been actually realized. Rehabilitation requires collaborative, complex, and sustained work between veterans, their service providers, VA or community, the military, and, importantly, criminal justice personnel, a highly complicated challenge. However, without resources to substantially decrease their disproportionate rate of sexual offending and the damage to their victims, rehabilitation cannot occur. Heretofore, the problem of veterans with sexual offenses facing barriers to housing and specialized treatment continues to be cited in published papers and roundtable discussion. The housing survey data from CHALENG are one method of tracking housing access; but without a systematic national agenda across justice programs and relevant services, such research efforts will merely continue to reiterate what is already evident: veterans with sexual offenses face a high homelessness risk. What is missing is important data of how many veterans with sexual offenses have been provided the mental health care they need and are permanently housed. In order for substantive changes in this arena to take place, there needs to be not just articulation of policy in roundtable discussions but actual implementation of policy and programmatic recommendations, the results of which are confirmed by local level VA data and feedback, and by the veteran community themselves through the community needs assessment process of CHALENG. Such data would provide important indicators of whether roundtable recommendations actually result in veterans with sexual offenses securing permanent housing.

The VJP program gained traction through the advocacy of the VA Secretary, followed by assessments by each VA at the local level of the numbers and needs of justice-involved veterans and resulted in the allocation of financial resources. It is only at this level that a national "roll out" of an action plan to address housing and treatment needs of this veteran group be realized. However, without a move

toward aggressive housing reform and access to specialized mental health care there will continue to be a failure to "move the needle" forward. VA research efforts that remain focused on the identification of the problem—a cautious and more palatable approach then implementing programs for this stigmatized group, only kick the can forward. Ultimately, there has to be sufficient willingness on the part of the VA to take on this task. Failure to develop strategies to address how to house and treat this stigmatized population has been the result of a system-wide, consistent, and effective approach across important domains that incorporate the current state of knowledge and practice. The VA's strategy to date may reflect a large system's reluctance to—or caution in—systematically addressing a problem that involves a population with an even higher degree of stigma than justice involvement and/or homelessness.

Unfortunately, the military service of veterans of this group and their entitlement to services is clearly overshadowed by their criminal sexual misconduct. As aptly observed by others, "as opposed to other groups, convicted sex offenders have few advocates and a great number of opponents" and have become "societal castaways" (Seamone et al., 2018, p. 186). As such, advocacy with allocation of resources for the housing and treatment needs of veterans who are sex offenders is realistically unlikely to be high-level VA priority. The castaway status of this group remains a formidable barrier to policy and programmatic shifts. Community stakeholders external to the VA such as veterans' groups, veterans' state and county governmental agencies, state and federal prisons and jails, parole and probation departments who have shared concerns for entitlement access, public health concerns, and enhancing prosocial and safe community reintegration may be the best pathway for advocacy for this group. It is worth noting that not so long ago, systems, clinicians, and communities once found it unimaginable that incarcerated veterans of any stripe could be reintegrated into community life. That possibility—and reality—are no longer unimaginable.

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