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Correlates of Serious Violent Crime for Recently Released Parolees With a History of Homelessness

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Abstract

This study used baseline data on recently-released homeless paroled men who are homeless ($N=157$), residing in a residential drug treatment program, and enrolled in a longitudinal study to examine personal, developmental, and social correlates of parolees who are homeless and parolees who have committed serious violent offenses. Having experienced childhood sexual abuse, poor parental relationships, and early-onset incarceration (prior to 21 years of age) were important correlates of serious violent crimes. These findings highlight the need for interventions that address offenders' prior adult and childhood victimization, and suggest that policies for reentering violent offenders should encompass an understanding of the broader family contexts in which these patterns of maltreatment often occur.

Keywords

violence; serious violent crimes; childhood history; paroled men

The State of California spends more on its correctional system than any other in the nation and houses over more than 170,000 prisoners; another 123,000 parolees reside in the

community (California Department of Corrections and Rehabilitation [CDCR], 2009). Experts contend that effective community reintegration continues to remain elusive for the state; in particular, 96% of inmates will eventually be paroled back into the community (Petersilia, 2003; Travis & Waul, 2004). However, previously incarcerated populations are at heightened risk for homelessness (Greenberg & Rosenheck, 2008; McNeil, Binder, & Robinson, 2005; Rodriguez & Brown, 2003); in particular, up to 50% of those on parole supervision in San Francisco and Los Angeles have become homeless (Travis, Solomon, & Waul, 2001) because of challenges with locating appropriate housing (Roman & Travis, 2004; Travis et al., 2001), lack of employment opportunities (Zhang, Roberts, & Callanan, 2003), weakened family and community ties (Travis et al., 2001), as well as, limited education and substance abuse (Roman & Travis, 2004). Being homeless is similarly a risk factor for involvement in the criminal justice system (Kushel, Hahn, Evans, Bangsberg, & Moss, 2005), and may be rooted in the need to survive on limited resources.

Currently, relatively few studies have assessed the personal, developmental, and social correlates of homeless parolees convicted of committing serious violent crimes. The purpose of this cross-sectional study is to describe characteristics associated with a history of committing serious violent offenses among a sample of male parolees enrolled in a residential drug treatment facility. Serious violent crime was defined by the United States Department of Justice (USDOJ) and the Federal Bureau of Investigation (FBI) as murder and non-negligent manslaughter, rape or other sexual assault, robbery, and aggravated assault. Knowledge to be gained from this study is critical as an understanding of correlates of violent behaviors may lead to improved interventions and treatment protocols designed to decrease violent crimes and the experience of incarceration.

HOMELESSNESS AND SERIOUS VIOLENT CRIME

Impoverished living conditions are a known risk factor for violent crimes (Smith, Ireland, & Thornberry, 2005; Turner, Hartman, & Bishop, 2007); however, the literature that ties homelessness to serious violent crimes is very limited. In one study, 88% of those ever imprisoned had been homeless, and 41% had been marginally housed in the last year (Kushel et al., 2005). While on the streets, many persons who are homeless persons become involved with prostitution, survival sex (Miller et al., 2011), as well as illicit drug use (Riley et al., 2007); and in one study of recently discharged inmates who are homeless inmates, findings revealed that these homeless ex-offenders who are homeless were less likely to receive public assistance than the more veteran homeless parolees who are homeless (Hudson et al., 2009).

For homeless populations, data suggest that current drug use is predicted by less positive coping (Galaif, Nyamathi, & Stein, 1999), which may potentiate further violence (Fagan, 1993; Haggard-Grann, Hallqvist, Langstrom, & Moller, 2006). In addition, low self-esteem and depression are also common among men who are homeless men with a history of incarceration (Nyamathi et al., 2011). Drug use is also related to interpersonal violence; for example, alcohol may lead to an intoxication–violence relationship, and withdrawal from cannabis may lead to aggressive tendencies (Hoaken & Stewart, 2003). These factors may lead to violent crimes and subsequent incarceration as because data suggest that 56% of men were under the influence of drugs or alcohol when the crime was committed (National Crime Victims Center [NCVC], 2011).

For successful community reintegration, clinicians and researchers require knowledge of the personal, developmental, and social challenges ex-offenders have faced, particularly for those who are homeless and have committed serious violent offenses. In an effort to understand these factors, the Comprehensive Health Seeking and Coping Paradigm

(CHSCP), - a framework which has been utilized used for over more than two decades with vulnerable homeless populations (Nyamathi, 1989; Nyamathi, Flaskerud, Bennett, Leake, & Lewis, 1994; Nyamathi et al., 2012), - will identify the challenges parolees have grappled with in an effort to enable providers to design targeted interventions to circumvent the obstacles homeless ex offenders who are homeless face in reentering the community. Based on this framework, antecedent (gender, race, age, and history of homelessness, abuse, and incarceration) and, mediating (coping, social support, mental health) variables may influence outcome variables. In this article, the outcome is serious violent crime. These findings may enable providers to design targeted interventions in order to circumvent obstacles of reentering into the community.

CORRELATES OF VIOLENT CRIME

Violent offenders, particularly those with prior records of violence, have long attracted attention from the research community. Violent offenders frequently have a history of experiencing a myriad of adverse personal, social, and developmental challenges (Huebner, Varano, & Bynum, 2007; Phillips, Gleeson, & Waits-Garrett, 2009).

Although less is known about correlates of homeless persons with a history of committing serious violent crimes, general non-modifiable personal predictors of violent behaviors are gender, race, and age. Gender has long been identified as one of the most significant predictors for violence—men are much more likely than females to commit violent crimes (Allen, Swan, & Raghavan, 2009), and being African- American has been found related to committing violent crimes (Warren et al., 2002). However, when prior violent victimization (Burnette et al., 2008) was controlled, the effect of race disappeared.

Developmental and social hardships, such as childhood and adolescent trauma including physical and sexual abuse (Christofferson, Soothill, & Francis, 2010; Felson & Lane, 2009), interparental violence (Hill & Nathan, 2008), poor and unstable parenting (Loeber et al., 2005), impoverished living conditions (Smith et al., 2005; Turner et al., 2007), and gang membership (Bellair & McNulty, 2009; Bjerregaard, 2010; Huebner et al., 2007), are also associated with the commission of violent crimes. Additionally, the use of drugs and alcohol (Darke, Torok, Kaye, Ross, & McKetin, 2010) and access to guns (Curfman, Morrissey, & Drazen, 2008; Stolzenberg & D'Alessio, 2000) increases the risk of interpersonal violence. Although the added challenge of homelessness has not been considered in terms of serious violent crimes, it is clear that adults who are homeless adults report significant histories of childhood abuse and poor parental support (Stein, Leslie, & Nyamathi, 2002; Stein, Nyamathi, & Zane, 2009); - all of which impact ongoing drug and alcohol use and criminal activity.

THE ROLE OF MENTAL ILLNESS, SUBSTANCE USE, AND VIOLENT BEHAVIORS

Although there is evidence of the linkage of homelessness, mental illness, and history of incarceration, (Metreaux, Culhane, & Michaels, 2002), the linkage to serious violent crimes is scant. Moreover, there is considerable disagreement about the relationship between mental illness and violent behavior, which may stem from differences in psychiatric diagnostic conventions and measures, definitions of criminality, heterogeneity in the group (Sirotych, 2008), and rates of substance use disorders (SUDs) among groups who are mentally ill and criminally -involved groups (Darke et al., 2010; Volavka & Swanson, 2010).

Successful community reintegration depends on addressing underlying mental health and social problems. In one large study of prisoners ($N = 22,790$), 10% met the criteria for major

depression, 3.7% of men had a psychotic illnesses, and 47% had antisocial personality disorder (Fazel & Danesh, 2002). Dutch researchers found that an individual's criminal behavior tended to grow increasingly violent over time; this finding was attributed to a combination of psychopathology and poor social skills (Geest, Blokland, & Bijleveld, 2009). Schizophrenia and bipolar disorder, particularly in combination with SUDs, are also thought to contribute to violent behaviors (Fazel, Lichtenstein, Grann, Goodwin, & Langstrom, 2010; Sacks et al., 2009).

METHOD

This study uses baseline data on men from a larger, ongoing study in which recently - released parolees who were designated as homeless were randomized to one of three programs focused on hepatitis/HIV education, hepatitis B vaccination (for all eligible), and coach facilitated mentoring. The University of California at Los Angeles (UCLA) Human Subjects Protection Committee approved the study.

Sample and Site

The sample included 157 parolees who were released from prison and jails within a month before recruitment. These men all met the following criteria: (a) had a history of drug use prior to entry into the prison system; (b) aged 18–60 years; (c) entered a participating drug treatment program; and (d) labeled as homeless on their prison exit form. Participants were excluded if they did not speak English or Spanish or b) judged to be cognitively impaired, as measured by the Short -Blessed Screener (National Institute on Drug Abuse [NIDA], 1993). Participants were recruited from a residential drug treatment facility in Southern California. Parolees who reside at State-funded- or Federally -funded residential drug treatment program were designated as homeless by the correctional department based on the Stewart B. McKinney-Vento Act of 1994 (42 USC Sec. 11302), because these individuals resided in a *supervised publicly* or privately operated shelter designated to provide *temporary living arrangements*.

Procedure

Potential participants were made aware of the study by posted flyers and a presentation by trained staff at the drug treatment site. Research staff met with drug treatment participants who expressed interest in a private area of the facility. For those meeting basic eligibility criteria, and after informed consent for the study had been discussed, read, and signed, the staff administered a brief 2-minute structured screening questionnaire asking about socio demographic characteristics, hepatitis-related information, and locator information. For those eligible and interested in participating in the full study, the research staff read and discussed the final informed consent; after signing, the baseline questionnaire was administered.

Instruments

Sociodemographic information was collected by a structured questionnaire that assessed age, birthdate, country of birth, race/ or ethnicity, education, partnership status, number of parents in family, family socioeconomic status (SES), history of victimization, drug and alcohol use, and criminal history.

Childhood Relationships were assessed by the following questions: Relationship with parents (measured on a 6-point Likert scale ranging from “*excellent relationship*” to “*no relationship*”), closeness of family (measured on a 6-point Likert scale ranging from “*very close*” to “*don't know*”), supportiveness of the mother (measured on a 5-point Likert scale

ranging from “*very supportive*” to “*not around*”), and supportiveness of the father (measured on a 5-point Likert scale ranging from “*very supportive*” to “*not around*”).

Crime was assessed by the Texas Christian University (TCU) Correctional Assessment intake crime grid, which records information including number of arrests, types of crimes, and incarceration history (Simpson & Knight, 1998). This study focused on three categories of violent crime, namely kidnapping/hostage taking, homicide/manslaughter/attempted homicide, and violent sex offenses (rape/aggravated assault of a minor). For purposes of this study, we refer to crime in any of these three groups as “serious violent crime.” It is important to note that domestic violence (DV) and intimate partner violence (IPV) and stalking, as well as, incest were *not* included in this definition.

Self-Esteem was measured using the revised 23-item Self-Esteem Inventory (SEI) (Coopersmith, 1967). The internal consistency of this scale with homeless males was .83 (Nyamathi, Flakerud, & Leake, 1997). Internal consistency in this study, as measured by Cronbach’s alpha, was .84. Additionally, parolees were asked how they had felt about themselves as teenagers on a 5-point Likert scale ranging from “*liked yourself a great deal*” to “*disliked yourself a great deal*.”

Coping Behaviors were measured by a 12- item Brief COPE (Carver, 1997). These items represented six separate subscales, with two items each. The items are rated on a 4-point Likert scale from “*not at all*” to “*a lot*.” Internal consistencies for these subscales in this study were .61 for self-blame coping, .66 for denial coping, .74 for disengagement coping, .76 for instrumental support coping, .80 for planning coping, and .84 for religious coping.

Drug and Alcohol Use Behaviors were measured by a modified TCU Drug History form (Simpson & Chatham, 1995). This questionnaire has been tested with men and women with a history of drug addiction and homelessness. The modified form recorded the frequency of use of alcohol, tobacco, and seven drugs and selected combinations used by injection and orally during the 6 months prior to the last incarceration and also elicited information about lifetime use. Drugs assessed were: heroin, cocaine, crack, methamphetamine, inhalants, marijuana/hashish, and hallucinogens. Participants were also asked if they thought they had a drinking problem.

Depressive Symptoms were assessed with the 10-item short form of the Center for Epidemiological Studies Depression (CES-D) Scale (Radloff, 1977). This self-report instrument is designed to assess depressive symptomology in the past week; it measures the frequency of a symptom on a 4-point response scale from 0 (“*rarely or none of the time [(less than 1 day)]*”) to 3 (“*all of the time [(5–7 days)]*”). The internal reliability of the scale in this sample was .80. Scale scores ranged from 0 to 30 with higher scores indicating greater symptom severity. Cut -points of 8 and 10 have been used to screen for individuals who may need psychiatric evaluation.

Emotional well-being was measured by the five-item mental health index (MHI-5), which has a well-established reliability and validity (Stewart, Hays, & Ware, 1988). Cronbach’s alpha for the scale in this study was .81. Following convention, scores were linearly transformed to a range of 0–100, with higher scores signifying greater emotional well-being.

Social support was measured by 18 items from the Medical Outcomes Study (MOS) Social Support Survey (Sherbourne & Stewart, 1991). These items contained 4 four subscales: emotional support (8 eight items), tangible support (3 three items), positive support (4 four items), and affective support (3 three items). Reliabilities for these subscales were .95, .86, .91, and .88, respectively.

Data Analysis

Unadjusted associations of serious violent crime with socio-demographic, substance use, and psychosocial measures were examined with chi-square and two-sample *t*-tests. To delineate important adjusted associations involving both distal and proximal factors, we conducted a series of staged stepwise backward logistic regression analyses. At each stage, the initial model included selected predictors that were related to serious violent crime at the .15 level in preliminary analyses. The retention level was .10. Stage 1 predictors consisted of childhood -demographic and family variables. Stage 2 introduced childhood or adolescent abuse factors into the model produced in Stage 1. In Stages 3 and 4, childhood or adolescent personal and legal history factors and current demographic and psychosocial variables, respectively, were added to models from previous stages. The final model was tested for multicollinearity, and goodness of fit was assessed with the Hosmer-Lemeshow test.

RESULTS

Sociodemographic Characteristics

Parolees on average were 41.9 years of age ($SD = 10.1$) and generally had completed less than 12 years of education ($SD = 1.9$;) (See Table 1). The majority was either African American (47%) or Latino (26%), and nearly 90% were either never married (63%) or separated/divorced (27%). Almost two-thirds had children. In total, 65 (41.4%) of the sample reported a history of serious violent crime in the past. Specifically, 42 reported a history of homicide, manslaughter, or attempted homicide, 22 reported a history of kidnapping (hostage taking); and one man reported multiple violent sex offenses. On the average, time in prison was 2.7 years ($SD = 5.3$ years) and the range was from 1 month to 33 years. All residents who have been at the residential drug treatment program for at least 30 days met the criteria for inclusion. We have a 94% response rate, as 6% did not meet the criteria because of being outside the age range.

More than half of the parolees had a history of group living or institutional (juvenile hall, jail, or orphanage) setting in childhood. More than 15% reported childhood sexual abuse, 31% reported childhood physical abuse, and verbal abuse was common (47%). About 40% of the sample had been imprisoned before the age of 21, and almost half reported belonging to a gang.

Childhood Relationships

More than half of the sample at baseline reported having fair- to-very poor or no relationship with parents. Yet, more than 70% reported “very supportive” to “somewhat supportive” mothers, whereas less so for the father (42%, data not shown). Seven percent of mothers and 37% of fathers were considered absent. Nearly 11% and 13% of mothers and fathers, respectively, had been treated for alcohol problems. About one third (37%) of parolees liked themselves as a teenager a great deal (data not shown).

Substance Use

Among this cohort of parolees, many substances were reported. Alcohol use was reported by about 90% of parolees prior to the last incarceration. Among drugs ever used, the most prevalent were marijuana (88%), crack (66%), cocaine (65%), methamphetamine (49%) and hallucinogens (48%); (See Table 2).

Psychosocial Factors

Perceiving drinking as a problem was not uncommon (26%). Prevalence of self-reported depression and anxiety were similar (30% and 28%, respectively); depressive symptomatology was moderately high, and emotional well-being was poor on average. Self-esteem was reported as moderate. Average scores were a little below the midpoint for denial and disengagement coping, and slightly above the midpoint for self-blame, planning, religious, and instrumental support coping. The sample averaged close to the midpoint on each of the four social support subscales.

Associations with Serious Violent Crime

Age and education were not found to be significantly associated with serious violent crime (Table 3), although weak associations were found for being Latino and married. Family SES, coming from a two-parent family, and having children were also not related to serious violent crime (data not shown). However, childhood relationship measures and personal abuse factors were important. These measures and factors included adult physical or sexual abuse (within 6 months preceding the current incarceration); poor relationships with parents; lack of family closeness; and childhood physical, sexual, and verbal abuse. Being on their own before the age of 18, was another important correlate. Moreover, being in juvenile hall as a teenager, in prison before the age of 21, not particularly liking oneself as a teen, and having been in a gang were associated with serious violent crime. Of interest, Latinos were almost twice as likely to have been involved with gangs as their peers (75% vs. 40.5%, respectively, $p < .001$; data not shown). Trends were also observed for having a mother who was present and treated for alcohol problems and having been in a group care setting in childhood.

No significant correlates were found among the substance use variables, although there were trends for use of heroin, hallucinogens, inhalants, and the combination drugs to be associated with serious violent crime. In terms of psychosocial measures and resources, self-reported anxiety, self-reported depression, and lower levels of religious coping were found to be related to serious violent crime ($p < .05$). No important associations were found for any of the other measures in Table 2, although a trend was found for self-reported drinking problems.

Multivariate Results

In Stage 1, using the CHSCP as a guide, stepwise backward logistic regression analysis with candidate predictors from the childhood demographic and family background categories was conducted; being Latino and having a poor relationship with parents were important predictors of serious violent crime. Having a mother who was present and treated for alcohol problems had a weaker association with serious violent crime. When childhood or adolescent abuse variables were allowed to enter the model in Stage 2, only sexual abuse did so, and the previous relationships were maintained. In Stage 3, childhood or adolescent personal and legal history variables were assessed as predictors. The resulting model included having been in juvenile hall as a young teen (aged 13–17 years) and having been imprisoned before the age of 21. Having a mother treated for alcohol problems was no longer important. In the final stage, current sociodemographic characteristics and psychosocial measures were added as potential predictors. Adult physical or sexual victimization (within 6 months prior to the current incarceration), self-reported lifetime problem with anxiety, and being either married or living as married were important additional correlates of serious violent crime; a weaker association with ever having been in a gang was also found. Latino ethnicity and having been in juvenile hall between the ages of 13 and 17 years no longer had important effects. However, having been in prison before the

age of 21, childhood sexual abuse, and poor parental relationships remained as independent correlates of serious violent crime (Table 4).

DISCUSSION

Findings from this study elucidate the complex associations related to serious violent crime. In this study and as guided by the CHSCP, participants who had committed serious violent crimes were more likely to have experienced childhood sexual abuse, poor parental relationships, and early-onset incarceration (prior to 21 years of age). Past gang membership and physical or sexual victimization within the 6 months prior to their current incarceration were also associated with the commission of serious violent crime. Being married was another factor found to be associated with serious violent crime. This finding may suggest the presence of spousal involvement in violent crime as well. Of note, none of substance use, coping, or current social support measures was related to serious violent crime in the regression models.

Although abstinence from drugs, more adaptive coping, and enhanced social support are laudable goals for re-entry programs, they are unlikely to keep parolees from re-offending in the absence of efforts to address the multidimensional problems confronting them. Further investigation of the impact of marriage on crime may also be of interest.

The impact of childhood exposure to violence, including physical and sexual abuse and inter-parental violence, and of social violence on an adult's commission of serious violent crime is well documented (Christofferson et al., 2010; Felson & Lane, 2009; Sarchiapone, Carli, Cuomo, Marchetti, & Roy, 2009). A large cohort study of young men found that those convicted of a lethal violent crime were 4.5 times more likely to have been physically abused and neglected than those not convicted (Christofferson et al., 2010). In addition to homicide, childhood physical abuse has been linked to an adult's sexual or physical assault on other adults (Felson & Lane, 2009). As for childhood sexual trauma, Sarchiapone et al. (2009) found that childhood neglect and emotional, physical, and sexual abuse were associated with high levels of aggression, conviction at an early age and more than once, violence in prison, and continued violence on release. Finally, physical and sexual maltreatment during adolescence increases the risk of violent offending in both late adolescence and early adulthood (Smith et al., 2005).

Our findings support what is documented in current research, namely, that childhood trauma is strongly associated with violent crime and has a deleterious effect on a young adult's maturation. Therefore, interventions for violent offenders must address their personal histories of trauma and victimization as both children and adults. For example, assessment and treatment of mental illness, including depression, anxiety, and post-traumatic stress disorder (PTSD), should be integrated into substance abuse treatment (SAT) programs for this population (Ford, Russo, & Mallon, 2007). Given the high-rates of SUDs, physical and sexual trauma, and mental illness in the correctional population (James & Glaze, 2006; Mumola & Karberg, 2006), the SAT setting is an appropriate place to address the manifold problems that violent offenders experience. Coordinated efforts could improve parolees' mental well-being, increase successful community reintegration, and decrease violent crime.

Family dynamics, in particular, parental relationships, also influenced participants' commission of serious violent crimes. Of those participants committing such crimes, two-thirds had poor parental relationships and close to one-half described their families as not being close. Parental engagement and child-rearing practices, as well as parental substance use and incarceration, have been described as predictors of violent behavior in the literature (Phillips et al., 2009; Turner et al., 2007; Woldoff & Washington, 2008). A longitudinal,

multiple cohort study of delinquency in boys from adolescence to young adulthood found that boys with four or more violence risk factors were six times more likely to commit violence and 14 times more likely to commit homicide as young adults than those with less than four risk factors (Loeber et al., 2005). Parental risk factors included unstable child rearing, (i.e., more than one caregiver before the age of 10), physical punishment, and poor supervision and communication (Loeber et al., 2005; Turner et al., 2007). Each of these factors can set the stage for long-term parent child disaffection. Other factors that may negatively influence the child-parent dynamic include parental substance abuse (Phillips et al., 2009; Woldoff & Washington, 2008). Parental risks increase a child's exposure to poor living conditions, decrease access to education, and foster emotional and behavioral problems; these factors place the youth at risk for criminal behaviors, including violent criminality (Phillips et al., 2009; Turner et al., 2007). Results from this study provide further evidence that poor parental relations may negatively influence violent criminal activity into adulthood. Policies, programs, and interventions for reentering violent offenders must begin to consider their problematic behaviors across the varied domains in which they occur, including the family (Huey, Henggeler, Brondino, & Pickrel, 2000).

One such program,—multisystemic therapy (MST),—is a psychotherapeutic intervention that considers the family essential to long-lasting behavior change (Swenson, Schaeffer, Henggeler, Faldowski, & Mayhew, 2010). MST has demonstrated efficacy in treating adolescents with serious antisocial behaviors (Borduin, Schaeffer, & Heiblum, 2009) and may be appropriate for addressing violent adult offenders' problems, particularly around parenting, resolving family conflict, and establishing meaningful relationships with children, partners, and other family members (Huey et al., 2000; Swenson et al., 2010). MST's holistic and individualized approach for addressing problematic behaviors across multiple social arenas provides a model for improving relations within the violent offender's familial context, as well as potentially preventing intergenerational incarceration. Future research should consider residential drug treatment programs that incorporate the MST approach into other treatment modalities parolees receive, such as anger management training, and parenting courses.

Gang membership was found to be a correlate of violent crime in the final model. Gang membership is associated with violent crime and increased involvement in crime generally (Bellair & McNulty, 2009; Bjerregaard, 2010). Although gang membership increases exposure to violent crime, it also reflects the economic disadvantage experienced by many communities where gangs are prevalent (Bellair & McNulty, 2009). For many gang members, criminality, in particular selling drugs, is a primary form of income generation (Bellair & McNulty, 2009). Involvement in drug sales is associated with increased firearm use and, therein, increased opportunity to commit a violent crime (Bjerregaard, 2010). Cutting gang ties may be an important component of successful rehabilitation. Regarding homicides, both gang- and non-gang-related homicides were committed by young, African American males who killed their victims with guns (Decker & Curry, 2002). Thus, both groups were likely to engage in and experience violence, but being in a gang increased both risks (Decker & Curry, 2002). Our findings concur that being a perpetrator and victim was correlated with serious violent crimes.

Finally, current research describes the connection between violence and socioeconomic disadvantage, and our findings support this observation as well—64% of the violent offenders in this sample were either poor or working class (Bellair & McNulty, 2009; Bjerregaard, 2010). Thus, programs that encourage education, employment, and financial equity are critical for this population. Education and employment are associated with decreased criminal activity and increased community stability (Lochner & Morette, 2004). Work-place readiness, computer literacy, general education courses, and employment assistance should

be incorporated into all programs serving the parole population. Future research should also examine the relationship between stable employment and reductions in crime, including serious violent crimes.

Limitations

This study is limited by a small sample whose characteristics may reflect the urban residential drug treatment program where the sample was recruited (e.g., older than average for California parolees, larger percentage of African Americans) and, therefore, may differ from other homeless parolee populations. We also do not know participants' ages when they committed their crimes. Another limitation is the restricted geography of the current sample. However, California is the largest state in the nation and a logical place to begin interventions to improve community reintegration of parolees. This study is also derived from baseline data; thus, no causal associations can be made. Other limitations include self-report data, such as substance use, although parolees must have had a substance use problems to qualify for treatment. Moreover, the sample had limited ranges in education and family SES, making it difficult to detect associations. Nevertheless, many of the associations found in this sample concur with those found in other studies of parolees. Furthermore, there was a relatively large subgroup of Latinos, reflecting California's diverse ethnic population.

Conclusion

This study sheds light on the environmental and social factors that are associated with the commission of violent crime. These factors include deficits in family structure and childhood support, early exposure to and experience of sexual violence that can continue into adulthood, easy access to gang membership, early exposure to the correctional system, and socioeconomic disadvantage. It is important for clinicians, other service providers, and policy makers to be aware that homeless violent offenders who are homeless bring complex backgrounds and marginalized circumstances with them to the community on release. These individuals' family and social histories and mental health status must be considered if programs and policies are to effectively address their reintegration needs, and, in turn, prevent future violent crime.

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Table 1

Sample Characteristics

Measure:	Mean	(SD)
Demographic:		
Age	41.9	(10.1)
Education	11.6	(1.9)
Race/Ethnicity:		
	N	%
African American	73	46.5
White	24	15.3
Latino ^a	41	26.1
Asian/Pacific Islander	3	1.9
Other	14	8.9
American Indian	2	1.3
Marital Status:		
Never Married	98	62.8
Legally Married	8	5.1
Living as Married	4	2.6
Separated/Divorced	42	27.0
Widowed	4	2.6
Any Children	99	63.9
Adult Physical/Sexual Abuse	22	14.1
Serious Violent Crime	65	41.4
Family:		
Two-Parent Family	66	21.7
Childhood/Adolescent:		
	N	%
Childhood Group Living ^b	82	52.2
Childhood Physical Abuse	48	30.6
Childhood Sexual Abuse	25	15.9
Childhood Verbal Abuse	74	47.1
On Own Before Age 18	86	55.5
In Juvenile Hall as Teen	64	40.8
In Prison Before Age 21	63	40.1
Belonged to a Gang	77	49.4
Relationship w/ Parents:		
Excellent	35	22.3
Good	42	26.8
Fair/Average	43	27.4
Poor	20	12.7
Very Poor	10	6.4
No Relationship	7	4.5

^aIncludes two Mexican nationals

^bIncludes juvenile hall, residential treatment facility, orphanage

Table 2

Substance Use and Psychosocial Resources

	N	%
Substances, ever use: ^a		
Ever Used Alcohol	142	90.5
Ever Used Marijuana	134	87.6
Ever Used Crack	101	66.0
Ever Used Cocaine	99	64.7
Ever Used Hallucinogens	75	47.8
Ever Used Methamphetamine	75	49.0
Ever Used Heroin	60	38.2
Psychosocial Measures:		
Self-Reported Drinking Problem	41	26.1
Self-Reported Depression	47	29.9
Self-Reported Anxiety	44	28.0
Psychosocial Resources (range):	Mean	SD
Depressive Symptoms (0–30)	8.4	5.7
Emotional Well-being (0–100)	65.3	21.6
Self-Esteem (0–23)	14.1	4.9
Denial Coping (1–4)	1.9	0.9
Disengagement Coping (1–4)	1.9	0.9
Self-Blame Coping (1–4)	2.7	1.0
Planning Coping (1–4)	3.1	0.9
Religious Coping (1–4)	2.9	1.1
Instrumental Support Coping (1–4)	2.9	1.0
Emotional Support (8–40)	26.6	9.2
Tangible Support (3–15)	9.7	3.7
Positive Support (4–20)	13.5	4.7
Affective Support (3–15)	10.1	3.8

^aFour men did not respond to questions about specific substance use

Table 3

Associations Between Sample Characteristics and Serious Violent Crime

Measures:	Serious Violent Crime		
	Yes	No	p value
Education, mean	11.8	11.5	.347
Latino	35.2	21.4	.061
Married %	13.0	4.9	.072
Adult Physical/Sexual Abuse %	25.9	7.8	.002
Family:			
Poor Relationship with Parents%	64.8	36.9	.001
Family Not Close %	46.3	29.1	.032
Mother Around and Treated for Alcohol Problems	16.7	6.8	.052
Father Around and Treated for Alcohol	13.0	7.8	.293
Childhood/Adolescent:			
Childhood Group Care ^a (%)	63.0	46.6	.051
Childhood Physical Abuse (%)	40.7	25.2	.045
Childhood Sexual Abuse (%)	27.8	9.7	.003
Childhood Verbal Abuse (%)	64.8	37.9	.001
On Own Before Age 18 (%)	67.9	49.0	.025
In Juvenile Hall as Teenager (%)	53.7	34.0	.017
In Prison Before Age 21 (%)	57.4	31.1	.001
Didn't Like Self a Lot as Teen (%)	75.9	56.3	.016
Belonged to a Gang (%)	66.7	40.2	.002

Table 4

Summary of Staged Logistic Regressions on Serious Violent Crime

	Step 1		Step 2		Step 3		Step 4		
	β	s.e.	β	s.e.	β	s.e.	β	s.e.	p value
Latino	0.97	.40	1.03	.41	0.81	.42	-	-	-
Poor Parental Relationship	1.13	.36	0.97	.38	1.10	.39	0.89	.42	.036
Mother Treated for Alcohol Problems	1.10	.57	1.01	.58	-	-	-	-	-
Childhood Sexual Abuse	-	-	1.02	.49	1.18	.50	1.23	.53	.020
Adult Physical/Sexual Abuse	-	-	-	-	-	-	1.48	.58	.011
In Juvenile Hall Age 13 & 17	-	-	-	-	0.81	.39	-	-	-
In Prison Before 21	-	-	-	-	0.82	0.38	1.10	.42	.009
Ever in a Gang	-	-	-	-	-	-	0.78	.42	.063
Self-Reported Anxiety	-	-	-	-	-	-	0.95	.46	0.39