

How Involvement in the Criminal Justice System Affects Stable Housing

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In Canada, the United States and a number of other developed countries, incarceration rates are increasing each year. More adults today are incarcerated than ever before in history (Hughes, 2012). In the United States, 1 in 31 people are involved in the correctional system and 1 in 100 are incarcerated (Hughes, 2012). Even worse, the United States has 5% of the world's population, but 25% of the world's inmates (Hughes, 2012). Crime has decreased, but incarceration rates are increasing steadily due to the government's "tough on crime" approach (Hughes, 2012). There is high financial and human cost to this approach to crime (Friesen, 2010); being incarcerated can lead to increased unemployment, decreased wages, lowered mental and physical health and divorce (Warner, 2015). It also profoundly intersects with the creation of homelessness, as well as making it extremely difficult in some jurisdictions to exit from homelessness.

The Criminalization of Homelessness

Unfortunately, certain populations are more vulnerable to incarceration than others. Men are more likely to be incarcerated than women (Hughes, 2012) and the rates that people of colour are involved in the criminal justice system are significantly higher than those of their white counterparts. Racial and ethnic minorities experience incarceration at disproportionate rates (Warner, 2015). People who are homeless are also at a much higher risk of involvement with the criminal justice system than their stably housed counterparts. The co-occurrence of homelessness and a lack of mental wellness increase that risk further (McNeil, Binder, & Robinson, 2005). Thus, as poor health statistics and disadvantaged socioeconomic characteristics exacerbate the risk of homelessness, it can be postulated that our society is frequently criminalizing the poor and unhealthy.

Kuhn and Culhane (1998), as well as Hughes (2012) state there are three types of homelessness, episodic, transitional, and chronic. Episodically homeless individuals cycle in and out of homelessness and when they are not in shelters, they are often in other institutions, such as hospitals, detoxification centres and jail (Hughes, 2012). The transitionally homeless enter the shelter system typically for only one stay due to a particularly challenging time in their lives (Hughes, 2012). Lastly, the chronically homeless are those who have been homeless more

than one year or had a minimum of four episodes of homelessness in the past three years (Hughes, 2012).

People who are homeless are often inappropriately criminalized (McNeil et al., 2005). These individuals, especially those with a lack of mental wellness, a history of substance use and with a dual diagnosis often face institutionalization. This occurs most often in two forms, hospitalization and incarceration (Hughes, 2012). Shelters, prisons and jails may act as an institutional circuit in place of a stable living situation (Metraux & Culhane, 2006). Up until the 1960s, people with a lack of mental wellness often lived in hospital psychiatric settings (Hughes, 2012). In the last 50 years, there has been a shift to more community-based treatment for this population as a means of deinstitutionalization (Hughes, 2012). Due to a lack of appropriate services in the community, this change left those with a lack of mental wellness with nowhere to go, thus leading to homelessness. Because of the lack of access to treatment and social services, this population's risk increased for becoming involved in the criminal justice system (Hughes, 2012). In addition, the standards for involuntary hospitalization were raised, leaving the police with the task of providing service to these individuals, rather than the hospital (Hughes, 2012). The deinstitutionalization movement led to increased incarceration, which re-institutionalized those with a lack of mental wellness by prosecuting them for minor offenses (Hughes, 2012). The crimes committed by those who have a lack of mental wellness are often related to their untreated mental health or substance use disorders. This pattern represents a detrimental failure in the current health care system (McNeil et al., 2005). Instead of rehabilitation and community integration, we are punishing people for their mental health.

There are many reasons for increased contact with the criminal justice system for the homeless population. People who are homeless, because of their marginalization, socioeconomic status, as well as, the public nature of their existence, are more prone to arrests and incarceration for misdemeanors and other minor crimes (Metraux & Culhane, 2006). Being homeless lacks privacy and increases their visibility. The homeless are forced to live their private lives in public (Hughes, 2012); their daily routines and appearance or behaviour bring them to the direct attention of the police (Bevitt et al., 2015). Homelessness itself can be considered a crime. Often, people are arrested for behaviour that would not be illegal if it were done while in a home. For example, sleeping, bathing, drinking, using the bathroom, swearing, and storing their items are all considered unlawful behaviour by the homeless (Lynch, 2002). These people are

criminalized based on their housing status, as the behaviour itself is not criminal (Lynch, 2002). People are often arrested for loitering or vagrancy too, which are hard to avoid as a homeless person (Roy et al., 2014). Furthermore, due to having to live with limited resources, the homeless are often influenced to commit crimes in order to acquire the necessities to survive the streets (Hughes, 2012).

Health conditions and substance use also increase the risk of crime (Greenberg & Rosenheck, 2008). The health status and mortality rates of the homeless with a lack of mental wellness are similar to those found in developing countries (Hughes, 2012). The very nature of addiction increases the likelihood of detection from law enforcement (Hughes, 2012), and the “War on Drugs” has resulted in wide-spread economic poverty, disconnect from access to benefits, and housing, disproportionately impacting African-American men in the United States (Alexander, 2012). A lack of mental wellness can also affect those who are homeless by their lessened ability to cope with the stresses of being homeless or the manifestation of their illness in criminal acts (Greenberg & Rosenheck, 2008). People with a dual diagnosis are far more likely to be arrested and incarcerated (Drake, Osher, & Wallach, 1991). These individuals may present behaviour that is seen by law enforcement and the general society as inconsistent with social norms (Hughes, 2012). This “non normative” behaviour leads to being incarcerated because of the threat that their presence and behaviour has on moral sensibilities, more so than on public safety (Hughes, 2012). These people are incarcerated for who they are, not what they have done (Hughes, 2012). Arrests and incarceration serve as a mechanism of social control over the homeless population (Metraux & Culhane, 2006).

People that are homeless are also at risk of interaction with the criminal justice system due to gaps in service. It can be challenging for community organizations to meet the needs presented by this population. Individuals may have issues getting access to medication, which can lead to instability of mental or physical health (Hughes, 2012). A lack of identification can also be a barrier for those that are homeless. Often identification is needed for access to resources and services (Hughes, 2012). It can be extremely challenging to gain access to identification for this population due to a lack of address, financial constraints or maintenance enforcement restrictions. Moreover, for the homeless population that has been recently incarcerated, financial benefits are often suspended while they are in jail (Hughes, 2012).

Homelessness, incarceration and poverty are closely related. Incarceration has been found to increase the risk of homelessness and homelessness has been shown to increase the risk of being incarcerated (Hughes, 2012). The poor do not necessarily commit more crimes than the wealthy, but they are far more likely to experience discriminatory practices (Covin, 2012). Those with a lower income have difficulty making bail, are less likely to be released on their own recognizance and are often arrested several times for the same or a similar crime (Saddichha et al., 2014). The pattern of repeat incarceration represents a significant failure in the current health care and prison systems (Saddichha et al., 2014). The high rates of imprisonment and recidivism with the homeless population is the end result of a system that does not provide the proper access to services, including mental health care, substance use programming, proper health care and housing services (Kushel, Hahn, Evans, Bangsberg, & Moss, 2005). There are obstacles for the access to these services, especially for those who are exiting the criminal justice system (Kushel et al., 2005).

Women involved in the criminal justice system have a unique experience. Homelessness and incarceration are closely linked among women (Asberg & Renk, 2015). The numbers of women incarcerated in Canada increased by 22% between 1997 and 2006 and specifically, Aboriginal women's incarceration rates increased by an alarming 73% during the same time frame (Walsh, Rutherford, Kreig & Bell, 2013). Women comprise 38% of individuals in homeless shelters and 12% of incarcerated inmates (Asberg & Renk, 2015). Scholars attribute this increase to the intersectional gendered, classed and racialized systemic inequalities that are inherent in western society (Walsh et al., 2013).

Women experience systemic economic, social, and political barriers, personal struggles, such as addiction, a lack of mental wellness, and histories of abuse and trauma, as well as societal barriers and stigmatization (Walsh et al., 2013). Women who were previously homeless before incarceration are more likely to have experienced sexual assault, childhood molestation, arrests for sex work and to have been in treatment for substance use previously (Asberg & Renk, 2015). The cumulative effects of abuse are seen as a pathway to continued criminality due to high-risk behaviour and substance use, often used as a coping mechanism to numb feelings and memories of the abuse (Asberg & Renk, 2015). Neo-liberal shifts in social and public policy are leaning towards a "tough on crime" approach to legislation and these changes are ignoring the context within which women are committing crimes (Walsh et al., 2013). Women face

structures of oppression and inequality that increase their risk of becoming involved in the criminal justice system (Walsh et al., 2013).

How Legal Issues Destabilize Housing

Homelessness may also be the result of readjustment problems following the release from incarceration (Metraux & Culhane, 2006). The path to incarceration often begins in homelessness and the path back to freedom can tend to leave formerly incarcerated individuals homeless again (Friesen, 2010). Imprisonment is often a gateway to homelessness (Dyb, 2009). If an individual had stable housing prior to their incarceration, depending on how long they spend in jail, they may not have the option of returning to that home. If the event that led them to be incarcerated happened on the property, they are at risk of eviction for putting the safety of other tenants at risk. If they are incarcerated for an extended period of time, they will be unable to work or their income support may be suspended. This makes it so their rent is unlikely to be paid, leading again to eviction. Depending on the level of support available to the individual, it is likely that involvement in the criminal justice system ultimately leads to a decrease in housing stability. Many previously incarcerated individuals are led into homelessness upon their release due to their increased likelihood of housing insecurity (Geller & Curtis, 2011).

Barriers to Obtaining Housing After Incarceration

Housing insecurity greatly impacts the economic, emotional and physical health of individuals and their communities, particularly for those who are vulnerable in other aspects of their lives (Geller & Curtis, 2011). People returning from incarceration face many barriers to successful re-entry to the community (Geller & Curtis, 2011). One of the most challenging aspects is finding and securing stable housing, a key component in the re-entry process (Massoglia & Warner, 2011). Some barriers that recently incarcerated individuals face are landlord exclusion, public and low income housing limitations, strained familial relationships, lack of financial resources, difficulty securing employment, poor credit history, stigma and social exclusion (Geller & Curtis, 2011, Warner, 2015).

Private landlords are able to exclude recently incarcerated individuals from their housing by requiring background or criminal record checks (Geller & Curtis, 2011). These property managers have the right to exclude people from their buildings using criminal history as the criteria (Geller & Curtis, 2011). If a

landlord is made aware of the applicant's criminal history, they will more likely choose another applicant for the apartment. Public and low-income housing projects tend to have limitations on criminal records (Geller & Curtis, 2011). Often these housing projects are targeted towards low-income families to some degree, so they restrict the allowable criminal history of their residents for safety purposes. Even if the programs were more open to applicants with a criminal history, the waitlists are often extensive, and people would have to spend time homeless before gaining access to housing upon release from incarceration (Warner, 2105).

Depending on the type of crime previously committed, recently incarcerated people may also be legally prohibited from living in certain areas (Geller & Curtis, 2011). Those who are on the sex offender list have many restrictions to the location of their housing which can make it challenging to find anything appropriate upon release (Warner, 2015). Some recently incarcerated individuals are able to return to their families, but most are left residing in homeless shelters or the street (Massoglia & Warner, 2011). They may be unable to stay with friends or families due to strained relationships, or if they have restrictions from living with others with criminal justice involvement (Geller & Curtis, 2011).

Another barrier to accessing housing for formerly incarcerated people are their lack of financial resources. As previously mentioned, many people will have lost their housing, job or income assistance post incarceration, depending on the time frame (Friesen, 2010). They tend to face many challenges in the labour market after being incarcerated, limiting their ability to pay for housing (Geller & Curtis, 2011). These individuals tend to have less education and are economically marginalized (Warner, 2015). The obstacles to employment of homeless, previously incarcerated individuals can at times appear insurmountable (Covin, 2012). Women are especially vulnerable to this as they are often excluded from the labour force if they have a history of incarceration due to the negative perceptions of society (Asberg & Renk, 2015). Those who were receiving income support benefits prior to their involvement in the criminal justice system, often have those benefits suspended. There are regularly delays in reactivation of these financial benefits, leaving individuals without the means to pay for housing (Hughes, 2012). Often, recently incarcerated people have limited or poor credit history that can affect their ability to rent (Geller & Curtis, 2011). Unless they are a part of a housing program that provides financial assistance, it can be extremely challenging to come up with the money needed to find and secure a home after incarceration.

The inability to access stable housing is an indicator of severe social exclusion (Geller & Curtis, 2011). Incarceration, homelessness and a lack of mental wellness carry a strong social stigma that makes ex-prisoners susceptible to discrimination and isolation (Warner, 2015). Social exclusion of people who are homeless from full participation in society occurs due to views that they have chosen to engage in socially disruptive or illegal behaviours (Schneider, Chameralain & Hodgetts, 2010). People with a lack of mental wellness often experience the double-edged sword of managing both their illness and the negative attitudes and behaviours of the community (Dorvil, 2005). Stigma impacts many areas of these individual's lives. They tend to be less accepted by their community, contributing to loneliness, and they are often excluded from social relationships (Browne, 2004). Acceptance is an important part of staying well for this population (Browne, 2004). The experience of social exclusion and stigma makes finding stable housing extremely challenging for those who have been recently incarcerated.

Risks of Recidivism

Obtaining stable housing is one of the most important steps in an ex-prisoner's successful reintegration into the community (Parhar & Wormith, 2013). Failing to access housing can be detrimental to this reintegration process; offenders released without accommodation are three times more likely to re-offend than those who have kept their housing (Parhar & Wormith, 2013). The prison system is releasing people into homelessness with a lack of prior planning. By failing to prepare individuals for re-entry into the community, the criminal justice system is contributing to the high rates of homelessness and recidivism of formerly incarcerated individuals (Massoglia & Warner, 2011). According to Friesen (2010), this vicious cycle of failed re-integration leads to recidivism.

Residential instability leads to an increase in the likelihood of re-arrest (Massoglia & Warner, 2011). Many ex-prisoners will eventually return to jail, but maintaining stable housing can be the difference in successful re-entry (Warner, 2015). Housing can be the building block to stabilization in the community for those who have been previously incarcerated. Housing is often the pre-requisite for obtaining stable employment, access to support services and other aspects of individual, family and community functioning (Geller & Curtis, 2011). Housing has a direct impact on recidivism rates. Homelessness presents many

opportunities for violating public order, like loitering or sleeping in public, which leave people at risk of arrest (Geller & Curtis, 2011). Unstable housing also affects the ex-prisoners ability to communicate with their probation or parole officer, which can lead to re-arrest (Geller & Curtis, 2011).

Ex-prisoners are likely to have a lack of physical and mental wellness and have histories of substance use (Geller & Curtis, 2011). Treatment for these conditions is significantly easier to obtain for those who have stable housing (Geller & Curtis, 2011). Without stable housing, these conditions will most likely worsen, often leading to hospitalization, re-incarceration or, in the worst cases, death. High rates of physical health issues are present in this population, such as Tuberculosis, Hepatitis B and C and HIV, and require continuous care that stable housing is the pre-requisite to gaining (Geller & Curtis, 2011). Tsai and Rosenheck (2012) state that drug use is associated with higher rates of recidivism and subsequent episodes of homelessness.

Obtaining employment for this population without housing is next to impossible. Employers often require an address for job applications and need to be able to contact the individual to continue the application process (Geller & Curtis, 2011). When someone is living in the shelter system or on the streets, they rarely have the means to a working telephone. The difference between stable and unstable housing can be the difference between gaining access to a job or not, and exacerbates the already high barriers to employment (Geller & Curtis, 2011). Again, this phenomenon is cyclical in that you often cannot access employment without housing, but it is much more challenging to get housing without employment. With no home and no job, it is not surprising that many previously homeless individuals end up re-offending and finding themselves back in the criminal justice system.

What Needs to Change?

It is clear that a person's legal issues directly affect their housing stability. People involved in the criminal justice system have more challenges to success in obtaining and maintaining stable housing. There is a lot of research on proposed resolutions to this social problem. Some potential solutions are alternative sentencing, changing policy to work to decrease prison populations by focusing on rehabilitation, better reintegration planning while individual's are incarcerated, integration and an increase of social supports for this population, and stable housing (Covin, 2012, Dyb, 2009, Friesen, 2010, Geller & Curtis,

2011, Hughes, 2012, Massoglia & Warner, 2011, McNiel et al., 2005, Metraux & Culhane, 2006).

There are several forms of alternative sentencing that could reduce the risk of cycling in and out of the criminal justice system for frequent offenders who may be homeless, use substances, have a lack of physical or mental wellness, or any combination of the mentioned barriers. The practice of diversion is designed to remove offenders from the typical channels of the criminal justice system and focus on rehabilitation (Hughes, 2012). Deferred sentencing is another option by which a judge may choose not to impose a sentence on an offender if they complete mandatory programs and stay away from criminal activity (Covin, 2012). Drug courts are another example, whereby drug users are seen as having a disorder, as opposed to criminalizing addiction, and they are required to attend drug treatment instead of incarceration (Covin, 2012). Restorative justice, an additional option, is when the offender collectively engages the community that the offence was committed in, and it is intended to help the offender comprehend the impact of their crime on the victim and the community (Covin, 2012). Other options include, home detention, weekend jail, work release programs, sober living environments, day reporting centres and intensive probation supervision (Hughes, 2012).

Policy makers should put their efforts towards reducing the prison populations, especially first time, non-violent offenders (Massoglia & Warner, 2011). This shift would have high economic benefits, saving billions annually in addition to having positive social outcomes (Massoglia & Warner, 2011). Public policy needs to be developed to decrease the involvement of those with a lack of mental wellness in the criminal justice system, while considering addressing the issues related to homelessness and substance use with that population (McNiel et al., 2005). There should also be a policy shift towards assistance and reintegration to lower the rates of recidivism (Massoglia & Warner, 2011). Instead of policies that punish people for being low income, using substances and having a lack of physical or mental wellness, we need to be working towards rehabilitation and integration into the community.

Better re-integration planning, while the offenders are incarcerated, could make a significant difference in their risk of homelessness and recidivism. Successful re-integration of offenders should not begin at release, but rather when they enter the criminal justice system, and needs to be worked on throughout their time in jail (Massoglia & Warner, 2011). There should be an increase of

education and training in the prison system, so that individual's are better prepared for employment upon their release (Geller & Curtis, 2011). Additionally, prisoners should be released with identification, to ease the re-integration process (Hughes, 2012). Also, creating a continuum of care between the criminal justice system and community services would be beneficial. This would require information sharing, collaboration and cooperation among all parts of the criminal justice and community-based service systems (Hughes, 2012).

People involved in the criminal justice system have many support needs, none of which can be dealt with by one system alone (Hughes, 2012). If the criminal justice system, social services and the mental health system collaborate, they can work towards addressing the challenges with this population's community re-integration. Ex-prisoners involved in an integrated service system have better outcomes due to the lack of barriers to support and treatment (Hughes, 2012). Utilizing community-based services allows individuals to remain in the community and to maintain relationships with agencies and programs as well as positive social supports (Hughes, 2012). Participating in these services reduces the number of admissions to jail, hospital and also lowers the rates of recidivism (Hughes, 2012). Furthermore, diverting spending from prisons to community-based support effectively ensures community safety and reduces the risk of recidivism (Friesen, 2010).

Providing case management to the recently incarcerated delivers "wrap around services" that assist individual's in accessing and participating in services designed to meet their specific needs (Hughes, 2012). Case management should be strengths-based, assertive and should act as a broker to services. Strengths-based work focuses on individual's strengths, abilities and talents and utilizes these in their service plan (Hughes, 2012). Assertive case management occurs when the caseworker persistently delivers service to the client, rather than passively providing support in an office setting (Hughes, 2012). It requires the caseworker to seek out the client, wherever they may be. Lastly, brokering services works towards assessing client's needs and connecting them to services from providers specializing in the appropriate area (Hughes, 2012).

Another option for services that works well with the recently incarcerated, homeless, and people with a lack of mental wellness is Assertive Community Treatment. These teams have multi-disciplinary professionals to deliver service to the individuals (Hughes, 2012). People are able to access these services for as

long or as little as they need them. Assertive Community Treatment teams reduce psychiatric hospitalization, reduce arrests and incarcerations, decrease substance use, decrease mental health symptom severity, increase housing stability and improve individual's quality of life (Hughes, 2012). These teams can make a significant difference with this population if the client's are appropriately connected to their services.

Another successful option for assisting with finding and maintaining housing for ex-prisoners are supported housing programs. These provide permanent, independent housing and case management services to the chronically homeless (Hughes, 2012). Research has shown that involvement in supported housing programs decreases the number of days spent in jail for individuals, increases participation in substance use programming, increases housing retention, decreases institutional services and lessens the chronic homelessness problem (Hughes, 2012). One specific housing program is called Housing First. The Housing First program eliminates requirements of ceasing substance use or attending treatment in order to access housing (Hughes, 2012). This program provides case management services and financial support with a focus on working towards independence for individuals who have experienced homelessness. This program has been shown to reduce substance use, reduce emergency room visits and increases housing stability (Hughes, 2012). The specifics of the Housing First program tend to work well with the previously incarcerated individuals and also those living with a lack of mental wellness.

A home is more than four walls and a roof to protect from the elements; it provides privacy, security, control and a place to build positive and healthy relationships (Dyb, 2009). The construction of a home is a meaningful process that should not be taken lightly for people who support the previously incarcerated and those currently homeless (Dyb, 2009). This report has outlined the many barriers that recently incarcerated individual's face when attempting to find housing after release, and how important that housing is to reducing their risk of recidivism. The criminal justice system should be providing recently incarcerated individuals with a form of transitional housing, as a way of assisting people with employment and getting their lives back together after incarceration (Geller & Curtis, 2011). Providing this housing might preclude the need for homeless services among individual's who have recently been incarcerated, and work to facilitate the community re-entry process (Metraux & Culhane, 2006). More affordable housing units need to be funded so that there

are more options in the community for people to live when they are released from incarceration.

With the incarceration rates climbing and certain disadvantaged populations being targeted, it is clear that there is a problem with our current criminal justice system. Recidivism rates are high, and can be attributed by a lack of proper reintegration planning. Housing needs to be a focus for those supporting individual's at the time of their release from incarceration in order to reduce the risk of recidivism. The criminal justice system needs to work with community support systems and the mental health sphere in order to provide integrated services and work towards lowering the rate of homelessness in the recently incarcerated population. Stable housing is directly affected by people's involvement in the criminal justice system and the solutions are clear. All of the systems interacting with these individuals have a responsibility to make changes to the current system to improve outcomes.

References

Alexander, M. (2012). *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. The New Press.

Asberg, K., & Renk, K. (2015). Safer in jail? A comparison of victimization history and psychological adjustment between previously homeless and non-homeless incarcerated women. *Feminist Criminology, 10*(2), 165 – 187.

Bevitt, A. Chigavazira, A., Herault, N., Johnson, G., Moschion, J., Scutella, R., . . . Kalb, G. (2015). Journey's Home research report no. 6: Complete findings from waves 1 to 6. Australian Government Department of Social Services.

Browne, G. & Courtney, M. (2004). Measuring the impact of housing on people with schizophrenia. *Nursing and Health Sciences, 6*, 37–44.

Covin, L. (2012). Homelessness, poverty, and incarceration: The criminalization of despair. *Journal of Forensic Psychology, 12*, 439 – 456.

Dorvil, H., Morin, P., Beaulieu, A., & Robert, D. (2005). Housing as a social integration factor for people classified as mentally ill. *Housing Studies, 20*(3), 497-519.

Drake, R. E., Osher, F. C., & Wallach, M. A. (1991). Homelessness and dual diagnosis. *American Psychologist, 46*(11), 1149 – 1158.

Dyb, E. (2009). Imprisonment: A major gateway to homelessness. *Housing Studies, 24*(6), 809 – 824.

Friesen, J. (2010, August 10). Many inmates stuck in cycle of jail and homelessness: Report. *The Globe and Mail*, pp. A9.

Geller, A., & Curtis, M. A. (2011). A sort of homecoming: Incarceration and the housing security of urban men. *Social Science Research, 40*, 1196 – 1213.

Greenberg, G. A., & Rosenheck, R. A. (2008). Jail incarceration, homelessness, and mental health: A national study. *Psychiatric Services, 59*(2), 170 – 177.

Hughes, C. (2012). *Reducing the incarceration of the homeless: An examination of multi-service use and the utilization of institutional services*. Doctorate thesis, University of Louisville, Louisville, KY.

Kuhn, R., & Culhane, D. P. (1998). Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data. Retrieved from http://repository.upenn.edu/spp_papers/96

Kushel, M. B., Hahn, J. A., Evans, J. L., Bangsberg, D. R., & Moss, A. R. (2005). Revolving doors: Imprisonment among the homeless and marginally housed population. *American Journal of Public Health, 95*(10), 1747 – 1752.

Lynch, P. (2002). Begging for change: Homelessness and the law. *Melbourne University Law Review, 26*, 690 – 706.

Massoglia, M., & Warner, C. (2011). The consequences of incarceration: Challenges for scientifically informed and policy-relevant research. *Criminology and Public Policy, 10*(3), 851 – 863.

McNeil, D. E., Binder, R. L., & Robinson, J. C. (2005). Incarceration associated with homelessness, mental disorder, and co-occurring substance abuse. *Psychiatric Services, 56*(7), 840 – 846.

Metraux, S., & Culhane, D. P. (2006). Recent incarceration history among a sheltered homeless population. *Crime & Delinquency, 52*(3), 504 – 517.

Parhar, K., & Wormith, J. S. (2013). Risk factors for homelessness among recently released offenders. *Journal of Forensic Social Work, 3*, 16 – 33.

Roy, L., Crocker, A. G., Nicholls, T. L., Latimer, E. A., & Reyes Ayllon, A. (2014). Criminal behaviour and victimization among homeless individuals with

– severe mental illness: A systematic review. *Psychiatric Services*, 65(6), 739 – 750.

Saddichha, S., Fliers, J. M., Frankish, J., Somers, J., Schuetz, C. G., & Krausz, M. R. (2014). Homeless and incarcerated: An epidemiological study from Canada. *International Journal of Social Psychiatry*, 60(8), 795 – 800.

Schneider, B., Chamberlain, K., & Hodgetts, D. (2010). Representations of homelessness in Canadian newspapers: Regulation, control, and social order. *Journal of Sociology and Social Welfare*, 87(4), 147 – 172.

Tsai, J., & Rosenheck, R. A. (2012). Incarceration among chronically homeless adults: Clinical correlates and outcomes. *Journal of Forensic Psychology Practice*, 12, 307 – 324.

Walsh, C. A., Rutherford, G., Krieg, B., & Bell, M. (2013). Aboriginal women's voices: Breaking the cycle of homelessness and incarceration. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 11(3), 377 – 394.

Warner, C. (2015). On the move: Incarceration, race and residential mobility. *Social Science Research*, 52, 451 – 464.