

Role of Gender, Substance Use, and Serious Mental Illness in Anticipated Postjail Homelessness

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Incarcerated individuals, particularly women, experience high rates of mental health and substance use disorders, potentially placing them at an increased risk for homelessness. This study examined factors associated with anticipated postjail homelessness among men and women ($N = 725$) incarcerated in an urban county jail. Participants were categorized into three groups on the basis of scores of screening measures for substance misuse and mental illness: (1) substance use disorder only, (2) serious mental illness or co-occurring substance use disorder (SMI/COD), and (3) no disorder. Gender differences within the three groups were examined, and logistic regressions were used to assess factors associated with anticipated postjail homelessness. Women were more likely than men to be homeless pre-jail and present with a serious mental illness, a substance use disorder, or both. SMI/COD and gender, but not substance use disorder only, were significantly associated with anticipated postjail homelessness. Women were twice as likely as men to anticipate postjail homelessness. Results display the complexity of service needs among women in the criminal justice system and support the need for services that address mental illness and substance use within the jail setting to reduce long-term homelessness.

KEY WORDS: *homelessness; jail; mental illness; substance use; women*

Homelessness is commonly associated with jail incarceration. Almost half (49%) of homeless adults have experienced at least one stay in jail (Burt et al., 1999), and homelessness for those incarcerated in jails is 7.5 times higher than for the general population (Greenberg & Rosenheck, 2008). Jails are heavily populated and experience rapid turnover. For example, jails across the country admit 250,000 individuals per week and have a weekly turnover rate ranging from 52% to 137% depending on the jail size (Minton, 2011). Even though jail sentences are brief, jail is a disruption to an individual's life. Rapid turnover and a dearth of services within jail often lead to housing instability at a greater rate for those discharged from jail (Metraux & Culhane, 2006). However, pre- and postrelease services for housing, social services, and case management are generally lacking within jails (Steadman & Veysey, 1997). Refinement of service needs is crucial to better treat those incarcerated in jail to prevent recidivism and further negative outcomes, such as postincarceration homelessness. Exploring the role of gender is one step in clarifying these needs, as gender

differences exist for both pathways to incarceration and homelessness.

RISK FACTORS FOR JAIL INCARCERATION AND HOMELESSNESS

Individuals in jail have high rates of several risk factors, such as serious mental illness, substance use disorders, and dual disorders, that are often associated with homelessness (Greenberg & Rosenheck, 2008; James & Glaze, 2006; McNeil, Binder, & Robinson, 2005; Theriot & Segal, 2005). In particular, more than half (64%) of jail inmates have a mental health problem, and 76% of these inmates also have a substance use disorder (James & Glaze, 2006). Furthermore, those with a mental illness are almost twice as likely as those without a mental illness (17% versus 9%) to have experiences of homelessness (James & Glaze, 2006). Serious mental illness, especially untreated mental health disorders, substance abuse and dependency, and dual disorders are also risk factors for homelessness in community samples (Folsom et al., 2005; Greenberg & Rosenheck, 2010; Levin, Culhane, DeGenova, O'Quinn, & Bainbridge, 2009). In addition,

economic disadvantage and persistent unemployment, lack of support from family and friends, low educational achievement, incarceration, and histories of childhood adversity have been identified as risk factors for homelessness among adults (Caton et al., 2005; Kertesz et al., 2005; McNeil et al., 2005; Reardon, Burns, Preist, Sachs-Ericsson, & Lang, 2003; Shelton, Taylor, Bonner, & van den Bree, 2009).

Gender, Risk, and Jail Incarceration

Gender is an important factor to examine in relation to jail incarceration because women are considered to have different pathways into the criminal justice system and thus different key service needs than male offenders (Belknap, 2007; Belknap & Holsinger, 2006; Chesney-Lind, 1997; Chesney-Lind & Shelden, 2004). For example, in Daly's (1994) often cited work on pathways to crime, men and women differed in their most common pathways—specifically, the pathway category with the highest proportion of men (35%) was related to using violence for control and the prominent role of masculinity in promoting criminal behaviors, whereas the pathway with the largest proportion of women (37%) was based on a history of extensive abuse, victimization, substance abuse, mental health distress, and subsequent criminal behaviors. While acknowledging that some men and women may have similar contexts for their involvement in criminal behavior (for example, Reisig, Holtfreter, & Morash, 2006), more recent research on gender comparisons offers empirical support of differences in these pathways. For example, although homelessness is generally considered a “gender-neutral” risk factor for incarceration, homelessness in connection with extreme poverty has been identified as placing women on a distinct trajectory to incarceration (Holtfreter, Reisig, & Morash, 2004), especially when considering the impact of marginalization through race, socioeconomic status (SES), and gender (Richie, 1996). Also, a recent multisite study of women in rural and urban jails found that serious mental illness, as well as victimization histories, increased the risk for women's involvement in criminal behavior (Lynch, DeHart, Belknap, & Green, 2012).

Moreover, in jail, women present with higher rates of risk factors for incarceration than men. Women have more than double the rate of serious mental illness than men in jail (31% versus 15%); Kubiak, Beeble, & Bybee, 2012; Steadman, Osher,

Robbins, Case, & Samuels, 2009) and, in general, have high rates of mental illness, substance abuse disorders, and dual disorders (Abram, Teplin, & McClelland, 2003; Green, Miranda, Daroowalla, & Siddique, 2005; Teplin, Abram, & McClelland, 1996). Also, more women in jail present with multiple morbidities compared with men; for example, 31% of women reported two risk factors versus 16% of men, and 20% of women reported three risk factors versus 6% of men (Fedock, Fries, & Pimlott Kubiak, 2013).

Gender, Risk, Homelessness, and Jail Incarceration

Although a myriad of studies have examined risk factors associated with homelessness for adults, most studies have used low proportions of women in their samples, leading to a dearth of knowledge on gender differences in these factors. One study, which used a small sample of low-income adults to explore correlates of homelessness for men and women, found that alcohol and drug use and low monthly income were associated with men's homelessness, whereas only engagement in sex trade and recent incarceration were significantly associated with women's homelessness (Riley et al., 2007). A study comparing men's and women's pathways to being homeless found that men were more likely to name loss of job, mental health problems, and substance abuse problems as contributing to their homelessness, whereas women were more likely to name eviction, interpersonal conflict, and loss of social support. Economic strain was reported at similar rates for both men and women (Tessler, Rosenheck, & Gamache, 2001).

In comparing homeless and housed women, homeless women have a higher rate of experiencing intimate partner violence (IPV), as well as a significantly higher rate of cumulative lifetime victimization (Browne & Bassuk, 1997). Homeless women have also reported high rates of recent victimization. One study found that one-third of homeless women had been physically assaulted in the previous year (Kushel, Evans, Perry, Robertson, & Moss, 2003); another study reported that one-fourth of homeless women had experienced victimization in the preceding 30 days (Wenzel, Koegel, & Gelberg, 2000). Furthermore, IPV is the most commonly given reason for homelessness among homeless women with children (Tischler, Rademeyer, & Vostanis, 2007).

The relatively few studies that have examined gender in relation to homelessness among the incarcerated population have found that jail is a more potent risk factor for homelessness for women than for men (Freudenberg, Mosely, Leбриоla, Daniels, & Murrill, 2007; Riley et al., 2007) and that homelessness is a common concern for women released from jail (Richie, 2001; Van Olphen, Eliason, Freudenberg, & Barnes, 2009). Researchers have suggested that women face particularly heavy negative stigma after incarceration (Richie, Freudenberg, & Page, 2001) and often lack access to sufficient treatment needs, especially for mental health and substance use disorders after release, which inhibits successful reentry into the community (Weiss, Kung, & Pearson, 2003). These untreated service needs, in combination with experiences of incarceration and homelessness, may place women at risk for further victimization (Lam & Rosenheck, 1998).

CURRENT STUDY

The existing literature shows a cyclical and interconnected relationship between homelessness and incarceration and suggests that this relationship is mediated by factors of mental health and substance use disorders for adults, as well as other potential factors, such as trauma, particularly for women. A specific aspect of this relationship in need of further examination is the identification of risk factors for homelessness postjail release among incarcerated men and women (Greenberg & Rosenheck, 2008). Existing studies have failed to examine the role of gender in relation to postincarceration homelessness while simultaneously considering the effects of serious mental illness and substance use disorders. Therefore, this study focuses on the role of gender among risk factors of anticipated homelessness postincarceration to inform jail discharge planning for service providers, especially social workers who are often involved in this process (Goldstrom, Henderson, Male, & Manderscheid, 1998). Our research questions are as follows: Do rates of homelessness pre-jail incarceration differ by gender? Does anticipated homelessness postjail differ by gender when controlling for substance use and mental health disorders?

METHOD

The sample was obtained from a midwestern urban-county jail. The jail processes approximately 45,000 individuals each year and has an average

daily population of 2,600 detainees. Those detained may be awaiting trial or convicted and serving sentences. Similar to national statistics concerning the composition of county jail populations (87% male versus 13% female) (Harrison & Beck, 2006), approximately 89% of inmates housed in this facility are male.

Procedure

Purposeful sampling strategies were used in this study to obtain representative samples of incarcerated men and women. Our data collection approaches for men and women varied slightly because of the nature of the facility and the limited number of women on a given day. Therefore, when collecting data from women, three rounds of data collection were completed over six months, with approximately four weeks in between each round to allow for turnover. Male data collection was done in one continuous round lasting approximately three months. Self-report surveys were disseminated to all inmates booked during the data collection period in 2009 by trained research staff (see Kubiak, Beeble, & Bybee, 2010, for further procedural detail). The study was approved by Michigan State University's institutional review board.

Participants

A total of 1,092 participants were approached to participate in this study, and 83 (8%) declined participation. Of the 1,009 participants, 49% were men and 51% were women. Because of changes in the measure, approximately half ($n = 284$) of the women were not surveyed on all measures and were removed for purposes of this analysis. A comparison of characteristics between the women used in the analysis sample ($n = 231$) and the omitted sample ($n = 284$) revealed no differences in age, $t(512) = 0.27, p = .79$; length of incarceration, $t(513) = 0.02, p = .98$; or proportion with a serious mental illness, $\chi^2(1, N = 512) = 2.02, p = .09$. Our final sample consisted of 725 participants, 68% of whom were men ($n = 494$) and 32% of whom were women ($n = 231$). Participants ranged in age from 18 to 64 years, and length of incarceration ranged from one day to slightly under three years. Other demographic information, such as race-ethnicity, income, or marital status, was not captured from participants. Although race was not collected on individual participants, the overall 2007 census indicated that 59% of adults incarcerated in this

facility were African American (personal communication with R. Pitts, data analyst for Wayne County Jail, Detroit, 2008).

Measures

Serious Mental Illness (SMI). The K6 (Kessler et al., 2002, 2003), a brief six-item screening measure often used in general population studies, was used to assess symptoms of psychological distress. The K6 measures the extent to which individuals feel (1) nervous, (2) hopeless, (3) restless or fidgety, (4) so depressed that nothing can cheer them up, (5) that everything was an effort, and (6) worthless during the four weeks preceding their screening. Item responses were based on a five-point Likert-type scale, ranging from 0 (none of the time) to 4 (all of the time). All responses were summed into an overall scale, with scores ranging from 0 to 24. Cronbach's alpha of the K6 for the current sample was .95 ($M = 7.99$; $SD = 7.84$). A recommended overall cutoff score of 13 (Kessler et al., 2003) distinguishes those with SMI from those without. The K6 identified 164 participants (23%), 15% of men and 40% of women, as having an SMI.

Homelessness. Homelessness prior to incarceration was assessed using a single-item question. Participants were asked, "Where did you live during the four weeks before you came to jail?" Response categories included "house/apartment that I own or rent," "with a family member or friend," "moved around or stayed with more than one family member/friend," and "homeless shelter, treatment facility, housing program." A dichotomous variable was created to identify participants who were homeless prior to incarceration on the basis of the federal definition of homelessness (U.S. Department of Housing and Urban Development, 2011). The definition considered in federal policy is that *homeless individuals* are those living in a place not meant for human habitation, such as a temporary institution or shelter; those who will be losing their place of nighttime residence, including a motel, within two weeks; or those continuing to have unstable housing because of reasons such as mental health disorder or lack of employment (H. R. 2523, 2009). Only participants who selected "moved around or stayed with more than one family member/friend" or "homeless shelter, treatment facility, housing program" were identified as housing insecure and thus constituted our homeless prior to jail incarceration group for purposes of

this analysis. Among our sample, 68 participants (11%), 9% of men and 16% of women, identified as being homeless pre-jail. Similar procedures were used to identify participants who anticipated homelessness post-jail incarceration. Although anticipated homelessness does not ensure homelessness post-jail, previous research compared women's expected and actual needs post-jail and found that inmates were able to accurately predict their needs, including housing stability (Freudenberg, Daniels, Crum, Perkins, & Richie, 2005). Participants were asked, "Where will you most likely live when you leave jail?" The identical response categories were also merged into a dichotomous variable to determine the proportion of participants with anticipated post-jail homelessness. Among our sample, 67 participants (11%), 6% of men and 20% of women, met this criterion. Fifty-one participants selected homeless shelter, treatment facility, housing program, and 16 participants selected moved around or stayed with more than one family member/friend.

Substance Use Disorder (SUD). The CAGE Alcohol and Drug Screening Questionnaires (Ewing, 1984) were used to screen for current substance use disorders. CAGE is used in primary care settings and has been found valid and reliable in screening for alcohol use disorders across a variety of populations (Dhalla & Kopec, 2007). Alcohol disorders were assessed using the four-item scale, which was preceded by one item to screen for prior alcohol use, "Have you ever used alcohol?" Alcohol consumption guided participants to complete the remaining items (for example, "Have you ever felt you should cut down on your drinking?" "Have you ever felt bad or guilty about your drinking?"). A similar four-item scale was used to assess drug disorders. Participants who answered "yes" on "Have you ever used legal or illegal drugs inappropriately?" were asked to complete four additional questions. Item responses were scored 0 or 1 and summed to create a scale score ranging from 0 to 4. A total score of 2 or higher was used as the lower limit to indicate the probable presence of a substance use problem. The CAGE alcohol scale ($\alpha = .78$) and CAGE drug scale ($\alpha = .78$) demonstrated high reliability with the current sample. Participants who screened positive on the CAGE alcohol or CAGE drug screen were considered to have an SUD for purposes of analysis. A total of 390 participants (56%), 49% of men and 71% of women, met criteria for an SUD.

Data Analysis

Incarcerated men and women were compared on demographic and clinical characteristics using *t* tests and chi-square tests. Participants were categorized into three disorder groups, (1) SUD only, (2) SMI only or SMI with co-occurring SUD (SMI/COD), and (3) no disorder, on the basis of the scores of the clinical instruments that measured substance use and symptoms associated with mental illness. Gender differences among the three groups were examined using chi-square tests. Stepwise logistic regression was used to examine the role of gender, SUD, and SMI/COD on anticipated postjail homelessness. The first model examined the relationship of gender, SUD, and SMI/COD on anticipated postjail homelessness while accounting for pre jail homelessness, age, and length of incarceration. The first model was conducted in the following three steps: (1) age, incarceration length, pre jail homelessness; (2) membership in the SMI/COD- or SUD-only groups; and (3) gender. In the second model, the interaction of gender with pre jail homelessness, SUD, and SMI/COD was tested. The second model was conducted in the following four steps: (1) age, incarceration length, pre jail homelessness; (2) membership in the SMI/COD- or SUD-only group; (3) gender; and (4) gender \times pre jail homelessness, gender \times SMI/COD, and gender \times SUD. Because none of the interactions with gender were significant, we present results only of the main effects model.

RESULTS

The women in our sample were slightly older than the men and had also served a significantly greater number of days within jail at the time of our survey than the men. A significantly greater proportion of women identified as being homeless prior to jail and anticipated higher rates of homelessness postjail when compared with men (see Table 1). Women were also significantly more likely to present with an SMI and SUD than men. The frequencies associated with membership group (SUD, 39%; SMI with SUD, 18%; SMI without SUD, 6%; and no disorder, 38%), by gender, are illustrated in Table 2. The SUD-only group had the highest membership, with equivalent proportions of the male and female population. Initially, we considered separate groups for SMI only and those with COD; however, because of the small numbers of those with SMI only ($n = 40$), we collapsed these groups into one

category—SMI/COD. Gender was significantly associated with membership in the SMI category and the SMI/COD category. Men were more likely to belong to the no disorder group (see Table 2).

The correlation matrix for the study variables are presented in Table 3. Prejail homelessness was positively and weakly correlated with length of incarceration, gender, SMI/COD, and SUD. Anticipated postjail homelessness was also positively and weakly correlated with gender, SMI/COD, and SUD. Prejail and anticipated postjail homelessness were positively and moderately correlated ($r = .39$). SMI/COD and SUD were positively and weakly correlated ($r = .21$). No study variables were highly correlated.

Prejail homelessness was significantly associated with anticipated postjail homelessness ($OR = 10.71$, 95% CI [5.18, 22.11]). After controlling for demographic variables and pre jail homelessness (step 1), the addition of SMI/COD and SUD explained 29% of the variance with SMI/COD as the only significant factor ($OR = 3.85$, 95% CI [1.96, 7.55]) (see Table 4). In the full model, SMI/COD remained significant ($OR = 3.30$, 95% CI [1.66, 6.57]). Gender was also significantly associated with anticipated postjail homelessness even while controlling for pre jail homelessness, SMI/COD, and SUD ($OR = 2.17$, 95% CI [1.08, 4.34]). Variance explained increased in the full model (30%). Of the interactions tested in our second model (gender \times pre jail homelessness, gender \times SUD, gender \times SMI/COD), no significant interaction effects were found.

DISCUSSION

In this study, data from a purposeful sample of incarcerated men and women from a midwestern, urban jail were used to examine rates and risk factors associated with anticipated postjail homelessness. Our first aim was to examine gender differences in rates of pre jail homelessness and anticipated postjail homelessness as well as other risk factors associated with homelessness, mainly SMI and SUD. We also sought to determine whether gender was associated with anticipated postjail homelessness above and beyond SUD and SMI and COD. Our final aim was to examine gender differences in risk factors for anticipated postjail homelessness. Notably, our research is one of the few studies to use a sample of incarcerated individuals when examining homelessness among jail populations, as the majority of

Table 1: Within-Group Comparisons on Selected Variables Based on Gender

Variable	Total Sample (N = 725)		Men (n = 494)		Women (n = 231)		Gender Comparison Statistical Test
	M	SD	M	SD	M	SD	
Age	32.59	10.87	31.76	11.09	34.24	10.23	$t(681) = -2.83^{**}$
Incarceration length	26.99	76.80	17.88	67.31	44.50	89.92	$t(664) = -4.30^{**}$
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	Statistical Test
Prejail homelessness							$\chi^2(1, N = 622) = 6.49^*$
Yes	68	10.93	37	8.75	31	15.58	
No	554	89.07	386	91.25	168	84.42	
Anticipated postjail homelessness							$\chi^2(1, N = 625) = 26.34^{**}$
Yes	67	10.72	26	6.24	41	19.71	
No	558	89.28	391	93.76	167	80.29	
Serious mental illness							$\chi^2(1, N = 708) = 55.03^{**}$
Yes	164	23.16	72	15.03	92	40.17	
No	544	76.84	407	84.97	137	59.83	
Substance use disorder							$\chi^2(1, N = 695) = 30.03^{**}$
Yes	390	56.12	232	49.05	158	71.17	
No	305	43.88	241	50.95	64	28.83	

* $p = .05$. ** $p < .001$.

studies have examined past criminal justice involvement in samples of homeless individuals (Greenberg & Rosenheck, 2008).

Our results showcased the complexity of service needs and severity of morbidities among women involved in the criminal justice system. Women in our sample presented with higher rates of prejail homelessness, anticipated postjail homelessness, SMI, SUD, and COD than men. Women were also half as likely as the men to fall into the “no disorder” category. Other studies have documented high rates of mental illness and substance use among incarcerated women (that is, Abram et al., 2003); however, our findings that women in jail were more likely to experience homelessness prejail and to anticipate homelessness postjail than their male counterparts are novel.

Although gender was not the strongest risk factor for postjail homelessness in our final model, gender played a unique and significant role in anticipated postjail homelessness beyond SMI and COD and SUD. Women in our sample were two times more likely than men to anticipate homelessness upon release. Despite this disproportion, none of the interactions tested between the risk factors and gender (prejail homelessness \times gender; SUD \times gender; SMI/COD \times gender) emerged significant. This indicates that men and women do not differ in these risk factors associated with anticipated postjail homelessness. It may be that what is uniquely connected to women’s experiences of homelessness was not assessed. One possibility is victimization history (for example, domestic violence, sexual–physical assault), which when combined with

Table 2: Gender Differences in the Frequency of Group Membership

Variable	Total Sample (N = 681)		Men (n = 461)		Women (n = 220)		Gender Comparison χ^2
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Substance use disorder	263	38.60	178	38.60	85	38.60	$\chi^2(1) = 0.000$
Serious mental illness	160	23.50	70	15.20	90	40.90	$\chi^2(1) = 54.83^{***}$
With substance use	120	17.62	48	10.41	72	32.73	$\chi^2(1) = 51.09^{***}$
Without substance use	40	5.87	22	4.77	18	8.18	$\chi^2(1) = 3.13$
No disorder	258	37.90	213	46.20	45	20.50	$\chi^2(1) = 41.96^{***}$

Note: Serious mental illness is defined as meeting criteria for serious mental illness with or without substance use disorder, and “no disorder” refers to not meeting criteria for substance use disorder or serious mental illness. Counts and percentages are within group for men and women.

*** $p < .000$.

Variable	1	2	3	4	5	6	7
1. Age	—						
2. Incarceration length	.10**	—					
3. Gender	.12**	.17**	—				
4. Prejail homelessness	.01	.19**	.10*	—			
5. Anticipated postjail homelessness	.08	.11**	.21**	.39**	—		
6. Serious mental illness and co-occurring disorder	.02	.01	.28**	.09*	.22**	—	
7. Substance use disorder	.26**	.02	.21**	.14**	.14**	.21**	—

* $p < .05$. ** $p < .01$.

mental illness has been found to be a precursor for both homelessness (Kushel et al., 2003) and incarceration (Daly, 1994) for women. Other studies have suggested that shifts in interpersonal support contribute to women's experiences of homelessness (Tessler et al., 2001). Future studies should continue to investigate which risk factors for postjail homelessness differ for men and women and should consider the role of trauma and shifts in social support for women. Identifying these gender differences more precisely may be essential in tailoring jail-based services and interventions.

The tailoring of services to address CODs and SMI within the jail may have the ability to promote successful reentry and possibly prevent high rates of homelessness among the incarcerated population. In our study, experiencing an SMI or a COD was significantly associated with anticipated postjail homelessness for both men and women. Those who presented with an SMI or a COD were three times more likely to anticipate postjail homelessness than inmates with no disorder. Because the majority of those experiencing SMI within our sample also met criteria for an SUD (approximately 75%), it is likely that the unique combination of the two occurring together places inmates at a greater risk. Services within jails are lacking because of rapid turnover and brief stays (Minton, 2011). As such, local providers, including community mental health centers, could be instrumental in collaborating with jails to provide in-reach or translational services geared toward COD. Interventions such as integrated dual diagnosis treatment (Mueser, Noordsy, Drake, & Fox, 2003) and Critical Time Intervention

(Draine & Herman, 2007) could be integrated in the jail setting for inmates with CODs to provide the practical and emotional support needed for community reentry.

Although interventions should be available for all incarcerated individuals with COD as one mechanism to reduce homelessness, they may be particularly important for women who presented with higher rates of COD and were more likely to anticipate homelessness upon release. Although women represent a small proportion of the jail population, they may require additional or more complex services for reintegration because of their risk for long-term homelessness (Riley et al., 2007), likely role as sole caregiver (Mumola, 2000), higher need for mental health and substance use treatment, and safety issues associated with higher rates of physical and sexual assault (Fedock et al., 2013). Victimization history, such as past experiences of domestic violence and physical or sexual assault, may be one crucial factor underlying the high rates of COD for women in our sample. As such, future treatments developed with gender-sensitive issues in mind (for example, Beyond Trauma [Covington, 2003], Seeking Safety [Najavits, 2001], and trauma recovery and empowerment model [Harris & Anglin, 1998]) could be instrumental in reducing the disproportionate rates of homelessness among women and ultimately prevent recidivism.

Social workers can play a key role in assessing needs upon jail entrance and in connecting formerly incarcerated individuals with community services on discharge. Mental health screening in jails by qualified providers as part of the admission process, as well as immediate referral to treatment, is a recommended best practice (International Association for Correctional and Forensic Psychology, 2010). Screening for CODs upon jail intake is perhaps the first and most crucial step social workers can take to reduce homelessness among the incarcerated population. Moreover, because jail stays are brief in nature, there is a small window to identify individuals with needs to subsequently link them to comprehensive treatments and community services upon reintegration.

Limitations

Our findings should be viewed in the context of the following limitations. Our analyses are based on a cross-sectional design, precluding casual associations between variables. In addition, purposeful

Table 4: Stepwise Logistic Regression of Serious Mental Illness and Co-Occurring Disorder, Substance Use Disorder, and Gender on Anticipated Postjail Homelessness, Controlling for Age, Length of Jail Incarceration, and Prejail Homelessness

Variable	Step 1				Step 2				Step 3			
	β	Wald	OR	95% CI	β	Wald	OR	95% CI	β	Wald	OR	95% CI
Age	0.02 (0.02)	1.88	1.02	[0.99, 1.05]	0.02 (0.02)	1.13	1.02	[0.99, 1.05]	0.02 (0.02)	0.97	1.02	[0.98, 1.05]
Incarceration length	0.00 (0.00)	0.01	1.00	[0.99, 1.00]	0.00 (0.00)	0.00	1.00	[0.99, 1.00]	0.00 (0.00)	0.02	1.00	[1.00, 1.01]
Prejail homelessness	2.51 (0.35)	52.73***	12.24	[6.23, 24.06]	2.36 (0.37)	41.28***	10.57	[5.15, 21.70]	2.37 (0.37)	41.05***	10.71	[5.18, 22.11]
SMI/COD					1.35 (0.34)	15.31***	3.85	[1.96, 7.55]	1.20 (0.35)	11.59**	3.30	[1.66, 6.57]
SUD					0.74 (0.42)	3.10	2.09	[0.92, 4.74]	0.65 (0.42)	2.34	1.91	[0.83, 4.37]
Gender									0.77 (0.35)	4.79*	2.17	[1.08, 4.34]
R^2	0.21				0.29				0.30			

Note: Standard errors are in parentheses. CI = confidence interval; SMI = serious mental illness; COD = co-occurring disorder; SUD = substance use disorder.

* $p < .05$. ** $p < .01$. *** $p < .000$.

sampling was used to compensate for the low prevalence of women within the jail setting, potentially limiting generalizability and creating artificial differences between men and women in length of stay. Our measure of postjail homelessness is limited in that it is a self-reported prediction that may not equate to actual postjail homelessness. In addition, our findings that men and women did not differ in regard to risk factors associated with anticipated postjail homelessness may have been influenced by our sample size and the relatively small number of inmates who anticipated being homeless upon release ($n = 67$). Future research should use larger samples to better understand the role of gender on homelessness postincarceration.

Another major limitation of our study was the failure to measure important demographic information, including race–ethnicity, socioeconomic status, and previous criminal history. Given that race–ethnicity, gender, and SES are factors connected to the marginalization and oppression of incarcerated adults through the racialization and feminization of the criminal justice system, their inclusion could provide unique insight into the relationship among incarceration, homelessness, gender, and risk. In addition, variables used in our study to assess abuse history may have been inadequate as they measured experiences that occurred only over the past 12 months, when it is likely that an extensive history of victimization and abuse accounts for homelessness. Future research using rigorous methods with attention to race–ethnicity and extensive abuse history in the context of gender, incarceration, homelessness, and risk is needed.

Conclusion

Our research demonstrates that gender is a unique risk factor associated with substance use, SMI and COD, as well as anticipated postjail homelessness. Understanding risk factors associated with anticipated postjail homelessness is crucial for enhancing social work services delivery within the jail setting. Jails represent a unique setting to adequately screen and assess for mental health diagnoses, SUDs, and homelessness and to work with local providers to offer short-term mental health services and link inmates with community resources by providing reentry services. Social workers can play a pivotal role in promoting successful community reintegration, ultimately preventing the cyclical nature of

homelessness and incarceration. Although this research represents an important step in our understanding of the many needs of incarcerated individuals, a great deal of work remains to be done. Future research should investigate service delivery models that can be adapted for the jail setting. **SWR**

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