

# Protecting the Unprotected: A Survey of Violence Experienced While Homeless

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## BACKGROUND

Individuals experiencing homelessness in the United States suffer from similar diseases and disorders as the general population but often times at significantly higher rates and with poorer control. In addition to an increased medical vulnerability, homeless individuals have an increased risk of mortality. The experience of violence while homeless is one factor contributing to the increased vulnerability to illness and mortality. Physical assault on individuals experiencing homelessness has the potential to cause serious physical and psychological injuries, extend homelessness, and result in expensive medical bills.

The scientific literature is limited on this topic and lacks one study examining violent attacks on those who are homeless looking at both homeless and housed perpetrators, the relationships between the victims and perpetrators, the types of injuries incurred and reasons for the attack. To address this gap in the literature, the National Consumer Advisory Board of the National Health Care for the Homeless Council surveyed homeless individuals in five cities across the US regarding their experiences of violence. The National Consumer Advisory Board (NCAB) is comprised of currently and formerly homeless individuals, many of whom participate in the governance of their local Health Care for the Homeless projects. NCAB exists to voice the needs of the homeless on a national level, assist new projects in developing local Consumer Advisory Boards and provide support to currently homeless individuals.

This study was the 5<sup>th</sup> in a series intended to engage homeless individuals in setting advocacy and policy priorities for NCAB and the National Health Care for the Homeless Council. The purposes of the Consumer Participation Outreach studies are to:

- Engage consumers who are currently homeless in their communities
- Bring attention to issues around health care services, access, and barriers
- Find out how people are being treated, so that issues can be addressed by local Health Care for the Homeless (HCH) projects
- Give a voice to people who are experiencing homelessness

## METHODOLOGY

The five sites for this study were chosen based on where the NCAB Executive Committee members resided and the city in which the approving Institutional Review Board (IRB) was located. Consumer Advisory Board (CAB) members associated with the five specified Health Care for the Homeless (HCH) projects administered surveys for this study. The research interviewers recruited individuals at their local HCH projects and sites where those projects may provide services. Some projects are stand alone sites, some are housed within Community Health Centers, some have multiple sites in one community and some have mobile units or outreach workers travelling to different parts of a community to provide health care services. Therefore, research interviewers conducted surveys at multiple sites for one HCH project.

The research interviewers introduced themselves to potential participants, gave a brief description of the study and asked individuals if they would like to participate.

Eligibility Criteria:

- Currently homeless
- Aged 18 or older
- Self-reported, enrolled patient of specified Health Care for the Homeless project

If an individual met all three eligibility criteria, the research interviewer reviewed the Informed Consent and asked for verbal consent from the potential participant. The IRB allowed use of a verbal consent because of the sensitive nature of the survey content and the vulnerable population being surveyed. Participation in the study was voluntary and individuals could discontinue at any time.

Individuals who gave consent to participate in the study were asked to complete the 19 question survey with the research interviewer. If the participant wanted assistance, the research interviewer read the survey questions and response options aloud to the participant. Attempts were made to find an English-Spanish bilingual research interviewer to administer the survey in Spanish when necessary.

Because of the possibility that participants could become emotionally distressed and re-traumatized recalling violent experiences, research interviewers provided a list of local resources after participants completed their surveys. Each site developed a list of resources tailored to the specific services offered by the local community and Health Care for the Homeless project. Research interviewers received research training from the National Health Care for the Homeless Council, including topics such as research with human subjects, informed consent, data collection and confidentiality. Research interviewers did not collect personally identifiable information and survey responses were anonymous.

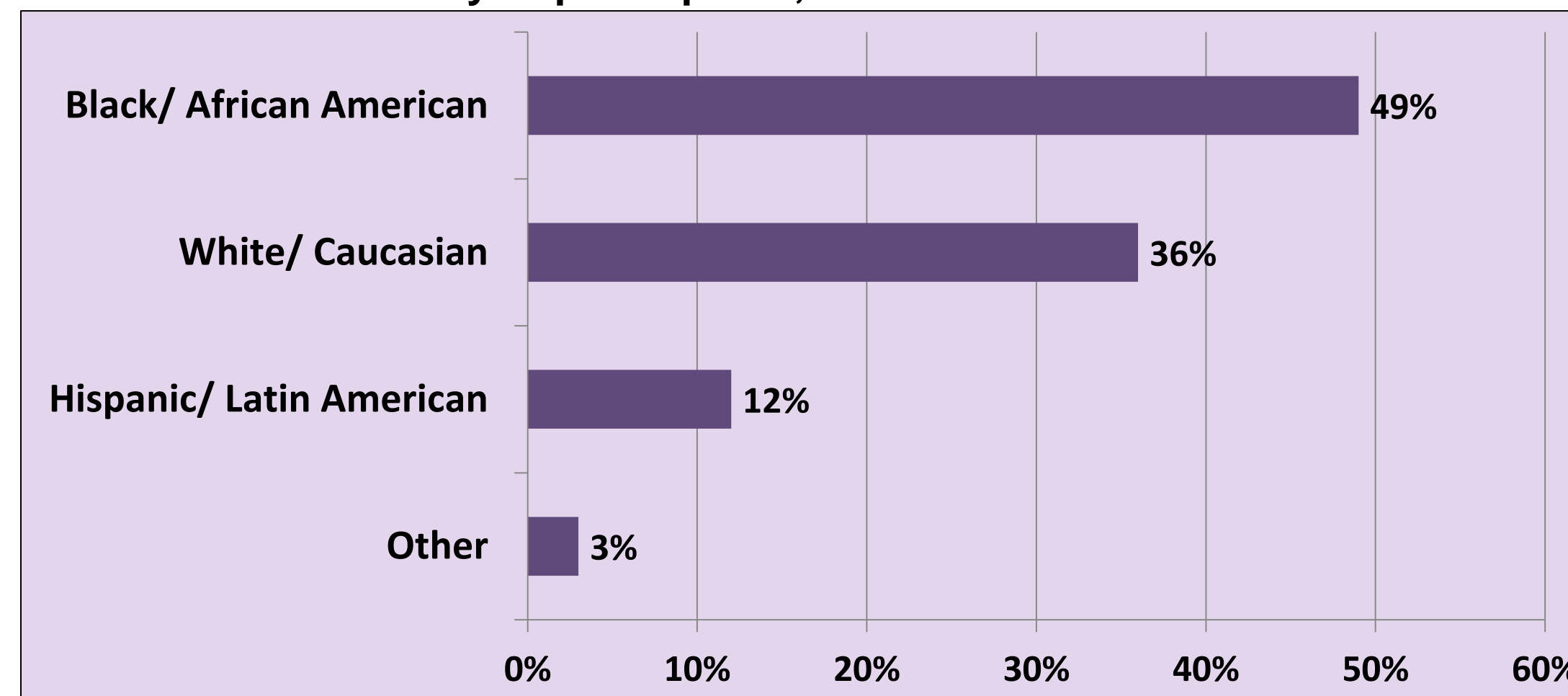
## RESULTS

The total number of participants was 516 after removing some participants for missing data. The number of participants per site was:

- Detroit, Michigan – 110
- Ft. Lauderdale, Florida – 110
- Nashville, TN – 104
- Houston, TX – 96
- Worcester, MA – 96

Sixty-four percent of participants were male, 35% female and 1% transgender. The median age of participants was 43 years with a range of 18 to 87 years. The median length of homelessness reported by participants was 1.75 years with a range of 1 day to 47 years.

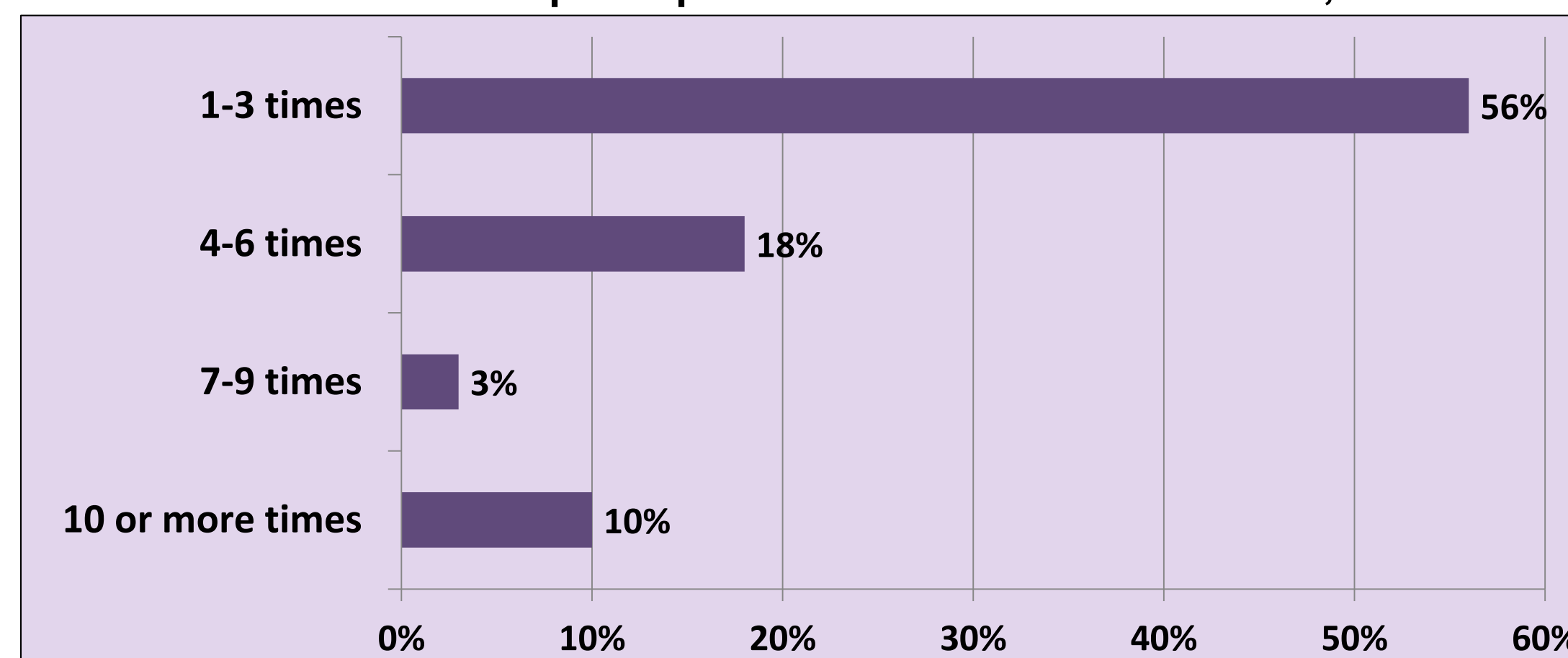
Chart 1. Race/ethnicity of participants, n=514



### Witnessing Violence

Participants were asked if they had ever witnessed a violent attack on another homeless individual. For the purposes of this study, a violent attack was defined as an event in which one individual uses force to intentionally harm another individually physically, sexually or psychologically. Sixty-two percent of respondents reported witnessing an attack. Of those, 32% witnessed an attack in the 30 days prior to the survey and 81% witnessed an attack within the past year. Over half of respondents reported witnessing an attack on another homeless individual 1-3 times [Chart 2].

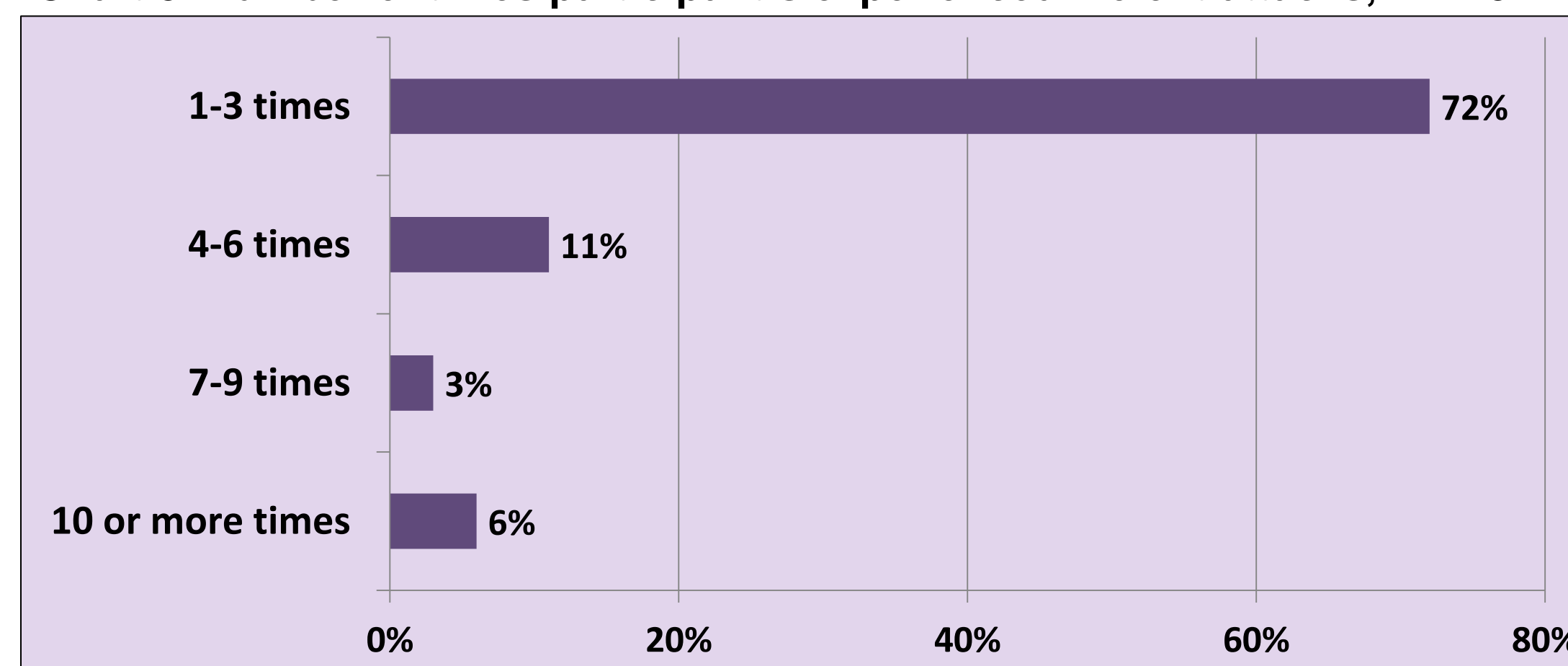
Chart 2. Number of times participant s witnessed violent attacks, n=300



### Personal Experience of Violent Attack

Participants were then asked if they had ever been the victim of a violent attack while homeless. Forty-nine percent of respondents reported being the victim of an attack. Of those, 29% were attacked within 30 days of the survey and 72% were attacked within the past year. Approximately 72% of respondents reported being a victim of a violent attack 1-3 times while homeless [Chart 3].

Chart 3. Number of times participant s experienced violent attacks, n=248



### Characteristics of Violent Attacks

If a participant reported that they have been victim of a violent attack while homeless, they were asked for specific characteristics of the most recent attack [Table 1]. Respondents were also asked to provide the types of injuries they incurred as a result of their most recent attack from a predetermined list of injuries [Table 2].

Table 1. Location where violent attack occurred, n=246

Location	Percentage
Street or alley	58%
Public park	16%
Shelter	13%
Abandoned building	7%
House*	4%
Jail	3%
Parking lot*	2%
Bus station*	2%
Clinic	1%
Other	5%

\*These responses arose from themes found in the qualitative data

Table 2. Injuries incurred as a result of violent attack, n=245

Injury	Percentage
Bruised	56%
Mentally traumatized	31%
Raped or sexually assaulted	15%
Concussion or head/brain injury	13%
Bone(s) broken	13%
Tooth or teeth broken	9%
Stabbed	8%
Scraped or cut*	3%
Shot*	1%
Other	5%
Not injured	16%

\*These responses arose from themes found in the qualitative data

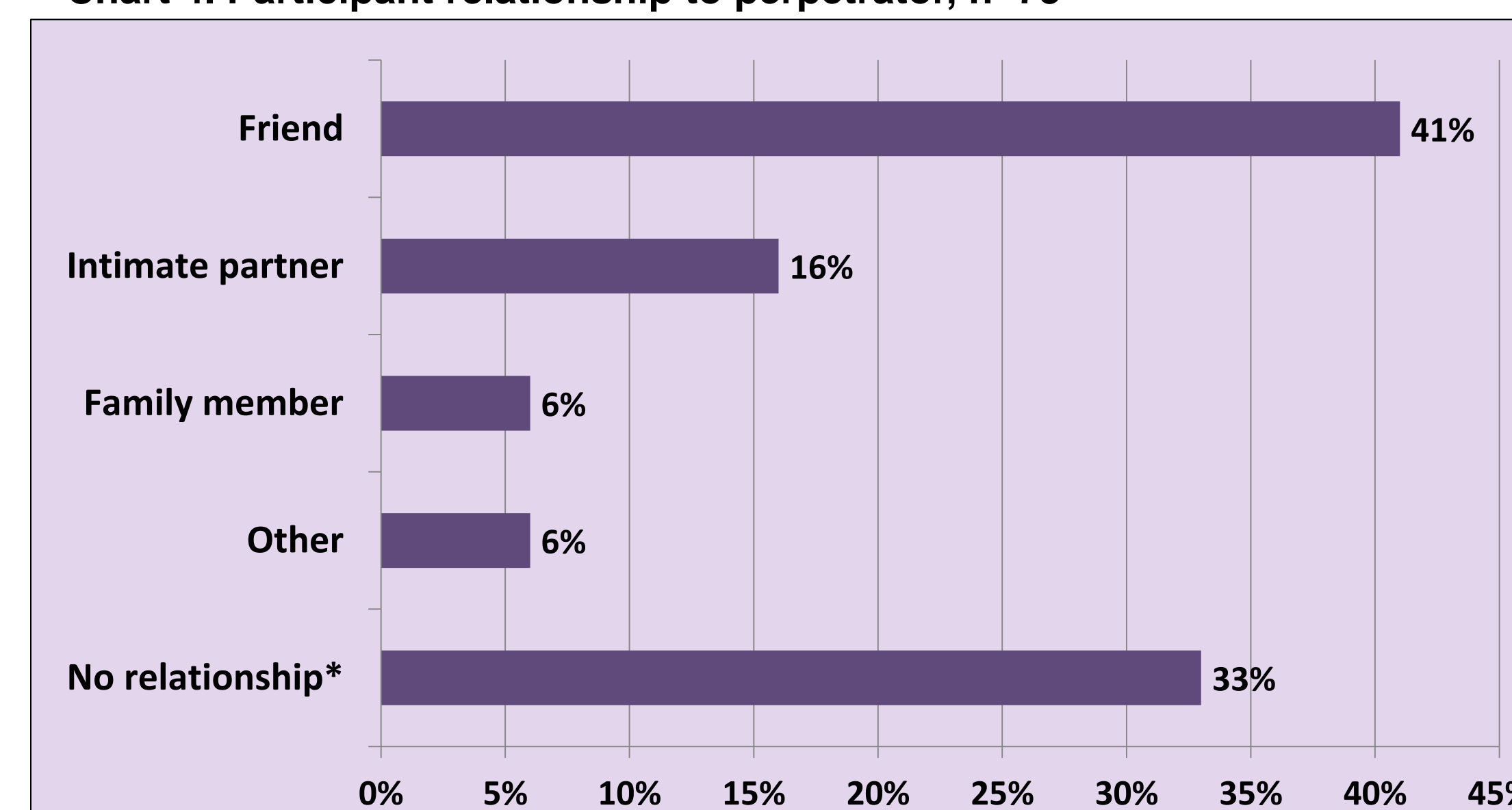
Participants were asked if they were robbed during their most recent attack and what specific items were stolen from a pre-determined list. Forty-nine percent of respondents reported that they were in fact robbed during the attack. Approximately 75% of respondents reported that money was stolen. Personal identifications (28%), clothing (21%) and medication (21%) were the next most commonly reported items stolen. Other items included bedding, phones and prosthetics.

Participants were also asked to list reasons why they thought they were attacked. Nearly a third of respondents thought they were attacked because of a robbery (31%) or because the attacker was under the influence of alcohol or drugs (28%). Sixteen percent thought the attack was a hate crime against those who are homeless while 11% thought they were attacked because the perpetrator had a mental illness. Almost a quarter of participants (24%) reported that they did not know why they were attacked.

### Relationship to Perpetrator

In an effort to learn more about who attackers were, participants were asked if they knew their attackers and is if so what their relationships were with the attackers. Thirty-one percent of respondents reported that they knew their attackers and Chart 4 shows the relationships with the attackers. Participants were also asked about the housing status of their attackers. Thirty-two percent reported that the attacker was homeless and 30% reported the attacker was housed, a quarter of which were reported to be police officers. Thirty-six percent did not know their attacker housing status.

Chart 4. Participant relationship to perpetrator, n=73

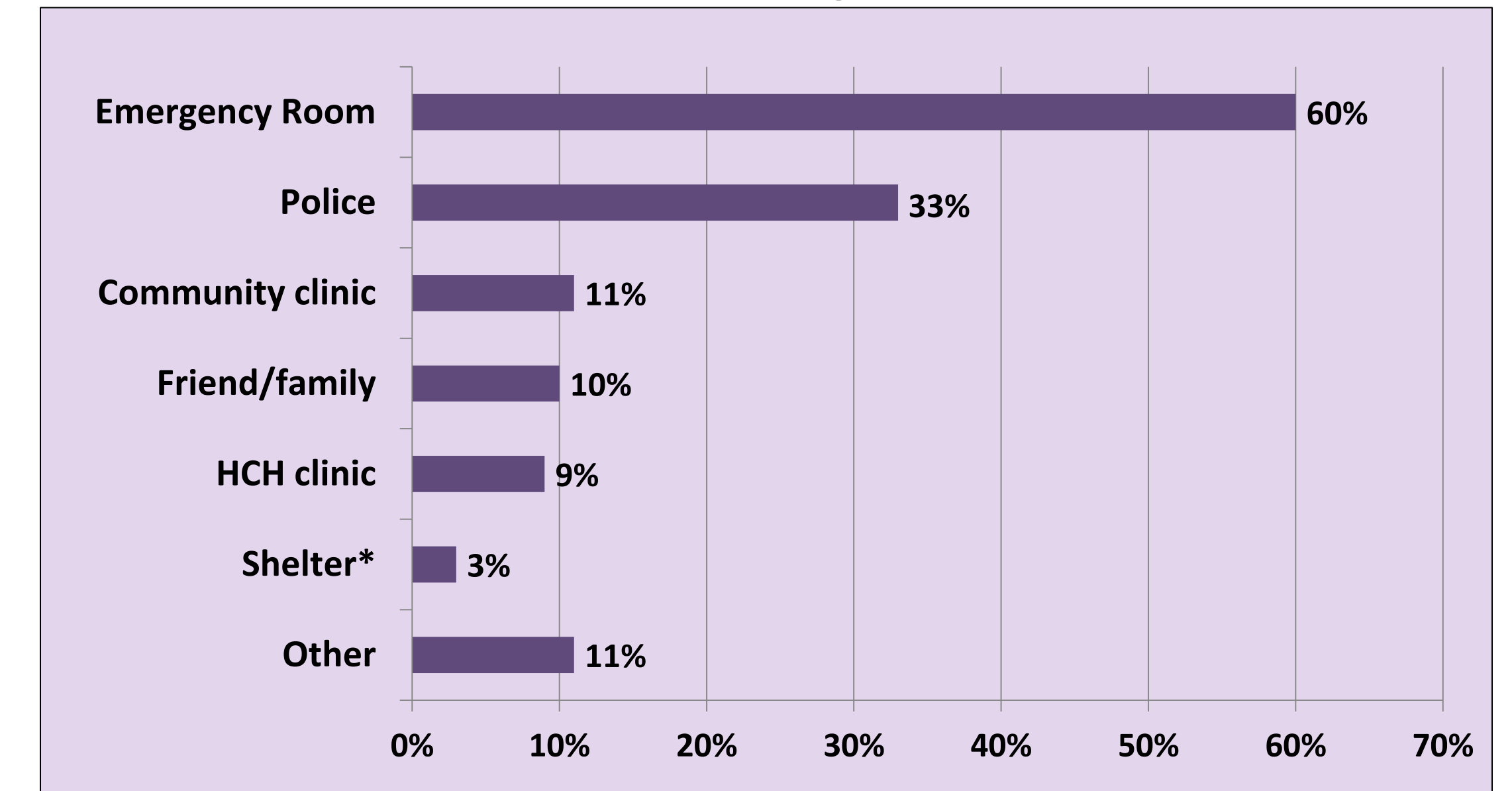


\*This response arose from the qualitative data

### Assistance after the attack

The participants who reported being attacked were asked to provide details about whether they sought assistance after their attacks, where they sought assistance and if they were successful in getting the desired assistance. Forty-six percent of respondents did seek help after their most recent attack and Chart 5 shows where they sought help. Eighty-two percent of those individuals who report seeking assistance, stated that they were successful in receiving assistance.

Chart 5. Locations where participants sought help, n=105



\*This response arose from the qualitative data

Sixty-eight percent of participants who received medical help were unable to pay the medical bills. Almost half of participants (49%) were still suffering consequences of their attacks at the time of the survey. Of those, 73% were suffering from psychological trauma, 32% suffering from physical disability and 28% unpaid bills.

The Crime Victims Fund is a federal program to assist victims of violent crime with resulting medical bills, burial fees, mental health services and lost wages. Fourteen percent of respondents who had been victimized were aware of the Crime Victims Fund, nine percent had actually attempted to receive funds and none were successful.

## DISCUSSION & RECOMMENDATIONS

The results from this Consumer Participation Outreach survey provide a national picture of how individuals who are homeless experience violence and provide the basis for multiple health practice and policy changes.

### Health Practice

- Half of the participants in this study have been the victim of a violent attack while homeless. Increase violence victimization screening during primary care visits
- A significant portion of known perpetrators were reported to be friends, intimate partners and/or family members. Increase referrals and access to domestic violence services.
- A majority of those respondents who reported they were currently suffering from attacks, were suffering from psychological trauma. Ensure provision of trauma-informed care to patients.
- Eighty-five percent of the respondents who were victims of a violent attack were injured in some way and 60% of those who sought help utilized the emergency room. Increase continuity of care between hospitals and medical respite care programs so that patients who are homeless have a safe place to recover after discharge.

### Health Policy

- Living without a home leaves people vulnerable to violence. Provide safe, affordable and supportive housing to individuals experiencing homelessness.
- The majority of those individuals who received medical help were unable to pay the resulting medical bills. Increase support for victims of violence who are seeking medical and wage reimbursement from state Victim Compensation programs. The Office for Victims of Crime has educational materials for providers regarding the Crime Victims Fund on their website.
- Only one third of participants who sought help after their attacks went to the police. Strengthen relationships between law enforcement officers and those who are homeless, such as eliminating initiatives that attempt to criminalize homelessness and implementing police training protocols.
- Support legislation that would make homeless persons a protected class within the Hate Crimes Statistics Act and the Violent Crime Control and Law Enforcement Act.

## FURTHER INFORMATION

Contact Molly Meinbresse at [mmeinbresse@nhhc.org](mailto:mmeinbresse@nhhc.org) or visit the National Health Care for the Homeless Council website at [www.nhhc.org](http://www.nhhc.org).