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Sleep with one eye open : specific safety concerns that homeless males face and how they cope with dangers

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ABSTRACT

This qualitative study attempts to understand the safety concerns that homeless males have and how they cope with dangers. In-person, semi-structured interviews were conducted with 12 adult males who had been homeless after the age of 18. The interviews were conducted at an emergency men's shelter located in an urban East Coast city. This agency provided a safe space for individuals who fit the inclusionary criteria to participate in one on one interviews. Personal narratives were used in order to gain a more insightful, person centered understanding of specific dangers and coping skills used towards those dangers. Adult males was the population chosen due to a lack of current research around this population. Findings from this study show that the homeless experience is not homogenous and that individuals perceive and cope with dangers in their own manner. A variety of dangers were discussed and there was a range of coping skills used to address dangers. Folkman and Lazarus's theory of cognitive appraisal was used as a guide to cognize the findings. Implications of the findings for social work practice, policy and research are discussed with a focus on addressing the specificities of why it is important to recognize and understand these dangers and coping skills.

SLEEP WITH ONE EYE OPEN: SPECIFIC SAFETY CONCERNS THAT HOMELESS MALES HAVE AND HOW THEY COPE WITH DANGERS

A project based upon an independent investigation submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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CHAPTER I

Introduction

Threat and danger are always possibilities in our day to day lives, yet most individuals do not have to accommodate the reality that peril will directly occur on a regular basis. Due to resources such as stable housing and supportive safety nets, most individuals do not have to focus on constantly protecting themselves (Failer, 2002). For homeless individuals this reality is different. Homeless individuals lack the respite that stable housing and supportive networks provide. They are unable to avoid dangers such as theft, assault, parasitic infection, etc. because of their current residential insecurities (Failer, 2002). This causes an individual to develop specific means of functioning that housed individuals do not have to establish (Failer, 2002; Munoz, Vazquez, Bermejo, & Vazquez, 1999).

This study aims to better understand the safety concerns of homeless men and how they cope with dangers. Interviews were conducted with 12 adult males who experienced homelessness in their adult lives. The study focuses on males due to the lack of recent research in this area. Approximately five to eight million individuals will experience homelessness for at least one night of their lives, with two-thirds of them being males (Liu, Stinson, Hernandez, Shepard, & Haag, 2009). Current research around homelessness has begun to focus more on homeless youth and homeless women due to the preconceived notion that women and youth are more vulnerable than adult males (Gaetz, 2004; Lee & Schreck, 2005). This research aims to challenge these notions by addressing the harsh reality that homeless males have to face.

Those who offer services to the homeless population need to be attuned to the realities that homeless individuals experience. Findings from this study will hopefully encourage social agencies to provide a more substantial means of protecting homeless individuals or at least provide a greater understanding of the realities that clients face. This study would provide more information about the psychosocial issues that homeless men face. Better understandings of the coping skills that homeless individuals adopt would lead to more person-centered work that in turn develops an increased knowledge of an individual's behaviors, thought processes and overall lived experience.

CHAPTER II

Literature Review

This literature review presents research related to the question: what are the safety concerns of men who are homeless and how do they cope with potential dangers? The theoretical framework and key terms are defined and a brief overview of statistics about homelessness in the United States is provided. Following this is a review of the literature regarding victimization within the homeless community and coping skills used against the dangers that homeless men face.

Definition of Terms

The following section defines the key terms: *Homelessness* and *Coping*.

The McKinney-Vento Homelessness Assistance Act defines a homeless individual as:

> Someone who lacks a fixed, regular, and adequate nighttime residence; an individual whose primary nighttime residence is in a supervised public or private shelter designed for temporary accommodations, an institution that provides temporary residence, and/or a public or private place not designed for or ordinarily used for sleeping accommodations for human beings. (Liu et al., 2009, p.132)

Liu et al. (2009) define homelessness as "people living on the streets or in homeless shelters who have little familial and limited personal and public resources from which to draw. They are persons who lack residential options" (p. 131). For the purposes of this paper both of these definitions are used. *Coping* is defined as "constantly changing cognitive and behavioral

efforts to manage external and/or internal demands that were deemed to be taking or exceeding a person's resources" (Shangold, 2003, p.13).

Theoretical Framework

The theoretical framework chosen to add to this research is the theory of cognitive appraisal, proposed by Lazarus and Folkman in 1984. According to Lazarus and Folkman, stress is a two-way process; it involves the making of stressors by the environment, and the response of an individual subjected to these stressors (Folkman & Lazarus, 1988). Their idea formation regarding stress led to the theory of cognitive appraisal. Lazarus defines cognitive appraisal as an individual's consideration of 1) the threatening tendency of the stress, and 2) the resources required to minimize, tolerate or eradicate the stressor and the stress it produces (Folkman & Lazarus, 1988).

Along with these two factors, there are two types of appraisal: primary and secondary. *Primary appraisal* refers to how the situation is perceived by the individual. There are three subsections of primary appraisals; irrelevant, benign-positive and stressful (Folkman & Lazarus, 1988). Irrelevant appraisal and benign-positive are both positive primary appraisals that alert the individual to not feel threatened or stressed. If the primary appraisal is stressful, the individual then incorporates secondary appraisal into assessing the situation (Folkman & Lazarus, 1988). *Secondary appraisal* is the individual's perceived ability to cope with threats or stressors. Events classified as stressful or threatening can be further subdivided into the categories of benefit, challenge, threat and harm/loss (Folkman & Lazarus, 1988; Schwartzer, 2014). *Challenge* and *benefit* are considered positive stressors because they force the individual to see an opportunity of personal growth or mastery. An example of this would be starting a new job or having a child. Having a child or getting a new job are stressful

events but also elicit pleasant and exciting emotions, allowing the individual to remain hopeful and positive in relation to the stress. *Threat* is considered both a positive and negative stressor. It occurs when an individual recognizes danger and it can become an internal understanding when a person begins to anticipate future harm or loss. Threat is considered a negative stressor when harm or loss causes physical injuries and pain or attacks one's self esteem. Threat is considered a positive stressor when the individual seeks to master the situation faced and in return proves to oneself that they are capable of mastering the outcome in order to restore his or her own well-being (Schwartzer, 2014). In the experience of *harm/loss*, some damage to the person has already occurred. Damages can include the injury or loss of valued persons, important objects, self-worth or social standing. Instead of attempting to master the situation, the person surrenders, overwhelmed by feelings of helplessness (Schwartzer, 2014).

The heightened daily stressors endured by homeless individuals affect their ability to function (Banyard & Graham-Bermann, 1998). The ability to cope enables individuals to be able to handle daily stressors. Given that homeless individuals' resources are minimal, and most of their stressors are negative, secondary appraisals play a major role in how danger is assessed and approached. Stressors are assessed and approached in a manner that has to continually consider survival as a part of the individual's general well-being. For example, an individual who is housed may not have to evaluate dangers before falling asleep in the same manner than an individual who is without a home has to do.

Homeless Statistics

The Department of Housing and Urban Development (HUD) found 610,042 individuals to be homeless on a single night in January of 2013 in the U.S., and that 85% of the homeless

population is made up of individuals, while 15% are in family households. Of that 85%, 62% of homeless individuals were males; 60% were residing in shelters or transitional housing programs, while 40% were without shelter (National Coalition for the Homeless, 2014). Approximately five to eight million individuals will experience homelessness for at least one night of their lives, with two-thirds of them being males (Liu et al., 2009). Research also suggests that the rate of homelessness is rising. In a 2013 survey of 27 U.S. cities, 80% of the cities reported that there was a 15% increase in the need for emergency shelter services due to an increase in the homeless population from the previous year. In addition, 50% of the cities reported a substantial increase in the length of time individuals remained homeless (National Coalition for the Homeless, 2014).

Although homelessness has been studied for decades, no end appears to be in sight and increasing numbers of homeless individuals are expected (National Coalition for the Homeless, 2014). This is, in part, because there remains a lack of understanding about the population itself (Kawash, 1998; Snow & Mulcahy, 2001). While there is considerable literature that focuses on substance abuse, and physical and mental health concerns in homeless individuals, relatively little research has focused on the quality of life, particularly the subjective quality of life, of individuals who are homeless (Cordray, 1991; Hubley, Russell, Palepu, & Hwang, 2014). Objective assessments of the quality of life (e.g., objective measures of variables such as income, health, or employment) are often not sufficient explanations of individuals' experiences and their abilities to cope with negative life circumstances or their responses to positive and negative changes in their lives (Cordray, 1991; Hubley et al., 2014; Failer, 2002; Osborne, 2002). More information about the relationships between various characteristics and experiences of individuals who are homeless and their subjective quality of life is needed to aid researchers,

services providers and policy-makers in addressing the needs of the homeless population (Hubley et al., 2014; Osborne, 2002; Parsell, 2011).

Victimization

Being at the bottom of the economic hierarchy, individuals who are homeless are more likely to experience more psychological and physical distress in comparison to the general population (Anderson, 1999; Barak, 1991; Canton, 1990; Liu et al., 2009; Nguyen, Liu, Hernandez, Stinson, 2012). These distresses include, but are not limited to, untreated illnesses, untreated psychosis, physical disabilities and traumatic events (Caton, Shrout, Opler, Felix, & Dominguez, 1994; Davidson, Chrosniak, Wanschura & Flinn, 2014; Nguyen et al., 2012). These acute and chronic conditions have been estimated to be prevalent among nearly half of the homeless population (Nguyen et al., 2012). One study found that one fifth of all homeless adolescents (18-25 years of age) had seen someone killed, half had been physically threatened, and almost one fifth had been stabbed (Crawford, Whitbeck, & Hoyt, 2011). Much of the research shows substantial rates of infectious and degenerative disease, injury, mental illness, substance abuse and poor nutrition as major challenges in homeless individuals' lives (Anderson, 1999; Canton, 1990). Individuals suffering from physical or mental health problems are at a greater risk for victimization because of the distorted perceptions and poor judgment that prevents them from rationalizing potential threats to their safety (Anderson, 1999; Barak, 1991; Canton, 1990; Davidson et al., 2014; Lee & Schreck, 2005; Nguyen et al., 2012).

Being without a home sets up those who are homeless to become easy targets of crime or witnesses of offense. Research shows that homeless individuals experience a higher frequency of victimization in comparison to the general population (Davidson et al., 2014; Munoz et al., 1999; Wachholz, 2005). One study found that half of the homeless individuals

sampled had been victimized (Wachholz, 2005), and others show that homeless males are twelve times likelier to be victimized in comparison to homeless women and children (Barak, 1991; Wachholz, 2005). Homeless males recounted victimizations ranging from theft to physical or sexual assault (Barak, 1991; Ferguson, Bender, Thompson, Xie, & Pollio, 2011; Crawford et al., 2011; Munoz et al., 1999). One study found that homeless males are victimized by other homeless men 32 times out of 1000 in comparison to the 2.8 times for citizens at large (Barak, 1991). Men 65 years or older, the mentally ill and the physically disabled who receive disability income are the most targeted members of the homeless population (Davis-Berman, 2011; Desjarlais, 1997; Dordick, 1996). In addition, mortality rates have been shown to be five times higher for homeless individuals than in the general population with leading causes to be homicide, AIDS, cancer, and heart disease (Hwang, 2000).

Often homeless individuals are regulated on where they can eat, sleep, and live their daily lives in the public spectrum. This regulation promotes moving the homeless out of the public eye and pushes individuals out of safer, high traffic areas, and into more dangerous, secluded areas leaving them more susceptible to threat (Desjarlas, 1997; Gaetz, 2004). "Skid rows" and other areas dominated by the homeless attract motivated offenders who deem the homeless as "easy targets" for victimization (Lee & Schreck, 2005). Given this nexus of offenders and suitable targets, and the absence of capable guardians, homeless individuals are subjected to a disproportionate amount of danger and violence in comparison to those stably housed. Their likelihood of victimization is substantially higher since they are surrounded by a disproportionate share of offenders (Kennedy, & Baron, 1993). Many homeless males have criminal records or violent behaviors, and those who do not, are often forced to share spaces

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with these individuals who have a criminal history (Fitzpatrick, LaGory & Ritchey, 1999; Gaetz, 2004; Kennedy & Baron, 1993).

Homeless individuals also must carry their belongings with them, making them noticeable targets for victimization (Lee & Schreck, 2005). In addition, there appears to be little protection from potential victimization. One study found that sleeping in public spaces, either on the streets or in emergency shelters, could lead to one losing their possessions or being physically or emotionally violated (Nettleton, Neale, & Stevenson, 2012). Although shelters can provide respite from harsh weather conditions or dangers on the streets, shelters have been found to be an environment that unintentionally created victimization rather than protect from it (Caton et al., 1994; Davis-Berman, 2011). One study showed that older adults were less likely to seek shelter services due to fear of violence in the shelters (Davis-Berman, 2011).

The most reported victimization is homeless on homeless acts, often motivated by prior victimization from their homeless peers (Lee & Schreck, 2005). Exacerbating its prevalence is the fact that homeless on homeless victimization is often dismissed because of the lack of supervision and sympathy by the police (Barak, 1991; Gaetz, 2004; Lee & Schreck 2005). It is also important to consider how danger is weighed by the homeless individual when examining the reasons for homeless on homeless victimization. Physical harm is a consequence that most social and cultural groups agree is undesirable, and the perception of potential physical harm influences an individual's decision about whether or not to break the law (McCarthy & Hagan, 2005). In dangerous environments, decisions are made quickly and actions cannot always be properly formulated. If an individual feels threatened, he will likely

protect himself using the means that are available, thus leading to violence as a form of protection (Folkman & Lazarus, 1988; McCarthy & Hagan, 2005).

Also, consistent exposure to violence may desensitize individuals towards its use in survival strategies or increase violent reactivity to conflict (Crawford et al., 2011). Crawford et al. found that homeless adolescents (age 18-25) without a propensity for criminality may affiliate with deviant peers on the street. This association can lead to criminal behaviors such as drug dealing and theft and ultimately lead to an increased exposure to violence (2011).

It is important to note that homeless individuals are at a high risk of bearing witness to violent and dangerous acts, causing its own psychological turmoil (Crawford et al., 2011; Gaetz, 2004; Lee & Schreck, 2005). Those who become victims or witness traumatic events end up suffering psychologically and those effects can be long lasting (Gaetz, 2004). Prolonged feelings of grief, stress, and lowered self-esteem are just a few emotional responses that often follow distressing events (Fitzpatrick et al., 1999; Gaetz, 2004). One study stated that the mental health symptoms seen within the homeless community may be a healthy adaption to unhealthy living conditions, thus shifting potential diagnoses for homeless clients (Fitzpatrick et al., 1999). This research suggests that it is critical to screen for victimization in order to have successful outcomes in a continuum of care approach (Fitzpatrick et al., 1999).

Coping Skills Used Against Victimization

It takes a lot of energy to survive on the streets. Physical and systemic structures that most individuals utilize for their daily lives are not available to those who are homeless (Wasserman & Claire, 2010; Rokach, 2005). Smaller forms of respite or safety nets are available to those without a home, making homeless individuals' coping skills differ from the domiciled (Lee & Schreck, 2005; Rokach, 2005; Rowe, 1999). Homeless individuals are often

concerned by the need to protect both physical and psychological (such as pride or modesty) possessions (Bentley, 1997; Wasserman & Claire, 2010). Theft and personal attack are so prevalent in the homeless community that their daily behaviors are no longer preventative but reactive (Bentley, 1997). In a study of homeless individuals, Shangold (2003) found that coping is process-oriented rather than trait-oriented, and that coping takes place within the context of stressful events (Shangold, 2003; Folkman & Lazarus, 1988). For example, an individual may "act crazy" in order to protect themselves from harm, but their actions are not an actual personality trait. One study found that the most commonly identified survival behaviors found with homeless adolescents (18-25 years old) was panhandling, prostitution, drug dealing and theft (Didenko & Pankratz, 2007; Ferguson et al., 2011).

One study found that the boredom faced by the homeless was problematic, as the human psyche is not set up to take on the deprivation of activity (Wasserman & Claire, 2010). The main coping actions that research found were based around either street survival, such as safe sleep, or activities to pass time such as drinking (Snow & Anderson, 1993; Wasserman & Claire, 2010). Developing sleeping places that are well hidden from the public was found to be the most common strategy for those sleeping outside (Nettleton et al., 2005). During the day, individuals would use props such as books or newspapers to seem as though they were involved in an activity and not just resting (Wachholz, 2005).

Psychologically, homeless individuals, especially males, often cope with their feelings and problems by "bottling everything up," isolating, and distrusting individuals (Bentley, 1997; Yousaf, Popat & Hunter, 2014). Some individuals choose to isolate in order to not be pulled into criminal behavior (Kolar, Erickson, & Stewart, 2012). Those who are chronically homeless or that have endured multiple hardships tend to isolate themselves the most (Davis-

Berman, 2011; Snow & Anderson, 1993; Wasserman, 2010). Coping skills seen within this group include drinking alcohol, avoiding emergency shelters, and/or creating alternate realities that are in turn seen as a mental illness by outsiders (Snow & Anderson, 1993).

However, while some homeless individuals choose to stay alone and avoid the potential stressors that have been discussed, other research suggests that street relationships are one of the biggest coping tools used (Molina, 2000). They satisfy the human need for affiliation, support, belonging, and protection from hardships (Diehl & Hay, 2010; Molina, 2000; Pippert, 2007; Stevenson, & Neale, 2012). One study found that 79% of homeless participants had close friends, 63% received assistance from friends, and 60% of the homeless participants suggested that friends should be made in order to survive on the street (Pippert, 2007).

The marginalization of the homeless also minimizes their ties to normative society, thus reshaping how they act and follow laws and rules of social conduct (McCarthy & Hagan, 2005). Other researchers found that there is a "street code" of informal rules for what is considered right and wrong among the homeless (Anderson, 1999; Dordick, 1996). "Street code" refers to socially acceptable ways of behaving when participating in the social "street" world. On the streets, crime is seen as legitimate, and allies tend to validate offending rather than prevent a crime from playing out (McCarthy & Hagan, 2005). Most offenders and those who have been offended recognize that their criminal behaviors tend to go unaccounted for by the police, thus allowing repetition in crime to continue (Anderson, 1999; McCarthy & Hagan, 2005).

All humans develop psychological buffers as a means to survive (Banyard & Grahmm-Bermann, 1998; Folkman & Lazarus, 1988), but homeless individuals are stripped of the lengthy list of buffers available to a domiciled person. Deprived of physical privacy, for

instance, homeless individuals may use body language to keep others away, or "get crazy" as a way to create fear in others (Rowe, 1999). Since they learn that good behavior brings no rewards, coping skills are skewed in order to survive on the streets, rather than to function in "regular" society (Rowe, 1999). Recognizing these behaviors as coping skills promotes a greater biopsychosocial understanding of homeless individuals that social workers may see as clients.

Summary

There is a substantial amount of literature establishing that victimization and danger are realities for homeless individuals. Past research has focused on a general understanding of dangers and coping behaviors used by homeless individuals. Dangers found in prior studies range from theft to physical assault. Coping behaviors ranged from developing friendships to becoming perpetrators. Victimization of the homeless has become so normalized and ignored by authorities that it often becomes internalized. This study hopes to build upon previous research by exploring the specific safety concerns and coping strategies of homeless adult males. Folkman and Lazarus's (1988) theory of cognitive appraisal is used to help aid in a better understanding of the coping skills employed by homeless males. The theory aids in the recognition of how fear and danger is rationalized and approached in daily routines. Knowledge about the safety concerns of homeless men and the means used to cope with dangers contributes to a well-rounded understanding of the complicated and multi-layered condition of homelessness.

The current study adds to the understanding of safety concerns and coping skills by asking homeless individuals directly about their experience. Relatively few studies have attempted to understand and describe the experience of the dangers surrounding homeless

individuals from the perspective of the individual himself (Davis-Berman, 2011). Finley and

Barton (2003) discuss the importance of the homeless being able to tell their stories, allowing

their voices to be heard and thus producing stories to help aid in data collection. Qualitative

research is appropriate in that it allows for the collection of in-depth data from the individuals

living the experience rather than from the viewpoint of the "experts" (Berger & Quinney,

2005; Davis-Berman, 2011). The homeless population is not a homogenous group; in order to

gain a greater understanding of homeless males' reality, it is vital to ask homeless men

directly about their experience. In summary, this research hopes to provide an insightful,

personal understanding of safety concerns and coping skills used by homeless males in their

everyday lives.

Chapter III

Methodology

This study is an investigation into the dangers that homeless males face and the coping skills used to address these dangers. The research question was examined using a descriptive, exploratory, qualitative design. Face-to-face interviews were conducted. Demographic information was collected, but open-ended questions provided a more personal, in-depth understanding of the individual's perspective of specific dangers and realities, and allowed a silenced population to share their reflections and experiences. This study was conducted by a social work student in the hopes of providing insightful, first-hand information to service providers who work with the homeless population.

Sample

A non-probability, purposive sampling procedure was used to recruit participants. The eligibility requirements for participation were adult (18 or older), literate, English speaking males who were currently residing in an emergency shelter or on the street (Attachment H). Participants must have been without their own home for at least one week. Recruitment took place at an emergency men's shelter, where all of their clients must be males who are 18 or older and currently without their own personal home. The emergency shelter is an extension of a larger non-profit organization that serves the homeless population in an urban East Coast city.

The sample consisted of adult males due to the recent research primarily focusing on homeless youth, families, and adult women. Participants had to be English-speaking because the data collection method was face-to-face interview. The researcher is only fluent in English

and a translator was not hired for the research process. A translator would have been a third party that would have been a breach of confidentiality and could have compromised rapport.

Data Collection

In order to better understand how homeless males assess their safety and cope with dangers, data was collected using semi-structured, face-to-face interviews. To recruit participants, recruitment posters (Attachment C) were hung in common areas of the agency, and an announcement by the staff was made at the shelter's weekly meetings. Individuals who chose to participate met the researcher at the designated meeting room where the researcher answered any questions they had about the study, reviewed the consent form (Attachment A) and resource list (Attachment D), and then proceeded with the interview (Attachment B). The first questions pertained to the individual's demographics (age, race, years homeless, etc.) in order to describe the sample. Twelve questions about the individual's current living conditions were answered with yes or no responses. Three questions on relationships with others were addressed in order to assess how support systems factors into safety concerns. The remaining nine questions were open-ended, and pertain to dangers, safety, and coping skills used in daily life.

I stayed at the agency for approximately nine hours to conduct interviews. Each interview took 30 to 50 minutes to complete. Those who participated were reimbursed with two subway tokens. This was not announced based on the request of the agency, but was explained after an individual had participated in the survey.

Participants received a confidentiality agreement, an informed consent form, and a list of mental health referrals. The interviews were not recorded due to the researcher's concern that a recording device could prevent individuals from participating. All interview responses were recorded by hand on the paper survey during the session. Key words and phrases were noted under each question that they fell under. Major quotes were jotted down. Any relevant

information that related to the research question was noted. A ten minute slot was left open between each session. This allowed the researcher to record any pertinent information and also offered increased assurance of confidentiality.

I informed participants that in accordance with the Office for Human Research Protections Federal Guidelines, their data would be stored securely for three years. After this time, the data will be destroyed. If the data is still needed for research purposes, it will continue to be stored securely until it is no longer needed. Data was not collected until the HSR approval letter was received.

Ethics and Safeguards

The proposed study had minimal risks of participation although it could have caused distress for some participants as the questions could have brought up negative experiences. The interview questions were reviewed with the shelter staff who agreed that the questions would not surprise clients and could be found on other social services paperwork. Participants were however, responding about dangers they have had to face in their daily lives, some of which could come from peers residing at the shelter. A room in the back of the shelter was provided for the researcher so that other clients were unable to see who is participating. A list of mental health referrals was given with each interview (Attachment D). The agency had case managers available on site as well. Before the interview began, the researcher addressed Tarasoff law and the responsibility to warn others if the participant was in danger of hurting themselves or others.

Data Analysis

In order to gain insight about the subjective meaning of the homeless experience among those most affected/impacted by this topic, this study undertook a qualitative, exploratory

approach. The data analysis followed Alan Brymans 4 stages of qualitative analysis (Gibbs, 2011). The first stage was reviewing the content that was noted during the session. When reviewing the text, I looked for major themes such as specific dangers and specific activities used to avoid dangers. I also looked for unusual issues that stood out for individuals such as specific measures taken to avoid dangers that no other individual stated during the interview. I also began to group cases into types and categories such as by time spent sleeping outside vs. time spent only in emergency shelters. Stage two consisted of reading through the interviews again, but marking the specific themes and outliers by making marginal notes and annotations and highlighting key words. In the third stage, I began to systematically mark the text at every occurrence that each theme showed up in the dialogue. I also noted whether specific themes were associated with one another and made note of this. Lastly, it was important to relate the codes to the theoretical context of the literature reviewed. This was done by examining interconnections of codes, and relating the codes to the prior research, the research question and the theoretical outlines of the theory of cognitive appraisal.

CHAPTER IV

Findings

The purpose of this study was to better understand the safety concerns of homeless males and how they cope with dangers. Homeless individuals lack the adequate safety structures that others can often retreat to for sanctuary. Better understanding individuals' assessments and coping skills provides a comprehensive knowledge of behaviors and thought patterns that have become adaptive to surviving without a home. It also allows for social agencies to adapt strategic implementations in order to provide a better means of protection for the homeless community.

This chapter contains the findings from one-on-one interviews conducted with 12 individuals who fit participant criteria. The first field of questions was designed to obtain demographic information. The purpose of obtaining demographic information was for descriptive purposes. In addition to gathering demographic information, eleven open ended questions were used to access insight-oriented responses. These eleven questions were designed to elicit insights in three main areas: 1) concerns about individual safety, 2) specific dangers that individuals face while homeless and 3) ways that individuals cope with dangers. The third set of questions aimed to better understand if and how outside relationships are used as coping mechanisms. The last question, "what ways can service agencies improve to make you feel safer," aimed to gather clients' perspectives on how agencies can better understand and potentially combat dangers affecting homeless individuals. The purpose of the last question is to obtain firsthand responses from those who would seek out services. This would hopefully provide a clearer picture of what service seekers need rather than what service agencies presume clients need.

Demographic Data

Twelve interviews were conducted with men currently spending time at a local emergency shelter in an urban East Coast city. Participants were given information prior to the researcher's arrival and had signed up in advance to participate. Demographic content was collected in the following areas: age, race, highest level of education, years spent homeless, how many separate times an individual had been homeless, and where they had slept within the last 12 months.

The median age of participants was 49, with the youngest participant being 29 and the oldest 64. Five participants were African-American, five where Caucasian, one individual identified as Native American and one individual identified as Other, not specified. Six participants had some degree of higher education. Two did not graduate from high school. Two had high school diplomas, and one had their GED. One participant did not respond to this question.

The range of time spent homeless varied with the lowest being three months and the highest being 23 years with a median of 16 months spent homeless. The combined average of time spent homeless was four years. Question 1 asks where participants have slept within the past 12 months. Frequencies of responses are noted in Table 1. All of the participants except for one had slept at an emergency shelter within the last year. The one participant who had not slept at a shelter in the past year was the only participant who is currently living in his own apartment. He had been homeless for 10 years prior and had transitioned into stable housing two years preceding the interview. Four out of the twelve participants had spent at least one night sleeping outside within the past year. Three had slept at a church. One had slept at a hotel paid for with a

housing voucher. Five had spent time living in their own apartment in the past year. Three had

stayed with friends or family. Three had spent time in jail or prison. Five had slept at a hospital.

None had slept at a drug or alcohol facility and two had slept at a mental health facility.

Table 1. Places Slept from March 2014-March 2015

Places Slept in Last 12 Months	Number of Individuals*
Streets, abandoned building, car, park or beach	4
Encampment	0
Church or mission	3
Emergency or transitional homeless shelter	11
Hotel or motel paid for with a housing voucher	1
Your own rented room in a hotel or motel	0
Your own apartment or house	5
Friends, or families home	3
Jail, prison or halfway house	3
Hospital or nursing home	5
Drug or alcohol treatment facility	0
Mental health facility	2
Other	0

*The total number of individuals in Table 1 exceeds the number of participants because
respondents listed all that applied.

The amount of time individuals had been without a home varied. The lowest amount was once and the highest being 10 times. The total amount of days was not directly asked but those who offered the information noted a range from 15 days to 90 days. Those that reported higher amounts of times spent homeless were more likely to estimate the specific amount of times spent homeless. The responses to this question varied since, as stated above, some individuals were unable to recall the exact amount of times they had been homeless. The responses can be seen below in Graph 1.

Graph 1. Number of homeless episodes
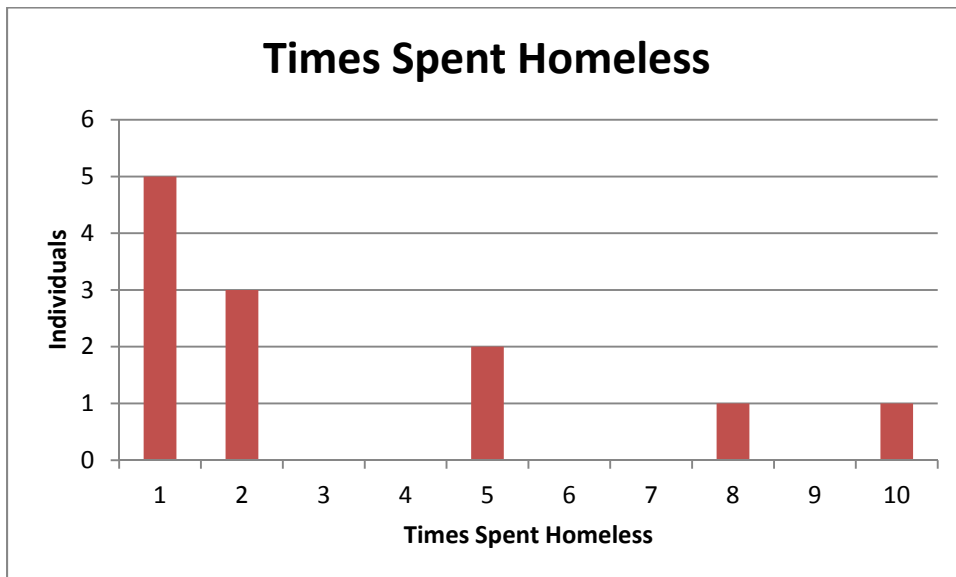
Safety Concerns

The open ended questions asked individuals about the safety concerns they have had while homeless. Out of the 12 men interviewed, half reported that they had never been concerned about their safety while homeless. The other half reported that they had been concerned about their safety while homeless. Of those stating they had been concerned about their safety, the places where they felt least safe were either outside on the street, especially at night, or when they were in an emergency shelter. They had felt most safe when they resided with

friends/family or in their own homes. Those that felt the emergency shelter was the least safe had never slept outside. Those that had slept outside in the past found the emergency shelters to feel the safest place to sleep in comparison to sleeping outside. Those that had reported no safety concerns had never slept outside.

Dangers at Emergency Shelter. Those that felt the least safe at the shelter had varying reasons. One individual stated that the dayroom at the shelter was where he felt the least safe because of theft and the open area. One individual stated he felt unsafe because of bed bugs and dirtiness at the shelter and felt threatened by the staff. Another individual reflected these sentiments by stating

> "I feel least safe in the shelter system, there is no recourse in the shelter system.
> The shelter is not responsible for stolen property, which makes theft easier.
> People scheme by stealing stuff and then blame it on the shelter. This protects the
> shelter from blame but prevents recourse for stolen property. When you have a
> home, police come. In the shelter system, stuff gets stolen; you don't have any
> cops being called. If the person does get caught then they have already sold your
> stuff. Police and staff will just take the side of transiency, they just blame it on
> general homelessness and you have no recourse for violence or theft."

Dangers Outside. The individuals who had slept outside in the past found the shelter to be the safest and felt at most risk when they were sleeping outside. One individual stated he felt he was most at risk "anywhere late at night." Another individual stated he felt most in danger outside because "outside, the extreme cold is awful. You need tons of blankets. It's just miserable."

Dangers at Night. Some of the dangers that individuals felt at night revolved around "general concerns everyone has at night" such as theft and physical assault. One individual stated he worried about "getting stabbed in my sleep." Another individual stated "you have to watch out for crazies. People are out there who try and hurt the homeless, just general jerks. You can't get a good night's sleep, you just have to be more watchful, weary, you know?"

Dangers during the Day. During the day time, individuals stated that they were often worried about property and never knowing the intentions of others. Only three individuals stated they had felt concerned about their safety during the day. Each of their responses varied. One individual stated, "I worry about property. I have schizophrenia so it makes my head a bit hazy and I can leave things unattended." Another individual stated his biggest concerns during the day were "germs, diseases, trifling people who are dirty. It's more at the shelter than outside because you can leave outside." Lastly, another individual gave this response: "I found it dangerous when I would try and get drugs. I would just put myself in terrible situations such as going to bad neighborhoods or meeting up with bad people." These individuals stated that they face myriad additional challenges as a direct result of their homelessness, including a lack of means to protect themselves physically from violence, take care of themselves medically, and ensure the protection of their possessions.

Coping Skills Used

All twelve participants used protective measures as part of their day to day routines. Each had specific ways that they went about protecting themselves from dangers.

Friendships. One individual stated he would try to befriend anyone, that way if anything were to happen, people would remember him as the nice guy. He stated, "you just never know the intention of the next person. A lot of people think differently because they were brought up

differently, so they think and behave differently. I try to get to know everyone and build a circle around myself. I have a major circle and then bubbles inside that circle. I try to be nice so people remember me as the nice person if something were to happen." Another individual echoed the importance of knowing the people around them. He stated, "I try to sleep around other homeless people so I can actually get some sleep. When I am alone, I worry too much."

Isolation. Another individual took the opposite approach, he stated, "I find a secluded spot so I know where I am at but no one else does. I just sleep with one eye open. I try and keep to myself and I avoid places that don't feel right, even during the daytime. I avoid going to places where there are drugs." One individual touched upon the benefits of isolation by stating, "I watch my back. I keep to myself and avoid verbal confrontation." One other participant concurred with this answer by stating, "I stay alone. I don't trust people."

Physical Strength. Those that stated they had never been concerned about their safety often reflected on their ability to protect themselves if harm were to ever arise. When asked how they have gone about feeling safe, one stated, "I know how to fight very well," and another stated, "I was a marine combat officer and I have 12 years of karate training."

Remaining Alert. The main coping skill used was remaining alert. One individual stated, "You just have to keep your guard up," and another individual shadowed this by stating, "I keep aware of my surroundings. I watch for flags like people getting high. You just watch your back in general." Another individual spoke on this sentiment by stating, "I stay sober. I have to so I can be aware of my surroundings and I avoid deterrents like people with weapons, people who are under the influence, loud noises." Three individuals stated that they "slept with one eye open." One individual stated that he kept important papers and his phone on him to avoid losing

them to theft. One elaborated, "I am always on alert. You can't take a break. It's very depressing and stressful."

Interpersonal Relationships

Questions about support systems were asked to better assess interpersonal coping skills that individuals utilized. Six of the twelve individuals spent most of their time alone. The other six varied with regard to a variety of support systems. Three spent time with their friends and acquaintances that were at the shelter. Two stated they spent most of their time with God. One individual spent the most of his time with his family. Four individuals stated that their relationships helped them feel safer. The individual that stated he spent most of his time with his family stated they "help me feel confident about seeing this through." Two individuals that spent most of their time with friends stated that these relationships helped them feel safe and secure. One of them stated, "I feel secure around my friends. I feel safe around people who seem sensible and even keeled. I like people who have a sober mind." The other stated "amongst anyone you feel comfortable. You are amongst people you trust when you are around friends." One individual who spent most of his time with friends stated that these relationships in fact, did not help him feel safer and he felt the safest when he was by himself.

Where to Go From Here

There were varying responses when asked what ways that service agencies can improve to help individuals feel safer. A lot of the responses were based around the safety of residing at a shelter, since this was the current living situation for most participants.

Security Measures. Eight individuals wanted more security measures to be taken at the shelter. These measures included criminal background checks, stricter pat down procedures, installing metal detectors, having randomized searches and stricter security, having better trained

and more consistent security. One individual stated "guards pat down procedures need to be

better. They need to be more serious about not letting drugs and weapons in here. It's just

selective enforcement." Another individual echoed this by stating, "They need to look at people

who come in. People bring in guns and knives. They should do three times and you're out, after

the third time that's enough." One participant suggested "they should install metal detectors.

That's the only way I can see anything working because frisking makes me feel like I'm in jail.

They should use detectors and let us be." Again, another participant stated the same concerns

when he said "stricter security. They barely pat you down. They should do random searches

because it's easy to bring anything in. They should do random drug testing as well and if you test

positive then you have to go." Another individual expressed the same concerns with staff at the

shelter by stating,

> "If you are going to treat people like inmates treat us with a same profession like a
>
> CO [corrections officer] would. If you are going to treat us with the same
>
> compassion as a Chaplin, than you need to treat us like a human, but pick one. If
>
> you are going to treat me like a CO than I am going to act like a prisoner. There is
>
> a lack of consistency in the rules. If my stuff is stolen, than I am going to defend
>
> my stuff."

One individual recommended better training for shelter staff and even stated it would be helpful

to have the police stop in randomly.

Nature of the Beast. Three individuals stated that they didn't believe that there was

anything agencies can do in order to protect individuals, with one individual stating, "I think it's

just the nature of the beast." Another individual stated, "It would be nice to have more support

from the city, but I'm not sure how because that type of situation can happen anywhere and agencies can only do so much."

Agency Training and Services. One individual recommended sensitivity training for shelter staff and police officers, stating "the staff could be more caring. Some people can be talked down upon. We are looked at differently because we are homeless." Another individual echoed this sentiment by stating, "These guys are always talking about how they used to be like us, but they ain't us anymore. I want to be where they are, they need to stop acting like they are one of us cuz they ain't, they are where I want to be." One individual stated that he had found aid in outreach services in the past, like transportation that can pick you up and take you to a shelter if you are stranded in the cold. He felt that agencies should provide greater outreach services for individuals who are not attached to services already.

Summary

These findings help aid in a better understanding of specific dangers that the homeless population has to face. The findings also provide insights into ways of coping with said dangers. The most common dangers that were discussed include theft, physical assault and communicable diseases. The most common means of coping with dangers included isolation, socialization, maintaining a constant state of alertness and remaining physically fit. The findings add to prior research and validate a need for agencies to understand and recognize coping skills used and dangers that homeless males face. Recognizing dangers allows social services to implement more protective programs and regulations into their work. Recognizing coping skills leads to a better biopsychosocial understanding of an individual which in return leads to well-rounded clinical work with individuals.

CHAPTER V

Discussion

The objective of this study was to better understand the safety concerns of homeless men and how they cope with dangers. Individuals who have permanent housing are able to have respite and the security that a home provides. Individuals without permanent housing have to develop specific coping skills to address any dangers that they are not able to avoid due to their lack of housing. The overall findings confirmed that men who are without a permanent home have to face dangers and develop specific coping skills in order to protect themselves from harm. Twelve homeless males were interviewed, and their narratives were used to develop a greater understanding of their lived experience. This chapter presents the key findings in relation to prior research. This chapter will also reflect on the strengths and weaknesses of the research and will process what future research in this area should include.

Safety Concerns

Prior research from Nguyens (2012) study, "Problem-solving Appraisal, Gender Role Conflict, Help-Seeking Behavior, and Psychological Distress among Men Who are Homeless," found that half of the population in their research had experienced some form of distress during a period of homelessness. These distresses included burglary, assault, secondary trauma, and theft. The same percentage of men in the study conducted for this research confirmed that they had felt some form of victimization during a point of homelessness. The men in this research confirmed the same forms of distress while adding more emotional transgressions such as "individuals treating you like you nobody" and dangers concerning the weather. The men in this study also related a lot of their personal safety concerns around their current living situation at the emergency shelter. It is important to note that all but one of the individuals interviewed were

currently residing at the shelter where the interviews took place. A lot of the responses were reflections of the individual's current living, the emergency shelter. These responses themselves hold multiple biases and should not reflect upon the specific shelter that was helpful in providing a space and time for interviews to take place.

Dangers at the Emergency Shelter. A study conducted by Davis-Berman (2011) confirms these concerns around emergency shelter settings are common. The study discovered that individuals found emergency shelters to be dangerous and found that older homeless males (65 years old or older) were more likely to avoid emergency shelters than younger males. This study echoed these findings with one individual stating, "They should separate individuals by age. There are too many young boys running around acting a fool, not trying to benefit themselves, which makes it stressful for people who are trying to get out of the situation." Most of the respondents to this study stated they would prefer stricter security at the emergency shelter and from other social agencies like the police force. One respondent discussed how the homeless population is often neglected by police task forces and other agencies, with their grievances and personal safety often overlooked or discredited. Participants in Barak's (1991) study, "The Crime of Homelessness Versus the Crimes of the Homeless," validates these findings by showing that their participants also felt a lack of sympathy from police forces.

A personal bias from this work was that most homeless individuals preferred to avoid the aid of service agencies due to a distrust that can develop since stereotypes of homeless individuals are often negative and these individuals are often treated poorly by others. It was surprising to the researcher that most of the participants wanted more regulations and stricter security at the shelter, even though studies showed a distrust or a lack of support from social service agencies (Bentley, 1997; Rowe, 1999). These findings validate the basic human need to

feel safe and secure and that it is important for helping agencies to be reflective and critical about how they function as a service.

Coping Skills Used

   Theoretical Understanding. The research for this work found that individuals who felt they had never been threatened often relied on their strength and ability to fight as a means of feeling safe. Even though individuals stated they have never felt endangered, their responses reflect a need for protection. It makes the researcher question if these participants truly felt safe. Perhaps they have felt endangered before, but felt their ability to address threat was stronger than the threat itself. One can use Folkman and Lazarus's (1988) theoretical framework of cognitive appraisal to assess these coping behaviors. The individuals in this study who stated they have never felt threatened were also individuals who reflected on their ability to fight and defend themselves. Folkman and Lazarus (1988) would state that this secondary appraisal, the ability to defend oneself, outweighs the harm or loss felt from the stressful event, thus leading the threat to be appraised as more of a positive stressor. That is, perhaps the threat reminds them of their strength or challenges them to exert their strength to beneficial use.

   The same theory can be used to assess the responses given by those who have felt threatened or harmed. Most of these participants also reflected on their ability to fight as a means of coping with dangers, but their confidence in their ability to confront dangers with violence was less than those who felt they have never encountered danger before. This shows their appraisal of threat to be higher since their perceived ability to defend against danger was lower than those who stated they have never encountered danger, thus leading to negative forms of stress.

Remaining Alert. Most of the participants in this study made some commentary around remaining alert. These findings confirm that there is a disparity between those that are housed and those that do not currently have stable housing. Homelessness could be considered a form of long term trauma in the fact that one has to remain constantly alert about their own safety. We often disregard homelessness as a form of trauma because of preconceived notions that we have of the individual (Didenk, 2007). Homelessness is complicated in the fact that there are myriad reasons why an individual is without stable housing, and it varies from person to person. One general understanding we can take from this study is that once one becomes homeless, a state of constant alertness has to develop, which can lead to a shift in behaviors or rational thought processing (Bentley, 1997; Davidson et al., 2014).

Isolation. The participants in this study were split between isolating themselves or relying on others as a means of coping. Researchers Snow and Mulcahy (2001) found that isolation was commonly used as a means of coping with dangers. Participants in both the current study and Snow and Mulcahy's stated that they preferred to sleep alone, often finding secluded areas where they were not visible to others. Individuals at the shelter often stated that they carried distrust for others and preferred to remain on their own, knowing that they wouldn't get themselves into trouble. This coping style should be recognized when working with individuals on a clinical level and on a macro level. An individual desire to stay alone should be respected and understood as a means of survival.

Relationships. It is often assumed that homeless individuals are recluses from the world, but current research, along with this study, found that a lot of homeless individuals prefer relationships with others. Researcher Molina (2000) found that street relationships are one of the biggest tools used to cope with homelessness. They satisfy the human need for affiliation,

support, belonging, and protection from hardships. Participants from this study echoed these findings; half reported that they maintain close relationships to others as a means of support and as a tool to cope with the realities of homelessness.

Past research and the findings from this study show a wide range of dangers and coping skills that vary depending on the individuals perceived experiences. What Folkman and Lazarus (1988) point out is that individuals can face the same dangers but will experience these dangers in different capacities. While one danger may seem like a threat to someone, another individual might recognize the threat in more of challenging/beneficial manner. What should be taken from Folkman and Lazarus's (1988) theory in the context of this research is that threat and dangers do exist for the homeless population, but how those dangers are absorbed introspectively varies for each individual. The findings along with Folkman and Lazarus's theory can conclude that the homeless experience for each individual is not homogenous. This validates a need to better understand the dangers that individual clients face and how they cope with these dangers. This promotes a greater assessment and understanding of homeless clients experiences and behaviors, which in turn can develop into a greater rapport and care for the client.

Implications for Social Work Practice

It is hoped that social workers and other agents of social services can use these findings to begin to better understand homeless clients on a clinical level. The findings and prior research shows that it is critical to screen for victimization when working with homeless clients since homeless individuals experience danger in a much higher rate than housed individuals. Research also makes it clear that some behaviors and thought patterns that might otherwise be deemed pathological or criminal are actually coping and survival strategies for the homeless. The study also promotes the need for agencies to implement higher safety structures and develop creative

forms of outreach to reduce the high rates of victimization in order to decrease the added stressors on the individual.

Recommendations for Future Research

Given the small sample for this study, it is important to recognize that the findings of this research are only adaptable to the specific sample surveyed. Future research should expand upon these findings by including a range of rural and urban areas sampled. A broader range of geographical locations could provide better insight into overarching dangers and coping skills since various areas would consist of different dangers. Future research should also include those who are not native English speakers, as this could cause an individual to become more vulnerable for various other reasons, such as an inability to access aid or to protect themselves through dialogue.

The specific amount of days spent homeless was also not assessed. Further research should explore how the length of days spent homeless correlates with specific coping skills used to address dangers.

The respondents for this particular research were contacted through an emergency men's shelter. Only half of the participants had resided outdoors. Future research should seek out responses from individuals who are homeless but sleeping in a variety of formats, for example those residing with family and friends, those who are sleeping in encampments etc. It is important to recognize that reported safety concerns and coping strategies might vary across homeless situations. The findings from this study also hold multiple biases as most respondents reflected on their current living situation at the emergency men's shelter. The agency was responsive and helpful in providing a safe space for its residents to participate in this study and participant reflections should not be a representation of the agency itself.

The findings above show that half of the participants stated they had never been concerned about their safety, yet every participant had distinct measures they took to feel safe in their day to day lives. If individuals have never felt unsafe, then why were these measures taken in the first place? Future research might investigate how the role of masculinity affects how homeless males perceive their personal safety and cope with dangers. The field of social work and human services would benefit from a greater understanding of how masculinity and affects the way homeless men conceptualize and carry themselves in the world, as well as how they perceive safety and cope. This would inform practice and intervention strategies.

Although complicated and multifaceted, future research should also include how diagnoses and past trauma affect individual's safety. Exploring past traumas and current psychiatric diagnoses with their relation to personal safety could broaden the knowledge on dangers that homeless individuals face and how they cope with said dangers. Prior research shows that individuals suffering from mental health problems are at a greater risk for victimization because of the distorted perceptions and poor judgment that prevents them from rationalizing potential threats to their safety (Anderson, 1999; Barak, 1991; Canton, 1990; Davidson et al., 2014; Lee & Schreck, 2005; Nguyen et al., 2012). Two respondents in this research discussed how their schizophrenia symptoms affect their feelings of personal safety. Both individuals discussed feelings of "haziness" that led them to having property stolen. Coping skills can vary based on past traumas and psychiatric diagnoses as well. We know that those who are chronically homeless or that have endured multiple hardships tend to isolate themselves the most (Davis-Berman, 2011; Snow & Anderson, 1993; Wasserman & Claire, 2010). Coping skills seen within this group include drinking alcohol, avoiding emergency shelters, and/or creating alternate realities which are in turn seen as a mental illness by

outsiders (Snow & Anderson, 1993). Future research should include assessment of trauma history and diagnoses in order to better assess how these issues shift individuals' personal safety and coping behaviors.

Conclusion

With the growth in the number of people living in poverty, homelessness is projected to increase in the coming years (National Alliance to End Homelessness, 2014). The social work profession will continue to play a major role in service delivery and support on behalf of the homeless population. The perspective of homeless individuals regarding the experience of homelessness and the services required to address needs generated by their condition is key in preparing the profession for this important role. The participants who shared their experiences in this study provided great insight into the subjective quality of life of homeless males. Social workers should maintain an awareness and understanding of the specific dangers that homeless males may face. Social workers should also recognize specific behaviors as potential coping skills used to address the realities of homelessness. By developing a greater foundational understanding of the causes and effects of homelessness, social workers are thus able to foster more attentive relationships with their clients, resulting in a more in-depth assessment of the individuals' subjective quality of life. Person-centered work leads to greater macro work around the systemic failures that perpetuate the condition of homelessness. By presenting insight-oriented feedback about desired services to address individuals' safety and security, social workers and greater systemic agencies are able to create better program implementation and thus provide greater care for the homeless population.

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Consent to Participate in a Research Study

Smith College School for Social Work ● Northampton, MA

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Title of Study: Sleep with One Eye Open: How men who are homeless assess their safety and cope with dangers

Investigator(s): Rachel Sloane, Smith School for Social Work, rsloane@smith.edu

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Introduction

- You are being asked to be in a research study that assesses the dangers and safety concerns of men who are homeless. It also assesses how they cope with these dangers while homeless.
- You were selected as a possible participant because you are an adult (18 years or older) male who has been without a home for a week or more in your adult life
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to gain a better understanding of the concerns you have about your personal safety and how you go about protecting yourself from dangers.
- This study is being conducted as a research requirement for my master's in social work degree
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things: participate in a short interview that lasts between 20 to 50 minutes, depending how much you like to chat!

Risks/Discomforts of Being in this Study

- The potential risks of participating in this study are the possibility that you might feel uncomfortable emotions while talking about your experiences. If you feel the need for additional support after participating in this study, please see the provided list of resources for mental health services and legal services in your area.

Benefits of Being in the Study

- The benefits of participation are that you have helped increase the understanding of homeless issues. You also have an opportunity to talk about issues that are important to you.
- The benefits to social work/society are: It is my hope that this study will help social workers gain a better sense of understanding around potential hardships that affect you. You may also benefit from being able to tell your story and having your voice heard.

Confidentiality

- Your participation will be kept confidential. We will meet in a space that has been set aside in order to assure privacy. Some individuals may see that you are choosing to meet with the researcher, it is up to you to decide if you feel okay with that knowledge. Your responses during the interview will remain confidential unless you are in danger of hurting yourself or others. In addition, the records of this study will be kept strictly confidential.
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift

- You will receive the following payment/gift: 2 subway tokens for the completion of the interview and as a thank you for your time, knowledge and participation.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by February 1st, 2015. After that date, your information will be part of the thesis, dissertation or final report.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Rachel Sloane at rsloane@smith.edu. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep. [*If indicated, include this: You will also be given a list of referrals and access information if you experience emotional issues related to your participation in this study*]

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Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____

Interview Guide

Survey # _____

Age _____   Highest level of education _____
Gender _____   Ethnicity _____
About how long have you been homeless _____
How many times have you been without a home _____

Have you slept in any of the following places in the past 12 months?

1. Streets, abandoned building, car, park or beach N/Y
2. Encampment N/Y
3. Church or Mission N/Y
4. Emergency or transitional homeless shelter N/Y
5. Hotel or motel paid for with a housing voucher N/Y
6. Your own rented room in a hotel, motel or SRO N/Y
7. Your own apartment or house N/Y
8. Friends or family N/Y
9. Jail, prison, or halfway house N/Y
10. Hospital or nursing home N/Y
11. Drug or alcohol treatment facility N/Y
12. Mental health facility N/Y
13. Other, please
specify:_____

B.
1) Have you ever been concerned about your safety while homeless? Yes or No
If Yes:
2) When you have been homeless, where do you feel the least safe? What places?

3) When you have been homeless, where do you feel the most safe? What places?

4) Since you have been without a home, has anything negative happened to you that has made you feel unsafe? If yes, what?

5) What dangers do you face at night? What are your biggest concerns about your safety at night?

6) What dangers do you face during the day? What are your biggest concerns about your safety during the day?

7) What actions do you take to feel safe?

8) If No:
What actions do you take to feel safe?

Check all that apply- Who do you spend the most time with:
- Friend
- Family
- Romantic
- Animal
- Yourself
- Other

9) Are any of these individuals homeless? If so, who?

10) Do any of those relationships help you to feel safer?

11) What ways can service agencies improve to help you feel safe?

Please feel free to add any information you feel is beneficial:

RESEARCH PROJECT

A study on Safety and Homelessness will be taking place here in the conference room.

Rachel Sloane will be here to conduct interviews on research she is doing for school.

If you are interested in volunteering, please sign up below or see Rachel on 2/11/15 after the Wednesday Word.

_____   _____

_____   _____

_____   _____

_____   _____

Office of Mental Health

1101 Market Street, 7th Floor
Philadelphia, PA 19107

215-685-5400

Emergency Services

Please access your nearest hospital or call the emergency numbers below

Suicide and Crisis Interventions Hotline: 215-686-4420

Mental Health Delegates: 215-685-6440

Veterans Crisis Line: 1-800-273-8255

Legal Services

Community Legal Services

Center City Office

1424 Chestnut St.
Philadelphia, PA 19102-2505
Main Phone Number: 215-981-3700

North Philadelphia Law Center
1410 W. Erie Avenue
Philadelphia, PA 19140
Main Phone Number: 215-227-2400

SMITH COLLEGE

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November 20, 2014
Rachel Sloane

Dear Rachel,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee
CC: Candace White, Research Advisor