

Homelessness: Perception of Causes and Solutions

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This descriptive study investigated how working adult undergraduate students (N=115) view homelessness. Participants completed a survey assessing perceived causes, solutions, and stigma. Participants viewed poor economic conditions, limited availability of jobs, drug problems, and mental illness as leading causes of homelessness. Participants saw a variety of programs as potential solutions and denied that they would be socially distant from a formerly homeless person. Because responses were generally positive, community integration may receive support. However, because participants demonstrated in close-ended and several open-ended responses, stigma reduction is discussed.

KEYWORDS *stigma, homelessness, public attitudes, social distance*

Approximately 3.5 million individuals are homeless in any given year in the United States (National Coalition for the Homeless, n.d.). Past research has indicated that individuals who are homeless face social stigma (Boydell, Goering, & Morrell-Ballai, 2000; Harter, Berquist, Titsworth, Novak, & Brokaw, 2005; Kidd, 2007; Lankenau, 1999; Phelan, Link, Moore, & Stueve, 1997), yet much research supports integrating services and community supports for individuals who are homeless (McGuire, Rosenheck, & Burnette, 2002; Rosenheck et al., 1998). In this descriptive study, I investigated how a sample of working adult undergraduate students view individuals who are homeless, including a look at what they perceive to be the factors that cause homelessness and how they believe society and individuals should address this problem. The goal of this exploratory research was to understand how working adult student participants view homelessness, and to understand

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if they desire to remain socially distant from individuals who are formerly homeless.

Stigma and Homelessness

To begin, *stigma* will be the general term used throughout this article, and because the focus here is on perception, our focus is on public stigma, which is defined by Corrigan and Shapiro (2010) as “when large segments of the general public agree with the negative stereotypes” about a group of individuals (p. 909). To increase external validity, this study looked at social distance, a self-report of distancing associated with stigma, defined as “the proximity one desires between oneself and another person in a social situation,” which can be considered a self-report measure of stigmatizing behavior (Smith & Cashwell, 2011, p. 13).

Stigma and misunderstanding/distance between professionals who work with individuals who are reintegrating into the community following homelessness may limit individuals’ access to services (Drury, 2008). If people agree upon a goal, such as ending homelessness, we need to understand the presence of stigma, and how it may undermine communities and individuals who provide services to help people overcome homelessness.

Several researchers have indicated that individuals who are homeless experience stigma. Kidd (2007) investigated adolescents who were homeless, surveying 208 individuals, determining that they felt shame and great stigma, which was worse for individuals of certain cultural backgrounds. Boydell et al. (2000) conducted qualitative interviews with 29 individuals who were homeless and found that individuals were likely to report feeling stigma and a lack of connections to emotional and social support. Similarly, Daiski (2007) conducted qualitative interviews with 24 individuals who are homeless and identified feeling socially excluded as a common theme.

In their ethnographic study involving interviews and observations, Harter et al. (2005) found that individuals who are homeless and individuals who work with this population often noted the presence of stigma and devaluing of individuals who are homeless. Similarly, in his ethnography of individuals who panhandle, Lankenau (1999) found many forms of stigma, including harassment, as well as feelings of degradation and exclusion.

Gowan (2010), in her ethnography of individuals who are homeless in San Francisco and historical overview of homelessness in the United States, discussed the three primary American views on homelessness. These include sin talk (the view of homelessness as related to morality), system talk (the view that homelessness is related to systemic societal problems), and sick talk (the view that homelessness is related to abnormality or disorder). Her interviews of men who are homeless and her history of homelessness and public policy provided evidence of societal stigma.

Finally, and most similar to this study, previous researchers have found evidence of public stigma toward homelessness. Phelan et al. (1997) compared public response to vignettes and found that people who are labeled as homeless face stigma similar to those labeled as having been in a mental hospital, and that individuals who are labeled as homeless receive more stigma than those labeled as housed. Additionally, in a comparison of telephone surveys from samples of participants from Germany and the United States, Tompsett et al. (2003) found that German participants reported to less incidence of homelessness than the United States, and had attitudes that were more “sympathetic” and compassionate toward individuals who are homeless (p. 252).

Rationale for Focus on Public and Community Perspective

Like Phelan et al. (1997) and Tompsett et al. (2003), this study looked at perspectives of community members (in this case, using a convenience sample of working adult students), following past research from the perspective of individuals who are homeless. Understanding attitudes of community members provides valuable insight for how to assist individuals to prepare for community responses, and how to prepare communities for integration (such as by providing education to decrease stigma). Yasui and Berven (2009) describe community integration in the following manner:

The basic principle of the community integration movement is that all people, including those who have disability labels, have a right to full community participation and membership. Within this movement, community integration is considered to be a product of self-help, peer support and professional services; in addition, housing, jobs, and relationships with community members. (p. 761)

As previously noted, much research supports integrating services and community supports for individuals who are homeless (McGuire et al., 2002; Rosenheck et al., 1998). A key example of integrating individuals who are/were homeless into the community is the empirically supported Housing First model. Housing First is a program that places individuals into community housing, instead of shelters, along with support, such as intensive case management. Research indicates that, in follow-up studies, individuals who receive Housing First were more likely to have permanent housing compared to other groups, such as those with case management alone (Clark & Rich, 2003; Nelson, Aubry, & Lafrance, 2007; Stefanic & Tsemberis, 2007). In a study of Veterans with mental illness, those who received vouchers for housing plus case management had better housing outcomes than those with just case management or outreach work, and the voucher program was more cost effective (Rosenheck, Kasprow, Frisman, & Liu-Mares, 2003).

Furthermore, Tsemberis (2010) pointed out that Housing First is not only an effective strategy, but also one that promotes principles consistent with the recovery and community integration movement (Yasui & Berven, 2009). To begin, Housing First allows individuals to make choices about their housing and takes a recovery approach, with decision making shared between providers and individuals participating in Housing First. As a potential mechanism to decrease stigma, housing services are provided independently of treatment services, and the program allows individuals to live in diverse buildings as typical tenants, without housing separate from the general community or the stigma of being identified as a participant in this program (Tsemberis, 2010).

Focus of Descriptive Study

Qualitative and ethnographic research indicates that people who are homeless experience stigma (Boydell et al., 2000; Gowan, 2010; Harter et al., 2005; Kidd, 2007; Lankenau, 1999), and treatments for homelessness are becoming more community-focused, yet more current research is needed on perception of individuals who are currently and were formerly homeless, and more research is needed on how individuals view ways that communities can help end homelessness. Learning more about how communities view individuals who were previously homeless provides further information on how community members may react to Housing First and community integration. The goal in this exploratory research was to gain further information on how participants perceive homelessness, how they would perceive interacting with a person who was previously homeless, and what they perceive might be solutions to homelessness, using qualitative and quantitative responses.

METHOD

Participants

Adult students in an undergraduate program at a small college were invited to participate via e-mail, and if they consented to participate, they were directed to the online study. This was a sample of convenience from a program where working adults are seeking to complete undergraduate degrees in a variety of majors. This program has locations throughout southeastern Pennsylvania, and hence, students live in urban, suburban, and rural areas. The total sample included 115 individuals, which meant that approximately one fifth of individuals invited to participate completed the survey. There were 75 women (65.22%), 32 men (27.83%), and eight individuals who did not report their gender (6.95%). Age ranged from 25 to 67, with an average age of $M = 41.42$, $SD = 9.76$. Regarding ethnic background, 90 identified as White (78.25%), seven African American (6.09%), seven Latino/a (6.09%), two Native American (1.74%), two as multiracial (1.74%), and seven did not

report their ethnic background (6.09%). Because participants could choose to not answer any question they did not wish to answer, not all participants answered every question; percentages throughout this article are from the total number of participants, and not just from those who answered each question. Because this sample was recruited from a very large geographic area, it is difficult to say if this sample is representative of the population, as many areas in southeastern Pennsylvania are predominantly White (like this sample), but several areas are more diverse than this sample represents.

Materials and Procedure

Participants completed the study entirely online. When individuals consented to participate, they were directed to the online study, which included questions regarding the perceived causes of homelessness, questions regarding stigma and social distancing (adapted from Bogardus Scale of Social Distance, Bogardus, 1933), questions on how participants believe society should address homelessness, and demographic questions. Finally, participants read a debriefing statement.

Regarding the survey, participants were asked about how they viewed causes and potential solutions for homelessness (all of which were derived from literature reviews on contributing factors of homelessness and services on potential solutions and strategies). The questionnaire included an adaptation of the Bogardus (1933) method for measuring social distance, in which participants rated their likelihood of closeness to a person who was once homeless in regard to a variety of hypothetical social relationships. Specifically, participants rated their willingness for the individual in the fictitious scenario to marry into their family, be friends, socialize, work on a job, be a neighbor, and have one's child date (see Table 3 for exact questions).

Data Analysis

This survey collected quantitative and qualitative data. Quantitative analysis included descriptive statistics, chi-squared tests, and *t* tests. For qualitative data, I identified prominent themes through phenomenological analysis utilizing the process outlined by Creswell (2007). This method involves compiling the list of participant responses, and organizing the important statements into themes commonly reported by participants.

RESULTS

Quantitative Responses on Perceived Causes

In the first set of questions, participants rated their perceived likelihood of several causes of homelessness. Results about the perceived causes of homelessness are presented in Table 1. Results indicated that participants

TABLE 1 Participant Responses About Perceived Causes from Perception of Most to Least Likely

Instructions given to participants: Please indicate how likely the following factors are to cause homelessness using the scale below.

Factor	Definitely Likely	Probably Likely	Probably Unlikely	Definitely Unlikely	<i>n</i>
Poor economic conditions	72 (62.60%)	37 (32.17%)	5 (4.35%)	0 (0%)	114
Having a mental illness	66 (57.39%)	38 (33.04%)	11 (9.57%)	0 (0%)	115
Having a problem with illicit drugs	65 (56.52%)	47 (40.87%)	3 (2.61%)	0 (0%)	115
Limited availability of jobs	65 (56.52%)	39 (33.91%)	11 (9.57%)	0 (0%)	115
Having a problem with alcohol	61 (53.04%)	48 (41.74)	6 (5.22%)	0 (0%)	115
Social inequality for different groups of people	37 (32.17%)	43 (37.39%)	34 (29.57%)	1 (.87%)	115
Being lazy	34 (29.56%)	31 (26.96%)	39 (33.91%)	10 (8.70%)	114
Having limited education or training	33 (28.70%)	55 (47.83%)	24 (20.87%)	2 (1.74%)	114
Having a physical illness	32 (27.83%)	48 (41.74%)	31 (26.96%)	3 (2.61%)	114
Limited affordable housing	27 (23.48%)	56 (48.70%)	27 (23.48%)	4 (3.48%)	114
Not working hard enough to earn income	26 (22.61%)	42 (36.52%)	40 (34.78%)	7 (6.09%)	115
Lack of affordable health care	24 (20.87%)	47 (40.87%)	37 (32.17%)	5 (4.35%)	113
Having limited opportunities in life	23 (20.00%)	56 (48.70%)	29 (25.22%)	6 (5.22%)	114
Decline in public assistance	20 (17.39%)	51 (44.45%)	36 (31.30%)	7 (6.09%)	114
Growing up in a home with limited income	19 (16.52%)	41 (35.65%)	48 (41.74%)	6 (5.22%)	114

Note. Each category indicates number of participants with given response and percentage of total sample. The *n* column indicates number of participants who responded to each question.

view poor economic conditions, limited availability of jobs, problems with illicit drugs, and mental illness as the leading causes of homelessness.

There were a few between-group differences on perceived causes of homelessness that are worth noting. To begin, men were more likely to have various views on whether limited housing was a cause of homelessness (six saw it as a *definitely likely* cause, 13 as *probably likely*, nine as *probably unlikely*, and four as *definitely unlikely*) than women (where 20 saw it as *definitely likely*, 40 as *probably likely*, 15 as *probably unlikely*, and none as *definitely unlikely*). Women saw limited housing as a more likely cause of homelessness than men at a statistically significant level, $\chi^2 (3, N = 107) = 11.345, p = .010$.

Additionally, those with past volunteer experience with individuals who were homeless were more likely to see limited job availability as a potential cause of homelessness than those without such volunteer experience, $\chi^2 (2, N = 108) = 6.790, p = .034$. Of those who had volunteer experience, 31 saw limited job availability as a *definitely likely* cause, 25 as *probably likely*, two as *probably unlikely*, and none as *definitely unlikely*. For those without volunteer experience, 31 saw limited job availability as a *definitely likely* cause, 12 as *probably likely*, seven as *probably unlikely*, and none as *definitely unlikely*. Hence, though there is a difference between these two groups, both were more likely to view availability of jobs as a cause of homelessness than not.

Individuals also answered an open-ended question about what they believe is the most likely cause of homelessness (which is discussed next). Open and close-ended questions indicated that participants view a variety of societal factors as contributing to homelessness.

Qualitative Responses for Perceived Causes

Specifically, each participant was asked to identify what he or she believed was the main cause of homelessness in the United States. Regarding the main cause of homelessness, 36 participants explicitly cited the economy (31.3% of total sample), 54 cited mental illness and substance use (47% of total sample), and 12 reported that they believe homelessness is a “choice” or the fault of the individual who is homeless (10.4% of total sample). Note that because this was a qualitative question, participants could identify more than one main cause, or choose to omit this question and provide no response; therefore the aforementioned percentages do not add up to 100%.

Quantitative Responses to Perceived Solutions

In the next set of questions, participants rated how likely they believe resources are to assist individuals who are homeless. Regarding perceived solutions for homelessness, results are presented in [Table 2](#). Participants

TABLE 2 Participant Responses About Perceived Solutions from Perception of Most to Least Likely

Instructions given to participants: Please indicate how likely the following factors are to help individuals who are homeless to overcome this problem and obtain housing, using the scale below.

Potential solution	Definitely Likely	Probably Likely	Probably Unlikely	Definitely Unlikely	<i>n</i>
Residential programs	72 (62.61%)	33 (28.70%)	6 (5.22%)	0 (0%)	111
Job training programs	61 (53.04%)	43 (37.39%)	5 (4.35%)	2 (1.74%)	111
Mental health treatment	58 (50.43%)	49 (42.61%)	4 (3.48%)	0 (0%)	111
Educational programs	55 (47.83%)	47 (40.87%)	9 (7.83%)	0 (0%)	111
Drug and alcohol treatment	54 (46.96%)	52 (45.22%)	5 (4.35%)	0 (0%)	111
Programs that provide low-cost housing	54 (46.96%)	51 (44.35%)	6 (5.22%)	0 (0%)	111
Transitional housing programs	48 (41.74%)	50 (43.48%)	12 (10.43%)	1 (.87%)	111
Vouchers for housing	44 (38.26%)	41 (35.65%)	24 (20.87%)	2 (1.74%)	111
Medical care	44 (38.26%)	35 (30.43%)	29 (25.22%)	2 (1.74%)	110
Outreach services in shelters	39 (33.91%)	57 (49.56%)	12 (10.43%)	0 (0%)	108
Shelters for individuals who are homeless	38 (33.04%)	55 (47.83%)	16 (13.91%)	1 (.87%)	110
“Drop-in centers” where individuals can go during the day to seek help and bathe	38 (33.04%)	43 (37.39%)	23 (20.00%)	6 (5.22%)	110
Outreach services in the streets	36 (31.30%)	54 (46.96%)	20 (17.39%)	1 (.87%)	111
Programs providing food for individuals who are homeless (such as soup kitchens)	36 (31.30%)	47 (40.87%)	25 (21.74%)	2 (1.74%)	110
Faith-based programs	33 (28.70%)	45 (39.13%)	27 (23.48%)	6 (5.22%)	111

Note. Each category indicates number of participants with given response and percentage of total sample. The *n* column indicates number of participants who responded to each question.

identified that various programs and resources could possibly decrease homelessness, with participants believing that residential programs that address housing and employment goals are most likely to help individuals overcome homelessness. They also indicated that drug and alcohol treatment, mental health treatment, educational programs, and job training programs are likely to help individuals overcome homelessness.

There were several between-group differences on perceived solutions to homelessness that are worth noting. To begin, women were more likely to see educational programs as a solution to homelessness than men at a statistically significant level, $\chi^2 (2, N = 107) = 7.167, p = .028$. Regarding educational programs, for women, 41 saw it as a *definitely likely* solution, 31 as *probably likely*, three as *probably unlikely*, and none as *definitely unlikely*. For men, 12 saw it as *definitely likely*, 14 as *probably likely*, six as *probably unlikely*, and none as *definitely unlikely*.

Similarly, women were also more likely to see medical care as a solution than men, $\chi^2 (3, N = 106) = 11.519, p = .010$. Thirty-four women saw it as a *definitely likely* solution, 25 as *probably likely*, 15 as *probably unlikely*, none as *definitely unlikely*, and one did not respond. For men, seven saw it as *definitely likely*, 10 as *probably likely*, 13 as *probably unlikely*, and two as *definitely unlikely*.

Women were also more likely to see housing vouchers as a solution than men, $\chi^2 (3, N = 107) = 17.207, p < .001$. Thirty five women saw it as a *definitely likely* solution, 30 as *probably likely*, 10 as *probably unlikely*, and none as *definitely unlikely*. For men, six saw it as *definitely likely*, 11 as *probably likely*, 13 as *probably unlikely*, and two as *definitely unlikely*.

Women were also more likely to see outreach services for individuals on the streets as a possible solution compared to men, $\chi^2 (3, N = 107) = 20.092, p < .001$. For women, 28 saw it as a *definitely likely* solution, 41 as *probably likely*, six as *probably unlikely*, and none as *definitely unlikely*. For men, five saw it as *definitely likely*, 13 as *probably likely*, 13 as *probably unlikely*, and one as *definitely unlikely*.

Finally, women were more likely to see transitional housing as a solution than men, $\chi^2 (3, N = 107) = 12.400, p = .006$. For women, 39 saw it as a *definitely likely* solution, 31 as *probably likely*, five as *probably unlikely*, and none as *definitely unlikely*. For men, seven saw it as *definitely likely*, 17 as *probably likely*, seven as *probably unlikely*, and one as *definitely unlikely*.

Interestingly, though there were numerous gender differences on perceived solutions of homelessness, there was only one difference between those who previously volunteered to help individuals who were homeless and those without such volunteer experience. Those with volunteer experience were more likely to see faith-based services as a solution to homelessness than those without volunteer experience, $\chi^2 (3, N = 108) =$

12.935, $p = .005$. For those with volunteer experience, 22 saw it as a *definitely likely* solution, 27 as *probably likely*, seven as *probably unlikely*, and two as *definitely unlikely*. For those without volunteer experience, nine saw it as *definitely likely*, 18 as *probably likely*, 19 as *probably unlikely*, and 4 as *definitely unlikely*.

Quantitative Responses on Willingness to Help

An overwhelming majority of participants indicated willingness to volunteer and donate money to assist this population (although seven participants did not respond to questions about volunteering and donating). In this section of the survey, participants responded to questions that asked if they were willing to volunteer, if they had volunteered before, if they were willing to donate money, and if they had donated money in the past. Ninety six people (83.48%) indicated that they would be willing to volunteer and 12 people (10.43%) indicated that they would not (with seven participants, 6.09%, not responding to this question). Fifty-eight people (50.43%) reported they have actually volunteered in the past and 50 people (43.48%) reported they have not (with seven participants, 6.09%, not responding to this question). Participants were significantly more likely to state they would volunteer than they were to state they would not, $\chi^2 (1, N = 108) = 4.47, p = .034$, regardless of whether they have volunteered in the past. Ninety-five people (82.61%) indicated that they would be willing to donate money to help individuals who are homeless and 13 people (11.30%) indicated that they would not (with 7 participants, 6.09%, not responding to this question). Seventy five people (65.21%) reported they have actually donated in the past and 33 people (28.70%) reported they have not (with seven participants, 6.09%, not responding to this question). Participants were significantly more likely to state they would donate than they were to state they would not, $\chi^2 (1, N = 108) = 33.59, p < .001$, but in this case, all people who previously donated would donate again, whereas most people who have not donated in the past would not donate in the future.

Qualitative Views on Contributing to Solutions for Homelessness

When asked about helping individuals who are homeless, volunteering and being a supportive community member was explicitly stated as being important by 48 participants (41.74%). Few participants gave specific examples of how they would volunteer, but a number of them suggested helping programs and shelters, as well as increasing community education and awareness of resources. One stated, "When individuals are vested in their communities they can help each other in times of difficulties." Another

shared that “community” is the solution to homelessness, “Each of us stepping up to the plate As business owners who will hire, as neighbors who will donate time and money, as churches or civic organizations who open their doors to help.”

General Qualitative Views of Homelessness: Empathy and Compassion

Most qualitative responses argued for empathy toward individuals who are homeless, citing the economy, mental illness, and substance use as causes. One stated, for example, “Each of us may be closer to homelessness than we believe. All it takes is loss of income, a catastrophic event to push us into this group.” Another shared, “I believe that most chronic homelessness is caused by addiction or mental health problems, and the stigmas associated with these conditions.” Another stated, “Embrace the population and do not stigmatize that population as lazy or crazy. Anyone can become homeless.”

On a related note, several participants argued for compassion and efforts to help individuals who are homeless. One participant urged others to

not be biased towards them [individuals who are homeless] and realize they are people too and that anyone has the potential to become homeless. Instead of society viewing these people as worthless, more should be done to encourage others to help the homeless and treat them like human beings.

Another stated, “Put ourselves in their shoes and realize that we are all just one life tragedy away from financial crisis and possibly homelessness. Then get out their [sic] and donate your time or money to help.”

Quantitative and Qualitative Evidence of Stigma

In spite of believing that many factors play a role in homelessness, “being lazy” was identified by 29.56% of participants ($n = 34$) as a *definitely likely* and 26.99% as a *probably likely* ($n = 31$) source of homelessness, indicating possible continued stigma against this population (as reported in Table 1). Furthermore, “not working hard enough to earn income” was identified by 22.61% of participants ($n = 26$) as *definitely likely* and 36.52% of participants ($n = 42$) as a *probably likely* source of homelessness. These findings show that certain stereotypes remain prevalent in a majority of participants. In qualitative responses, one participant even compared individuals who are homeless to death row inmates, stating a solution for individuals who are homeless would be to, “take them to the deep ocean and give them swimming lessons along with death row and life sentenced criminals.” As mentioned, 12 participants attributed homelessness to choice in qualitative

responses. One participant said, “There are people in this world who think that they should be handed everything to them and when they don’t think they are the victim. People have to earn the things they get in life.” Another stated that the cause of homelessness was, “The unwillingness for people to do what it takes to get themselves out of that situation. A little hard work never hurt anyone.” Therefore, though a much larger portion of qualitative responses argued for compassion and destigmatization (as presented in the previous section), stigma was still present in responses to open and close-ended questions.

Quantitative Findings on Social Distance

Regarding the final set of questions, results indicated that very few participants would remain socially distant from individuals who were once homeless. This was measured by seven items in which participants rated how willing they would be to interact with a person who was once homeless on a 4-point scale. Results are presented in Table 3. Participants indicated that they would be most willing to with a person who was once homeless and least comfortable with such an individual dating their child. Specifically, more casual relationships with individuals who were formerly homeless were greeted with increased willingness (especially being coworkers, and to a lesser extent, being neighbors). However, more intimate relationships (such as, having a formerly homeless person marry into your family) and seeing a formerly homeless person in a relationship with one’s child (such as, having

TABLE 3 Participant Responses to Social Distance Questions, Organized from Most Willing to Least Willing to Consider the Relationship

Instructions given to participants: Please indicate how willing you would be to interact with an individual who was previously homeless, using the scale and scenarios below.					
Distance Factor	Definitely Willing	Probably Willing	Probably Unwilling	Definitely Unwilling	<i>n</i>
Work closely with that person on a job	64 (55.65%)	43 (37.39%)	3 (2.61%)	0 (0%)	110
Have the person as a neighbor	53 (46.09%)	49 (42.61%)	5 (4.35%)	1 (.87%)	108
Make friends with the person	52 (45.22%)	51 (44.35%)	7 (6.09%)	0 (0%)	110
Spend the evening socializing with that person	52 (45.22%)	50 (43.48%)	5 (4.35%)	2 (1.74%)	109
As your child’s teacher	40 (34.78%)	50 (43.48%)	15 (13.04%)	5 (4.35%)	110
Marry into your family	37 (32.17%)	52 (45.22%)	16 (13.91%)	5 (4.35%)	110
Dating your child	24 (20.87%)	51 (44.35%)	21 (18.26%)	14 (12.17%)	110

Note. Each category indicates number of participants with given response and percentage of total sample. The *n* column indicates number of participants who responded to each question.

a formerly homeless person as a child's teacher or dating one's child) were viewed with less willingness. In fact, 17.39% of participants were unwilling to have a formerly homeless person as a child's teacher, 18.26% were unwilling to have a formerly homeless person marry into their family, and 30.43% were unwilling to have their child date a person who was previously homeless. The difference between participants' willingness to have a formerly homeless person as a neighbor versus their unwillingness for such a person to date their child was at a statistically significant level, indicated by a chi-squared analysis of these two variables, $\chi^2(6, N = 115) = 40.242, p < .001$.

To see if various groups of individuals would have more social distance (stigma) compared to other groups, I summed the scores of the social distance scale. Scores ranged from 7 to 28, with higher scores indicating more desire to remain socially distant from the person in the fictitious scenario. Because the mean score was low, $M = 12.18, SD = 4.08$, most people did not report that they would remain socially distant from individuals who were homeless, and there was no significant difference when comparing people with and without previous experience working or volunteering with individuals who are homeless, $t(102) = -1.78, p = .079$. Interestingly, however, men were more likely to wish to remain socially distant, $M = 13.68, SD = 4.42$, than women, $M = 11.35, SD = 3.49$, at a statistically significant level, $t(103) = 2.872, p = .005$, though mean scores for both groups are still relatively low.

DISCUSSION

In review, the purpose of this exploratory study was to gain an initial understanding of how individuals perceive homelessness and how they may perceive community integration. This descriptive study looked at perception of causes of homelessness, solutions, and social distancing as a self-report measure of stigma. Participants viewed poor economic conditions, limited availability of jobs, problems with illicit drugs, and mental illness as the leading causes of homelessness. Participants were also likely to identify multiple sources as being likely reasons for homelessness, indicating that this sample, and perhaps other individuals in society, view homelessness as having many causes.

A majority of qualitative responses to questions about individuals who are homeless were nonjudgmental, and many participants argued for compassion toward this population. However, stigma toward individuals who are homeless was evident in this study. A majority of participants viewed people who are homeless as lazy (being lazy was identified by 29.56% of participants as *definitely likely* and 26.96% as a *probably likely* source of homelessness), a majority viewed individuals as "not working hard enough to earn income" (identified by 22.61% of participants as *definitely likely* and 36.52% as a *probably likely* source of homelessness), and a minority of participants attributed

homelessness to choice in their qualitative responses. The presence of stigma in this study was similar to past research by Gowen (2010), Phelan et al. (1997), and Tompsett et al. (2003), however readers should note that stigmatizing qualitative responses were only expressed by 12 of 115 participants (10.43%), and many qualitative responses argued for compassion. Two reasons for more emphasis on compassion from these participants (vs. those in the Phelan et al., 1997 and Tompsett et al., 2003 studies) might be the ability to respond to open-ended questions in this study, and/or the limitation of having participants who are currently in undergraduate programs, who may know more about homelessness than some members of the general public. These participants may have also been less likely to report negative attitudes toward individuals who are homeless since they received a request to participate in their college e-mails, which may have led to biases in self-report. In spite of positive qualitative responses, the view of laziness and lack of hard work contributing to homelessness certainly indicates ongoing stereotypes of individuals who are homeless in close-ended self-report questions, and future research would benefit by taking a more in-depth look into the perception that individuals who are homeless are lazy and not working hard enough.

Most participants reported that they would not be socially distant from individuals who were previously homeless. This finding may mean that there are low levels of stigma toward individuals who were formerly homeless, especially in some areas (such as being one's coworker), and may indicate support of community integration programs (although more research is needed on perception of these programs). Two unexpected findings in regard to social distance were that people who volunteered were not less likely to remain socially distant from a formerly homeless person than those who did not volunteer, and that though few people endorsed desire to remain socially distant, men were significantly more likely than women to state that would remain socially distant.

Reasons for the lack of difference in social distance between those who have and have not volunteered might be a function of limited desire to remain socially distant among all participants, though further research might be helpful in determining exactly what factors are associated with reduced stigma if volunteering is not a key factor. However, because this is a small sample of convenience, future research could investigate if differences occur in other larger and more diverse samples, and we should not conclude that volunteering does not decrease stigma from this one finding.

The gender difference in social distance has been found in previous research. Specifically, in updated research on the Bogardus method, Parrillo and Donoghue (2005) found that women indicated significantly less social distance than men toward a large variety of groups of people. They noted that previous research also indicates this gender difference, so the gender difference in social distance toward individuals who are homeless may just

be a function of the theory that women are less socially distant in general. This tendency might also explain why women were more likely to view certain solutions for homelessness as more likely to be helpful than men.

Finally, participants in this sample perceived multiple solutions to homelessness and were likely to state that they would volunteer and donate to help. Future research is needed to see if these findings occur in other samples (especially larger, more diverse samples), though these preliminary findings are positive in that they indicate that individuals may understand the complexity of homelessness and its causes, and that individuals may be interested in doing more to prevent and end homelessness.

Implications and Future Directions

There are multiple applications of these findings. Because responses were generally positive (especially in regard to compassion and limited desire to be socially distant from someone who was once homeless), community integration models may be likely to receive community support (though the limitation is that this study only examined self-report and not actual response in the community). Models, such as the empirically supported Housing First intervention that are geared toward community integration of individuals who are formerly homeless might receive public support. However, more research is needed in this area, such as research specifically evaluating public attitude toward Housing First, as well as research with larger and more diverse samples. Because Housing First programs are increasing in prevalence (Tsemberis, 2010), research on public attitudes toward this model would be beneficial.

Residential programs and shelters may also benefit from a community integration perspective that emphasizes creating links between individuals and community resources and supports (as opposed to temporary supports only available within the program). Again, the findings of this descriptive study indicate that individuals in the community would likely be willing to assist in this endeavor, though more research is needed due to limitations of this study.

Additionally, because 95 participants (82.61%) indicated that they would be willing to volunteer (yet only 58 participants, 43.48% have volunteered), suggestions to increase volunteerism may be beneficial and more research on volunteerism could be helpful to promote following through on the desire to volunteer. Individuals may benefit from encouragement to seek volunteer opportunities that work for them. Qualitative results pointed to participants discussing diverse ways of assisting. Perhaps individuals need more exposure to how exactly they could assist (such as advertising charities and organizing volunteer opportunities).

Although some qualitative responses argued for compassion, findings that individuals who are homeless are perceived as lazy and not working hard enough by a majority of participants, and some negative responses in

open-ended questions, indicate that stigma is still present. This point leads to the suggestion that community members may benefit from more intervention to decrease stigma. For a thorough review of research on effective ways to reduce public stigma, readers are referred to Corrigan and Shapiro (2010). In general, pleas to decrease stigma are unlikely to help, education can be somewhat helpful, but having interactions and contact with individuals is often helpful. Corrigan, Kuwabara, and O'Shaughnessy (2009) concluded that programs to address stigma might be best to address specific disorders, based on their research of substance use and mental health stigma. Therefore, future research on preventing stigma associated with homelessness may be a worthwhile endeavor since this has yet to be addressed, in spite of this study and past research (Boydell et al., 2000; Harter et al., 2005; Kidd, 2007; Lankenau, 1999) indicating stigma toward homelessness.

A final implication involves the discrepancy between findings of support, compassion, and willingness to help, yet at the same time, stigmatizing views toward people who are homeless. Findings seem to indicate that it may be possible to demonstrate stigma toward a population (as discussed above), yet still have a desire to help that population (as indicated by participants seeing the validity of a number of solutions to homelessness and because 82.61% of participants expressed willingness to volunteer to help this population). It may, in fact, be possible that stigma does not limit or interfere with support for community integration models. For example, results indicated that very few participants would remain socially distant from individuals who were once homeless (see Table 3), so even when individuals hold stigmatizing views, there is still a chance that they would accept a person who is formerly homeless into their communities in some ways. This finding should be further investigated, as this finding may be true for other groups that are the target of stigma. Additionally, this finding may have important implications for policies and treatment options within the community integration realm.

Limitations

There are some limitations to this research. To begin, this project was intended to be exploratory and gained descriptive, self-report data only. This was anonymous, self-report research, so this does not have the external validity that would perhaps be associated with a study that looks at actual reported incidents of stigma or with behavioral observations of individuals who are homeless.

Another limitation of this study is that it used only reported level of social distance as a behavioral measure of stigma. It did not measure stigma or social distance in any real-world setting. Although social distance is a commonly used construct, reliability and validity of the scale used are unknown, which is a limitation.

Additionally, the sample consisted of mostly White women, so future research should seek more diverse, and larger, samples. Furthermore, because there was no incentive to participate, those who did complete the survey may be different from individuals who chose not to complete this survey. Because about one half of participants had previous volunteer/work experience with individuals who are homeless, their perceptions may be more positive than the general public. Finally, because this convenience sample comprised students pursuing an undergraduate degree, they may be different from the general population. Because participants were invited from a large geographical region, some communities where participants lived have problems with homelessness, though this research did not explicitly ask individuals about homelessness in their communities, and only a portion of the study investigated how participants would feel about a person who was once homeless coming into their community. Future research should strive to use more representative public samples as used by Phelan et al. (1997) and Tompsett et al. (2003), perhaps extending such research on public opinion to look beyond those currently homeless to see perspectives on those who are formerly homeless.

CONCLUSION

In closing, this descriptive, exploratory study has indicated that this sample of adult undergraduate students view causes and solutions of homelessness as multifaceted. They report being willing to volunteer and support services for this population, and being unlikely to remain socially distant from individuals who were previously homeless. Although participants reported stigmatizing attitudes (in quantitative findings on laziness and lack of hard work, and in qualitative reports), many participants did argue for compassion (in qualitative findings) toward individuals who are homeless and expressed interest in solutions. Future research on public perception is very much needed, especially research that focuses on how to help members of the public get involved and offer support to individuals who are homeless.

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